



UNIVERSITY OF <sup>TM</sup>  
**KWAZULU-NATAL**  
INYUVESI  
**YAKWAZULU-NATALI**

# Postgraduate Diploma Family Medicine

## Where are we?

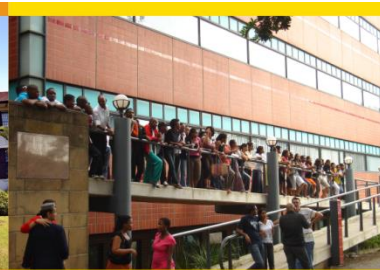
*Department of Family Medicine , Nelson R Mandela School of Medicine*



EDGEWOOD CAMPUS



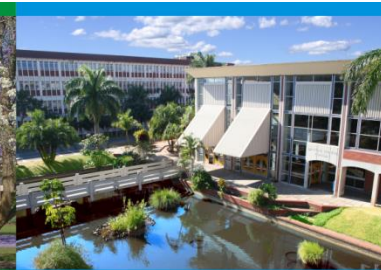
HOWARD COLLEGE CAMPUS



NELSON R MANDELA SCHOOL OF MEDICINE



PIETERMARITZBURG CAMPUS



WESTVILLE CAMPUS

UKZN INSPIRING GREATNESS

# Technical details

- Title

**POST GRADUATE DIPLOMA IN FAMILY MEDICINE**

- The SAQA field(s) in which the programme falls.

**09 HEALTH SERVICES AND SOCIAL SERVICES**

- The CESM Classification of the programme.(Class of Ed Subj Matter)

**090720 FAMILY MEDICINE**

**HEQF LEVEL 8**

- The total number of credits for the programme.

**128 CREDITS = 4 modules**

# Purpose (generic)

- A Postgraduate Diploma is generally multi- or interdisciplinary in nature but may serve to **strengthen and deepen the student's knowledge** in a particular discipline or profession.
- The primary purpose of the Postgraduate Diploma is to enable **working professionals** to undertake **advanced reflection and development** by means of a systematic survey of current thinking, practice and research methods in an area of specialisation.
- This qualification demands a **high level of theoretical engagement and intellectual independence**.
- Note that a sustained **research project is not required** but the qualification may include conducting and reporting research under supervision.
- **Appendix 1 A1 - Government Gazette August 2013 (HEQSF)**

# Rationale

- Family Medicine has only recently (2007) been recognised as a speciality in South Africa and the Family physician is generally regarded as the **backbone of primary health care**. It is well known that there are huge challenges in the development of primary health care in South Africa which has led the National Department of Health to focus on re-engineering of this facet of health care. The **role of the Family Physician** has never been so important in the process of **re-aligning Family Medicine to focus on the primary health needs of the population**.
- In the past, Family Medicine did not feature in the undergraduate medical curriculum with the emphasis placed on vertical specialisation. **Generalist training was acquired through experience with no formal post graduate training** in the generalist domain.

# Rationale cont.

- This has led to a significant **decline in skills and knowledge** amongst general practitioners that is in line with current concepts and the rapid advancement of knowledge through research and evidence based processes. Many current general practitioners have **not had the opportunity** to update their knowledge and keep abreast with medical advances or to changes in the health priorities of the country. The increased availability of pharmaceuticals, the changing treatment protocols and the shift in focus to preventative care are challenges that general practitioners are faced with.
- This Post graduate diploma will therefore serve to **expand the knowledge and skills base** of general practitioners through exposure to evidence based and current concepts in Family Medicine, focussing on primary health care. These clinicians will not have to leave established practices to join the full time four year registrar programme.

# Rationale cont.

- **Younger graduates** on the other hand can benefit from the postgraduate diploma by enhancing and **consolidating knowledge and skills acquired in the undergraduate programme**. The shift in focus to primary health care and general practice through continuous learning will motivate, encourage and provide confidence in young doctors to work in rural areas where the health needs of the country are needed most.
- Completion of the diploma will provide general practitioners the opportunity to embark on further careers in Family Medicine through **research** at Masters and doctoral level.

# Rationale Cont

- A further rationale for this program is the requirement of the National Department of Health for all general practitioners to undergo an accredited post graduate training programme in general practice in order to ensure the success of the proposed implementation of the **National Health Insurance plan**. The proposed diploma will allow this objective to be achieved.
- Currently there are **63 167** medical practitioners registered with Health Professions Council of South Africa with only **585** registered as specialists in Family Medicine.

# Purpose

- The primary purpose of this Postgraduate Diploma is to **enable working general practitioners** to undertake advanced reflection and development by means of a systematic survey of current thinking, practice and research methods in Family Medicine.
- The program will be **aligned** to the national department of health's priorities of re-engineering of primary health care services.
- The program will address several of the **Millennium development goals**, with focus on HIV/AIDS/TB through the acute and chronic disease module.
- Using the philosophies and principles of Family Medicine, the program will enable doctors to **comprehensively manage** common obstetric, paediatric, medical, surgical and psychiatric conditions and emergencies that present initially as undifferentiated problems.
- The programme will serve to **consolidate and deepen** a students understanding of theoretical concepts and mastery of essential generalist skills that were the foundations of undergraduate training.
- This qualification will require high level of theoretical engagement and intellectual independence.
- By **stimulating research reporting through critical reading**, students will be encouraged to develop research concepts and proceed to Masters level research programmes.
- To provide recognition by the HPCSA for the purpose of accreditation required for the National Health Insurance.



# UKZN LEARNING OUTCOMES

- **Perform a patient centered consultation using a bio-psycho social medical approach.**
- **Demonstrate competence in the use of the tools and principles of Family Medicine.**
- **Perform an appropriate physical examination on patients using the above skills.**
- **Investigate patients based on a comprehensive cost effective approach on an individualized basis.**
- **Demonstrate competence in procedures essential to the area of Family Medicine**

# Learning Outcomes cont.

- **Communicate with patients and their families about their conditions and treatment in order to optimize their participation in treatment and prevention.**
- **Ensure maintenance of high ethical standards in practice.**
- **Benchmark clinical practice against peers, national and international standards, using available evidence.**
- **Create and sustain harmonious and effective service delivery teams.**

# Learning outcomes cont.

- **Demonstrate effective practice management skills.**
- **Demonstrate knowledge of the workings of the district health system.**
- **Provide leadership for service delivery in the district health system.**
- **Mentor junior colleagues in the area of specialty.**
- **Analyze and respond to health systems changes.**
- **Analyze statistical data in the area of specialty and service in order to identify trends, service and/or treatment deficiencies.**

# UKZN LEARNING OUTCOMES

## (aligned to national diploma)

### Competent Clinician

- Perform a patient centered consultation using a bio- psycho social medical approach **in dealing with undifferentiated problems in primary care.**
- Ensure maintenance of high ethical, **legal, professional and sound** standards in practice.
- Demonstrate competence in the use of the tools and principles of Family Medicine.
- Perform an appropriate physical examination on patients using the above skills.
- Investigate patients based on a comprehensive cost effective approach on an individualized basis.
- Demonstrate competence in procedures essential to the area of Family Medicine.
- **Provide comprehensive, co-ordinated and continuing care(preventative, promotive, curative, rehabilitative, palliative)**

# Learning Outcomes cont.

## **Change agent**

- **Communicate with patients and their families about their conditions and treatment in order to optimize their participation in treatment and prevention.**
- **Provide leadership for service delivery in the district health system.**
- **Reflect on and develop his/her leadership capability in order to be a change agent for a specific facility or service**
- **Facilitate a Quality Improvement Cycle with the CHC team on aspects of clinical care, clinical performance, patient experience or COPC**

# Learning Outcomes cont.

## Capability builder

- Benchmark clinical practice against peers, national and international standards, using available evidence.
- Mentor junior colleagues in the area of specialty.
- Demonstrate effective practice management skills.
- Reflect on their own professional needs, and design and implement an appropriate learning plan

# Learning Outcomes cont.

## **Critical Thinker**

- **Analyze and respond to health system changes.**
- **Analyze statistical data in the area of specialty and service in order to identify trends, service and/or treatment deficiencies.**

# Learning Outcomes cont.

## **Community Advocate**

- **Demonstrate knowledge of the workings of the district health system.**
- **Co-ordinate the holistic care of patients with health care providers and facilities in their communities/geographic service area**



# Learning Outcomes cont.

## **Collaborator**

- **Create and sustain harmonious and effective service delivery teams.**
- **Facilitate cooperation amongst stakeholders in addressing health needs and PHC indicators of patients and communities**

# Modules

**4 MODULES – 32 CREDITS EACH**

- 1. PRINCIPLES AND TOOLS OF FAMILY MEDICINE**
- 2. PERSONAL AND FAMILY HEALTH**
- 3. ACUTE AND CHRONIC DISEASE**
- 4. INFECTIOUS DISEASES**

# Module 1 PRINCIPLES AND TOOLS OF FAMILY MEDICINE

- Introduction to philosophy, principles and tools of Family Medicine
- Patient centredness, Systems theory, Communication skills, Comprehensive assessment and management
- Evidence based clinical practice
- Critical reading of medical literature
- Medical Law and Bioethics
- Clinical Forensic Medicine
- Abuse – child, spouse, elder

# Module 2 Comprehensive Mx & Infectious Disease

- Introduction to practice management (epidemiology, health economics, managed care, leadership and management, health care regulations, human resource management, discipline in the work place, etc), systems management (records, information technology, quality improvement) and prescribing and dispensing of medication.
- The module will also cover Epidemiology, pathophysiology, diagnosis and management of TB, HIV, sexually transmitted infections and other endemic communicable conditions such as Malaria, Typhoid, Cholera, Influenza, Viral Haemorrhagic Fevers.
- The theory of palliative care, pain management, symptom control, communication skills, the dying process and stages of acceptance, psychological aspects of terminal care, grief and bereavement counselling, working in a multidisciplinary team will be covered.

# Module 3 Personal and Family Health

- Mental health act, psychiatric emergencies, psychosis, dementia, depression, suicide / parasuicide, substance abuse, determinant of behaviour change, stress management.
- The supervision and management of a maternal and neonatal service for a sub-district including obstetrical and neonatal emergencies.
- The module will also cover the history of sex, ethical and legal obligations relating to sexual behaviour, normal anatomy, physiology and psychology of sex
- The treatment of Sexual Dysfunction in couples and individuals with special emphasis on skills development, patient centred clinical treatment and culturally sensitive attitudes and values.

# Module 4 Acute and Chronic Illness

- The module will cover the recognition and management of common medical, surgical, obstetric, orthopaedic emergencies and the comprehensive management of all aspects of patients with lifestyle diseases, their family and community in a holistic bio/psycho/ social manner

# Acute and Chronic illness

- Pathophysiology, presentation, complications and management of a range of emergency conditions will be covered. Principles in the management of emergencies. Accident and trauma update (accident scene management, emergency unit management, emergency procedures and techniques, pain management, shock and fluid management, electrolyte imbalances and correction, cardiac arrhythmias, resuscitation drugs, ballistics injuries, head and neck injuries, chest injuries, abdominal injuries, acute anaphylaxis, cardiac life support etc). Medical, surgical and neuro psychiatric emergencies. ENT/ Eye / Dermatology / paediatric / urogenital emergencies. Doctors will learn to manage these patients in an integrated holistic bio/psycho/ social manner.
- Pathophysiology, presentation, complications and management of a range of chronic non communicable diseases will be covered.
- Principles in the management of chronic illness, including all aspects of the care of children and their families.

# ***WORKPLACE LEARNING:***

- **Work-integrated learning:** WIL refers to an educational approach that describes curricular and pedagogic approaches which **integrate formal learning and workplace concerns**. WIL is primarily intended to enhance student learning in response to concerns about gradueness, employability and civic responsibility amongst others.
- Although a number of modalities of WIL (Workplace learning been one) exist, the fundamental principle is based on a common understanding of the importance of enabling students to **integrate theoretical knowledge with practical knowledge and skills**.



# ***WORKPLACE LEARNING cont***

- **Workplace learning:** is considered to be a valid learning experience for students in many higher education programmes, especially in the Health Sciences. This brings **elements of the learning environment** (lecture halls, tutorial rooms, libraries, demonstrations, etc.) into the daily activities and practices of the **hospital or private health care units as a workplace**, taking on the identity of integrated workplace learning.
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# ***WORKPLACE LEARNING cont***

- **Site:**
- Private practices or public service based clinics, community health centers or district hospitals. The core function at these sites will be patient assessment and management.

# Workplace learning

- **Mechanisms to support workplace learning:**
- 1. **Checklists of competencies** which prompt learners to review and reflect on what they have achieved.
- 2. **Portfolio** of work based assignments with evaluative commentary drawing out what was learned by a preparation of critical incident diaries.
- 3. **A logbook** documenting a predetermined list of activities relevant to the curriculum will be required of all candidates in each module. Communication and correspondence for the purpose of monitoring will entail the use of internet based media including emails, google plus and postings on UKZN internet student website.
- 4. **Academic Tutors** can provide guidance and feedback using **electronic media**.

# Assessment strategy

- **A variety of assessment methods, including a portfolio assessment, will be used to assess each module.**
- **Learning outcomes will be assessed by:**

## **Summative (60 %)**

- **Written papers** be used to assess whether candidates have a thorough knowledge and the ability to apply this to clinical problems.
- Multiple Choice Questions, Short answer questions, Extended matching questions
- **Skills based clinical examinations** will be used to assess evidence of theoretical knowledge and appropriate application to clinical skills.
- Objectively Structured Clinical Exam (OSCE)

# Assessment strategy cont

- **Formative (40%)**
- **Portfolio assessment: A portfolio is a collection of the students work which provides evidence of learning. All assignments submitted and marked, all presentations done, all continuing professional development activities attended, all skills acquired need to be collated into a portfolio which will be assessed at the end of each module. The portfolio will provide evidence at the end of the diploma that all the module outcomes have been met.**
- **Marking rubrics for different components will be used to standardize assessment**
- All assessment components will be moderated internally and externally. All papers and assignments will be externally moderated by appropriately qualified academics, appointed by the Faculty Higher Degrees Committee. Such academics must have at least a Masters in Family Medicine or an equivalent qualification and 5 years clinical and teaching experience. At least 50% of all assessment tasks will be reviewed by the external examiner. If there are ten or less a minimum of five student assessments will be reviewed by the external examiner.

# Portfolio content...( per module)

Assignments – Seminar x1

(eg COPC, CME, – Written x1

CME,etc – Poster x1

– Presentation x1

Workbased clinical assessment x2

Peer assessment (peer learning) x1

Reflective practice (Gibbs/Cobb/Pt triggered learning cycle)

Skills list signed off

Case sheets eg IMCI, SOAP, Adverse event reporting, etc

Experiential learning evidence eg ACLS/ ESMOE etc

Practice patient profile

? Video consultation( uploaded)

# Concerns

National exit exam

Role of College Diploma

Different modules across institutions

?Core module content – standardized across all institutions



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