

Teaching family medicine online:

the experience in Cyprus

Cyprus has an underdeveloped primary care system.¹ As in many other countries in the Middle East, family medicine has never grown from its roots so the first point of contact for patients remains secondary care doctors, with paediatricians and obstetrician-gynaecologists providing care for their respective groups. Yet those physicians working as family doctors are eager to pursue postgraduate training, gain due accreditation and ultimately raise the contribution of family medicine to the nation's health care.

MEETING THE DEMAND

To meet this demand in the region, the University of Nicosia Medical School launched a postgraduate family medicine course in 2014. It already had experience of teaching an international undergraduate course in English in collaboration with St George's Hospital Medical School in London and an MD programme developed by the University. Setting up an international academic programme with on-the-job training raised unique challenges.

The students are often in full-time employment and many cannot gain training placements in general practice so they work in various hospital posts. The course, therefore, had to be flexible, offering part-time and full-time streams and enrolment while working/training in secondary care. The eight module course covers core knowledge and skills leading to a postgraduate diploma (PgDip) with the option of progressing to an academic qualification (MSc), on completion of a research dissertation.

THE CURRICULUM

The curriculum has been mapped against RCGP UK clinical competencies. This too brought challenges because disease patterns, resources, health systems, and traditions of consultation vary across the region. Raising standards and furthering patient involvement are international aims but a balance has to be made between content equivalent to international standards and avoiding discrimination/clashes with countries where systems may differ.

LESSONS

Lessons are delivered mostly online with optional week-long on-site courses in each semester. Online teaching includes asynchronous activities like videorecorded lectures and presentations of clinical skills, case discussions, quizzes, and other exercises, all delivered through an interactive electronic platform, Moodle (moodle.org). Students can undertake them at times compatible with their other commitments. Weekly webinars are provided by tutors. Teaching clinical examinations and procedures had already been established online but teaching communication skills requires observed consultations and feedback. This need has been met through live webinars with actors, submissions of videorecorded consultations and optional onsite practice. The Calgary-Cambridge Consultation Model is taught because it is an evidence-based form of practice and teaching. Patient autonomy and shared decision making, integral to the model, have been novel concepts for some doctors but readily accepted.

ASSESSMENT

The assessment methods for PgDip were adapted from the MRCGP: workplace-based assessment (WPBA) and applied knowledge test (AKT). The WPBA comprises written work (audits and case-based reports with reflection) and videorecorded work (consultations and clinical examination and procedures). Students with sufficient experience in family medicine may sit a Simulated Surgery (SS) examination, equivalent to the MRCGP clinical skills assessment (CSA). Sufficient experience is defined as five years of clinical practice or completion of a three year family medicine training programme. Success in all three assessments (WPBA, the AKT and SS) leads to the award of MRCGP [INT].

STUDENT-TUTOR INTERACTION

The programme is constantly under development in response to student feedback and to peer review of the teaching material. One area for improvement is enhancing students' interaction between themselves and with their tutors through solutions such

as online forums where students can interact with each other or the tutor. Interactivity in online lessons is being enhanced through the question and answer solutions in Moodle and other software.

LOOKING AHEAD

On reflection, constructing and developing an online, international family medicine course has been an immense task. The programme aims not only to enhance and update the existing knowledge of clinicians already working in primary care but to also advance clinical skills and build new competencies and attributes for those yet to enter primary care. The challenge was to do so using a new format of learning while at the same time having no control over the clinical experience students received. The ultimate goal is to enable these students to reach international standards of primary healthcare.

Our hope is that our graduates will add their voices and examples to the expanding movement to grow primary care in Cyprus and the Middle East, including the planned reform of the state health service in Cyprus.

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