



Pablo Blasco, MD, PhD, FACP
pablogb@sobramfa.com.br

58 – Family Medicine Miles Programme: Getting Students Involved Where There is No Family Medicine in Medical School

*Pablo González Blasco, MD, PhD
Scientific Director at SOBRAMFA.
- (Brazilian Society of Family
Medicine)
São Paulo, SP, Brazil
Co-authors
Graziela Moreto, MD
Marcelo R. Levites, MD
Marco Aurelio Janaudis, MD,
PhD*

Brazilian Background on Family Medicine.

Since 1988, Brazil's public health system has tried to build a national health system that responds to the needs and expectations of Brazil's population. In 1994, the government created the Family Health Programme to help carry out this goal. However, the shortage of family physicians in Brazil—the central figures of this programme—limits the programme's effectiveness.

The lack of family physicians can be traced primarily to the medical schools in which medical training favours specialists and discourages generalists. Medical students seldom have family physicians acting as role models. If the academic knowledge of primary care is absent as a model in the undergraduate curriculum it will be difficult to promote family doctors among the students and to encourage them to choose family medicine as their future career (1,2,3).

SOBRAMFA Working with Medical Students

In 1992, a group of physicians (most of them specialist and some faculty from medical schools), inspired by other countries' associations of family medicine teachers, founded SOBRAMFA- Brazilian Society for Family Medicine, in São Paulo, Brazil. SOBRAMFA is an academic society established with the purpose of promoting the humanistic dimensions of doctoring and establishing the proper basis and scientific methodology for family medicine.

SOBRAMFA has developed a variety of initiatives involving more than 4,000 medical students in family medicine over the last 22 years. Thus: 1) The Annual Family Medicine Academic Meeting (up to the 18th). 2) Family Medicine Interested Groups 3) The Family Medicine Day bringing students from several medical schools along to share educational experiences. 4) The Young Doctor Monthly Meetings, where an innovative learning model is set (student-teaching-student) as continuous medical education course. 5) Participation in International Meetings and Conferences (STFM- Society of Teachers of Family Medicine Conferences and WONCA) where students present their academic work.

Students' interest in family medicine has been increasing over these years through a continuous preparation process of a non-curricular nature, as a result of the realisation that they need these values to become better doctors. Besides seeing family medicine as their future specialty choice, family medicine provides students with tools to improve doctoring (4).

The Mini Fellowship in FM (MF2) and the Family Medicine Miles Programme

One of the most effective family practice exposures for medical students occurs in the Mini-Fellowship in Family Medicine (MF2) programme; an elective clerkship over one to two weeks (40 or 80 hours). Students see patients under supervision of SOBRAMFA's faculty and residents in a broad range of family doctors' private practices.

The MF2 started in 2004 and to date, 162 students from 46 different medical schools have participated in the programme. Students learn how to develop communication skills understanding the whole person and the family context; they also learn about continuity of care, solving complicated problems with inpatients, dealing with other physicians and facilitating health professional teams in order to provide better care. Finally, they address self-knowledge as a surprising outcome of the programme. The students gain respect for the specialty and spread this "discovery" to their colleagues.

The Family Medicine Miles Programme (5) was created to measure students' participation in SOBRAMFA activities and in which students are rewarded with grades (miles). The Miles Programme allows an individual assessment of each student, offers balance between theory and practice, provides tutorial guides, and fosters leadership among the students. This "continuous medical education programme" fosters students' interest in family medicine, and encourages those who will be able to apply for the residency programme currently under development by SOBRAMFA. The Family Medicine Miles Programme is managed by the SOBRAMFA web site, and students can track their own performance, as well as monitor specific guidance in order to improve their training.

Training Young Doctors through the Pacemaker Agenda

There is a growing diversity of opportunities for family doctors in private practice supported by Insurance Health Companies in São Paulo, Brazil. Patient's satisfaction, problem-solving while keeping costs low are the real basket of services companies ask for. The practising scenarios in private practice include: Geriatric Care, Managing Complicated Patients with co-morbidities in Hospitals, Palliative Care, Family Medicine Clinics and Ambulatory, Home Visits, Nursing homes and Hospices.

For a proper training of young doctors in such variety of practices, in a city with a population of 14 million people (São Paulo), SOBRAMFA has developed an innovative agenda in which several components are incorporated for pursuing excellence and expanding opportunities. This Agenda, required for all trainees and faculty members, has been ongoing for more than a decade and includes:

1. Scientific "pacemaker" - Weekly Scientific Meeting. A two-hour meeting. Case-based discussion, update with articles from the most relevant publications, case-decisions for specific patients supported by Evidence Based Medicine.
2. Construction "pacemaker"- Monthly Meeting, conducted as workshops and to include topics to promote reflective practice: professionalism, medical education, humanism, family medicine core values, personal development, teamwork, and leadership.
3. Cultural monthly Meetings - at dinner time and displayed as a familiar get-together and targeting an open-mind scenario, with acknowledged leaders in several fields (Philosophers, Journalists, Educators, Lawyers, Artist and Musicians, Entrepreneurs).
4. Young Doctor Monthly Meeting- case-based discussions lead by medical students and young doctors acting as facilitators, fine-tuning their teaching skills.
5. Mentoring and Evaluation- trainees are evaluated and giving feedback by their respective preceptors.

The Main Outcomes of the Pacemaker Agenda Are:

1. Effective Training- Clinical Competence - Trainees develop expertise in doctoring, skills in managing complicated patients and leading health teams.
2. Mastering Communication with patients, families and their peers.
3. Respect, Credibility and Happiness - They are recognized as good physicians by the patients they are caring for, by their peers in the clinical setting, and by the owners of the Insurance Companies.

Take Home Messages

- Family doctors as role models in the academic undergraduate curriculum are needed to promote FM among medical students.
- Students exposed to the real practice of a family doctor realize they need family medicine core values to improve their future doctoring.
- The Mini Fellowship in FM (MF2) and the Family Medicine Miles Programme are two successful initiatives which involve medical students in family medicine through a non-curricular process, allowing for concurrent involvement for students from different medical schools..
- The Pacemaker agenda is set for training young family doctors for the wide basket of services and the growing diversity of opportunities in private practice.

Original Abstract

<http://www.woncaeurope.org/content/3434-family-medicine-miles-program-getting-students-involved-where-there-no-family-medicine>

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