

FAMILY PROJECT ASSIGNMENT

OVERVIEW AND GUIDELINES

BACKGROUND

The Family Project builds on the first-year Patient Project to help students gain an appreciation for:

- how social circumstances and stressors affect a patient's health
- how patients experience illness and the health care system
- how limited resources for healthcare providers and patients/families/communities affect evaluation, treatment, adherence, and outcomes

The continuity of care that patients experience in the primary care setting allows the physician to uncover these issues. The purpose of this project is for students to have an experience with continuity of care and to explore the multiple factors that affect a particular patient's and family's experience of health, illness, and treatment.

SELECTING A PATIENT

The preceptor should select a patient for the student whose experience will serve to educate the student, who may personally benefit from and enjoy interacting with the student, and who would agree to a home visit. Some examples of the types of patients for this assignment include:

- challenging patients, such as those who appear to be noncompliant, or who seem to have psychogenic illnesses, or who have difficulties with the health care system
- patients who are coping with a chronic illness, whether well or poorly
- seniors who live alone or with family members
- families whose children suffer chronic diseases, developmental delays, or who may have difficult or complicated social situations.

The preceptor should select a patient by the end of the first week of rotation from patients seen by the student during that first week. The student should make contact with the patient at least weekly thereafter. At least one of these contacts must be a home visit; the others may be by telephone or some other form of personal interaction.

Seeing a patient in the office reveals only part of the picture of the impact illness has on a patient and family and how a patient is responding to his/her medical condition and treatment. Office visits may not fully explain why a particular patient fails to respond to therapy, cannot follow medical regimens or dietary changes, or experiences family stress with the onset of illness. Seeing a patient in his/her home may give insight as to how effectively a patient is coping with his/her medical problem. This insight may help the health care provider(s) adjust or enhance the treatment plan for the patient.

The student's role is to try to understand how different aspects of the patient's life interact with his/her health care. To fully appreciate these multiple influences, the student must schedule a home visit with the patient. In addition, other kinds of experience such as: going food shopping with someone with hypercholesterolemia, diabetes or hypertension may enhance a student's learning.

If a student is apprehensive about the home visit, such concerns should be discussed with the preceptor. In such a case, the preceptor might choose a patient requiring house calls and then go with the student, or choose a patient who sees a visiting nurse whom the student can accompany. However, students are not required to have a chaperone to do a home visit. Most patients are very happy and willing to have the extra attention that medical students provide.

The family project will be returned to the preceptor and may, with the patient's consent, be incorporated into the patient's medical record. **Remember that the preceptor may change his/her approach to a patient or family or even alter treatment based on the information you share with him/her.** Therefore it is incumbent upon the

student to be as accurate as possible. Just as one would not fabricate physical findings for the medical record, the student should not embellish social findings.

GRADING CRITERIA EXPECTATIONS

The project should be completed in essay format. Section one may contain a list format for medical problems and physical exam, or it may be done in essay form.

It is acceptable to break the essay into four sections as outlined in the Assignment Guidelines. Abbreviations should not be used.

The goal of this project is to come to a better understanding of a patient's experience of health, illness, and the health care system, in the context of their family, background, belief systems, and the underserved community. Included in the analysis should be reflection on the interplay between these factors and how they affect the patient.

The home visit is crucial to understanding a patient as a person outside the medical setting. Failing to complete a home visit will affect the student's grade. Medical conditions should be discussed in the context of the patient and how they affect the patient's life experience. Do not include long discussions of the disease process or treatments without relating it to your patient. In the final section, remember, the person reading your paper does not have a copy of your first year project.

ASSIGNMENT GUIDELINES

The student's write-up for the Family Project should include four (4) sections, and should be no more than ten (10) pages in length. It should be typed, using a one-inch margin, double-spaced with a 12-font character size. Names should be coded to ensure patient confidentiality, e.g., substitute "Mr. B" ("Jim B.," if a child) for the full name of the patient.

Section One should be one half (1/2) page in length and devoted to a brief history, physical exam, and problem list.

Section Two should address the *relevant, not necessarily all*, patient descriptors listed on pages 20 and 21. Begin Section Two by indicating the time(s) and place(s) you saw your patient. In your narrative make sure that you convey a sense of this patient *as a person*.

Section Three should address the following questions:

1. What are the patient's major assets and major barriers to ensuring good health?
 1. How have the patient's health and healthcare been impacted by living in an underserved community?
3. What recommendations would you make to the preceptor about how to improve the patient's health? (The student will be expected to take into consideration the social, psychological, and other factors that were uncovered.)

Section Four, which should be one-to-two (1-2) pages in length, gives you the chance to reflect on differences between your experience of the first-year Patient Project and the third-year Family Project. To help you do this, we have provided you with a copy of your Patient Project essay.

Consider such questions as the following in your response:

- (1) In what way were the two patients similar; and in what way different?
- (2) How has increasing professionalization changed your perception of patients and their families?
- (3) Has there been any interaction, positive or negative, that you have observed between a preceptor and a patient that has changed how you interact and communicate with patients and their families?

DUE DATE

The assignment is due, **in duplicate*** on Debriefing/Exam Day (the last day of your Primary Care Clerkship rotation). Assignments turned in late will result in a final course grade of no greater than a PASS.

If the requirements are not met, this will result in a FAILING grade for the course.

***One copy of your assignment will be reviewed and graded.**

The other copy will be mailed to your preceptor after the grading process is completed.

PATIENT DESCRIPTORS TO CONSIDER IN THE FAMILY PROJECT ASSIGNMENT

The following are topics to consider exploring with your patient. This list is not an exhaustive one, nor is it a checklist that you should feel obligated to complete. For example, asking the patient if he/she is on a fixed income may be too personal, or too direct a way to state this question. An initial, open-ended question, such as, "Do concerns about money increase your stress or affect your health," is always better. Try to conduct your interview as a conversation with the patient.

The questions that follow each topic are meant for you to consider but not to read verbatim to the patient.

1. Home Visit

Evaluate the living circumstances, including housing and environment. Are there environmental risk factors (tobacco smoke, safety risks, etc.)? Who are the members of the household? What does this home tell you about this patient, i.e., hobbies, lifestyle, etc.?

2. Family Members

Whom does the patient consider part of the family? (May be different from those individuals identified in #1 above or #3 below). A genogram may be useful.

3. Support Systems

Describe the patient's support system, i.e., partner/spouse, children, friends, neighbors, church, visiting nurse, etc.

4. Current Stressors

Include perceived stressors in the patient's life and any family stressors.

5. Nutrition

Who does the meal planning and preparation? Is buying groceries or preparing food a problem? Number of meals per day? If geriatric, consider a geriatric nutrition assessment. Are there special dietary needs?

6. Medications

Include prescriptions as well as non-prescription medications. Consider calculating total cost per month. Does insurance help pay for medications? Is there a restricted number per month? Do they need to be mailed? How does the patient remember to take all medications or all doses? Does the cost of medications impact which prescriptions are filled?

7. Medical Equipment or Devices

Does the patient require any medical equipment? Is he/she comfortable using it?

8. Transportation

What is the distance to the doctor? What is the mode of travel, i.e., bus, car, etc.? Must the patient arrange transportation?

9. Finances

Is the patient on a fixed income? Is he/she having financial difficulties? Does the patient have "adequate" health insurance?

10. Health Care Team

What is the role of the primary care physician in this patient's medical care?

Who are the other professional providers involved in the patient's and family's health care; include physical therapists, home health agencies, specialists, and alternative health care, etc. Can the patient communicate effectively with any or all of them? Is he/she satisfied with the medical care received? Why or why not?

11. Activities of Daily Living (ADLs)

Is help needed with dressing, cleaning, cooking, etc.? Who assists with ADLs?

12. Social and Cultural Issues

Consider national origin, language, health beliefs, or religion, for example.

What is the patient's occupation?

What is the patient's educational level?

Examples of Family Projects can be found on ANGEL.