

## Family and Community Medicine Training: Challenges and Innovation in the Wake of COVID-19

Family and community medicine residency training is a comprehensive program designed to equip medical professionals with the skills and knowledge necessary to provide primary healthcare to individuals of all ages, genders, and backgrounds in the community. After medical school, aspiring family and community medicine practitioners undergo residency training to gain hands-on experience in diagnosing and treating a wide range of medical conditions. The Philippine Academy of Family Physicians (PAFP) sets the standards and accreditation of these residency training programs. In these programs, residents rotate in pediatrics, internal medicine, obstetrics and gynecology, surgery, among others. These rotations provide exposure to different patient populations and healthcare settings, helping residents develop a broad skill set.

The COVID-19 pandemic has had a significant impact on family and community medicine residency training. This issue of *Acta* is a partial documentation of such impact. An immediate effect was the significant decrease in the average number of cases seen during the pandemic years (2020-2021) compared to before (2018-2019) as shown by the study of Nicodemus L. et al. This effect can be attributed to the lockdown policy. Family medicine training programs in other countries may not have felt the change immediately. In an e-mail survey sent to 664 family medicine program directors in the USA, there were no significant differences for disruption in the program or community size.<sup>1</sup> In a later online survey however, decreased clinical activity was noted.<sup>2</sup> This decrease may have negative impact on opportunity for knowledge and skills development in these training programs.

The pandemic prompted adjustments and adaptations to ensure the safety of residents, faculty, and patients while maintaining the quality of training. The most common adjustment in patient care during the pandemic was the shift from face-to-face health care to telehealth services. This was also experienced in other countries where majority of the residents and faculty began conducting telehealth visits.<sup>2</sup> In this issue, Catanghal and Sta. Ana described the use of telehealth-based vaccination program for flu and pneumonia in the background of COVID-19 pandemic. The program needs to be augmented with social marketing and promotion to increase acceptance. These telehealth services have also been subjected to quality improvement intervention by Anuran et al. Workshops and feedback were used to improve the process and recording of the telehealth consultation.

During the height of the pandemic, many government facilities like the Philippine General Hospital (PGH) shifted their focus and resources toward managing COVID-19 cases. Non-urgent appointments, screenings, and elective procedures were often postponed or canceled, resulting in delays in diagnosis and treatment for patients with chronic conditions such as diabetes, hypertension, cardiovascular diseases, and cancer. This can be the reason for the findings of Macalalad et al., where patients at the ambulatory care unit have prolonged stay, and the study of Bontia and Babsa-ay where patients referred from family medicine clinic have long waiting time to be seen by specialty clinic. In PGH, the Department of Family and Community Medicine is tasked to take care of students and employees. Leynes et al., Sadaya and Anuran, and Laviña et al. documented the outcomes of health workers with COVID-19 and noted some degree of mental health issues. This mental health issue may also be a factor in willingness to report for work among hospital health workers although not detected in the paper of Chua and Francisco. Anxiety, depression, and burnout are common occurrence among health workers during the pandemic. But the greatest concern was usually fear of transmitting COVID-19 to their family members.<sup>3</sup>



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Aside from changes in patient care, changes in methods of training and evaluation were also introduced. Although not discussed in detail by Nicodemus et al., the PAFP shifted its continuing professional development activities with the use of online platforms. Training on research was shifted to online and the requirements were modified to encourage more systematic reviews and meta-analysis. This resulted to some benefit in terms of generating evidence for priority issues in family and community medicine. The accreditation and certification processes, and annual convention in 2021 were virtual and in 2022 hybrid. Despite these continued activities, of particular concern with regard to the training was the loss of hands-on experience with clinical skills such as conducting physical examinations.<sup>4</sup> While the residents who finished training during the pandemic may feel confident to begin practicing family medicine, we cannot deny the impact of the loss of a tailored learning environment.<sup>5</sup>

Unlike other medical specialties that focus on specific organ systems, family medicine emphasizes comprehensive care that included preventive care, acute and chronic disease management, counseling, and health promotion. Family medicine training places a strong emphasis on establishing long-term relationships with patients, family, and community. Patient-centered, family-focused, and community-oriented care are considered as the future direction for family and community medicine training in the Philippines. In this issue, the article of Tiotangco and Limpoco explored the acceptability of the concept. Evidence-generation for this concept has actually accelerated during the COVID-19 pandemic with several systematic reviews, meta-analyses and clinical practice guidelines published in the *Filipino Family Physician* (<https://thepafp.org/journal/>) supporting its application to common diseases encountered in family and community practice.

Overall, while the COVID-19 pandemic presented unprecedented challenges for family and community medicine residency training, it also fostered innovation, resilience, and adaptability. The PAFP, Department of Family and Community Medicine-Philippine General Hospital and other family and community medicine residency programs responded swiftly to the crisis. They implemented strategies and shifted training activities and patient care to ensure the continued education and professional development of residents while addressing the evolving needs of patients, families, and communities impacted by the pandemic.

**Noel L. Espallardo, MD, MSc**  
*Editor-in-Chief, The Filipino Family Physician*  
*Board of Trustee and Chair of*  
*Knowledge Management Standing Committee*  
*Philippine Academy of Family Physician*

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