

# 全心全医

## UNIVERSITAS

United Family Hospitals Family Medicine Fellowship Newsletter

和睦家家庭科在职培训项目期刊

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Center for Primary Care Practice and Education

全科实践与教育中心

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**Do You Want to Know Our Stories?**

**你想了解我们的故事吗?**

- In clinical practice, I often give the diagnosis directly and give a treatment plan or suggestion. Since I started to work at Beijing United Family Hospital, I have often heard the question: 'what else could it be?' When I first heard this question, I had the feeling that I was not trusted, for it seemed as 'My diagnosis is wrong?' to me. As time goes on, I find that this is actually a way of clinical thinking.
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- Let me give you an example.
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- Once when I was on the night shift in ER, there was a patient with chief complaint of 'right flank and abdominal pain for half a day'. The pain had improved when patient visited the ER. After I got a thorough history and performed the physical examination, I came to the diagnosis that he had a kidney stone. So, I explained to the patient about the situation and the next step was to check the urine, and depending on the result of urinalysis, he might need further evaluation with ultrasound or CT. The patient also asked questions about kidney stones. I gave the answers, and the patient agreed with my plan. As a routine, I reported to my preceptor. My preceptor talked with the patient and agreed with my plan. After a while, urinalysis came out with normal result!!! No red blood cells, no white blood cells. I was dumbfounded, because this was not consistent with my expectations. My preceptor was very calm, and he said 90% of kidney
- 在临床工作中，我常常会直接判断出患者的诊断，而后给出治疗方案。自从我开始在北京和睦家医院开始工作后，我常听到一个问题，就是：“还有可能是什么呢？”刚开始听到这个问题的时候，我有一种不被别人信任的感觉，“我的诊断错了？”随着时间的推移，我发现，这其实是一种思维方式。
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- 举个例子吧。
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- 一次夜班的时候，有一个“右侧腰和腹部疼痛半天”的患者，疼痛已经有所好转了，通过问诊和查体，我判断他应该是肾结石。于是，我给病人解释了一下：考虑是肾结石，下一步先查尿常规，根据尿常规的结果，可能需要进一步查腹部彩超或CT。病人也问了一些关于泌尿系结石的问题，我给予了解答，而后病人同意了我的治疗计划。送检了尿常规，也向 preceptor 汇报了，preceptor 也过去同病人聊了一下病情。一会儿，尿常规出来了，结果—完全正常!!! 没有红细胞，也没有白细胞。我有点傻眼了，这可跟我的心理预期不相符。preceptor 很淡定：说90%的泌尿系结石，尿常规里会有红细胞，还有10%可能没有，进一步查CT可以明确，但是需要考虑“还有可能是什么呢”，毕竟，这个尿常规结果同大夫的心理预期不太一致。于是乎，向病人解释清楚后，安排CT检查。在病人等待做CT的时候，我还是有不安的，因为不敢肯定病人的诊断了，或许我刚刚同病人交待的答案都是不准确的，病人可能会再也不相信我了，可能损害了整
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stones will have red cells in urine, 10% may not, and CT may be a good choice for the next step, but it is always a good habit to think about what else it could be. While the patient was waiting for a CT scan, I felt restless, because right now I couldn't be sure about the diagnosis. What I had told patient might not be right or accurate, the patient might no longer trust me, and I might damage the reputation of the entire medical team. When patient went for the CT, I went with him to radiology. Indeed, a 5mm stone was found in right kidney. I breathed a sigh of relief. This was the diagnosis!

Again, my preceptor asked 'is there any other possibility?' I went through the medical history, physical examination and images, and they were consistent with the diagnosis of kidney stones. My preceptor told me that he knew it was right, but given that the urinalysis didn't show red blood cells which was unexpected, I really needed to think more about it.

At this point, I recalled that Dr. Perrett also asked me the same question, 'is there any other possibility?' I now understand that, this is actually a kind of thinking training. Do not stop digging and learn more from one case. This process is actually the differential diagnosis, but I didn't ask myself the similar question before.

In clinical practice, every problem is very important and every detail is worth studying. In order to become a good GP, 'what else could it be' should always be in your mind, especially when you find something that is not consistent with your expectations.

个医疗团队的声誉等。所以，当患者去做CT时，我也第一时间跟了过去看图像。幸运的是，在右侧的肾小盏里面发现了一个5mm的结石。我松了口气，这个就是确诊了啊！紧着就向preceptor说了一声，有种如释重负的感觉。但preceptor还是追问，还有其他可能么？我想，病史、查体和影像都符合肾结石的诊断，case closed啊。preceptor说了，他也知道是符合的，尿常规没红细胞，所以需要多想想，虽然他也认为可能性很小，但需要向患者说明每一个细节。这时，我就想到，之前Dr. Perrett在门诊的时候，也经常问我，有没有其他可能？我现在才算是真正明白，这其实是一种思维的训练，从一个病例上，不停的挖掘，学到更多的内容，这才是这个问题的核心。这个过程其实就是鉴别诊断，只是我之前没有给自己提过类似的问题。

当然，在临床上，每个问题都很重要，每个细节都值得深究，但，如果先将一些先入为主的经验放在一边，扩大提问范围，在此基础上再加深提问的深度，这才能成为一个优秀的全科医生。



# Trained to be a good family doctor

by Christine Xiao

I am a fellow doctor who joined our training program last year. Before I came here, what I was mostly trained in before is internal medicine. To become a qualified family medicine doctor, I need to become more trained and skilled in dealing with different kinds of patients. The training program has offered multiple access for us to build up our knowledge and make us better family medicine doctors.

## Rotation

Other than working in the family medicine clinic, we also have chance to rotate in other departments, which is necessary for us fellows, as we are going to be family medicine doctors in the future. A wide, broad knowledge is required for us. The preceptors are eager to teach us and give us advice about what we should do in certain situations. This is also a good chance for us to build up connections with other departments, to make them know more about us, and make us to know how to offer thorough services with the help of other departments.

## Educational half day

Every Thursday afternoon, we will sit at the desks and have a half-day tour of knowledge accumulation. We have different forms of teaching and learning, like video-review, discussion based on literature, role play, evidence based medication learning, etc. The educational half day is another chance for us to update our knowledge other than working in the clinic or rotating in other departments.

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我是去年加入我们全科培训项目的。在来到这里之前，我更多地接受的是内科的培训。要成为一名合格的全科医师之前，我需要更加熟练的掌握处理更类病人的技能。因此，项目为我们提供了多样的学习机会，使我们有更多的知识储备。

## 轮转

除了在全科门诊工作，我们同样有机会在其他的科室轮转。这对于我们将来要成为全科医生的年轻医生是非常必要的，因为我们需要更加全面的知识。每个科室的带教老师们都很愿意教给我们知识并且授与我们关于不同情况的处理意见。这也是一个与其它科室建立好联系的好机会，轮转使其他的科室可以更加了解我们的全科，同时也可以使我们了解如何与其他科室一起为病人提供更加全面的服务。

## 理论培训

每周四下午，我们都会坐下来一起享受一次知识盛宴。我们有不同的教与学的形式，比如一起进行录像的回顾，基于文献的讨论，病例讨论，角色扮演，循证医学的培训等等。每周半天的理论培训是我们除了在门诊工作或者在其他科室轮转之外的又一个可以更新知识积累的好机会。

## 模拟训练

每个月我们都会有一次刺激的模拟训练。我们的导师会提前收集资料并且精心的为我们准备两个场景。每次我们都会不同的“演员”来扮演病人，病人的家

- teaching and learning, like video-review, discussion based on literature, role play, evidence based medication learning, etc. The educational half day is another chance for us to update our knowledge other than working in the clinic or rotating in other departments.
- **Simulation**
- Every month we will have an exciting simulation. Our preceptor will collect materials beforehand and elaborately prepare two scenarios for us. Each time we have actors as patients, patients' families and friends, nurses, pharmacists, etc. Fellows will be picked up as the doctor in the scenario and make diagnosis and treatment plan for the patients. From the simulated scenarios, we will learn how to deal with different situations in real life.
- **Pediatric training**
- In order to make us more trained in dealing with young children, we have newly added a pediatric training every Thursday. We have experienced doctors leading the discussion about different topics every week based on the materials for diploma in Child Health/International Postgraduate Pediatric Certificate (DCH/IPPC). Our knowledge of child health keeps updated and we are becoming more and more confident when treating young children.
- We also have opportunities to study in other hospitals and abroad, to go to

the BaoBei foundation to offer medically fragile orphans basic care, and other people important patient care. I am enjoying my current training now and I am happily introducing it to my friends. More lies ahead and I am looking forward to it!

属或朋友，护士，药师等等。Fellows 会扮演场景中的医生，并且做出诊断以及为病人制定诊疗计划。从不同的模拟场景中，我们学会了如何去应对现实生活中的不同情况。

### 儿科训练

为了使我们更加熟练的处理儿科病例，我们在每周下午新增加了儿科的培训。每周都会由有经验的医生带领我们根据不同的问题进行讨论（材料已澳大利亚国际儿科硕士学位教材为基础）。我们的儿科知识因此可以保持不断的更新，并且在处理儿科病例的时候变得更加自信。

我们同样还有机会可以去其他医院以及出国学习，有机会去福利院为那里的孩子提供基础的医疗服务。

我正在享受现在的培训生活，并且会还开心的把这个项目告诉周围的朋友。我更期望着未来即将到来的无限可能！



# Another form of Family Medicine

By Sara Yin

As a UFH Family medicine fellow, I often felt proud of myself. The practice we were practicing was using evidence based medicine. The patients we were servicing are highly educated or rich. Our preceptors are family medicine doctors from many countries. Many times, I forgot what else the family medicine could be like. I feel so lucky to have the chance visiting HKShenZhen Hospital, to find out what the family medicine is like in real life.

HKShenZhen Hospital is located at the seaside which was built in 2012. Shenzhen government invested 4 billion for it. 2000 beds are available for patients. 8000-10000 patients visited every day on average.

What I have seen are modern buildings, which are not high. Very beautiful among the blue sky, white clouds, sea birds and coconut trees. Family medicine is very easy to find. About 8-9 family medicine doctors work every day at the same time for patients.

The consultant doctors are from Hong Kong. The attending doctors are from all over the country. It is also a multi-cultural place.

Thirty to forty patients can be seen by one doctor every day. About 10 to 15 minutes for one patient. 100 RMB is charged for one visit. It is a relatively high charge, so patients have more expectations. Many patients have more than one complaint. Many cases are difficult and the patients have already visited a few hospitals. Many patients are from other cities, even provinces. All the complicated cases need to be sorted out in 10-15 minutes. It needs very hard work from the doctors.

Dr. Liu whom I shadowed rarely disappointed patients. She asked open questions, listened

作为和睦家的在职培训医生，接受的是纯正的循证医学教育，接触的是高端医疗和人群，带教的是来自世界各地的全科医生老师，很多时候，我带着不可名状的优越感，却忘记了全科还有可能是什样子。所以很荣幸有机会到港大深圳医院学习，看到了真实世界里的全科和全科医生。

首先介绍一下港大深圳医院。这家位于美丽的海岸的医院成立于2012年，她是由深圳市政府投资，引入香港大学管理模式综合性公立医院。医院总投资40亿元，开放床位近2000张，日均门诊量8000-10000人次

我面前的医院，充满现代设计感的门诊部，住院部，和科教楼，楼层均不高，与蓝天，白云，海鸟和椰子树和谐共处。全科位于门诊部最显著的位置，约同时有8-9个全科医生在同时出诊。与大多数公立医院相比，港大深圳医院的特色就是有全科-家庭医疗科。

全科的顾问医生来自于香港，主诊医生也来自于全国各地。是一个多元文化之地。

进修的手续快捷而友好，很快我就搬着小椅子坐在主诊医生身边，开始投入到了工作。

每位医生每天平均能看30-40名患者，每位患者就诊时间大约在10-15分钟。

港大作为国内公立医院的试点，诊费为100元每人。这个相对其他医院偏高的收费，也就致使病人对其的期望值升高。很多患者是带着身体多个不适来就诊，有的患者带着多个医院一大堆的资料来就诊，有的患者来自于外地慕名而来。所有这些或复杂或多重的问题，需要主诊医生在10到15分钟时间内解决，这就

- actively, did fast differential diagnosis. She “BATHE”ed, showed empathy, gave health education, involved patients in decision making, and did motivational interviewing. And all those are completed in 15 minutes, can you believe it? Dr. Liu did great job taking care of patients and I learnt very classic Family Medicine Doctor model interview skills.
- It is very happy and relieved to see that it is also possible to practice evidence based medicine, even in a busier clinic with less educated patients. I feel more confident to provide good service and practice good medicine to my UFH patients.
- Now it is my third week in HKShenzhen hospital. Each patient is unique and interesting. And being a doctor is an art in many ways.

是考验医生功力的时候了。我所跟诊的刘医生却很少让病人失望。从最初的开放性问题，主动倾听，到针对性的鉴别诊断，到BATHE问题，表达同理心，给治疗建议的时候给予健康教育，请病人参与意见，动机谈话。刘医生的问诊过程如行云流水，一气呵成。我坐在她身边，像是在上一堂生动而紧凑的全科医生接诊示范课。

我很高兴也十分欣慰，能看到即便在一个繁忙的诊室，面对教育程度不等的病人，医生仍然可以做到进行循证医学。现在的我，对于回到和睦家医院面对病人更加充满信心

今天我已经步入在港大全科的第三个星期。我的每一天，饱满而充实，就像一块海绵，吸收着每一个不同的患者带来给我的不同信息。而做医生，也越来越成为了一门挥笔洒墨的有趣艺术。





## 和睦家家庭医生培训项目简介

本培训项目是为了满足内部全科医疗认识的需求而制定的一个院内培训项目。这个项目的课程和培训的设计引用了先进家庭医学，和美国，英国，澳大利亚的全科医学培训项目。整个培训课程分为三个等级，每个等级课程平均12个月。

### Family Medicine Education (FaME) Program Faculty

**Core Faculty:** Dr. Evelyn Fang, Dr. Feng Yan, Dr. Laura Jordhen, Dr. Sarai Nietvelt, Dr. Andrew Perrett, Dr. Sandra Yee.

**Curriculum Directors:** Dr. Dalice Marriott (OBGYN), Dr. Keith Williams(IM), Dr. Feng Yan (Peds), Dr. Lu Ji Ke (Orthopedics), Dr. Dong Bei (Beiyi), Dr. Huang Xiaoxue (Beiyi) Ms,Mou Jinjin (EBM)