

Faculty of Medicine
Sabaragamuwa University of Sri Lanka

Workbook for Primary Care and Family Medicine clinical attachment

2024

Department of Primary Care and Family Medicine



Name of the student –

Student Identity number –

Period~~Duration~~ of the clerkship -

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Introduction to Primary Care and Family Medicine Clinical Attachment

The aim of this clinical attachment is to gain knowledge, skills and attitudes relevant to management of patients at Primary Care and Family Medicine units in Sri Lanka. The students are expected to follow the Primary Care & Family Medicine clerkship for two weeks duration from 8.00Am to 12.00 noon on Monday – Saturday at the following settings, where 4- 6 students are allocated.

- A. Private Family Practice Clinics at Ratnapura and Kuruwita
- B. Outpatient Department of the Teaching Hospital, Rathnapura
- C. Divisional Hospital Theppanawa
- D. Primary Medical Care Unit – Pulungupitiya (Ratnapura Town)

This clinical field-attachment focuses on exposing students to primary health-care in Sri Lanka through an understanding of the community context of health, illness and health care. It enables students to develop skills of-communication and gathering-information gathering skills from patients at different primary health-care settings. Further it is hoped that the experiences gained during this field attachment would foster an informed sense of social responsibility and accountability by developing skills and attitudes needed to become a capable, empathic and a caring medical practitioner.

Learning Outcomes of the Primary Care & Family Medicine clerkship

At the end of the clinical appointments student should be able to

1. Describe the ~~doctor patient relationship and of roles and functions of a Family Physician and the Doctor-Patient relationship. and Primary Care doctor.~~
2. Gather ~~clinical, psychological, socio-cultural and environmental information relevant to health promotion, prevention and curative care of individuals and their families. /households~~
3. Analyze information and arrive at a ~~list of list of issues and health~~ problems ~~and psychosocial issues~~ faced by the people.
4. Describe management and prevention of common clinical and other ~~psychosocial issues or problems faced by people who presented~~ at Primary Care and Family Practice ~~clinics, including vulnerable groups.~~
5. Explain strategies taken for continuity of care for conditions that need long term management at Primary Care and Family Practice ~~clinics.~~
6. Describe screening programs implemented at Primary Care and Family Practice ~~clinics (e.g. HLC-Healthy life stylelifestyle clinic)~~
7. ~~Demonstrate the use of Explain the process of documentation in Primary Care and Family Practice, (empanelment) and the principles of using an electronic medical record systempaper-based and electronic medical record systems used in Primary care and Family Practice clinics.~~
8. Describe community ~~involvement~~ activities at Primary Care and the informal networks that provide support to improve health.
9. Explain the importance and demonstrate skill of communicating with patients ~~and their family members, colleagues, and public and colleagues.~~
10. Describe monitoring of services ~~at Primary Care~~ and clinical audit ~~systems used in Primary Care and s in~~ Family Practice ~~clinics.~~
11. Explain the referral and back referral from ~~hospitals to Primary Care and Family Practice clinicsPrimary Care~~ and the services available for ~~further~~ follow-up and care

[in the community.](#)

Clinical Skills expected from Primary Care and Family Medicine clerkship

1. Analyze information gathered during the clerkship and identify issues and problems of people in order to manage them effectively.
2. Analyze different interventions to different risk levels by Primary care services.
3. Demonstrate effective communication with patients, family members, colleagues and public.
4. Demonstrate the ability to write a prescription and a medical certificate and enter details of a clinical encounter in a medical record.
5. Demonstrate the ability to perform and interpret the following correctly at a primary care setting
 - Measure blood pressure [using electronic and manual sphygmomanometers](#)
 - Measurement of [height, weight \(calculating BMI\)](#) and waist circumference
 - Assessing the vision using the [snellen'sSnellen's](#) chart
 - Examine the ear using an [Oetoscope](#)
 - Measurement of [Ppeak Eexpiratory Fflow rate using a peak flow meter](#)
 - Demonstrate inhaler techniques [for Asthma, COPD](#)

Pre-requisites & Guidelines for students

1. The students should be in their 4th year. ~~And an introduction ion to the field~~ clinical attachment ~~will be~~ would be given before the commencement of clerkship.
2. A group of 9-10 students would be allocated for the field clinical attachment. These groups will be ~~and~~ again divided into ~~sub groups~~ subgroups of 4-6 students to attend the primary care institutions and the private family practice clinics ~~general practitioners~~. The entire group would be attending the OPD Teaching Hospital Ratnapura.
3. Attendance register to be maintained by the group leader, ~~for each visit~~ under the supervision of a demonstrator.
4. -Transport from the faculty would be provided to go to Divisional Hospital Theppanawa where public transport ~~may be not be easily accessible~~ is difficult. The Faculty v ~~Vehicle~~ will leave the faculty by 7.30 and students are advised ~~have~~ to be punctual.
5. Each student will be provided with the schedule for the field attachment.

Discipline

- ❖ Students should be dressed ~~wear decently &~~ appropriately, be punctual to visit the Family Practice and Primary Care clinics.
- ❖ You should not leave the private Family ~~p~~Practice clinics. /Primary Care or Out Patient Department of Teaching Hospital without permission from the medical officer in charge.

- ❖ Should behave professionally all times while travelling, at the hospital or FPGP clinic, with patients and health care workers.
- ❖ Students are advised not to write notes inside the consultation room(s), unless permission is given by asked by the doctor.

Attendance Policy

Attendance is 80% for all clerkship field activities. Absence from a scheduled learning activity requires a valid excuse which implies a Medical Certificate which should be endorsed by the University Medical Officer and accepted by the Deans O's office, Faculty of Medicine. If possible, s Student/s will be given the opportunity to make up for the absent days by joining the subsequent clerkship groups. if possible

Plagiarism – Plagiarism is the unacknowledged use of another person's ideas, words or work. It is considered by the university as a disciplinary matter. Although you are encouraged to discuss your work with your colleagues, you should on no account copy their work, and should not allow another student to copy your work.

Visit to Primary Medical Care Institutions (PMCI)

At the end of the ~~clerkshipse visits~~ the students, are expected to explain the following in the Log-book and hand it over to the Department of Primary Care & Family Medicine. ~~at the end of the appointment.~~ Students are encouraged to write a ~~their~~ reflection piece in relation to an ~~on some of the~~ events that occurred during one of the clerkship appointments. Photographs may be used ~~and paste photos where necessary.~~ in your writeups.

1. List the diseases screened at Primary Medical Care Institutions and explain why these diseases are selected for screening.

2. Explain what risk stratification is and how it is done at pPrimary care.

3. State the conditions that need provide with continuity of care at pPrimary care.

4. Explain how continuity of care is given to three (03) of the conditions identified.

5. Describe common ~~what~~ conditions that are treated at primary care and how records are maintained.

6. Describe the types of conditions referred to other levels of care~~places~~ from Primary Care, the process of referring and the information given to patients when referring, after interviewing 3 patients at the Primary Care.

7. Interview five (05) patients and describe their opinion on utilization, acceptability and availability of services provided by the primary care units.

8. Describe services provided to the community by the pPrimary care units, such as to reduce drug and alcohol abuse, gender-based violence, child abuse and promotion of mental health in the community.

9. Identify a community programme you would like work on as an individual or implement as a group during semester-. Give justification for selecting this programme.

10. Reflect on your visit to the PMCI – Divisional Hospital Theppanawa & PMCU Pulungupitiya (100- 150 words) *[if you have any supportive documents/ photographs, attach with your reflection]*

Family Practice

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Activities expected from students at the Family Physician / Practice:

1. Observation:

- the setting/ nature of the practice
- registration of patients (clients) / record keeping / retrieval
- facilities available for patients/ visitors / environment
- methods ~~& qualities~~ of communication adopted
- ~~(health)~~services available to the client
- ~~s~~Storage of drugs/ surgical items / equipment/etc., & safety
- ~~h~~Healthcare ~~w~~Waste ~~m~~Management
- ~~s~~Staff/ patients² / visitors ~~-~~ attitudes & comments
- consultation / treatment sessions for patients

2. Active participation: *(as permitted by the FP)*

- Registration / retrieving records
- History taking / talking to patients
- Helping / participating in clinical procedures

Maintaining log book and case records:

~~Student should make entries / records in the log book~~

Case Records: Each student should select ~~03two (02)~~ patients ~~from daily form among~~ the patients you have seen at private Family Practice, and maintain separate case records in the given format.

Case Record No.: 01

Name of the FP:

Patient's Reg. No.:

Name of the Patient:

Age: Sex:

Address Residence:

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Date of meeting:/...../.....

Reason why the patient visited to FP/ Presenting illness (in brief)

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.....

Significant / relevant Clinical features / Examination findings:

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Investigations done if any with results:

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Management of the patient:

- If Treated, type of treatment

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- If referred for specialized care, reason & place / consultant / hospital referred:

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- Any comment from the patient / relatives:

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- Student's observations / suggestions:

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Case Record No.: 02

Name of the FP:

Patient's Reg. No.:

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Space After: 0 pt, Outline numbered + Level: 1 +
Numbering Style: Bullet + Aligned at: 2.38" + Indent
at: 2.38"

Name of the Patient:

Age: Sex:

Address Residence:

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Date of meeting:/...../.....

Reason why the patient visited to FP/ Presenting illness (in brief)

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Significant / relevant Clinical features / Examination findings:

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Investigations done if any with results:

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Management of the patient:

- If Treated, type of treatment

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- If referred for specialized care, reason & place / consultant / hospital referred:

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- Any comment from the patient / relatives:

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- Student's observations / suggestions:

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Date of Compiling:/...../.....

Signature of the Student:

Date of review:/...../..... Case Record No.: **02**

Name of the FP:

Patient's Reg. No.:

Name of the Patient:

Age: Sex:

Address Residence:

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Date of meeting:/...../.....

Reason why the patient visited to FP/ Presenting illness (in brief)

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Significant / relevant Clinical features / Examination findings:

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Investigations done if any with results:

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Management of the patient:

- If Treated, type of treatment

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- If referred for specialized care, reason & place / consultant / hospital referred:

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- Any comment from the patient / relatives:

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- Student's observations / suggestions:

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Date of Compiling:/...../.....

Signature of the Student:

Date of review:/...../.....

Comments of the Head of the Department / Supervisor:

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Signature:

Case Record No.: 03

Name of the FP:

Patient's Reg. No.:

Name of the Patient:

Age: Sex:

Address Residence:

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Date of meeting:/...../.....

Reason why the patient visited to FP/ Presenting illness (in brief)

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Significant / relevant Clinical features / Examination findings:

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Investigations done if any with results:

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Management of the patient:

- If Treated, type of treatment

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- If referred for specialized care, reason & place / consultant / hospital referred:

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- Any comment from the patient / relatives:

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- Student's observations / suggestions:

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Date of Compiling:/...../.....

Signature of the Student:

Date of review:/...../.....

Reflect on your visit to Family Practitioners (200-250 words)100-150-words) ~~if you have any supportive documents/ photographs, attach with your reflection!~~

Your reflection should include the following, which are different to those seen in a hospital.

~~This It will also be an opportunity to discuss the following, which are different to those seen in a hospital.~~

✈ Continuity of care

- ✓ Comprehensive care
- ✓ Preventive care
- ✓ Coordination of care and referral
- ✓ Family care
- ✓ Problem solving of the undifferentiated illness.
- ✓ Management of the ambulatory patient
- ✓ Detection of a serious illness in the early stages
- ✓ Home visit
- ✓ Management of an emergency
- ✓ Management of a chronic illness

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No bullets or numbering

☐☐ **Format for the Case Records for Family Medicine Clerkship:**

Period of Family Medicine clerkship: form..... to.....

Case Record No.: **01** (if we provide the format for one record isn't it adequate without wasting 8 pages)

Name of the FP:

Patient's Reg. No.:

Name of the Patient:

Age: Sex:

Address Residence:

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Date of meeting:/...../.....

Reason why the patient visited to FP/ Presenting illness (in brief)

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Significant / relevant Clinical features / Examination findings:

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Investigations done if any with results:

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Management of the patient:

- If Treated, type of treatment

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- If referred for specialized care, reason & place / consultant / hospital referred:

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- Any comment from the patient / relatives:

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- Student's observations / suggestions:

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Date of Compiling:/...../.....

Signature of the Student:

Date of review: /...../.....

Comments of the Head of the Department / Supervisor:

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Signature:

Case Record No.: **02**

Name of the FP:

Patient's Reg. No.:

Name of the Patient:

Age: Sex:

Address Residence:

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Date of meeting:/...../.....

Reason why the patient visited to FP/ Presenting illness (in brief)

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Significant / relevant Clinical features / Examination findings:

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Investigations done if any with results:

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Management of the patient:

- If Treated, type of treatment
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- If referred for specialized care, reason & place / consultant / hospital referred:
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- Any comment from the patient / relatives:
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- Student's observations / suggestions:
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Date of Compiling:/...../.....

Signature of the Student:

Date of review:/...../.....

Comments of the Head of the Department / Supervisor:
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Signature:

Case Record No.: **03**

Name of the FP:

Patient's Reg. No.:

Name of the Patient:

Age: Sex:

Address Residence:

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Date of meeting:/...../.....

Reason why the patient visited to FP/ Presenting illness (in brief)

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Significant / relevant Clinical features / Examination findings:

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Investigations done if any with results:

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Management of the patient:

- If Treated, type of treatment
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- If referred for specialized care, reason & place / consultant / hospital referred:
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- Any comment from the patient / relatives:
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- Student's observations / suggestions:
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Date of Compiling:/...../.....

Signature of the Student:

Date of review:/...../.....

Comments of the Head of the Department / Supervisor:
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Signature:

Case Record No.: **041**

Name of the FP:

Patient's Reg. No.:

Name of the Patient:

Age: Sex:

Address Residence:
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Date of meeting:/...../.....

Reason why the patient visited to FP/ Presenting illness (in brief)
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Significant / relevant Clinical features / Examination findings:
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Investigations done if any with results:
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Management of the patient:

- If Treated, type of treatment
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- If referred for specialized care, reason & place / consultant / hospital referred:
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- Any comment from the patient / relatives:
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- Student's observations / suggestions:
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Date of Compiling:/...../.....

Signature of the Student:

Date of review:/...../.....

Comments of the Head of the Department / Supervisor:
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Signature:

Case Record No.: ~~051~~

Name of the FP:

Patient's Reg. No.:

Name of the Patient:

Age: Sex:

Address Residence:

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Date of meeting:/...../.....

Reason why the patient visited to FP/ Presenting illness (in brief)

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Significant / relevant Clinical features / Examination findings:

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Investigations done if any with results:

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Management of the patient:

- If Treated, type of treatment
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.....

- If referred for specialized care, reason & place / consultant / hospital referred:
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- Any comment from the patient / relatives:
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- Student's observations / suggestions:
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Date of Compiling:/...../.....

Signature of the Student:

Date of review:/...../.....

Comments of the Head of the Department / Supervisor:
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Signature:

Case Record No.: **064**

Name of the FP:

Patient's Reg. No.:

Name of the Patient:

Age: Sex:

Address Residence:

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Date of meeting:/...../.....

Reason why the patient visited to FP/ Presenting illness (in brief)

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Significant / relevant Clinical features / Examination findings:

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Investigations done if any with results:

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Management of the patient:

- If Treated, type of treatment
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- If referred for specialized care, reason & place / consultant / hospital referred:
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- Any comment from the patient / relatives:
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- Student's observations / suggestions:
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Date of Compiling:/...../.....

Signature of the Student:

Date of review:/...../.....

Comments of the Head of the Department / Supervisor:
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Signature:

Case Record No.: **071**

Name of the FP:

Patient's Reg. No.:

Name of the Patient:

Age: Sex:

Address Residence:

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Date of meeting:/...../.....

Reason why the patient visited to FP/ Presenting illness (in brief)

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Significant / relevant Clinical features / Examination findings:

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Investigations done if any with results:

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Management of the patient:

- If Treated, type of treatment
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.....

- If referred for specialized care, reason & place / consultant / hospital referred:
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- Any comment from the patient / relatives:
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.....

- Student's observations / suggestions:
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Date of Compiling:/...../.....

Signature of the Student:

Date of review:/...../.....

Comments of the Head of the Department / Supervisor:
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Signature:

Case Record No.: 081

Name of the FP:

Patient's Reg. No.:

Name of the Patient:

Age: Sex:

Address Residence:

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Date of meeting:/...../.....

Reason why the patient visited to FP/ Presenting illness (in brief)

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Significant / relevant Clinical features / Examination findings:

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Investigations done if any with results:

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Management of the patient:

~~If Treated, type of treatment~~
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~~If referred for specialized care, reason & place / consultant / hospital referred:~~
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~~Any comment from the patient / relatives:~~
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~~Student's observations / suggestions:~~
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~~Date of Compiling:~~/...../.....

~~Signature of the Student:~~

~~Date of review:~~/...../.....

~~Comments of the Head of the Department / Supervisor:~~
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.....

Signature:

~~Reflect on your visit to Family Practitioners (100-150 words) [if you have any supportive documents/photographs, attach with your reflection]~~

Visits to outpatient Department of Teaching Hospital, Rathnapura

- Students will attend the outpatient department of the Rathnapura General Hospital two days during the appointment.
- Students will be allocated (as 9-10/ group) to observe the reception, ETU, patient registering counters and admission unit & the procedures at the wound dressing room, immunization clinic, Nutrition & Health education units and rabies unit, etc.
- Each student is expected to identify one patient visiting the OPD at the point of registration and be with him throughout their visit until they leave the hospital premises. (A short history of the illness should be obtained, waiting times at each service point e.g. registration, consultation, laboratory, dispensary, etc. if the patient is accompanied by another person their & patient (care taker)'s comments can be recorded)
- Students should study the differences between a family practice and an OPD and think of measures to improve care given at an OPD. These observations should be entered in brief in the case recording form.

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Case record of the identified patient visiting OPD, Rathnapura General Hospital:

Date:-----

Patient's Reg. No.:

Name of the Patient:

Age: Sex:

Address:

.....

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Reason why the patient visited to OPD / Presenting illness (in brief)

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Significant / relevant Clinical features / Examination findings:

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Investigations done if any with results:

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Management of the patient:

- If Treated, type of treatment

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- If referred for specialized care/ reason & place / consultant referred/ if admitted reason

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- Any comment from the patient / relatives:

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- Student's observations / suggestions:

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Right: 0.01", Space After: 0 pt, Outline numbered +
Level: 1 + Numbering Style: Bullet + Aligned at: 2.38"
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➤ Reflect on your visit to OPD, Ratnapura General Hospital. Your reflection should include A short history of the illness, waiting times at each service point e.g. registration, consultation, laboratory, dispensary, any comments from the accompanying person (if any), your experience at the OPD, your comparison of OPD and Family Practice clinics and your suggestions for improvement.

(100-150 to 200 words) [if you have any supportive documents/ photographs, attach with your reflection]

Write a reflection on an event that occurred during one of the clerkship appointments.(150 words)

- Attach any Photos /forms/leaflets related to the appointment

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End of appointment feedback

At the end of the appointment a questionnaire on MOODLE will be given to gather feedback on the teaching learning activities during the Primary Ccare Ffamily Medicine clinical appointment. Your honest opinion on the training programme is

appreciated in order to improve the quality of the clinical appointment program. **It This**
i is compulsory to complete the questionnaire.

Annexure A - Tutor-Student Guide

Feed-back on consultation skills

Student Name:

Student ID:

Feedback

GP trainers give feedback using the following as a guide. *Trainers may focus on one or many of the three domains as appropriate.*

Skill	Grade	Comments
COMMUNICATION SKILLS		
EXAMINATION		
Explains the process and obtain consent		
Displays sensitivity to patient's needs		
ATTITUDE		
Has positive attitude to learn		

key: Very Good 4
 Good 3
 Satisfactory 2
 Need improvement 1
 Not applicable / not done 0

Comment on overall performance:

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.....

Suggestions on how to improve:

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Date of assessment:

Name of GP trainer:

Signature of GP trainer:

Annexure B - Tutor-Student

Guide

Feed-back on consultation skills

Student Name:

Student ID:

☐ ☐ Feedback

GP trainers give feedback using the following as a guide. *Trainers may focus on one or many of the three domains as appropriate.*

Skill	Grade	Comments
COMMUNICATION SKILLS		
EXAMINATION		
Explains the process and obtain consent		
Displays sensitivity to patient's needs		
ATTITUDE		
Has positive attitude to learn		

key: *Very Good* 4
Good 3
Satisfactory 2
Need improvement 1
Not applicable / not done 0

Comment on overall performance:

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Suggestions on how to improve:

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Date of assessment:

Name of GP trainer:

Signature of GP trainer:

**Guidelines for feedback – Medical officers PMCU Pulungupitiya and Divisional Hospital
Theppanawa**