

UNIVERSITY HOSPITALS
CASE MEDICAL CENTER
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The “Establishing Family Medicine in Chiang Rai” Project

Fourth Report February 2016

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The “Establishing Family Medicine in Chiang Rai” Project
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I. BACKGROUND

In the year 2000, Family Medicine was introduced as a medical specialty, in Thailand. The implementation of family medicine in the healthcare system was driven by the Ministry of Health (MOH) and spread across the country in a ‘top-down’ fashion. Except for a few prominent academic institutions in the country, many healthcare facilities are struggling to establish family medicine as an independent discipline. This resistance is despite a huge push from the central government to utilize family medicine as a vehicle in the delivery of cost-efficient primary care to the entire population of Thailand.

In Chiang Rai provincial hospital (CRH), the family medicine unit began with the recruitment of Dr. Intralawan to the hospital’s primary care unit (PCU) in 2010. Since 2014, two residents have been accepted to the family medicine residency program in the hospital as ‘straight track’ but others are still ‘in-service track’. The training for both tracks is currently exclusively practice-based. The first year serves as a general rotating internship at the provincial hospital. During the second and third year of training, the residents admitted to the ‘straight track’ see patients at PCU and rotating through subspecialty clinics at CRH. The majority of the residents are in ‘in-service’ track. After the internship, ‘in-service’ residents will be physically stationed in one of district hospitals in the province and provide care in both inpatient and outpatient settings, while obtaining education almost exclusively from the district hospital staffs.

The content of training and curriculum for residents is not standardized. The unpredictable education depends on the various subspecialty attending physicians they encounter during their site rotations, as well as their peers and preceptors at district hospitals. The sheer volume of patient care at the clinic is overwhelming. During the residents’ third year, they are seeing up to 150 patients at the PCU daily. The requirements of patient care often lead to a sacrifice in the quality and opportunities of education for residents. In addition, there are research requirements on top of this busy patient load. Prioritization of the implementation of a structured education program is essential for further development of family medicine as an independent specialty at CRH. The first cohort of two ‘straight track’ residents graduated in June 2015 and joined PCU at CRH.

This is my 4th visit to Chiang Rai since 2013 to assist establishing family medicine as an independent discipline in the province, recruiting and training residents and medical students and integrate them into Thai healthcare system to strengthen primary care delivery. After attending monthly case presentations by ‘in-service track’ residents last year, we decided to focus on strengthening residency education through workshops and discussions this year. We provided a week-long family medicine workshop at PCU, lecture for medical students and discussed cases with ‘in-service’ track residents in the weekend.

II. FINDINGS & ASSESSMENTS

- Few family physicians are maintained through the current family medicine training system. Many graduates of the program seek another subspecialty training program after finishing family medicine. Currently, only 2 graduates have joined the department as faculty members at PCU at CRH.
- Residents desperately need a strong role model and confidence in family medicine as an independent specialty.
- There is a lot of funding available for medical student teaching, while resident training is left behind due to busy services in clinics and inpatient at the district and provincial hospitals.
- Education is not standardized for residents and the experience varies significantly depending on each district hospital.
- Residents learn and attempt the employment of the ‘whole person approach’ as a key principle of family medicine. This approach often fails to lead meaningful patient outcomes, due to lack of sufficient medical knowledge. Noted areas of limited understanding include underlying pathophysiology, pharmacology, and poor coordination with subspecialists.
- There is a strong concern among residents and medical students regarding career choices. Many feel primary care disciplines are not well-compensated and there will be a struggle to meet expectations in regards to desired life style.

- Both students and residents are absolutely missing role models who practice and advocates for family medicine.
- Many residents and students are forced to choose subspecialties due to seek better financial and intellectual satisfaction.

RECOMMENDATIONS:

- Needs family physician mentors who practice and teach clinical family medicine, besides articulating philosophy.
- Strengthening clinical skills and protected time for teaching residents through workshop and hands-on experiences
- Set up reward system to enhance resident education. Motivate educators to be better teacher for residents.
- Join professional organization internationally to expand the scope of practice beyond day-to-day practice in Thailand.
- A Mission statement should be developed by core faculty members to define the goal of the department prior to further curriculum development or launching a recruitment campaign for residents and faculty members.
- Faculty retreat and workshop should be scheduled during our visit next year on to enhance educational opportunities for both residents and faculty members. Minimal of one full-day or two half-days should be allocated for the workshop. Ideally, it should be provided through venues outside PCU or outside of the hospital so that participants can fully participate and engage educational opportunities.
- GHT-FM-CASE team and Dr. Intralawan will stay in touch every 3-4 months to update the progress of mission statement and curricular development and start working with program contents of upcoming workshop in January 2017.

- **APPENDICES**

1. Topics discussed in the workshop

Appendix 1: Topics discussed in the workshop

Date	Topics
1/25 (Mon)	Congestive heart failure (CHF)/ADHF/ 2D Echo
1/26 (Tue)	Atrial Fibrillation (AF)/T2DM
1/27 (Wed)	COPD case/interpretation of basic metabolic panel (chem 7)/HTN
1/28 (Thu)	Nutrition case/ADHF/CAP/mental status change
1/29 (Fri)	Global Family Medicine
1/30 (Sat)	Lung cancer case/C-spine injury, wound case/geriatric care case/FUO workup/'beyond technique' (faculty development)