



1ST VIRTUAL CONGRESS OF
GENERAL PRACTICE
AND FAMILY MEDICINE

www.congressovirtualmgf.com

e-Learning in General Practice/Family Medicine

New Learning Opportunities

April, May and June 2008



Weekly Journal

First Virtual Congress of General Practice and Family Medicine

June 9th 2008

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Editorial

Dr. João Ricardo Pereira
IT Committee
Portugal



Dear congress participants,

Although I am not part of this huge medical community, I am no stranger to this environment since my professional area embraces the purpose and basis of the congress - the *world wide web*.

I am an information systems consultant and in my yet brief professional experience I have only participated in health related projects. I think I was the last one to enter the organizing committee, at a time when the ideas and ideals were already well established and only needed a support that could be used as a highway.

First of all, I would like to thank Dr. Alexandre Gouveia and Dr. Fernando Santos the chance of being part of this project that already proved itself and that, in my opinion, will be the future in education and training in many other fields.

Congresses and continuous education are a part of not only a doctor's life, but also the life of any other healthcare professional. Virtual congresses aren't new in Medicine, but they are in GP/FM, and their success has been growing with the development of information and communication technologies, allowing a greater and richer interaction with the user.

This congress's success can be seen in the growing number of registered participants that colour the 5 continents of the world map.

The advantages aren't difficult to point out: easy access to the congress, from the comfort of our own homes, abolishing distance barriers; the congress's duration, not restricted to a couple of days, allowing greater flexibility and adaptation to each one's busy schedule; and the reduced or inexistent cost of participation.

However, there are also some disadvantages in this type of event. I will leave to your own discretion the survey of disadvantages in these events to be extensively analysed and to possibly try to suppress some of them. Perhaps one of the most difficult to suppress is the lack of a virtual room in place of the coffee break, a much desired relaxing and socializing moment.

The new technologies, through projects such as this one, add a confrontation of experiences and opinions from a huge cultural diversity, able to arouse curiosity and promote learning in a fast and comfortable way.

I hope the congress is pleasing you and that it constitutes a surplus value not only at a professional level but also at a personal one.



Highlights

First Virtual Congress Discussion Forum

Discussion Forum

First Virtual Congress of General Practice and Family Medicine

Every learning process benefits from sharing opinions, exchanging experiences and discussing points of view. The FVCGPFM wishes to present a unique experience in medical eLearning. This way, besides the possibility of viewing several e-oral and e-poster presentations, it offers the opportunity for participants to discuss the viewed work with other congress participants and even with the authors themselves. All this in a message forum, through an environment of asynchronous participation.

The Organizing Committee of the FVCGPFM hopes that this will be yet another learning tool meeting your needs. Visit the FVCGPFM's discussion forum, at <http://forum.congressovirtualmgf.com>, only available in English.

One Size Does Not Fit All

On July 2nd started the Virtual Workshop entitled "One Size Does Not Fit All" at the Bochum Checklist forum, available in the Discussion Forum.

The authors, Dr. Sandra Feliciano and Prof. Hans-Martin Sass, will launch different questions and clinical cases to be solved and discussed with the participants of the virtual workshop, that is accessible to all the congress participants.

The final goal of this workshop is to enable a better knowledge and use of the clinical-ethics checklist, known as Bochum Checklist, by General Practitioners.

Read the workshop abstract [click](#)

<http://www.congressovirtualmgf.com/congresso/bochum/onesizedoesnotfitall.pdf>



What the Participants have to say

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Family Physicians: an urgent need for Pakistan

The health statistics are promising this year in Pakistan, *if* valid and reliable, but much more needed to be done. For example progress has been made towards the target of reducing under-five mortality rates by two thirds. However the rate of change will need to be accelerated to meet the targets and the rates are still high compared to the rest of South Asia.

Some progress has been made towards the standard proxy indicators, although overall levels remain low. The percentage of births attended by skilled health professionals doubled from around 20% in 2000 to around 40% currently. Less than a third of married women use any form of contraception.

Furthermore, while the infant mortality rate dropped from 91 infant deaths per 1,000 live births to 78 deaths per 1,000 between 1990 and 2007; it is still high by world standards. Pakistan's infant mortality rate is well above the world average of 52 infant deaths per 1,000 live births and the infant mortality rate of 57 in all less developed countries.

Pakistan has the 6th highest burden of TB disease in the world; although DOTS case detection and cure rates have improved significantly since 2000, and are on track to meet WHO targets for 2010. Polio is almost eradicated although a few isolated cases remain; 39 cases were reported in 2006, up slightly from 28 in 2005. There are around half a million cases of malaria a year still alarming the situation.

What's at the back of the poor performance? Of course, equipped to handle basic maternal health needs, supplies, and drugs, are often lacking but there are more reasons for a low level of health status.

Actually the health care system in Pakistan is more urban oriented, curative in nature and accessible to small part of people. However, the system should provide services to individuals or communities by health service professionals for purpose of promoting, maintaining, monitoring, restoring health but this is not the case.



What the Participants have to say (cont.)

Since the Alma-Ata declaration announced by WHO, we have developed little bit good infrastructure of primary health care, however we are failed to run in its true sense. The primary health care physicians just after finishing studies, all of a sudden found themselves in the position of primary care center, without having a formal training at primary health care. Although steps have been taken at undergraduate level to promote problem based learning (PBL) through community oriented medical education (COME) but after graduation; the government doesn't have a good plan for training as **"Family Physicians"**.

The developed world now fully based on family practice settings. Off course, while comparing with any developed country we as developing country always talk about the resources. Nevertheless the countries like Sri Lanka, Bangladesh, India, and Nepal have similar economic problems but significant health policy reforms have been happened and gave major importance to "Family Practice Training" at postgraduate level. Even in Cuba; tremendous improvement in the last 30 years has been seen through the training and placement based system of family physicians. Why is it so?

In Pakistan, the system allows unrestricted and independent General Practice after completion of MBBS and internship, without the need of proper training in family practice or primary care. The rising costs of hospital-based medical care leave little for essential clinical and public health services for the public at large. No concept of health insurance from the government side, adding to elegance.

A team of surgeons and physicians purely hospital based rose like a mushroom in thousands and captured the whole health care system in Pakistan. There are mainly two institutions which are working for the postgraduate training in family medicine, i.e., College of Physicians and surgeons of Pakistan (CPSP) and Aga Khan University. Is this enough for whole Pakistan??????

The trained Family physicians, communities' involvement, information technology and infrastructure investment could have ripple effect in enhancement of health care.. Interdisciplinary, team-based care should continue to evolve in the primary care setting. A concerted effort must be made on the part of the medical profession, communities and governments to reach out to high school students in rural communities and underrepresented groups and encourage them to consider a career in medicine. Medical student recruitment and admissions policies should aim to bring in students with generalist backgrounds who may be more suited to a career in family medicine. The government should encourage the existing medical universities to develop training programs for family medicine and remove the all hindrance and should also break the monopoly of one or two institutions.

This is the time and opportunity for leaders to prove that they are very much concerned about improvement in health care system. Although we are in need of state of the art hospitals but without the bases we cannot build the high rise buildings, thus there is an urgent need to produce more and more primary health care physicians in order to rectify our health problems.

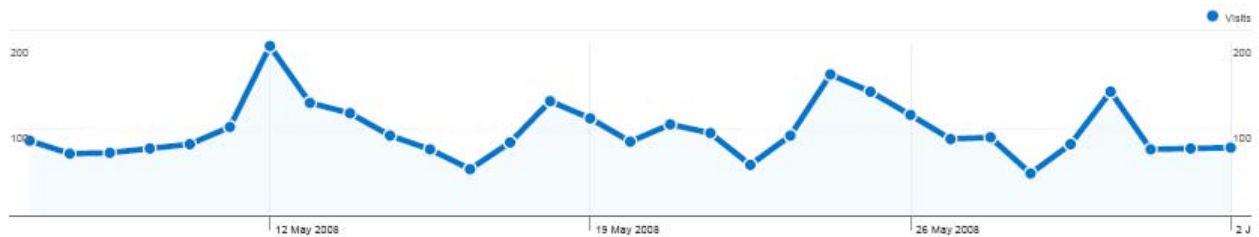


Thus goes the Congress...

www.congressovirtualmgf.com
Dashboard

6 May 2008 - 5 Jun 2008

Comparing to: Site



Site Usage

3,053 Visits

24,386 Page Views

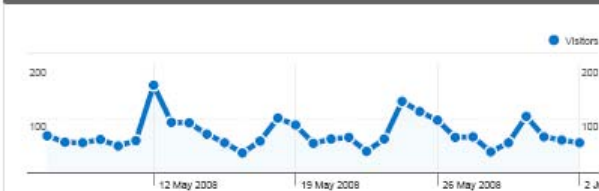
7.99 Pages/Visit

29.64% Bounce Rate

00:08:39 Avg. Time on Site

32.95% % New Visits

Visitors Overview



Visitors
1,375

Map Overlay world



Traffic Sources Overview



Content Overview

Pages	Page Views	% Page Views
/	2,320	9.51%
/index.php?option=com_conte	1,201	4.92%
/index.php?option=com_conte	1,016	4.17%
/index.php?option=com_conte	968	3.97%
/index.php	887	3.64%



What's new

Dealing with Chronic Diseases – Auditorium José Saramago

Prevention and early diagnosis of child deafness

http://www.congressovirtualmgf.com/index.php?option=com_content&task=view&id=238&Itemid=255&lang=english

Motivate healthy habits and self-care of chronic diseases

http://www.congressovirtualmgf.com/index.php?option=com_content&task=view&id=239&Itemid=256&lang=english

Technologies and Methods for the Implementation of Good Practices

NEJM video – male urethral catheterization

<http://content.nejm.org/cgi/video/354/21/e22?ijkey=oikcmcCaloEuA&keytype=ref&siteid=nejm>

Video of the St George's University of London – Physical examination: cardiovascular, abdominal, respiratory, and thyroid examinations, tracheal deviation technique, chest expansion technique, percussion technique

<http://uk.youtube.com/watch?v=B1iEFACMqoA>

Freestanding Communications – Auditorium Miguel Torga

Clinical Case – Nervous Bulimia

http://www.congressovirtualmgf.com/index.php?option=com_content&task=view&id=249&Itemid=266&lang=english

Family and Community Medicine as health improver in urban indigenous populations

http://www.congressovirtualmgf.com/index.php?option=com_content&task=view&id=251&Itemid=268&lang=english

Teen and Adult Mothers - a case control study

http://www.congressovirtualmgf.com/index.php?option=com_content&task=view&id=244&Itemid=261&lang=english

And what about the other vaccines?...

http://www.congressovirtualmgf.com/index.php?option=com_content&task=view&id=246&Itemid=263&lang=english

Genital ulcers

http://www.congressovirtualmgf.com/index.php?option=com_content&task=view&id=242&Itemid=259&lang=english

Tuberculosis screening in children

http://www.congressovirtualmgf.com/index.php?option=com_content&task=view&id=241&Itemid=258&lang=english

Taste changes in elderly patients

http://www.congressovirtualmgf.com/index.php?option=com_content&task=view&id=247&Itemid=264&lang=english

A different tonsillitis

http://www.congressovirtualmgf.com/index.php?option=com_content&task=view&id=248&Itemid=265&lang=english



Where we are

<http://www.woncaeurope.org/>

<http://www.keegy.com/post/first-virtual-congress-of-general-practice-and-family-medicine/>

<http://www.health-management.org/first-virtual-congress-general-practice-and-family-medicine>

<http://www.wcmh.info/wcmh-2007/welcome.html>

<http://www.rssmeme.com/story/285102/similar/>

<http://www.globalfamilydoctor.com/conferences/conferencescalender.asp?refurl=con>

<http://unbelievable.info/?m=20080220>

http://www.tsf.pt/online/vida/interior.asp?id_artigo=TSF190184

<http://www.portaldasaude.pt/portal/conteudos/a+saude+em+portugal/eventos/cvmgf.htm>

<http://ww1.rtp.pt/noticias/index.php?article=336562&visual=26&rss=0>

<http://www.mni.pt/destaques/?cod=10474&MNI>

<http://embaixada-portugal-brasil.blogspot.com/2008/04/portugal-lana-i-congresso-virtual-de.html>

http://jpn.icicom.up.pt/2008/04/01/i_congresso_virtual_de_medicina_liga_em_rede_mais_de_57_paises.html

<http://www.webjornal.info/modules/news/print.php?storyid=5295>

<http://www.jasfarma.pt/noticia.php?id=1258>



Most popular

[Conferences](#)

http://www.congressovirtualmgf.com/index.php?option=com_content&task=view&id=24&Itemid=1

[Organizing Committee](#)

http://www.congressovirtualmgf.com/index.php?option=com_content&task=view&id=15&Itemid=1

[General Information](#)

http://www.congressovirtualmgf.com/index.php?option=com_content&task=view&id=27&Itemid=1

What we still have in store for you

Methodologies for creating and moderating learning and communication communities

Dr. Horácio Covita, Psychologist

Symposium AstraZeneca – Cardiovascular medicine, research and clinical practice: what still sets them apart?

Dr. João Morais, Cardiologist, Department of Cardiology, Santo André Hospital, Leiria, Portugal

Dr. Cândida Fonseca, Cardiologist, Department of Cardiology, St Francis Xavier Hospital, Lisbon, Portugal

Dr. Carlos Aguiar, Cardiologist, Department of Cardiology, Holy Cross Hospital, Lisbon, Portugal



Portugal in pictures



City of Vila Nova de Gaia