

PRIMARY HEALTH CARE DEVELOPMENT IN GEORGIA

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SUMMARY. The article adduces the main issues of medical education organization, staff training for primary health care in the conditions of public health reforming. The system of reforms is described in details.

KEY WORDS: public health system, reforms, education.

Since 1997 Family medicine was included into the list of medical specialties. At the same time the strengthening of primary health care has been recognized as a priority for health care reform.

The reform program was planned to overcome the following challenges:

Excessive and outdated infrastructure;

Irrational allocation of funding;

Excessive health human resources

Specialized Service orientation

Inappropriate regulatory environment

Distrust of the population to primary care network

Less qualified medical personnel in primary

health care

Poor geographical access to the Primary Health Care Services

Health Care System Reform which had been initiated since 1995, was aimed at ensuring universal access to basic health services for the population.

The reform was aimed at increasing the efficiency of institutional (outdated infrastructure and equipment) and human resources (redundant and low-skilled personnel) through the introduction of an optimized infrastructure (decentralization, privatization) and the modern system of financing .

In 1998, the Ministry of Health of Georgia with the support of British Agency for International Development (DFID) implemented the 940-hour training program for retraining specialist doctors as family doctors.

Training program for family doctors has been developed according to the best European practice and the recommendations of the the Society of Teachers of Family Medicine/ World Organization of Family Doctors.

In 1996-2011 up to 2000 doctors and 1800 nurses were specialised and certified in general practice / family medicine.

Supporting of donor organizations has played an essential role. World Bank, USAID, Primary Health Care Development Project funded by EU, DFID, WHO.

Family Medicine Training Program basics and teaching methodology:

Fully shares the recommendations by the World Organization of Family Doctors (WONCA) and European Academy of Teachers in General Practice (EURACT).

Based on the principles of teaching in practice

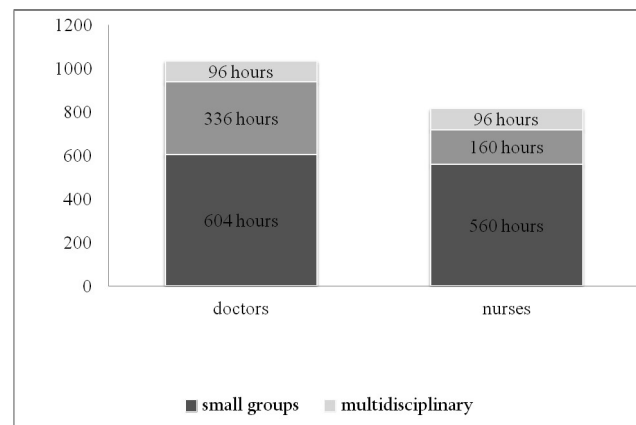
The main values:

Comprehensive care

Patient-centred care

Holistic modelling

Program structure



The key elements of Family Medicine Training Program

The specifics of family medicine model, its place in health care system, the role of the family doctor (gate-keeping, coordination, referral)

Counseling of the patient and communication skills

Basic clinical skills: Clinical theory and Practice

Clinical Epidemiology

Evidence Based Medicine

Ensuring the quality of health care

The key elements of Family Nurses Training Program

The essence of primary health care

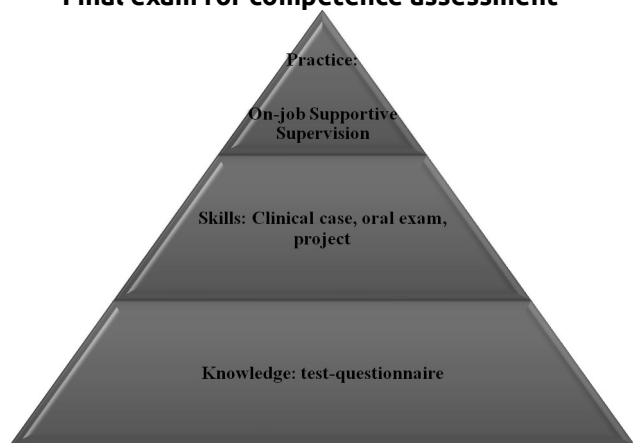
Nursing in general practice-theoretical and organizational basics

Doctor-Patient communication and models of consultation

Health promotion and prevention of diseases

Management of common clinical problems

Final exam for competence assessment



Learning Program supported adopting of important competences by Georgian doctors

- Team work
- Continuous education
- Introduction of health policy
- Formation of the community health care systems

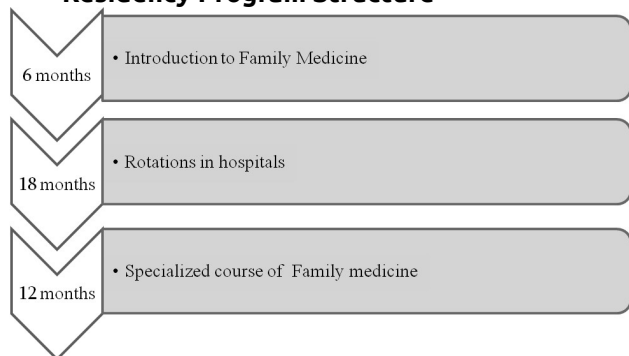
Evidence Based Medicine

Appropriate Techniques of practice management (including compensation of expenses, maintenance of quality, time management, preventive services, service networks)

Postgraduate medical education residency program

Family Doctors` training program within the scope of full-term residency program was developed in the family medicine department of Tbilisi State Medical University. The program`s primary version was prepared in 2002 (duration 30 months) and the first residents were enrolled in 2003. The program`s general framework and the structure represents in details the European definition of General Practice/Family Medicine (WONCA Europe [The European Society of General Practice / Family Medicine]: The European Definition of General Practice/ Family Medicine; Barcelona: WONCA, 2002), which is included in educational program prepared by the European Academy of Teachers in General Practice (EURACT [European Academy of Teachers in General Practice] Education Agenda; EURACT, Leuven 2005).

Residency Program Structure



Methods used in the training course for residents in „Family Doctor” specialty
 Interactive lectures/presentations
 Brainstorming;
 Training in small groups
 Workshop
 Presentation and analysis of clinical cases.
 Demonstration of video and multimedia materials

Role playing and the use of simulated (standardized) patient

Practice on simulators and mannequins for acquiring practical skills

Independent studies

Problem Based Learning

Individual and group homework

Preparation of presentations by residents

Medical audit

Project Based Learning

Assessment

Assessment methods

Direct assessment

Oral questions (knowledge)

Multiple choice questionnaire (MCQ) (knowledge)

Answers on clinical questions (knowledge)

Preparing and essay on pre-selected issue (knowledge)

Preparation of the presentation (knowledge)

Conducting a consultation with assistance of the simulated patient (knowledge and skills)

Clinical observation (skills, attitudes)

Demonstration of practical skills on mannequins/moulages (skills)

Assessment of tasks presented by workgroups (knowledge)

Objective Structured Clinical Examination-OSCE (skills)

Indirect assessment:

Conclusions of the heads (knowledge, skills)

Patient reviews (skills, attitude)

External audit (skills)

Check records, including so called „referrals” (skills)

Self-assessment (knowledge, skills, attitude)

Independent Records keeping.

Undergraduate Education

Learning program of “Family Medicine” was developed for the sixth year students of the medical faculty of Tbilisi State Medical University in 2006. Implementation of the program began the same year.

From 2007 the new learning program was started for the second year students of medical faculty; it has been considered in the context of an early contact with clinics; the learning course was also crea-

Огляди літератури, оригінальні дослідження, погляд на проблему

ted for the third year students of the faculty of public health.

Learning course for the second year of Family Medicine Faculty allows students to realize the high importance of the continuous patient care, community context and the unity of health and social affairs. It creates the basis for establishing of comprehensive approach for future learning processes.

Students are given an opportunity to learn about the role of primary health care in overall system of the healthcare, which is particularly important for each future doctor irrespective to their specialty.

Module duration -14 hours (1 credit)

Learning course for the sixth year students of the medicine faculty

The aim of the learning course is to acquaint the sixth year students with:

The essence of Family Medicine

Specifics of the family doctors and their role in Health Care System

Comprehensiveness of the family doctor's activities

Family doctor's specific problem solving skills

Furthermore, the course aims to create positive image of the family doctor and increase the interest to this specialty among students

The course includes 40 contact hours

9 hours are given to Interactive presentations

31 hours-to practical work in small groups.

Learning course for the third year students of the public health faculty

The goal of the course is to introduce the essence of family medicine and the specifics of Family Doctor as a specialty to the 3rd year students of public health faculty; Interaction between family doctors, primary health care and public health institu-

tions; potential role of primary health and family doctors in resolution of public health issues.

The course includes 74 contact hours and is divided in two parts; students pass the course in V and VI semesters (accordingly 44 and 30 contact hours)

Continuous professional development programs for family doctors and nurses

2012-2014 Health Care Improvement (HCI) Project funded by USAID aimed to improve the access and the use of evidence based medical information for Georgian doctors. www.healthquality.ge

The project's priorities were the clinical areas related to diseases with high prevalence among adults (asthma, COPD, CVD) and children (pneumonia, asthma)

Certain protocols were developed by project support

Significant improvement of health care quality was observed in all clinical areas

About 2500 doctors and nurses passed 2-day course in TBC early diagnostics and management in 2012-2015 by the support of USAID

On the 10th of August 2016 –learning platform of British Medical Journal (BMJ) was introduced as a Continuous medical education for Primary Health Care Specialists

The project involves accessibility of the largest electronic educational resources (BMJ-education and BMJ-advanced practice)

Future priorities

Promotion of implementation of the evidence based practice in Family Medicine through adapting the guidelines and continuous professional development programs.

Residency Program reviews for the regular updating and ensuring compliance with the best practice standards.

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РОЗВИТОК ПЕРВИННОЇ МЕДИЧНОЇ ДОПОМОГИ В ГРУЗІЇ

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Сімейний Медичний Регіональний Науковий центр імені Д. Назарішвілі, м. Кутаїсі

РЕЗЮМЕ. У статті висвітлено основні питання організації медичної освіти, підготовки кадрів для первинної медичної допомоги в умовах системи реформування охорони здоров'я.

КЛЮЧОВІ СЛОВА: система охорони здоров'я, реформи, освіта.

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