



Student's "Logbook"

Discovering long term conditions

Student

Tutor



Università degli Studi di Modena e Reggio Emilia

Corso di Laurea in Medicina e Chirurgia

Coordinatore *prof. Carlo Alberto Porro*

Corso Integrato di Medicina Generale e Cure Primarie

Coordinatrice *dott. Maria Stella Padula*

INDEX

The project	p.3
Schedule	p. 4
Topics	
Registry: patient and family	p. 5
Patient: diseases and problems	p. 6
Family and diseases	p. 7
Clinical follow-up	p.8
Therapeutic education	p. 10
Relations with specialists and hospital	p. 11
Grids	
Observation of the visit with the Tutor	p. 12
Self-assessment of communication skills	p. 13
Self-assessment of emotionality	p. 15
Final remarks	p. 16
Attachments:	
Laboratory exams	
Specialist report	
Personal notes	

Educational project

The approach to chronicity and to care continuity.

The long-term patient and family follow-up, within the care course, between hospital and territory.

Aim

Know how the long-term patient lives within the frame of his disease, with his problems and into his familiar, social and health context.

Objective

Teach the students:

- The health aspects of care and chronicity;
- The social, familiar and psychological aspects of the patient's condition.

Length

The III year student will follow for 3 years a long-term patient, possibly chosen by the Tutor he worked with.

Methodology

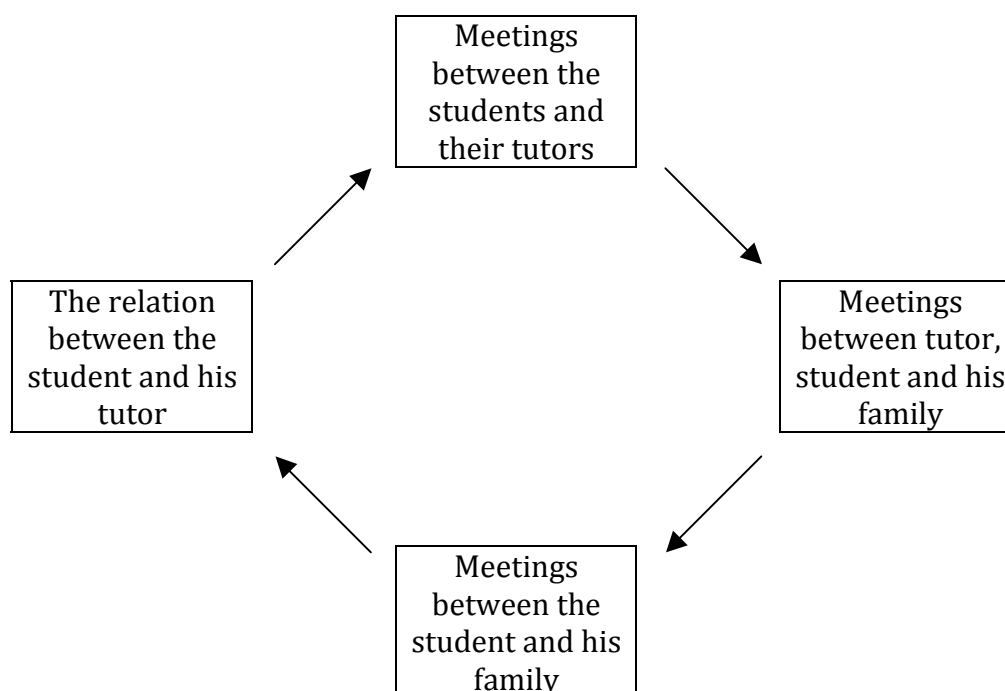
1. The students will follow an introductory lesson (briefing) at the clinic of the doctor who attends the patient.
 2. Other deepening seminars will follow, along with the tutors and the students involved in the project.
 3. Afterwards, they'll have contacts with the patient during the entire time of the project. In particular, they'll grant their presence:
 - During General Practitioner's visits
 - appointments for diagnosis, care (specialist visits) and hospital (if any)
 - during meetings with key health professionals involved in patient care at home: social worker, nurses, medical specialists, any family members
- give the telephone number to be contacted (sometimes justified if you can not be present), and indicate how.
 - ensure privacy.
 - keep a diary and record their experiences.
 - participate in the review and updating of the clinical history, and gradually study the diseases and problems of that specific patient.
 - discuss and compare with other students of the same project, with the Tutor and the Course Coordinator
 - write a paper to be presented at the beginning of the sixth year.

Tools to facilitate observation and recording;

Logbook: material prepared by the coordinator of the Integrated Course, consisting of grids and tabs to rework the experience, along with the tutor during the debriefing sessions and during seminars at the end of the course.

Recognition of Credits as ADE

Steps of the learning process



Meetings with the tutor	Key messages	Observations and answers
1. Introductory seminar		
2. Briefing		
3.Meeting at home between tutor and patient (introducing the family members)		
4. Meeting with the patient and his family		
Meeting with the patient and his family		
Meeting with the patient and his family		
Meeting with the patient and his family		
Meeting with the patient and his family		
Meeting with the patient and his family		
5. Meeting with the house team		
Quarterly debriefing with the tutor		

Personal details of the patient and his family

Name and last name	
Date of birth	
District of birth	
Residence district	
Address	
Telephone number	
Educational qualification	
Previous work commitments	
Spouse name, age	
Educational qualification	
Telephone number	
Contact person #1	
Name and last name, age	
Type of relationship	
Educational qualification	
Telephone number	
Contact person #2	
Name and last name, age	
Type of relationship	
Educational qualification	
Telephone number	
Contact person #3	
Name and last name, age	

Type of relationship	
Educational qualification	
Telephone number	
General Practitioner	
Telephone number	
E-mail	
Patient care management – starting date	

Why did you choose that patient?

The patient (when the care management started)

Case history

Illness	Most important symptoms	Secondary symptoms	Prescriptions and other remedies	What do you think about that?	What do you ask to the doctor?

Patient's problems tab

Typology	Date of outbreak	Prescriptions	Evolution	Patient's expectations	Possible solutions

Family unit

Family Unit	Awareness of the illness	Positive factors within the care relation	Negative factors within the care relation
Patient			
Spouse			
Children			
Caregiver			
Relatives			
Who's the caregiver? Please give a brief description of him/her:			
Possible variations within the family unit:			
Notes:			

Possible issues

	Problem	Long term illness	Info about the tutor	Student notes
Spouse				
Children				
Caregiver				
Other				

Social Issues

Relational Issues

Organizational issues

Patient problems tab, in temporal order
By the starting date of patient care management

Typology	Date of outbreak	Prescriptions	Worsening (why?)	Improvement (why?)	Date of solution

Therapy

Active principle	Commercial name	Dose, timing	Starting date	Modifications

Non-pharmacological therapy

Typology	Notes	Suggested by	Starting date	Modifications

Methods and strategies for a therapeutic education perspective

(To assure the acknowledgement of the therapy and of the interventions of the practitioner/equip by the patient and his family)

DATE	Typology	Reason	Facilitation factors	Interference factors	Persons involved

Logbook of specialist examinations and of hospital accesses

Date, location	Typology of examination	Problems	Answers by the specialist (examinations, therapy, suggestions)	Personal comment

Observation sheet for the student

Case assessment: key elements observed in the patient and his family

During the meeting with the tutor

Elements	Patient	Doctor	Family
Primary problem			
Secondary problems			
Social and environmental issues			
Primary symptom			
Emotions, fears, feelings...			
Key words (communication)			
Strong points			
Weak Points			
Possible solutions (drugs, suggestions, non pharmacological therapies)			
Most important thing to notice			
Observing the three actors, I've learned...			

Self Assessment of Communication Skills¹

This tabs will help you reflecting on your practice.

Answer the questions when you'll start and when you'll finish every three-month period.

Be as honest as possible.

Questions	Hardly ever	Sometim es	Often	Always	Notes
1. While I'm exposing something, I ask the listener if he's making threads					
2. I'm a good listener					
3. I expose my ideas in a clear way					
4. It's easy for me to understand other points of view					
5. I pretend to listen, even if I'm thinking about other problems					
6. I easily understand the feeling of other people simply looking at them					
7. When I think I caused a disturbance, I apologize					
8. When I talk with somebody, I tend to put myself in his shoes					
9. I could solve any problem without losing control of my emotions					
10. I could talk with someone who hurts myself					
11. I feel confident when I talk with my patients					

¹ inspired by the GUIDE BOOK, COMMUNITY FOLLOW-UP PROJECT, Division of General Practice, University of Nottingham

questions	1 = Almost never	2 = Rarely	3 = Quite often	4 = Most	Observations proposals for change
12. I think the patients must know his situation					
13. I don't know where someone's lines of reasoning go					
14. I'd like to have a barrier between me and my patient					
15. I'm not confident enough to express my feeling					
16. When I know what someone will say, I usually complete his statement before he/she finishes it					
17. I'm so absorbed when I'm talking with someone, that I don't care about my listener's feelings					
18. When the conversation turns into emotional topics, I tend to change the subject					
19. I tend to defer when I have to talk about embarrassing topics					
20. I don't feel confident enough to talk with my patients					
21. I don't like patients who ask too many questions					
22. I usually don't socialize with my patients					
23. I usually use one-way questions					

Any issues about your communication skills you wish to note down:

self-assessment of emotionality

2

Assessment tab related to feeling and emotions experienced during the relation with the patient.

It has to be used to underline your strong and weak points in this field.

1 = hardly ever, 2 = sometimes 3 = often 4 = always

	1	2	3	4
The situation made you remember other similar stories you lived in the past				
The situation made you remember other similar stories your relatives lived				
You felt embarrassed because of your patient's suffering				
You noticed by non verbal messages some feelings related to a specific illness				
You noticed a complaint related to social and familiar issues				
I put myself in my patient's shoes				
I put myself in my tutor's shoes				
I put myself in my relative's shoes				
I would have been able to control my emotions				
I noticed a barrier between me and my patient				
I would have been able to listen to his story without caring of the time				
I felt sympathetic with the patient				
I felt sympathetic with the patient's relatives				
I felt that I could share information and feelings with my tutor during the examination sessions				

² inspired by the GUIDE BOOK, COMMUNITY FOLLOW-UP PROJECT, Division of General Practice, University of Nottingham

Conclusive observations

During the learning process:

1. I discovered that “being a long-term patient” means (3 key words):
2. I discovered that the doctor has to manage the long term disease:
 - From a clinical point of view
 - From a relational point of view
 - From the management point of view
 - From a therapeutic point of view
3. bibliography:
4. Most important thing I noticed (positive)
5. What I would change?
6. I would like to be this family’s doctor:
YES NO WHY?