



Family Medicine and Community Health I

Introduction to Family Medicine/Community Health

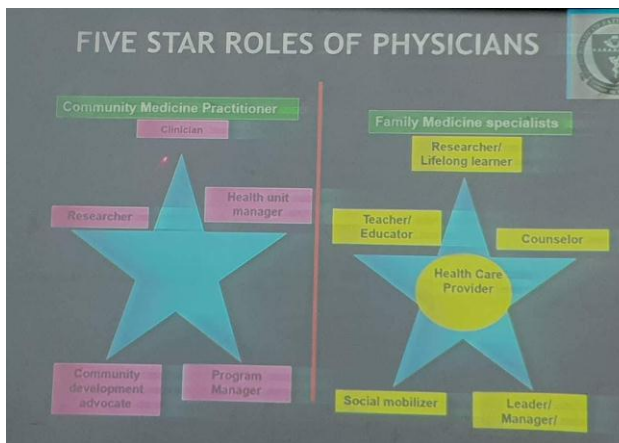
AVH, MD | 04 August 2018

I. HISTORY OF FAMILY AND COMMUNITY MEDICINE EDUCATION IN BASIC MEDICAL EDUCATION

- 1905 – 1970s – Public Health and Hygiene
 - Social and Preventive Medicine
 - Late 1960s – medical interns immersion in the community
- 1976 – Family and Community Health first offered at the College of Medicine, University of the Philippines, Manila
- 1985 – 1988 – Phil. Academic Society of Community Medicine (PACOM) Community formulated the Core Curriculum on Community Medicine
- 2002 – Workshop on “Review of Core Curriculum in Community and Integration of Family Medicine
- 2004 – APMC endorsed Family and Community Medicine as a subject for all medical schools.
- 2006 – CHED (CMO 10 S2006) Standards, Policies, and Guidelines (SPG) on Medical Education – FAMILY AND COMMUNITY MEDICINE
- 2007 – Philippine Academy of Family Physicians hosted a workshop on Integrated Core Curriculum on Family and Community Medicine.
- 2016 – CHED CMO – 18 Series of 2016, FCM including Public Health, Preventive Medicine and Health Economics
 - PAFP, PASCOM, and Foundation for Family Medicine Educators (FaMed) conducted workshop on learning outcomes for FCM.

A. FCM CURRICULUM AND THE FIVE STAR ROLES OF MD

- Health Care Provider
- Educator
- Researcher
- Leader/Manager
- Social Mobilizer



B. Program Outcomes CHED/OLFU

*(Same with Course outcomes of FMCH)

Program Outcomes	OLFU Description
Demonstrate clinical competence	Manage with competence and compassion various clinical conditions, both local and international context
Communicate effectively	Effectively communicate health and other relevant issues to various types of audiences, and venues, utilizing modern technology and various forms of media
Lead and manage health care teams	Demonstrate leadership quantities in planning, organizing, and evaluating health related programs in the communities in line with programs and policies of the government
Engage in research activities	Actively engage in research activities following ethical principles and responsibly utilize current research evidences as a practitioner or researcher
Collaborate within inter-professional teams	Effectively and efficiently work and collaborate with inter-professional and other multidisciplinary teams towards the improvement of healthcare delivery
Utilize systems-based approach for healthcare	Utilized system-based approach in actual delivery of care to patients, families, and communities. Enable linkage with relevant partners in solving general health problems
Engage in continuing personal and professional development	Continuously update oneself for personal and professional growth to ensure a quality healthcare and patient safety
Adhere to ethical, professional, and legal standards	Adhere to ethical, professional, and legal standards in the practice of medical profession
Demonstrate nationalism, internationalism, and dedication to SERVICE	Demonstrate commitment to serve and love for one’s country while respecting the culture of others
Practice the principle of social accountability	Practice the principle of social accountability in the delivery of healthcare to patients, families, and communities.

Introduction to Family Medicine/Community Health

1.1 Twin Forces in Primary Health Care: Family Medicine, Community Medicine/ Health

Health for all by the year 2000

6 guiding principles:

- Health is a human right.
- People's right and duty to participate in program development/
- Health inequity is unacceptable.
- Health is multi-factorial. Efforts must be multi-sectoral and inter-disciplinary.
- Government's main responsibility for provision of services.
- Services and strategies must be appropriate, accessible, acceptable, affordable, available, effective, empowering, equitable, and efficient.

1.2 Primary Care – A Conceptual Definition

- **A health philosophy** – lessen health inequities, promote universal access and self-reliance
- **A healthcare system** – holistic/first contact, steward of healthcare
- **A preventive service** – focused on healthy people (vs. Secondary and Tertiary Prevention)
- **Includes public health interventions, UHC, multi-sectoral roles, and environment**
- **Includes curative aspects of healthcare**
- **Vaccinations, check-ups, lifestyle, advise, treatment of risk factors**

1.3 Principles of Primary Care adhered to Family Medicine Education and Training

- 1) Access or first contact care
- 2) Comprehensiveness
- 3) Continuity of Care
- 4) Coordination
- 5) Prevention
- 6) Family-orientation
- 7) Community-orientation
- 8) Patient centeredness

Why focus on a Primary Care System?

- 1) Without primary care, primary health care becomes an abstract idea.
- 2) Without primary care, no one will deliver primary prevention.

II. FAMILY MEDICINE

- Specialty concerned with patients and family in the context of the community.
- Integrates biomedical, behavioural, and social sciences.
- A component of primary care
- Specialty of medicine concerned with providing comprehensive care to individuals and families.
- An academic medical discipline that includes comprehensive health care services, research, and education.

A. HISTORICAL TIMELINE: FAMILY MEDICINE IN THE PHILIPPINES

- 1960s – Building the foundation
- 1970s – Recognition as a specialty
- 1980s – Medical education and standards for training and accreditation
- 1990s – Professionalization of primary care and specialty organization
- 2000s – Enhancing access and equity to quality primary care
- 2010 – Collaboration for Universal Healthcare

B. Family Medicine as a specialty

- Distinguishable core knowledge
- Unique field of action
- Intellectually vigorous training
- Active area of research
- Academic Discipline:
 - Philippine Medical Association
 - Department of Health
 - Association of Philippine Medical Colleges
 - Philippine Health Insurance Association
 - Technical Committee of Medical Education, CHED
 - Philippine Regulatory Board of Medicine, Philippine Regulation Commission

2.1 Core Values in Family Medicine

Wes Fabb

- Patient-centered, continuing care in context of the family, community, and the workplace
- Opportunities for various spectrum of care
- Approach for health care utilizing system theory

FaMed (PSTFM) 2001

- Punctuality
- Honesty
- Integrity
- Initiative
- Resourcefulness
- Compassion
- Caring
- Humanness

Rich Roberts

- Relationship
- Trust
- Comprehensiveness

PAFP

- Compassion
- Altruism
- Respect
- Excellence
- Solidarity

2.2 Characteristics of Care given in Family Medicine

- 1) Comprehensive
- 2) Continuing
- 3) Coordinated
- 4) Compassionate

Introduction to Family Medicine/Community Health

- 5) Primary
- 6) Personalized (Patient centered)
- 7) Promotive/Preventive
- 8) Participatory

2.3 Primary Care Physicians/Family Doctor/Family Physicians

- Provide primary and continuing care for entire families within the communities
- Address physical, psychological, and social problems
- Coordinates comprehensive health services with other specialists
- Medical specialists trained to provide health services for all individuals regardless of age, sex, or type of health problems

III. COMMUNITY MEDICINE

- **Other name: PUBLIC HEALTH**
- Specialty dealing with the health of specific population or groups
- Focuses on health of the community
- Includes epidemiology, screening, environmental health, etc.
- Concerned with health promotion, prevention of disease and disability and rehabilitation through collective social action

A. COMMUNITY MEDICINE: APPROACH TO CARE

- 1) Promote health, prevent diseases, treat and care for the sick, rehabilitate disabled people
- 2) Focus on the health of the community as a whole
- 3) Interventions at the individual and group levels

B. GOALS OF INTERVENTION

- 1) Empowerment
- 2) Maximal participation in decision-making
- 3) Maximal use of health resources available
- 4) Advocacy

C. MODALITIES FOR INTERVENTION

- 1) School health programs, immunizations, nursing homes for elderlies
- 2) Community organizing
- 3) Community development
- 4) Trans- and inter- sectoral collaboration

IV. PREVENTIVE MEDICINE

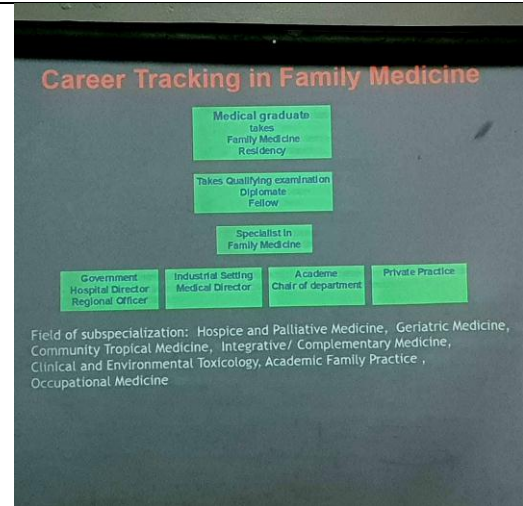
The science and art of:

- Preventing diseases
- Prolonging life
- Promoting physical, mental health and efficiency

4.1 Primary Goal of Preventive Medicine

- Give people a positive sense of health – to protect, promote, and maintain health and well-being and to prevent diseases, disability, and death.

V. CAREER TAKING IN FAMILY MEDICINE



REFERENCES

- 1) Lecturer's ppt