

# Developments in Family Medicine

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## Abstract

The use of specialist care, which may be unneeded and have the potential to damage patients, can be decreased by the implementation of primary health care in a timely and beneficial manner. Referral to a specialist for disease-specific care can frequently be avoided when primary health practitioners are able to promote preventative measures or make early interventions, which lowers the risks associated with treatment. Improvements in information technology and video communication for specialist consulting while in the primary care environment have been pioneered in some nations, notably the United Kingdom and the Netherlands. Family medicine will be in charge of supervising the training of family doctors who are dedicated to excellence, steeped in the discipline's core values, skilled at delivering the New Model of Family Medicine's basket of services, adept at adapting to changing patient and community needs, and ready to adopt new evidence-based technologies. Training in maternity care, hospital patient care, community and population health, and culturally competent and effective treatment will all still be a part of family medicine curriculum. The Residency Review Committee for Family Practice will support innovation in family medicine residency programmes through five to ten years of flexible curriculum to allow for active experimentation and on-going critical evaluation of competency-based education, expanded training programmes, and other techniques to prepare graduates for practise.

**Keywords:** Family medicine • Primary Care • Health care

## Introduction

A thorough, lifelong learning programme will be developed for the field of family medicine. With the help of this programme, each family doctor will be equipped to develop a continuous assessment and development plan for their personal, professional, and clinical practises that supports a progression through their career stages. Self-evaluation and learning modules geared toward individual physicians and group practises will be a part of this individualised learning and professional development. These educational interventions will incorporate science-based knowledge to promote better patient outcomes. The curricula of family medicine residency programmes and departments will include continuous professional development. They will also start and lead the process of encouraging lifetime learning and certification maintenance. Individually and collectively, family medicine departments will assess their place within the academic health centre (AHC) environment and take action to improve their contribution to the advancement and revitalization of the AHC to fulfil the needs of the American people. The role of family medicine in academia will be examined, and suggestions for the field's future will be made, during a summit of decision-makers and family medicine leaders from academia and private practise [1].

## Description

To recruit and train a culturally diverse family physician workforce that satisfies the demands of the changing U.S. population for integrated health care for whole people, families, and communities, a comprehensive family medicine career development programme as well as other strategies will be

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**Date of Submission:** 04 June, 2022; Manuscript No. JGPR-22-77797; **Editor Assigned:** 05 June, 2022, PreQC No. P-77797, **Reviewed:** 16 June, 2022; QC No. Q-77797, **Revised:** 21 June, 2022, Manuscript No. R-77797; **Published:** 28 June, 2022, DOI: 10.37421/2329-9126.2022.10.457

put into place. The development, application, dissemination, and evaluation of best practises for boosting student interest in the specialty will continue to be done by family medicine departments. A greater focus has been placed on the value of primary care models that can offer on-going, coordinated, and comprehensive care services for individuals and families in response to the problems presented by ageing and rising global healthcare demand. Family doctors have been essential to public health initiatives around the world as the primary providers of comprehensive healthcare in communities. The family doctor system is the cornerstone of the global health system and the most efficient means of achieving universal health care. Family physicians frequently manage patients' health in teams, unlike specialists who work in hospitals. They offer a full range of primary healthcare services, including basic medical care, the creation and management of health records, the management of patients with chronic diseases, and children's healthcare [2].

Family doctors have excellent chances to reinvent their practise models to better serve patients and prosper financially, even within the limits of the present broken healthcare system. In fact, because the US health care system as a whole is in disarray, there may be less resistance to reconfiguring and reengineering the fundamental components of office-based family medicine than there would be in a system that is more universally perceived as functioning effectively. However, significant changes must be made both within the speciality itself and in the way that health care services are organised and financed in the United States in order to completely accomplish the discipline's goals. Patient-centered care built on a patient-physician connection that is both extremely rewarding and humanising both the patient and the doctor is the cornerstone of the New Model (as well as other practise clinicians). The establishment of a culture within each family medicine setting will serve as the beginning point for aiding in the promotion of health and the integration of health care. The patient, not the doctor, is the focal point of the New Model. The patient must get consistent and skilled care from the moment of initial contact to the end of the care experience. All patients will receive care that is linguistically and culturally appropriate under the New Model. By providing patients with what they want and need, including preventative care, acute care, and other services, New Model practises aim to address patient and community demands for integrated care [3].

In order to promote family doctors and other primary care physicians as leaders in health policy and research in their communities, in government, and in other powerful organisations, a leadership centre for family medicine and primary care will be established. This centre will develop strategies to do so. Family doctors will gather together in their capacity as leaders to determine

and create implementation plans for a number of significant policy goals, such as ensuring that every American has access to fundamental healthcare services. To involve patients, clinicians, and payers in pushing for a redesigned system of integrated, personalised, egalitarian, and sustainable health care, family physicians will work in collaboration with others at the local, state, and national levels [4,5].

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## Conclusion

Family Practice and Primary Care and chair of the task force that assisted in the development of this new model, a medical home is "a place you can go with any concern and receive, first, a healing relationship with a personal physician, and second, the comprehensive, integrated care that you need." We want to make sure that every person has access to a medical home and that administrative issues with health insurance don't interfere with a patient's continued relationship with a doctor. Green believes that patients will start to think of their medical home as a location where they may obtain a full range of treatments, either directly from their doctor or another qualified healthcare professional. The management and prevention of acute illnesses and chronic diseases, preventive care, well-child care, primary mental health care, and patient advocacy within the healthcare system are among the services that are available to people of both sexes, of all ages, and in all health care settings.

Who does what in medicine has become very unclear over the past few years, according to Green. The early project market research revealed that few individuals truly understand what family physicians do. Managed care reduced us to a category known as primary care, and we lost our uniqueness. One way we might differentiate ourselves is by offering a standard range of services.

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**How to cite this article:** Joudeh, Anwar. "Developments in Family Medicine." *J Gen Pract* 10 (2022): 457.