

International Family Medicine Education

Editors' Note: Family Medicine welcomes the new editor of the International Family Medicine Education column. Inis Bardella, MD, Department of Family Medicine, University of Colorado, is associate director of the Center for Global Health at the University of Colorado and serves as chair of STFM's Group on Global Health (formerly the International Committee). She has personal experience in international health/development of family medicine in Kyrgyzstan, Albania, Kosovo, and Rwanda. We look forward to her unique perspectives and experience in reporting the development of international family medicine education.

Inis Jane Bardella, MD Feature Editor

The goal of the International Family Medicine Education column is to bring our readers information about developments in family medicine education in countries outside the United States, with a focus on countries where family medicine is developing. We will abstract literature from journals published throughout the world that address issues relevant to medical student, residency/postgraduate, and graduate education in family medicine and general practice. Topics will focus on family medicine education change, development, and advancement. If you have seen something published in the non-US literature about the development of family medicine education and research that should be shared with your colleagues, please contact me at inis.bardella@ucdenver.edu or +250-08520134 or 303-724-9758. Mail Stop F496, Academic Office 1, 12631 East 17th Avenue, Room 3505, Aurora, CO 80045. I invite your comments regarding this column.

Brazil

How One Family Medicine Organization Is Working to Change the Climate

(Blasco PG, Levites MR, Janaudis MA, Moreto G, Roncoletta AFT, de Benedetto MAC, Pinheiro TR. Family medicine education in Brazil: challenges, opportunities, and innovations. Acad Med 2008;83(7):684-90.)

The Brazilian government has supported preventive and health promotion services since 1988. In 1994, the government implemented the Family Health Program (Programa de Saude da Familia [PSF]) using professional health teams to provide primary care. Family medicine residency programs have been encouraged and funded. Jobs are available with attractive remuneration. However, there is lack of interest in family medicine and an inadequate supply of family physicians.

The authors describe the factors contributing to this problem. Education in Brazil's 170 medical schools is hospital, specialty, and technology focused. Family physician faculty are absent. Family medicine residencies are poorly defined and not academically strong. Despite PSF, Brazilian health care emphasizes specialty care.

Based on successful models of family medicine development, the authors identify what is necessary to change this climate. Family medicine must be incorporated into academic medical education and practice. Family medicine's positive impact on health care must be elucidated. Family physicians must take advantage of current opportunities for leadership in public and private health care provision and administration.

The Brazilian academic family medicine society founded in 1992, SOBRAMFA (Sociedade Brasileira de Medicina de Familia), is working to implement such change. In

1995, members of SOBRAMFA began teaching medical students in disciplines related to humanistic doctoring. This created student interest in family medicine resulting in SOBRAMFA student branches, leaders, and congresses with almost 3,000 students involved since 1992. Student clinical experiences and activities with SOBRAMFA members has increased student interest in family medicine. In 2003, SOBRAMFA implemented an academic, clinically relevant family medicine residency. An international fellowship available for students, residents, and faculty from outside of Brazil has led to the formation of the Pan American Association for Academic Family Medicine.

SOBRAMFA has implemented several activities to support the development of family medicine in Brazil. However, only 3% of the 3,000 students have entered family medicine.

Comment: SOBRAMFA is working through proven academic, clinical, and administrative avenues to advance family medicine in Brazil. Outcomes from the first two classes of the SOBRAMFA residency are not reported. Challenges do remain. Two key elements only partially addressed by the authors are necessary for family medicine to flourish: (1) strong academic and clinical departments of family medicine within the academic health centers and (2) public and private health insurance programs that require, promote, and fund a comprehensive family medicine approach to care.

Croatia

Will a Practical Surgical Workshop Overcome Reasons for Not Performing Minor Surgical Procedures in Family Medicine?

(Gmajnic R, Pribic S, Lukic A, Ebling B, Cupic N, Markovic I. *Effect of surgical training course on performance of minor surgical procedures in family medicine physicians' offices: an observational study. Croat Med J* 2008;49:358-63.)

The authors think that minor surgical procedures should be included in everyday family medicine practice in Croatia and that family physicians should be adequately prepared to provide these procedures. They hypothesize that practical surgical workshops would overcome the cited reasons of lack of time, practical experience, and adequate training for not performing surgical procedures.

To confirm this hypothesis, the authors conducted an education intervention trial. Data on the number of procedures for comedone and abscess treatment, ingrown toenail resection, and minor wound management were collected from 25 Osijek, Croatia (urban), and 34 surrounding Osijek (rural) fam-

ily physicians 12 months before and 12 months after a 40-hour (20 hours theoretical, 20 hours practical) surgical procedures continuing medical education course.

The 23 men and 36 women ($P=.118$, X^2) had worked a median of 14 years as family physicians, with a median age of 42. Twenty-nine of the physicians did not perform any of the three surgical procedures before or after the course. There was a statistically significant post-course increase in the number of comedone/abscess treatment (272, 503), ingrown toenail resection (120, 186), and minor wound management (111, 217) procedures. There was no statistically significant difference in the number of pre-course or post-course procedures between urban and rural family physicians. The number of all three procedures significantly increased after the course for rural physicians and female physicians. Comedone/abscess treatment and minor wound management numbers significantly increased for urban physicians. For male physicians, the number of ingrown toenail resection and minor wound management procedures significantly increased.

Participation in this surgical procedures course increased the number of comedone/abscess treatment, ingrown toenail resection, and minor wound management procedures by family physicians who previously performed these procedures. This intervention appears to have addressed some aspect of lack of time, practical experience, and adequate training for not performing surgical procedures

Comment: Practical, skills-based procedure training does increase the frequency of procedures for family physicians committed to providing the procedures. This can improve access to services and comprehensiveness of care. However, this small study did not assess competency, the reasons why

female physicians performed less of the procedures, and why half of the family physicians did not perform the procedures before or after attending the course. Competent performance of surgical procedures by family physicians can provide needed services that improve patient outcomes, especially in resource poor settings.

Thailand

Does Family Medicine Residency Training Increase Patient Satisfaction?

(Jaturapatporn D, Dellow A. *Does family medicine training in Thailand affect patient satisfaction with primary care doctors? BMC Fam Pract* 2007;8:14. Available at www.biomedcentral.com/1471-2296/8/14.)

A 3-year general practice training program was established in Thailand in 1969. However, few doctors were trained due to physician interest in specialization and confusion from designating both untrained and trained doctors as general practitioners. In 1998, those completing the general practice program were designated family physicians. The number of family physicians increased, but family medicine remains not well recognized in Thai society.

The authors question whether there are differences in the care provided between family physicians and general doctors. They hypothesize that family medicine residency training can increase patient satisfaction, a component of quality in patient care.

The authors conducted a cross-sectional analytical study using a Thai version of the General Practice Assessment Questionnaire (GPAQ). Patients seeing faculty family physicians, resident family physicians, and general doctors during 2 weeks of December 2005 at the outpatient unit of the Department of Family

Medicine of Ramathibodi Hospital in Bangkok were recruited. Ramathibodi is the most popular family medicine residency in Thailand. Faculty, residents, and general doctors practice in the same unit and have the same authority to order tests, medications, and referrals.

A response rate of 70% was obtained, with 1,820 of 2,600 questionnaires returned for 15 faculty, 20 residents, and 10 general doctors. Residents took care of more new patients, but other patient characteristics were similar. There were no statistically significant differences in mean GPAQ for overall satisfaction and access. There were statistically significant differences in mean scores for continuity of

care, doctor communication skills, and enablement. For continuity of care, faculty received a higher mean score (67.87) than residents (64.57) or general doctors (62.51). In communication skills, the faculty and resident mean scores were the same, 69.77 and 69.79, but general doctors scored 65.08. Enablement mean was 82.44 for faculty, 80.75 for residents, and 76.29 for general doctors.

Trained family physicians scored higher than general doctors for continuity of care, communication skills, and enablement using a Thai version of the GPAQ. Family medicine training in Thailand appears to improve patient-assessed performance in these areas.

Comment: These findings should help promote family medicine in Thailand, even though the study location, a tertiary care center, is very different from the usual practice setting of Thai family and general doctors. Also, the authors do not provide the distribution of patient responses for each type of physician so response bias in this area cannot be assessed. While these findings are reassuring, patient satisfaction alone is not robust as a reason to support and promote family medicine specialty training. Family medicine in all countries must investigate and disseminate the positive impact of family medicine specialists on morbidity, mortality, and population health.