

Academic Family Medicine – Redefining Academic

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“Good preparation of lecture from the speaker for such a boring topic.”

This was a comment that I received for a seminar on research and teaching in family medicine that I gave to primary care doctors a few years ago. One of the meanings for ‘academic’ defined by the Oxford Dictionary is “abstract; theoretical; not of practical relevance.” [1] Academic work especially research is traditionally regarded as the luxurious pursuit of professors working in University ivory towers. There is growing criticism that huge investments in biomedical research has resulted in very little, if any, benefits in people’s health [2]. The term ‘academic’ needs to find a new meaning.

In the establishment as a scientific discipline, defined by Clarke as “a body of knowledge acquired through research that can be transmitted by teaching” [3], academic family medicine has redefined ‘academic’ to become the acronym for: Articulating the body of knowledge that informs practice; Conceptualizing the work of a doctor; Adapting to changing needs of the population; Developing medical education; Enjoying and valuing the doctor-patient relationship; Managing resources cost-effectively; Improving the quality of care; and Contributing to the art & science of medicine

Articulating the body of knowledge that informs practice

Many common illnesses and symptoms are seen and managed almost exclusively in family practice which forms the natural laboratory for research. Family medicine research informs practice by building up our knowledge on the natural history of common illnesses, the diagnostic process, and the interaction between bio-

psychosocial factors. Some results have questioned and revolutionized traditional medical practice. A notable example is the finding by Del Mar et al that the majority (60%) of children presenting with acute otitis media in primary care were pain-free within 24 hours without any antibiotics treatment, and antibiotics were beneficial only for children who had pain persisting for 2 days or more. [4] This knowledge has led to a significant decrease in antibiotics prescription and hopefully less antibiotics resistance.

Conceptualizing the work of the doctor

Family medicine research was the first to systematically examine what and how the doctor delivers his/her care leading to the conceptualization of the consultation process, the potentials in a consultation, hypothetical deductive problem solving, the use of time as a diagnostic and therapeutic tool, and the doctor as the drug. We are starting to understand the complexity of individualized medical care that partly explains the variations in practice not explained by simple demographic and morbidity factors. [5]

Adapting to changing needs of the population

Modern life-saving technologies have ironically made many people living with and multiple morbidities and deteriorating health. We need research that focuses on the function and wellbeing of the person as a whole instead of an individual disease [6]. Mental health problems are becoming a major health threat all over the world and research is starting to provide information on how they can be managed in primary care [7][Paper by Palmer et al, advance access 016]

Developing medical education

Family medicine is highly context and process dependent, which is best learned through preceptorship in real-life practice. In establishing its teaching and learning, family medicine has moved medical education from tertiary university hospitals to community based family practices. An increasing proportion of undergraduate learning of medicine across all disciplines now takes place in the community. Academic family medicine has also introduced many new methods of learning such as video-review of consultations, role-plays and reflective diaries to enhance the learning of not only knowledge but also professionalism.

Enjoying and valuing the doctor-patient relationship

Research on the consultation process in family medicine has revealed the essence and value of the doctor-patient relationship and patient-centred care [8]. This has led to a paradigm shift in the doctor-patient relationship from the paternalistic to the partnership model. The study by the Binder et al in this issue is a good example of how research can provide insight into the dynamics of adolescent consultations that enable doctors to address the stresses and concerns of adolescents. [9][Paper by Binder et al, advance access 036]

Managing resources cost-effectively

The scale of family practice is very large because it deals with common problems that affect a large number of people. A small change in its management approach has tremendous resource implications. Cost-effective management of investigations and referrals without compromising health outcomes is a major academic domain of family medicine. For example, the use of decision rules based on empirical research

in family practices can help clinicians decide when a woman presenting with urinary tract infection (UTI) symptoms can be treated with empirical antibiotics and when a urine culture is needed. [10].

Improving the quality of care

The potentials for wide variations the practice and professional isolation of family medicine has called for the quality assurance and continuing professional development. Academic family medicine has developed objective and systematic methods to evaluate, enable and empower doctors to improve their quality of care [11]. The scope of quality improvement has expanded from the study on the doctor and a specific disease to the whole system of health service delivery, as shown by Russell's study [Russell G et al. Advance access 037][12]

Contributing to the art & science of medicine

Patients usually present with symptoms from which doctors try to establish the diagnosis on the underlying disease. However, many symptoms cannot be explained by diseases. Family medicine research has made a contribution to our understanding that medically unexplained symptoms (MUS) is a cause of 'heart-sinkers', and is actively finding solutions to its diagnosis and management [13], [???? as illustrated by two studies in this issue[14] [15]. (paper by Swanson et al, advance accesss 051; paper by McGorm et al, advance access 053)

Another major contribution from family medicine research is a broadening of medical research methodologies for medicine from traditional quantitative, objective controlled experimental designs to a strategic triangulation of qualitative and quantitative, objective and subjective methodologies that include both patients and

providers, such as the study by Russell et al in this issue[12] paper by Russell et al, advance access 037]

Conclusions

Academic family medicine has redefined the meaning of academic through its emphasis on the relevance to daily practice. As McWhinney has said [5]:

“...our value to medicine lies in the differences and eventually the academic mainstream will become more like us than vice versa.”

With time, every practitioner will become academic through his/her participation in teaching, research and translation of research into patient care.

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