Perception of Specialist and Junior Doctors toward the Concept of Family Medicine

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Abstract:

Background: *F*amily medicine has been particularly proactive in conceptualizing new, improved ways of health care delivery, despite its early promise; family medicine has struggled to realize its full potential as an exciting conceptual model for the practice of medicine in primary care settings.

Objective: To explore the attitude of specialists and junior doctors working in teaching hospitals and Family medicine centers/ Al-Karkh health directorate towards the concept of Family medicine.

Methods: This cross sectional study was carried out at three Family Centers (Al-Tobchii, Al-Mansour and Al-Salam) and two teaching hospitals (Al-Kadhmya and Al- Yarmouk), over the period from May 2009 to July 2010. The study population included all specialists in the major clinical departments and junior doctors working in the teaching hospitals, in addition to the physicians working in the mentioned Family Centers. Data was obtained by using an already prepared self administered questionnaire.

Results: A sample of 170 specialists and junior doctors participated in the study, 75% of them expressed positive attitude to the concept of family medicine. The most frequent services and skill perceived by the respondents to be effective in the development of the branch were Conference attendance (94%) and training in managing minor operations (93%). Surprisingly; 94% of the responded clinicians agreed that family health system limits the unnecessary referral from primary to secondary health care levels. The majority of the responded specialists (94%) expressed a positive attitude to the necessity of establishing updated national guidelines and regarded it as the main barrier towards the development of the branch. Most of the junior doctors (64%) do not have a will to adopt Family Medicine specialty as a medical career.

Conclusion: Academic settings contributed substantially to the low appeal of being a primary care physician at a time when the primary care sector is widely recognized as the cornerstone of any health care system and when health authorities are struggling to initiate extensive primary care reforms, in addition the national guidelines perceived to be of great importance in organizing the interface between the primary and secondary levels.

Keywords: Perception, Specialists, Juniors, Family Medicine

Introduction:

amily medicine has been particularly proactive in conceptualizing new, improved ways of health care delivery [1].

Throughout the history of family medicine, the ideological distinction between generalist and specialist has created a great divide. This polarity has been played out in the distinction between family doctor, the new breed of specialist, versus general practitioner, and the old guard [2]. Although family physicians would agree that family medicine exists, precisely what it comprises is the subject of debate. The discipline has long been bereft of a distinctive or unique medical technology, theory, disease-unit, life stage, or organ system. For family physicians, one solution to this sense of deficiency is the wish to see oneself and be seen as a specialist. From the outset, many family physicians and their teachers have claimed to be specialists rather than generalists, but in what does that specialty, specialization, and specialness lie? Even the choice of specializing is not without conflict [3,4].

Methods:

This cross sectional study was carried out over the period from May 2009 through July 2010. A consecutive sample of 170 doctors was included in the study; of those: 53 were clinicians from the major clinical branches, 89 junior doctors in Al-Khadhmya and Al- Yarmouk teaching hospitals and 28 family physicians working in Al-Tobchii, Al-Mansour and Al-Salam Family Centers). The mentioned two hospitals are the main teaching hospitals in Al-Karkh district and the second and third teaching hospitals in Baghdad. On the other hand; Al-Tobchii and Al-Mansour Family Centers are the only two authorized family centers with established filing system. Al-Salam Family Center is the only family training center.

Data was obtained and collected by using an already prepared self administered questionnaires that was designed according to the challenges perceived to be potentially important for the progress of the development of family medicine in a pragmatic manner and was modified in different forms to be distributed to family specialists, clinicians and junior doctors in the selected Teaching Hospitals and Family Centers. A pilot study was conducted in Al-Khadmia teaching hospital and Al-Tobchii Family Center in order to have an idea about the problems and difficult statements that may face the participants and to estimate the average time needed to finish the questionnaire.

The study was approved by Al-Karkh Health Directorate.

Results:

The best response rate was from family physicians (100%), junior doctors' response rate was (95%),

and comparatively the least response rate was of non-family specialists (89%). Table (1)

All the responded family specialists (100%) and most of clinicians (92%) and junior doctors (68%) expressed positive attitude towards family health system.

Concerning services needed for better development of FM branch, the majority of the enrolled family specialists (92%) and clinicians (94%) selected attending conferences to be the most important point that improves the development of

family medicine as a clinical branch, providing internet access was the second selection of family specialists (86%) and clinicians (86%) followed by providing updated journals and arrangement of advanced clinical training courses. Table (2)

Table (1): Attitude to Family Medicine

Perception	Family Specialists		Clinicians		Junior doctors	
	No.	%	No.	%	No.	%
Strongly agree	15	54	26	49	20	23
Agree	13	46	23	43	40	43
Neutral	0	0	2	4	21	24
Disagree	0	0	0	0	4	5
Strongly disagree	0	0	2	4	4	5
Total	28	100	53	100	89	100

Table (2): services perceived by the specialist to improve FH system

	Family specialists		Clinicians	
	No.	%	No.	%
Attending Conferences	50	94	26	92
Updated journals	47	79	22	79
Network access	48	86	24	86
Continuous Medical Education	10	19	5	18
Advanced clinical training	45	84	20	71

*More than one item could be chosen from the respondents

Concerning medical skills expected to improve the development of family health system, training in managing minor operations and management of airway obstruction were selected by most of the family specialists and clinicians (93%, 93%), (94%, 94%) respectively as being the most important medical skills to improve FH system, followed by trauma resuscitation, management of infectious diseases and antenatal ultrasound. A conflict exists in considering the role of Echo in improving the family health system, 39% of the enrolled family doctors declared that echo training affects the development of family health system while only 19% of the responded clinicians did so. **Table (3)**

Table (3): Medical skills perceived by the specialists to improve the FH system

Clinical skills	Family specialists (28)		Clinicians (53)	
	No.	%	No.	%
Antenatal ultrasound	20	71	40	75
Echo	15	39	10	19
Management of air way obstruction	26	93	50	94
Trauma resuscitation	25	89	48	92
Infectious diseases	23	82	45	85
Minor operations	26	93	50	94
psychotherapy	4	14	10	19

*The respondents could select more than one item.

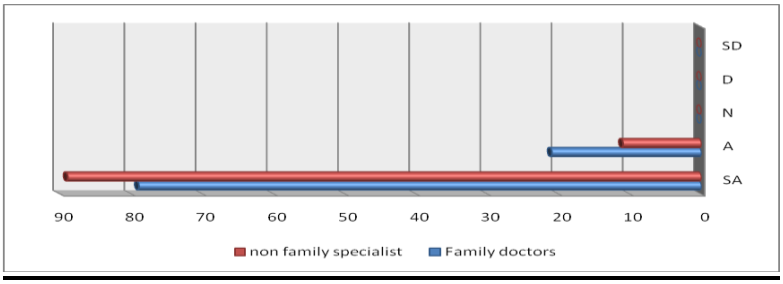

Figure (1): Perception of the participants regarding doctor /patient time

All specialists enrolled in the study expressed positive attitude to the role of family medicine in increasing doctor/patient time.

The majority of non family clinicians (94%) and all family specialists expressed positive attitude to the role of family medicine in limiting unnecessary referral. Regarding the establishment of updated national guidelines most of the specialists

(94%) expressed positive attitude towards establishing updated national guidelines.

In respect to willingness of junior doctors to FM as a medical career the majority of responded junior doctors (64%) didn't have a will to adopt Family Medicine specialty as a medical carrier. The majority of the respondents expressed positive attitude to the activation of the Family Medicine Residency Program, (7%) of the family physicians, 15% of the non family specialists and (10%) of junior doctors selected the neutral attitude to the activation of the Family Medicine Residency Program.

Considering barriers to the development of Family Health System as perceived by the respondents the implementation of national guidelines as perceived by the majority of the participated family (89%) and non family specialists (91%). Lack of mass media ranked the second (89%) in the non family specialist's perceptions, while the sixth (7%) among Family physician`s perceptions.

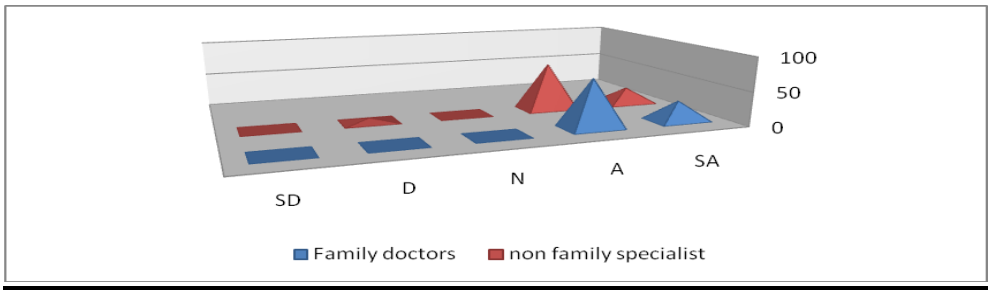

Figure (2): Perception of the specialists about limiting unnecessary referral

Table (4): perception of the participated specialists to updating national guidelines

	Family Specialists		clinicians	
	No.	**%**	**No.**	**%**
Strongly agree	26	93	31	58
Agree	2	7	19	36
Neutral	0	0	3	6
Disagree	0	0	0	0
Strongly disagree	0	0	0	0
Total	28	100	53	100

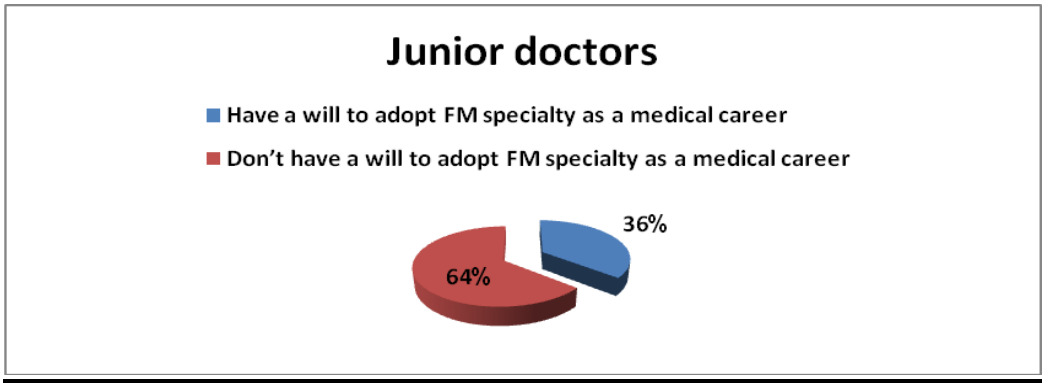

Figure (3): willingness of the junior doctors to Family Medicine as a career

Table (5): Attitude of the respondents to activating FM Residency Program:

	Family Physicians		Clinicians		Junior doctors	
	No.	%	No.	%	No.	%
Strongly agree	19	68	30	57	45	51
Agree	7	25	13	25	35	39
Neutral	2	7	8	15	9	10
Disagree	0	0	2	4	0	0
Strongly disagree	0	0	0	0	0	0
Total	28	100	53	100	89	100

Table (6): barriers perceived by the specialists against the development of FM

	Perception of family specialists		Perception of clinicians	
Barriers against the improvement of FM	**No.**	**%**	**No.**	**%**
Lack of national guidelines	25	89	48	91
Relatively limited prestige and privileges	21	75	0	0
Absence of team approach in the management of patients.	17	61	0	0
Pre-graduates were deficient in knowing the exact role of Family physician in the PHC	17	57	45	85
Absence of communication between Family physicians and various specialists	14	50	27	51
Lack of mass media in Family medicine	2	7	47	89
Absence of family sound environment	0	0	46	87

Discussion:

Countless studies have shown that family medicine espouses the same principles so valued by health care systems around the world. In this survey; while it is encouraging that the majority of the participants approved of and valued family medicine, the disagreed junior and non family specialists attribute their disagreement to the ill-defined role of family medicine among the other clinical branches and they revealed that the capacity to manage a broad scope of problems according to the latest practice guidelines was a paramount. A similar study conducted in Iraq illustrated that family medicine is both feasible and rewarding although it is still in its early stage of development [5]In a descriptive qualitative study conducted among (60) general

practitioners and internal medicine specialist in South Africa. Overall (60%) of the respondents approved of the new legislation authorizing family medicine as a specialty, (25%) disapproved, and (15%) were undecided.

Of those approving of family medicine, (77%) affirmed a desire to specialize in family medicine, among those opposed to the family medicine legislation, a high percentage of respondents felt that they were already carrying out the role of family physician, that specialist family physicians would not be as highly qualified as other specialists [6]

A study conducted in the American University of Beirut to determine the factors influencing the choice of specialty among medical students showed that 42% of the graduating students from two medical schools in Lebanon selected primary care, of those; (9.4%) indicated family medicine specifically, this compares well with published data which reported that 9.3% of the graduating medical students from US selected family medicine [7].

Consider services needed for better development of the branch conference attendance selected from all participated specialists to be the most important step towards the development of family medicine as clinical branch, followed by the availability of internet access. A study conducted in Baghdad revealed that lack of Continuous Medical Education was the least mentioned barrier against practicing evidence based practice [8]

Considering medical skills expected to improve the development of family medicine health system, training in managing minor operations, management of airway obstruction, trauma resuscitation were selected by most of the family and non family senior (93%, 93%, 89%), (94%, 94%, 92%) respectively as being the most important medical skills needed to improve the development of family medicine health system, this might be due to the short duration of training in surgical branch. Considering management of airway obstruction, such cases rarely attended the primary health care for management, instead they

seek hospital based care, and being listed the second medical skills needed to improve the development of family medicine reflect the gloomy view to the real role family physician. Management of infectious diseases occupied the 4th selection, this reflect limited knowledge to infectious diseases (causative agent, incidence, diagnoses, management and prognosis).

An obvious conflict existed between family and non family specialists in perceiving the role of Echo in family medicine centers, this conflict might simply be the result of the particular samples of non family specialists we obtained from two teaching hospitals. Surprisingly all specialists enrolled in the study expressed positive attitude to the role of family medicine in increasing doctor/patient time.

In respect to the perception of the specialists that Family medicine limits the unnecessary referral; nearly all the specialists expressed positive attitude to the role of family medicine in limiting unnecessary referral. This might be attributed to the role of successive training and meetings held by the family medicine division /Al-Karkh Directorate to the medical and paramedical cadre in the related hospitals and PHCCs. In a study carried out to detect the points that are important in improving the interface between primary and secondary care, concluded that every patient has the right to a discussion of his or her symptoms within a holistic framework. The patients also have the right to be informed, up to date discussion about modern choices for investigation and intervention for any symptom [9].

Regarding the need for national guideline the majority of the enrolled specialists have positive attitude to establishing national guidelines. This is similar to the study of McColl et al which explored that guidelines were the most favored approach [10].In a study conducted by European Working Party on Quality in Family Practice (E Quip), mutual guidelines was one of the 10 targets for development identified by the group, and emphasized that healthcare systems are examples of "competence systems" where the most important perceived asset is the ability and drive to create new knowledge. This is then transformed into effective interventions and disseminated throughout the system [11] In spite of the positive attitude of participated junior doctors to the family medicine, (64%) of the junior doctors don't have a will to adopt Family Medicine specialty as a medical carrier, this might be attributed to poor awareness to the mentioned branch especially during the pre graduation period. The divide between primary care and specialized medicine in day-to-day practice is becoming an important cause for concern, as it has been proven to not only contribute to the declining appeal of a career in primary care but also to jeopardize patient safety and quality of care [12,13]. In a study conducted in the University of Arizona, USA to uncover the factors that affect the recent decrease in the number of students entering family medicine; multiple factors are consistently shown to be related to the choice of the specialty of family medicine [14].

In respect to the attitude of the respondents towards the activation of Family Medicine Residency Program the majority of the participated specialists and junior doctors expressed positive attitude to it. We concur with opinions expressed by others that leaders in medical education must become advocates of primary care.

An alternative model, longitudinal residency training, emphasizes training in curricular areas over a 3-year time period. Longitudinal residency training is reported in 18% of family practice residency programs [15].

The Department of Community and FM/ USA uses Competency- based education in family practice. Since their inception, family practice residency programs have been designed on a rotation-based format. An alternative approach is based on the attainment of competency, rather than on the completion of a set of experiences. [16].

Considering Barriers to the development of Family Health System, implementation of national guidelines were perceived by most of participated specialists to be an essential step to improve the development of the family medicine in Iraq. lack of Family medicine mass media (who it is, what its training is and what it's competently able to do) was perceived by (7%) of the responded family physicians compared to 89% of the non family specialists have the same perception. This can be explained that most of the family physicians participated themselves in disseminating the mass media to family medicine. Lack of communication between Family physicians and various specialists was perceived by nearly the same percentage of family (50%) and non family physicians (51%), this highlight the potentially weak interface between the primary and secondary level of medical care.

Pre-graduates deficiency in knowing the exact role of Family physician in the health center mentioned by (57%) and (85%) of family and non family specialists, this reflect the importance of emerging the concept of family medicine in the medical faculties.

Absence of family sound environment in the primary health center pointed by (87%) of the participated clinicians, on the other hand none of the enrolled family physicians mentioned this point, this reflect lack of awareness of the clinicians to the enormous recent changes in the family centers (introducing of filing system, redesigning the primary health center to fit the

new family health system, offering diagnostic tools and laboratory materials…)

Absence of a team approach in the management of patients was highlighted by (61%) of the family physicians yet none of the clinicians did so.

This could be related to the fact that family physicians were absolutely worked in the family centers and could perceive such a point to be an important barrier against the development of the branch. In the journal of family practice management a literature review concerned with The New Model of Family Medicine illustrated that many offices appear to work as a team, but on closer inspection, there is little attention to the interaction of team members. Developing a reliable clinical team takes time and effort, but the resulting improvements in efficiency and staff morale will be well worth the effort [17]

Conclusion:

Academic settings contribute substantially to the low

appeal of being a primary care physician at a time when the primary care sector is widely recognized as the cornerstone of any health care system and when health authorities are struggling to initiate extensive primary care reforms. The national guidelines perceived to be of great importance in organizing the interface between the primary and secondary levels.

It is recommended to highlight the rationale of integrating the concept of family medicine in the curricula of the undergraduate students in the medical Schools and consolidate the implementation of the national guidelines in the Family health care centers.

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