FORMAZIONE SPECIFICA IN MEDICINA GENERALE

P.A.T. – ORDINE PROVINCIALE DEI MEDICI – CHIRURGHI E DEGLI ODONTOIATRI

1st three-year course of vocational training in general practice

2003-2005 Syllabus

Information and working material: www.scuolamgtn.it

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Introduction

"General practitioners/family doctors are specialist physicians trained in the principles of the discipline. They are personal doctors, primarily responsible for the provision of comprehensive and continuing care to every individual seeking medical care irrespective of age, sex and illness. They care for individuals in the context of their family, their community, and their culture, always respecting the autonomy of their patients. They recognise they will also have a professional responsibility to their community. In negotiating management plans with their patients they integrate physical, psychological, social, cultural and existential factors, utilising the knowledge and trust engendered by repeated contacts. General practitioners/family physicians exercise their professional role by promoting health, preventing disease and providing cure, care, or palliation. This is done either directly or through the services of others according to their health needs and resources available within the community they serve, assisting patients where necessary in accessing these services. They must take the responsibility for developing and maintaining their skills, personal balance and values as a basis for effective and safe patient care." (WONCA EUROPE 2002)

This three-year course, the first to be held in Italy, is the third programme of the Specific training of the "Province of Trento", since the 2000 deal between the Province and the College of Physicians has made teaching organisation and management autonomous.
During these years, an increasing number of GPs have shared their experience and knowledge in planning and performing the teaching activity. Their effort has lead to this programme, together with the work of Giuseppe Parisi, Paolo Colorio, Fabrizio Valcanover, who actually wrote most of the text, and the contribution of the project group: Carlo Buongiovanni, Maria Pia Perlot, Sandra Maggioni, Pasquale Laurino, Norma Sartori.
The collaboration of the secretary, Marzia Zeni has also been very precious.

The challenge of our programme is to deal with competencies to reach rather than with subjects to learn and to implement the propositions of the WONCA document, regarding the definition and competencies of General Practice within the context in which it is carried out and in the historical setting of Trentino.
Most of our work aims to give a contribution to the ongoing debate on the essential role of family medicine and the definition of General practice, with reference to the "core competencies" defined in the WONCA.
Other references are: F. Olesen's article(A framework for clinical general practice and for research and teaching in the discipline, *Family Practice* 2003; 20: 318-323) and the contribution of P. Lane's group on evaluation (Competences based selection system for general practitioners registrars , *BMJ* sept 2001: 2-3).
The programme includes activities which are not necessarily medical and deal with sociology, anthropology, organisation, law. There are cultural workshops, that concentrate on writing, film-making, arts. The trainees are offered courses and

conferences organised by the Health Trust, the College of Physicians and the Health Authority.

We work in a small region and we have a good resource availability. Training family doctors means organising a proper school, which needs big financial support. We think that our experience could be useful for different, bigger settings, modifying it according to the needs.
The teaching is addressed to a 14 – 15 group of doctors (up to a max of 20), since it is not possible for a post-graduate course to deal with larger groups.
Thanks to the contribution of the University, the collaboration of general practice vocational training of Veneto and Friuli we can consider ourselves a research centre, available and useful to anyone who is interested in deriving and sharing ideas and materials (without copyright) on this subject.

Programme

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Law and regulation references

The course meets the Italian and European directives, laws and regulations
U.E. directive, 93/16: states freedom of movement for all GP in Europe, and the need to share the competencies that characterise the general medicine.
Italian decree law 368/99: fixes the duration and structure of the Course (from 2 years to three years)
Agreement between the Province of Trento and the local College of Physicians: Grants financial support and decisional autonomy, under adequate control.

Human resources

Managing staff:
The teaching board is composed of:
- The Director (appointed by the College of Physicians)
- The Director assistants (appointed by the Director, according to the criteria stated by the Agreement between the Province of Trento and the College of Physicians)
    - The Co-ordinator of practical and Theoretical activities
    - Organisation manager
    - GP trainers manager
    - District activity manager
    - Educational Consultant
    - Three managers (one for each set of units)
    - Humanities Consultant
    - Web and Library manager

All members are GPs

Teaching Staff
- Reference GP trainers (who also do teaching activity)
- Auxiliary GP trainers working in training practices
- Reference out-patient specialist trainers
- Auxiliary out-patient specialist trainers
- GP teachers (specialised in general medicine teaching)
- Teachers who don't belong to the General Medicine (Specialists, University teachers…)
- International visiting professors
- GPs who are training to become teachers
- Postgraduates who act as auxiliary tutor in classroom activity

Assistants for special purposes

The vocational training course can rely on the collaboration of technical staff (fiscal advisors, computer experts ….)

The Trainees

They come from different backgrounds, but the majority is composed of young postgraduates, with no or very little working experience. They are usually not familiar with the general medicine. Their knowledge is mainly theoretical, ward centred. Their choice is mainly motivated by a genuine interest for the family medicine. The number of attending doctors is relatively small, enabling a direct and personal interaction with all teaching and organising staff.

Learning Goals

General goals
What the trainees should be able to do at the end of the course, thanks to what he has learnt in theory and in practice: “what to do”

At the end of the course, the trainee will
- make diagnosis and management of clinical problems in primary care settings
- deal complex problems faced in primary care settings
- apply health promotion and disease prevention strategies appropriately
- deliver a patient and family oriented service

Main “Contributive” Goals
How the trainees should do what he has learnt in theory and in practice. “how to do it”

At the end of the course, the trainee will
- deliver a patient oriented quality service
- apply the specific general practice clinical method
- apply the bio ethics methods and the law
- manage the long term relation with the patient in single handed practices and in group practices
- run a quantitative and qualitative research
- Manage one's own professional development plan

Other relevant “Contributive” goals related to one or more main goals

At the end of the course, the trainee will
- organise the practice
- manage the consultation
- seek and select relevant, valid and transferable scientific information
- manage the diagnostic and therapeutic paths of the patient
- manage and use the professional and the lay referral system
- use a bio-psycho-social model
- apply quality assurance methods
- manage resources
- deal with uncertainty working in complex and turbulent contexts
- learn from experience
- protect patients from the damage of over-medicalisation
- match life and work
- modulate the distance and affects in the relation with the patient

Three areas of implementation of goals

CLINICAL TASK

- make diagnosis and management of clinical problems in primary care settings
- deal complex problems faced in primary care settings
- apply health promotion and disease prevention strategies appropriately
- apply the specific general practice clinical method
- manage the consultation
- seek and select relevant, valid and transferable scientific information
- use a bio-psycho-social model
- protect patients from the damage of over-medicalisation

COMMUNICATION WITH PATIENTS

- manage the long term relation with the patient in single handed practices and in group practices
- apply the bio ethics methods and the law
- modulate the distance and affects in the relation with the patient

PRACTICE MANAGEMENT

- deliver a patient and family oriented service deliver a patient oriented quality service
- organise the practice
- manage the diagnostic and therapeutic paths of the patient
- manage and use the professional and the lay referral system
- apply quality assurance methods
- deal with uncertainty working in complex and turbulent contexts
- manage resources

Complementary goals

- run a quantitative and qualitative research
- match life and work
- learn from experience

Manage one's own professional development plan

Teaching Units

Main Units

Diagnosis and management of acute problems in general practice
- Patient with acute bone and joint disease
- Patient with headache
- Patient with dizziness
- Patient with dyspepsia and gastroesophageal reflux
- Patient with diarrhoea, constipation and acute abdominal pain
- Patient with pharyngeal and tonsillar disease and otitis
- Patient with cough, acute airways infection, flu
- Patient with thyroid disease
- Patient with dysuria and/or hematuria
- Patient with skin disease
- The travelling patient

Management of patient with cardiovascular risk and with cardiovascular and metabolic problems
- Diabetic patient
- Patient with myocardial ischemic disorder and/or heart failure
- Hypertensive patient.

Individual, community and work-related risk management and prevention
- Cardiovascular risk identification and management
- Oncologic risk identification and management
- Work-related risk and professional disease

Management of chronic problems with intermediate and high complexity
- Patient with chronic bone and joint disease
- Patient with diarrhoea, constipation and chronic abdominal pain
- Patient with asthma and/or COPD
- Patient with epilepsy
- Patient with chronic disabling neurological disease

Management of relevant complex problems
- Home care of chronic and terminally ill patient
- HIV infected patient and patient with AIDS
- Aged patient
- Specific female health problems
- Teenager patient
- Patient with problems of addiction
- Immigrant patient
- Patient with stoma problems or with complex surgical outcome
- Patient with sexual disorders
- Children and family health
- Clinical emergencies in primary care settings

Clinical methodology and decision making (clinical method in general practice, problem solving, evidence-based medicine)
Theory and methods of general practice (epidemiology, the consultation, bio-psycho-social model, problem-setting, sense making and intuition)
Practice management
Quality of care and patient's satisfaction
Clinical ethics and deontological rules
Workshop about communication, relationship and psychological discomfort
Deal with uncertainty working in complex and turbulent contexts
Workshop about humanities
How to produce a thesis

<u>Complementary Units</u>

Medical anthropology
District organisation
Biology and neuroscience
BLS course
Individual pedagogic counselling
Health care economy
Meetings on the professional attitude modification
Introduction to research in primary care settings
Qualitative research in in primary care settings
Workshop on negotiation
Workshop on immigration and cultural integration
Specific law and contracts
Basic surgery knowledge
Medical sociology
Supporting tools (computer science, information management, clinical records)

Teaching methods and activities

Activities:

1. Training and activities held by the GP
2. Training and activities held at/by the hospital or out-patient specialist practices
3. Taught sessions held by the GP tutor and by the specialist
4. Training courses for trainers, training courses for teachers
5. Cultural and scientific events regarding the family medicine and the personal growth of the doctor

Training and activities held by the GP

- It's the fundamental part of this course, in which the trainee learns by practice. According to the UEMO recommendation, at least 50% of the course should be devoted to this activity.
- During this period the trainer often plays the role of the teacher.
- The trainee works according to the following steps: observation – guided activity – supervised activity – autonomous activity. All steps are monitored by the trainer. The attendance at the GP trainer's practice is alternated with other activities, which help a better understanding of the health system, and gives bigger opportunities for a collaborative way of working. Once the trainee reaches a sufficient level of experience, it is important for him/her to get in touch with different working methods and settings in order to make up his/her own approach to the job.
- The trainer- trainee relationship is very complex and delicate. If this relationship becomes too difficult, the trainer should be substituted.
- The GP trainer group should be big and co-ordinated, in order to maintain experience and continuity in the activity. A GP expert is not only a good trainer, he needs to be able to combine theory and practice, continuous learning and evaluation of the outcome.
- The trainee evaluation is mainly made by the GP trainer, because it considers both the trainee's knowledge and his/her skills

Training and activities held by the hospital or out-patient specialist practices

- Their aim is to familiarise the trainee with different kinds of settings, getting to know their methods, objectives, tools availability, but also their problems and limitations.
- The trainee can learn skills and competencies, that will be useful in the primary care setting
- The trainee can learn how to co-operate with the different health structures.
- The time spent on these activities should be limited: although very useful, they are only subsidiary to the GP training.
- According to the law, all specialists could act as trainers. We think it is necessary to properly train and co-ordinate trainers; they need to have a deep and overall knowledge of the Family Medicine, its methods and its problems. They have to

share the aims and the teaching methodology of the General Practice Training Course.
- trainers should choose this work because they believe in it, not because they are obliged by their chiefs
- There should be a “reference” trainer in all wards and specialist practices, who should co-ordinate any contribution or collaboration with his colleagues.
- The trainee’s activity in this area will be given an evaluation, which will only be complementary to that regarding the GP practice.
- The evaluation will be:
  - a written and thorough one if the training is long and run by only one trainer;
  - an interview between the manager of the vocational training course and the “reference trainer” if the training is short and run by several trainers.
- The training activity is therefore essential. The specialists’ tutorship should be officially recognised, in order to help doctors deal with this activity in a positive and efficient way.

Taught sessions held by the GP tutor and by the specialist

- In our courses the teaching approach is not based on subjects or single diseases (we will not talk of diabetes, but rather of cardiovascular prevention that include diabetes, high pressure, cholesterol, smoking habits).
- Their aim is to analyse the problems the trainee has dealt with during the daily practice, and to give the trainee a solid theoretical and methodological base.
- The activities are various:
  - Self directed learning
  - Trainer guided learning
  - Co-ordinator guided learning
  - Classroom discussions
  - Research and discussion among peers
  - Outcome evaluation
  - Briefing and debriefing of the various activities
  - Final thesis production
  - Seminars
  - Workshops and simulated patient sessions

- Seminars will analyse the theory, the goals, the methodology, the organisation problems and some peculiar topics related to the medical profession such as: prevention, ethics and deontics , doctor-patient relationship etc.
- The seminars can not cover all clinical activities, but they should represent a methodological guiding line.
- With the help of all the training staff the trainee should become aware of the problems, identify what needs to be investigated, learn how to turn theory into practice.
- Seminars should not cover more than 50% of the time devoted to theoretical activity.
- Clinical theory will be taught by the trainers, both GPs and Specialists, according to the methodology we have just described.

- It is therefore important for all trainers to follow this same methodology and strategies.
- Trainers play an important role in all classroom activities: they take part in sessions and discussions sharing their experience, their knowledge and their skills.(EBM guide-lines)
- Cross competencies (ethics, deontics, communication, doctor patient relationship, management) will be tackled in seminars, or specifically within different units.

Training courses for trainers, training courses for teachers

The school organises vocational courses for trainers who want to train students and graduateand who want to be part of the examination board for the qualifying exams (according to D.M. 445/01). Doctors from other regions can also attend these courses, which are organised with the collaboration of humanities faculties.
Moreover, we are planning to start a new course for the training of GP teachers. In our area there are in fact many GPs, who have taken up teaching as well as training. They have gained some experience in these last few years, but they need to reinforce it with proper methodology and theory tools.
This course will be organised with the collaboration of some University faculties. Colleagues from other regions will be allowed to attend.

Cultural and scientific events regarding the family medicine and the personal growth of the doctor

The general practice vocational training board will organise cultural and scientific events with the collaboration of Italian and European scientific associations of GPs. They will take the form of seminars or workshops, and will deal with medical subjects, and with humanities (cinema and arts). These activities will also be an opportunity for all doctors, hospital doctors and GPs, trade unions and scientific associations to exchange ideas and experiences.
The general practice vocational training board will present its project at the WONCA Europe conference in Holland, 2004, in Greece, 2005 and in Italy, 2006.
There will be a meeting of all ex-trainees, so it will be possible to evaluate long-term outcomes.

Course structure

SET OF UNITS

These integrated sets of units include taught and practical sessions. The practical sessions are the training at the GP practice, on the ward or at the district out-patients practice. Theory and practice are not neatly separated entities although their organisation is very different, they refer to the same methodology and aim to the same goals, defining the characteristics of the medical profession.

Each Unit deals with a number of pathologies and problems according to the well-known criteria of prevalence, urgency, intervention availability, acuteness, exemplarity and feasibility (JJ Guilbert, 2002).
The sets of units are meant to give an ideal and consistent reference. The unit time-table can be scheduled according to organisation needs. For example two sets of units can be taught at the same time

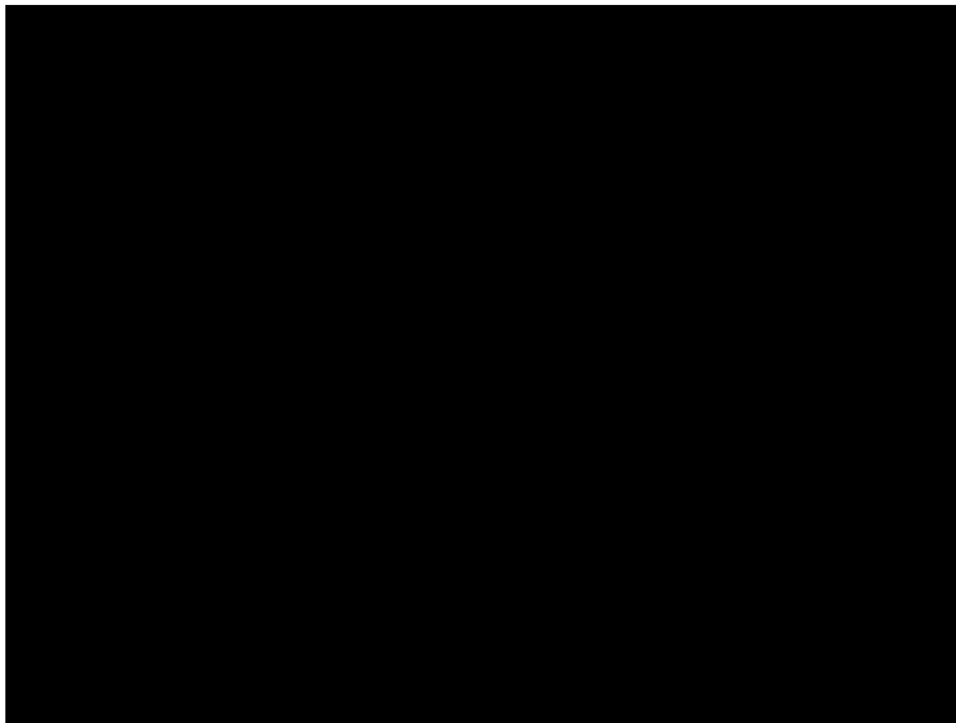
Summary

SET 1	Clinical Method, quality of care and patient participation: *acute problems, cardiovascular risk, cardiovascular and metabolic problems, prevention*
SET 2	Long term relationship: *chronic problems with intermediate and high complexity*
SET 3	Working in turbulent environments: *relevant complex problems*
SET 4	Being a professional

Set 1

Clinical Method, quality of care and patient participation:

The area of interest of this set of units deal with two main kind of pathologies: acute problems and prevention and management problems in cardiovascular area.



Acute problems

This set of units are the first to be proposed, because they focus on the peculiarities of the clinical method in general medicine, dealing with simple situations that can be intended as the base for more complex ones. We follow the problem based learning conceptual framework: a pathology acts as the starting point for a methodological explanation.
Recommended teaching methodology: briefing and debriefing, case discussion and PBL, seminars and taught sessions on the theory related the case-discussions.
This set of unit is composed of three units: a practical one and two based on taught sessions. Finally there will be a unit on medical sociology. Basic knowledge of medical sociology is useful.

GOALS

GENERAL GOALS

- **make diagnosis and management of clinical problems in primary care settings**

CONTRIBUTIVE GOALS
Apply the specific general practice clinical method

OTHER RELEVANT GOALS
Manage the consultation
Seek and select scientific information according to the criteria of relevance, validity and transferability
Organise the patient's diagnosis and therapy
Apply the bio-psycho-social model
Apply the quality assurance method

COMPLEMENTARY GOALS
Learning elements of health sociology

UNITS

Diagnosis and management of acute problems in primary care settings
The aim of this unit is to learn how to diagnose and manage acute problems ,that are simple at first, and become more and more complex. The approach is a practical one, supported by one to one training techniques.
We choose the situations considered more relevant, according to Guilbert's criteria

- Patient with acute bone and joint disease
- Patient with headache
- Patient with dizziness
- Patient with dyspepsia and gastroesophageal reflux

- Patient with diarrhoea, constipation and acute abdominal pain
- Patient with pharyngeal and tonsillar disease and otitis
- Patient with cough, acute airways infection, flu
- Patient with thyroid disease
- Patient with dysuria and/or hematuria
- Patient with skin disease
- The travelling patient.

Clinical methodology and decision making (clinical method in general practice, problem solving, evidence-based medicine)
Theory and methods of general practice (epidemiology, the consultation, bio-psycho-social model, problem-setting, sense making and intuition)
Medical sociology

<u>Patients with cardiovascular risk and with cardiovascular and metabolic problems</u>

These units help the trainee manage more complex situations, which imply a good knowledge of the health system and of sophisticated tools. This part of the curricula is divided in two units on clinical matters(half of which are practical) and three on methodology.

GOALS

GENERAL GOALS
- **deal complex problems faced in primary care settings**
- **apply health promotion and disease prevention strategies appropriately**

CONTRIBUTIVE GOALS
- **deliver a patient oriented quality service**
- **apply the bio ethics methods and the law**

RELATED GOALS
- **organise the practice**
- **apply quality, assurance methods**
- **deal with uncertainty working in complex and turbulent contexts**
- **run a quantitative and qualitative research**
- **protect patients from the damage of over-medicalisation**

UNITS

Patients with cardiovascular risk and with cardiovascular and metabolic problems
- Cardiovascular risk identification and management
- Diabetic patient
- Patient with myocardial ischemic disorder and/or heart failure

- Hypertensive patient.
-

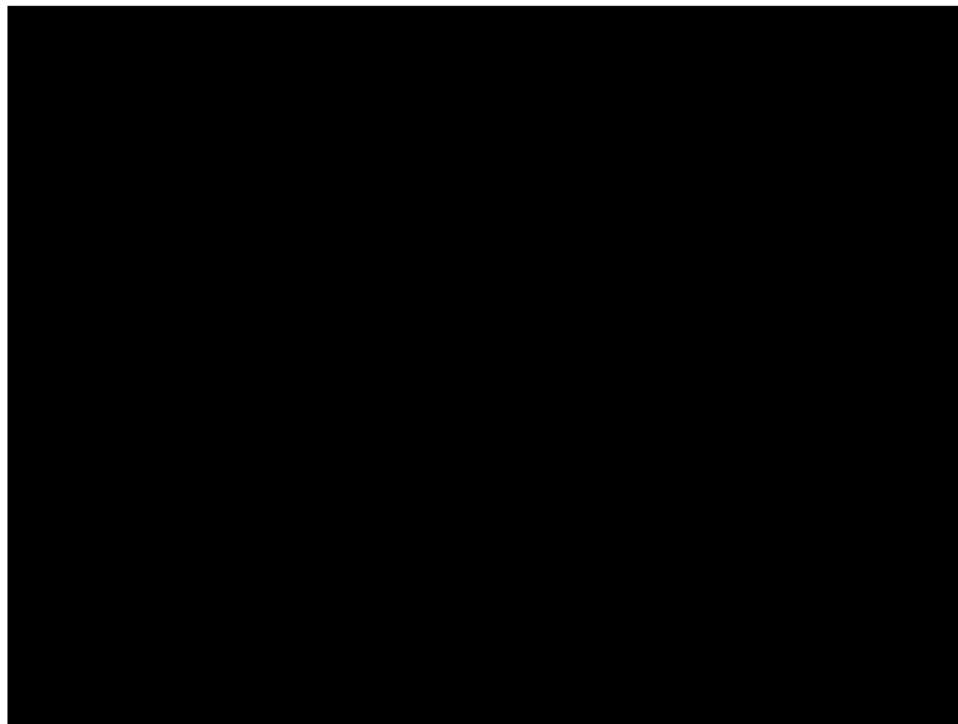
Individual, community and work-related risk management and prevention
- Oncologic risk identification and management
- Work-related risk and professional disease

Practice management
Supporting tools (computer science, information management, clinical records)
Quality of care and patient's satisfaction
Health care economy
Clinical ethics
Introduction to research in primary care settings

SET 2

The long term relation
Chronic problems with medium and high complexity

From chronic simple problems the trainee learns how to deal with more severe ones and also with the relational problems in difficult situations. The approach to complex chronic problems is analysed
There are two main units and a complementary one. The workshop on communication is related to the units regarding management and consultation.



GOALS

GENERAL GOALS

- **deal complex problems faced in primary care settings**

CONTRIBUTIVE GOALS

- **manage the long term relation**
- **modulate the distance and affects in the relation with the patient**

UNITS

Management of complex chronic problems

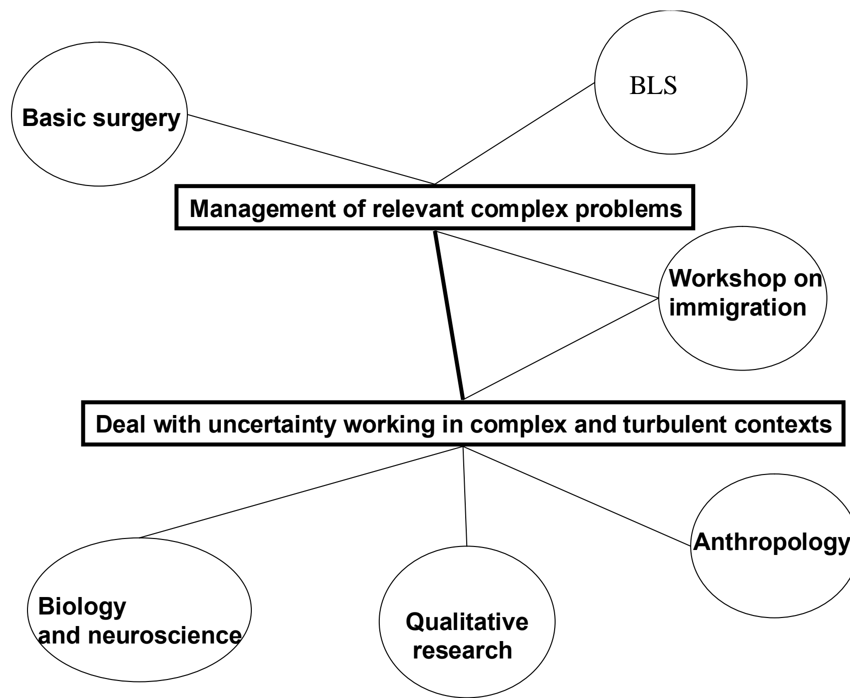
- Patient with chronic bone and joint disease
- Patient with diarrhoea, constipation and chronic abdominal pain
- Patient with asthma and/or BPCO
- Patient with epilepsy
- Patient with chronic disabling neurological disease

Workshop on communication, relationship and psychological disorders
Workshop on negotiation

SET 3

Working in turbulent environments
relevant complex problems

These units must be dealt with at the end of the course. They teach the trainee how to work in the patient's home and in complex and turbulent situations. These skills are based on the competencies learned in the previous units. Two units are main units (one on clinical matters, one on methodology), six are complementary (three on clinical matters, three on methodology



GOALS

GENERAL GOALS
- **deal complex problems faced in primary care settings**

CONTRIBUTIVE GOALS
- **manage and use the professional and the lay referral system**
- **deal with uncertainty working in complex and turbulent contexts**

COMPLEMENTARY GOALS
- **run a quantitative and qualitative research**

UNITS

Management of relevant complex problems
- Chronic and terminal home patient
- HIV infected patient and patient with AIDS
- Aged patient
- Specific female health problems
- Teenager patient
- Patient with problems of addiction
- Immigrant patient
- Patient with stoma problems or with complex surgical outcome
- Patient with sexual disorders
- Children and family health
- Clinical emergencies in General medicine

Deal with uncertainty working in complex and turbulent contexts
Biology and neuroscience
Basic surgery knowledge
BLS course
Workshop on immigration and cultural integration
Medical anthropology
Qualitative research in primary care settings

SET 4

Being a professional

Today the real challenge is learning how to learn, learning how to change, learning by oneself. Learning how to learn is the winning competence in a world where everything changes so quickly. A good education is not enough for any professional: they need to be able to keep up with the state of art of their profession.
Therefore it is essential for the trainees to learn how to manage their own professional development plan, that means always being aware of their professional peculiarities, of the learning opportunities, and of all the changing regarding the society as a whole.
This set is composed of three main units and a series of complementary ones.

GOALS

Manage one's own professional development plan
Learn from experience
Match life and work

UNITS

- **Workshop about humanities**
- **How to produce a thesis**
- **Individual counselling**
- **Meetings on the opportunity of the professional attitude modification**
- **Specific law and contracts**
- **District organisation**

Evaluation (tools and criteria)

All subjects involved in the programme will undergo an evaluation.
We evaluate:
- Organisation (questionnaires, reports, interviews).
- Contents (questionnaires, briefing, debriefing, interviews, reports, meetings).
- Tools (questionnaires, interviews, direct monitoring).

- The director (by the college of physicians council, the organising staff and the trainees).
- The organising staff (by the director and the trainees).
- The teachers (by the organising staff and trainees).

Tools:

- An entry and final test for the trainees, to evaluate what they have learned and how they liked the course.
- Semi-annual questionnaires to test the agreement on activities and staff.
- Tests before and after the main unit taught sessions.
- Activities with simulated patients for testing workshops on communications and relationships.
- Questionnaires to test attendance, interest, involvement, written papers or research, if any.
- Interviews between the co-ordinator and the consultants involved, to discuss the activities that regard hospital or out patient specialist training, or those held by several trainers.
- Evaluation of the trainee during the training and at the end of it, to asses the trainee's knowledge, skills and attitude towards the profession
- Interviews between Director and Co-ordinator and trainees, both individually and in groups.
- Meeting with organisation staff, consultants and trainers to discuss the teaching, the trainees' problems and improvements.
- Reports to be written by the trainers describing the theory-based activities held in their practices

Although much has been done in the evaluation field, it is important to examine new methods and ideas. It is essential for all trainers to use the same criteria, so they need to be trained on the matter, in order to find proper evaluation tools, specially those regarding complex activities and management competencies.
A meeting with the ex-trainees will evaluate the outcome of the past courses, through a questionnaire and an interview.
A deep analysis of the formative process is required to optimise the GP preparation. We should consider the assessment as a whole, because fragmented evaluations, although useful, may be misleading if taken separately.
To reach this goal we have planned a final two days examination session, to test the formative improvement of the trainee and to help him understand his attitude to general medicine.
The tools for this experimental evaluation are defined by several figures (teachers, trainers etc…) on the bases of international literature

Final consideration

Although an experimental one, most of the units of our programme have already been tested by the courses of vocational training in general practice.

The innovative part of it, (our most ambitious challenge) is the integration of theory and practice, in the attempt of forming a comprehensive and skilled family doctor, ready to work in Italy and in Europe.
The family doctor, more than any other physicians, is in touch with the social environment, an therefore needs flexibility and organisation skills.
This is an open programme: any suggestion, ideas, contribution is welcome.

There are elements that are essential to the learning, but can not be translated into formal rules: the classroom atmosphere, the teachers' attitude, the desire for teaching, and all the learning that comes from emotions and feelings. They are rooted in our history of human beings and therefore so important. We can't assess them, we can only tell you about them.

Our project and our working material is available to anyone wishing to share it with us.

The Director
Fabrizio Valcanover

Attachment

Planning a Curriculum
(Dr G.Parisi)

Our reference is the new European Definition of General Practice and Family Medicine published in 2002. Our work should be based on the six core competencies which have been recently established. On page 41 of the European Definition of General Practice and Family Medicine we read that the complex interrelationship of the core competencies should guide and be reflected in the development of related agenda's for teaching.
Since Italy is in Europe, we take the challenge to implement a curriculum following the European directive, seriously taking into account the core competence of this profession.
We tried to match our aim to create general practitioner meeting WONCA competencies together with the pre-existing curricula, the need of the patients and of the scientific societies, and the actual skills of trainer and teachers.
We can illustrate this ecological process with a map, following the descriptive model of Malcom Skilbeck.
Each member of the faculty had to propose his ideas about the new curriculum, or about an area of interest, or about an element of it, on the basis of learners' wishes. An educational consultant confronted these ideas with the pre-existing curriculum and with WONCA competencies.

The process followed several steps.
The first step was to identify the goals which the trainee has to reach to gain a determined WONCA competence. We have to underline that learning goals and competence are not overlapped, but they are two different categories. In fact, competence is the way a skilled professional delivers his or her profession. This is a concept that has to do with practice, is more then knowledge more than skill, still it is not only action, it is the ability to know when to act and when not to act. On the contrary, a learning goal is a concept in the area of education, is the description of what the trainee could reach at the end of the course: knowledge, skills, attitudes, but also the outcome of all these things together.
To achieve a competent way of working, the young doctor starts the profession with what he was given at the course, which is something described by our broad goals.
Sometimes competence and learning goals overlap. An example: the competence "d) to develop and apply the general practice consultation to bring about an effective doctor-patient relationship;
The broad goal in this case is "the graduate will manage the consultation". This goal can be reached by setting several specific overt behavioural objectives, being aware that they are not enough to meet the competence, but are the actual and realistic objectives a teacher can set.
But sometimes competence has to be divided in several educational goals. An example: the competence "j) to reconcile the health needs of individual patients and

the health needs of the community in which they live, in balance with available resources" is a clear statement of what we intend and every general practitioner in the world knows the meaning of this sentence. But, how can we teach it? We were compelled to divide it in three educational broad less covert goals:

At the end of the course, the graduate will:

1 use a bio-psycho-social model
2 apply quality assurance methods
3. run a quantitative and qualitative research
4. manage available resources

These abilities can be the outcomes of an educational experience, and can be set as broad goals by the teachers. Each of them will be met if the trainee reaches several overt behavioural specific objectives.

The second step was to compare these goals with the goals of the previous program of the course. The latter were the result of ten years of experience. We literally collated the two series in order to obtain a richer map of goals. The goals springing from the WONCA competencies were added to several goals such as "learning from experience" and "matching life and work".

Then we reformulated the goals merging the old and the new wording.

The third step was to draw a map of the learning goals. A map is for us a good representation of the goals and their relations. Goals can't be listed because they haven't got the same importance, but they can't even be placed in a hierarchical way, because many of them are not mere sub goals, but contributive goals, which were included only in a partial way in the main goal.

In this way we obtained a "galaxy" of goals: in the centre there are the four general goals, encircled by main "contributive" goals, which are encircled by the other relevant goals related with one or more main goals.

The last step was to identify which competencies each goal contributed to built. A teacher or a course organiser know which competencies is working on when trying to reach a learning goal. And, vice versa, an administrator can be aware of the learning goal the trainer has to meet if he wants to reach the competence in that area.

FROM EUROPEAN CORE COMPETENCES TO LEARNING GOALS

A)Main characteristics

a) Contextual: using the context of the person, the family, the community and their culture

Learning goals

- manage a long term relationship with the patient
- use a bio-psycho-social model
- run a quantitative and qualitative research
- deal with uncertainty working in turbulent and complex contexts
- manage and use the professional and the lay referral system

b) Attitudinal: based on the doctor's professional capabilities, values and ethics

Learning goals

- apply the bio ethics methods
- learn from experience
- manage one's own professional development plan
- manage the diagnostic and therapeutic paths of the patient
- protect patients from the damage of over-medicalisation

c) Scientific: adopting a critical and research based approach to practice and maintaining this through continuing learning and quality improvement.

Learning goals

- apply the specific clinical method of general medicine
- seek and select relevant, valid and transferable scientific information
- organise the practice
- manage the consultation

B) Distinctive competencies

1) Primary care management

- to manage primary contact with patients, dealing with unselected problems;
- to co-ordinate care with other professionals in primary care and with other specialists and to act as advocate for the patient, if necessary
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Learning goals

- apply the specific general practice clinical method
- deliver a patient oriented quality service
- manage and use the professional and the lay referral system

2) Person-centred care:

-to adopt a person-centred approach in dealing with patients and problems
-to apply the general practice consultation to bring about an effective doctor-patient relationship,
-to provide longitudinal continuity of care as determined by the needs of the patient, referring to continuing and co-ordinated care management.

Learning goals

- manage the long term relation with the patient
- apply the specific general practice clinical method
- deliver a patient oriented quality service
- manage the consultation

3) Specific problem solving skills includes the ability :

-to relate specific decision making processes to the prevalence and incidence of illness in the community;
-to manage conditions which may present early and in an undifferentiated way and to intervene urgently when necessary;

Learning goals

- apply the specific general practice clinical method

4) Comprehensive approach includes the ability :

-to manage simultaneously multiple complaints and pathologies, both acute and chronic health problems in the individual
-to promote health and well being by applying health promotion and disease prevention strategies appropriately

Learning goals

- make diagnosis and management of clinical problems in primary care settings
- deal complex problems faced in primary care settings
- apply health promotion and disease prevention strategies appropriately

5) Community orientation includes the ability:

-to reconcile the health needs of individual patients and the health needs of the community in which they live in balance with available resources .

Learning goals

- use a bio-psycho-social model
- apply the quality assurance method
- run quantitative and qualitative research

6. Holistic model

use a bio-psycho-social modeltaking into account cultural and existential dimensions.

Learning goals

- use a bio-psycho-social model

GOALS INTER RELATION

A) main goals

- make diagnosis and management of clinical problems in primary care settings
- deal complex problems faced in primary care settings
- apply health promotion and disease prevention strategies appropriately
- deliver a patient and family oriented service

These goals can be achieved with the aid of the *contributive* goals, related to distinctive competencies

- deliver a patient oriented quality service
- apply the specific general practice clinical method
- manage the long term relationship with the patient
- apply the bio ethics methods and the law
- deal with uncertainty working in complex and turbulent contexts
- manage and use the professional and the lay referral system
- protect patients from the damage of over-medicalisation
- manage the diagnostic and therapeutic paths of the patient

B) a patient oriented quality service

- To grant a patient oriented quality service

This implies being able to organise one's work using management competencies specifically regarding the primary care. It is important to stress on the educational goals related to the collection of the patient's data and information and their privacy. The trainee will have to be familiar with the use of the computer (clinical records, information retrieval etc.). A patient oriented quality service is based on the daily use of the principles of the Quality Assurance

Contributive goals:

- Organise the practice
- Apply quality assurance methods
- Manage resources

C) Clinical method

- Apply the specific general practice clinical method

The clinical method is very complex and needs the use of sense-making, intuition and the knowledge of the bio-psycho-social model. The doctor must be able to manage the consultation and organise the patient's paths.
A basic knowledge of medical sociology and psychology is recommended

Other related relevant goals are:

- Seek and select relevant, valid and transferable scientific information

- ➢ Manage the consultation
- ➢ Manage the diagnostic and therapeutic paths of the patient
- ➢ Use a bio-psycho-social model
- ➢ Apply quality assurance methods

D) Bio-ethics

- Apply the bio-ethics methods and law

To apply the bio-ethic method, the knowledge of deontological rules, law and regulations regarding the medical field.

Related goals:
- ➢ Protect patients from the damage of over-medicalisation
- ➢ Deal with uncertainty working in complex and turbulent contexts

E) Relationship with the patient

- Manage the long term relation with the patient.

Managing a long term relation with the patient means be able to communicate and to manage the consultation and setting. This is a very important aspect of the medical profession and the doctor needs to follow the bio-psycho-social model.

Other relevant related goals are:
- ➢ Manage the consultation
- ➢ Organise the practice
- ➢ Use a bio-psycho-social model
- ➢ Modulate the distance and affects in the relation with the patient
- ➢ Match life and work

F) Research

- Run a quantitative and qualitative research

Running a research in primary care implies a deep knowledge of epidemiology and statistics and the principles of anthropology and ethnography.

G) Been a professional

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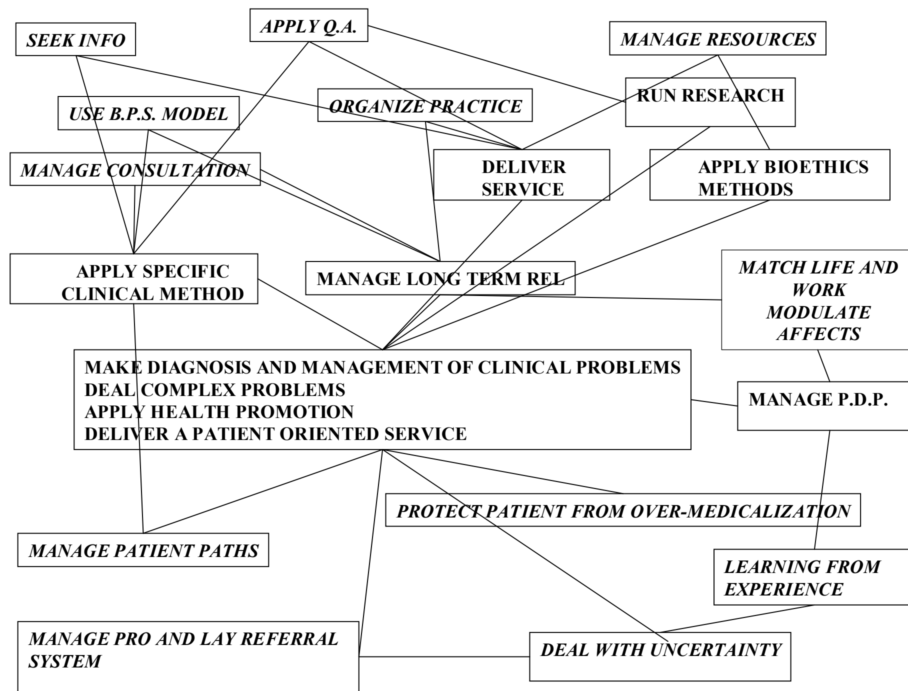
- Manage ones own professional development plan

Been a professional means being able to keep up with the new professional skill and to learn from experience.

Relevant related goals are:

- Learn from experience
- Modulate the distance and affects in the relation with the patient
- Match life and work



The map of goals.

Italics: other goals related with one or more "contributive" goals