Memorial University of Newfoundland
Medical School

The Housecall

Handbook for The Housecall
Community-based Experience – Phase II

Student’s Name: ____________________________
Main Preceptor’s Name: _______________________
Clinical Location: ___________________________
Introduction

Overall Objectives

1. Learn and develop clinical reasoning skills.

2. Experience and appreciate the generalist’s management skills in the context of patients with a complex mixture of biological, psychological and social problems.

3. Experience and appreciate how family physicians interact in their own practice and within the health care system and their local community.

4. Experience and appreciate the commitment of family physicians to professional practice and lifelong reflective learning.

The specific objectives are based on the College of Family Physicians of Canada CanMEDS FMU Competencies. These are undergraduate competencies from a family medicine perspective for use in curriculum design and evaluation of pre-clinical and clinical courses in family medicine. Each competency and related learning objective has been linked to an exercise in this workbook to aid in learning, teaching and evaluation.
Specific Objectives

1. **Family Medicine Expert:** Family physicians are skilled clinicians.

   Learning Objective #1: Use history taking and physical examination (of systems completed to date in clinical skills) as well as clinical reasoning skills to develop a diagnosis.

2. **Family Medicine Communicator:** Through effective patient-centered communication, the family physician formulates the doctor-patient relationship.

   Learning Objectives #2: Understand the patient-centered clinical method and describe communication skills which facilitate effective patient-centered interviewing.

3. **Family Medicine Collaborator:** Family physicians are part of a community network of health professionals.

   Learning Objective #3: Understand the different settings in which patients are cared for.

4. **Family Medicine Manager:** Family physicians use resources wisely, organize their practices as a resource to their patients and coordinate their care within the health care system.

   Learning Objective #4: See the family physician and their practice as a part of the health care system.

5. **Family Medicine Health Advocate:** Family physicians advance the health and wellbeing of individual patients, communities and populations.

   Learning Objective #5: Identifying health needs and advocacy.

6. **Family Medicine Scholar:** Family physicians demonstrate a lifelong commitment to reflective learning.

   Learning Objective #6: Identify learning needs, find appropriate resources and integrate the acquired knowledge in a family medicine context.

7. **Family Medicine Professional:** Family physicians are expected to demonstrate respectful behaviour in the workplace.

   Learning Objective #7: Read documents referenced, reflect on how you plan to be respectful in your future practice and how this will impact on your clinical practice.
**1. Family Medicine Expert:** Family physicians are skilled clinicians.

**Developing a diagnosis**

The student will be able to do the following:

- Obtain a focused history and complete a physical examination (of the systems completed to date in clinical skills teaching) for each patient encounter.
- Generate a diagnosis based on patient history and clinical examination.
- Understand the difference between a diagnosis and a differential diagnosis.
- Demonstrate the ability to document clinical information in a SOAP* format.

**TASK:**

1. Write a focused History and focused Physical (using the template as guidance) for a patient you have interviewed and examined. Include a diagnosis in your summary. This exercise, including the difference between a diagnosis and a differential diagnosis, should be read and discussed with your preceptor. *(Note: this should be legible, protecting patient identity using initials only.)* Format suggested SOAP – Subjective/Objective/Assessment/Plan.
The above activity has been successfully completed and documented.

Preceptor Signature: ________________________________

Comments:
The SOAP Format

Many medical schools and residency programs advocate a method of problem-oriented medical record (POMR) documentation. In this system, known by its acronym “SOAP”, the physician’s notes concerning a patient’s health and treatment are divided into four parts (the bolded and italicized identify where the components of the history and physical can be found in the SOAP format):

**Subjective:** This component summarizes the patient’s complaint, general using the patient’s own words or a synopsis (e.g. chest pain or sore throat). It should include the nature and duration of the patient’s symptoms, the time the patient first noticed the symptoms, the patient’s opinion as to the possible causes of the illness or condition, any remedies that the patient may have tried, or other medical treatment previously received for the same illness or condition, any contributory factors that may influence the patient’s health or response to treatment.

In the SOAP format, the subjective (S) component documents the chief complaint and the history of the illness, review of systems, and relevant past, family and/or social history.

**Objective:** This portion of the medical documentation records the measurable, pertinent findings of the physician’s actual examination. Results of diagnostic tests (e.g. laboratory tests or x-rays) are also recorded or referenced. An important medical legal concept to be learned is the inclusion of ‘relevant negatives’.

In the SOAP format, the objective (O) component documents the physical examination and the diagnostic evaluation.

**Assessment:** This component of the documentation defines the physician’s determination of the cause of the patient’s condition, based on the information recorded in the subjective and objective components, and includes the physician’s differential diagnoses, diagnostic and therapeutic option and potential for complications.

**Plan:** This part of the medical record documentation states the agreed-upon treatment plans for the patient.

In the SOAP format, the assessment (A) and plan (P) document the complexity of medical decision making.

The POMR generally incorporates a baseline database of information that includes the patient’s past, family and social history, as well as a chronological problem list. In this format, the physician identifies each problem being addressed from the patient’s problem list and then documents each individual problem addressed during an encounter with a separate SOAP note. Past, family and social history database information should be updated at appropriate intervals, annually in most cases.
2. **Family Medicine Communicator**: Through effective patient-centered communication, the family physician facilitates the doctor-patient relationship.

Developing communication skills and relationships with patients

- Understand the patient-centered clinical method.

- Reflect on a clinical situation encountered and describe how two aspects of the patient-centered clinical method (e.g., understanding the illness experience; finding common ground) were highlighted/useful during that clinical encounter.

- Describe what types of communication skills and techniques facilitated your patient-centered interview.

**Patient-Centered Clinical Method**


**TASK:**

- i) Reflect on a clinical situation encountered and describe how two aspects of the patient-centered clinical method (understanding the illness experience; finding common ground) were highlighted/useful during that clinical encounter.
TASK:

- ii) Describe what types of communication skills and techniques facilitated your patient-centered interview.

The above activity has been successfully completed and documented.

Preceptor Signature: ________________________________

Comments:
3. **Family Medicine Collaborator**: Family physicians are part of a community network of health professionals.

The student will be able to do the following:

- Develop an understanding of their role as family physicians in the community network of health professionals.
- Participate as a member of a team with other health care professionals in the provision of patient care.

**TASK:**

1. The student will write-up about a patient they interviewed using the format as described.

Choose 1 patient you have met and consider the following:

Patient description:

Major health problems:
Major coping strategies (strengths):

Health professionals involved or “ideally” involved and their roles:

How does this case illustrate the importance of inter-professional care of a particular health issue in this community?

The above activity has been successfully completed and documented.

Preceptor Signature: ________________________________

Comments:
4. **Family Medicine Manager**: Family physicians use resources wisely, organize their practices as a resource to their patients and coordinate their care within the health care system.

**Develop managerial skills**

The student will be able to do the following:

- Demonstrate an understanding of the role of the family physician, family medicine and primary health care in the overall function of the health care system.
- Describe key elements of a family practice

**TASK:**

1. Describe the family practice you are working in (include office design and organization, record systems, payment options, interaction with health care system). Reflect on how these key elements impact patient care.
The above activity has been successfully completed and documented.

**Preceptor Signature:** ________________________________

Comments:
5. **Family Medicine Health Advocate**: Family physicians advance the health and wellbeing of individual patients, communities and populations.

6. **Family Medicine Scholar**: Family physicians demonstrate a lifelong commitment to reflective learning.

The student will be able to do the following:

- Interview and examine a variety of patients with new acute illnesses.
- Interview and examine patients who present for preventative reasons.
- Identify common health problems in a particular practice and community.
- Discuss ways in which a family physician identifies and responds to individual patient’s health needs and a practice responds to common health problems in the community.
TASK:

1. The student will complete an “evidenced-based exercise” (one page) based on a question raised from a patient encounter they experienced and illustrate how this will help to advance the health and wellbeing of that patient or their community.

Identify a clinical question from an encounter with a patient that you would like to research in more detail in.

Describe patient briefly:

My question is:

My resources are: (use at least 3, including primary or secondary online resources e.g. PubMed, DynaMed, Guidelines, CMA, CFPC)
Synthesis of my research is:

How does this apply to this patient?
How does this apply to the wider community?

The above activity has been successfully completed and documented.

Preceptor Signature: ________________________________

Comments
7. **Family Medicine Professional:** Family physicians are expected to demonstrate respectful behaviour in the workplace

The student will be able to:

Develop an understanding of professionalism and the Respectful Learning environment within medicine

**Task:**

- Read Memorial University’s Faculty of Medicine’s policy “*The Respectful Learning Environment in Medical Education Policy.*”

- The Overview of the above policy states “University-based medical education programs are structured to produce high-calibre medical practitioners who have the knowledge, skills and confidence to meet the health care needs of our society. To increase the Medical Education Learner’s chances of success during his/her education, such programs should strive to maintain both supportive and respectful workplaces and learning environments that are free from intimidation and harassment.

1) What actions will you take to create and maintain a respectful learning environment in your future practice?
2) What impact do you think this will have on your clinical practice?

The above activity has been successfully completed and documented.

Preceptor Signature: _______________________________

Comments:
Student Final Comments

To be completed by the student.

Student’s Name: _______________________

Preceptor’s Name: _______________________

Overall, please comment on the value of this educational experience for you in your development as a physician and provide suggestions for changes to the experience.

Student’s signature: _______________________

THE COMMUNITY ENGAGEMENT II WORKBOOK ASSESSMENT

Please rank the student along the following dimensions using this form. The evaluation should be discussed with the student prior to their departure, signed and returned to the student for submission to the Course Coordinator. Thank you for your contribution to the learning experience of this student.

Student: ________________________   Major Preceptor: _______________________

Please refer to the workbook; pg. 2 for the CanMEDS FMU competencies and related learning objectives when completing their evaluation.

Scale: 1 – 4:
1 = Unacceptable (Often does not meet expectations) 2 = Developing (Sometimes meets expectations) 3 = Competent (Routinely meets expectations) 4 = Exemplary (often exceeds expectations)

1. **Family Medicine Expert**
   Task #1
   *Learning Objective: Develop Clinical Reasoning*

2. **Family Medicine Communicator**
   Task #2
   *Learning Objective: Develop Communication Skills & Relationships with Patients*

3. **Family Medicine Collaborator**
   Task #3
   *Learning Objective: Develop a Broader Community Health Perspective*

4. **Family Medicine Manager**
   Task #4
   *Learning Objective: Develop Managerial Skills*

5. **Family Medicine Health Advocate**
   Task #5
   *Learning Objective: Identify Health Needs and Advocacy*

6. **Family Medicine Scholar**
   Task #5
   *Learning Objective: Develop Life-Long Learning Skills*

7. **Family Medicine Professional**
   Task #6
   *Learning Objective: Develop Respect, Honesty and Responsibility*
Overall Evaluation:  (clinical experience and handbook)

Scale: 1 - 4; 1 = Unacceptable 2 = Developing 3 = Competent 4 = Exemplary

[ ] 1 [ ] 2 [ ] 3 [ ] 4

Comments: (Mandatory if evaluation is a 1)
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Comments: (on the course)
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Preceptor’s name: ___________________________ Preceptor Signature: ___________________________

Please print

Student’s name: ___________________________ Date: ___________________________

Please print

I have discussed this evaluation with my preceptor

Student’s signature: ___________________________

Date: ___________________________