



# How I Benefited from Family Medicine Training

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I remember back in the 1990s when I first attended the FMMC. The course was conducted as part of the academic requirement for the Family Medicine trainee in preparation for the MMed (Family Medicine) examinations. Non-trainees were also able to attend the modular course at a fee, but did not have the opportunity to take the examinations.

A characteristic of the course that was most endearing was how the students would always receive an email apology from A/Prof Goh Lee Gan on a Friday afternoon before the class as the notes were, as usual, still not ready! Invariably the students would find the notes and case studies in their mailbox on the morning of the class which started promptly at 2.30pm. On many occasions, the email was time-stamped in the wee hours of Saturday morning. I never ceased to wonder what kept him going, burning the midnight oil to deliver the lessons for the FMMC. The power of role-modelling.

## Notes

The notes back then were accompanied by a stack of references which the students had to read through before the class. The discussion was always spirited and I learnt a great deal from peers as well as the more experienced GPs who attended the class as student and facilitators. Fast forward five years, when I repeated the FMMC course so as

to fulfil the requirements to qualify to take the MMed (Family Medicine) examinations under programme B or the private practitioner's stream as it was known as then.

Despite some misgivings in having to redo the course, I found that the course materials were diligently updated to reflect the breakneck progress of Family Medicine. The notes had also been well-compiled and, this time, distributed in advance.

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The structure of the lesson plan had remained relatively unscathed with a facilitator helping to guide the students as they discussed the case study, which was realistic and deliberately vague in character. These case studies were

therefore a particular frustration for the unsuspecting specialist facilitator and the doctor who was new to primary care, who are more used to cases with typical signs and more definitive diagnoses.

Although the core contents of the course remained unchanged, the skills and knowledge I picked up was as enchanting as the first time round. The experience of sharing from the perspective of an experienced GP was also refreshing and helped me consolidate my learning.

Several years ago, I had the privilege to have been appointed a teaching fellow at the Institute of Family Medicine (IFM), which was tasked to update the FMMC modules. Together with a group of enthusiastic veterans, the IFM undertook to completely revamp the FMMC curriculum and materials with inputs from people skilled in the everyday practice of Family Medicine in the community. The continuous improvements ensured that the course remained relevant to the vocation. The FMMC has thus remained relevant and effective over the years.

Unlike specialist and sub-specialty training, Family Medicine training emphasises width as opposed to depth. One would however have totally missed the mark if one were to perceive family physicians as the lesser cousins of our specialist counterparts, as family

physicians also processed a distinctive set of competences. Without a clear understanding of these core competencies, which the FMMC tries to impart, it is easy to misunderstand that the lower paid GPs are of an inferior class.

Identifying, organising and transmitting this core knowledge, skills and attitudes required of a family physician is a delicate challenge. Some of these values are not easily grasped through lectures or self-studying.

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While the technical aspect of various disciplines of medicine and surgery are still extremely important to the family physician, the emphasis of the applications are different, with some overlap, from what our specialist or General Medicine colleagues are concerned with. For example, there is a greater prominence on recognising vague and early presentations of both ordinary and uncommon conditions.

The amount of narrative-based medicine takes on a much bigger role compared with the specialists' fixation with research-evidence-based medicine; much of a family physician's work is spent, among other tasks, exploring the health seeking behaviour, therapeutic

lifestyle changes, educating and comforting of the needy patients.

A good family physician needs to have excellent cultural and situational understanding of the healthcare system to be able to co-ordinate care for our patients in a holistic manner yet know precisely when the patients need the care of our specialist colleagues or the immediate attention at the Accident and Emergency Department. The family physician, besides being a healer, is also a community leader, an eloquent communicator and friend in need by default.

Putting all these skills, and much more into a package, and crafting a process to transmit it to the GP to make him into a FP is not straightforward!

#### Case Study Workshops

The FMMC was designed to capitalise on the experience and acquired skills of the specialist and practising GPs through discussions and interactions over a realistic primary care case study. A resource person from the particular specialty as well as a trained family physician to provide a balance perspective is present to facilitate the discussion, correct mistakes and update students to the latest evidence-based practical ideas. Some learning is taught and others are caught; role-modelling is certainly an important part of this programme, as experienced GPs interact with young impressionable doctors. But the senior ones in contributing to the

class have the most to gain through the confirmation and consolidation of his or her learning. The student therefore learns in a complex and rich experiential learning environment.

How much one learns during the FMMC classes is dependent on the students' attitude and willingness to participate.

There are known deficiencies as well as hidden deficiencies in our formal and informal training as family physicians; since the FMMC curriculum is quite comprehensive, areas that the family physician is wanting can be built up either deliberately or through discovery. The FMMC allows ample opportunity for vicarious learning in a sheltered environment. In this way, the course would also help us practice in a safer manner.

Much of the hidden benefits are gained through the renewal of old ties and making contact with course mates, which might come in useful in the future. Discussions on referrals, computerisation, administrative and other issues would also shape the way our healthcare system evolves.

The growing alumnus allows family physicians to build camaraderie and solidarity. With this critical mass of trained family physicians I hoped that we can regain some of the due respect and correct some of the misconceptions which are so pervasive currently. ■CM

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