



**Service Priorities and Programmes**  
**Electronic Presentations**

**Convention ID:** 554

**Submitting author:** Dr H K KWONG

**Post title:** Resident Specialist, QEH, KCC

**Seedling for the future primary care of Hong Kong - Family medicine medical student training and Internship Programme in Kowloon Central Cluster(KCC)**

*Kwong HK, Man FY, Ho KM, Leung TF, Chen XRC, Li YC, Chan KHK*

*Department of Family Medicine (FM) and General Outpatient Clinics (GOPCs), Kowloon Central Cluster (KCC)*

**Keywords:**

training programs for interns

training programs for medical students

Training in primary care

**Introduction**

To meet the challenge of an aging population and to strengthen the gatekeeping role of primary care, more effort had been made to develop Family Medicine (FM) locally. Both medical faculties in Hong Kong had recently revised their medical curriculum to enhance FM training by lengthening the duration of clinical attachment to GOPCs. In addition, Medical Grade of HAHO has newly introduced internship program to FM starting from 1 July, 2017.

**Objectives**

To set up well-organized training programs in the GOPCs to ensure high standard training to medical students and interns.

**Methodology**

A working group was established to develop the training programs in December 2015. Members of Department training subcommittee and leaders of the multidisciplinary programs including Risk Assessment & Management Programs for Hypertension (RAMP HT) and Diabetes (RAMP DM), Integrated Mental Health Program (IMHP), Smoking Counseling & Cessation Program (SCCP) and Respiratory Program were invited to join. A revised training program was compiled based on comments and ideas of all members. Feedbacks from medical students, interns and their trainers were collected regularly after each attachment.

**Result**

Standardized training programs for interns and medical students were established. Besides clinical attachment to GOPC and FM specialists' consultation sessions, they were also exposed to various allied health program in the primary care. In addition, aligned teaching materials including basics of FM, introductions to different allied health programs and case scenario sharing were introduced to improve the quality of training. As to internship training, based on the above program, more hands-on training opportunities were provided. Consultation, communication skills training and

difficult case sharing were provided through sit-in sessions and supervised case consultations. They also need to provide the counseling to patients in the multidisciplinary programs. Positive feedbacks were collected after implementing the new training programs. Both medical students and interns commented that these programs were comprehensive and enabled them to understand FM as an important specialty in the health care system. Colleagues participated as trainers also gained fruitful experience and job satisfaction through the supervision. By adopting a comprehensive approach with an enriched teaching program and widened exposure to various programs, medical students and interns in our department had received a high quality of clinical attachment. This will have a positive impact on promoting community health concept and in recruiting potential trainees to join our primary care team.