



**Προπτυχιακή Εκπαίδευση στην Πρωτοβάθμια
Φροντίδα Υγείας
Λάρισα, 05.03.2020**

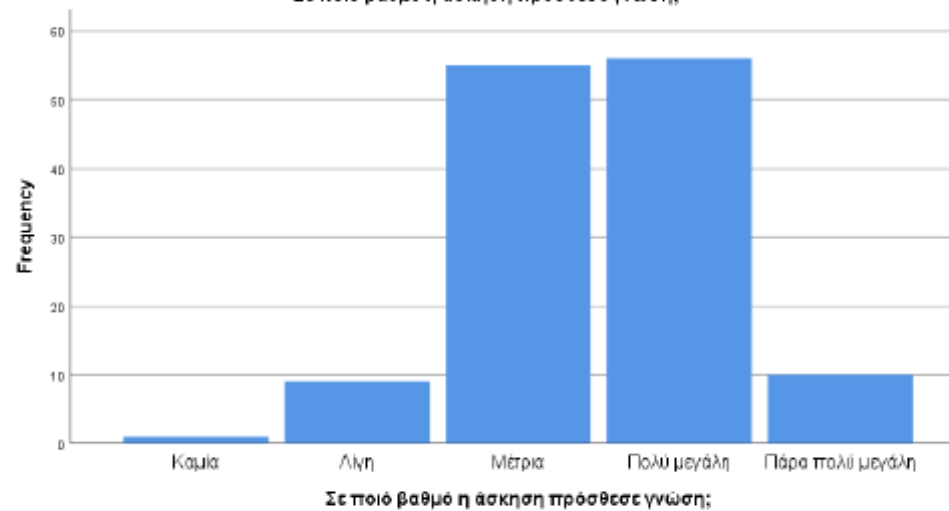
**Εμμανουήλ Συμβουλάκης
Επ. Καθηγητής ΠΦΥ
Ιατρική Σχολή
Πανεπιστήμιο Κρήτης**

Μερικά δεδομένα από την Κλινική Άσκηση στην ΠΦΥ
Ευγενική διάθεση του Καθ. κ. Λιονή
Ακαδημαϊκό έτος 2018-2019

Σε ποιο βαθμό η άσκηση πρόσθεσε γνώση;

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Καμία	1	,8	,8	,8
	Λίγη	9	6,9	6,9	7,6
	Μέτρια	55	42,0	42,0	49,6
	Πολύ μεγάλη	56	42,7	42,7	92,4
	Πάρα πολύ μεγάλη	10	7,6	7,6	100,0
	Total	131	100,0	100,0	

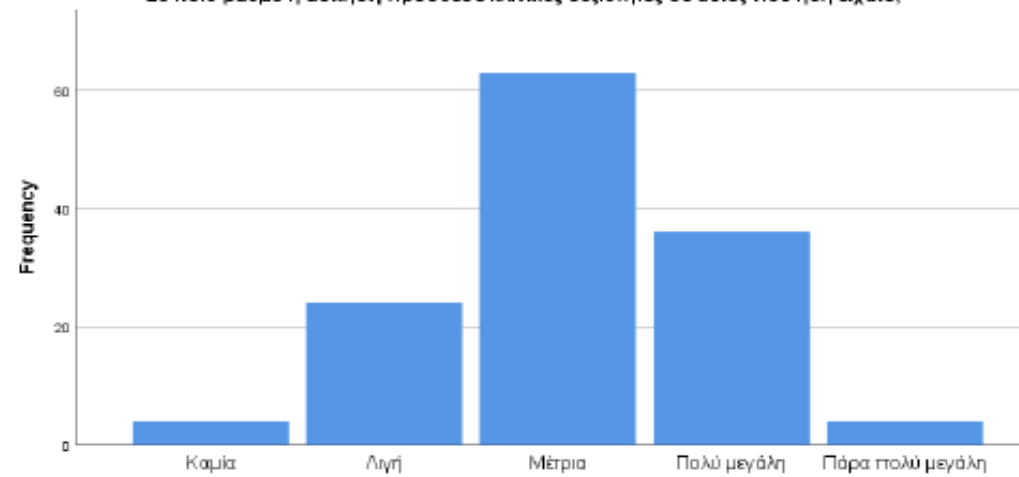
Σε ποιο βαθμό η άσκηση πρόσθεσε γνώση;



Σε ποιο βαθμό η άσκηση πρόσθεσε κλινικές δεξιότητες σε αυτές που ήδη είχατε;

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Καμία	4	3,1	3,1	3,1
	Λιγή	24	18,3	18,3	21,4
	Μέτρια	63	48,1	48,1	69,5
	Πολύ μεγάλη	36	27,5	27,5	96,9
	Πάρα πολύ μεγάλη	4	3,1	3,1	100,0
	Total	131	100,0	100,0	

Σε ποιο βαθμό η άσκηση πρόσθεσε κλινικές δεξιότητες σε αυτές που ήδη είχατε;

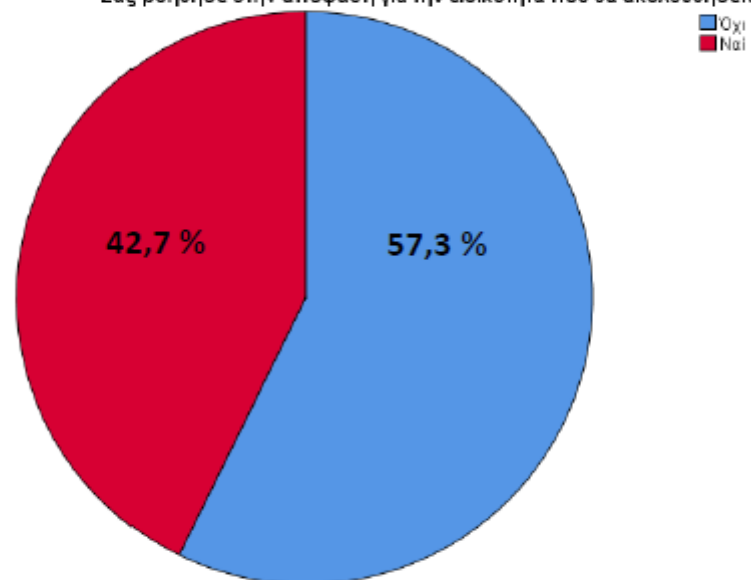


Σε ποιο βαθμό η άσκηση πρόσθεσε κλινικές δεξιότητες σε αυτές που ήδη είχατε;

Σας βοήθησε στην απόφαση για την ειδικότητα που θα ακολουθήσετε;

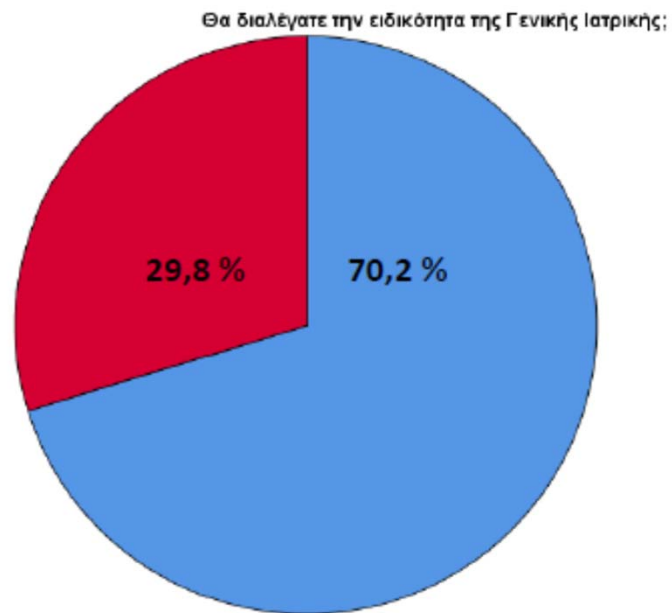
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Όχι	75	57,3	57,3	57,3
	Ναί	56	42,7	42,7	100,0
Total		131	100,0	100,0	

Σας βοήθησε στην απόφαση για την ειδικότητα που θα ακολουθήσετε;



Θα διαλέγατε την ειδικότητα της Γενικής Ιατρικής;

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Όχι	92	70,2	70,2	70,2
	Ναί	39	29,8	29,8	100,0
	Total	131	100,0	100,0	



Organ Donation Knowledge and Attitudes among Health Science Students in Greece: Emerging Interprofessional Needs

Emmanouil K. Symvoulakis¹, George Rachiotis², Dimitrios Papagiannis^{2*}, Adelais Markaki^{3*}, Yiannis Dimitroglou², Myfanwy Morgan⁴, Christos Hadjichristodoulou², Roger Jones⁵

1. Private Family Practice Unit in Heraklion, Crete, Greece
2. Department of Epidemiology and Hygiene, Faculty of Medicine, University of Thessaly, Greece
3. Department of Social Medicine, Faculty of Medicine, University of Crete, Greece
4. King's College London, Department of Primary Care and Public Health Sciences, London, UK
5. Emeritus Professor of General Practice, King's College London, UK

Int. J. Med. Sci. 2014, Vol. 11

637

Table 2: Kidney organ donation knowledge, attitudes and concerns by health science student category (* P<0.05, ** P<0.001)

Questionnaire domains / items	Nursing students' positive responses n (%)	Medical students' positive responses n (%)	Medical Laboratory students' positive responses n (%)
Knowledge			
1. Are you registered on the national organ donor register and do you carry a donor card?	4/111 (3.6%)	9/104 (8.7%)	5/156 (3.2%)
2. Did you know it was possible to leave kidneys for transplant after death?	88/111(79.3%)	92/104 (88.5%)	130/156 (83.3%)
3. Do you feel well informed about registering as a kidney donor?	12/111 (10.8%)	13/102 (12.7%)	16/155 (39%)
4. Do you know anyone who has received or is waiting to receive a kidney?	18 /111 (16.2%)	20/104 (19.2%)	24/155 (15.5%)
General attitudes			
5. Have you ever thought about donating kidneys after death?	67/111 (60.4%)	76/104 (73.1%)	99/156 (63.5%)
6. Would you be willing to register as kidney donor and donate kidneys for transplant after death?	58/108(53.7%)	61/104 (58.7%)	90/153 (58.8%)

General Practice as a career choice among undergraduate medical students in Greece

Anargiros Mariolis*¹, Constantinos Mihos¹, Alevizos Alevizos¹, Vasilis Gizlis¹, Theodoros Mariolis¹, Konstantinos Marayiannis¹, Yiannis Tountas², Christodoulos Stefanadis³, Anastas Philalithis⁴ and George Creatsas⁵

Address: ¹Department of General Practice/Family Medicine, Health Centre of Vyronas, Athens, Greece, ²Divisions of Hygiene and Epidemiology, Department of Social Medicine, School of Medicine, University of Athens, Greece, ³Section of Preventive Cardiology, Department of Cardiology, Vice-president of Medical School, School of Medicine, University of Athens, Greece, ⁴Division of Health Planning, Department of Social Medicine, School of Medicine, University of Crete, Greece and ⁵2nd Department of Obstetrics and Gynaecology, Dean of School of Medicine, University of Athens, Greece

Email: Anargiros Mariolis* - anargiros@yahoo.gr; Constantinos Mihos - gas521@yahoo.co.uk; Alevizos Alevizos - alevizos@gmail.com; Vasilis Gizlis - info@hcvyrone.gr; Theodoros Mariolis - mariolis@hcvyrone.gr; Konstantinos Marayiannis - info@hcvyrone.gr; Yiannis Tountas - info@hcvyrone.gr; Christodoulos Stefanadis - info@hcvyrone.gr; Anastas Philalithis - info@hcvyrone.gr; George Creatsas - info@hcvyrone.gr

* Corresponding author

Published: 1 June 2007

Received: 25 August 2006

BMC Medical Education 2007, 7:15 doi:10.1186/1472-6920-7-15

Accepted: 1 June 2007

This article is available from: <http://www.biomedcentral.com/1472-6920/7/15>

© 2007 Mariolis et al; licensee BioMed Central Ltd.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

Background: Although General Practice (GP) was recognized as a medical specialty in Greece in 1986, the number of GPs is insufficient to cover needs and only few medical graduates choose GP as a career option. In the present study we investigated the profile of medical students in terms of their decisions regarding specialization and the possible association of career choices different from GP with the status of undergraduate training regarding GP.

Methods: The sample consisted of final year students in the Medical School of the University of Athens, Greece. Students filled in a self-reported questionnaire focusing on medical specialization, and GP in particular.

Results: Response rate was 82.5% with 1021 questionnaires collected, out of 1237 eligible medical students. Only 44 out of the 1021 (4.3%) respondents stated that GP is -or could be- among their choices for specialty. The most popular medical specialty was General Surgery (10.9%), followed by Cardiology (9.6%), Endocrinology (8.7%) and Obstetrics-Gynaecology (8.3%). The most common criterion for choosing GP was the guaranteed employment on completion of the residency (54.6%) while a 56.6% of total respondents were positive to the introduction of GP/FM as a curriculum course during University studies.

Conclusion: Despite the great needs, GP specialty is currently not a career option among undergraduate students of the greater Medical University in Greece and is still held in low esteem. A university department responsible for undergraduate teaching, promotion and research in GP (where not available) is essential; the status of undergraduate training in general practice/family medicine seems to be one of the most important factors that influence physician career choices regarding primary care specialties.

Implementing family practice research in countries with limited resources: a stepwise model experienced in Crete, Greece

Christos Lionis*, Emmanouil K Symvoulakis and Constantine I Vardavas

Clinic of Social and Family Medicine, Department of Social Medicine, Faculty of Medicine, University of Crete, Heraklion 71003, Greece.

*Correspondence to Christos Lionis, Clinic of Social and Family Medicine, Department of Social Medicine, Faculty of Medicine, University of Crete, Heraklion 71003, PO Box 2208, Greece; E-mail: lionis@galinos.med.uoc.gr

Received 07 November 2008; Revised 06 August 2009; Accepted 2 October 2009.

The need for a cost-effective decision-making process is increasingly seen as a challenge within modern family practice. The role of family practice research is well recognized in countries with readily available resources and capacity. However, the situation is different in a number of countries with limited financial resources and current low research capacity. This article reports on an empirical model of 10 steps developed and applied in Crete, Greece. It aims to exchange views on how to better design and undertake actions in order to develop future family practice research in countries with limited resources.

Box 1

A SWOT analysis has revealed issues of priorities and indicated actions that should be undertaken to improve the existing research capacity and potential of the Clinic of Social and Family Medicine in Crete

Strengths

- The newly approved MSc/PhD programme in GPR/FM and primary health care.
- Recently developed Practice-Based Research Network.
- Ongoing collaborations with international and national counterparts.
- High capability of elevated scientific productivity (from epidemiological studies to health service quality assessment).
- Increasingly large demand for research activities and career opportunities by undergraduates, postgraduates and young researchers.
- Ever-growing number of PhD students.

Weaknesses

- Limited national funds to support research activities and educational opportunities.
- Limited human and material resource allocation.
- Geographical and language peculiarities influencing the communication with other research entities in the European region.

Opportunities

- Potential to participate in upcoming European Framework Package proposal calls.
- Increasing interest to entwine with European and International networks and research centres.

Threats

- Limited primary health care-oriented funding opportunities that would permit research on biological, environmental and social determinants of health.

Box 2

Describing a stepwise model in developing effective family practice research in countries with limited research capacity and resources

- Use an electronic patient record system.
- Explore opportunities to work together with an academic department.
- Start with assessment of population health needs.
- Identify common ill conditions and health problems.
- Ask about the local use of common diagnostic tools (if not discuss the possibility of translating and adapting into local and cultural setting those already well assessed in the literature).
- Start to identify the burden of common diseases and measure diagnostic probabilities.
- Discuss opportunities to publish your initial non-experimental work.
- Look at possibilities to work together with other teams and researchers in a neighbouring country.
- Try to expand your networking to other larger research bodies and consider a solid partnership with European and international organizations.
- See to what extent your collaborative work should be the starting point in looking for funding from those international bodies, including the European Union.

Εμπειρία απο την Πρωτοβάθμια Φροντίδα Υγείας - Ερευνητικές προοπτικές

Από τη ματιά τελειόφοιτων φοιτητών Ιατρικής

Επιμέλεια : Καραγεωργίου Ιωάννης (3434), Κόκκινακης Σταμάτιος (3421), Μαλιώτης Νεόφυτος (3447)

Κλινική Άσκηση ΠΦΥ

- Διάρκεια: 4 εβδομάδες (Σεπτέμβριος 2019) στην 4η ΤΟΜΥ Ηρακλείου
- Logbook δεξιοτήτων
- Μαθήματα
- Κατευθυντήριες οδηγίες σε εκτυπωμένη μορφή στα ελληνικά για 13 νοσήματα
- Προσωπική εκπαίδευση από ιατρούς, νοσηλευτές, κοινωνικούς λειτουργούς, ψυχολόγους
- Εξέταση: 2 μέρη -Προσομοίωση συνέντευξης σε ασθενή στο αγροτικό ιατρείο και γραπτό μέρος

Κλινική Άσκηση ΠΦΥ

Η Εμπειρία μας: Πολύ θετική

- Άριστη εκπαίδευση και εξοικείωση με την έννοια της πρόληψης
- Πολύ καλό κλίμα
- Άριστη σχέση εκπαιδευτή-εκπαιδευόμενου
- Κατανόηση της βαρύτητας της θέσης του Γενικού Ιατρού στο σύστημα υγείας
- Ενημέρωση σχετικά με τις τρέχουσες κατευθυντήριες οδηγίες για την αντιμετώπιση κοινών νοσημάτων
- Γνωριμία - εξάσκηση στη τεχνική του Motivational interview
- Εξοικείωση με “εργαλεία” άντλησης ιατρικού ιστορικού από τον ασθενή
- Ευκαιρίες για περαιτέρω εμπλοκή: έρευνα, συγγραφή abstract, articles?

Ερευνητικές προοπτικές στην ΠΦΥ

- ΠΦΥ: Πολλά περιθώρια για έρευνα και πρακτική εφαρμογή πορισμάτων
- Τεχνολογική πρόοδος : Ευκαιρία
- Πανεπιστήμιο Κρήτης : Συνεργατικό κλίμα - Βοήθεια στον φοιτητή - Ουσιαστική συνεργασία και καθοδήγηση
- ΠΦΥ: Κλάδος της Ιατρικής στον οποίο η έρευνα θα έχει την μεγαλύτερη αξία

Ερευνητικές προοπτικές στην ΠΦΥ

- ΠΦΥ: Μεγάλο φάσμα νοσολογικών οντοτήτων→ Μεγάλο φάσμα ερευνητικής δραστηριότητας
- Ευκαιρία μέσα από κλινική άσκηση για αναζήτηση ερεθισμάτων
- Υποστήριξη στην αναζήτηση θεματολογίας, συγγραφή εργασίας και δημοσίευση
- Ιδανικό περιβάλλον, που καλύπτει ένα κενό της σχολής μας

Editorial

Responding to financial and economic crisis: what methodology and interventions we need in family practice research

Previous studies have focused on the economic crisis and its impact on the quality of care and safety (1). Austerity measures in several countries have led to certain health care-related consequences including the increase of inequity, the presence of additional barriers to health care access and the patients' consumption of fewer primary care services (2–4). These consequences have contributed to a lack of continuity of care, a potential compromise of patient safety, restriction in the availability of prevention services and a possibly increase in communicable diseases. In addition, system sustainability in terms of financial and human resources have been highly compromised. The impact of the economic crisis has been more obvious on disadvantaged groups, i.e., immigrants, and unemployed populations (2–7), as austerity has affected social care and welfare systems. Moreover, appropriate diagnosis and treatment for patients with chronic diseases, such as patients with cancer or patients with multimorbidity, may be delayed or postponed among countries with severe economic recession (8).

Primary health care has been previously suggested as a potential means to reduce health inequalities (9). Primary health care as the first contact for each patient with the health care system may be effective when certain prerequisites have been met including longitudinality (care over time), continuity of care, comprehensiveness and coordination. However, this hypothesis is yet to be supported by empirical evidence and specifically by well-designed randomized controlled trials (RCTs). In this article, we will expand more on the context of the previous hypothesis and explain why it is worth further attention.

During times of economic crisis, research in family practice should consider the emerging problems by focusing on meeting people's health care needs as expressed in their own terms, rather than by professionals (9). This suggestion is an essential part of implementation research and complements the research on assessing the effectiveness of clinical interventions. Several images have been used to portray the bench-to-bedside translational research (translational step 1) as well as the next translational steps of science from human studies to evidence-based guidelines (translational step 2), from guidelines to health practice (translational step 3) and from health practices to population health programs (translational step 4) (10).

Implementation research refers mainly to translational steps 3 and 4. It evaluates existing clinical applications, which need less time to mature than strategies with unknown effectiveness (11). This is very important in the age of austerity when family practice research may focus on assessing how to implement interventions

with demonstrated efficacy (12). Family physicians who are initially contacted by patients regardless of their health problem may provide valuable data on the barriers that may interfere with implementing effective strategies.

Implementation research assists in prioritizing the use of low-cost effective preventive and public health measures (11). In that way, primary care professionals may avoid the overuse of inefficient or potentially harmful interventions (13) and reduce the cost of health services utilization. Through implementation research, population-level outcomes, such as morbidity, mortality and disability, at the population or at health-care-system level are measured. Thus, health care research may aim at evaluating the effectiveness of interventions and strategies on improving population health (14).

Implementation research can identify factors on individual or societal level that modulate the effects of financial insecurity on health, i.e., resilience (15,16), as well as factors that may address vulnerability to build resilience (17), and health assets at the population level that may reduce vulnerability. For example, spirituality and religiosity has been proposed as a potential determinant for coping with cardiovascular disease and depression in a cohort of patients from Crete (18). However, the robustness and generalizability of these results to the Greek population needs to be further evaluated.

Translational research in steps 3 and 4 can also evaluate frameworks that may promote safety (19). Safety in health care during austerity is a key priority especially among low-income, uninsured and vulnerable populations who may not have adequate access to good-quality health services (20). In addition, it compares suggested models of preventive care, i.e., comprehensive preventive cancer care in an integrated fashion, with screening programmes, and by utilizing synergies and shared infrastructures at times of crisis (21,22).

Implementation research compares implementation strategies specifically among vulnerable groups (6). It also assesses suggested models of care for chronic diseases, such as self-managed care for diabetes (23,24). Self-managed care is desirable during austerity since it can help to improve health outcomes and reduce costs (25). Translational research in steps 3 and 4 evaluates strategies to promote patient adherence (26). Finally, it evaluates models of care that may enhance quality and improve patient-centred outcomes, such as the compassionate care model (27). Compassionate health care models are desirable in austerity because they provide patients with care through specific interventions that relieve the burden of disease. Compassionate care delivered to patients who are affected by austerity measures may contribute to their adherence to treatment,

REVIEW

Towards evidence-informed integration of public health and primary health care: experiences from Crete

Christos Lionis^{1,2}, Elena Petelos¹, Sophia Papadakis^{1,3}, Ioanna Tsiligianni¹, Marilena Anastasaki¹, Agapi Angelaki¹, Antonis Bertsiyas¹, Enkeleint Aggelos Mechili¹, Maria Papadakaki^{1,4}, Dimitra Sifaki-Pistolla¹, Emmanouil Symvoulakis¹

¹Clinic of Social and Family Medicine, School of Medicine, University of Crete, Crete, Greece

²Institute of Medicine and Health, Linkoping University, Sweden

³Division of Prevention and Rehabilitation, University of Ottawa Heart Institute, Ottawa, Canada

⁴Technological Educational Institute of Crete, Crete, Greece

Corresponding author: Christos Lionis (email: lionis@galinos.med.uoc.gr)

ABSTRACT

"Integrated health care" is a concept that is frequently discussed and has received significant attention internationally. In particular, the integration of public health into primary health care has received much attention over the past two decades. However, despite this, integrated health care, encompassing public health, primary health care and evidence-based practice, largely remains a neglected area in many European settings. Many aspects pertaining to the operationalization and implementation of these concepts remain unresolved, particularly in settings where primary health care is under development or where reform is underway. The aim of this article is to share the experiences of the Clinic of Social and Family Medicine (CSFM) at the University of Crete School of Medicine in this area over the

past decade, in terms of insights gained through research, capacity-building efforts and practice focused on addressing major public-health issues in primary-care settings. We provide a brief overview of how data about health-care delivery, collected from capacity-building and research initiatives, can facilitate effective planning and implementation of the primary-care reform that is currently unfolding in Greece. We believe this information shows how to best design and rapidly test evidence-based approaches for the operationalization and implementation of integrated health care, approaches that can serve to address public-health priorities, improve the health and well-being of the population and support evidence-informed policy-making, in Greece and in settings similar to Greece.

Keywords: INTEGRATED HEALTH CARE, PRIMARY HEALTH CARE, RESEARCH, GREECE, ALMA-ATA, ASTANA, DECLARATION

General Practice as vector to link Public Health and Primary Care

- Chronic health problem management
- Life style changing and risk prevention
- Community and human solidarity
- Patient centerness and group-population health care
- Self-care engagement and education
- Integration between disciplines and between health providers
- Resource management
- Shaping of undergraduate medical education

PROJECT REPORT

Primary health care and general practice attachment: establishing an undergraduate teaching network in rural Greek health centers

E Smyrnakis, M Gavana, E Kondilis, S Giannakopoulos, A Panos, A Chainoglou, T Stardeli, N Kavaka,
A Benos

*Laboratory of Hygiene and Social Medicine, Medical School, Aristotle University of Thessaloniki,
Thessaloniki, Greece*

Submitted: 5 October 2011; Revised: 23 October 2012, Accepted: 23 October 2012 Published: 12 March 2013

Smyrnakis E, Gavana M, Kondilis E, Giannakopoulos S, Panos A, Chainoglou A, Stardeli T, Kavaka N, Benos A

Primary health care and general practice attachment: establishing an undergraduate teaching network in rural
Greek health centers

Rural and Remote Health 13: 1946. (Online) 2013

Available: <http://www.rrh.org.au>

ABSTRACT

Context: Exposure of undergraduate medical students to general practice and community healthcare services is common practice in the international medical curricula. Nevertheless, proponents of the hospital and biotechnology based paradigm, which is still dominant within the medical academic environment, question both the scope and the setting of this training procedure. Regarding the latter, the quality of teaching is often questioned in settings such as rural primary health centers, where health professionals have neither incentives nor accredited training skills. Therefore, the success of community based medical education depends substantially on the procedures implemented to involve non-academic staff as clinical teachers.

Issue: This report describes the steps taken by the Aristotle University of Thessaloniki (AUTH) Medical School to establish and maintain a Rural Primary Health Care (PHC) Teaching Network in order to implement community oriented PHC and GP undergraduate medical education. A multi-professional teachers' network of healthcare staff, working in Rural Primary Health Centers, has been chosen, in order to expose students to the holistic approach of PHC. The enrollment of teachers to the Teaching Network was solely on a voluntary basis. The novelty of this procedure is that each professional is approached personally, instead through the Health Center (HC) that usually offers this service as a package in similar activities. In an attempt to attract health professionals committed to medical education, a self-selection procedure was adopted. Collaboration with the medical school was

Ευχαριστώ