

College Professional Development Programme (CPDP)

By Dr Wee Chee Chau, MCFP

The CPDP (MCFP by Assessment) was launched by our Censor-in-Chief, A/Prof Goh Lee Gan at the Commencement Ceremony in June & on 6 Aug, the inaugural tutorial was conducted at the College lecture room.

A/Prof Cheong Pak Yean gave a general overview of the entire programme which will run for 2 years and result in successful trainees being admitted as Collegiate Members. (All GDFM graduates are eligible for the programme)

Basically CPDP is made up of 3 parts:

1. Consulting, Communication & Counselling (CCC) Course
2. Clinical Quality Course (CQC) &
3. Professional Development Project (PDP)

The CCC & CQC involve 6 units of Distance learning, 2 seminars & 2 workshops. A Clinical Quality project is also included in the CQC, where the

trainee has to submit 3 case studies of significant events analysis OR conduct an audit project in his/her practice. For PDP, an assigned mentor will supervise the completion of a project that aids in the professional development of the trainee, to equip him/her for future tasks that require leadership, administrative and/or technical ability.

The goal of the CPDP is to produce Family Physicians that :

1. Are capable of researching, writing and publishing a paper in the Singapore Family Physician or its equivalent.
2. Can organize a Professional course, &
3. Participate in College activities like workgroups or clinical practice guideline committees.

Dr Wong Tien Hua provided the expertise in conducting the lecture on Video Assessment of Consultation Skills. The video camera would be used as a tool to assess the competency of the trainees in



Presentation by Dr Wong Tien Hua

the consultation room. The criteria for performance assessment as well as the intricacies of the video camera & its associated lighting & sound requirements were interestingly demonstrated with sample videos of 'real life' consultations. The lecture also covered the legal aspects of consent for filming and all the 'dos & don'ts' of video filming in the clinic.

'Practice makes perfect' is the take home message as the trainee has to submit 6 video consultations for assessment as part of the CPDP requirement.

A/Prof Goh Lee Gan ended the tutorial with a summary of the course and encouraged the trainees to embark on this journey of learning to find their area of interest and calling, and to see how they can contribute to the development of the College as future leaders of Family Physicians.

GDFM Examination 2004

**See Page 15 for names of GDFM Graduands 2004*

By A/Prof Goh Lee Gan, Censor-in-Chief, CFPS

PASS RATE OF 50 OUT OF 59 (85%)

The 3rd GDFM Exam was held on 17 & 18 July '04. Fifty of the 59 candidates passed, giving a passing rate of 85%. Congratulations to the successful candidates (*Pg 15). For the rest, take heart. Consolidate your knowledge, hone your skills & come back again.

3 SEGMENTS

Examination consists of :

- Paper I: 2 hrs - Multiple Choice Question Paper (MCQ), 100 Qtns
- Paper II: 2 hrs - Key Features Problem Question (KFP), 10 problems
- Clinical Examination: 80 mins - Objective Structured Clinical Examination (OSCE), 10 stations. The OSCEs were modelled on clinical situations commonly encountered in primary care. For each OSCE, the teams of examiners calibrated the standard each candidate must have in order to pass that case.

STANDARD SET

The standard set is a pass in all 3 segments:

- Paper I – 50 marks.
- Paper II – 50 marks.
- Clinical Examination – a pass in at least 6 OSCEs.

THE OSCE

The OSCE examination was conducted in 2 cycles. In each cycle, the candidates were divided into 2 groups of 15. Each group went through the 10 OSCE stations. The scenarios tested this year were:

- *Case 1:* Unstable angina - Acute chest pain with symptoms highly suggestive of an acute myocardial infarction but a normal ECG at presentation. - Tested candidate's recognition that patient had to be referred to A&E for further management
- *Case 2:* Health screening appropriate for a 52-year-old man - Tested candidate's ability to advise appropriate screening tests.
- *Case 3:* Abnormal Pap smear - Tested candidate's ability to explain the abnormality, refer patient for colposcopy
- *Case 4:* Follow-up consultation for urinary tract infection in a 13 mth-old child - Tested candidate's recognition of the need to refer the patient as he was still febrile & unwell.
- *Case 05:* Hyperlipidemia - Tested candidate's ability to recognize the need for pharmacotherapy.
- *Case 06:* Use of medihaler - Tested candidate's ability to correct the patient's technique.
- *Case 07:* Early dementia - Tested candidate's ability to do a screening test for memory impairment e.g., ECAQ score and explain the condition to the son.
- *Case 08:* Recurrent headache - Tested candidate's ability to take a comprehensive history and diagnose migraine headache.
- *Case 09:* Sex and travel - Tested candidate's ability to advise against the use of prophylactic antibiotics, the advice on condom use and safe sex.
- *Case 10:* Sleep problem - Tested candidate's ability to counsel the patient on sleep hygiene and explain the risk of addiction if sleeping pills are used regularly.

RESULTS

In the MCQ paper, there were 3 failures. All passed the KFP paper. 7 failed the Clinical Exam. In the OSCEs, candidates on the whole did well on Cases 2, 3, 5, 6, 9 & 10. Performance was poor on Cases 1, 4, 7 & 8.