Training During the Transition Period to Family Physician Practices in Turkey; Following Up On Child Health and Development

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Introduction

• The Resolution on the Reform of Healthcare Services: 2003
Introduction

• September 15 2005, the first implementation commences in Düzce.
Introduction

• Total requirement for family physicians; 2010
  – 21,032
  – Population; 72,561,412
  – 3,450 individual/family physicians
Introduction

• Total requirement for family physicians; 2015

  – 25,000 (24,421) FP
  – Population; 76,518,232
  – 3133 individual/FP
INTRODUCTION

• The period required to reach 25,000 family physicians;
  – Family Physician Specialist Training 20 years
  – 1,250 assistants/year; 20 years
INTRODUCTION

• 3 Possibilities;
  1. Training for the transition period
  2. Direct authority to appoint family physicians
  3. Specialist Training /20-year duration

– The Turkish Ministry of Health has decided on applying training for the transition period, moreover specialist training is being carried out.
INTRODUCTION

• Training for the Transition; 2 Phases
  – 1\textsuperscript{st} Phase
  – 2\textsuperscript{nd} Phase
INTRODUCTION

• The “Family Physician Training Centre” has been set up;
  • Personnel
    – The General Coordinator for the Transition Period
    – The 1\textsuperscript{st} phase Coordinator
    – The 2\textsuperscript{nd} phase Coordinator
1st Phase Harmonisation Training.

- 1 week (7 days)
- Affective (Attitudinal) goals
  - Basic affective goals
- Cognitive goals
  - Basic Features of the Family Physician Discipline
- Psycho-motor Goals
  - Intellectual skills (reading articles, clinical methods etc.)
1st Phase Harmonisation Training.

- Affective (Attitudinal) Goals
  - Participants will, following the course, fully identify with the Family Physician identity
  - Participants will, following the course, choose to be a group
1st Phase Harmonisation Training.

- The Preparatory Period:
  - Lasted 1 year
  - Began through a process of bringing together almost all the stakeholders in first stage healthcare services
  - A group consisting of Specialists in Family Medical Practice and university instructors specialising in the Major Branches of Medical Science was charged with preparing the training
  - Almost all the Family Medicine Departments participated in the group
  - The training began in 2005
1st Phase Harmonisation Training.

- The Implementation Period:
  - A **Cascade System** was set up to provide trainers
  - All 1st phase courses integrated a “Train the Trainer” component
  - The “Train the Trainer” component took up the first 3 days of each course and thus, the courses **essentially comprised 10 days (7+3)**
1st Phase Harmonisation Training.

• The Implementation Period:
  – Continuing
  – Approximately 48,000 physicians took part in the 1st phase training
  – Using feedback taken during the administration of the course program, a dynamic revision process was undertaken and, with minor alterations, the training program took on its final form
1st Phase

• Assessment and Evaluation:
  – An initial and final test were administered;
    Participants and program
  – Feedback; Trainers and Program
2nd Phase
2nd Phase

• Almost all Family Medicine Departments participated in the preparation

• It was decided that it should be delivered in the form of “blended learning”:  
  – E-Learning (EL); 37 modules  
  – Face-to-face (F2F); 3 modules (motor and consultation-communication skills)
2nd Phase

• Cognitive Goals
  – To possess cognitive goals as a foundation

• Affective Goals
  – Directed towards the qualities of a fundamental approach to the discipline of Family Medicine

• Psycho-motor Goals
  – Communication and Motor goals (F2F modules)
    • (Rectal examination; 27 motor and 2 communication)
2nd Phase

• e-learning components concentrated especially on the areas of preventive medicine, hospital diagnosis and treatment and symptom analysis diagnostics
2nd Phase

- **EL;**
- MODULE 1 Evaluation of the Family and Psycho-Social Environment
- MODULE 2 Illness, Disability and the Family
- MODULE 3 Personnel and Services Management
- MODULE 4 Health Data and their Utilization in Medical Care
- MODULE 5 Basic Neonatal Care
- MODULE 6 Healthy Child Follow-Up
- MODULE 7 Management of Sick Babies and Children
- MODULE 8 Immunization
- MODULE 9 Adolescence and Preventive Health Care
- MODULE 10 Sexually Transmitted Diseases
- MODULE 11 Pre-Marital and Family Planning Consultancy
- MODULE 12 Management of Pregnancy and Puerperium in Primary Care
- MODULE 13 Management of Elderly People in Primary Care
- MODULE 14 Preventive Health Care, Periodic Health Examination
- MODULE 15 Medical Records
- MODULE 16 Inter-Personal Communication and Difficult Patients
- MODULE 17 Diabetes Mellitus and Long-Term Care
2nd Phase

- MODULE 18 Hypertension and Long-Term Care
- MODULE 19 Chronic Pain
- MODULE 20 Diarrhea
- MODULE 21 Headache
- MODULE 22 Abdominal Pain
- MODULE 23 Fatigue
- MODULE 24 Psychiatric Disorders
- MODULE 25 Chest Pain
- MODULE 26 Neck, Middle and Lower Back Pain
- MODULE 27 Symptomatic and Asymptomatic Infections

- MODULE 28 Management of Stroke in Primary Care
- MODULE 29 Tumors and Cancers in Primary Care
- MODULE 30 Urinary Tract Problems in Primary Care
- MODULE 31 Dyspepsia in primary care
- MODULE 32 COPD, Chronic Asthma and Respiratory Distress and Pneumonia in Primary Care
- MODULE 33 Obesity, Nutrition, Exercise and Dislipidemia in Primary Care
- MODULE 34 Alcoholism, Smoking and Related Problems in Primary Care
- MODULE 35 Fever in Primary Care
- MODULE 36 Stress Management
- MODULE 37 Basic Life Support
2nd Phase

• Each electronic module was prepared by a group

• Group;
  – Responsible academic member(s); Editor
  – Training designer
  – Graphic/sound-engineering technical support team
  – Module packaging and LMS presentation group
2nd Phase

• Training design
  – Basic chart;
  – The learning goals of each module were analysed according to modifiye a modified Bloom taxonomy and educational methods determined
Training Design

• The design was structured around a virtual clinic
  – Bahçeler Family Health Centre
• Five physicians,
• Five nurses,
• One secretary,
• One functionary.
Training Design-Bahçeler FHC

Dr. Cem

Dr. Nilgün

Dr. Işık

Dr. Toygan

Dr. Sevgi

ROLE MODEL
Training Design-Method
Training Design-Method
Training Design Method

• Cognitive goals
  – Approximately
    • 20% low level
    • 80% high level

• Affective
  – Reception, Reaction, Respect, Organisation, Character formation

• Psycho-motor
  – Intellectual Skills

“Case-based learning” and “interactive” methods used by the skills manual
2nd Phase

• Modules were set up to contain a “bio-psycho-social approach” and “clinical method” oriented towards the first stage

• UNICEF provided technical support with the integration of the “Children’s Health”-related modules based on the “Care for Development” approach
“The Transition Period”
Obstacles and Opportunities
Obstacles

• **Transition Timeframe:**
  – Difficulties of implementation in a short timeframe
  – Difficulties of providing training in a short timeframe

• **Scope of the Transition:**
  – Comprehensive nature of the training
    • Physicians
    • Nurses (midwives, healthcare officials)
  – New job descriptions
Obstacles/Comprehensiveness/Training

• **The two essential components** of the change to the First-Phase Healthcare Services:
  – Physicians taking training to become “Family Physicians”
    1-year 2-stage training
  – Nurses, midwives and healthcare officials to become “Family Health Workers”
    3-day training
Obstacles/Comprehensiveness/
Job Descriptions

• **Doctors; new job description**

  Previous Job  New Job
  Fewer parameters
  Similar workload
  and
  Relatively little difference

• **Nurses; new job description**

  Previous Job  New Job
  Fewer parameters
  Similar workload
  and
  Relatively great difference
Obstacles/Comprehensiveness

Job Descriptions

• Doctors; new job description
  - Fewer parameters
  - Similar workload
  - Relatively little difference
  - Person-centred approach to care

• Nurses; new job description
  - Fewer parameters
  - Similar workload
  - Relatively great difference
  - Prevention
  - Diagnosis
  - Treatment
  - Rehabilitation
  - &
  - Counselling
Obstacles/Comprehensiveness/
Job Descriptions

• **Doctors; new job description**

• **Nurses; new job description**

**Doctors STE requirement**

**Broadly shared job descriptions**

<table>
<thead>
<tr>
<th>Job Description;</th>
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<tbody>
<tr>
<td>Prevention</td>
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<tr>
<td>Diagnosis</td>
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<tr>
<td>Treatment</td>
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<tr>
<td>Rehabilitation</td>
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<td>&amp; Counselling</td>
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Opportunities for New Efforts; making the system ready and the requirement for change and development

1. Legal arrangements;
2. Educational experience;
3. Preparedness of staff for change;
4. IT Technology;
5. Commitment of management;
Making the System Ready and the Change, the Requirement for Development

• The emerging requirement;

Nurses; Additional Training & STE
Opportunities for Additional Training for Nurses;

• New position

• Restructured job description

• New motivation

• Requirement for a cost-effective BB Team
New Position

• “New Job Description”,
  – A large part of nurses
  – Fulfilling new duties
  – Belief in the necessity of new training

• Instead of the title “Family Health Worker”, these positions will be given more accurately defined titles “certified nurse”, “certified midwife”, “certified health officer”
Clarified Job Description

• The workload and job requirements introduced by the legislation concerning family physicians has created an opportunity to clarify the job descriptions of nurses;
  – out-reach/mobile services,
  – community health education/counseling,
  – preventive services,
  – mother and child care services,
  – family planning services.
New Motivation

• The new role of nurses presents the need for the job to be performed by independent professionals.
• A position subordinate to a doctor may restrict the academic and professional development of nurses.
• With regards to being an equal member of the team, the matter of the training requirements for nurses may have a positive effect on motivation.
Cost-effective team requirements

- Turkey; the lowest nurse/doctor ratio OECD 2006: 1.4 OECD average 3.1.
- The number of nurses has shown less increase than that of doctors; the last 15 years

- The cost of training nurses is lower
- A better-defined nurse doctor job description may yield a lower-cost service.
Opportunities in Nursing Training

- **Purpose:** By clarifying the job description of nurses’ especially in preventative services, and, in this capacity, supporting the building of competencies, to create a lower-cost, effective Family Health Team;
  - out-reach/mobile services,
  - community health education/counseling,
  - preventive services,
  - mother and child care services,
  - family planning services.
Opportunities in Nursing Training

• Probable Intervention:

On-job training
Details of the Probable Intervention

1. The dominant approach in nursing training,

2. Qualities of a dynamic curriculum,

3. Managing and implementing the program,

4. Projections concerning the program
The dominant approach

– “role models”
– E-learning modules
– F2F modules
Dynamic Curriculum Methods

– Setting out detailed job descriptions
– Researching the requirements of the training to be undertaken by setting out the differences between the current adequacy levels and those anticipated;
– Determining purposes and goals
– Selecting methods according to goals
– Ensuring full participation during the process of extending the program
– Implementation (including monitoring/certification);
– Evaluation of program and outcomes.
Implementation Methods

– The Ministry of Health,
– Universities
– Nurses,
– Physicians,
Training Projections

- Reviewing undergraduate educational requirements according to the outcomes of this training.
Other Efforts

• Spreading training in the Family Physician Specialization as a single competency

• Reviewing the undergraduate training program for nurses

• A concept of a sustainable, cost-effective family health team

Aim of Training;

A Sustainable, Cost-Effective Family Health Team
Thank You

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