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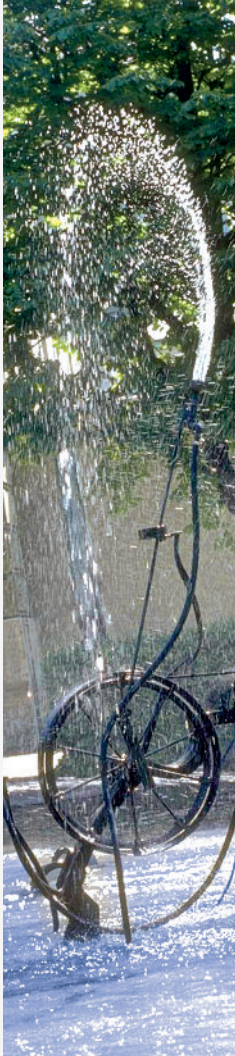
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Abstracts

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**The Fascination of Complexity –
Dealing with Individuals in a Field
of Uncertainty**

  
15 CME credits

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solid leadership skills to the complex system of patient care. Elements of narrative medicine and education of the affective domain are also frequently adopted in these encounters. 3. Scientific meetings in which medical papers are discussed according to the needs of real patients. Also, case reports are presented while particular issues are considered as determinant factors on the development of each patient.

Results: This model allowed the development of many family doctors with better understanding of the complex nature of patient-centered care.

Conclusion: Medical educational systems based on the Science of Complexity use multiple tools to provide technical and humanistic improvement of residents. This allows them to always remain open-minded so they can treat their patient as a whole.

Revitalizing a novel residency program in family medicine

OP-173

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Purpose: The dual track residency program in Family Medicine at the University of the Philippines-Philippine General Hospital (3-year clinical training and 1-year postgraduate degree) was the first of its kind in the country. It aims to provide graduates the options to be clinicians, researchers, educators and administrators. Four trainees had graduated from the program and are successful in their respective areas. However, nine more trainees failed to finish the program and prompted the suspension of its implementation. Thus, there was a need to review the program to revitalize and maximize its potential by developing an integrated program.

Methods: Following the first 3 steps of Research and Development design, a web-based survey was done to determine trainees' experiences about the program, looking at enabling and inhibiting factors that affected their performance. Document review was done to identify program goals, intended curriculum, implementation problems and their solutions. Then the intended and actual programs were analyzed. Then, the appropriate curricular components and methodologies were identified using literature reviews and Delphi among experts in the Department.

Results: Trainees reported that the program had redundant curricular contents, activities and requirements. The concepts, principles and theories covered in the postgraduate classes were inconsistent with actual clinical experiences in the Hospital. Accordingly, the program was revitalized thru curriculum integration using competencies and application of the core values of family medicine to clinical practice, teaching, research and management as connecting threads.

Conclusion: This project revitalized the novel residency training through curriculum integration to blend its 2 components by finding overlapping concepts, and activities to ensure graduation of trainees producing relevant practitioners who are able to advance the discipline and practice of Family Medicine in the country.

Trading places: developing international standards for postgraduate family medicine education

OP-174

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Aim: Physicians are increasingly mobile, increasing the importance of appropriately assessing whether their training has equipped them for immediate practice in their new environment. The College of Family Physicians of Canada is engaged in a project which seeks out other countries' authorities and jurisdictions interested in reciprocity or equivalency with Canadian certification in Family Medicine. This workshop will discuss process and standards being used, and will seek to further the Wonca Education Working Party's work on developing global standards in family medicine education.

Organization: There will be discussion of participants' views of critical aspects of family medicine training using the Postgraduate Medical Education World Federation for Medical Education (WFME) Global Standards for Quality Improvement framework. The standards developed in Canada will be reviewed. The process required to develop a fair and ethical system to evaluate the training of family physicians whose training occurred in another country, will be explored.

Objectives: 1) Consider the critical standards for postgraduate family medicine education 2) Compare and contrast these standards with those developed in Canada 3) Discuss development of an ethical, fair and transparent process for assessing postgraduate education 4) Further the discussion of global standards in family medicine education, focusing on postgraduate education

Impact: There will be an opportunity to further the development of global standards for postgraduate medical education in family medicine and to examine Canada's work in developing equivalency/reciprocity agreements with other countries.

The emergent dynamic of living with type 2 diabetes

OP-175

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Aim: To explore a novel approach to understanding individuals as open complex adaptive systems for improving the tailoring of interventions for those living with type 2 diabetes.

Design and methods: Secondary analysis of interview data from 22 adults living with diabetes and participating in a clinical trial of a behavioural intervention for diabetes. Comparative analysis of cases to identify the emergent dynamics of living with diabetes, that is, current patterns of change resulting from the interaction of many aspects of life past, present and future. Further comparative analysis identified biomedical, behavioural and social attributes and explored how these related to dynamics.

Results: Individuals could be categorised based on how they live with diabetes (not necessarily blood sugar levels) as follows: calm and steady with not a lot of worry and not a lot of change; steady now in comparison with a chaotic or worried past; uneasy, worried and may be chaotic. The latter category included people who had volatile blood sugar levels and people who were otherwise distressed in relation to diabetes. These categories correlated with attributes such as use of routine to control diabetes, sense of control over diet and confidence about diabetes and its management. For attributes including BMI, HbA1c and perceived social support, no pattern could be found that explained the dynamic categories.

Conclusion: Individual's living with diabetes can be described in terms of their emergent dynamic. This may provide a way of understanding an individual's potential for adaptation and adjustment in relation to diabetes, capturing aspects of life relevant to diabetes that are missed by other assessments. Further refinement of this approach is needed to evaluate its potential use for patient assessment and tailoring of interventions for improved outcome.

Comorbid depression in elderly with type 2 diabetes

OP-176

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Aim: To evaluate the potential correlation between depression and type 2 diabetes mellitus (DM2) in patients aged 65 years and over accessing primary health care (PHC) units.

Methods: During the last semester of 2008, 109 elderly patients with DM2 (mean age 74.86, sd = 5.72) were examined by GP trainees in PHC practices. Demographics, BMI, waist circumference, fasting blood glucose (FBG), HbA1c and medicine treatment were queried. Dietary and drug therapy compliance and weekly physical activity in recreational time were investigated; expended energy was measured using Metabolic Equivalents (METs). Depression was assessed with the 15-item Geriatric Depression Scale (GDS-15) and mental health was evaluated with the General Health Questionnaire - 12 (GHQ-12). For comparison purposes, a short interview comprising the GDS-15 and GHQ-12 was performed in 52 non diabetic, randomly selected patients. The two groups were properly adjusted for sex and age.

Results: Moderate (GDS-15 scores 6-8) and severe depression (GDS-15 >9) were found in 33.9% and 17.4% of the diabetics respectively. Female patients seemed to have better FBG values ($r = 0.33$, $p = 0.006$) and more controlled HbA1c (<7%, $r = 0.37$, $p = 0.003$). However, only males with regular HbA1c showed significantly lower BMI (Mdn = 27.72, $U = 128.00$, $p < 0.001$) and waist circumference (Mean = 91.84 cm, $t = 3.32$, $p = 0.002$). Diabetics without depression signs were triply likely to do moderate weekly exercise compared with depressed ones (OR = 3.01, 95%CI = 1.36-6.57). Lower GDS-15 and GHQ-12 scores were correlated with more scarce therapy compliance ($r = 0.46$, $p < 0.001$; $r = 0.43$, $p < 0.001$ respectively). Diabetics seemed to be 2.83 times more likely to suffer from moderate depression compared with the control patients (95%CI = 1.19-6.68).

Conclusions: The findings of our study suggest that moderate depression is a common underlying comorbidity in DM2, affecting aspects of its management such as the physical activity and compliance of medical therapy.

Quality of ambulatory diabetes care, in a medical network of GPs in the greater suburban area of Zurich, an observational study

OP-177

Vecellio M. (Zürich)

Aim: Data about quality of diabetes care in a physician network in the greater region of Zurich have been collected. The scope was to assess the real-life situation in the ambulatory setting (lab values, clinical findings, process indicators). We analyzed to which degree an electronic reminding system can help in the improvement of the ambulatory care of diabetes patients.