

Community Medicine and General Physicians

Community Medicine - built by all of us, General Physicians - raised by all of us

Program · Abstracts

Date

June 11 (Sat.)-12 (Sun.), 2016

Venue

Asakusa Public Hall
Asakusa View Hotel
Taito City Convention Center
Tokyo Metropolitan Industrial Trade Center Taito-kan

President

Takashi Yamada (Administrator, Taito Hospital)

♦ Message from the President of the Conference

Takashi Yamada

Administrator, Taito Hospital

Vice President, Japan Association for Development of Community Medicine

President of the 7th Annual Conference of Japan Primary Care Association



I'm honored to have the opportunity to invite you to the 7th Annual Conference of the Japan Primary Care Association held in Asakusa, Tokyo.

In 2017, a major reform of the system of medical specialists will be in implemented in Japan. The biggest change will be that general medicine will officially become the 19th specialty. We take pride in the fact that this is the result of the Japan Primary Care Association's collaboration with the family physician training program, which has been ongoing since the time of the three associations which were our forerunners —the Japanese Medical Society of Primary Care, the Japanese Academy of Family Medicine, and the Japanese Society of General Medicine.

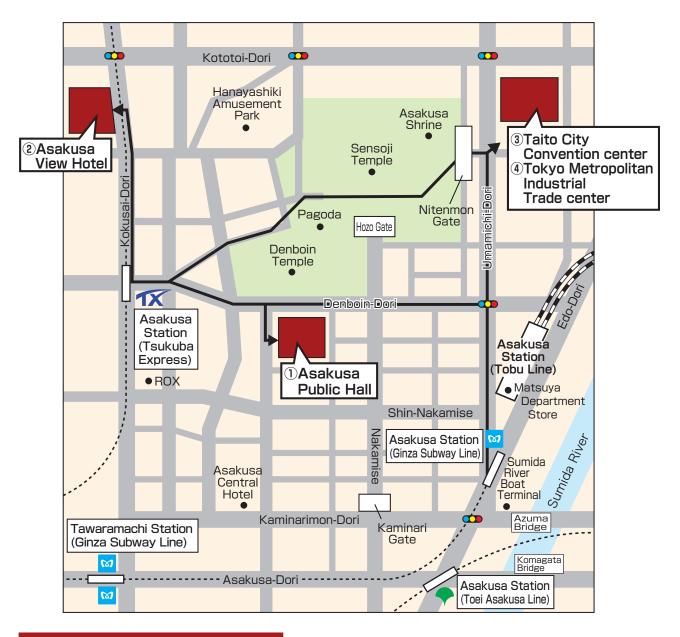
In Japan, specialization has been growing rapidly at the same time that technological innovation in medicine had progressed, and primary care physicians, who are getting attention lately, will be expected to be key persons in an aging society from this point on.

Until now, Japan has been an underdeveloped country when it comes to the primary care field. With this change in the Japanese training system as a starting point, we'd like to lead medical reform overall and transform Japan into a developed country in this field — we recognize that this is our mission.

To make it happen, we've been learning from experiences in this field from all over the world, connecting with associated people and gathering wisdom — we need to be primary care physicians who will truly be trusted by the people in this new era. We'd like to do our very best to make this event successful, and to make this opportunity a big step for the mission moving forward.

So that our guests from different countries may enjoy attending, we have a few special things in store. Please join us at the conference to be held in Asakusa, known as a charming and traditional working-class neighborhood of Tokyo, and which we believe represents the theme of community.

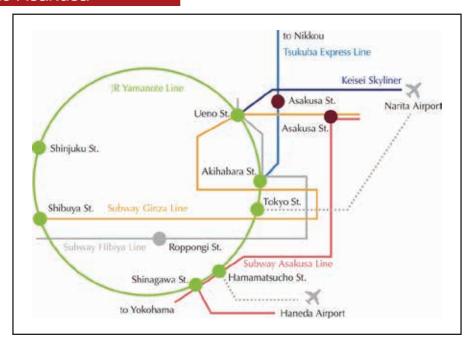




Venue

①Asakusa Public Hall	Room 1, Registration Desk, Cloak, PC Center	
②Asakusa View Hotel	Room 2-7, Registration Desk, Cloak, PC Center Social Gathering Venue, Lunch Box Pick-up Area	Wi-Fi
③ Taito City Convention Center (8F, 9F)	Room 8-14, Cloak	
4 Tokyo Metropolitan Industrial Trade Center (1F-7F)	Room 15, Poster Exhibition, Carrier Cafe Exhibitions, Registration Desk Refreshment Corner, Lunch Box Pick-up Area	Wi-Fi

Access to Asakusa



From Narita (NRT) Airport

Take Narita Express to Toei-Asakusa Line Asakusa Station (60 min.).

Take Keisei Skyliner to JR Ueno Station (41 min.) and transfer to the Ginza Subway Line for Asakusa station (4 min.).

► From Haneda (HND) Airport

Take Keikyu Airpot Line (Limited Express) to Toei Asakusa Line Asakusa Station (35 min.).

► From Tokyo Station

Take JR Yamanote Line to Kanda Station (2 min.) and transfer to the Ginza Subway Line for Asakusa station (10 min.).

About Asakusa

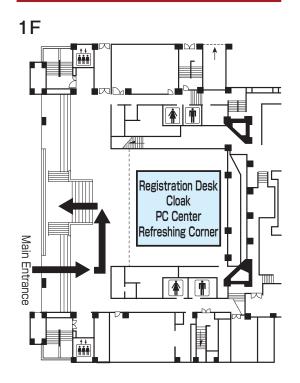
Asakusa is the center of Tokyo's shitamachi (literally "low city"), one of Tokyo's districts, where an atmosphere of the Tokyo of past decades survives. Asakusa's main attraction is Sensoji, a very popular Buddhist temple, built in the 7th century. The temple is approached via the Nakamise, a shopping street that has been providing temple visitors with a variety of traditional, local snacks and tourist souvenirs for centuries. The opening of the 634 meter tall Tokyo Skytree, a twenty minute walk across the Sumida River from Asakusa, has led to an increase of tourists recently.

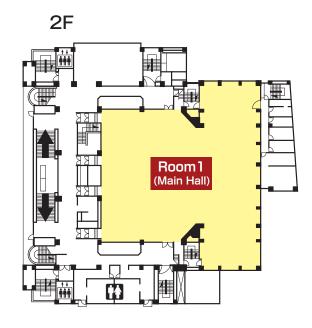
Weather:

Average temperature in June: 20 degrees Celsius (Max 25°C / min 16°C) We advise you to bring a long sleeves jacket in case of the chillness in the night, even though you can stay comfortably with short sleeves in daytime.

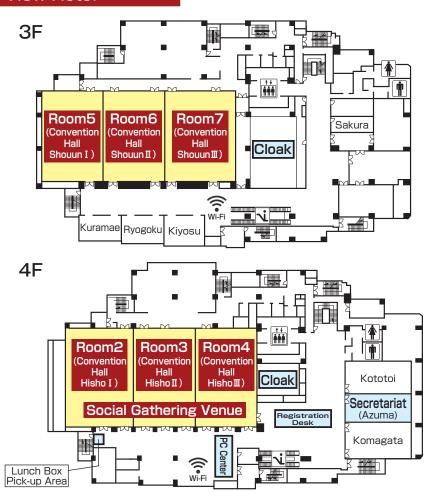
♦ Floor Plan

Asakusa Public Hall

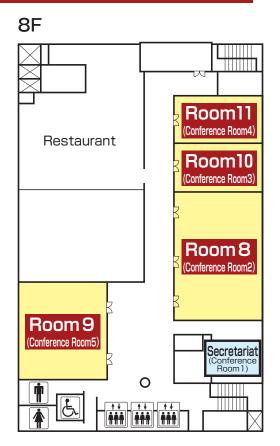


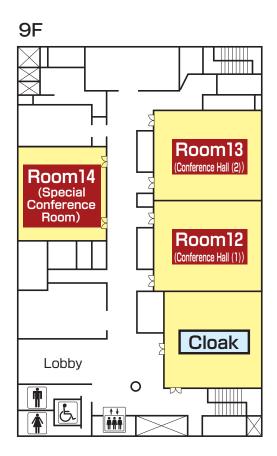


Asakusa View Hotel



Taito City Convention Center





Tokyo Metropolitan Industrial Trade Center

7F	Room15 Registration Desk Carrier Cafe Exhibitions
6F	Poster Exhibition
5F	Poster Exhibition
4F	Exhibitions Refreshing Corner Lunch Box Pick-up Area
3F	Business Corner

◆ Information for Participants

Registration

◆ Asakusa Public Hall 1st Floor

Saturday, June 11	9:15-17:30
Sunday June 12	9:15-11:30

◆ Asakusa View Hotel 4th Floor

Saturday, June 11	7:30-17:30
Sunday, June 12	9:00-16:00

◆Tokyo Metropolitan Industrial Trade Center 7th Floor

Saturday, June 11	9:30-16:00
Sunday, June 12	9:15-16:00

PC Center

- For presenter at Asakusa Public Hall (Room1)

◆ Asakusa Public Hall 1F Exhibition Room

Saturday, June 11	9:15-17:00
Sunday, June 12	9:15-13:30

-For presenter at Asakusa View Hotel (Room2-7)

◆Asakusa View Hotel 4F Lobby

Saturday, June 11	7:30-17:00
Sunday, June 12	9:00-15:30

For presenter at Tokyo Metropolitan Industrial Trade Center and Taito City Convention Center (Room8-15), please bring your presentation data to your session room.

Cloak

◆Asakusa Public Hall 1st Floor

Saturday, June 11	9:15-19:00
Sunday, June 12	9:15-12:00

◆Asakusa View Hotel 3rd · 4th Floor

Saturday, June 11	7:30-21:00
Sunday, June 12	9:00-18:00

◆ Taito City Convention Center, 9th Floor

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Saturday, June 11	9:30-19:00
Sunday June 12	9:15-17:30

^{*}Umbrellas and valuable goods cannot be left.

If you have any question...

Please feel free to ask General Information!

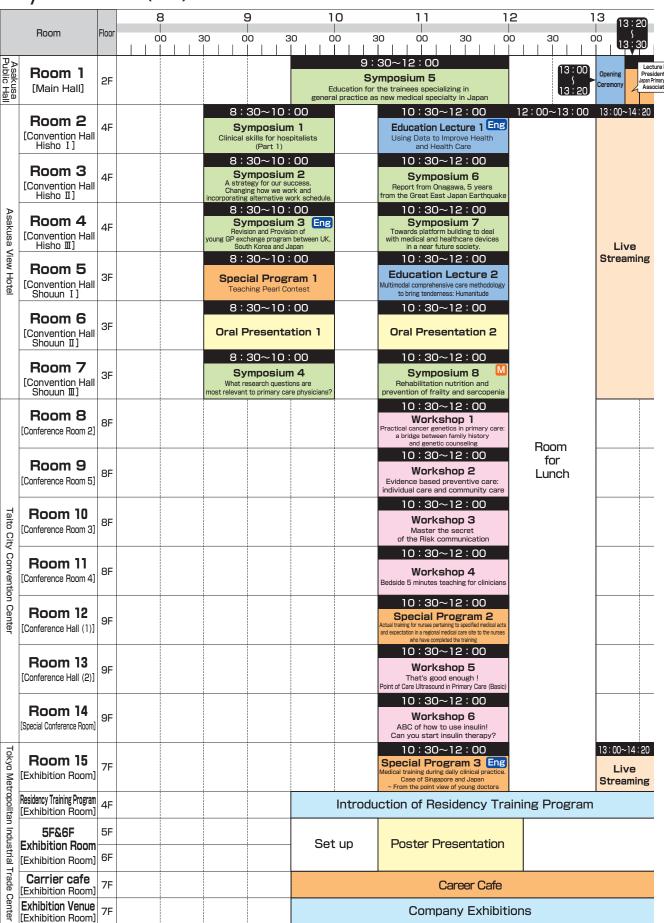
^{*}Because of limited space in cloak room, we may not receive items if there is no space left.

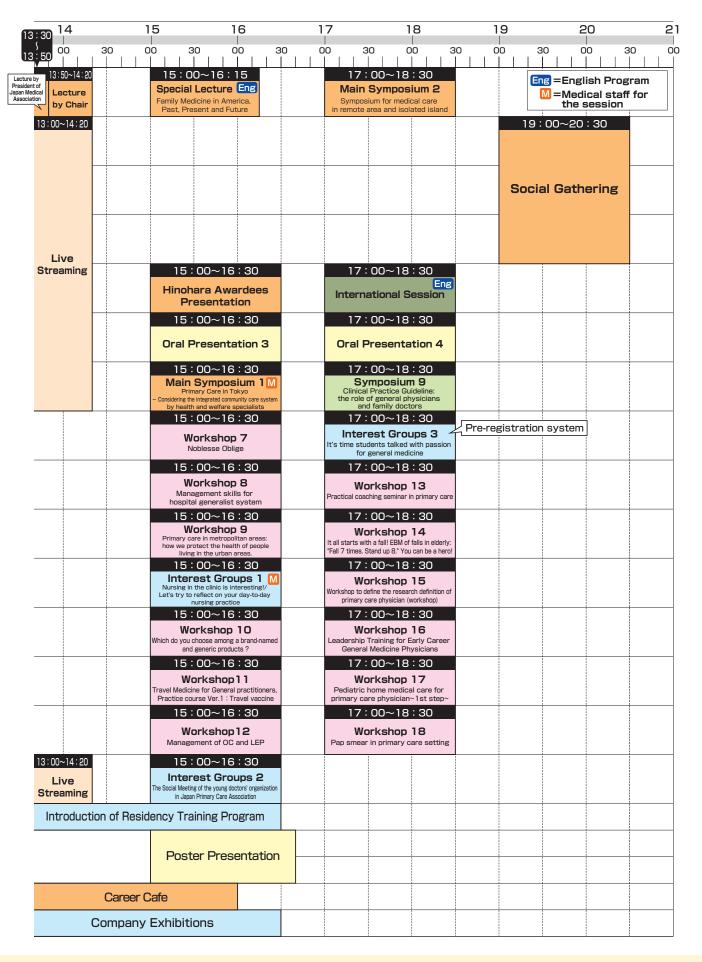
◆ Program at a Glance

Pre-congress June 10 (Fri)

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Asakusa View Hotel	Room 4 [Convention Hall Hisho II]	4F															
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	Room 8 [Conference Room 2]	8F		13:30~ Pre-congress Anger management for and nursing care wo	Workshop 1 medical professional		Pre-congre Integrating ind and organization	lividual career	shop 8	Pre-c	h Medicine: th	18:40 Workshop e Aussie Way. s and C-section		Pre-cong	gress Wor her about "Po apatient versi	kshop 20 lypharmacy"	
	Room 9 [Conference Room 5]	8F		13:30~ Pre-congress 'HIYARI HATTO confer ~ to hold a well-done ed	Workshop 2 ence" Demonstration		Pre-congre	family medic	shop 9	Pre-c Risk C		Norkshop -hospitalizati		Pre-cong	gress Wor rganize EBM spital with be	kshop 21 Round in	
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on Center	Room 12 [Conference Hall (1)]	9F		13:30~ Pre-congress Reconsiderat	Workshop 5		Pre-congre	natient decide?	hop12	Pre-c	lication of IC	18:40 Workshop CT to reduce health litera		Pre-cong	gress Wor nd "hidden S d "STEmimi	k shop 23 STEMI"s	
	Room 13 [Conference Hall (2)]	9F		13:30~ Pre-congress Think together abo ~outpatien	Workshop 6		Pre-congree Family medicine workshop for n	× Hospitalme	hop 13 dicine	Pre-c Making u		Norkshop ndles for general improvement		Pre-cong How an interpr	gress Wor v can we assofessional colinical settin	kshop 24 sess empetency	
	Room 14 [Special Conference Room]	9F		13:30~ Pre-congress Let's try to develop in the rural area usi	Workshop 7 a health promotion												
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Day1 June 11 (Sat)





Day2 June 12 (Sun)

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	Room 3 [Convention Hall Hisho II]	4F		ir		sium 12 ihabilitation ommunity System	M			
Asakusa V	Room 4 [Convention Hall Hisho II]	4F			ice of generalists	ernational Sympos n modern medical prad				
View Hotel	Room 5 [Convention Hall Shouun I]	3F		Lecture	1) Collagen E 2) Ischemic F	ogram 1 lociety of Internal Medic isease leart Disease	ne	Joint P Lecture by JSOG : S in adolescence an in Japan	~13:00 rogram 2 Sexual health problems d sexuality education ese schools	
	Room 6 [Convention Hall Shouun II]	3F			9:30~ Oral Prese			Joint P	~13:00 rogram 3 ure ulcer care in the home, logist's perspective	
	Room 7 [Convention Hall Shouun II]	3F		Construct	and network syster	sium 13 ng for patient behavior cha n for its application	nge			
	Room 8 [Conference Room 2]	8F		Fi	Interest	egistration syst	em			
	Room 9 [Conference Room 5]	8F			9:30~ Worksl How to deal with achieve quality pa	19		Interest The use of evide	~13:00 Groups 5 nce-based medicine quality of primary care	
Taito Cit	Room 10 [Conference Room 3]	8F						Interest Looking a disaster	~13:00 Groups 6 g back on stricken area ve years	
City Conventio	Room 11 [Conference Room 4]	8F		Commo	9:30~ Worksl n cases and even f interest in the p		lict	Interest Improve self-mar	~13:00 Groups 7 ement of nagement en's health	
on Center	Room 12 [Conference Hall (1)]	9F		Let's ap	9:30~ Worksl praise clinical pra		ally!	Interest The app	~13:00 Groups 8 proach to eco free	
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in interprofessional group 13:30~15:00		15:	30~17	: 00				 				
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based on the patient experience -Let's use JPCAT-		online	symptom ch	neckers!								
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English Program

June 11(Sat)

8:30-10:00 Symposium 3

[Asakusa View Hotel 4F Room 4]

Revision and Provision of young GP exchange program between UK, South Korea and Japan

10:30-12:00 Education Lecture 1

[Asakusa View Hotel 4F Room 2]

Using Data to Improve Health and Health Care

10:30-12:00 Special Program 3

[Tokyo Metropolitan Industrial Trade Center 7F Room 15]

Medical training during daily clinical practice. Case of Singapore and Japan \sim From the point view of young doctors

15:00-16:15 Special Lecture

[Asakusa Public Hall 2F Room 1]

Family Medicine in America, Past, Present and Future

17:00-18:30 International Session

[Asakusa View Hotel 3F Room 5]

June 12(Sun)

9:30-11:30 Asia Pacific Region International Symposium

[Asakusa View Hotel 4F Room 4]

Importance of generalists in modern medical practice

13:30-15:00 Workshop 25 [Taito City Convention Center 8F Room 8]

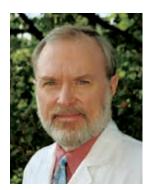
Capstone project-Implementing Curriculum to Develop Competency in Research/QI/Curriculum development

MEMO	



Special Lecture

Family Medicine in America, Past, Present and Future



John W. Saultz

Department of Family Medicine, Oregon Health & Science University

The political process that created family medicine as the 20th specialty in American medicine began with the publication of three reports in 1966. As we approach the 50th anniversary of this process, the specialty finds itself at a crossroads. Family medicine is now the second largest specialty in an increasingly complex array of medical disciplines. We have achieved academic parity status with the other specialties, but health care now consumes over 18% of the American economy and we have poor population health outcomes when compared with other developed nations. This level of spending is diverting investment from the nation's educational system and harming the international competitiveness of our business community. There is much controversy about how best to fix the problem and about what role family medicine can and should play in this process. This presentation will describe the developmental history of family medicine in America as a way to illustrate the choices facing us now and will highlight what primary care leaders in Japan might learn from our successes and our mistakes.

Professor Dr. Saultz received his MD degree from Ohio State University, completed his residency at Dwight David Eisenhower Army Medical Center and a faculty development fellowship at the University of North Carolina. After 8 years as the OHSU family practice residency director, he became chairman. He is dedicated to education of students, residents and future health professionals focused on rural and underserved communities as well as support for professionals committed to the delivery of high-quality care in those communities. He is the editor of *Family Medicine* journal and also the author of three books and over 150 journal articles and book chapters.

Education Lecture 1

Using Data to Improve Health and Health Care



Scott Fields
Oregon Health and Science University (OHSU) Family Medicine



Daisuke Yamashita
Oregon Health and Science University (OHSU) Family Medicine

One transformational aspect of Patient Centered Medical Homes is the use of population-based practice analysis to improve care systems. Practice leaders must understand fundamentals of quality management; including how to obtain and interpret practice data; and how to use this data to improve patient care, and, ultimately, patient health.

On completion of this seminar, the participants will be able to:

- 1. Demonstrate how quality indicators may be used to assist in the care of patients regardless of where that care occurs.
- 2. Describe the process of building a set of quality indicators from the ground up, with an understanding of how each new question builds upon the previous inquiry.
- 3. Define the skill set of a functional Quality Data Team, including how clinician input into the data process leads to more meaningful data.

Your Quality Program should reflect your values. Quality of care is the degree to which health services of individuals and populations increase the likelihood of desired health outcomes. Understanding what care is provided, and what the quality of that care is, is core to our future as family physicians, educators, and researchers.

These data include: 1) clinical performance, 2) operational effectiveness, and 3) practice productivity, and 4) patient satisfaction. All clinicians need to embrace the use of data to evaluate their personal performance, and that of the overall practice. Therefore, clinicians need to be able to assist in the development, utilization, and ongoing revision of a system of analytics that will provide guidance to the transformation process.

15

Symposium 3

Revision and Provision of young family doctors exchange programme between the UK, South Korea and Japan

Speakers: Daisuke Kato

Department of Family Medicine, Mie University Graduate School of Medicine Member of 2014 JPCA-RCGP international exchange programme

Speakers: Yoshiko Yamaguchi

General Medicine and Primary Care, Tokyo Medical University

Member of 2015 JPCA-KAFM international exchange programme

Speakers: Katrina Whalley

UK National Exchange Lead, RCGP Junior International Committee, UK Member of 2016 JPCA-RCGP international exchange programme

Speakers: Su-Min Jeong

Research Fellow, Department of Family Medicine, Seoul National University, Republic of Korea

Member of 2016 JPCA-KAFM international exchange programme

*JPCA: Japan Primary Care Association RCGP: Royal College of General Practitioners KAFM: Korean Academy of Family Medicine

Chairpersons: Ryota Nakaoke Yukiko Mashiyama

Coordinator: Ryuki Kassai

(JPCA Committee for International Learning and Professional Development)

Objective:

To discuss how international reciprocal exchange programmes among young family doctors can contribute to each country's further development of primary care. All speakers of this symposium are past or current members of the JPCA-RCGP and JPCA-KAFM exchange programmes.

Abstract:

The JPCA Committee for International Learning and Professional Development (CILPD) and the RCGP Junior International Committee worked together and launched the JPCA-RCGP international exchange programme in 2013. The KAFM joined to launch the JPCA-KAFM international exchange programme in 2014. All members of the exchange programmes are trainees in general practice/family medicine or those who have been certified by each college/academy for shorter than 5 years. As of October 2015, thirteen Japanese members have visited to the UK and six members, to Korea. The JPCA has accepted fifteen British members' visits to Japan. Each visit consisted of a study tour of host vocational training scheme/residency training program and participation in the annual conference of each college/academy with presentation of each member's poster.

In this symposium, members of the JPCA-RCGP and JPCA-KAFM international exchange programmes will share their experiences of the programmes. Time will be allowed for questions and comments, and we expect a high degree of feedback from participants for improving the exchange programms, as well as for further development of primary care. We hope that many participants get interested in applying for the exchange programmes to become their future members and hosts.



Asia Pacific Region International Symposium

Importance of generalists in modern medical practice

Organizer: Nobutaro Ban

Japan Primary Care Association

Moderators: Meng-Chih Lee

Taiwan Association of Family Medicine

Nobutaro Ban

Japan Primary Care Association

Purpose and Overview

Evidences of the health-promoting effect of primary care have been accumulating. Family medicine and general practice have been pivotal to represent specialties for primary care. However, generalists play an important role not only in communities but also in hospital settings. In other words generalists are critical not only in primary care but in secondary and tertiary care settings. Hospitalists in the US are generalists in hospital settings. It is obvious we need generalists in face of variety of specialists in hospital settings. The question is how to train those generalists. We are going to share how generalists are trained in each country.

Research in Family Medicine in Taiwan

Shinn-Jang Hwang

Chinese Taipei Association of Family Medicine

Background and aims: Academic research publications are important for developing a medical specialty or discipline. Since Family Medicine is important in medical practices in Taiwan, research trainings among residents under training and publications from teaching faculties were required. In this study, we analyzed the Family Medicine publications from 1993 to 2012 in Taiwan by using Web of Science (WoS) database.

Methods: Academic articles published from Department/Institute of Family Medicine were retrieved and analyzed from WoS database which includes articles published in Science Citation Index-Expanded and Social Science Citation Indexed journals from 1993 to 2012.

Results: Among 33073 articles published from the Department/Institute of Family Medicine worldwide during the years of 1993-2012, 1552 articles (4.69%) were published from Taiwan and ranked top fourth in the world after USA, Canada and Sweden. Totally 1409 articles from Taiwan were selected for further analyses excluding the meeting abstracts and corrections. In these two decades, the annual Family Medicine publications increased rapidly. There were only 7 articles published in 1993, increased rapidly to 70 articles in 2003 and up to 222 articles published in 2012. Most publications belong to the subject category of the Medicine, General & Internal category (13.8%), followed by Public Environmental Occupational Health (10.2%), Oncology (9.2%), Endocrinology Metabolism (7.9%) and Geriatrics Gerontology Oncology (7.0%). However, only 6 articles (0.4%) published in Primary Health Care category.

Conclusions: Family Medicine research publications in Taiwan increased rapidly from 1993 to 2012. However, few articles published in the Primary Health Care Category deserve further endeavor.

Importance of Generalists in Modern Medical Practice

Somjit Prueksaritanond

General Practitioners/Family Physicians Association, Thailand

It is best understood that primary care is an essential component of an effective, efficient, and equitable health care system. Meanwhile, medical services in the 21st century are facing a number of challenges for all healthcare professionals as well as for policymakers and others. The limitation in funding while levels of demand for services, patient expectations, the effectiveness and overall integrity of the health care system, including the triage of undifferentiated clinical symptoms, improving the efficiency and appropriateness of specialty care, and reducing socioeconomic and geographic disparities are rising. An ageing population and number of people are living with more than one long-term, complex medical condition in many countries, including Thailand. Inequalities in health status, health literacy and healthcare provision still persist.

Generalists' roles will not only place primary care's future but will also guide transformations that will enable primary care to fully realize its functions. Many of the transformations involve strengthening generalists' roles as key connections in the network of patients, clinicians, and communities

The ability to practice as a generalist depends on professional training, and on the routine use of complex skills needing the exercise of judgment, feedback - supervision tailored to experience that helps people to understand and live with their illnesses and disabilities, as well as helping them to get the best out of the healthcare options that are available and appropriate for their needs. Finally, patients are our most important advocates personalized medicine that is a double hit for expert generalists. An essential for keeping trust with patients is the ultimately most cost-effective.

Malaysian Generalists - Dreams, Deeds and Difficulties

Mohammad Husni Haji Ahmad Jamal

Academy of Family Physicians of Malaysia

Generalist care in Malaysia is provided by both the government and private sectors .

Prior to the country's Independence in 1957, the private general practitioners were the providers of basic primary care, and still remain an important contributor till now.

The Ministry of Health had established good Primary care - focused policies and is now the provider of affordable and good generalist care in the public sector.

In the past, entry into private generalist practice and primary care service providers in the government sector were not vocationally trained.

However, the government is now actively placing qualified specialist Family Physicians (who had obtained the Masters in Family Medicine through the local universities and their foreign equivalents) to provide service in the public sector via the community health clinics.

The Ministry of Health had also officially endorsed the role of the Academy of Family Physicians of Malaysia in providing a parallel professional pathway leading to a vocationally trained accredited specialist Family Physician , focusing on the private GPs.

Hence there is now a firm emphasis on the creation of the "Expert Generalist" to be at the forefront of the Malaysian healthcare system.

This paper examines the achievements, shortfalls and difficulties in achieving the road map ahead.

Importance of generalists in modern medical practice: making the Singapore health system future proof

Lee Kheng Hock

College of Family Physicians, Singapore

The future of healthcare system in Singapore will be driven by the aging population, the increasing prevalence of multi-morbidities and a shrinking labour force. This will be aggravated by the increasing fragmentation of care driven by an over-emphasis on hospital-based care by subspecialists. The Singapore healthcare system is undergoing rapid transformation, guided by government policies that promote care integration, care transition and shifting the focus of care from the hospital to the community. The successful transformation will require new models of care and a new force of generalist clinicians that are able to manage complex cases in the community within the context of an integrated healthcare system. The lecture will focus on the changes in Singapore's healthcare system and the resurgence of generalist disciplines, especially family medicine.

Education and Training Curriculum for Family Medicine in Korea: A change to new training curriculum

Moon Jong Kim

Korean Academy of Family Medicine

In Nov. 2015, The Korean Academy of Medical Science proposed the common and specialized competencies for Medical Specialties in Korea, and encouraged the participation of all 26 specialized academy affiliated to reform toward a competency based approach in each residency program. Also the law for environmental improvement of training and positional advancement of trainee will be enforced in Dec. 2016.

This reflects the importance of how to define the competencies of medical specialties and to train the medical specialties, depending on changes in the healthcare environment. And it suggests that providing an environment that is consistent with the competency based training program is important issue.

Meanwhile, primary care improves public health outcomes and can provide a cost-effective care in national health care system. In order to provide the high quality of primary care, continued supports through coordination of national health policies and insurance system, such as finance, operational management, and HR management is needed. Also appropriate training for primary care physician must be followed

Coping with a change in the health care environment for which high-quality training is required, KAFM is seeking a reform of training contents and curriculum. In this session, I, as a director of the Practice Committee, KAFM am planning to introduce to you the current status of Education and Training Curriculum for Family Medicine in Korea, and to discuss with you a new adequate direction for residency curriculum development for competency based training program.

The Role of General Practitioners in University Hospitals

Toshio Naito

Japan Primary Care Association

Juntendo University Department of General Medicine was opened in 1993 and adopts a basic policy of choosing and providing care tailored to the needs of the patient, as considered optimal from the perspective of holistic or comprehensive care.

In addition to providing initial care to patients on their first visit for symptoms of internal disease, or to patients unsure of which department to consult, the outpatient care department looks after patients with multiple and/or chronic diseases for whom comprehensive care is considered appropriate. The "Primary Care Outpatient Clinic" opened in April 2009 and provides outpatient care itself while training medical residents in the early stage of internship. The inpatient care department provides care for diseases that do not fall under a specific department and that are difficult to treat on an outpatient basis.

Regional medical training on remote islands is also included in the curriculum. By honing comprehensive outpatient care capabilities, we are able to provide training with a view to opening future practices.

Research topics that we are currently addressing include basic and clinical research into infection, , research into the behavioral science of lifestyle-related diseases, comprehensive medical examinations, research into workplace preventive medicine, and research into psychological symptoms that accompany physical diseases. The graduate course allows a free choice of fields of interest and conducts research at research facilities inside and outside of the university.

This session mainly covers the roles that both departments of General Medicine and general practitioners should play in university hospitals.

Special Program 3

Medical training during daily clinical practice. Case of Singapore and Japan

~ From the point view of young doctors

There are numerous opportunities for family physicians to train junior doctors and younger peers during daily clinical practice. Many of these are natural teaching moments and can be difficult to share these tips to other family physicians in other countries.

However, through sharing and learning from family physician practices in various countries, we can learn many good practices as a reference.

In this year's session, we will share the experiences from Singapore and Japan and expand our knowledge and skills in family medicine training.

Workshop 25

Capstone project-Implementing Curriculum to Develop Competency in Research/QI/Curriculum development

In family medicine residency, it is a challenging yet essenttial matter to teach residents basic skills in scholarly activities, such as research, quality improvement and curriculum developement.

In this session, three graduating residents from Oregon Health and Science University (OHSU) will introduce Capstone project as their residency curriculum to enhance competency in research/Ql/curriculum development among residents, sharing their own project examples and reflections.

We will also share the online survey result on this matter to understand the current trend on this topic among residency programs in Japan.

Then in small group setting, we discuss and identify barriers and facilitators for residents' scholarly activities and potential solutions to support them as the program.

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