



UNIVERSITY OF
KWAZULU-NATAL™
INYUVESI
YAKWAZULU-NATALI

MMed (Family Medicine – UKZN) College of Health Sciences Andrew Ross



EDGEWOOD CAMPUS



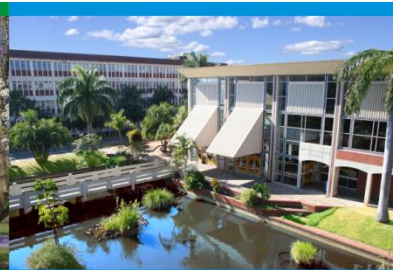
HOWARD COLLEGE CAMPUS



NELSON R MANDELA SCHOOL OF MEDICINE



PIETERMARITZBURG CAMPUS



WESTVILLE CAMPUS

UKZN INSPIRING GREATNESS

Current registrar training

Assumptions

- Training of **multi-skilled generalist**
- Recognition of prior learning
- Training for **district Hospital service**
- Context is important – ie as much training as possible should happen at DH
- **???? Leader and manager????**

Year 1-Foundations of Family Medicine

Medicine (general + TB + high care + CCU wards) and HIV medicine	Emergency care - A + E / trauma/ ortho and mental health
Knowledge Skills Tasks Assessment	Knowledge Skills Tasks Assessment
6 months	6 months

Journal and seminar presentations – for 1st year – Wednesday pm
Clinical research 1 –
Emergency medicine update

Part 1 exam

Year 2- O + G, paeds and anaesthetics

O + G (3/12 Obs, 1/12 Gyne)	Paeds (3/12) Neonates (1/12)	Anaesthetics 3/12 ICU 1/12
Knowledge Skills Tasks Assessment	Knowledge Skills Tasks Assessment	Knowledge Skills Tasks Assessment
16 weeks	16 weeks	16 weeks

Journal and seminar presentations – in departments

- Clinical research 2

Year 3 - Ambulatory care at a DH

DH 3/12 Acute and Chronic, practice management CHC 3/12 = COPC	Surgical care at a DH 3/12	Derm, opthal, ENT, palliative 3/12
Knowledge Skills Tasks Assessment	Knowledge Skills Tasks Assessment	Knowledge Skills Tasks Assessment
16 weeks	16 weeks	16 weeks

- Research
- Sexual health seminar

Year 4 – Integration District

Hospital care

District Hospital care	District Hospital care	District Hospital care
Knowledge Skills Tasks Assessment	Knowledge Skills Tasks Assessment	Knowledge Skills Tasks Assessment
16 weeks	16 weeks	16 weeks

Journal and seminar presentations – for 2- 4th years

- Completion of Research project
- College exit exam

Current registrar training

- No formal leadership and management training. No opportunity to reflect on leadership / management roles played
- Emphasis on clinical skills (SOAP, Stott and Davis) comprehensive and competency
 - assessed ward rounds
 - presentations
 - CME / audits
 - work based assessment
 - FCFP exit exam & portfolio

Leadership and management

WHO – on being in charge

Leadership – vision, priorities, direction, strategy

Management is planning and organising to get things done

- Planning and organizing health activities, priorities are met, resources are used effectively & efficiently, quality improvement, working with others (supported, motivated, monitored) day to day health care, health education, disease prevention, rehabilitation, building the health team

Leadership and management

1. Planning (assess current situation, identify important problems, set objectives, plan using available resources)
2. Implementation (review plan, detailed aims and **objectives**, time lines, staff responsibilities, co-ordinating members of the team, monitoring and re direction)
3. Evaluation (indicators, collect information, achievement of services, progress of health teams, performance of members, efficient use of resources)

In discussion with registrars and graduates

- **Planning** (assess current situation, identify important problems, set objectives, decide on indicators, plan using available resources)

Generally weak F 3/10

Portfolio provides opportunity – review learning objectives, reflect on deficiencies, plan how to achieve, evaluate success / failure

QIP

COPC project

In discussion with registrars and graduates

- **Implementation** (review plan, detailed aims and objectives, time lines, staff responsibilities, co-ordinating members of the team, supervising, monitoring and re direction)
- Implementing someone else's plan
- Objectives not spelt out
- Providing **clinical leadership** – manage the ward / clinic, skilled clinician, learned to work with others (360⁰), communication skills, resource management, conflict resolution, disciplinary issues, staff utilization, rosters etc
- Assessed – work based assessment, assignments, exit exam

In discussion with registrars and graduates

- Clinical governance – competencies, training, teaching – CME, audit – mortality, morbidity meetings, chart reviews, adverse events, QIPs – given many of the tools that they will need

In discussion with registrars and graduates

- **Evaluation** (Decide on indicators, collect information, achievement of services, progress of health teams, performance of members, efficient use of resources)
- Not done well F
- Some evaluation – work based, exam, QIP, COPC, feedback from colleagues – **mainly clinical** vs systems
- Research and reviews requires then to collect data and evaluate
- Little appraisal of staff performance, attitude, motivation, professionalism (portfolios and assignments)

In conclusion

6C's roles FP

- Competency – clinical - care provider / consultant / supervisor
- Critical thinker
- Collaborator
- Capacity builder
- Community advocate / leader
- Change agent
- Manager

Big jump from registrar to FP