**FAMILY MEDICINE ETHIOPIA**



16 April 2015

Institute of Health Science Education Georgetown Public Hospital Corporation Georgetown, Guyana

School of Medicine

Faculty of Health Sciences

University of Guyana

Dear Sirs/Madams:

I am an Assistant Professor, Department of Family and Community Medicine, University of Toronto and Assistant Professor, Family Medicine Program, School of Medicine, Addis Ababa University, Ethiopia. In the past I have been the Family Medicine residency program director for programs of the University of Manitoba, Canada and the University of Toronto. For the past two and a half years I have been helping to establish Ethiopia’s first Family Medicine program at Addis Ababa University.

With this background experience I have been asked to provide comments on the curriculum of the proposed Masters of Medicine in Family Medicine training program of the Institute of Health Science Education, Georgetown Public Hospital Corporation and the School of Medicine, Faculty of Health Sciences, University of Guyana. I have reviewed the entire document and respectfully offer the following comments.

The program outlined is thorough, comprehensive, and well-organized. It was established on the basis of a lengthy consultation process with identified stakeholders, an essential feature of a Family Medicine program.

The need to develop a program specific to the needs of Guyana was identified, another essential feature to ensure that the training meets the identified needs of the Guyanese people and its health care system. The document also identifies the importance of social accountability, which is an excellent foundation for a community-based discipline.

The Canadian system of Family Medicine has been reviewed and adapted for use in Guyana. The Canadian model is very well developed and effective in Canada and highly respected internationally. It is an appropriate choice for adaptation for other countries wishing to establish their own programs, as many have done.

The logistical aspect of the program, including organization, committees, procedures, etc. is clear and detailed.

It may be helpful or useful to identify *champions* of Family Medicine in other specialties, individuals who understand and support the philosophy of Family Medicine and who espouse its potential value and role in the Guyanese health care system. They may be able to provide helpful liaison with others in their specialty who may be less knowledgeable or supportive of the new program.

The program identifies the need for ongoing curriculum development and review, which is always important and particularly essential for new programs. Even the best-developed curriculum will require modifications over time as experience is gained with the training program. The need to modify a program does not represent a failure in its initial design, it is a sign of vibrancy and responsiveness to gaps and needs.

A comprehensive list of priority topics and their key features has been identified to help guide the educational experiences necessary for Guyanese family physicians, ensuring that their education is consistent with national needs.

Training will be centred in communties, which will help to ensure that the training is relevant and appropriate to the settings in which the future family physicians will work. Too many programs base training in teaching hospitals, in many ways the antithesis of what is relevant to family physicians.

A variety of educational modalities will be used, consistent with adult learning principles, which will ensure that learning will be optimized for all learners.

Clinical supervision will be provided by weekly clinic site visits by faculty in the first year, becoming less frequent as training progresses. Any opportunity to increase the frequency of clinic site visits should be pursued.

The curriculum includes opportunities to participate in community needs assessment and community health promotion which will help ensure that trainees become truly community focused, a primary feature of Family Medicine.

Trainees will do a two or four week observership in Ottawa in their first year of training. I would recommend that very clear and detailed objectives be developed for this experience, focusing the experiences on what trainees will be able to apply in Guyana.

There are plans for a regional or remote rotation in the third year of the program. This is an excellent idea, and again I would recommend that clear and detailed objectives be developed

for this experience. A positive experience will help to encourage trainees to consider working in such a setting upon completion of their training.

The WONCA Global Standards for Postgraduate Training in Family Medicine are referenced. I think this is an excellent outline of features of Family Medicine programs and can be used to both guide and track progress in achieving a strong and comprehensive program. I would encourage program leaders to familiarize themselves with this document and use it as a reference when reviewing the program.

I would like to recommend a text that may be useful in establishing clinic sites for training. *Medical Teaching in Ambulatory Care* by Talbot and Rubenstein is an excellent practical guide to dealing with the logistics of establishing teaching clinics. The authors are faculty of the

Department of Family and Community Medicine, University of Toronto, so its principles are consistent with Canadian Family Medicine.

Evaluation methods are comprehensive, detailed and thorough.

One thing that was not discussed in the document was faculty qualifications, recruitment and development (apart from simply ‘Ensure adequate opportunities for faculty development’ as a responsibility of the Education Committee). Perhaps this is addressed separately; if not, I would suggest consideration of including this aspect of training in the document. In addition, program leaders may want to consider the merits of including faculty training and development for trainees in the curriculum in order to develop a strong cadre of future faculty.

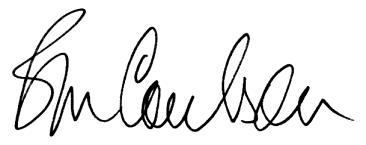
There is a typographical error on the bottom of page 120: ‘Semester 4 total credits’ should be

‘Semester 6 total credits’.

In summary, the proposal to establish a Master of Medicine in Family Medicine has been very well researched and comprehensively developed. It is based on sound proven organizational and educational principles adapted for Guyana. With committed and dynamic leaders and courageous and committed trainees it should be the foundation for an excellent training program to enhance the Guyanese primary health care system and the health of its people.

I am grateful and honoured for the opportunity of providing this commentary and I sincerely hope that it will be of some value. May I wish you every success in achieving your goals, as I truly believe they will make a difference in the health of the people of Guyana.

Yours sincerely,



Brian M. Cornelson, MD, CCFP

Assistant Professor, Dept. Of Family and Community Medicine, University of Toronto

Assistant Professor, Family Medicine Program, Addis Ababa University [b.cornelson@utoronto.ca](mailto:b.cornelson@utoronto.ca)

As of May 1, 2015, address correspondence to: Dr. Brian Cornelson

1604 Auburn Bay Sq. SE

Calgary AB

Canada T3M 0E7