

## Description of Clerkships

### FAMILY MEDICINE

Department of Family Medicine

## Family Medicine

### General objectives

1. Provide a learning experience in ambulatory care.
2. Help students identify the dimensions of the role of the family physician and the problem-solving approach of family medicine, community medicine and rehabilitation medicine.
3. Provide students with an experience to help them make an informed career decision.

### Attained objectives

At the end of the rotation, the student will be able to:

1. Diagnose and manage common, undifferentiated problems in ambulatory and community settings.
2. Approach the patient as a whole person, with emphasis on wellness and health promotion.
3. Approach a patient using the biopsychosocial model.
4. Develop primary care-problem solving skills.
5. Be able to establish an effective physician-patient relationship.
6. Take into consideration the care of the family as a unit.
7. Take into consideration the impact of the community and occupation in the outcome.
8. Use consultation and referrals in a continuity-of-care model.
9. Learn the appropriate utilization of community resources for patients.

### Structure

Normally six students rotate monthly in the Department of family medicine. Students receive didactic teaching, provide supervised patient care in different ambulatory settings, conduct case discussions, and participate in site visits. They are required to attend all educational and professional departmental activities. Each student receives advice and supervision from a resident.

Each student is provided with a manual (to keep) and a logbook (to be completed and returned at the end of the rotation). The students spend the first two days being oriented to the rotation, and receive lectures, and orientation sessions to help orient the student towards family practice.

### Didactic instruction

These are in the form of lectures, seminars and case discussions, which cover the principles and common problems in Family Medicine. The lectures are given by the attendings of the department, the seminars are led by the residents, and moderated by an attending, and the case discussions are given

by the students, and moderated by attendings and residents of the department.

### **Lectures**

These are presented by the attending of the department.

Principles of family medicine, introduction to occupational medicine, dietary assessment, interviewing skills, preventive medicine in practice, health promotion and disease prevention, family in health and disease, evidence based medicine and rational prescribing, role of rehabilitation in medicine, approach to families of children with disabilities, geriatric assessment and promoting healthy aging, adult immunization,

### **Student led case discussions**

The medical student presents these.

Each student prepares two such presentations during the one-month clerkship. The topics are randomly distributed, and for each topic the student receives a prepared package, which lists instructions for preparation of the presentation, objectives, and updated evidence based literature to assist the student in covering the material needed for the objectives. Each student is expected to choose a patient with the respective medical diagnosis, and cover the objectives of the presentation, by using the case to illustrate the points.

The topics are:

#### Primary Care management of a patient with:

- 1- Tuberculosis and TB screening
- 2- A dying patient and, palliative care in community
- 3- Hypertension
- 4- Diabetes mellitus
- 5- Dizziness
- 6- Low back pain

#### Evidence based discussions are also conducted in the forum of:

- 1 Health promotion and disease prevention sessions
- 2 A journal club, which uses the elements of EBM and critical appraisal.
- 3-A rational prescribing exercise.

### **Patient care**

Assigned cases are recorded in a special logbook for individual students

#### **A- Ambulatory:**

1. University Health Service (UHS): Students sit in with the UHS family doctor and observe how history is taken, patient examined and management planned. The students are also given a chance to take

history, perform physical examination and formulate a management plan, under the UHS doctor's direct supervision.

2. **Family Medicine Practice Center:** Students are assigned at least one patient per session. They use their skills in history taking, physical examination, management and chart recording. They are offered the opportunity to watch them in during history taking, by recording themselves whilst in consultation.
3. Students rotate in the Emergency room with a senior resident, and see all family medicine patients presenting to ER. They are supervised by an attending on call.

### **B- In-patient family medicine service:**

Students assist in the care of patients admitted to the Family Medicine Service.

### **Site Visits:**

During the rotation the students visit 3 to 4 resource centers. The aim of these trips is to familiarize the student with medical care given to patients with chronic problems outside the tertiary setting. The students are given specific site visit objectives to complete, and return to the coordinator for discussion, at an evaluation session.

#### **1. Khaled Rehabilitation Center**

Located in a deprived suburb of Beirut, caters for adults and children requiring physical therapy, prosthesis fitting and general physical rehabilitation at affordable cost. The students are asked to visit the Physiotherapy department at AUH and compare and contrast care with the community resources.

#### **2. Um El Nour**

Service catering for adult requiring rehabilitation (post detoxification) from drug and alcohol abuse. Services include: initial screening of patients, psychological assessment, assistance with handling criminal charges etc., and placement in residential units scattered within the whole country, for intensive rehabilitation. The students spend time visiting the site and interview the residents in groups.

#### **3. Ain & Zein Hospital**

A general hospital with a geriatric inpatient unit catering for around 100 patient admitted for long-term stay. The students perform a geriatric assessment, which includes MMSE, Psychological Assessment and Assessment of Activity of Daily Living (ADLs). They present their

conclusion and recommendations to the geriatric team at the hospital, and submit the assessment in writing in their logbooks to the coordinator.

#### **4. Sesobel**

Outpatient rehabilitation services catering for children with learning disabilities, varying levels of physical and mental handicap, autism etc. special assistance given to the family caring for these children. The students spend the time visiting and speaking to the children, their families and the health care providers.

### Weekly departmental activities

Students attend the following departmental educational and professional activities:

1. Review of articles from the American Family Physician Journal
2. Medical grand round
3. Psychotherapy sessions
4. Resident conference
5. Mortality morbidity charts round
6. Resident journal club
7. X-ray conference

### Common clinical problems encountered in the clerkship

#### **Ambulatory services**

##### **Cardiovascular**

Palpitation, hypertension, coronary artery disease.

##### **Dermatology**

Acne, dermatitis, fungal infection, hair loss

##### **ENT**

Otitis media/externa, sorethroat, sinusitis, vertigo, dizziness

##### **Endocrinology**

Diabetes mellitus, thyroid diseases.

##### **Gastroenterology**

Abdominal pain, gastroenteritis, diarrhea, gastroesophageal reflux, irritable bowel syndrome, peptic ulcer.

##### **Gynecology**

Irregular menses, infertility, pap smear

### **Hematology**

Anemia

### **Musculoskeletal**

Ankle pain, knee pain, shoulder pain, back pain, muscle spasm

### **Neurological**

Headache (migraine/tension)

### **Preoperative care**

### **Psychiatry**

Anxiety, depression, somatization

### **Respiratory**

Cough, asthma, upper respiratory tract infection

### **Surgery**

Hernia

### **Urology**

Hematuria, renal colic, cystitis, urinary tract infection

### **Symptoms/abnormal tests**

Fever, weight loss, breast mass, fatigue, insomnia, positive PPD.

### **Student evaluation**

1. Students are evaluated for their active participation in all aspects of the clerkship. Attendings and chief residents do the evaluation.
2. Examination:
  - a- Oral: Each student has an oral discussion with the coordinator and chairman at the end of the rotation. The content is based on the patient they have seen and recorded in the logbook, and their observations during the clerkship.
  - b- Written: A written examination is given at the end of the academic year.
3. The final grade is based on the cumulative results of 1, 2a and 2b.
4. The students fill in forms on their learning experiences that are submitted to the coordinator for review.

### **Evaluation of the clerkship by the students**

At the end of the rotation students fill in questionnaire to evaluate each part of the rotation, including the site visits. A detailed evaluation booklet is found at the end of their logbooks and is used by the department to improve the clerkship. They also complete the dean's evaluation sheet.

## Assigned textbooks and reading material

### Textbooks

1. Essentials of Family Medicine; ed. Sloane PD, Slatt LM, Baker RM. William & Wilkins, Baltimore, 1993.
2. Guide to Clinical Preventive Services. USPS Task Force, 1996.

### References

1. Taylor RD, Family Medicine-Principles and Practice, 4<sup>th</sup> ed.
2. Zenz, C., Occupational Medicine, 1994
3. Parker, LR, Principles of Ambulatory Medicine, 4<sup>th</sup> ed.

### Journals

Students are encouraged to familiarize themselves with medical journals pertaining to Family Medicine, particularly the following journals:

1. American Family Physician
2. Australian Family Physician
3. British Journal of General Practice
4. Canadian Family Physician

## Electives in Family Medicine

**Elective. 0.180;** 1 month. The elective is offered to fourth year medical students who wish to develop primary care problem-solving skills. Students will also learn how to incorporate preventive health aspects into clinical practice. They can also participate in the ongoing educational research activities of the Department.

Evaluation depends on close observation of performance.