

**HKU MBBS Family Medicine & Primary Care  
Curriculum Overview  
&  
Teaching Opportunities**

**130Curriculum**

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## HKU MBBS Family Medicine & Primary Care 130 Curriculum Overview

The curriculum of the Family Medicine and Primary Care Programme is designed with the objective of enabling students to learn about the roles of primary care, to acquire the skills of community based care, to appreciate the importance of effective integration between primary and secondary care and to develop the generic medical attributes of professionalism and clinical interpersonal skills. An account of the content of each year is given below:

### MBBS I, II - Professionalism in Practice Programme

#### *Aims*

To begin developing students' awareness and understanding of the nature of medical professionalism through experiential learning and early clinical contact under the guidance of front-line primary care doctors

#### *Programme Summary*

#### ***PIP I – The doctor as a humanist, role model and responsible practitioner***

Activities	No. of sessions	Contact hrs per student
Introductory seminar, family practice attachment, professionalism/ debriefing workshop	3	8

#### ***PIP II – The doctor in the context of health care systems and as a guide for navigating the local health care system and services***

Activities	No. of sessions	Contact hrs per student
Introductory seminar, clinical visits to dental service and preventive health care service, family practice attachment	4	11

#### ***PIP III – The doctor as a teacher, communicator and skilled clinician***

Activities	No. of sessions	Contact hrs per student
Family practice attachment, debriefing tutorial	2	4

## MBBS II/IV and V – Clinical Interpersonal Skills (CIPS) Course

### *Aims*

To help medical students develop some generic skills necessary for the formation of professional relations, the gathering and giving of information to patients, their families, and colleagues, and in the promotion of physical, emotional and social well-being of patients and their families.

### *Programme Summary*

Activities	No. of sessions	Contact hrs per student
<b>MBBS II – Plenary, 2 x small group tutorials on various communication and clinical interpersonal skills:</b> <b>System Blocks</b> <ul style="list-style-type: none"> <li>- Introduction – Plenary session with Discussion</li> <li>- Learning About and Dealing With Your Own Emotions</li> <li>- Learning About Warmth, Interest, Respect, Empathy and Support</li> </ul>	3	6
<b>MBBS IV – 2 x small group tutorials on various communication and clinical interpersonal skills and 1 x video assessment:</b> <b>Clinical Foundation Block</b> <ul style="list-style-type: none"> <li>- Information Gathering Skills</li> </ul> <b>Junior Clerkship</b> <ul style="list-style-type: none"> <li>- Information Giving Skills</li> <li>- A Patient-centred Interview in Six Minutes (Assessment)</li> </ul>	3	6
<b>MBBS V – 5 x small group tutorials on various communication and clinical interpersonal skills:</b> <b>Senior Clerkship</b> <ul style="list-style-type: none"> <li>- Preparing Patients for Physical Examinations and Invasive Procedures</li> <li>- Motivating &amp; Assessing Adherence to Treatment Including Life-style Changes</li> </ul> <b>QA Assessment for students with &lt;80% participation rate (ie 6 out of 7sessions)</b> <b>Specialty Clerkship</b> <ul style="list-style-type: none"> <li>- How to Give Bad News and Information on End-of-Life Care</li> <li>- Living with Chronic Pain</li> <li>- Communicating with Colleagues</li> </ul>	5	10
		22

## MBBS IV – Introduction to Family Medicine in the Clinical Foundation Block

### *Aim*

To provide students with opportunities to enhance their clinical communication skills and learn and practice the skills of clinical problem solving in the primary care setting

### *Learning outcomes*

At the end of the Block students will be able to

- take a systematic clinical history focusing on the history of present illness
- demonstrate good communication and clinical interpersonal skills
- apply Murtagh's diagnostic strategy to developing a list of differential diagnoses for an undifferentiated presenting complaint
- use probability reasoning to identify the most relevant questions to support the most likely diagnosis or to rule out other possibilities.

### *Programme Summary*

Activities	No. of sessions	Contact hr per student
Whole-class Lectures on Family Medicine  i. Principles and Concepts of Family Medicine ii. Clinical Problem Solving in Primary Care iii. Common Problems in Primary Care - Differentiating the normal from the abnormal	-	2.5
Workshop A: History taking	1	3
Workshop B: Diagnostic approach to problem solving	1	3
Total		9

## MBBS IV - Family Medicine Junior Clerkship

### *Aims*

Students will be introduced to the principles and concepts of Family Medicine. Emphasis is put on the nature of the doctor-patient relationship and its therapeutic potentials, whole-person care, and the hypothetical-deductive method of problem solving.

### *Learning outcomes*

At the end of the Clerkship students will be able to

- Take an efficient and relevant history for primary care patients presenting with common problems, identify and interpret the reasons for consultation, ideas, concerns and expectations.
- Adopt the hypothetical deductive method of clinical problem solving to generate diagnostic hypotheses for undifferentiated symptoms presenting to primary care.
- Make a diagnosis on the common illnesses presenting to primary care.
- Describe the inter-relationship of psychosocial and physical factors in health and illnesses specific to individual patients.
- Identify the bio-psycho-social problems of patients presenting to primary care.
- Explore how family members may influence or be affected by the patient's illness.
- Recognize the nature of the doctor-patient relationship and its therapeutic potentials.
- Observe and explain the different roles of family doctors.

### *Programme Summary*

Activities	No. of sessions	Contact hr per student
Whole-class Lectures on Family Medicine iv. The family in family medicine v. Common mental health problems in primary care vi. Common skin conditions in family medicine vii. Upper respiratory tract infections viii. Health promotion and disease prevention in primary care	5	5
Seminars/workshops i. 1-hr seminar: Introductory Seminar ii. 2-hr seminar on Consultations in Family Medicine and Primary Care iii. 3hr-Workshop A: Clinical Interpretation and Problem Synthesis iv. 3hr-Workshop: Making a whole-person diagnosis	4	9
Consultations teaching at Family Medicine Clinics i. 2 x 3-hr Supervised consultations ii. 1 x 3-hr video-review of consultation	2 1	9
Family Practice Attachments i. 4 x Attachments to 2 different community-based primary care teaching practices, 3 hrs for each attachment.	4	12
Debriefing session i. To reflect on the learning in the clerkship ii. To discuss the ethical issues of family practice	1	2.5
Total		37.5

## MBBS V/VI - Family Medicine & Community Care (FMCC) Specialty Clerkship

A 7-week Specialty Clerkship in the year of the MBBS in family medicine and community care to learn about the principles and concepts of family medicine, consultation skills in primary care, management of common problems and co-ordination of care. The clerkship emphasises inter-professional learning, reflecting the multi-disciplinary nature of health care delivered in the community.

### *Aims*

The FMCC clerkship aims to provide an integration of learning experiences from family medicine and community-based care settings to allow students a richer understanding of social determinants of health and to acquire skills of health care delivery in the community.

### *Learning Outcomes*

At the end of the Clerkship, students should be able to:

1. Carry out patient-centred consultations from history taking to prescribing in primary care.
2. Apply appropriate knowledge and clinical skills to managing common health problems in primary and community-based care settings using a bio-psycho-social model;
3. Work with different members of a primary care team;
4. Assess and manage common health problems of elderly patients in the community; and
5. Coordinate multi-disciplinary and continuing community-based care.

### *Learning Opportunities*

The clerkship emphasizes self-directed learning by providing students with the appropriate clinical opportunities and environment. The teachers are to facilitate and support and to act as resource persons. Most learning is problem based, which means students will learn in context. Most sessions are conducted in small groups in which active contribution from every student is important

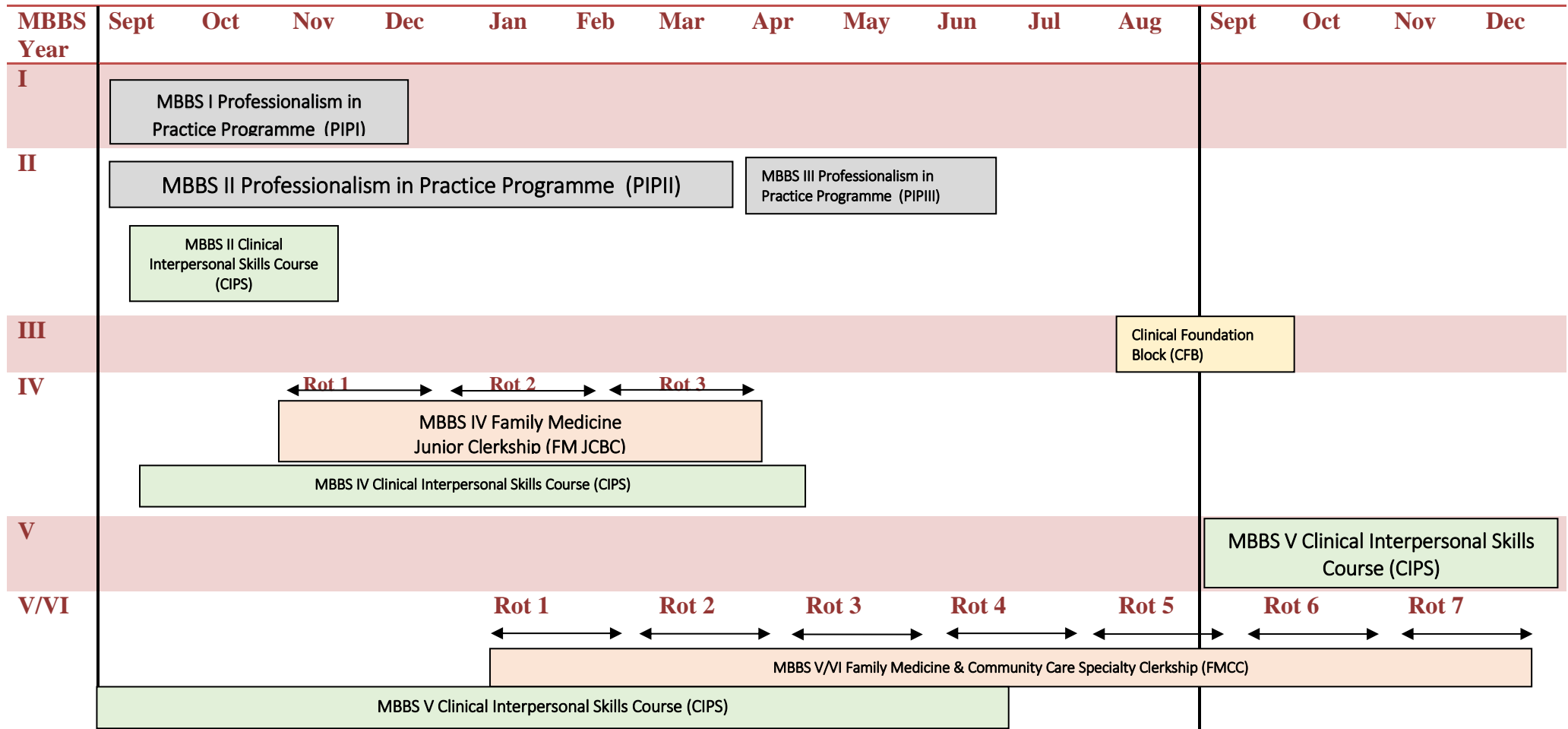
### *Programme Summary*

Error! Reference source not found.	No. hours	No. sessions
<b>Introductory Seminars</b>		5 sessions
Introduction and Orientation to the FMCC Clerkship	1.5	
Management in Family Medicine: Problem Solving	2	
Management in Family Medicine: Commonly Encountered Problems	1.5	
Management in Family Medicine: Common Musculoskeletal Problems	1.5	
Management in Family Medicine: Understanding the person, family and social determinants	1.5	
Management in Family Medicine: Medically Unexplained Physical Symptoms	1.5	
Women's Health I: Family Planning Methods	2	
Women's Health II: Menopause and Climacteric	1	
Common Presentations in Community Geriatric Medicine	3	
<b>Family Medicine Consultation Special Skills Workshops</b>		4 sessions
First consultation for depression and Non-Drug Intervention (NDI) toolbox for psychological distress	2	

Motivational Interviewing Skill Workshop	3	
Enhancing Management Effectiveness in FM Consultation	3	
Dealing with Difficult Management Issues	3	
Intramuscular and Subcutaneous Injections	1.5	
<b>Family Medicine Consultations in Primary Care</b>		5 sessions
3 x Consultations learning sessions at the Ap Lei Chau Clinic (ALCC) including one Video Review session	4	
Consultations learning session at a Department of Health Family Medicine Clinic	4	
Consultations learning session in a Family Medicine private practice	4	
<b>Community Family Medicine Clinic (CFMC) Placements in HA GOPC</b>		2 weeks
Introduction and Orientation		
Supervised Medical Consultation Sessions		
Attachment to Clinics Led by Nurses and Other Health Professionals		
Self-directed Medical Consultations and Management Interviews		
Other Self-directed Clinical Learning		
<b>Family Medicine Problem Based Learning Tutorials</b>		7 sessions
6 x PBL Tutorials		
Debriefing Session		
<b>Women's Health</b>		4 sessions
Family Planning Association of Hong Kong (FPAHK): Birth Control Clinic	3	
Family Planning Association of Hong Kong: (FPAHK): Women's Health/ Menopause clinic	3	
Queen Mary Hospital: Postnatal Ambulatory Midwife-led Clinic	3	
Postnatal Ambulatory Midwife-led Clinic debriefing	1	
<b>General &amp; Ambulatory Surgery at Tung Wah Hospital</b>		3 sessions
Tung Wah Hospital General Surgery Outpatient Clinic	3	
Tung Wah Hospital Ambulatory Surgery Centre	3	
<b>Internal Medicine Private Specialist Practice Attachments</b>		2 sessions
2 x Private internal medicine specialist practice attachments	6	
<b>Paediatrics Private Practice Attachments</b>		1 sessions
1 x Private paediatrics practice attachment	3	
<b>Hong Kong Sanatorium Hospital Programme</b>		6 sessions
Introduction to HKSH/ private hospital services	4.5	
2x full-day attachment to private specialist mentor		2 days
Family Medicine Clinic Session at the HKSH Family Medicine and Primary Care Out-Patient Department	3	
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<b>Geriatrics</b>		
Introductory Seminar on Common Presentations in Community Geriatric Medicine	3	
Community-based Geriatric Practice Attachment	3	1 session
Community Geriatrics Attachment	3	1 session
Consultations with and Assessment of Geriatric Patients in FM/ Primary Care Settings (e.g. during CFMC and FM consultations sessions)		
Evidence-based Case Commentary on Care of the Elderly		

<b>PRIMARY MENTAL HEALTH CARE</b>		
<b>Mental Health in Family Medicine</b> Introductory seminar on MUPS Introductory seminar on Understanding the person, family and social determinants Workshop on first consultation for depression and non-drug intervention (NDI) toolbox for managing psychological distress Consultations with patients with common mental health problems in primary care settings (e.g. during CFMC and FM consultations sessions) Attachment to the Integrated Mental Health Programme (IMHP) of the HA GOPC (during the CFMC placement) Mental Health Case Conference and Commentary (FM and Psychiatry)	3	1 session
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<b>Rehabilitation</b> Tung Wah Hospital (TWH) Assessment and evaluation of disability 1 x Community Rehabilitation Service Support Centre (CRSSC): Wellness Enhancement and Client Empowerment Cardiac Rehabilitation learning in Grantham Hospital  <b>Orthopaedics and Traumatology</b> 1 x MacLehose Medical Rehabilitation Centre (MMRC): Common orthopaedic problems in primary care	3 3 3 3	3 sessions   1 session
<b>END-OF-ROTATION CLINICAL COMPETENCY TEST</b>	5	½ day

### Family Medicine & Primary Care MBBS Curriculum Timeline



MBBS I Professionalism in Practice Programme (PIPI)	SEP – DEC
MBBS II Professionalism in Practice Programme (PIPII)	SEP – MAR
MBBS III Professionalism in Practice Programme (PIPIII)	APRIL - JUN
Clinical Interpersonal Skills Course for MBBS II	SEPT - NOV
Clinical Interpersonal Skills Course for MBBS IV	AUG – APRIL
Clinical Interpersonal Skills Course for MBBS V/IV	SEPT - JUN
Clinical Foundation Block for MBBS IV	AUG-SEP
Family Medicine Junior Clerkship for MBBS IV	OCT- APRIL
Family Medicine Specialty Clerkship for MBBS V/VI	JAN – DEC

FMCC Rotation Dates	2020
FMCC R1	Jan 6 – Feb 22, 2020
FMCC R2	Feb 24 – Apr 9, 2020
FMCC R3	Apr 14 – May 30, 2020
FMCC R4	Jun 1 – Jul 18, 2020
FMCC R5	Jul 27 – Sep 12, 2020
FMCC R6	Sep 14 – Oct 31, 2020
FMCC R7	Nov 2 – Dec 19, 2020

### MBBS Teaching Opportunities for Family Medicine Honorary Teachers

	Synopsis of Programme	Teaching Activity	No. students	Commitment
<b>*MBBS I PIP</b> (SEP –DEC)	A 3-year programme which focuses on the attributes of a good doctor which reflect professionalism: Year 1 – Focus on being humanistic and ethical	<b>-Family practice attachment</b> to enable students to meet patients, observe consultations and discuss issues relating to nature of doctor-patient relationship, work-life balance, professional attitudes and responsibilities	1 or 2	1 session
<b>*MBBS II PIP</b> (SEP - MAR)	Year 2 – Focus on doctors in the context of the health care system and being an expert resource for patients	<b>-Family practice attachment</b> to enable students to expand their understanding of a doctors’ professional responsibilities within the health care system while still providing individualized care	1 or 2	1 session
<b>*MBBS III PIP</b> (APRIL - JUN)	Year 3 – Focus on doctors as a teachers, communicators and skilled clinicians providing primary care (clinical proficiency)	<b>-Family practice attachment</b> to enable students to learn and practice communication and physical examination skills	1 or 2	1 session
<b>MBBS II Clinical Interpersonal Skills (CIPS) Course</b> (SEPT – NOV)	An introduction to CIPS focusing on patient-centered and empathic approaches to patient interaction (1 plenary, 2 small group sessions using video triggers, role play and discussion)	<b>Facilitating small group discussion:</b> dealing with your own emotions and Learning About Warmth, Interest, Respect, Empathy and Support.	10	1 session
<b>MBBS IV Clinical Interpersonal Skills (CIPS) Course</b> (AUG – APRIL)	An introduction to CIPS focusing on patient-centered and empathic approaches to patient interaction (2 x small group tutorials on various communication and clinical interpersonal skills and 1 x video assessment)	<b>Facilitating small group discussion:</b> Information gathering skills, information giving skills and patient centered interview in 6-mins.	10	1 session
<b>MBBS IV Clinical Foundation Block</b> (AUG-SEP)	An introduction for students to learn and practice the skills of interviewing primary care patients and gathering information to identify problems	<b>-History-taking workshop</b> (Role play activity) <b>-Team-based Learning workshop</b>	39 77	1 session 1 session
<b>MBBS IV Family Med Junior Clerkship</b> (OCT-APRIL)	A 1.5-week clerkship spread out over 3 months focusing on principles of FM and problem-solving of common presentations in primary care	<b>-Family practice attachment</b> to enable students to practice history-taking and diagnosing common problems <b>-Video review</b> (review students’ taped consultations)	1 or 2	2sessions
<b>MBBS V/VI Clinical Interpersonal Skills Programme</b> (SEPT – JUN)	Building on the foundational CIPS acquired, a formal series of 5 sessions to develop more specific skills in common scenarios such as breaking bad news and communicating with colleagues	<b>-Facilitating small group discussion:</b> Preparing Patients for Physical Examinations and Invasive Procedures, Motivating & Assessing Adherence to Treatment and Life-style Changes, How to Give Bad News and End of Life Care Communication, Living with Chronic Pain and Communicating with Colleagues.	10	1 session
<b>MBBS V/VI Family Medicine Specialty Clerkship</b> (JAN-DEC)	A 7-week clerkship consolidating essential knowledge, skills and attitudes, with a focus on management issues in FM, highlighted by a 2 week multidisciplinary primary care clinic in the community	<b>- Placement in a multidisciplinary primary care clinic</b> <b>- Private Practice attachments &amp; HKSH programme</b> – FM Consultations teaching; OPD; Specialist Ambulatory care <b>- Video review</b> (review students’ taped consultations) <b>- Case-based Learning Tutorials</b> (at Faculty of Medicine) <b>- Mental Health Case Workshop</b> (FM doctor together with Psychiatry to discuss cases presented by students)	2 1-2  5 10 10	2 weeks 1-4 sessions 1 session 7 sessions 1 session