**LEARNING UNIT : LU7 Coordinator : DR. Anna Guia Limpoco**

**Course Co-Coordinator : DR. Peter Julian Francisco**

**DFCM Interns Committee (DFCM faculty and Residents)**

**COURSE CODE : FCH 260.1**

**COURSE TITLE : INTERNSHIP IN FAMILY MEDICINE**

**COURSE DESCRIPTION:**

The 2 week rotation in the service areas of the Department of Family and Community Medicine (FMC-outpatient and ambulatory care clinic) as first contact care physicians provide opportunities for the post graduate interns to formulate and implement a biopsychosocial approach to care that is patient centered, family focused, evidenced based plan of management for patients and their families depending on the level of care needed.

It is also an avenue for the postgraduate interns to do analysis of cases using the systems perspective. This will also be preparatory for the patient centered family focused community oriented care that they should provide for patients and families that they will care during their community immersion.

CREDIT: 2 Weeks

LO ADDRESSED:

L1 Clinical Competence

L2 Effective Communication Skills

L3 Leadership and Management

L4 Generation and Utilization of Relevant Knowledge

L5 Inter-professional practice

L6 System-based Approach to Health Care Practice

L7 Lifelong Personal & Professional Development

L8 Adherence to Professional and Ethical Standards

L9 Volunteerism, Nationalism and Internationalism

L10 Advocacy for Social Equity and Social Accountability

L11 Effective Teaching and Organizational Skills

 **INSTRUCTIONAL DESIGN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning Objectives** | **Learning Outcome Addressed** | **Content** | **Teaching/Learning Strategies** | **Resources** | **Evaluation** |
| 1. Obtain a comprehensive History and Physical Examination of Patients seen in the **Ambulatory** and **Family Medicine Clinic**
 | L1-L4-DL6-D L8-D | History Taking of a Patient:Chief ComplaintHistory of Present IllnessPast Medical HistoryPersonal/Social History\*OB History, Nutrition History, Birth/Maternal History, Adolescent HistoryReview of SystemsComplete Physical Examination (Pedia, Adult, OB Pxs) | Clinic PreceptorialsSmall Group Discussions | PatientsReference BooksClinical Practice GuidelinesReferences uploaded at UvLe | Case Summary (BedSide)Rating Scale  |
| 1. Provide a thorough analysis of the differential diagnosis and justified the main diagnosis
 | L1-L4-DL6-D L8-D | List of Considerations for Diagnosis and reasons for ruling out  | Clinic PreceptorialsSmall Group Discussions | ICD-10Reference Books | Case Summary (BedSide)Rating Scale |
| 1. Provide appropriate diagnostics
 | L1-L4-DL6-D L8-D | List of Appropriate Diagnostics | Clinic PreceptorialsSmall Group Discussions | Clinical Practice Guidelines | Case Summary (BedSide)Rating ScaleWritten Exam (Cased Based) |
| 1. Present a cost effective management plan with all levels of care covered
 | L1-L4-DL6-D L8-D | Primary, Secondary and Tertiary Management | Clinic PreceptorialsSmall Group Discussions | PHEXUSPSTFClinical Practice GuidelinesReference Books | Case Summary (BedSide)Rating ScaleWritten Exam (Cased Based) |
| 1. Determine Service, Specialty, Organization needed for the continuity of care for the patient
 | L2-L6-DL8-L11-D  | Definition of Urgent/Emergent Patients in the Ambulatory SettingWarning/Danger Signs for Symptoms | Clinic PreceptorialsSmall Group Discussions | Ambulatory Care OrientationReference Books | Case Summary (BedSide) |
| 1. Completed and Interpreted Family Genogram
 | L1-L2-D | Elements of Genogram | LecturesSmall Group Discussions | PatientsReference Books | Oral Report (Family case Presentation)Written Exam |
| 1. Used appropriate Counseling Skills : to address the Psychosocial Issues of the Patient
 | L1, L2 and L10-P | Active Listening Skills  CEA ( Catharsis, Education and Action) | LecturesSmall Group DiscussionsBedside Preceptorials | PatientsReference Books | Oral Report (Family case Presentation |
| 1. Adequately used appropriate Family Assessment Tools in Analyzing Family Psychodynamics
 | L1,L2,L3,L6-PL7-I | APGAR SCREEMFamily TimelineFamily MAP | LectureSmall Group discussions | Patients and FamilyReference Books | Oral Report (Family Case Presentation)Written Exam |
| 1. Used Evidence Based Approach in any Diagnostic/Therapeutic Dilemma
 | L1, L4,L6,L7,L8-D | Steps in Appraising an Article/Journal  | Self learning via uvLeSmall group discussionClinical Appraisal of Journal/Article | InternetJournals | Rating ScaleWritten Exam |
| 1. Analysis of Simulated case using the PFC (patient centered family focused, community oriented care
 | L1-L7, L10 | See table on PFC\*\* | Small group discussionLecture | References thru UvLe | Oral presentation (Family Case) |

PFC Table



**INTERNS’ SCHEDULE**

**Academic Year 2018-2019**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| Day 1Reporting to Ambulatory Care Unit3 interns am 7-7pm2 interns 7 pm-7 amenrollment to UvLe | Day 27-8 amorientation of the blockPFC matrix lectureAmbulatory Care Unit3 interns 8am-7pm2 interns 7 pm-7 amFamily Medicine Clinic: All interns (8am-4pm)Ambu post duty Interns unitl 12 nnInterns for Ambu PM duty until 12 nn | Day 37-8 amEBM pre testCase vignette on common diseases vignettesAmbulatory Care Unit3 interns 8am-7pm2 interns 7 pm-7 amFamily Medicine Clinic: All interns (8am-4pm)Ambu post duty Interns unitl 12 nnInterns for Ambu PM duty until 12 nn | Day 47-8 amEBM sgd on DiagnosticsAmbulatory Care Unit3 interns 8am-7pm2 interns 7 pm-7 amFamily Medicine Clinic: All interns (8am-4pm)Ambu post duty Interns unitl 12 nnInterns for Ambu PM duty until 12 nn | Day 57am-10 amStaff conferenceAmbulatory Care Unit3 interns 10 am-7pm2 interns 7 pm-7 amFamily Medicine Clinic: All interns (10am-4pm)Ambu post duty Interns unitl 12 nnInterns for Ambu PM duty until 12 nn   | Day 67am-8 amEBM sgd on therapeuticsAmbulatory Care Unit3 interns 8am-7pm2 interns 7 pm-7 amFamily Medicine Clinic: All interns (8am-4pm)Ambu post duty Interns unitl 12 nnInterns for Ambu PM duty until 12 nn Cancer Institute duty 2-3 interns7pm-7am | Day 7Group assignment on PFC using simulated caseAmbulatory Care Unit3 interns 7am-7pm2 interns 7 pm-7 am |
| Day 8Ambulatory Care Unit3 interns am 7-7pm2 interns 7 pm-7 am | Day 97-8 amPFC discussion with faculty12-1 \*Consultant’s Lecture: Tools for Family AssessmentAmbulatory Care Unit3 interns 7am-7pm2 interns 7 pm-7 amFamily Medicine Clinic: All interns (8am-4pm)Ambu post duty Interns unitl 12 nnInterns for Ambu PM duty until 12 nn  | Day 10Ambulatory Care Unit3 interns 7am-7pm2 interns 7 pm-7 amFamily Medicine Clinic: All interns (8am-4pm)Ambu post duty Interns unitl 12 nnInterns for Ambu PM duty until 12 nn | Day 117-8 AMPFC small group discussion with residentsAmbulatory Care Unit3 interns 8am-7pm2 interns 7 pm-7 amFamily Medicine Clinic: All interns (8am-4pm)Ambu post duty Interns unitl 12 nnInterns for Ambu PM duty until 12 nn | Day 127am-10 amStaff conferenceAmbulatory Care Unit3 interns 10 am-7pm2 interns 7 pm-7 amFamily Medicine Clinic: All interns (10am-4pm)Ambu post duty Interns unitl 12 nnInterns for Ambu PM duty until 12 nn | Day 13Ambulatory Care Unit3 interns 7am-7pm2 interns 7 pm-7 amFamily Medicine Clinic: All interns (7am-4pm)Ambu post duty Interns unitl 12 nnInterns for Ambu PM duty until 12 nn3-5 pmExit examPost EBM testFeedbackCancer Institute duty 7pm-7am2-3 interns | Day 14 Ambulatory Care Unit3 interns am 7-7pm2 interns 7 pm-7 am |

**Notes:**

* \*12-1 lecture usually any day in the 2nd week of rotation
* Family Case Presentation is scheduled on the 4th Monday of the 6-week Community Medicine Rotation