

FOUNDATION FOR FAMILY MEDICINE EDUCATORS, INC.



presents this

Certificate of Appreciation

to

HARDISMAN DASMAN, MD, MHID, DRPH

for sharing his/her expertise as Parallel Symposium Speaker during the

**1st ASEAN Congress for the Family
Medicine Educators an offering for the
30th Founding Anniversary and Annual
Convention**

**"Strengthening Primary Care in the
ASEAN
Region through Family Medicine Education"**

held at Hotel Jen, Pasay City, Philippines
April 21-23, 2016

Given this 23rd day of April, 2016


ELMER M. ANGUS, M.D.
Convention Chair


LEILANIE APOSTOL NICODEMUS, M.D.
President

**Teaching Family Medicine in Undergraduate Medical Education:
Curriculum Development and Implementation
in Faculty of Medicine of Andalas University**

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Background and Aim

- Faculty of Medicine of Andalas University (FMAU) has been established in 1955
- The oldest medical school outside Java in Indonesia.
- The changes in the education strategy and curriculum, from conventional to Problem Based Learning (PBL) curriculum and newly implemented Family Oriented Medical Education (FOME).
- This paper aims to explain the historical development of FOME in FMAU and its implementation.

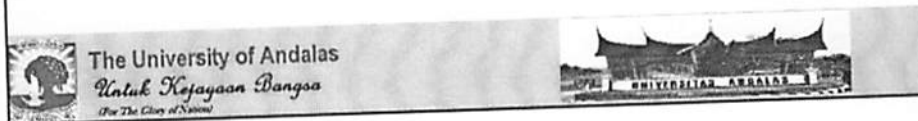


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Method

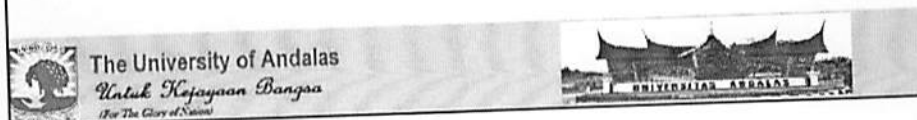
- The study was conducted in the context of explorative our experience in the development and implementation of FOME in FMAU.
- We used a qualitative inquiry by using thematic document analysis, observation and our reflection.



Result and Discussion

In early development (1955-1984):

- The curriculum focused on clinical competencies.
- Aimed to produce high skill doctors to serve in rural areas and district hospitals.
- During this period, all doctors had to graduate with mastery in all clinical aspects regardless the country limited medical technologies.



In 1984 -2004:

- Community Oriented Medical Education (COME).
- This curriculum approach aimed to produce doctors that can served in community, which includes rural, marginalised, and disadvantaged area.
- The approach also aimed to produce doctors that were able to be a manager in public health centres and rural district hospitals.
- To achieve the goals, medical curriculum had substantial learning subjects in public health and community medicine.
- Placement: The students had extensive community learning experience, such as community attachment in the preclinical year (year 2 and 3), and 2,5 months placement in public health centre and 1 month in rural district hospitals during clinical clerkship (year 5 and 6).



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***Substantial changed in Indonesian medical education system since 2004-Present.***

- All medical school gradually implemented Problem based learning (PBL) as curriculum strategy,
- Faculty of Medicine of Andalas University is one of the medical schools in the country that implemented the strategy since the beginning.
- Within the new system, the length of medical education shortened to be five and half years (Pre and clinical year).
- Additional one year (medical internship) managed by Ministry of Health.
- The new curriculum strategy complies with the standard of Indonesian medical education and the standard of medical competencies issued by Indonesian Medical Council (IMC).
- The new curriculum aims to produce doctors with high competencies in biomedical sciences, clinical skills, using appropriate technologies, ethical and culturally acceptable



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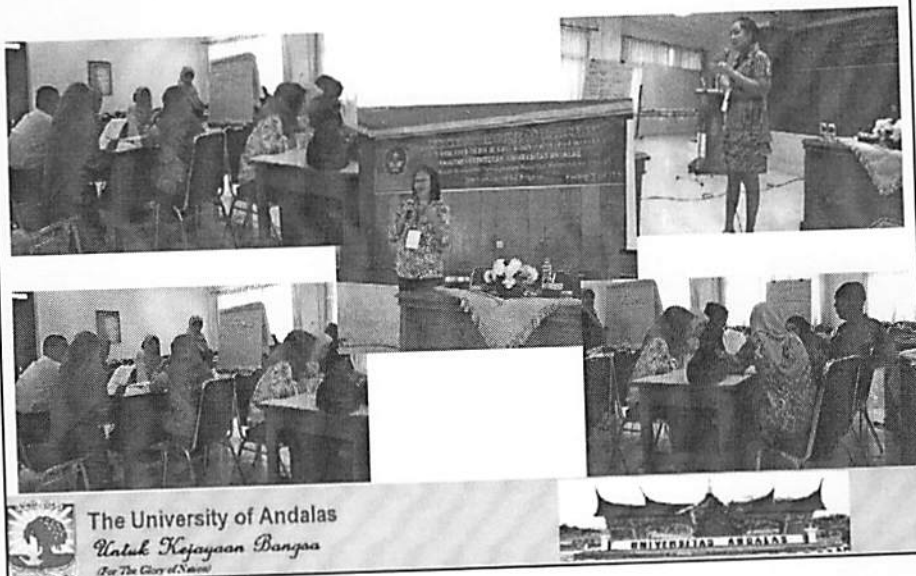


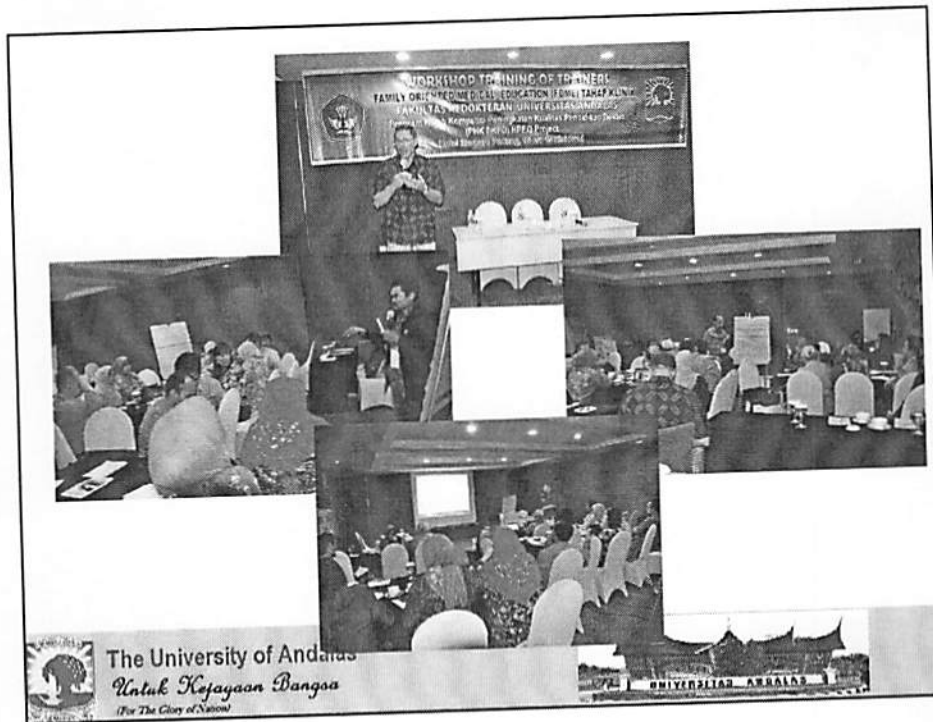
- **In Andalas University,**

- new curriculum implementation also shifts the paradigm from biomedical approach to biopsychosocial approach.
- The new curriculum focuses on improvement of skills of graduate as primary care doctors with the family medicine approach which is called **Family Oriented Medical Education (FOME)**.
- In the development of FOME curriculum, we had support from international experts and collaborators from University of Philippines and Maastricht University of Netherland.



Workshop and TOT for FOME Curriculum Development





Implementation in Preclinical and Clinical Year

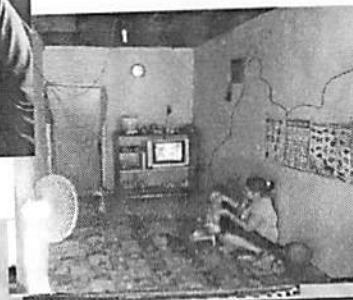
- In the implementation, the students also have extensive family and community attachment both during preclinical and clinical years, with the improvement of the content and student activities.



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Field Visit in Year-2



General Concept and Learning Content of FOME at FMAU

Biomedical	Biopsychosocial
Diseases due to biological & physical change: change in homeostatis, biologic and physical agent	Health problems such as disease in one person → as a result of systemic problem (environment, policy implementation, community beliefs etc)
Physician as scientist	Physician as part of the team
Diagnostic procedure: Diagnostic data (Anamnesis, PE, lab/ advanced procedures)	Assessment approach: systematic analysis and comprehensive approach
Medical treatment (Pharmacology or surgery)	Restructuring health system & other related sectors: Health care delivery, financing, policies, information & infrastructures



Th
Kusuma Rajayasa Wangsa
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FOME Learning Modules

- Introduction to Family Medicine (Definition, Concept and Goals) and Indonesian Healthcare System
- Communication Skills
- Evidence Based Medicine (EBM)
- Family Dynamic and Family Assessment Tools
(Family Assessment Tools: Genogram, Family APGAR, Ecomap, SCREEM, Family Life Line)
- Family Circle and Family Life Cycle
- The Impact of Illnesses on Family (The Illness Trajectory)
- Family Wellness Plan
- Family Oriented Medical Record
- Patient Centred, Family Focused And Community Oriented Care



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Thank You



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