

Family Medicine & Community Care (FMCC) Specialty Clerkship - Introduction

Department of Family Medicine & Primary Care



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Timetable

Please refer to the FMCC Handbook on Moodle for details on time, venue & learning activities

Enquiries

- <http://www.fmcc.hku.hk>



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Aims

- To provide an integration of learning from FM and Community-based Care (CC)
- To enable students to apply the bio-psycho-social model to the diagnosis and management of patients
- To enable students to acquire skills of health care delivery in the community



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Learning Outcomes

- Carry out patient-centred consultations from history taking to prescribing & record writing
- Apply appropriate clinical skills to managing common problems in primary and CC, using a bio-psycho-social model
- Work with members of a primary care team
- Assess and manage common problems of elderly patients in the community
- Provide coordinated, multi-disciplinary and continuing community-based care



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Four Multi-disciplinary Themes

1. Family Medicine and Primary/Ambulatory Care

- FMPC
- O&G
- Internal Medicine
- Paediatrics
- Surgery
- HKSH

2. Management of Common Mental Health Problems

- FMPC
- Psychiatry

3. Care of the Elderly

- FMPC
- Geriatrics

4. Rehabilitation

- Rehabilitation Medicine
- Orthopaedics & Traumatology



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Family Medicine & Primary/Ambulatory Care

- 9 Introductory Seminars (FM, OG & Geriatrics)
- 4 Consultations Sessions (FM)
- 1 Management Interview Video Review (FM)
- 5 Special Skills Workshops (FM)
- 6 PBL (5 cases) & 1 Debriefing Tutorials (FM)
- 2 weeks Community FM Clinic Placement (FM)
- 2 Attachments with Family Planning Ass. HK (OG)
- 1 Attachment TYH Antenatal Midwifery Clinic (OG)
- 2 Attachments Private Internal Medicine Specialists
- 1 Attachment with Private Pediatrician
- 2 Ambulatory Surgery OP Clinics/Day Centre, TWH
- 3 HKSH attachments



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Elderly/ Mental Health/ Rehabilitation

Care of the Elderly (FM & Geriatrics)

- Introductory seminar
- Attachment to community geriatric services
- Assessment & care of Multi-morbidity in FMPC

Management of Common Mental Health Problems

- 2 intro seminars & one workshop
- Consultations & management interviews with mental health patients in CFMC and IMHP.
- 1 Mental Health Case Conference (FM & Psychiatry)
- 1 Mental Health Case Commentary

Rehabilitation (3 sessions)

- Tung Wah Hospital
- MacLehose Medical Rehabilitation Centre (MMRC)
- Kowloon Hospital



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Overview of Learning

Foundation and knowledge

9 Introductory seminars



Skills building

4 FM consultations; 1 FM M.I., 5 Special skills workshops,
6 PBL tutorials, medical record, prescription, referral letter



Experiential learning

2 wk CFMCP; Clinical attachments (2 FPAHK, 1 Antenatal,
1 Paed, 2 Medicine, 2 Surgery, 3 HKSH, 1 Geriatrics, 3 Rehab)



Reflection

Case commentary, Case conference, Case presentations,
PBL reflection and case, Debriefing and feedback



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Family Medicine & Primary/ Ambulatory Care



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FM Consultations

2 ALCC consultations

1 Private FM Practice (HKSH/Blue Care/UCH/OT&P)

1 DH Ngau Tau Kok / Family Clinic

- Perform a patient-centred interview
- Perform the relevant physical examinations
- Identify the diagnoses & related psycho-social problems
- Explain the diagnosis, problems & management plan
- Provide appropriate preventive advice
- Complete medical record by SOAP system
- Practise prescription writing



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FM Consultations Logistics

- Be punctual
- Timetable & contact details on Moodle
- Notes & other details in Logbook
- Please call your assigned private FM practice & DH clinic to confirm schedule
- Take an assessment form to the teacher (LB p.11-18)
- Complete Consultation Log to ensure you have consulted with 20 patients & encountered top 30 problems during the whole clerkship (LB p.5-8)



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Medical Record – “SOAP” (LB p.9)

Subjective (chief complaint, history, ‘R.I.C.E.’):

c/o sore tongue x 3wk, no ulcer/trauma, dry mouth.....

Fears cancer.... Wants referral

Objective (positive & relevant neg. signs, test & Ix results):

Not pale. Mild glossitis, tongue furred, edentulous, full dentures.
mouth breathing, no ulcer/ indurations

Assessment (**D**iagnosis* & problems, DDx, impression):

Glossitis, 2ry to dentures, DDx: vit B/ iron deficiency

Plan (management plan, **p**rescription, follow up):

Remove denture when not eating. B Co. 1 tab b.d. x 4 weeks

Reassurance, Consult again if any ulcer persists >2 wks.

* International Classification of Primary Care (ICPC-2)



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Writing a Prescription

(BNF p.1-6 & inside back cover)

- **Drug name**, preparation, **dosage & application**, frequency, **amount or duration**

Examples

- **Paracetamol** tablets **500mg p.o.**, four times a day X **4 weeks**
- **Beclometasone** inhaler 50 microgram puff, **2 puffs** by inhalation b.d. x **2 Units**
- **Clotrimazole** 1% cream x local application to feet b.d. x **20g**



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M.I. Video Review (LB p.19-20)

- Please read and bring the notes
- Briefing starts at 08:45am/ 1:45pm sharp, Conference Room, 3/F, ALCC
- Each conducts a management interview (M.I.) with one patient for 12', specified by the doctor
- Practise skills in elderly assessment (LB p.73), exploration of 4P, BATHE, RAPRIOP, psychoeducation, NDI, motivation of change
- Complete self & peer evaluations before review
- Review of video for learning points



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DOCTOR'S INSTRUCTIONS TO STUDENTS ON M.I. (LB p.27-28)

Patient's diagnosis/ problem to be managed: _____

	Common Conditions
Elderly health problems	Cognitive/ memory impairment
	Nutrition/ swallow problems
	CVA/ CVD prevention
	Falls risk assessment and prevention
Mental health problems	Depression
	Sleep problems
	GAD
	Panic Attacks
	MUPS
Lifestyle modification	Weight management
	Exercise prescription
	Smoking cessation
	Alcohol restriction
Common musculoskeletal problems	Shoulder syndromes
	Osteoarthritis of the knee
	Plantar Fasciitis
	Common tendonitis problems
	Carpal tunnel syndrome
	Low back pain
Others	DM
	Allergic rhinitis
	Dyspepsia
	Constipation
	LUTS
	Asthma
	Eye complaints

Management Tasks (tick all applicable):

- ☐ Explain pathophysiology, significance, course & prognosis
- ☐ Motivate patient to accept diagnosis & treatment
- ☐ Explain effect, side effects, administration technique and duration of medications & other treatment prescribed by the doctor
- ☐ Motivate patient on treatment adherence
- ☐ Recommend patient on need of scheduled or open FU
- ☐ Warn patient on red-flags x urgent consultation
- ☐ Motivate patient to lose weight, exercise, or quit smoking
- ☐ Others _____



1. Further assessment of presenting problem and relevant psychosocial factors

- ☐ '4P approach' to explore psycho-social factors
- ☐ Use the **BATHE** to enable patient to share illness experience

2. Identification of Problems (physical, psychological and social)

- ☐ Identify the key bio-psycho-social problems
- ☐ Assess impact on life & family
- ☐ Identify the barriers and facilitators to management

3. Management (RAPRIOP)

- ☐ Explain diagnosis/ problem (pathophysiology & prognosis)
- ☐ Reassure and address the patient's RICEs
- ☐ Correct misconceptions if applicable
- ☐ Negotiate on diagnosis and management options including Ix & referrals
- ☐ Provide one non- drug treatment/ intervention (NDI) Advice
- ☐ Provide appropriate drug treatments, effect/side effect if applicable
- ☐ Provides follow up instructions & red-flag symptom advice

4. Clinical Interpersonal Skills

- ☐ Introduce self & puts patient at ease
- ☐ friendly but professional
- ☐ Listen attentively, verbal & non-verbal cues
- ☐ Show empathy, sensitive to the patient's needs
- ☐ awareness that the patient's attitude



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FM Special Skills Workshops

1. Intramuscular and Subcutaneous Injections
2. Motivational Interviewing Skills
3. First Consultation for Depression & Non-drug Interventions (NDI) Toolbox for Psychological Distress
4. Enhancing Management Effectiveness in FM Consultation
5. Dealing with Difficult Management Issues



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Motivational Interview Workshop

Students will be able to:

- Understand the principles of changing behaviour
- Understand the patient's perspective
- Assess the patient's motivation/resistance to change
- Negotiate and plan change with the patient as an “equal” partner (shared care plan)
- Recognise how their own attitude & behaviour may contribute to promoting or preventing change

Pre-workshop reading: Hall K, Gibbie T, Lubman DI. Motivational interviewing techniques- Aust Fam Physician. 2012;41:660-7.



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First Consultation for Depression & NDI Toolbox

Students will be able to:

- ▶ Establish a diagnosis of depression
- ▶ Formulate a management plan for a patient with depression
- ▶ Apply some communication strategies to comfort a patient in distress
- ▶ Provide psychoeducation on common mental health problems
- ▶ Perform low-intensity NDI for patients in distress



Enhancing Management Effectiveness

5 case scenario materials on Moodle

Each student pair prepares for the management & role-play on one case, to complete tasks on:

- Medication review & counselling on proper use
- Negotiation on an appropriate management plan against patients' demands
- Correction of patient misconceptions or myths
- Dealing with uncertainty
- Explanation on the expected course of illness,
- Advice on self-monitoring and follow-up
- Opportunistic preventive & anticipatory care



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Dealing with Difficult Mx Issues

Students in pairs present a patient in whom they have encountered difficult Mx. Issues** during the CFMCP in 5 slides

1. A brief description of the patient & illness
1. List of main problems identified
2. The main management plan
3. Other management needs/ options
4. Difficulties encountered & potential solutions



**One student simulates the patient (of their own scenario),
one student (of another pair) role-plays the doctor**

** diagnostic uncertainty/disagreement; management disagreement;
difficult patients or difficult family members



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Community FM Clinic Placement (CFMCP)

Wk	Mon	Tue	Wed	Thur	Fri	Sat
1	Jan 1	2	3	4	5	6
AM	The first day of January				Gp A CFMC-1	
PM					Gp A CFMC-2	
2	Jan 8	9	10	11	12	13
AM	Gp A CFMC-3	Gp A CFMC-5	HKSH	HKSH	Gp A CFMC-7	
PM	Gp A CFMC-4	Gp A CFMC-6	HKSH	HKSH	Gp A CFMC-8	
3	Jan 15	16	17	18	19	20
AM	Faculty	Gp A CFMC-9	Gp A CFMC-11	Gp B CFMC-1	Faculty	
PM	CIPS	Gp A CFMC-10	Gp A CFMC-12	Gp B CFMC-2	Faculty	
4	Jan 22	23	24	25	26	27
AM	Gp B CFMC-3	HKSH	HKSH	Gp B CFMC-5	Gp B CFMC-7	
PM	Gp B CFMC-4	HKSH	HKSH	Gp B CFMC-6	Gp B CFMC-8	
5	Jan 29	30	31	Feb 1	2	3
AM	Gp B CFMC-9	Gp B CFMC-11	Gp C CFMC-1	Faculty	Gp C CFMC-3	
PM	Gp B CFMC-10	Gp B CFMC-12	Gp C CFMC-2	Faculty	Gp C CFMC-4	
6	Feb 5	6	7	8	9	10
AM	HKSH	HKSH	Gp C CFMC-5	Gp C CFMC-7	Gp C CFMC-9	
PM	HKSH	HKSH	Gp C CFMC-6	Gp C CFMC-8	Gp C CFMC-10	
7	Feb 12	13	14	15	16	17
AM	Gp C CFMC-11			Gp 1-6 Clinical Competency Test	Lunar New Year's Day	The second day of Lunar New Year
PM	Gp C CFMC-12			University Holiday		



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CFMC Placement (LB p.21-45)

Working as part of the PC team in an HA GOPC for 12 sessions in 2 weeks, students will be able to:

- Show insight into the work of a family doctor
- Demonstrate the skills of conducting a full PC consultation
- Diagnose & manage common problems presenting to PC
- Motivate & counsel patients on lifestyle change, particularly smoking cessation & use of NRT
- Describe how a nurse or other health professional led clinic (NAHC) is organized & integrates with care from the doctor
- Practise specific assessments (ADL, fall risk, nutrition, cognition, stroke risk) of elderly patients



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CFMCP Logistics

- Please call CFMC co-ordinator (or Nurse i/c) to confirm details **>48 h in advance**
- **Be punctual, arrive 15' early**
- Discuss with co-ordinator what experiences you hope for & agree on learning plan, participation in clinic meetings
- **Complete activity log** (LB p.23-26)
- **& submit all forms** (LB p.23-45) **to CFMC coordinator at end of placement**
- **Comply with Personal Data (Privacy) Ordinance**
 - ▶ All patient information should be kept confidential and to be accessed and used for learning purpose only.
 - ▶ No medical record/ Ix reports can be taken away from the clinic.
 - ▶ Please do not include any patient identifiers in any reports or assignments.



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CFMCP Supervised Consultations

- **Each student consults with and presents at least 4 patients (2-4 sessions)**
 - Clerk patient and carry out P/E in 10'
 - Generate the diagnosis, DDx and problem list
 - Outline management plan
 - Complete the medical record form (LB p.29-36) in 5'
- **Give the doctor a 'Case Presentation Assessment' form** (LB p.37-43)
- **Present findings, diagnosis & Mx plan in 3'**
- **Observe and assist doctor in management**



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CFMC Self-directed Learning

- **Self-directed (SD) consultations (top 30 conditions)**
 - Interview patient & P/E (10'), complete the medical record (5')
 - Observe doctor consultation & compare findings & Mx
 - Practise assessment of elderly patient & mental health
- **Management Interviews (10') to complete tasks specified by the doctor**
- **In-depth interview with patient with mental health, prepare for MHCC presentation & case commentary**
 - Mental Health Programme (IMHP)
- **RAMP-DM/HT & other NAHC**
 - DM/HT Mx, smoking Cessation/ wound care/ vaccine
- **Practise PE & Procedures**



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Problem (Case)-based Learning Tutorials

5 cases covered in 6 tutorials to enable students to

- apply knowledge to solve common problems
- practise management skills through role-play
- identify new learning objectives
- self-learn through appraisal of evidence in the literature & sharing information
- reflect on specific learning points (complete themes & log sheets in the Logbook) **

** Do not complete any reflection on the session if you are absent



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PBL Case Assignment

- Each student needs to submit an original PBL case based on a patient encountered during the clerkship
- Two parts of the case^{**}:
 1. A scenario divided into 3 sections with discussion questions
 2. A learning guide on
 - key learning issues
 - evidence-based answers to discussion questions
 - discussion of the social determinants of health (using 4P model)
 - relevant up to date references with in-text citations
- Submission via www.Turnitin.com.
- Please refer to the Handbook for detailed instructions.

^{**}Exemplars have been uploaded to Moodle as guidance.



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Referral Letter Assignment

- Each student writes an original referral letter for a patient encountered during the FMCC
- Template can be downloaded from Moodle
 - To whom, discipline, hospital/organization
 - Re..... Surname and initials only
 - Clinic I.D. (please leave this blank)
 - Relevant history; PE & Ix; provisional diagnosis
 - Reason for referral & service expectation
 - Other significant physical, psychological, social & family information including allergy
 - Current management
- Please submit as a word document through Turnitin



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Ambulatory O&G: Attachments to FPAHK* & TYH Midwifery Clinic

Students will be able to:

- discuss the principles of well-women's health including menopause & screening
- discuss various birth control options using the principle of informed choice
- discuss birth plans and newborn feeding with expectant mothers
- recognize antenatal complications and know when to refer to a specialist

* Some groups may be attached to QMH instead of FPAHK
Menopause clinic (Moodle timetable)



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Ambulatory Internal Medicine (AIM)

- Two attachments to private specialists in internal medicine
- Please call the assigned practices (**Moodle**) as soon as possible
- Arrange with your assigned private specialists mutually agreed attachment times when you do not have any other scheduled learning (SS/PPA)
- Please give the doctors/nurses your telephone number in case of any emergency.
- **Letter & assessment form to the teacher** (LB p.57-60)



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AIM Learning Outcomes

- Demonstrate knowledge in the prevention, diagnosis & management of common medical problems & emergencies
- Demonstrate correct attitudes towards medical interventions, including their cost-effectiveness and limitations
- Demonstrate professional attitudes and behaviours towards patients and their relatives
- Demonstrate a correct code of professional ethics
- Reflect on the holistic care of outpatients
 - how to manage & investigate in the community setting
 - how to follow up patients with chronic diseases
 - when to refer patients to other specialists
- Discuss ethical issues encountered in medical practice
- Discuss the importance of teamwork



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Primary/Ambulatory Paediatrics (PAP)

- One attachment to a private paediatrician
- E mail from Dept of Paediatrics with details of Paediatricians*
- Please call the assigned practice as soon as possible
- Arrange with your assigned private paediatrician on a mutually agreed attachment time when you do not have any other scheduled learning (SS/PPA)
- Please give the doctor/ nurse your telephone number in case of any emergency.
- Letter & assessment form to the teacher (LB p.61-62)



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PAP Learning Outcomes

- Demonstrate the correct attitudes & skills in handling a child
- Reflect on the 'joy and pain' of working in the private setting
- Some understanding on what ambulatory paediatrics entails
- Some knowledge on how to prescribe & when not to prescribe medications for children
- Have a core knowledge on common childhood problems

Students are advised to read up, prior to the attachment:

1. Common infections (URTI, otitis media, diarrhea)
2. Common skin problems (eczema, napkin rash)
3. Common presenting problems (abdominal pain, enuresis, headache, asthma)
4. Preventive care (advise on immunization)



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Ambulatory General Surgery TWH

2 sessions of interactive clinics/ tutorials at General Surgery OPC & Ambulatory Centre to learn about

- when and why patients are referred
- what assessment & procedures are offered
- how to counsel the patient on need of surgery
- what information and arrangement are made post-operatively

Learning Outcomes

- Articulate the role of a general surgery OPC & Ambulatory Surgery Centre
- Assess patients presenting with common surgical problems
- Explain common surgical procedures, pre & post operative care to patients



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HKSH-Private Medical Practice (LB p.63-69)

Orientation and Introduction to HKSH

2-day HKSH private specialist mentorship:

- shadowing work & life of a private specialist
- skills in clinical practice and D-P relationship
- delivery of private specialist medical services

1 evening session in HKSH 24-hour FMPC OPD

- 2 students each session, 5.30pm to 8:30pm
- report to Nursing Station, G/F., Li Shu Pui Block
- perform initial intake assessment of patients
- follow the patient journey from triage and assessment, to consultation & subsequent management including admission



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HKSH Learning Outcomes

To learn about how private medical services are provided in the community, students will be able to

- explain how private medical care is delivered to serve its function in the overall health care system in HK
- discuss advantages and limitations of private medical care.
- gain insight into the work & life of private practitioners
- perform the triage and initial assessment of patients presenting to a private hospital 24-hour outpatient service
- perform primary care consultations in a private setting under supervision



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Management of Common Mental Health Problems



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Mental Health Patient Interview & Care

Learning Outcomes

- Apply the 4P bio-psycho-social model & BATHE technique
- Manage common mental health problems
- Make use of multi-disciplinary services

Students (in pairs) are required to

- Clerk 1 patient with common mental health problem encountered in the IMHP/ GOPC
- Present the patient's case at the **Mental Health Case Conference (MHCC)****
- Write a **Case Commentary**** on the patient's case
- Both students must share the authorship of the commentary & presentation

***Please refer to the Handbook Appendix 13.7 for details*

*** Review PPT of Psychiatry lectures on basic psychiatric diagnostic criteria.*



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Mental Health Case Conference (LB p.71-72)

Each pair of students make a 5-minute presentation with 4 slides:-

1. A brief history of the mental health problem,
2. Provisional diagnosis & current management of the patient
3. The family genogram: factors influencing illness & management
4. Using the 4P model, discuss the personal, family and social determinants that may affect the patient's illness, management and prognosis

One student of the pair please submit the case presentation PPT & case commentary (word document) through Turnitin



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Care of the Elderly



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Core Learning Topics



1. **FALLS** – risk assessment and prevention
 2. **STROKE** – risk factor management for prevention
 3. **DEMENTIA** – assessment of cognitive function and major types of dementia
 4. **MALNUTRITION & DYSPHAGIA** – assessment tools and management, including ethical issues
- **Chronic diseases and multi-morbidities commonly encountered in older people in PC**
 - **Common assessment tools (LB p.73) on cognition, nutrition, fall risk & function of older people**



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Learning Activities



- Seminar on common geriatric problems & assessments
- Consultations & M.I. with elderly patients in CFMP
- Experiential learning at day hospital or community aged care home (e.g. OAH)
 - Clerking patients, presentation & discussion, supervised by geriatricians
 - Practise assessment on function, nutrition, cognition & fall risk
 - Every student attached to JCRC will need to prepare a 10-minute health talk for the residents*



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Learning Outcomes



Students will be able to:

- Be more proficient in communication with older people and their families.
- Articulate the principles of managing 4 common problems in older people.
- Integrate physical, cognitive, psychological and social elements, and apply community healthcare resources in the the holistic management of older people.
- Recognize the value of multidisciplinary community rehabilitation for older people.
- Be familiar with the ethical and humanistic principles of end-of-life care of older people & their families



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Rehabilitation



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Learning Activities

Please refer to the Handbook for more details and addresses of the venues

- Rehab-1: Assessment & evaluation of **disability & Stroke Rehab** (TWH)
- Rehab-2: Common orthopaedic problems & **Musculoskeletal** Rehab (O & T, MMRC)
- Rehab-3: Connecting persons with special needs to **advanced technology & service** (Community Rehab Service Support Centre, Kowloon Hospital)

Please revise the lecture notes provided during the Senior Clerkship WCS on Rehabilitation Medicine.



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Learning Outcomes

Students will be able to:

- Understand and apply the general principles and practice of Rehabilitation Medicine in a variety of clinical settings
- Generalize the basic principles to various rehabilitation programmes & patients
- Appraise the therapies offered by different disciplines of a rehabilitation team and the progress of the patient
- Make a Rehabilitation Care Plan for the patient*

** Each student will need to submit the care plan with the International Classification of Function, Disability and Health (ICF) form via Turnitin. Template in Handbook Appendix 13.7*



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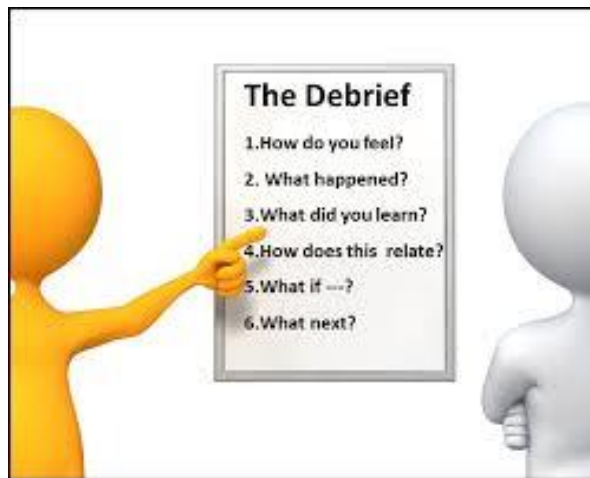


Debriefing & Feedback

Final session of the Clerkship before the CCT

- Reflect on your experience and learning during the clerkship, particularly at the CFMC & PBL tutorials
- Staff-student Consultation Meeting and evaluation of the teaching & learning
- Complete your evaluation

People don't learn from experience. They learn from *reflecting* on their experience.

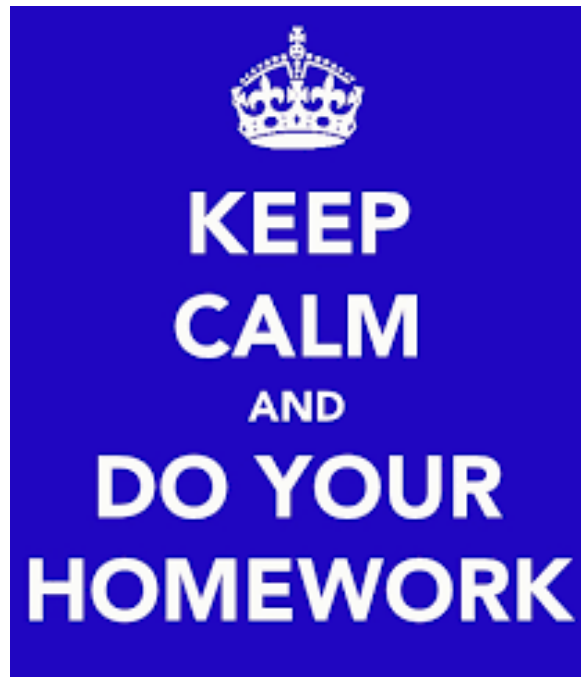


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Assessments



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FMCC Assessments

- **Continuous Assessment (35%)**
 - Professionalism
 - Completion of assignments
 - CFMC placement performance
 - Teacher assessment: No mark if absent
- **End-of-Clerkship CCT (15%)**
- **Written summative paper in the final MBBS exam. (50%)**
- **Must pass (60%+) each part and overall**
- **HKCFP prize for best performance in FMCC**



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FMCC Assessment Standard

Grade Descriptors

- <50%= Fail (no or little attempt at the component, major or dangerous error);
- 50-59% = Borderline Fail; (attempted the component but show important deficiency);
- 60-79% = pass (attempted the component with no major error or deficiency);
- >+80% excellent (attempted the component very effectively, exemplary performance)



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Professionalism

Each student will be assessed in all small group activities/ attachment on professionalism by the supervising teachers on

Educational Attitudes	Engages in active participation, shows interest in learning, responds positively to feedback and provides constructive feedback to peers and self, and is respectful to patients, peers and teachers
Dependability and Responsibility*	Punctual, prepared, appropriately dressed , follows through with assigned tasks and obligations independently and in a timely fashion
Total 15 marks	(‘Approaching/ Below Expectations’; ‘Meeting Expectations’; ‘Exceeding Expectations’)*

- * *Minus 5 marks for each unapproved absence /late arrival without acceptable reason; sick leave must be certified.*
- * *Minus 5 marks for each “approaching / below expectations” rating*
- * *Zero on professionalism may be reported to the Faculty*



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Assignments & Presentations (LB p.4)

1. PBL Case**
2. Mental Health Case Presentation & Commentary**
3. ICF Rehabilitation Care Plan**
4. PBL Reflection (Submit hard copy with Logbook)
5. Referral Letter **
6. FM Workshop IV (difficult Mx issues) Presentation

*** Please submit soft copy as Word document to www.Turnitin.com, for plagiarism checking*



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Turnitin

- Your *Turnitin* login and password details will be sent to your **HKU e mail** from the Turnitin Help Desk to enroll
 - To class “**2019_finalyr_fm-R(n)**” for PBL, referral letter and ICF care plan (all students) &
 - To class “**2019_finalyr_fm-R(n)_MHCC**” for MH case commentary (**only 1 student from each pair**)
- Follow the instructions on the e-mail to login, & steps for submission of your assignment
- **Please include your name and student number on each submitted homework assignment**



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CCT & Assignment Due Dates

Rotation	CCT	Assignments & Logbooks* Due
1	16 February 2019	23 February 2019
2	6 April 2019	13 April 2019
3	25 May 2019	1 June 2019
4	13 July 2019	20 July 2019
5	7 September 2019	14 September 2019
6	26 October 2019	2 November 2019
7	14 December 2019	21 December 2019

** Logbooks can be handed in at the Debriefing session, the FMCC CCT, or to 2/F Faculty Office FMPC Drop Box no later than 12 noon of the due date*



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End-of-clerkship CCT

Four 12-minute OSCE stations plus 3 minutes rest or preparation:

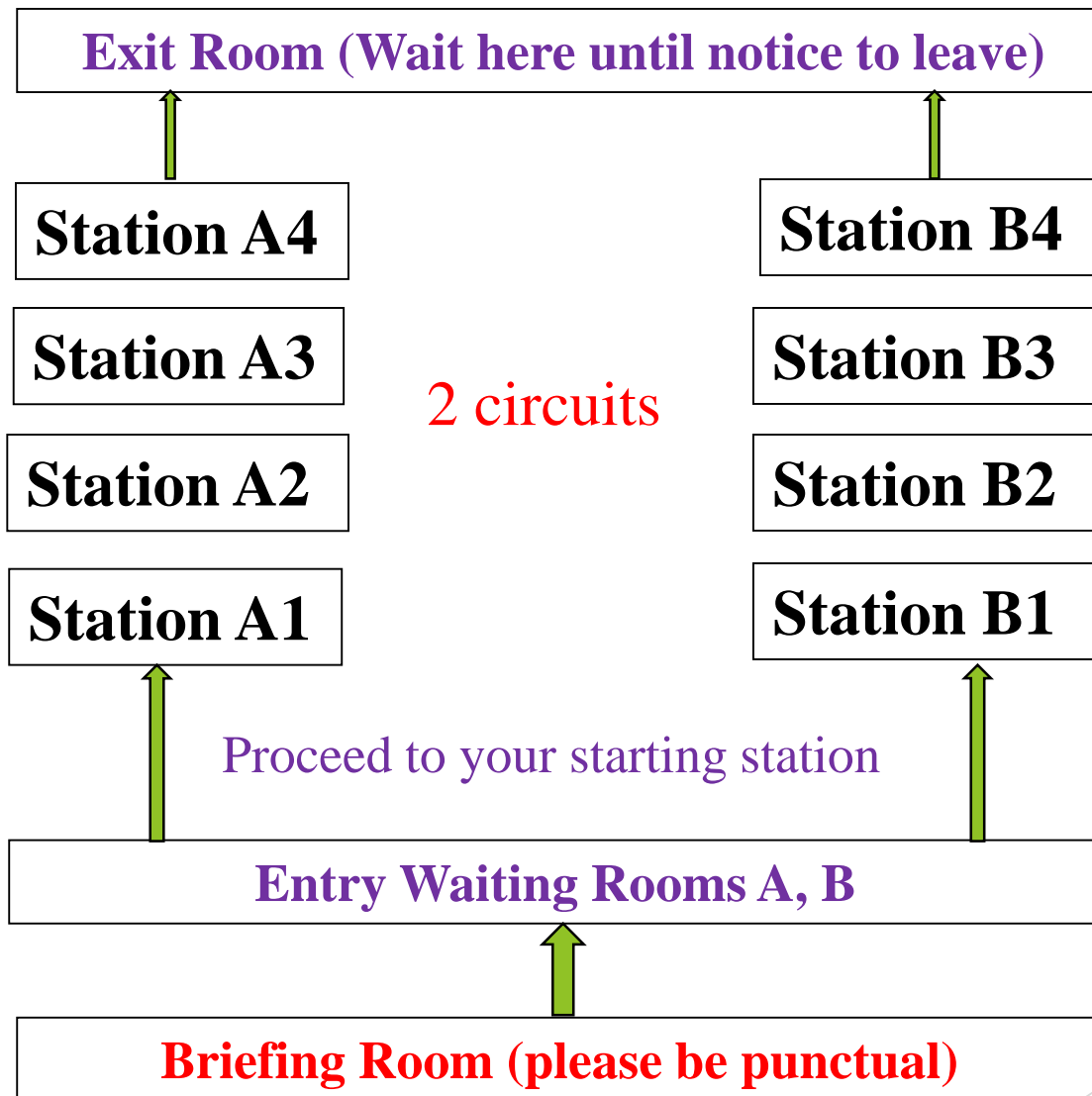
1. Management interview (M.I.) with a surrogate patient with mental health or biopsychosocial problems (FMPC)
2. Care of the elderly (Geriatrics): viva + explanation of management plan to surrogate patient/family
3. FM consultation with a surrogate patient (FMPC)
4. Medical record & prescription writing (FMPC)



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Round 1:
8.15am-
11.00am
(students
#1-16)

Round 2:
10.15am-
1:00pm
(students
#17-30)



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Written Summative Paper (50%)

One 3-hour paper:

- **60 X MCQ (across all disciplines)**
- **10 X SAQ (9 x FM & 1 x Rehab Med)**

Sample 'mock' questions will be provided prior to the exam to give students guidance on the content and format of the questions



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Learning Resources

Uploaded to Moodle

- FMCC Student Handbook & Logbook
- Detailed timetable & contact information
- Seminar PPTs
- References on family assessment and genogram
- Exemplar PBL cases

Section 12 of FMCC Handbook on learning resources

Section 13.4 of FMCC Handbook for common conditions & links to available guidelines/patient information

Textbook: Murtagh, General Practice 6th edition

<http://library.hku.hk/record=b5572494>



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Infection Control – Alert

- Influenza vaccination
- Self-screening for absence of ILI
- DO NOT come to class and see a doctor if you have any fever
- Wear a clean white coat & surgical mask in all clinical sessions including PPA, Rehab & Geriatrics
- Carry a bottle of alcohol hand-rub
- Wash/ scrub hands before & after each patient contact
- Be alert & consult your teacher if patient has fever & TCCO



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