

**ACADEMIC FAMILY MEDICINE PROGRAM
PROGRAM DESCRIPTION & EDUCATIONAL OBJECTIVES
FOR ENHANCED SKILLS RESIDENTS**

INTRODUCTION

Since 1977, the Department of Family Medicine at Western University has offered a program leading to the degree of Master of Clinical Science in Family Medicine (M.Cl.Sc.). The program has attracted family physicians from all across Canada and the world looking to enhance their knowledge, skills and leadership within the discipline of Family Medicine. Combining on-site learning with distance education via the internet, this program is available on a full or part-time basis and utilizes the broad range of academic and research expertise of the faculty. The program is designed to fit the needs of currently practicing family physicians or residents who are considering a PGY3 year in Enhanced Skills and have a strong interest in pursuing an academic career in Family Medicine.

Practicing Family Physicians

For currently practicing family physicians, the program can be taken on a part-time basis and completed in three to four years. Included in the part-time program is a mandatory two-week on-site visit (two weeks of September until completion of the required course work). During this two-week block, students will be introduced to core and/or optional courses. This approach permits development of relationships with faculty, peers and PGY3 Enhanced Skills residents through face-to-face interactions and group work. Students will meet with the Chair of the Graduate Program to discuss their progression in the program and will have opportunities to meet with other faculty members regarding course requirements (i.e. research).

Enhanced Skills Residents (PGY3) in Clinical Academic Family Medicine

Designed for Family Medicine residents who have completed a Family Medicine Residency program and have secured a PGY3 position in Academic Family Medicine, this enhanced skills program is available to a limited number of residents. This program stream must be done on a full-time basis during the PGY3 year; however, students may transfer to part-time status during their thesis work.

Degree Program (M.Cl.Sc.)

The Master of Clinical Science degree in Family Medicine is awarded to those who successfully complete the on-site activities, required course work and research component. The program varies in length as described above.

OBJECTIVES OF THE PROGRAM

The objectives of the program are to improve and develop:

1. Knowledge and skills essential for a career in academic family medicine.
2. Teaching skills for use in academic clinical teaching units or in community practices.
3. Basic research skills in both qualitative and quantitative research methodologies.
4. Administrative leadership skills essential to working within the discipline and to the development of the discipline of family medicine.

COURSE WORK

There are numerous courses offered through the program in conjunction with the Department of Graduate Studies at Western University that are needed to complete the program:

Required Courses

- **Teaching and Learning in Family Medicine (1.0 Credit)**
This course presents an approach to teaching rooted in the principles of Family Medicine and drawing from theories of education, the psychology of learning principles of instructional design and educational measurement. The approach is eclectic and focuses on practical application of principles to teaching in one-to-one, small group and lecture formats. Students are expected to have opportunities to apply methods of teaching in their own clinical setting.
- **Research Methods in Family Medicine (1.0 Credit)**
This course deals with research principles and methodologies relevant to family medicine. Five types of epidemiological studies are reviewed: cohort, case control, descriptive, cross-sectional and experimental. Evaluation methods and research synthesis are also covered. Theoretical principles that underlie qualitative methodology are explored. Two specific qualitative methods – in depth interviews and focus groups will be demonstrated. In both the quantitative and qualitative methods, the following details are covered: posing the research question, sampling, data collection methods and analysis. Studies relevant to family practice are used as examples.
- **Advanced Patient Centered Medicine (1.0 Credit)**
This course introduces the four components of the Patient-Centered Clinical Method. Drawing on developmental theory, systems theory and life cycle issues, the course will examine the contextual influences that impact on a patient's experience of health, disease and illness. Attention will be given to understanding the whole person and broad determinants of health in order to expand the student's understanding of contextual influences.
- **Foundations of Family Medicine (0.5 Credit)**
This course reviews the relevant literature on the scientific and theoretical basis of Family Medicine. Topics include: medicine and science, technology, craft and art, theory of diagnosis, classification of disease, natural history of disease, concepts of aetiology, concepts of health and disease and social influence of health and disease. The question "does family medicine represent a paradigm shift within medicine?" will be explored throughout this course.

Optional Courses

- **Clinical Teaching Practice Experience (0.5 Credit)**
- **The Clinical / Teaching Practice Experience (CTPE)** offers students an opportunity to enhance either their clinical or teaching skills through a supervised practicum. This may include enhancement of clinical skills (i.e. psychotherapy) or teaching skills (i.e. development, delivery and evaluation of a course(s)/workshop). As each student's situation is unique the CTPE is negotiated with the Graduate Studies Chair, and supervisors are assigned at both their home location and at Western.
- **Canada's Primary Health Care System (0.5 Credit)**
Canada's health care system, like all health care systems across the world, could be made to function better. This course is structured to offer interested students an in-depth look at pertinent issues facing the Canadian health care system and better understand the factors that influence policy making
- **Other optional courses**

Other optional courses can be selected from Master's programs around the world upon approval from the Chair of the Graduate Studies Program, School of Graduate and Postdoctoral Studies at Western, and provider university (Not to exceed 0.5 course credit).

LEARNING ENVIRONMENT

- 1) Clinical teaching unit affiliated with Western University.
 - 2) Class room work during the on-site portion at Western University.
- Online learning via OWL.

HIERARCHAL STRUCTURE

- 1) Director – Dr. Christina Cookson
- 2) Graduate Studies Director – Dr. Judith Brown (Chair Masters in Clinical Science and PhD programs)
- 3) Administrative Support – Ms. Liz McInnis

DUTIES

- 1) Patient care on which ever service they are scheduled, including admissions, discharges and daily rounds. To be supervised by the attending physician.
- 2) Participation in Family Medicine postgraduate committees.
- 3) Resident research project (oral presentation) to be presented at Family Medicine Resident Research Day in June
- 4) On Call duties will follow the PAIRO contract.
- 5) Teaching of residents and clinical clerks if they are on service.

ORGANIZATION

July	August	September	October	November	December
		Grand Rounds	Grand Rounds	Grand Rounds	Grand Rounds
Family Medicine Clinical Teaching Unit	Family Medicine Clinical Teaching Unit	M.Cl.Sc. 2 week on-site	Course work M.Cl.Sc.	Course work M.Cl.Sc.	Course work M.Cl.Sc.
		FM Clinical Teaching Unit ½ day/week	FM Clinical Teaching Unit ½ day/week	FM Clinical Teaching Unit ½ day/week	FM Clinical Teaching Unit ½ day/week
			Committee – ½ Day (2 per month) F.D. + 1 other	Committee – ½ Day (2 per month) F.D. + 1 other	Committee – ½ Day (2 per month) F.D. + 1 other

January	February	March	April	May	June
Grand Rounds	Grand Rounds	Grand Rounds	Grand Rounds	Grand Rounds	Research Day
Course work M.Cl.Sc.	Course work M.Cl.Sc.	Course work M.Cl.Sc.	Course work M.Cl.Sc.	Course work M.Cl.Sc. M.Cl.Sc. thesis	Clinical Teaching Unit M.Cl.Sc. thesis Rural or Urban
FM Clinical Teaching Unit ½ day/week	FM Clinical Teaching Unit ½ day/week	FM Clinical Teaching Unit ½ day/week	FM Clinical Teaching Unit ½ day/week		
Committee – ½ Day (2 per month) F.D. + 1 other	Committee – ½ Day (2 per month) F.D. + 1 other	Committee – ½ Day (2 per month) F.D. + 1 other	Committee – ½ Day (2 per month) F.D. + 1 other	Committee – ½ Day (2 per month) F.D. + 1 other	Committee – ½ Day (2 per month) F.D. + 1 other

SCHOLARLY ACTIVITIES

- 1) All residents in the Enhanced Skills program are required to complete a scholarly project. The Academic Family Medicine resident will present at Grand Rounds in place of completing a scholarly project and presentation at resident project day.
- 2) The resident will teach at PGY-1/PGY-2 academic half day on a topic related to their field of specialization. This can be discussed with the Academic Program Director and the Enhanced Skills Program Director.
- 3) Attendance at the following meetings:
 - CFPC FORUM
 - NAPCRG
 - Trillium
 - Resident Research Day
- 4) Attendance at the following departmental activities:
 - Grand Rounds
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 - Major Departmental Committee
 - Post Graduate
 - Under Graduate
 - Records & Quality of Care
 - Research
 - Graduate Studies
 - Primary Care Research Rounds
- 5) Academic course work as described above from September to April.
- 6) 8 Weeks Family Medicine clinical teaching unit from July to August plus (the equivalent of) ½ day per week from September to June.

7) A thesis is required for completion of the M.Cl.Sc. program.

a. Thesis

The procedure for a thesis is in accordance with that of the M.Cl.Sc. Degree of the University of Western Ontario. Students are expected to spend about 1/3 of the time on work for the thesis. When each student has chosen the area of research, a thesis advisory committee is appointed. Defense of the thesis will be before a board of examiners as outlined by the School of Graduate and Postdoctoral Studies.

EVALUATION

- 1 The resident will be supervised on a daily basis and will obtain 1 evaluation per block from while on Family Medicine from their Family Medicine supervisor. The resident is also required to complete 50 field notes throughout the year.
- 2 Informal evaluation(s) and discussion of the resident's research efforts will take place with their supervisor and program coordinator.
- 3 A midterm review with the program director will take place to ascertain the resident's progression either in person, by phone or by video-link (skype).

OBJECTIVES FOR ACADEMIC FAMILY MEDICINE PROGRAM AS CONSIDERED BY THE CANMEDS-FM ROLES

It is expected that the PGY3 resident will have met the following objectives as done in the Family Medicine training program and now begin to use these skills at the level of a junior consultant and be able to teach these skills to residents and medical students.

I. Family Medicine Expert

1. The Family Medicine Resident will become knowledgeable in the following:

- 1.1 The components of the Patient Centred Clinical Method.
- 1.2 The ranges of normality as they will assist in recognizing and anticipating deviations from normal and earliest manifestations of disease.
- 1.3 Recognizing significant health risks to which patients are susceptible.
- 1.4 The components of a general and focused physical exam.
- 1.5 The appropriate selection and use of screening methods for the early detection of disease.
- 1.6 The components of a complete patient record.
- 1.7 Management/treatment approaches of commonly presenting conditions, including traditional and alternative methods of treatment and their consequences.
- 1.8 When it is appropriate to seek consultation in the management and treatment of a patient's problem(s).
- 1.9 Assessing and managing patients in his/her own home where appropriate.
- 1.10 Admitting and managing patients in hospital including discharge planning.
- 1.11 Admitting and managing patients in long term care institutional settings.
- 1.12 Referral and consultation within the community setting.

<p>1.13 Appreciation of the broad-based nature of family medicine and its role in the community.</p> <p>1.14 An understanding of the principles of home care for patients with chronic illnesses, dying patients and elderly patients.</p>
<p>2. The Family Medicine Resident will become competent at performing each of the following:</p>
<p>2.1 Applying the Patient Centered Clinical Method during patient encounters.</p> <p>2.2 Applying the best available evidence in investigations and management of common family medicine conditions.</p> <p>2.3 Interviewing the patient and eliciting pertinent history.</p> <p>2.4 Eliciting collateral history when appropriate.</p> <p>2.5 A general and/or focused physical exam appropriate for the presenting problem.</p> <p>2.6 Recording pertinent history and physical examination details in the patient record in a clear and easily retrievable way.</p> <p>2.7 Collaborating and finding common ground with the patient and/or family regarding management.</p> <p>2.8 Assessing the patient's illness experience within their family and social context.</p> <p>2.9 Prioritizing the patient's problem(s) at each patient encounter.</p> <p>2.10 Discussing the prognosis with the patient and/or family, including breaking bad news.</p> <p>2.11 The discussion and application of screening methods where appropriate based on best available evidence.</p> <p>2.12 Obtaining appropriate consultation in the management and treatment of a patient's problem(s).</p> <p>2.13 Performing procedures as outlined by the College of Family Physicians of Canada.</p>
<p>3. The Family Medicine Resident will demonstrate qualities and attitudes basic to the understanding the relationship between the Patient and the Family Physician:</p>
<p>3.1 The components of the Patient Centred Clinical Method.</p> <p>3.2 The limitations of the conventional biomedical model.</p> <p>3.3 The non-medical determinants of disease and illness.</p> <p>3.4 The different roles of the physician and awareness of their own personal strengths and weaknesses and how it affects the Patient-Doctor relationship.</p> <p>3.5 The basic concepts of human growth and development.</p> <p>3.6 The common ethical issues arising in family medicine practice.</p> <p>3.7 The contribution of family and social context to the illness experience of family medicine patients.</p> <p>3.8 The power imbalance that exists between physician and patient and the potential for abuse of the relationship.</p> <p>3.9 The importance of continuity and commitment to the relationship between patient and family physician.</p>
<p>4. The effective Family Physician is adaptable to changing social circumstances and is able to mobilize appropriate resources to address the patient's needs. The Family Medicine Resident will become knowledgeable in the following:</p>
<p>4.1 The structure and functioning of the Canadian and Ontario Health Care Systems.</p> <p>4.2 The structure and functioning of the health care system in his/her own community.</p> <p>4.3 The community resources available for quality patient care including medical consultants, other health professionals, home care resources, and community agencies.</p> <p>4.4 The role of the family physician in settings other than the office such as hospitals, nursing homes, and the family home.</p>

<p>4.5 The legal and ethical obligations of a family physician within his/her community.</p>
<p>5. The Family Medicine Resident will become a physician resource to a defined practice population and become knowledgeable in the following:</p>
<p>5.1 The basic principles of practice management techniques to provide efficient and effective patient care.</p> <p>5.2 The management of information including health care records and other forms of patient information.</p> <p>5.3 His/her legal responsibilities.</p> <p>5.4 His/her requirements for continuing medical education and effective strategies for self-directed lifelong learning.</p> <p>5.5 The technology of health informatics and its role in the family practice setting.</p> <p>5.6 Methods of identifying personal strengths and weaknesses, including skills, knowledge and practices, and strategies to improve deficient areas.</p> <p>5.7 The basic principles of quality assurance and audit activities.</p> <p>5.8 The principles of preventative care and methods to implement appropriate screening and patient education programs.</p> <p>5.9 Appropriate screening tests/tools for healthy populations according to current evidence.</p> <p>5.10 Maintaining an accurate and up to date medical record.</p> <p>5.11 Utilizing investigations and screening tools in a cost-effective and evidence-based manner.</p> <p>5.12 Communicating information and collaborating with colleagues and allied health professionals.</p> <p>5.13 Analyzing and defining his/her own educational needs.</p> <p>5.14 Evaluating medical practice through chart and practice audit.</p> <p>5.15 Implementing practice change as indicated by peer review, chart/practice audit, or research.</p> <p>5.16 Recognizing and formulating potential research questions.</p> <p>5.17 Recognizing, formulating, and seeking answers to clinical questions that arise in day to day practice including the use of electronic resources.</p> <p>5.18 Critically appraising medical literature and research evidence.</p> <p>5.19 Applying evidence-based recommendations in clinical practice.</p> <p>5.20 Educating patients about health and disease utilizing appropriate patient education resources.</p> <p>5.21 Conducting him or herself as a professional according to the Code of Ethics of the Canadian Medical Association.</p>

II. Manager

<p>Family Medicine residents will:</p>
<ol style="list-style-type: none"> 1. Order appropriate and economical selection of diagnostic and screening tests. 2. Make referrals effectively. 3. Demonstrate understanding of roles of all health care providers in the team. 4. Demonstrate understanding of hospital care planning and policy-making. 5. Understand how to mobilize a health care team in an emergency situation. 6. Understand the principles of a high reliability organization and the role of the team in an emergency. 7. Demonstrate the ability to make effective diagnostic decisions.

8. Understand the need and ability to assess for risk management, quality assurance and improvement.
9. Understand the role of information management in the care of hospitalized patients.

III. Communicator

Family Medicine Residents will be able to communicate effectively with patients, family members and members of the health care team

1. Demonstrates listening skills.
2. Demonstrates language skills (verbal, writing, charting).
3. Demonstrates non-verbal skills (expressive and receptive).
4. Demonstrates skills in adapting communication appropriately to a patient's or colleague's culture and age.
5. Demonstrates attitudinal skills (ability to respectfully hear, understand and discuss an opinion, idea or value that may be different from their own).
6. Apply these communication skills to facilitate shared and informed decision-making.
7. Able to coordinate community resources including knowledge of the Community Care Access Centre (CCAC) and other outreach services.
8. Function within a team composed of members from various health care disciplines.
9. Recognizing situations where a specialist consultation is appropriate, and effectiveness in communicating the purpose of the referral, the patient's clinical condition and pertinent previous medical history.
10. Communicating effectively with patients and understanding their feelings, ideas, expectations, and functioning with respect to their problem(s).
11. Communicating effectively with patients and families and understanding the effect of family and social context on their problem(s).
12. Communicating effectively with patients and families, attempting to reach common ground with respect to diagnosis and management of their problem(s).

IV. Collaborator

Family Medicine Residents will be able to collaborate

1. Work collaboratively in different models of health care.
2. Engage patients and families as active participants in their care.
3. Understand the role of the physician as a teacher and consultant.
4. A non-judgmental attitude of his/her patient's problem(s) and lifestyle.
5. A commitment to continuity of care for the duration of the Patient-Doctor relationship.
6. A commitment to advocate for his/her patients within the healthcare system and community.

V. Health Advocate

Family Medicine Residents will be able to advocate for the health of patients

1. Acting as an effective patient advocate with employers and social service agencies.
2. Identify patients who are vulnerable or marginalized and assist them in issues (i.e. occupational issues, special diet application forms, etc.) that promote their health.
3. Identify patients at risk because of social, family or other health situations and to work appropriately with social services.

VI. Professional

Family Medicine Residents will have demonstrated professionalism

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| <ol style="list-style-type: none">1. Demonstrates (i.e. day to day behaviour) that reassures that the resident is responsible, reliable and trustworthy.2. Identify patients at risk because of social, family or other health situations.3. Demonstrate leadership, professional and ethical qualities. |
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VII. Scholar

The Family Medicine Resident will have demonstrated their scholarly proficiencies:

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| <ol style="list-style-type: none">1. Strategies for lifelong learning and continuing maintenance of professional competence.2. Demonstrates self-directed learning based on reflective practice.3. Access, critically evaluate and use medical information in health care decisions. |
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Last reviewed by Dr. Judith Brown and Dr. Christina Cookson – June 14, 2021.