

# Program specification

**Suez Canal University**  
**Faculty of Medicine**  
**Family Medicine Department**

## **A. Basic Information**

1. programme Title: Diploma in Family Medicine
2. Program type: Single  Double  Multiple
3. Departments: Family Medicine
4. Coordinator : Prof. Mosleh A. Ismail
5. External evaluator(s): Prof. Samer Mohamed Wasef
6. Last date of programme specifications approval: 2014

## **Professional Information**

### **1-Programme aims:**

The aim of diploma program in family medicine is to graduate competent family physician able to provide primary, integrated and continuous health and medical care, which is personal, holistic and comprehensive in concepts, focus on individuals, families and communities where they live and work demonstrating the appropriate attitude of Continuous Professional Development and Evidence Based Practice. Also, adequately and appropriately demonstrate the appropriate management and leadership styles at a level of PHC facility.

### **2. Intended learning outcomes (ILOs)**

#### **a. Knowledge and understanding:**

The learning outcomes are competences expected from the graduate at the end of the programme. The first three competences are concerned to the primary health consultation. The remaining competences are going beyond the consulting room to other domains.

- 1. Primary care management**
- 2. Person-centered care**
- 3. Specific problem-solving skills**
- 4. A comprehensive approach**
- 5. Community orientation**
- 6. Aholistic approach**

#### **1. Primary care management**

- a.1.** Describe the diagnostic criteria of the different patient's problems presented in primary health care (acute/chronic/ serious/not serious/ undifferentiated).

- a.2.** Outline the EBM Management Guidelines for the different patient's problems presented in primary health care (acute/chronic/ serious/not serious/ undifferentiated).
- a.3.** Describe role of EBM-CAM in management of common and important problems
- a.4.** Describe the principles of rational drug prescribing in Family Practice.
- a.5.** Identify the basic tools of family physician (consultation, medical records, referral. effective teamwork,).
- a.6.** Identify the appropriate clinical reasoning styles in consultation in Family Practice.
- a.7.** Identify and recognize the current health system/reform in Egypt.
- a.8.** Identify EBM preventive Guidelines required for the different age groups of the practice population
- a.9.** Define the limitations and the indications of referral for patients attending Family Practice.
- a.10.** Identify the process of health information and how make use quarterly and annual practice report.
- a.11.** Describe the basic research knowledge required for conducting applied research in PHC.
- a.12.** Outline the principles of Ethics regulating the daily practice of family physician with the practice population

## **2 – Person-centered care**

- a.13.** Describe the doctor-patient relationship and communication skills with respect for the patient's autonomy.
- a.14.** Describe the different models of consultation and make use the most appropriate one.
- a.15.** Identify the advantages of person-centered approach in dealing with patients and their problems, in the context of patient's circumstances.
- a.16.** Discuss the dimensions of continuity of care.

## **3. Specific problem-solving skills**

- a.17.** Identify the correlation between specific decision-making processes to the prevalence and incidence of illness in the community.
- a.18.** Describe the different clinical reasoning styles used in family practice and make use them appropriately.

- a.19.** Discuss the time as diagnostic/therapeutic tool and tolerate uncertainty on solving patient problem.

#### **4. A comprehensive approach**

- a.20.** Realize importance of managing multiple complaints simultaneously for both acute and chronic health problems.
- a.21.** Recognize importance of integrating the preventive care along the curative one on managing a patient in family practice setting
- a.22.** Describe the different dimensions of preventive care (primordial, primary, secondary and tertiary care) on applying the preventive care.
- a.23.** Describe the structure and function of the family
- a.24.** Describe different tools to assess the family
- a.25.** Describe role of the GP/FP in health promotion activities in the community.

#### **5. Community orientation**

- a.26.** Describe the requirements of community diagnosis and the equilibrium between the individual and community need on one side and the available resource on the other side.
- a.27.** Identify and prioritize the health problems in need to be tackled through applied research.
- a.28.** Describe the relation of poverty on a local community's health.
- a.29.** Correlate the healthcare system and its economic limitations.
- a.30.** Discuss role of intersectoral collaboration in health care.
- a.31.** Outline importance of practice- and community-based information in the quality assurance of each doctor's practice.

#### **6. A holistic approach**

- a.32.** Make use bio-psycho-social models, taking into account cultural and existential dimensions.
- a.33.** Discuss the ideas, concerns and expectations of the patient with a given health problem

#### **b. Intellectual skills**

By the end of this course the student should be able to:-

- b.1.** Demonstrate fluency in communication and clinical reasoning during consultation with patients in these different age groups.
- b.2.** Recognize the educational needs and demonstrate fluency in practicing self directed learning.
- b.3.** Demonstrate interest in Evidence Based Practice.

- b.4.** Realize limitation and cope with uncertainty in Family Practice.
- b.5.** Demonstrate understanding of the financial and legal frameworks in which health care is given.
- b.6.** Demonstrate interest in practicing self directed learning.
- b.7.** Recognize the need to perform self appraisal

**c. Professional & practical skills:**

By the end of this course the student should be able to:-

- c.1** Conduct successful consultation using appropriate consultation skills.
- c.2** Conduct counseling successfully for different age groups in Family Practice.
- c.3** Make use of different tools of consultation efficiently.
- c.4** Make use of the clinical reasoning skills appropriately.
- c.5** Manage the common health problems (acute/chronic/serious /not serious/) using evidence- based guidelines.
- c.6** Perform the rational use of drug on prescribing to pregnant lady.
- c.7** Conduct evidence based screening activities for different age groups.
- c.8** Interpret results of all diagnostic and therapeutic medical and invasive procedures required for patients in PHC.
- c.9** Perform auditing of the provided care/conduct practice activity analysis (Annual Report in his/her training center)
- c.10** Manage the common ethical dilemma in Family Practice
- c.11** Conduct the required procedures required in the course specification.
- c-12** Implement EBM –CAM as a treatment modality for common and important health problems

**d. General and transferable skills:**

- d.1.** Work effectively within a team.
- d.2.** Use computers/Internet efficiently.
- d.3.** Present information clearly in written, electronic and oral forms
- d.4.** Apply the principles of ethics appropriately
- d.5.** Communicate ideas and arguments effectively.
- d.6.** Apply the principles of scientific evidence in daily practice
- d.7.** Recognize and cope with uncertainty.

**3- Academic Standards**

**External references for standards (Benchmarks)**

- The European Definition Of General Practice / Family Medicine. Wonca Europe 2011 Edition. 2011.
- An Introduction to Competency-based Residency Education”: 2006 ACGME. A product of the ACGME Outcome Project, 2006.

**4- Curriculum Structure and Contents**

- 4. A- Programmed duration: 1 academic year
- 4. b - No. of hours per week:

Lectures 6 Clinical training in Family Centers/ Hospital 30

Total 36

## 5. Program courses:

### 5.1- Level/Year of program: Diploma in Family Medicine

#### A. Compulsory

Code No.	Course Title	No. of weeks	Credit Hours	Program ILOs Covered (By No.)
FMDIP1	Introduction to Family Medicine and Community Health	9	10	All
FMDIP2	Child and Adolescent health care	9	10	All
FMDIP3	Adult and Elderly Health Care <ul style="list-style-type: none"> <li>▪ Adult H.C.(12weeks)</li> <li>▪ Mental health (2weeks)</li> <li>▪ Dermatology (2weeks)</li> <li>▪ Interface with surgical specialties (2weeks)</li> </ul>	18	20	All
FMDIP4	Women Health Care	9	10	All

**b- Elective – number required: None**

**c- Optional – number required: None**

## 6- Programme Admission Requirements

6.1 Bachelor of Medicine

6.2 Training in internship has been achieved successfully

6.3 Training in primary health care for one year

## 7- Regulations for Progression and Program Completion

### ▪ End of courses examinations.

The weight of score of these examinations is 60% of the total score and 60 % pass mark for each course is a prerequisite to set for final program

### ▪ End of program exam.

The weight of score of these examinations is 40% of the total score. These examinations include:-

- One -three hours comprehensive MCQs exam
- One -three hours comprehensive short essay & MEQ exam
- One -Three hours written exam. in cases or problems dealing with different aspects of family medicine for the students to explain and manage
- Clinical examination to assess the clinical competences

- Research study: passing discussion is required

**8. Evaluation of program indented learning outcomes**

<b>Evaluator</b>	<b>Tool</b>	<b>Sample</b>
<b>1- Senior students</b>	<b>Questionnaires</b>	
<b>2- Alumni</b>	<b>Questionnaires</b>	
<b>3- Stakeholders (Employers)</b>	<b>Interviews</b>	
<b>4-External Evaluator(s) (External Examiner(s))</b>	<b>Attending exam. (using checklist and/or rating scale)</b>	
<b>5- Other</b>		

**Annex 1**

**Attach Courses Specifications**