

Department of Family Medicine
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29th STFM Annual Spring Conference
Hyatt Regency San Francisco Embarcadero Center
San Francisco, CA
April 27 - May 1, 1996

International Session

"A System for Providing Consultation in Family Practice Residency Education to Host Countries"
William Reichel, M.D., Madeleine C. Gervais, M.Ed., Vincent R. Hunt, M.D.

- I. Initial Steps
 - A. Dialogue
 - B. Verbal Agreements
 - C. Memorandum of Understanding (*handout pp. 3 - 5, Russian*)
 - D. Work Plan (*handout pp. 6 - 9*)
- II. Process
 - A. Consultation visits to host country
 - B. Consultation visits from neighboring countries
 - C. Study/observation visits to neighboring countries
 - D. Study/observation visits to United States (*handout p. 10*)
 - 1. 6 weeks
 - 2. 2 weeks
 - 3. 1 to 3 days
 - E. Ongoing interactions
 - F. Residency training in U.S. for selected future faculty
- III. Residency Education Information
 - A. General and Special Requirements of the Residency Review Committee (RRC) (*handout pp. 11 - 15, Family Practice Requirements*)
 - B. Structure and Function of the Accreditation Council on Graduate Medical Education (ACGME) and the RRC; the American Board of Family Practice, the American Academy of Family Physicians (AAFP), and the Society of Teachers of Family Medicine (STFM)
 - C. Criteria of the Residency Assistance Program (RAP)
 - D. Detailed description of the three year structure and operation of an American Family Practice residency training program
- IV. Working Resources
 - A. Examples of block rotations and longitudinal experiences from various programs
 - B. Brown University Family Medicine Orientation Manual (*exhibit*)
 - C. Family Practice Curriculum: Objectives for Residency Training (*exhibit*)
 - D. Educational resources for teaching health centers (*exhibit*)
 - E. Equipment list for ambulatory care centers (*exhibit*)
 - F. Evaluation and documentation systems

Working Resources continued

- H. Publications lists:
 - 1) Recommended
 - 2) Priorities for Health Centers
 - 3) Most Basic Priorities for Health Centers
- I. Worksheets for assuring education in critical components (*handout pp. 16 - 18*)
 - 1. Type of instruction
 - 2. Site of instruction
 - 3. Specialty rotations
- J. Inventory of clinical information and guidelines
 - 1. Agency for Health Care Policy and Research (AHCPR)
 - 2. American Association of Family Physicians Core Guidelines
 - 3. American Medical Association Clinical Protocols
 - 4. Immunization Clinical Protocols
 - 5. Mayo Clinic Clinical Protocols
 - 6. National Heart, Lung, and Blood Institute Clinical Protocols
 - 7. US Preventive Services Task Force Guidelines
 - 8. List of drugs that are important for family physicians (*exhibit*)
- V. Examples of Educational Resources Designed by Host Country
 - A. Russian curriculum (*handout pp. 19 - 23*)
 - B. Jordan - four year curriculum (*exhibit*)
 - C. Example of conversion of template of OB objectives from curriculum by JUST with related evaluation form developed by Brown (*handout pp. 24- 30*)
- VI. Assessment of the Consultation Process
 - A. Strengths
 - 1. Maximizes the amount of information conveyed in the available time frame.
 - 2. Provides individualized faculty training.
 - 3. Economical
 - 4. Participants are freed from other responsibilities to concentrate on the various tasks involved.
 - 5. Establishes personal relationships.
 - 6. Provides an opportunity to deepen understanding of cultural, political, religious and socioeconomic factors.
 - 7. Improves one's own program through feedback.
 - 8. Provides an opportunity to benefit from a variety of teacher/learner interactions and educational styles.
 - 9. Enhances physician's status in the host country.
 - B. Weaknesses
 - 1. Difficult to convey total concept of Family Medicine.
 - 2. Disruptive to the department
 - 3. Follow-up usually requires long term commitment from U.S. faculty to host country.
 - 4. Difficult to provide in-depth teaching/learning experiences.
 - 5. Our model may be considerably different from what can be practiced in the host country.
 - a) Our concept of doctor-patient relationship may conflict with their concept.
 - b) Style of medical education and evaluation may be different.
 - c) Economic factors vary
- VII. Summary and Reflections
 - A. Outcome Affected By Numerous Variables
(e.g., economic, political, interpersonal, cultural, religious)
 - B. Importance of Flexibility
 - C. Appreciation of Other Approaches
 - D. Plan for Continuity of the Program
 - E. Anticipate Frustrations



Health Resources and
Services Administration
Rockville MD 20857

MEMORANDUM OF UNDERSTANDING

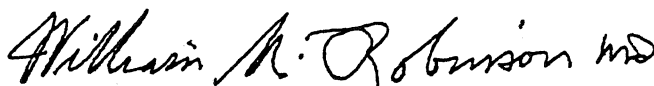
This memorandum of understanding addresses the development of the cooperation between the United States and Russia in the field of Family Medicine, based on the proceedings of the *International Conference on the Education of Family Physicians*, October 26-28, 1993, National Institutes of Health, Bethesda, Maryland.

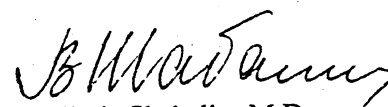
The International Conference organized by the Health Resources and Services Administration, Bureau of Health Professions and Brown University, in collaboration with Moscow Medical Academy, the American Academy of Family Physicians, The College of Family Physicians of Canada, the Royal College of General Practitioners, the Society of Teachers of Family Medicine, Soyuzmedinform, Woodrow Wilson Center for International Scholars, and the World Organization of Family Doctors, *stated* that in the current stage of health care development the family doctor and general practitioner should become the key element in the organization of primary health care in the community. Taking into account the current reforms in the health care field, the participants determined that the priorities in the development of Family Medicine in Russia are the following:

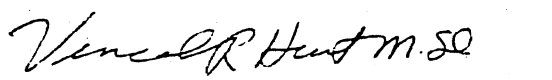
- Creation of programs for training of family physicians to meet the health care needs of the Russian population;
- Development of programs to retrain specialists to work as family physicians;
- Development of standards for the certification and licensing of family doctors and general practitioners;
- Evaluation of the medical professions resources in Russia and the assessment of needs in family medicine education;
- Establishment of a National Association of Family Physicians;
- Conduct of scientific research in the area of Family Medicine;
- Education of the public about the role of the family physician in the community;
- Development of models for training nurses and social workers for providing medical and social assistance to the family.

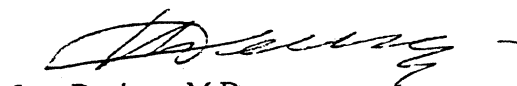
In order to implement the above stated priorities, the parties decided upon the following areas of cooperation:

- Academic exchanges of teachers, residents and students;
- Informational, methodological and technical assistance for the training programs;
- International coordination in the creation of a system of Family Medicine;
- Identification of financial resources for building capacity for Family Medicine.


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Меморандум Совещания

Health Resources and Services
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О перспективах развития сотрудничества между США и Россией в области семейной медицины (по итогам Международной Конференции "Подготовка Семейных Врачей" октября 26-28, 1993г. Вашингтон).

Международная Конференция, организованная Бюро по медицинским кадрам департамента здравоохранения США и Брауновским Университетом при участии Американской Академии Семейных Врачей, Канадского Колледжа Семейных Врачей, Московской Медицинской Академии, Королевского Колледжа Врачей Общей Практики, при участии Общества Преподавателей Семейной Медицины, Союзмединформа, Центра Вудрона Вильсона, Всемирной Организации Семейных Врачей, констатировала, что на современном этапе развития здравоохранения семейный врач и врач общей практики должны стать основными лицами в организации первичной медико-санитарной помощи населению.

С учётом проходящих реформ в области здравоохранения стороны определили приоритетные направления развития семейной медицины в России:

-
- разработка программ подготовки семейных врачей в соответствии с потребностями здравоохранения России;
- разработка программ переподготовки специалистов для работы семейными врачами
- разработка стандартов по сертификации и лицензированию семейных врачей и врачей общей практики;
- изучение кадрового потенциала России и определение потребности в подготовке специалистов по семейной медицине;
- создание национальной ассоциации семейных врачей;
- проведение научных исследований по проблеме семейной медицины;
- формирование общественного мнения о роли семейного врача;

- развитие модели подготовки медицинских сестёр и социальных работников для медико-социальной помощи семье.

Для реализации указанных направлений стороны определяют области сотрудничества:

- обмен в рамках обучения преподавателями, студентами и стажерами;
- информационное, учебно-методическое и техническое обеспечение учебных программ;
- международная координация формирования системы семейной медицины;
- поиски и привлечение источников финансирования программ по семейной медицине.

William A. Robinson MD

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Академии

Jordan Family Health Specialty Training Program

Notes	Name	Scheduled Start	Scheduled Finish	Resource Names
	FAMILY HEALTH SPECIALTY TRAINING	8/1/93	7/31/97	
1.	Detailed Work Plan	8/1/93	12/1/93	P Dir
2.	Identify Faculty Advisor - BU	8/1/93	11/1/93	P Dir
3.	Identify Support Staff - BU	8/1/93	11/1/93	P Dir
4.	Obtain Plan Approval	11/28/93	12/15/93	PFH Dir
	UNIVERSITY OF JORDAN COMPONENT	8/1/93	7/31/97	
5.	Prepare Memorandum of Understanding	10/1/93	12/1/93	DMF UJ, P Dir
6.	Approval UJ	10/15/93	4/1/94	DMF UJ
7.	US AID Informed/Consent	10/15/93	12/15/93	PFH Dir
8.	Designate Project Coordinator	8/1/93	10/1/93	P Dir
9.	Establish FM Committee	9/1/93	9/15/93	DMF UJ
10.	Define Goals and Expectations of the Program	9/1/93	10/1/93	FMC, P Dir
11.	Designate Chairman	9/1/93	11/1/93	DMF UJ
12.	Designate Key Faculty	9/1/93	11/1/93	DMF UJ, FMC
13.	Review Objectives of Other Programs	9/1/93	2/1/94	FMC, P Dir
14.	Develop Objectives of the Program	9/1/93	7/31/97	FMC, P Dir
15.	Review Curriculum from Other Programs	9/1/93	3/1/94	FMC, P Dir
16.	Obtain Input / Specialty Departments	9/1/93	3/1/94	FMC
17.	Obtain Family Medicine Committee Input	9/1/93	3/1/94	FMC
18.	Develop Curriculum	9/1/93	3/1/94	FMC, DMF UJ, P Dir
19.	Decide on Curriculum	2/1/94	3/1/94	FMC, DMF UJ, P Dir
20.	Review Curriculum and Advise	9/1/93	3/1/94	P Dir
21.	Obtain University Approval	2/1/94	6/15/94	DMF UJ
22.	Certification by UJ	2/1/94	6/1/94	DMF UJ
23.	Accreditation by Jordan Board	2/1/94	2/1/96	DMF UJ
25.	Annual Curricular Reviews	7/1/94	7/31/97	FMC, DMF UJ, P Dir
26.	Develop Suggested Criteria for Selecting Resident	9/1/93	3/1/94	FMC, P Dir
27.	Submit Suggested Criteria for Selecting Resident:	2/1/94	3/1/94	FMC
28.	Interview Candidates	4/15/94	4/20/94	UJ
29.	Select Residents	4/20/94	5/1/94	UJ
30.	Identify Teaching Faculty	9/1/93	2/1/94	FMC
31.	Interact with Teaching Faculty	9/1/93	7/31/94	FMC, P Dir
32.	Develop Evaluation System	9/1/93	5/1/94	FMC, P Dir
33.	Evaluation of Specialty Rotations	9/1/93	5/1/97	FMC, P Dir
34.	Evaluation of Seminars and Conferences	9/1/93	5/1/97	FMC, P Dir
35.	Evaluation of Resident Performance	9/1/93	5/1/97	FMC, P Dir
36.	Evaluation of Faculty Teaching	9/1/93	5/1/97	FMC, P Dir
37.	Evaluation of Ambulatory Training	9/1/93	5/1/97	FMC, P Dir
38.	Evaluate Training Equipment Needs	10/15/93	3/1/94	FMC, P Dir
39.	Order Training Equipment	12/1/93	3/15/94	DMF UJ, P Dir

Jordan Family Health Specialty Training Program

Notes	Name	Scheduled Start	Scheduled Finish	Resource Names
	UJ COMPONENT continued	8/1/93	7/31/97	
40.	Identify Health Center Training Sites	10/1/93	2/1/94	FMC,DMF UJ
41.	Assess Health Center Training Needs	12/1/93	7/1/94	FMC
42.	Upgrade Training Health Centers	2/1/94	7/1/94	FMC,P Dir
43.	Evaluate Texts, Journals, Teaching Materials	8/1/93	7/31/97	FMC,P Dir
44.	Review Literature	8/1/93	7/31/97	P Dir
45.	Prioritize Texts, Journals, Teaching Materials	11/1/93	2/1/94	FMC,DMF UJ,P Dir
46.	Order Materials	1/1/94	3/1/94	P Dir
47.	Develop Protocols UJ	2/1/94	5/31/97	FMC,CPC,P Dir
48.	Define Relevant Protocol Literature	2/1/94	5/31/97	P Dir
49.	Review Protocol Literature	2/1/94	5/31/97	P Dir
50.	Provide Drafts of the Protocols	5/1/94	5/31/97	P Dir
51.	Faculty Review of Protocols	5/1/94	5/31/97	FMC
52.	Implement Protocols in Residency Program	7/1/94	7/31/97	FMC,P Dir
	JUST COMPONENT	8/1/93	7/31/97	
53.	Prepare Memorandum of Understanding	10/1/93	12/1/93	P Dir,DMF JUST
54.	Approval JUST	10/15/93	4/1/94	DMF JUST
55.	US AID Informed/Consent	10/15/93	12/15/93	PFH Dir
56.	Designate Project Coordinator	8/1/93	10/1/93	P Dir
57.	Establish FM Committee	9/1/93	5/1/94	DMF JUST
58.	Define Goals and Expectations of the Program	9/1/93	3/1/94	FMC,P Dir
59.	Designate Chairman	9/1/93	6/1/94	DMF JUST
60.	Designate Key Faculty	9/1/93	6/1/94	FMC,DMF JUST
61.	Review Objectives of Other Programs	9/1/93	5/1/94	FMC,P Dir
62.	Develop Objectives of the Program	9/1/93	5/1/94	FMC,P Dir
63.	Review Curriculum from Other Programs	9/1/93	5/1/94	FMC,P Dir
64.	Obtain Input / Specialty Departments	9/1/93	5/1/94	FMC
65.	Obtain Family Medicine Committee Input	9/1/93	5/1/94	FMC
66.	Develop Curriculum	9/1/93	5/1/94	FMC,P Dir,DMF JUS
67.	Decide on Curriculum	2/1/94	5/1/94	FMC,P Dir,DMF JUS
68.	Review Curriculum and Advise	9/1/93	5/1/94	P Dir
69.	Obtain University Approval	2/1/94	8/1/94	DMF JUST
70.	Certification by JUST	4/1/94	8/1/94	DMF JUST
71.	Accreditation by Jordan Board	4/1/94	4/1/96	DMF JUST
72.	Annual Curricular Reviews	7/1/95	7/31/97	FMC,P Dir,DMF JUS
73.	Develop Suggested Criteria for Selecting Residents	9/1/93	3/1/94	FMC,P Dir
74.	Submit Suggested Criteria for Selecting Residents	1/1/94	3/1/94	FMC
75.	Interview Candidates	6/15/94	6/30/94	FMC
76.	Select Residents	6/15/94	6/30/94	FMC
77.	Identify Teaching Faculty	1/1/94	6/1/94	FMC
78.	Interact with Teaching Faculty	1/1/94	9/1/94	FMC,P Dir
79.	Develop Evaluation System	9/1/93	5/1/94	FMC,P Dir

Jordan Family Health Specialty Training Program

Notes	Name	Scheduled Start	Scheduled Finish	Resource Names
	JUST COMPONENT continued	8/1/93	7/31/97	
80.	Evaluation of Specialty Rotations	9/1/93	5/1/97	FMC,P Dir
81.	Evaluation of Seminars and Conferences	9/1/93	5/1/97	FMC,P Dir
82.	Evaluation of Resident Performance	9/1/93	5/1/97	FMC,P Dir
83.	Evaluation of Ambulatory Training	9/1/93	5/1/97	FMC,P Dir
84.	Evaluation of Faculty Teaching	9/1/93	5/1/97	FMC,P Dir
85.	Evaluate Training Equipment Needs	4/1/94	6/15/94	FMC,P Dir
86.	Order Training Equipment	5/15/94	7/15/94	P Dir,DMF JUST
87.	Identify Health Center Training Sites	11/1/93	2/1/94	FMC,DMF JUST
88.	Assess Health Center Training Needs	12/1/93	7/1/94	FMC
89.	Upgrade Training Health Centers	2/1/94	7/1/94	FMC,P Dir
90.	Evaluate Texts, Journals, Teaching Materials	8/1/93	1/1/94	FMC,P Dir
91.	Review Literature	8/1/93	9/1/93	P Dir
92.	Prioritize Texts, Journals, Teaching Materials	12/2/93	2/1/94	FMC,P Dir,DMF JUST
93.	Order Materials	1/1/94	3/1/94	P Dir
94.	Develop Protocols JUST	2/1/94	5/31/97	FMC,CPC,P Dir
95.	Define Relevant Protocol Literature	2/1/94	5/31/97	P Dir
96.	Review Protocol Literature	2/1/94	5/31/97	P Dir
97.	Provide Drafts of the Protocols	5/1/94	5/31/97	P Dir
98.	Faculty Review of Protocols	5/1/94	5/31/97	FMC
99.	Implement Protocols in Residency Program	9/1/94	7/31/97	FMC,P Dir
	SPECIFIC PROTOCOLS	8/1/93	7/31/97	
100.	Reproductive Risks	2/1/94	5/31/97	FMC UJ,FMC JUST,C
101.	Frequent Diseases	2/1/94	5/31/97	FMC UJ,FMC JUST,C
102.	Frequently Used Drugs	2/1/94	5/31/97	FMC UJ,FMC JUST,C
103.	Referrals	2/1/94	5/31/97	FMC UJ,FMC JUST,C
104.	Preventive Medicine	2/1/94	5/31/97	FMC UJ,FMC JUST,C
	MOH COMPONENT	8/1/93	7/31/97	
105.	Establish Common Goals & Expectations	4/1/94	8/1/94	SG MOH,PC,P Dir
106.	Designate Coordinator	11/1/93	3/1/94	SG MOH
107.	Designate Contractor	4/1/94	6/1/94	SG MOH
108.	Define Objectives	5/1/94	9/1/94	MOHC,CON,PC,P Di
109.	Design Re-Training Curriculum	7/1/95	10/1/95	MOHC,CON,PC,P Di
110.	Identify Trainers	7/1/95	10/1/95	MOHC,CON,PA
111.	Implement Curriculum	7/1/95	10/1/95	CON
112.	Establish Evaluation Criteria	7/1/95	10/1/95	CON
113.	Implement Evaluation System	7/1/95	10/1/95	CON
114.	Determine Protocol Topics	8/1/93	7/1/97	CON,P Dir
115.	Design Medical Protocols	8/1/93	7/31/97	CON,P Dir
116.	Coordinate Protocols with UJ and JUST	8/1/94	7/31/97	CON,PC,P Dir
117.	Identify Trainees	1/1/94	3/1/95	SG MOH,MOHC,COI
118.	Teach Trainees	1/1/95	7/31/97	TR,CON

Jordan Family Health Specialty Training Program

Notes	Name	Scheduled Start	Scheduled Finish	Resource Names
	SHORT TERM US CONSULTANTS	8/1/93	7/31/97	
119.	Identify Areas of Need	2/1/94	6/1/94	P Dir,PC
120.	Identify Consultants	11/1/93	1/1/97	P Dir
121.	Plan Agenda	1/1/94	6/1/94	P Dir
122.	Provide Consultations	4/1/94	7/31/97	P Dir
123.	Evaluate Consultations	6/1/94	7/31/97	P Dir
124.	Provide Consultation Reports	6/1/94	7/31/97	C
	STUDY OBSERVATION - BROWN UNIVER	8/1/93	7/31/97	
125.	Identify Participants	10/1/93	7/31/94	DMF,FMC,PC
126.	Design Agenda	10/1/93	7/31/94	FMC,P Dir
127.	Arrange Agenda	11/1/93	7/31/95	P Dir
128.	Obtain Approval USAID/Jordan	11/15/93	7/31/96	P Dir
129.	Schedule Visits	12/1/93	7/31/96	FMC,P Dir
130.	Conduct Visits	1/1/94	7/31/96	P Dir
131.	Evaluate Visits	2/15/94	7/31/96	P Dir
	STUDY OBSERVATION-NEIGHBOR COUN	8/1/93	7/31/97	
132.	Identify Host Countries	2/1/94	7/31/94	DMF,FMC,PC
133.	Identify Participants	3/1/94	7/31/94	FMC,PC,P Dir
134.	Determine Expectations	4/1/94	7/31/94	FMC,PC,P Dir
135.	Arrange Agenda	4/15/94	7/31/95	FMC,PC,P Dir
136.	Obtain Approval USAID Jordan	4/1/94	7/31/96	P Dir
137.	Schedule Visits	2/1/94	3/22/94	P Dir
138.	Conduct Visits	3/1/94	3/21/94	P Dir
139.	Evaluate Visits	4/1/94	5/1/94	P Dir
	REPORTS	8/1/93	7/31/97	
140.	Quarterly Progress Reports	11/1/93	7/31/97	P Dir
141.	Quarterly Financial Reports	11/1/93	7/31/97	P Dir
142.	Quarterly Implementation Plan	11/1/93	7/31/97	P Dir
143.	Final Report	8/1/97	1/1/98	P Dir

MONDAY 21		TUESDAY 22	WEDNESDAY 23	THURSDAY 24	FRIDAY 25
Sunday, March 20, 1994 3:00-5:00 Dr. Hunt, Dr. Reichel Residency Review Committee Guidelines 5:30-8:30 Dinner Artemis Joukowsky, Vice-Chancellor, Brown Univ.		Faculty Meeting 8:00 - 9:00 Sayles 2 and 3	Rounds Wood 2 Conf. Rm. 7:30 - 8:00 Contact: Christine Kennedy, M.D. (beeper # 0176)	OB Conference Perinatal TB Sayles 1 Rick Long, M.D.	OB Case Management Meeting Family Care Center 2nd floor Dr. Jack (beeper 0039)
9:00	ORIENTATION	Labor and Delivery Observation 9:30 - 12:00 Memorial Hospital Contact: R1 Christine Kennedy, M.D. (beeper # 0176)	OB Conference 8 - 9:00		
9:30	FCC 3rd floor Conference Rm		GYN	GYN	OB (Consult)
10:00	Welcome - Dr. Hunt		9:30 - 12:00	Family Care Center 1st floor	9:30 - 12:00
10:30	Overview of Divisions		Pawtucket Health Center	9:00 - 12:00	Family Care Center
11:00	9:15 Research, Dr. Culpepper		Stanley Warner, M.D.	Contact: R3 Paul Swoboda, M.D. (beeper 0078)	1st floor Brian Jack, M.D.
11:30	9:30 Geriatrics, Dr. Coletta				
	10:00 Residency, K. Wagner, Dr. Murphy				
	10:30 Behavioral Science, Kenyon				
	11:00 Maternal Child Hlth, DrJack				
	11:30 Pre-Doctoral, Dr. Eaton				
12:00	LUNCH	LUNCH	LUNCH	12:15 - 1:15 LUNCH / Family Medicine Conference Labor Support Susan DeLuca, M.D. Sara Shields, M.D. Physicians Auditorium	12:00 Islamic Mosque Contact: M. Shaltaf (0052) 12:15 - 1:15 Lunch /Family Medicine Conference Family Medicine & Fam. Phys. Arnold Goldberg, M.D. Sayles 1
1:00		Meeting with William McQuade and Lisa Yanek / Research Division 1:00 - 2:00 FCC 3rd floor Administrative Offices			
1:30	East Providence Health Center	Meeting with Carolyn Murray, R. N. 2:00 - 3:00 Director Ambulatory Care Center	Residency Administration 1:30 - 3:30 FCC 3rd floor Administrative Offices	Meeting with Dr. Hunt FCC 3rd floor Administrative Offices	OPTIONAL
2:00					
2:30	1:30 - 4:00			2:30 - 4:00 Meeting with Dr. Reichel FCC 3rd floor Administrative Offices	
3:00	Brian Jack, M.D. (beeper 0039; or ext. 2352)	Meeting with Dr. Hunt 3:00 - 4:00 FCC 3rd floor Administrative Offices			
3:30					
4:00	4:00 - 4:30 Debriefing FCC 3rd floor Conf Rm	4:00 - 4:30 Debriefing FCC 3rd floor Conf Rm	4:00 - 4:30 Debriefing FCC 3rd floor Conf Rm	4:00 - 4:30 Debriefing FCC 3rd floor Conf Rm	
5:00		5:00 Reception Goff Room 8:00 Mr Joukowsky	6:00 China Inn Pawtucket Med. Society		

CURRICULUM REQUIREMENTS

ROTATION	OURS				RRC	COMMENTS
	1st. Yr.	2nd Yr.	3rd Yr.	Total		
FAMILY MEDICINE					1 half day/week 1st year	Goals and objectives Comprehensive care Family care Continuity
					2-4 half days/wk. 2nd year	
					3-5 half days/wk. 3rd year	
					An orientation period in the FPC is needed	
					Intensive short duration assignments to the FPC in the 2nd and 3rd years may be utilized	
HUMAN BEHAVIOR AND PSYCHIATRY					No time requirement. Integrated into patient care in other disciplines and F.P. office. Didactic program	Goals and objectives Integration Didactic Program
COMMUNITY MEDICINE					No time requirement	Goals and objectives
DISEASE PREVENTION/ HEALTH PROMOTION					No time requirement Presented in both didactic and clinical settings	Goals and objectives
INTERNAL MEDICINE					8-12 months including structured experiences in ICU/CCU, plus experiences in subspecialty areas Family Practice Inpatient service can fulfill a portion of requirement	Goals and objectives CCU ICU
GERIATRICS					No time requirement. Longitudinal throughout 3 years	Goals and objectives
DERMATOLOGY					60-120 hours	Goals and objectives
PEDIATRICS					4-5 months ambulatory, inpatient, newborn nursery experiences required	Goals and objectives Newborn Inpatient Ambulatory

CURRICULUM REQUIREMENTS

2

ROTATION	OURS				RRC	COMMENTS
	1st. Yr.	2nd Yr.	3rd Yr.	Total		
OBSTETRICS AND GYNECOLOGY					2 months OB, 1 month Gyn. Longitudinal experience in F.P. office. A program must be able to make arrangements for additional OB/GYN training on an elective basis within the 36 month curriculum	Goals and objectives Longitudinal experience
SURGERY					2-3 months to include O.R. experience	Goals and objectives
ORTHOPEDECS					140-200 hours, primarily outpatient	Goals and objectives
UROLOGY					40-80 hours, primarily outpatient	Goals and objectives
ENT					40-80 hours, primarily outpatient	Goals and objectives
OPHTHALMOLOGY					40-80 hours, primarily outpatient	Goals and objectives
DIAGNOSTIC IMAGING					No time requirement	Goals and objectives
EMERGENCY MEDICINE					1-3 months. The initial month should be a block rotation rather than a longitudinal format	Goals and objectives

CURRICULUM REQUIREMENTS

3

ROTATION	OURS				RRC	COMMENTS
	1st Yr.	2nd Yr.	3rd Yr.	Total		
ELECTIVES					Minimum of 3 mos. No more than 6 mos.	Goals and objectives for each elective
PRACTICE MANAGEMENT					60 hours	Goals and objectives
SPORTS MEDICINE					No time requirement	Goals and objectives
MISCELLANEOUS Other curricular elements: a. nuclear medicine b. physical medicine and rehabilitation c. clinical laboratory science d. use of drugs and their interaction e. administration of anesthetics f. professional liability/risk management					No time requirement	Goals and objectives

FAMILY PRACTICE FACULTY REQUIREMENTS

OURS	RRC
	<p>The number of physician faculty must be sufficient to ensure that there is always an appropriate number who, without other obligations, supervise the residents in the FPC whenever the residents are seeing patients. There must be at least one full-time equivalent family physician faculty for each six residents in the program. Where part-time faculty are utilized there must be evident of sufficient continuity of teaching and supervision.</p> <p>One measure of the quality of a faculty is whether there is evidence of participation in research and other scholarly activities.</p> <p>The family physician faculty should have a specific time commitment to patient care to enable them to maintain their clinical skills and serve as role models for the residents. Family physician faculty must have admitting and attending privileges in the hospital(s) where the majority of FPC patients are hospitalized.</p> <p><u>Supervision</u> Faculty on-call schedules must be structured to ensure that supervision is readily available to residents on duty. An appropriately qualified member of the program's faculty must be in attendance on-site when the needed services or procedures exceed the capability of the most senior supervising resident or when qualified senior residents are unavailable for supervision of more junior residents.</p>

FAMILY PRACTICE CENTER REQUIREMENTS

OURS	RRC
	<p>Size: Two examining rooms per physician working in the center at one time (counting both residents and physician faculty who have patient care responsibilities) should be available.</p> <p>Other functional areas must include: There must be a business office, a record room, an office library, patient care rooms, a conference room, a basic laboratory appropriate to office practice, a resident work area, and faculty/staff offices.</p> <p>The FPC should provide space for the physician to conduct individual and small group counseling.</p> <p><u>Diagnostic Laboratory and Imaging Services:</u> There must be provision for diagnostic laboratory and imaging services so that there is prompt and convenient access by patients and residents for patient care and education.</p>

WORKSHEET FOR ASSURING EDUCATION IN CRITICAL COMPONENTS OF FAMILY MEDICINE (PART A)

[illegible]

WORKSHEET FOR ASSURING EDUCATION IN CRITICAL COMPONENTS OF FAMILY MEDICINE (PART B)

[illegible]

WORKSHEET FOR DELINEATING SPECIALTY ROTATIONS

Specialty	Name of Coordinator	Hours Coordinator is Available Each Week

[illegible]

Family Health Center - 1 (1/2 day) session

Family Health Center Inpatient Service

Behavioral Science and Psychiatry

Community Health

Nursing Home: one patient

Conferences

III

[illegible]

Family Health Center - 2-3 (1/2 day) sessions

Family Health Center Inpatient Service

Behavioral Science and Psychiatry

Community Health

Nursing Home: two patients Monthly Rounds

Conferences

FHC sessions:

IM - 2 half days

Peds - 2 half days

Gyn - 2 half days

EM - 2 half days

Reg. Subspec. - 3 half days

Electives - 3 half days

III

[illegible]

Family Health Center - 3-5 (1/2 day) sessions

Family Health Center Inpatient Service

Behavioral Science and Psychiatry

Community Health

Nursing Home: three patients. Monthly Rounds

Conferences

FHC sessions:

Electives - depends on elective

Req. Subspecialty - 5 half days

Comm. Health - 5 half days

Russian Model
Curriculum for New Program

Internal Medicine	Department of Internal Disease City Hospital No. 20 No. 3 - Prof. Bokarev
Pediatrics	Department of Pediatrics Children's Hospital
Obstetrics	Maternal Home
Surgery	Department of Surgery
Emergency Medicine	Section of Department of Internal Diseases, City Hospital No. 20
Gynecology	Maternal Home
Radiology Longitudinal	Department of Radiology Clinical Campus
Dermatology	Department of Dermatology Clinical Campus
Otolaryngology	Department of Otolaryngology Clinical Campus
Urology	Department of Urology Clinical Campus
Ophthalmology	Institute of Ophthalmology Clinical Campus
Psychiatry Longitudinal	Department of Psychiatry Clinical Campus
Neurology	Department of Neurology Clinical Campus
Family Health Center Longitudinal & possibly block	Saburovo Polyclinics

Conferences

Family Practice Conference Sites
Behavioral Science and Psychiatry Conference (?)
Practice Management Course or Seminar

Specialty conference when on that service:
Internal Medicine (Cardiology, Neurology, etc.)
Pediatrics
Obstetrics
Gynecology
Surgery
Emergency Medicine

Problems

1. Distance between departments
2. Psychology and family counseling
3. Geriatrics although there is nursing home
4. Practice management

CURRICULUM BY CYCLES

CURRICULUM*

2-Year curriculum of professional training
for General Practitioners (Family Doctors)

(for Doctors who graduated a medical school with
a diploma specializing in "general practice")

Goal of Training:

To obtain knowledge, skills and practical abilities necessary for further professional activity in the field of a General Practitioner (Family Doctor).

1st Year		School year begins september 1					
COURSE CODE, COURSE NUMBER		Class Time				Total	
		Number of Contact Hours				TOTAL	
		Type of Class					
		L E C T U R E S	L A B S	T O T A L	** P R A C T I C E	# O F H O U R S	# O F W E E K S
1	2	3	4	5	6	7	8
1. Social-economic and medical-biological basis of Family Medicine		20	55	75	-	75	2.5
2. Methods of medical cybernetics in the work of General Practitioners (Family Doctors)		6	24	30	-	30	1.0
3. Practical importance of doctor's exam, laboratory and special methods of diagnostics in the work of a General Practitioner (Family Doctor)		24	66	90	-	90	3.0
4. General principles and methods of prophylactics in professional activity of a General Practitioner (Family Doctor)		10	20	30	-	30	1.0
5. General Principals and methods of treatment of common diseases		15	30	45	-	45	1.5

* Breaking down of contact hours by topics of curriculum done by a particular medical school considering local conditions for the future work of the doctor

**training and practical work

General Training Objectives for Obstetrics

A. General Objectives - Obstetrics

1. Obtaining a comprehensive history and performing a complete and accurate physical examination
2. Anatomy and physiology -- understanding the female anatomy and physiology during pregnancy and in the non-pregnant state
3. Recognition of high-risk pregnancy -- ability to recognize the high-risk pregnancy utilizing appropriate resources, including consultation
4. Labor -- a thorough understanding of mechanics of labor and delivery
5. Principles of preconceptual care
6. Principles of antepartum and postpartum care
7. Recognition of abnormal labor
8. Thorough knowledge of fetal monitoring
9. Managing complications -- knowledge of modalities used in managing complications of labor and delivery
10. Technical proficiency in the handling of tissue and instruments
11. Attitude -- caring for and understanding the expectant mother and father
12. Understanding the appropriate use of consultation services and communication with consultants
13. Understanding of principles of community based prenatal care

B. At the end of the residency, each resident should be able to evaluate, diagnose and manage the following obstetrical conditions:

1. Prenatal evaluation
2. Normal labor and delivery
3. Postpartum care
4. Care of the normal newborn

C. At the end of the residency, each resident should be able to recognize and manage/refer the following conditions:

1. Evaluation of anemia and abnormal glucose tolerance during pregnancy
2. The high risk pregnancy
3. Infections in pregnancy
4. Obstetrical emergencies, antepartum and postpartum hemorrhage

D. At the end of the residency, each resident should be aware of the following obstetrical principles and practices:

1. Preconceptual care
2. Prenatal and genetic counseling in daily practice
3. Biological process in pregnancy
4. Initial studies on first prenatal visit
5. Guidelines for immunization during pregnancy
6. Community based prenatal care
7. Drugs, smoking and alcohol in pregnancy
8. Environmental factors in pregnancy

9. Sub-18 pregnancy
10. Fetal monitoring
11. Contraception and family planning
12. Infertility

E. At the end of the residency, each resident should attain the following skills:

1. Spontaneous vaginal delivery
2. Application of internal monitors (intrauterine pressure monitors and scalp electrode for fetal heart rate monitoring)
3. Injection of local anesthesia in the perineal region for delivery
4. Episiotomy
5. Repair of first, second and third degree tears
6. Repair of vaginal lacerations
7. Circumcision

F. At the end of the residency, each resident should be able to assist in the following advanced operative skills (some dependent on receiving additional training for added qualification):

1. Caesarean section
2. Tubal ligation
3. Amniocentesis
4. Culdocentesis
5. Fetal scalp pH
6. Repair of fourth degree tears
7. Forceps delivery and manual removal of the placenta

OBSTETRICS & GYNAECOLOGY

THE AIMS

The training programme should provide the trainee with essential knowledge and skills in how to deal with patients and give them the primary care in this field .

To obtain experience sufficient for the purpose of a carrer in general practice .

- Build up the skills and proper communication with patients .
- To encourage the trainee to discover new ideas in this field .

THE MAIN OUTLINES OF THE PROGRAMME

1 - OBSTETRICS

- 1- Antenatal Care .
- 2- Normal labour and its active management, postpartum complications and management .
- 3- Normal puerperium
 - Complications and management .
- 4- Family planning :-
Different methods are used in this field .
- 5- Psychological effect of pregnancy and delivery on the mother and family .
- 6- Complications of abnormal pregnancy, risk factors and its management .

- 7- Treatment of Acute and Chronic Conditions during pregnancy and labour .
- 8- Treatment of medical diseases associated with pregnancy .
 - Cardiac disease
 - Chronic hypertension
 - Diabetes and Pregnancy
 - Renal diseases, Respiratory diseases
 - Haematological problems
- 9- Diagnosis and management of infectious diseases during pregnancy, Effects on the fetus .
 - Sexually transmitted diseases
 - Rubella
 - Toxoplasmosis
 - Viral infections
- 10- Effects of drugs on the pregnancy, baby and on breast feeding .
Study the vaccinations during pregnancy .
- 11- Care of the newborn and encouragement of breast feeding and its advantages to the baby .

II - GYNAECOLOGICAL DISEASES

1- Diagnosis and management of common gynaecological diseases .

- Pelvic infection
- Dysfunctional uterine bleeding
- Prolapse of the genital tract
- Endometriosis

2- Study and diagnosis Benign and malignant tumours of the genital tract .

3- Early detection of premalignant conditions in certain organs.

- The cervix
- The breast

By screening programme

Cervical cytology, colposcopy

Mammography

4- Infertility: causes, diagnosis and management .

5- Menopause: symptoms, complications and study of hormone replacement therapy .

OBSTETRIC / GYNECOLOGY ROTATION

Jordan University of Science and Technology

Department of Family Medicine

Rating Scale

- 1 Very capable, functions well without supervision
 2 Capable, needs supervision expected at this level
 3 Not capable, needs supervision beyond that expected at this level
 n/a Not applicable / unable to evaluate because of limited exposure

Resident's Name _____

Date of Rotation _____

Preceptor's Name _____

Problem or Area of Concern	Resident Self Rating		Resident's Comments	Preceptor Comments
	Pre-Rotation	Post-Rotation		
Resident is able to evaluate, diagnose and manage:				
1. Antenatal care				
2. Normal labor and delivery				
3. Postpartum care				
4. Care of the normal newborn				
5. Family planning				
6. Psychological effects of pregnancy and delivery on the mother and family				
7. Complications of abnormal pregnancy				
8. Risk factors of abnormal pregnancy				
9. Complications of labor and delivery				
10. Postpartum complications				
11. Acute and chronic conditions during pregnancy and labor				
12. Resident is able to evaluate, diagnose and manage the following medical diseases associated with pregnancy:				
Cardiac disease				
Chronic hypertension				
Diabetes				
Renal diseases				
Respiratory diseases				
Hematologic problems				
13. Resident is able to evaluate, diagnose and manage the following infectious diseases during pregnancy:				
Sexually transmitted diseases				
Rubella				
Toxoplasmosis				
Viral infections				
14. Resident is able to evaluate, diagnose and manage:				
the effects of drugs on the pregnancy				
the effects of drugs on the baby				
the effects of drugs on breast feeding				
the effects of vaccinations during				
15. Resident is able to educate patients on:				
the care of the newborn				
breast feeding				
16. Resident is able to evaluate, diagnose and manage the following gynecological diseases:				
Pelvic infection				
Dysfunctional uterine bleeding				
Prolapse of the genital tract				
Endometriosis				

Problem or Area of Concern	Resident Self Rating		Resident's Comments	Preceptor Comments
	Pre-Rotation	Post-Rotation		
17. Resident is able to study and diagnose: Benign tumors of the genital tract				
Malignant tumors of the genital tract				
18. Resident is able to evaluate, diagnose and manage the following Gyn conditions: Symptoms of menopause				
Complications of menopause				
Hormone replacement therapy				
19. Resident is able to detect pre malignant conditions in: the cervix				
the breast				
through the use of: Cervical cytology				
Colposcopy				
Mammography				
20. Resident can evaluate, diagnose and manage: Causes of infertility				
Symptoms and complications of menopause				

Resident's overall evaluation of this rotation:

Excellent Above Average Good Fair Poor
 5 4 3 2 1

Resident's Comments:

Preceptor's overall evaluation of this resident:

Excellent Above Average Good Fair Poor
 5 4 3 2 1

Preceptor's Comments:

Preceptor's Signature: _____

Date: _____