

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

Sixth Report February 2018

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The “Establishing Family Medicine in Chiang Rai” Project
January 25th – February 10th, 2018
Chiang Rai, Thailand

The Team: Daranaee Intralawan, MD
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Masahiro J Morikawa, MD, MPH (Leader)

I. BACKGROUND

In 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 by a ‘top-down’ format. Except for a few prominent academic institutions in the country, many healthcare facilities are struggling to establish family medicine as an independent discipline, 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.

Since 2010, Chiang Rai Regional hospital (CRH) established the family medicine department as an independent discipline and 2012, the residency training was started. There are two tracks in family medicine training*: one is the Straight Track in that residents are trained in CRH; and the In-service Track is another. Residents in the In-service Track work at a district hospital and earn certain credits by attending seminars and workshops at CRH.

In June 2015, the first cohort of straight track residents graduated from the residency program and two of them jointed as faculty members at the family medicine department at CRH. Since then, they have recruited 3 more faculty members from their own graduates.

As the family medicine department is steadily growing, two things have emerged as keys to further strengthen the department: 1) to develop and implement a solid residency training curriculum; and 2) to start a faculty development program. The challenges to implement these two programs are: 1) the sheer volume of patient care at the clinic (the third year residents see up to 150 patients at the PCU daily) has compromised the quality and opportunities to teach and precept residents, and 2) expanding demand to provide more services, outpatient care, preventive care, patient education to NCD, TB

clinic, supervision for primary care units in district levels, and home visits for those who require home based medical care.

In the last 3 years, problem-based learning method for clinical care team building and communication skills workshops have been implemented. The focus of this year was faculty development, which covered:

1. Up-to-date essential medical knowledge through case-based discussions
2. Health education methodologies, and
3. Planning individual as well as a faculty group's goals for faculty development

II. Activities and outcomes

Activities

- Case discussions on requested medical topics with residents for 3 hours daily.
- Conducted workshops (13 hours in total) on case-based, action-oriented medical problem-solving skills, team learning, and health education methodologies on weekends.
- Facilitated group discussions on strategies and goals for faculty development.

Outcomes

- The residents became able to present cases in an organized way.
- The residents and the junior faculty understood that curriculum development was not merely about putting together medical topics to cover, but it was also about a professional as well as personal development.
- The residents understood that their communication skills were essential to influence patients' behavioral change.
- The residents and junior faculty studied 10 essential topics of family medicine through my lecture and my "Family Medicine Handbook".

III. Future planning

The Goal: To strengthen the residency program

- Implement a “**case-based teaching**” system. The following steps should be implemented by faculty members and residents together.
 1. Record every problem on sticky notes (one problem per note).
 2. Paste them randomly on a large sheet.
 3. Prioritize and arrange the problems in a prioritized order.
 4. Translate each problem into needs.
 5. Select 3-5 problems for discussion.
 6. Discuss and determine an action plan (who does what how when) as a group.
- Improve English skills by working on presentations and publications for international conferences/journals.
- Follow-up the progresses and benchmarks in faculty development regularly

* the Chiang Rai Provincial Hospital (CRH), there are two types of practice-based residency tracks called ‘straight track’ and ‘in-service track’, which the majority of the residents go in. The straight track residents serve as a general rotating internship at the provincial hospital for the first year. In the second and third year, the residents are assigned to the ‘straight track’, in which they see patients at PCU and rotate through subspecialty clinics at CRH. After the internship, ‘in-service’ residents will be physically stationed in one of the district hospitals in the province and provide care in both inpatient and outpatient settings, while obtaining education almost exclusively from the district hospital staff.

Attachment A

Educators First: Building Primary Care in Thailand

Training for Primary Care Educators

Supported by the Fulbright Program

Instructors:

Mori J Morikawa, MD, MPH, Professor of Family Medicine, Case Western Reserve University

Daranee Intralawan, MD, Faculty leader, Family Medicine, Chiang Rai Prachanukroh Hospital, Thailand

Objectives:

1. To provide essential medical knowledge and skills for generalist practice by problem-based and action-oriented learning models.
2. To help improve team problem-solving skills in patient care.
3. To help develop a curriculum for faculty development in primary care.

Schedule:

Date	Topics	Topics
1/29 (Mon)	AKI	Diuretics
1/30 (Tue)	Nutrition	Pulmonary edema

1/31 (Wed)	Fluid	FUO cases
2/1 (Thu)	Global health 1	Curriculum development
2/2 (Fri)	2-day workshop: Beyond Medical Knowledge (See separate program)	
2/3 (Sat)		
2/5 (Mon)	hypoxia	Acid-base
2/6 (Tue)	Cognition/trajectory	CHF cases
2/7 (Wed)	Abdominal CT cases	Device/scar
2/8 (Thu)	Global health 2	Curriculum development

2/9 (Fri)	Weekend program : Health Education in the Community (separate program)
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Attachment B:

Beyond Medical Knowledge for Faculty Development

February 2-3, 2018

Instructors: Hikari Morikawa, MA, MSSA, Chief Consultant, STEP Global, LLC
Masahiro Morikawa, MD, MPH, Professor of Family Medicine, Case Western Reserve University

Objectives: At the end of the workshop, the participants will;

1. Understand a team learning approach in patient care,
2. Identify ways to explore solutions when no one has an answer,
3. Learn group problem-solving skills for concrete actions,
4. Develop curriculum to become an effective medical educator, and
5. Understand and practice health education methodologies in the community.

Schedule:

February 2

Time	Topic
9:00-10:30	Team learning: <ul style="list-style-type: none">• The Experiential Learning Model/The team learning process• Let's Make a New Coffee Flavor!• Team conversation• Individual reflections• Creating team values
10:30-10:45	Break
10:45-12:00	Case-based learning:

	<ul style="list-style-type: none"> • Assessing basic medical problems to formulate patient management plans • Difference between textbook knowledge and practical knowledge • How to learn practical knowledge and skills
12:00-1:15	Lunch
1:15-2:00	Action-oriented problem-solving skills <ul style="list-style-type: none"> • Translating practical knowledge into action plans to manage patients • How to practice “personalized patient care”: Post EBM
2:00-3:15	Behavior economics approach <ul style="list-style-type: none"> • Discussion on how to apply the approach in local context
3:15-3:30	Break
3:30-4:45	Curriculum development for medical educators <ul style="list-style-type: none"> • Setting long- and short-term goals • Implementation with evaluation plans • Action plans with feasible implementation timelines

February 3

Time	Topic
9:00-10:30	Health education methodologies <ul style="list-style-type: none"> • What is health education? • What is the most important thing for health education? • Health education methodologies
10:30-10:45	Break
10:45-12:00	Developing health education <ul style="list-style-type: none"> • Activities for health education • Teaching aids: small things make a BIG difference • Let’s make a health education module

Attachment C:

Evaluation of Family Medicine workshop

February 2nd and 3rd, 2018

I. What (knowledge, skills and/or attitude) did you learn from the training sessions?

I realized that the way I gave health education to different patient should be different way depend on person.

I have to apply what I learn to real patient.

Work as a teamX5

Health economic/ education X 5

How to manage the difficult caseX4

How FM physician can do for our patient

Learn how to do better than teach.

Learning cycle

Clinical from case conference (copd/DM/bone broken)x4

Good leader is good listenerx2

How to set my goal in the future

How to do good PR for health promotion/prevention

English presentation/show idea on discussion

I have a good experience to care for my patient

I have a power to do my job best.

Everyone can help team although they are not experience

Behavioral economic we make a choice to people or patient choose it

Marketing is important to hospital too.

Health education has many process

II. What information in the training would you like to apply in your daily work?

How to give health education to patient

How to evaluate patient

I have to know well what I tell my patient.

Health economic/ educationX5

Work as a team better than work alone

Common practice in COPD, Palliative care pain etc...

Apply health education for NCD patient

Good listening

Create new idea

Economic health promotion for difficult patient

Many types of health education

Adjust pain meds in cancer patient

How to negotiate with the specialist doctor- tell them the fact!

Management in DM, Copd, falling patient in my practice.

Evidence base management on palliative patient

Creative thinking

Marketing (economic) concept for health promotion.

How to work with groupx3

Health educator- when we give information to patient, we should consider about their knowledge or culture.

New idea on health education

How to deal with people/patient/family

Don't look at only disease, but should care about illness/family too.

Team work process

III. Please tell me what you would like to learn more and any topics you are interested in for future training.

Working with other specialiaty.

How to be good FM teacherX3

How to improve medical education in FM

What is FM physician do in US/ how differentx2

Talking to change behavioral of difficult patient

Technic for training health provider (public health) (to be the trainer for health worker)

To be the trainer for improve health self-management of people

Apply social skill for difficult patient.

Case discussionx2

Updating new knowledge

How to read EBM

How to be a good researcher

Building primary care in Thailand

Palliative care ,Home health care

Health economic/ motivational interviewing

Health literacy/ working in community

How to cheer up the hopeless patient

Behavioral economic

IV. Any comments regarding the training?

Thank you that you make me realized the different of patient.

Thank you for coming here I really enjoy your workshop and enhance my knowledge and skill. I hope you come here again and help to improve my faculty. Thank you.

Everything is good and I would like both of you to come here again.

Thank you for coming and hope to see you again.

It's great learning and activities

Happy to learn and share experience

Attachment D: Faculty development goals and timeline

Identification/Goal	implementation	Timeframe	Evaluation plan
Promote FM	<p>For other departments, patients as well as other FM departments in Thailand</p> <p>Develop a slogan, catch phrase for all communications and presentation</p>	By the end of March	The slogan will be used in on PowerPoint presentation, letterhead, and email signature
English Skill	<p>Present paper AMEE/AAFP/WONCA</p> <p>Research fellowship</p> <p>Publication</p>	<p>Deadline 2019-2020 for AMEE</p> <p>Publication project as a group(Timeline will be developed by the group in the next 3 months)</p>	<p>Research topics and timeline will be developed</p> <p>Acceptance of the abstracts</p> <p>Acceptance of the article</p>
<p>Medical Knowledge</p> <ul style="list-style-type: none"> -Geriatric -Palliative -Behavioral 	<p>Initiate journal club</p> <p>Grand rounds on one of the three areas every month</p> <p>Attendance in short courses on the</p>	Within 3 mnths	Log of grand rounds and topics

	subject		
Medical Education for resident and medical students	1.Ways of teaching -360 feedback -Faculty meeting 1/month 2.Conference Practice among one another to give feedback	Within one month Monthly faculty meeting focusing on feedback	More frequency of discussion feedback Feedback from residents and others
Admin skill			

Promote FM

Promote FM training/strengthen training

English Skill—US experience/ paper/study

Medical Skill FM/Behavior science—geriatric/ palliative care knowledge and service/ good teacher -medical students

Help patients---by develop guideline for them

Attachment E: Evaluation form

Educators First: Building Primary Care in Thailand
Training for Primary Care Educators
Evaluation

I. What (knowledge, skills and/or attitude) did you learn from the training sessions?

1. _____
2. _____
3. _____
4. _____
5. _____

II. What information in the training would you like to apply in your daily work?

1. _____
2. _____
3. _____
4. _____
5. _____

III. Please tell me what you would like to learn more and any topics you are interested in for future training.

1. _____
2. _____
3. _____
4. _____
5. _____

IV. Any comments regarding the training?

Thank you for your comments.

We take these comments seriously to improve our workshops.

Attachment F:

Faculty development worksheet

Curriculum Development for Family Medicine Faculty Members

Identification:

Think of 10 medical topics, patient care skills, organizational skills (communication, facilitation, cooperation, etc.), and etc., which you would like to be good at practicing as a professional. Please list the 10 items according to your priorities below.

Implementation:

How (by reading, observing someone, discussing with someone, doing repetitively, attending training, etc.) and in what timeframe (start and end dates) would you like to implement your learning process? Please explain your implementation as concrete as possible.

Evaluation:

How would you like to assess the progresses of your implementation plan?

Dissemination:

True leaders influence people. Address your three plans to train or educate your colleagues and residents.

Name: _____

Date: _____

	Prioritized Interests	Implementation Plan	Timeframe	
1				
2				
3				
4				

5				
6				
7				
8				
9				
10				

