



Rawalpindi Medical University



Family Medicine

Undergraduate /Curriculum for MBBS



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Mission of Rawalpindi Medical University



To improve the standards of medical education of proficient professional quality with the aim of preparing healthcare professionals for practice of evidence based, patient centered medicine and community based preventive care



To advance healthcare through forward looking health research leading to improved scientific knowledge and better human service



To inculcate values of mutual respect and ethical practice of medicine

Preamble

In accordance with Pakistan Medical Commission 2022 guidelines for undergraduate medical education curriculum (MBBS), PMC sets out standards for a seven star doctor

The expected generic competencies in a medical graduate of being:

Skillful, Knowledgeable, Community Health Promoter, Critical Thinker, Professional, Scholar, Leader and Role Model are attributes of a 'seven-star doctor'. To inculcate these comprehensive clinical competencies in cognitive, affective and psychomotor domains across all disease spectrums and all patient groups, Family Medicine provides the best learning opportunities of patient centered, holistic and ongoing care for medical students.

Family Medicine training goals are in alignment with PMC's criteria.

PMC particularly emphasizes on 1) patient education, advice and counseling patients and their family members for health promotion, prevention of risk factors for patients and their family members 2) Patient centeredness, to offer the patient available choices, involve them in management plan, self-care, and use of prescribed drugs and equipment.

3) Recognizing issues of equality, equity and diversity.

4) Describe and debate the reasons for the success or failures of various approaches to increase prevention and to decrease social inequities

5) Discuss various available therapeutic options to select the most appropriate treatment modality or drug(s) for common diseases based on pharmaco-dynamics and/or efficacy. –

6) Other relevant biochemical, pharmacological, surgical, psychological, social interventions in acute and chronic illness, rehabilitation and end-of-life care and recognizing the role of religious and cultural interventions in such situations.

7) Relate the effects and interactions of physical, emotional and social environments to health and disease of humans. The natural history of acute and chronic, communicable and non-communicable diseases with respective etiologic agents and effect of appropriate interventions on the progress of disease

8) Become a 'community health promoter' to deal with problems of population-based primary health care, including health promotion and disease prevention with special emphasis on vulnerable populations.

9) Relate the effects of lifestyle, genetic, demographic, environmental, social, cultural, economic and psychological determinants of health and their impact on the community.

10) Take appropriate action for infectious, non-communicable disease and injury prevention, and in protecting, maintaining and promoting the health of individuals, families and communities

11). Evaluate national and global trends in morbidity and mortality of diseases and injuries of social significance, the impact of migration and environmental factors on health and the role of national and international health organizations on health status.

12) Work as an effective member of the healthcare team and demonstrate acceptance of the roles and responsibilities of other health and health related personnel in providing health care to individuals, populations and communities.

13) Professionalism, Ethics, Leadership & Role Modeling.

Family Medicine practice offers the best opportunities of all the above learning experiences where individualized, holistic, continuous and comprehensive care is provided and patients across all age ranges and disease spectrum are followed from cradle to grave.

In addition, the referral pathways to and from hospitals and interdisciplinary management of disease and patients provide the team based learning and role of collaboration as recommended by PMC and ACGME guidance. The ACGME's guidance provides list of attributes for graduating medical student which include ethics, altruism, and commitment to excellence accountability, compassion, integrity, responsiveness, respect and sensitivity to diversity (ACGME Outcome Project. General competencies, 2007).

The World Federation of Medical Education (WFME, 2015) has highlighted that medical students graduating until 2023 must have undergone through modern teaching-learning stratagem including Bioethics, Social Accountability and Community Based Education as a mandatory component. The emphasis is on the integration of clinical and basic sciences with incorporation of professionalism, bioethics, interpersonal and communication skills as longitudinal theme in undergraduate medical curricula

Learning Professionalism requires role modeling. The Five Pillars of Professionalism described by PMC include: personal honesty and integrity; accountability and disclosures of errors; a trust-building patient-doctor relationship with truthfulness, empathy, compassion and cultural sensitivity; knowing one's limitations, self-directed learning and constant improvement; improvement of others and the health systems; and self-regulation and constant improvement of the profession. Again, Family Medicine Practice training would offer best opportunity to learn and develop these skills in medical students.

In view of the above recommendations by PMC and also in accordance with ACGME guidance, Rawalpindi Medical University embarked upon the journey of creating a Department of Family Medicine. Vice Chancellor Prof Mohammad Umar conceived the idea of initiating a Family Medicine Department in 2020. Under his dynamic and visionary leadership, post graduate training in Family Medicine was started in March 2021.

Since then, two Certificate courses in Family Medicine have been completed and third certificate course is going to be launched in March 2023. A Post graduate Diploma Program in Family Medicine was also initiated which is due to be completed in March 2023.

Recognizing the importance of undergraduate teaching of Family Medicine, Rawalpindi Medical University is pleased to launch its Family Medicine Undergraduate program which will equip the students with competencies required by the PMC and ACGME in accordance with the vision and mission of the university.

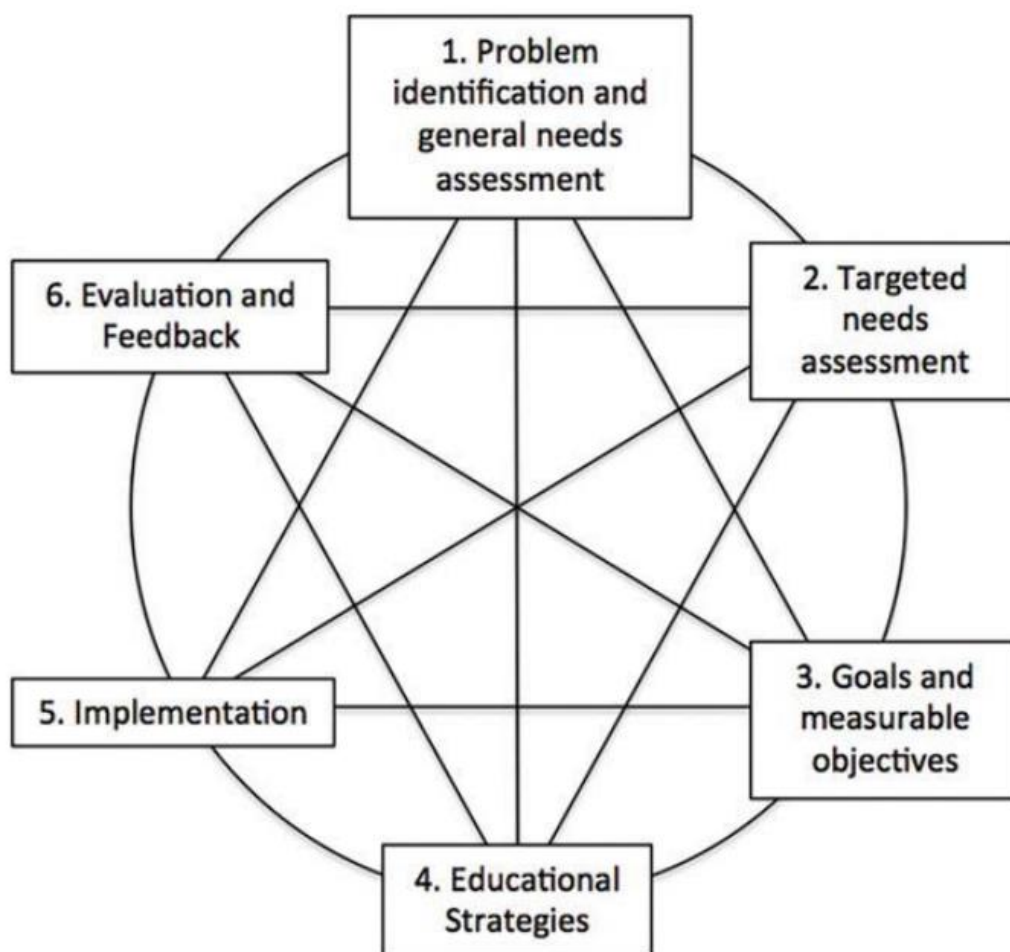
An Integrated spiral Curriculum has been designed which will allow integration of Family medicine with various disciplines of basic and clinical sciences. Additionally, key concepts or themes related to communication skills, clinical skills, professionalism, ethics, research, and medical humanities are addressed across the 5-year program as recommended by PMC.

A spiral curriculum would provide a framework with early introduction to clinical skills, with advancement over the years as well as basic sciences teaching throughout the curriculum, reducing over time.

Early exposure to Family Medicine is an important educational philosophy of the Rawalpindi Medical University Family Medicine program and students engagement in clinical experiences in family physicians' clinics during medical school years in a horizontal placement. The two-weeks core family medicine experience during clerkship expands upon this important introduction

1.1 Overview of Curriculum Development

Curriculum outcomes should reflect the mission and vision statements of the University*



*Kern, D. E. (1998). *Curriculum development for medical education: A six-step approach*. Baltimore:

Family Medicine Curriculum
Year 1, 2, 3, 4 & 5 (MBBS)
Spiral Model in 5 years of MBBS

Themes

S. No	Themes
1	Population centered care
2	Principles & practice of Family Medicine
3	Core concepts of Family Medicine (Non-communicable diseases)
4	Core concepts of Family Medicine (Communicable diseases)
5	Core concepts of FM (Common presentations in clinical practice)
6	Women and men`s health
7	Maternal and child health

Introduction

Family Medicine is the heart of primary health care, which serves as the initial point of contact of care for patients in the community. Family Physicians are primary care physicians who treat common illnesses, promote health, prevent diseases, diagnose, monitor and manage chronic diseases and refer patients appropriately to other specialists and sources of help, when required. The focus of care is not only on the physical aspect, but also on the psychological, social and spiritual aspects (a bio-psycho-social model with a holistic approach). Trained family physicians can effectively manage more than 80% of the health problems in the community.

Family Medicine is an integral part of undergraduate curriculum of most of the countries in the world where it serves as a strong foundation for producing competent, safe and community oriented medical graduates. Realizing the importance of Family Medicine, PMDC in 2014 declared it a mandatory subject in undergraduate MBBS curriculum.

This name emphasizes the holistic nature of this specialty, as well as its roots in the family. Family practice is a division of primary care that provides continuing and comprehensive health care for the individual and family across all ages, genders, diseases, and parts of the body. The aim of family medicine is to provide personal, comprehensive, and continuing care for the individual in the context of the family and the community. The issues of values underlying this practice are usually known as primary care ethics.

General learning outcomes

At the end of Family Medicine rotation in the MBBS course, an MBBS student should be able to:

- 1) Demonstrate a basic understanding of the principles of Family Medicine that help provide person centered, holistic care to the individuals and families
- 2) Demonstrate competence in history taking, examination skills and clinical reasoning skills in a primary care setting.
- 3) Discuss the basic ethical and professional issues related to Family Medicine
- 4) Describe the concepts of gender based violence and its remediation and preventive strategies
- 5) Demonstrate appropriate communication and consultation skills during clinical encounters and professional communications

- 6) To practice the principles of health promotion and disease prevention as integrated components of the overall healthcare system.
- 7) Demonstrate the importance of understanding the chronic disease monitoring.
- 8) Identify common red-flags in mental illness, MSK, Common dermatological conditions, respiratory, including renal and GI problem
- 9) Explain the modes of antenatal and postnatal care
- 10) Explain issues related to women`s and men`s health and their management in primary care
- 11) Explain mental health problems and their management in primary care
- 12) Perform common day to day procedures in primary care

Specific Learning Objectives

Subject	Topic	Hours needed	S. No	Learning Objectives <i>At the end of this module, the students of MBBS will be able to:</i>
A) Population Centered Care				
Community medicine	Social determinants of health	1	1	Describe the social determinants of health
	Environmental and climate factors in disease causation		2	Explain the role of environmental and climate factors in disease causation
	Principles of prevention and health promotion	1	3	Describe the Principles of prevention and health promotion
			4	Describe, the role of counseling and patient education in health promotion and disease prevention
Medical education	Patient safety, clinical governance	1	5	Explain the concept of patient safety, clinical governance and

	and quality improvement			quality improvement in primary healthcare
Family Medicine	Violence against Healthcare Professionals	2	6	Describe violence and its types
			7	Explain, how to de-escalate violence against healthcare professionals
			8	Discuss the importance of effective communication
			9	Describe Rights & Responsibilities of Healthcare workers in violent situations
	Gender Based Violence	2	10	Define gender base violence
			11	Differentiate the different forms of gender- based violence
			12	Describe issues of gender, rights, equality, and gender-based violence including knowledge of how to access resources and support
			13	Describe the recommended ethical standards for reporting on issues related to the prevention of gender-based violence
			14	Discuss the preventing strategies for gender-based violence

			15	Describe the national and international legal frameworks for gender-based violence
B) Principles & practice of Family Medicine				
FM/ CM/ Medicine	History and current structure of general practice	1	16	Describe the historical perspectives of general practice
			17	Explain the structure of general practice nationally and internationally
	Models of healthcare and universal health coverage	1	18	describe the models of healthcare Learn the concept of universal health coverage
	Ethics in clinical practice	2	19	Define ethics , understand the scope ethical practice to realize the importance of applying ethics in clinical practice
	GP as a coordinator in healthcare (referral mechanisms)		20	Describe the role of a GP in monitoring and coordinating patients' treatment plans, educate them about their condition, connect them with health care providers, and evaluate their progress
			21	Describe the referral mechanisms in healthcare
	Holistic Approach in Family Practice	2	22	Explain the concept of Holistic Care
			23	Discuss Patient centered care

			24	Explain the influence of social, economic and environmental factors on the health status of individuals and groups, and suggest appropriate measures
			25	Discuss delivery of evidence based, comprehensive continuing care to the individuals and families
			26	Discuss quality care in preventive, therapeutic, rehabilitative and palliative curative and preventive domains of health care
			27	Describe effective use of available resources
	Documentation & Medical Records		28	Discuss the importance of documentation in medical practice.
			29	List the main elements of documentation
			30	Documentation of the diagnosis, management plan, treatment, safety netting and follow up arrangements
			31	Describe disease notification and reporting in primary care.
	Consultation Models in Family Practice		32	Describe various consultation models

			33	Discuss how to encourage the patient's contribution
			34	Explain, how to put patient's complaint in appropriate psychosocial contexts
			35	Describe patient's ideas, concerns, expectations and shared management plan
Pharmacology	Rationale use of drug prescribing in Family practices	1	36	Explain the steps of rational use of drug prescribing in family practices
C) Core concepts of FM (Non-communicable diseases)				
General medicine	Hypertension	1	37	Explain the management strategies of a hypertensive patient in general practice including the psychosocial impact of disease on patient and their families
			38	Describe the strategies for prevention of hypertension and its complications
			39	Identify the red-flags in a hypertensive patient and appropriately refer to speciality care when required
	Diabetes mellitus	1	40	Explain the management strategies of a diabetic patient in general practice including the psychosocial impact of disease on patient and their families

			41	Describe the strategies for prevention of diabetes mellitus and its complications
			42	Identify the red-flags in a diabetic patient and appropriately refer to speciality care when required
	Hyperlipidemias	1	43	Explain the management of a patient suffering from hyperlipidemias in general practice
	Obesity		44	Describe the aetiology, risk factors and complications of obesity
			45	Explain the role of diet, exercise and anti-obesity drugs in the management of obesity and its complications
			46	Identify the red-flags in an obese patient and appropriately refer to speciality care when required
			47	Explain the psychosocial impact of disease on patient and their families
	IHD/CCF	1	48	Explain the management strategies of a patient with IHD and heart failure in general practice including the psychosocial impact of disease on patient and their families

			49	Describe the strategies for prevention of IHD and CCF
			50	Identify the red-flags in a patient with IHD/CCF and appropriately refer to speciality care when required
	COPD	1	51	Explain the management strategies of a patient with COPD in general practice
			52	Describe the strategies for prevention of complications of COPD
			53	Describe the methods of home oxygen therapy
			54	Perform routine annual health checkup of an Asthmatic and COPD patient under supervision
			55	Identify the red-flags in a patient with COPD and appropriately refer to speciality care when required
	Bronchial Asthma	1	56	Discuss the risk factors for Asthma in our population
			57	Explain the risk assessment for Asthma
			58	Interpret spirometry results
			59	Discuss the primary and secondary prevention of Asthma in a primary health setting

			60	Identify the guidelines that should be followed in a patient with Asthma
			61	Identify the red-flags in a patient that need referral for specialist care
	Strokes (primary, secondary and tertiary preventions)	1	62	Explain the short and long term management strategies of a patient with ischemic and haemorrhagic strokes
			63	Describe the steps of prevention of complications in a stroke patient in family practice
			64	Identify the red-flags in a patient with stroke and appropriately refer to speciality care when required
	Cancer Screening	1	65	Identify red-flags in patient which need referral for cancer screening
			66	Explain the psychosocial impact of disease on patient and their families
			67	Describe the indications, rationale and common diseases which require routine cancer screening
D) Core concepts of FM (Communicable diseases)				
General Medicine	Acute and chronic hepatitis	1	68	Explain the aetiology and clinical features of acute

			hepatitis
			69 Explain the management strategies of acute hepatitis in family practice
			70 Explain the aetiology, clinical features and complications of Chronic hepatitis
			71 Explain the management strategies of chronic hepatitis in family practice
			72 Describe the red-flags in a patient with acute and chronic hepatitis for referral to specialty care
	Malaria & Hepatitis control program teams		73 Explain the etiology, clinical features, types, investigations and management of Malaria in family practice
			74 Describe the red-flags in a patient with Malaria for referral to specialty care
			75 Identify at risk patients of hepatitis and Malaria and offer them screening
	Enteric infections		76 Classify enteric infections
			77 Describe the aetiology, clinical features, investigations and management of Salmonellosis
			78 Describe the red-flags in a patient with Salmonella infections for referral to

				specialty care
			79	Explain the etiology, and management of acute gastroenteritis
			80	Discuss the primary and secondary prevention of acute gastroenteritis in a primary healthcare setting
			81	Describe the red-flags in a patient with acute gastroenteritis for referral to specialty care
	STDs	1	82	classify STDs
			83	Describe the management approach to a patient with STD in family practice
			84	Identify at risk patients and offer them screening
			85	Describe prevention of STDs
Gynecology	TORCH infections	1	86	Define TORCH infection
			87	Describe the steps of investigations for TORCH infections
			88	Describe the preventive strategies for TORCH infections and their complications
Dermatology	Common skin conditions including Acne, Eczema and rashes Leishmaniasis	1	89	Identifying common skin conditions and rashes. Explain the types and clinical features of Leishmaniasis

	Leishmania control programme teams			
FM / General Medicine / Pulmonology	Tuberculosis (individuals' identifications, routine contact tracing, and linking to care)	1	90	Explain the types of Pulmonary Tuberculosis
			91	Explain the pathophysiology, clinical features, complications, and management of a patient with pulmonary Tuberculosis
			92	Describe the technique of contact tracing in a patient with non-MDR and MDR tuberculosis
			93	Describe the indications of specialist referrals in patients with Pulmonary Tuberculosis
General medicine	Rabies prophylaxis	1	94	Describe the types of wounds inflicted by rabid dog bite
			95	Explain the types of active and passive immunisation for Rabies post-exposure prophylaxis
			96	Describe the indications of Rabies vaccine and immunoglobulins
E) Core concepts of FM (Common presentations in clinical practice)				
Psychiatry	Acute mental health	2	97	Discuss the guidelines for management of a patient with

	presentations: primary care management and Red flags			Anxiety and depression in a primary health care setting
			98	Identify common red-flags in mental health disorders in primary care
			99	Identify patients that need urgent and proper referral for specialist care in primary health
			100	Perform routine health checkups of Mental Health patients under supervision
			101	Identify Post-traumatic stress disorder
			102	Discuss when and how to refer for expert help
			103	Explain the types of somatization disorders
			104	Discuss the diagnosis and management of somatizations disorders in family practice
			105	Explain the indications for referral to speciality care in patients with somatization disorders
			106	Explain sleep disorders
			107	Describe the management of sleep disorders

			108	Explain the indications for referral to speciality care in patients with sleep disorders
General medicine	Acute Musculoskeletal presentations- primary care management and Red flags	1	109	Explain the red flags in musculoskeletal disorders
			110	Discuss the Management of back pain and joint pains in primary care
			111	Identify patients that need urgent and proper referral for specialist care in primary health
	Acute respiratory presentations- primary care management and Red flags	1	112	Explain the approach to a patient with cough or shortness of breath in a primary health care setting.
			113	Discuss the differential diagnosis of a patient with cough or shortness of breath
			114	Discuss the investigations for a patient with cough or shortness of breath in a primary health care setting
			115	Identify common red-flags
			116	Identify patients that need urgent and proper referral for

				specialist care
	Acute renal presentations- primary care management and Red flags	1	117	Explain the etiology, clinical features and presentation of acute renal failure
			118	Describe the steps of management of a patient with anuria and oliguria
			119	Identify patients that need urgent and proper referral for specialist care in primary health with anuria and acute and chronic renal disease
	Acute GI presentations- primary care management and Red flags	1	120	Explain the most common causes of acute abdomen in our population.
			121	Discuss the differential diagnosis of a patient presenting with acute abdomen
			122	Explain the approach to a patient with Abdominal Pain in a primary health care setting
			123	Discuss the differential diagnosis of a patient with Abdominal Pain
			124	Discuss the investigations for a patient with Abdominal Pain in

				a primary health care setting
			125	Discuss the initial management of a patient with Abdominal Pain in a primary health care setting
			126	Identify common red-flags in a patient with acute abdominal pain
			127	Identify patients that need urgent and proper referral for specialist care
	Acute neurological presentations- primary care management and Red flags- Headache	1	128	Explain the approach to a patient with Headache in a primary health care setting
			129	Discuss the differential diagnosis of a patient with Headache
			130	Discuss the guidelines for management of a patient with Headache
			131	Identify common red-flags in a patient with acute headache
			132	Discuss the risk factors for Migraine in our population.
			133	Discuss the primary and secondary prevention of Migraine

F) Women and men`s health				
Gynaecology	Menstrual disorders	1	134	Enlist menstrual disorders
			135	Explain the aetiology, investigations and management of menstrual disorders in primary care
	Menopause		136	Explain the clinical features, and management of menopausal symptoms and complications in primary care
	Contraception	1	137	Explain the types of contraception methods
			138	Explain the merits and demerits of different contraceptive techniques
			139	Describe the complications associated with the use of oral and injectable contraceptives
	Vaginal discharge and STDs	1	140	Explain the etiology of vaginal discharge
			141	Describe the diagnosis and management of vaginal discharge in primary care
			142	Classify Sexually transmitted infections in females
			143	Describe the clinical features, investigations and management of STDs in females in primary care
Surgery /	Prostatism	1	144	Define Prostatism

urology				
			145	Describe the clinical features, investigations and management of enlarged prostate in primary care
	Hematuria and STDs	1	146	Explain the etiology of painful and painless haematuria
			147	Classify Sexually transmitted infections in females
			148	Describe the clinical features, investigations and management of STDs in females in primary care
			149	Describe the red flags in patients with haematuria and STDs
	Erectile dysfunction		150	Describe the etiology and management of erectile dysfunction in primary care
	Gender based violence	1		Classify gender based violence
				Explain the reasons for gender based violence
				Discuss the outcomes of gender based violence
				Explain the preventive strategies for gender based violence
				Discuss the legal implications of gender based violence in Pakistani context

G) Maternal and child health				
Gynaecology	Antenatal care	2	151	Describe the composition of antenatal care
			152	Identify and do surveillance of pregnant mother and expected child
			153	Recognize and manage/refer pregnancy related complications particularly pre-eclampsia and placental abnormalities
			154	Screen a pregnant woman for conditions and diseases such as anaemia, STIs (particularly syphilis), HIV infection, mental health problems, and/or symptoms of stress or domestic violence
			155	Apply Preventive measures, including tetanus toxoid immunisation, de-worming, iron and folic acid, intermittent preventive treatment of malaria in pregnancy
			156	Promote healthy behaviours in the home, including healthy lifestyles and diet, safety and injury prevention, and support and care in the home, such as advice and adherence support for preventive interventions

				like iron supplementation
			157	Identify signs and symptoms of domestic violence / gender based violence and offer appropriate support
			158	Recognize red-flags in a pregnant woman during pregnancy
	Postnatal care	2	159	immediately assess a baby at birth and perform a full clinical examination around 1 hour after birth and before discharge.
			160	Describe the methods of assessment of new-borns for key clinical signs of severe illness and referred as needed
			161	promote early and exclusive breastfeeding within delivery settings including antenatal care, at delivery, and in all postnatal care visits
			162	Consider the use of chlorhexidine for umbilical cord care for babies born at home
			163	Plan immunization of the baby based on WHO guidelines
			164	Identify preterm and low-birth-weight babies as soon as possible and should be

				provided special care and refer them to tertiary healthcare facilities
			165	Describe the methods of assessment of all postpartum women for vaginal bleeding, uterine contraction, fundal height, temperature and heart rate (pulse) routinely during the first 24 hours starting from the first hour after birth.
			166	Describe the methods of assessment of a mother for psychological and social wellbeing after delivery for 6 weeks
			167	Promote postnatal family planning/birth spacing
Pediatrics	Neonatal care	1	168	Describe the complications of low birth weight and preterm babies
			169	Dry and stimulate the baby
			170	Assess APGAR score
			171	Clamp and cut the cord
			172	Help the mother initiate the breastfeeding
			173	Identify and label the neonate
			174	Resuscitate a neonate when needed
			175	Examine a baby for vital signs, body measurement, and

				various body parts
	Weaning	1	176	Define weaning
			177	Describe the age of start of weaning
			178	Describe the types and amount of foods for weaning
			178	Explain the progress of weaning in infants by using growth charts
			180	Elaborate the importance of personal hygiene during food handling
Community medicine	Childhood vaccination	1	181	Describe vaccine preventable diseases
			182	Explain the schedule of childhood immunization
Psychomotor and affective domains				
	Vital signs checking		183	Check vital signs and identify common abnormalities
	IM/IV injections		184	Perform IV and IM injection on a manikin
	Measurement of height and weight and BMI		185	Measure weight and height in an adult and child and calculate BMI from these
	Glucometer		186	Operate glucometer and check blood sugar
	Basic life support		187	Perform BLS and children and adults
	Performing and interpreting an ECG		188	Apply ECG lead
			189	Interpret an ECG paper

	Use of nebulizers, inhalers, and peak flow meters		190	Operate a nebulizer machine
			191	Teach inhaler technique with a spacer
			192	Perform peak flow meter
	Oxygen administration		193	Identify different oxygen masks
			194	Administer Oxygen in a patient in need
	NG tube insertion		195	Insert NG tube on a manikin
	Foleys catheter insertion		196	Insert Foley`s catheter in a manikin
	Suturing		197	Apply sutures on a manikin
	Wound dressing		198	Apply dressing over a wound
	Consultation Skills		199	Encourage the patient's contribution during doctor patient consultation
			200	Places complaint in appropriate psychosocial contexts
			201	Explores patient's health understanding/beliefs including identifying and addressing patients Ideas and concerns and expectations
			202	Takes an appropriately thorough and focused history to allow a safe assessment (includes/excludes likely relevant significant condition)

				Explains patient's problem in appropriate language
			203	Explain shared management plan with the patient and families
	Breaking bad news		204	Apply the principles of breaking bad news and practice in a standardized patient
	Empathy		205	Show empathy to patients
	Application of medical ethics in general practice		206	Apply ethical principles in clinical decision making and patient management in general practice

Teaching methods for FM

S. No	Teaching methods	Approximate Duration in hours
1	Lectures	45
2	Family medicine clinical rotations Family Medicine clinic, General OPD rotations, BHU visits and Social work training	55
Total hours		100

SYLLABUS FOR FAMILY MEDICINE IN MBBS

Year 1&2 MBBS

1. Communication and consultation skills in Family Medicine Practice
2. Ethics in Clinical Practice

Year 3 & 4 MBBS

3. Focused history taking, examination & clinical assessment skills in community setting
4. Appropriate use of clinical equipment and clinical charts
5. Define Family Medicine
6. Role of Family Medicine in the health care system
7. Core concepts of Family Medicine
8. Scope of Family Medicine specialty
9. Patient centred approach
10. Family Medicine rotation in community based Family Practices approved by Medical Colleges

Year 5 MBBS

11. Danger signs and referral system
12. Basic concepts of Elderly care
13. Basic concepts of Palliative Care
14. Practice Management in community setting
15. Cost effective and safe approach to Fever without any localizing symptoms in community setting
16. Cost effective and safe approach to Generalized weakness in community setting
17. Cost effective and safe approach to Generalized aches and pains in community setting
18. Cost effective and safe approach to Dizziness in community setting
19. Cost effective and safe approach to an unconscious patient in community setting
20. Application of Bio-Psycho-Social Model of Healthcare in community setting

OVERVIEW OF TRAINING STRUCTURE

The total duration of Family Medicine training will be 100 hours. The Family Medicine training will be spread over 5 years with focused learning as follows:

Topic	Year of study	Hours	Teaching method	Assessment		
				K (Knowledge)	S (Skills)	A (Attitude)
1. Communication skills and consultation skills in Family Medicine Practice	1 st	5	Lectures		Rotation	Rotation
2. Ethics in Clinical Practice	2 nd	5	Lectures			
3. Focused history taking, examination & assessment skills	3 rd	10	Lectures	CBD	CBD	CBD
4. Appropriate use of clinical equipment and charts	3 rd	10	Workshop		Rotation	Rotation
5. Define Family Medicine	4 th	1	Lecture	Portfolio		
6. Role of Family Medicine in the health care system	4 th	1	Lecture	Portfolio		
7. Core concepts of Family Medicine	4 th	2	Lecture	Portfolio		
8. Scope of Family Medicine specialty	4 th	2	Lecture	Portfolio		
9. Patient centered approach	4 th	2	Lecture	Portfolio		Rotation
10. Family Medicine rotation in community based Family Practices	4 th	45	Field posting	Portfolio CBD	Rotation CBD	Rotation CBD
11. Danger signs and referral system	5 th	2	Lecture	SAQ		
12. Basic concepts of Elderly care	5 th	2	Lecture	SAQ		
13. Basic concepts of Palliative Care	5 th	2	Lecture	SAQ		
14. Practice Management in community setting	5 th	2	Lecture	SAQ		

15. Cost effective and safe approach to Fever without any localizing symptoms in community setting	5 th	1	Lecture	SAQ		
16. Cost effective and safe approach to Generalized weakness in community setting	5 th	1	Lecture	SAQ		
17. Cost effective and safe approach to Generalized aches and pains in community setting	5 th	1	Lecture	SAQ		
18. Cost effective and safe approach to Dizziness in community setting	5 th	1	Lecture	SAQ		
19. Cost effective and safe approach to an unconscious patient in community setting	5 th	1	Lecture	SAQ		
20. Application of Bio-Psycho-Social Model of Healthcare in community setting	5 th	4	Lecture	SAQ		Portfolio

Summary of hours distribution of different teaching methods in Family Medicine training

Activity	Method of learning	Duration of activity	Frequency of activity in days	No of students	Total hours
Lecture to full class	Didactic	45 hours	9	Full class	45 hours
Workshops at campus	Experiential learning	10hours	2	~30	10 hours
Outdoor clinical teaching	Apprenticeship	45 hours	9 days	~2-3 per teacher	45 hours
Total					100 hours

STANDARDS OF FAMILY MEDICINE TEACHING PRACTICES:

1. Each Family Medicine training site must be approved by the medical institution after formal accreditation process
2. Each practice should be registration with Health Care Commission/Agency of the Province
3. Family Medicine training sites include Family Medicine clinics in hospitals, Family Medicine clinic in community or Rural Health Center/ Basic Health Unit
4. The practices should have adequate space for the allocated number of students
5. The practice should have essential clinical equipment required for the training of Family Medicine students
6. Practice should provide exposure to students of wide spectrum of patients of all age groups without any gender discrimination
7. The practice should ensure proper orientation, facilitation, supervision and assessment of students

Standard Training for Rotations:**Teachers should be qualified in Family Medicine who will impart teaching and training in Family Medicine Clinics**

- a) Teach and facilitate learning of suitable approach to the management of chronic illnesses that are commonly seen in primary care setting.
- b) Teach and facilitate learning of an appropriate approach to conduct a wellness/preventive health consultation for patients of any age or gender.
- c) Teach and facilitate learning of relevant history taking, physical examination, communication, counselling and clinical reasoning skills.

ASSESSMENT:

Mandatory attendance: Minimum 75% attendance in core topics and clinics

Internal assessment

Portfolio	(50 MARKS)
Case-based Discussion (CBD) at the end of rotation	(40 MARKS)
Attendance	(10 marks)

Final Assessment**Written Exam**

MCQs	80 marks	
SAQs	2 SAQs of 10 marks each	(20 MARKS)
		(TOTAL: 100 MARKS)

PORTFOLIO/LOG BOOK

The student is expected to make a reflective record of his/her learning in the portfolio/log book. The log book is a collection of evidence that learning has taken place. The log book shall also contain a record of the procedures, field visits, clinical encounters, professional conversations and record of formative assessments.

Case Based Discussion (CBD) Evaluation Form

Date: ___/___/___

 New Follow up

Reasons for Clinical Encounter: _____

Focus of Clinical Encounter

Record Keeping: Clinical Assessment Management

Professionalism

Complexity of Case: Low Average High

Overall assessment: (Please grade the following areas using “√” mark):

Theme	Below Expectation		Borderline	Meets Expectation	Above Expectation	N/A
	1	2	3	4	5	
1. History taking						
2. Clinical assessment/examination						
3. Diagnosis						
4. Communication skills						
5. Follow-up and future planning						
6. Professionalism / Ethical issues						
Total Marks out of 30						

Area/s of Strength: _____

Area/s requiring improvement: _____

Agreed action: _____

Time taken for observation (in minutes) Time taken for feedback (in minutes):

Student's Name & Signature

Supervisor's Name & Signature

Annexure 2

LIST OF EQUIPMENT FOR FAMILY MEDICINE TEACHING PRACTICES

1. Height and weight scales
2. Sphygmomanometer
3. Stethoscope
4. Nasal speculum
5. Torch
6. Tongue depressor
7. Tuning forks
8. Otoscope
9. Tendon hammer
10. Nebulizer
11. Peak flow meters
12. Glucometer

REFERENCE SOURCES FOR FAMILY MEDICINE

BOOKS

1. A Textbook of Family Medicine – 2nd Edition, Ian R. McWhinney
2. Primary Care Medicine – 3rd Edition, Goroll Allan. H
3. Practical General Practice – 4th Edition, Khot, Alex
4. Oxford Handbook of General Medicine- latest edition

JOURNALS

- | | |
|---|--|
| 1. American Family Physician: | www.aafp.org |
| 2. British Medical Journal: | www.bmj.com |
| 3. Student BMJ: | www.studentbmj.com |
| 4. The Practitioner: | www.practitioner-i.co.uk |
| 5. Journal of Family Medicine: | www.jfponline.com |
| 6. Canadian Family Physician: | www.cfpc.ca |
| 7. Australian Family Physician: | www.afp.org.au |
| 8. World Health Organization: | www.who.int |
| 9. National Institute of Clinical Excellence. | www.nice.org.uk |

