

FCH 250.1

GENERAL ORIENTATION

AY 2023-2024

**WELCOME TO
FAMILY & COMMUNITY
MEDICINE**

Continuation from:

- LU 3: HS 201 - Introduction to health in patient and family
- LU 4: HS202 - Illness as experienced by patient and family

INTEGRATED CLINICAL CLERKSHIP IN FAMILY MEDICINE

[A clinical year in the ambulatory setting]

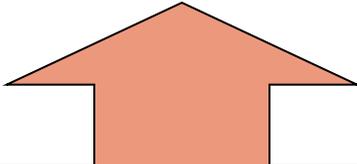


DFCM GOAL

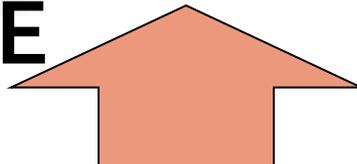
The community-oriented family physician



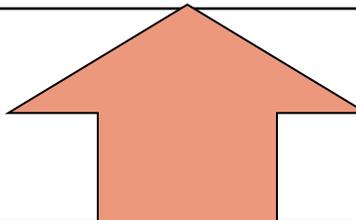
SYSTEMS PERSPECTIVE



PERSON
Lifestyle and behavior
Screening
Vaccination
Chemoprophylaxis



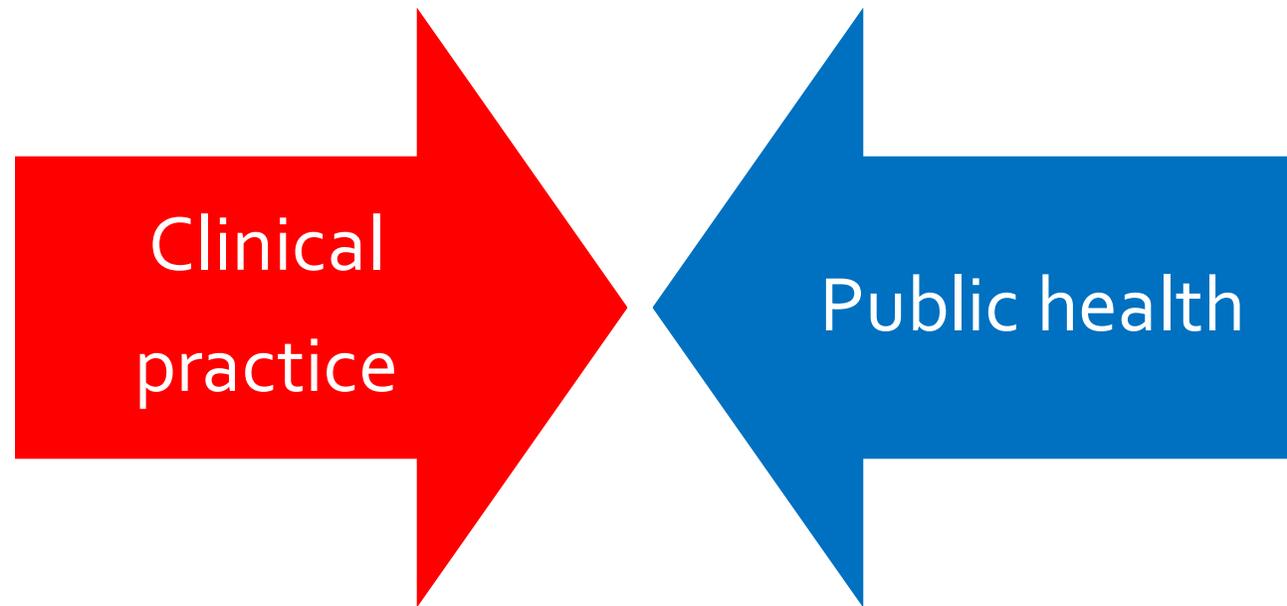
FAMILY
Family systems
Family life cycle
Family dynamics and
The impact of illness



COMMUNITY
Health care delivery systems
Social determinants
(Environment, Culture,
Economy, Politics)
Community Development

SOCIAL SYSTEMS

FAMILY AND COMMUNITY MEDICINE



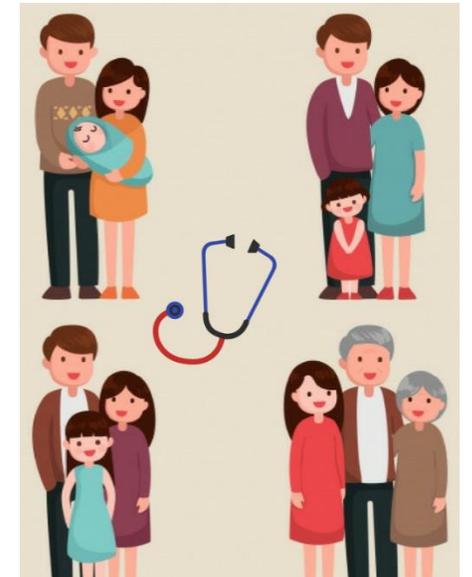
"Always
remember,
your **focus**
determines
your **reality**."

FEARLESSMOTIVATION.COM
GEORGE LUCAS

Focus on the Family Medicine [clinical] Component of FCM

Basic knowledge and skills in the evaluation and management of common medical conditions encountered in family practice settings:

Care of the patient and family



What is FAMILY MEDICINE?

3Ps

- Primary care - level of care usually provided in an outpatient setting
- Patient-centered – explained last IDC 204 session
- Preventive = provision of a periodic health exam for a patient

3Cs

- Continuity
- Comprehensive
- Community oriented
- Best learned in LU7

ASYNCHRONOUS

- Reading materials
- Videotaped lectures

SYNCHRONOUS

- Lectures
- Small group discussions
- OPD preceptorials

TWO MAJOR OBJECTIVES

- Managing Individual Patients

- Handling Families as a Unit of Care

WEEK ONE: INDIVIDUAL CARE

PRIMARY CARE

THE INDIVIDUAL PATIENT

[Clinical History]

1. OPD preceptorials at the Family Practice Center*
2. Primary care case discussion (PCCD): oral case discussion of a simulated case with a preceptor [groups of 3-4]

THE INDIVIDUAL PATIENT [Clinical History]

- View the lecture on an FCM approach to clinical history taking by Dr. PJ Francisco

Guide to Clinical History Taking

- General data
- Chief complaint
- History of present illness
- Past medical history
- Family history [genogram]
- Personal social: lifestyle/home life/occupation
- Psychosocial: thoughts and feelings, functioning/expectations
- Others: HEADSSS if adolescent; Gyne history if female
- Immunization
- Review of systems

Guide to Physical Exam

- General survey [nutrition status, sensorium or signs of distress]
- Vital signs
- Head and neck
- Chest and lungs
- Heart
- Abdomen
- Spine and extremities [musculoskeletal evaluation]
- Rectal/genital exam
- Neurologic exam
- Mental status exam

The Individual Patient [Clinical History]

- Conduct an interview of a patient at the OPD Family Practice Center*



The Individual Patient

[Primary Care Case Discussion]

- Division as groups of 3-4
- The chief complaint and general data will be given prior to the day of the discussion
- Case simulates an OPD scenario
- Approximately 1.5 hr session
- Suggestion for the small group have a “study group” on the assigned chief complaint

The Individual Patient

[Primary Care Case Discussion]

- Follow the SOAP format
- In the S component, the faculty-preceptor role plays as the patient
- In the O component, students must request for the PE findings. If not asked, it will not be given
- In the A and P, students discuss reason for the working diagnosis/es and the plan of management (identify all problems both medical and psychosocial if there is any)

“Patient-Centered care is "providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.”

- *Institute of Medicine*



Patient-centered Method

- Explore and interpret both the disease and illness experience [CEA skill]
- Understand the whole person [social determinants]
- Find common ground with the patient about the problem and its management
- Incorporate prevention and health promotion
- Enhance the doctor-patient relationship
- Be realistic about time and resources

Any



PREVENTIVE CARE

The Individual Patient

1. OPD preceptorials
2. Periodic health exam and SGD

The Individual Patient [Periodic Health Exam]

- Periodic Health Exam lecture*
- A PGH employee shall be assigned to you for interview for a Periodic Health Exam
- You will be given the phone number of the employee. Confirm their available schedule and preference for F2F or video call/phone interview

The Individual Patient [Periodic Health Exam]

- Get the preventive health history of the patient. Physical exam need not be done but at least try to obtain a BP/BMI
- Prepare a tailored report in power point to be presented during an SGD with a preceptor [Thursday or Friday of Week 1]
- Present the PHE package to a UPHS consultant. The students get a group grade for this activity

The Individual Patient [Periodic Health Exam]

- The faculty enters the results of the PHE interview in RADISH and makes the necessary requests for screening tests and prescriptions for required medications
- Email your SOAP for the employee to your preceptor for ease of encoding to RADISH (CC to kvillarante@up.edu.ph)

WEEK TWO: FAMILY CARE

Handling Families as a Unit of Care

The PFC Approach

- Engage a family for their health care



Handling Families as a Unit of Care

The PFC Approach

- Lecture/orientation to the activity on Monday from 9-11 am
- As groups of 5-6 students - the group will be given a clinical case scenario with incomplete data
- Prepare 15 additional SIMPLE and SPECIFIC questions to complete data [limited number to make you choose well the questions that will be asked] The small group must meet to determine the questions to be asked

Handling Families As A Unit Of Care

The PFC Approach

- Send the 15 questions to your faculty preceptor. They have also been given the case but with more information
- Your preceptor answers the questions
- Your group meets to prepare your PFC report and present to your preceptor (group grade)
- Submit slides to the course coordinator kvillarante@up.edu.ph and your faculty preceptor if he/she requests a copy

End-of-rotation Exam

- 50-point written exam
- MCQs, short answer questions, true or false etc
- All questions shall be based on the following required readings:
 - Clinical guidelines/pathways previously identified for the block; PHE readings
 - MacDaniel Family Oriented Primary Care chapters 1 – 3
 - Notes from previous LU₃ and LU₄ lectures
- Afternoon of last day of rotation

Evaluation

The following are the basis of your grade in this course:

- PRIMARY CARE -----40%
- FPC history and PE ----- 20%
- Case discussion with faculty (SGD) ----- 20%
- PERIODIC HEALTH EXAM PRECEPTORIAL ----- 20%
- PFC MATRIX PRECEPTORIAL ----- 20%
- END OF ROTATION EXAM ----- 10%
- OSCE ----- 10%

+ score from comprehensive exam at end of the year

Evaluation

- A GUIDE FOR THE REPORTS CAN BE OBTAINED FROM VLE AS WELL AS ALL EVALUATION TOOLS FOR THE DIFFERENT ACTIVITIES
- Take note of these evaluation tools especially the one for the history taking and PE for FPC

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**Do you have
any questions?**