

Introduction to Family Medicine Rotation

DR. LANA HALASEH, MD, MCFP (COE)

ASSOCIATE PROFESSOR, UJ

CONSULTANT FAMILY PHYSICIAN

GERIATRIC SPECIALIST & HOSPITALIST

PROGRAM DIRECTOR OF FAMILY MEDICINE
TRAINING FOR MEDICAL STUDENTS



Students' objectives

1. Introduce the concept of family medicine as a specialty
2. Deal efficiently with acute, chronic and psychological diseases
3. Provide evidence-based and comprehensive patient care in the context of family and community (whole person medicine)
4. Anticipate potential health problems and provide national health maintenance and disease prevention
5. Recognize when and how to refer patients

The European Definition, 2011

Family medicine is an academic and scientific discipline, with its own educational content, research, evidence base and clinical activity, and a clinical specialty oriented to primary care.

General Practice vs. Primary Care

What is general practice?

- That component of health care system which provides **initial**, **continuing**, **comprehensive** and **coordinated** medical care for all individuals, families, and communities and which integrates current biomedical, psychological and social understanding of health.
- A community-based, continuing, comprehensive, and preventive health care of the individual and family

Primary care

- It involves the ability to take responsible action on any problem the pt presents with, whether or not it forms part of an ongoing doctor-patient relationship.

Domains of general practice

1. Communication skills and the doctor-patient relationship
2. Applied professional knowledge and skills
3. Population health and the context of general practice
4. Professional and ethical role
5. Organisational and legal dimensions

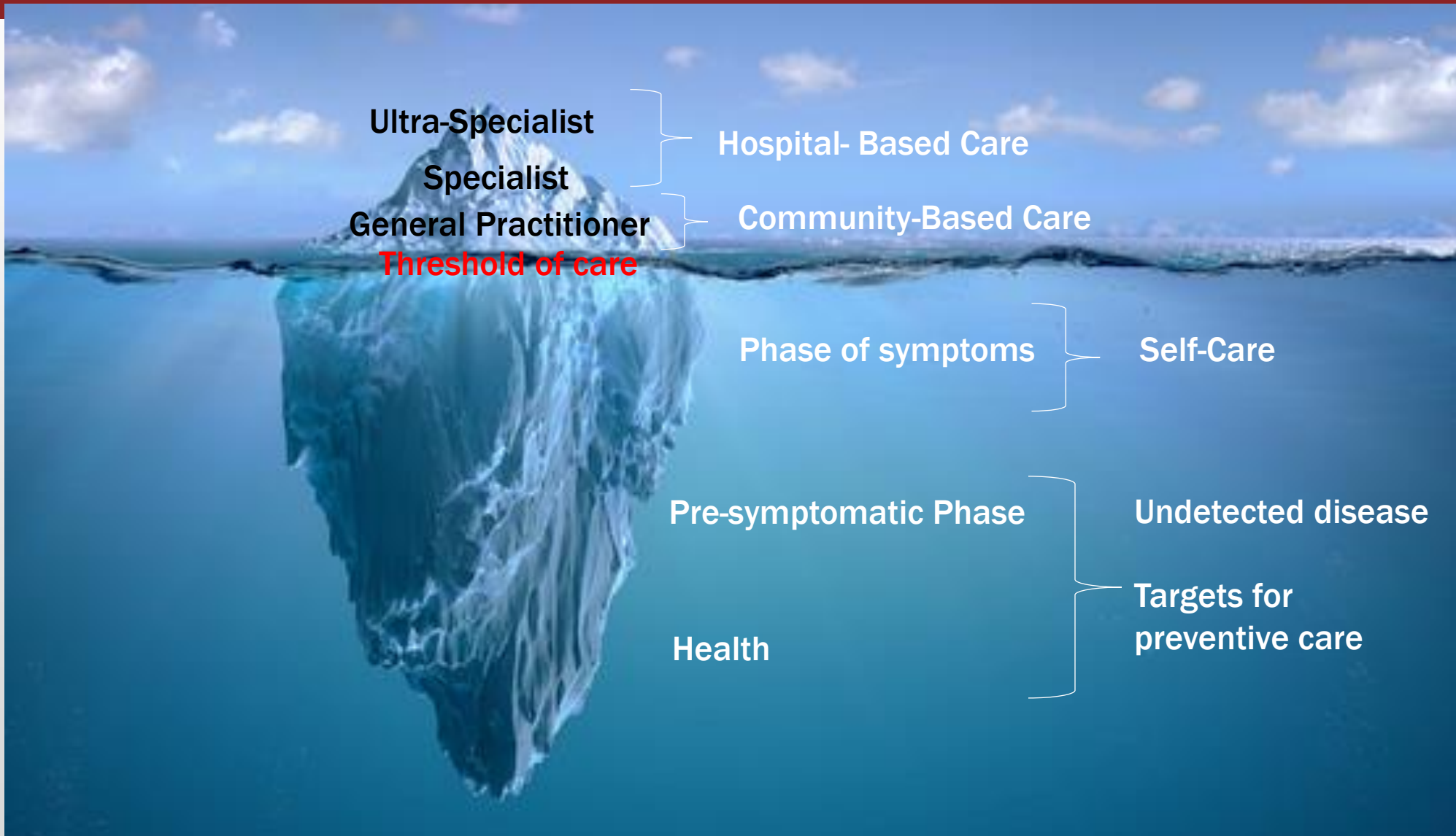
The AAFP's functions of PHC:

1. It is “first-contact” care (Port of entry into the health care system)
2. Longitudinal relationship: continuity of care
3. Comprehensive care
4. A coordinative function for all the health care needs of pts
5. Community health problems
6. It is a highly personalized type of care

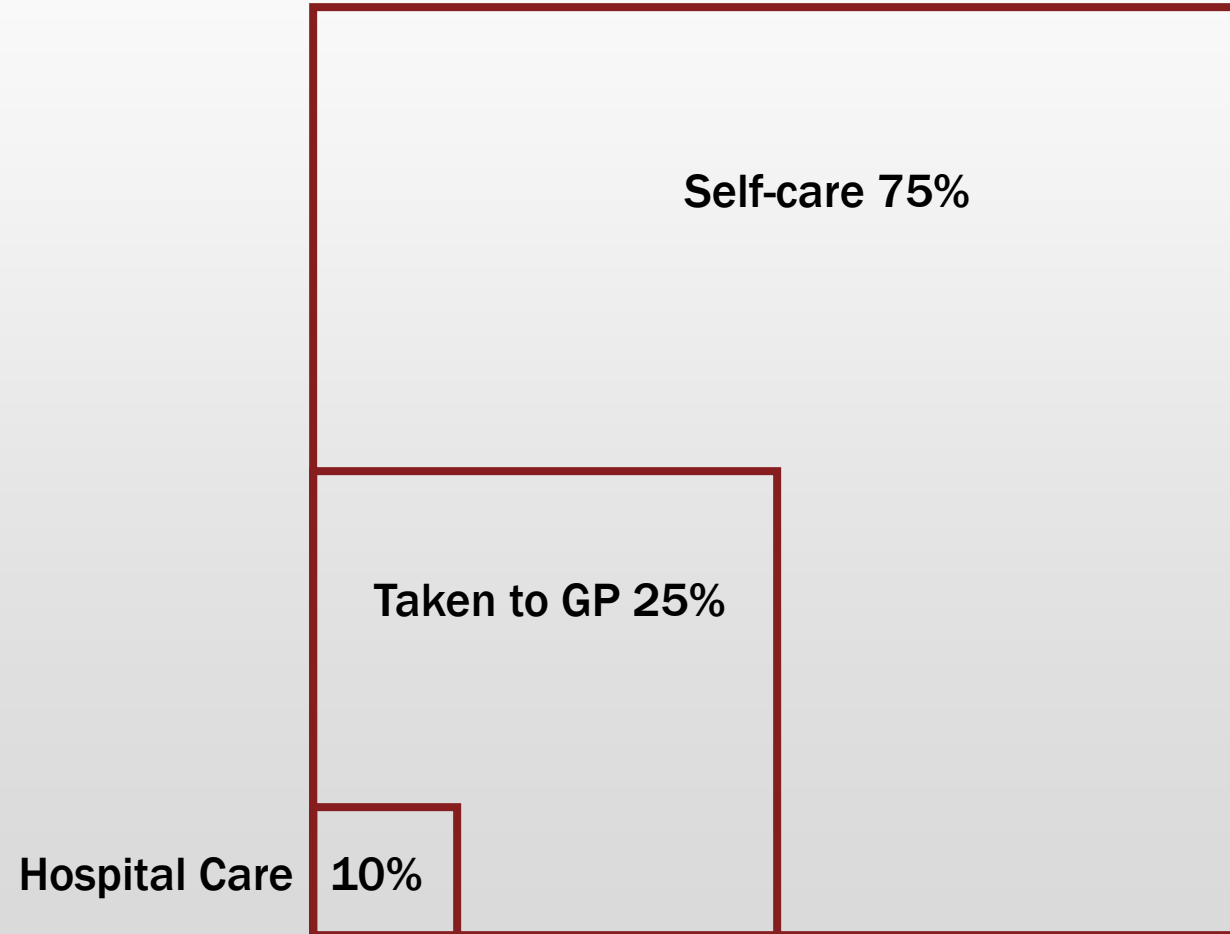
Four Principles of Family Medicine: Canadian Family Physician

1. The family physician is a skilled clinician.
2. Family medicine is a community-based discipline.
3. The family physician is a resource to a defined practice population.
4. The patient-physician relationship is central to the role of the family physician.

The Clinical Iceberg and Levels of Care



Levels of Care of symptoms



Common presenting symptoms

- 1. Minor self-limiting (60%)**
- 2. Chronic non-curable (25%)**
- 3. Acute major life-threatening (15%)**

Family Medicine Clinic at JUH

- Our Family Medicine Clinic is a walk-in clinic (no appointments) serving UJ employees and their families in addition to the local community.
- We deal with all health problems regardless of age, sex, or any other characteristic of the person concerned. We diagnose and manage acute and chronic diseases, in addition to counselling and preventive health.

Our Family Health Team

- Receptionists,
 - Accountant,
 - Nurse supervisor (Dalal),
 - Nurses (P.N, S.N),
 - Pharmacists, and
 - Staff physicians along with the residents.
- Clinical clerks are also part of our team!
 - Each one is more than happy to be helpful, so don't hesitate to ask for help.

Family Health Team



Consultant



Residents



Pharmacist



Nurses



Students



Clerk/
Accountant

Process at FM clinic

- The clinic has six rooms running from 8:30 to 4:00.
- After-hours clinic (from 4:00 to 8:00), is run by the on-call doctor (one room), helped by five-year medical students! No swaps are allowed ;)

Rotation

- Lasts for FOUR weeks
- FOUR groups alternating between JUH and MOH: 2 weeks @ JUH and 2 weeks @ Abu-Nsair and Amman Comprehensive Health Centers.
- Morning clinic at 8:30-12:00 (JUH)
- Afternoon & Educational clinic at 12:30-4:00 (JUH)
- After-hours clinic (4:00- 8:00) for all students
- Seminars are done during the rotation virtually. PowerPoint presentations are prepared by students themselves.

- You are expected to attend all the clinics and the seminars **ON TIME!**
- Make sure you show up to the clinic's senior by 8:30 am (morning clinic) and 12:30 (afternoon clinic). Otherwise, you will be absent that day.
- You can't leave the clinic without taking the consultant's permission to do so.
- Kindly be prepared for all the seminars.

**Cognitive skills in history taking
(Hypothetico-deductive method)
Patient's Interview**

Chief Complaint

Duration

File information

The differential diagnosis is based on

1. Probability
2. Seriousness
3. Treatability
4. Novelty

(At least seven differential diagnoses arranged from most likely to the least likely).

◆ History

Taking a proper history is the single most important step.
An ideal history must cover all of the following:

a. SOCRATES (for all complaints)

- Site (can be ignored in certain situations such as dizziness)
- Onset
- Timing, Duration, Frequency
- Character
- Radiation
- Exacerbation and Relieving factors
- Severity
- Associated symptoms: pertinent clues for each one of probability, seriousness, treatability and novelty.

History taking form by Dr. Nada

The full form can be accessed through the
website (course syllabus)

Appendix 2

Outline for Patient-centered case presentation:

- ❖ In patient-centered case presentation, you need to present patient's profile followed by the chief complaint.
- ❖ Then you have to present your Pre-Diagnostic Interpretation (PDI) of that specific chief complaint, based on probability, seriousness, treatability and novelty.
- ❖ After that, you need to explore the HPI including illness behavior and patient-centered- medicine views explaining your patient's ideas, concerns, expectations, and possible effects of the problem. Finally this should lead you into your list of differential diagnoses.
- ❖ At last, you need to come up with a specific management plan as summarized by the acronym RAPRIOP.

An example of illness behavior:

Mr. Naser is a 42-year-old teacher. He has chest pain.

➤ Possible ideas

- ☐ He may think it is from his heart
- ☐ He may think it could be a result of heavy meal
- ☐ He may think it could be (bad eye) or (black magic)
- ☐ He may think it could be trauma

➤ Possible concerns

- ☐ His main concern could be his work
- ☐ His main concern could be his image as a distinguished teacher
- ☐ He might be worried his fitness
- ☐ He might be worried about his family, what will happen to them if he died

➤ Possible expectations

- ☐ His main expectation could be just explanation and reassurance
- ☐ He may expect ECG or X-Ray or cardiac catheterization
- ☐ He may expect referral for more reassurance
- ☐ He may expect medical report or just a sick leave

➤ Possible effects of the problem

- ☐ This problem may affect him physically and prevent him from doing his daily activities
- ☐ It may affect him socially and make him isolated
- ☐ It may affect him psychologically and make him anxious and depressed

Patient-Centered Case Presentation Template

The case should be genuine with the MRN written on top of the first page.

Do not write other patient's identifiers.

Assessment & Evaluation

- Each student is attached to one preceptor who will be in charge of the assessment during the clinic. Please be in the consultant's clinic whenever available.
- Professional behavior is expected.
- Knowledge and clinical skills are counted
- Inter-professional communication skills are encouraged
- Respecting patients' rights and confidentiality is a necessity
- Team-work and eagerness to learn should be explicit

End-of-Rotation Evaluation

- Marks are divided in between the following domains, as determined by School-of-Medicine Deanship:
 1. Clinical skills
 2. Seminars and Presentations
 3. Professional Attitude and Compliance to JUH Quality Control
 4. Medical Knowledge
 5. Attendance

Summary

- Each student is expected to:
 - I. Present a seminar and/or a case
 - II. Conduct an observed consultation by the consultant
 - III. Attend all clinics and seminars
 - IV. Have at least one call (after-hours clinic) during the rotation

Final OSCE Exam

- On the last rotation day (Thursday).
- A mini-OSCE PowerPoint format
- Cell phones, laptops, tablets and other electronic devices are not allowed on the exam day.

- Clinical Method: A General Practice Approach, 3e Robin Fraser, 1999
- American Academy Of Family Physicians (aafp.org)
- “John Murtagh's General Practice”. April 26, 2007
- Tutorials in general Practice, 3e Michael Mead, Henry Patterson, 1999
- Patient-Centered Medicine. Transforming the Clinical Method. Moira Stewart et al, 1995
- United States Preventive Services Task forces: <http://www.uspreventiveservicestaskforce.org/>
- Evidence-Based Medicine: How to Practice and Teach EBM. By David L. Sackett
- Primary Care Geriatrics. A Case-Based Approach. Fifth Edition. Richard J. Ham, M.D., Philip D. Sloane, M.D., M.P.H. ISBN: 978-0-323-03930-7

**References you
need**

تعليمات الحضور و الغياب

- المادة (5):- يتم تعريف غياب اليوم الواحد في الأقسام المختلفة كما يلي:
 - الغياب عن يوم كامل بجميع نشاطاته.
 - الغياب عن نشاط سريري واحد، كحضور العيادة أو المرور التعليمي أو العمليات.
 - الغياب عن نشاطين اثنين غير سريريين كالمحاضرة الصباحية وحلقة النقاش المسائية.
- المادة (6):- لا يجوز شطب غياب الطالب بسبب عذر مقبول، وإنما يحتسب غيابا بعذر.
- المادة (10):- تنطبق هذه الأسس على الطلبة الذين يمارسون تدريبهم السريري في مستشفى الجامعة وأماكن التدريب السريري الأخرى التي يتم توزيع الطلبة عليها.

تعليمات الحضور و الغياب

- عدد أيام الغياب المسموح بها 6 أيام بدون عذر
- عدد أيام الغياب المسموح بها 8 أيام بعذر يقبله مدير التدريب
- يجب تقديم العذر خلال 24 ساعة من الغياب للنظر في اعتباره
- يتم حرمان الطالب/ة من الامتحان الكتابي النهائي إذا تجاوز نسبة الغياب المسموح بها

Dress Code

- Please make sure you dress properly according to UJ- School of Medicine's dress code.
- Dress code infractions are NOT accepted.

Dress Code

كلية الطب - الجامعة الأردنية تعليمات المظهر العام واللباس

أولاً: - لماذا هذه التعليمات

يشكل طلبة الطب جزءاً هاماً من الفريق الطبي يتحتم عليهم التعامل مع المرضى ومقدمات الرعاية الصحية في المستشفيات والمراكز التي يتدربون فيها حيث يراجع تلك المستشفيات والمراكز مرضى من مختلف الأعمار والمناطق والثقافات والجنسيات والخلفيات الاجتماعية والإقتصادية ويتوجب على طلبة الطب مراعاة كل تلك الأمور بحيث ينعكس ذلك في لباسهم وسلوكهم التزاماً بمظهر لائق وخلق حسن وهو ما يكسبهم ثقة واحترام المريض وذويه وإعجاب زملائهم ولا تنفرد كلية الطب في الجامعة الأردنية بإصدار مثل هذه التعليمات وإنما هي تحذو حذو كليات الطب العريقة في العالم التي تنظم هذه الأمور من خلال مدونه اللباس (Dress Code).

ثانياً: - فيما يخص الطلبة جميعاً ذكوراً وإناثاً

- 1- يطلب من جميع طلبة الطب ذكوراً وإناثاً إرتداء مريول أبيض نظيف مكوي خالي من البقع والثقوب يصل طوله حتى الركبة مغلق الأزرار ويحمل شارة مكتوب عليها اسم الطالب وعبارة كلية الطب - الجامعة الأردنية.
- 2- على جميع طلبة الطب ذكوراً وإناثاً المحافظة على مظهر عام لائق وشعر نظيف مرتب وعدم إستعمال الصبغات وكذلك عليهم حلاقة الذقن يومياً والإبقاء على الأظافر نظيفة مقلمه غير مطليه وإرتداء حذاء مغلق أسود أو بني لا يظهر أصابع القدم.
- 3- يمنع على طلبة الطب ذكوراً وإناثاً إرتداء الملابس الضيقة أو الشفافة أو ذات الألوان الفاقعه أو التي عليها رسومات غريبه وكذلك يمنع إرتداء الجينز بأنواعه وألوانه والقبعات أو الشماغ أو النظارات الشمسية.

ثالثاً: - فيما يخص الإناث من الطلبة

- يسمح بارتداء تنوره غير ضيقه يصل طولها إلى أسفل الركبة أو بنطال غير ضيق مع قميص مغلق الازرار أو بلوز أو حجاب أو فستان محتشم غير ضيق بطول يصل إلى أسفل الركبة.

- يسمح بارتداء خاتم وحلق صغير وعقد بسيط.

رابعاً: - فيما يخص الذكور من الطلبة

- يسمح بارتداء قميص رسمي نظيف مكوي مغلق الازرار بألوان غير فاقعه أو رسومات غريبة مع بنطال رسمي قماش أو كتان نظيف ومكوي.

- يسمح بارتداء خاتم عادي أو دبله.

- I am your program director and you can reach me ALL the time on my email (I.Halaseh@ju.edu.jo)
- Likewise, all the consultants are more than happy to help out.
- Do not hesitate to contact us ;)

SUCCESS IS NO ACCIDENT.

It is hard work, perseverance,
learning, studying, sacrifice, and most
of all, love of what you are doing.

— Pelé —

**I wish you the best of
luck!**

God bless you all ;)

Dr. Lana Halaseh