



## Table of Contents

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**Note that this is an *active* Table of Contents.**

**Hold the Ctrl key and click on a page number to move easily to a specific section of the document.**

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## Introduction

This workbook is designed to guide you and your preceptor through the ICE placement learning and teaching activities. Each week's activities are organized around one of the four principles of family medicine. For a more detailed description of the Four Principles of Family Medicine go to: <http://www.cfpc.ca/Principles/>

Work with your preceptor using this workbook to practice, think, discuss, and reflect during this rich clinical experience (preferably day by day or week by week). We recommend that you print the workbook and complete the learning activities in the workbook or by using digital (and printed) attachments. Note that all learning activities will require your preceptor to assess, discuss and sign each activity before you complete your ICE placement. You will also be required to submit your completed workbook to the Office of UME at the end of your placement.

We would like to acknowledge that the concept of the workbook and some of its content was borrowed from Memorial University's Black Bag course workbook.

## Learning Agreement

Student: \_\_\_\_\_

Preceptor: \_\_\_\_\_

After reviewing the weekly learning objectives and the learning activities that are included in this workbook, write a few specific goals you have for yourself. Discuss these with your preceptor at the beginning of your placement. This conversation should also include an opportunity for the preceptor to highlight her/his expectations of you, during your ICE placement.

**Note that you will be asked to return to this form in your final Learning Activity in Week 4.**

Main goals for ICE placement:

Student (e.g. comfort in conducting patient interview)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Preceptor expectations (e.g. participate as an active member of the health care team)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of preceptor: \_\_\_\_\_

## Week 1 – Patient-Physician Relationship

*Principle of Family Medicine: The patient-physician relationship is central to the role of the family physician.*

### **Focus**

Effective interviewing skills

### **Learning Objectives**

Students will be able to:

- Describe essential concepts of an effective physician-patient interview.
- Apply interviewing skills with patients.

### **Learning Activities**

1. Observe a patient-physician interview, write the patients history (story) in paragraph form, present the story and discuss with the preceptor.
2. Conduct an interview with a patient that is directly observed by the preceptor. Reflect on the interview with the preceptor using the Macy model worksheet.
3. Attend a Community Learning Session (CLS) and discuss the experience with your preceptor.
4. Complete weekly self-assessment and discuss it with your preceptor.

### **Learning Activity Tools**

1. Patient History Template
2. Macy Model Worksheet
3. Community Learning Sessions (CLS) Experience Worksheet
4. Weekly Self-Assessment

## Week 2 – Patient-Centred Clinical Method

*Principle of Family Medicine: The family physician is a skilled clinician.*

### **Focus**

Patient-centred assessment, impact of illness on patients, synthesis of encounter

### **Learning Objectives**

Students will be able to:

- Demonstrate patient-centred assessment in the rural context.
- Demonstrate a focused history and examination.
- Use the SOAP format to synthesize and document the patient encounter.
- Describe how illness has impacted a particular patient and their family.

### **Learning Activities**

1. Conduct a complete and observed patient interview and focused physical examination and then synthesize the patient encounter into a SOAP format. Read and discuss this with your preceptor and have it signed.
2. Write a reflective essay (250-500 words) about the impact of illness on a patient and/or their family. Review and discuss this with your preceptor and have them sign it.
3. Attend a Community Learning Session (CLS) and discuss the experience with your preceptor.
4. Complete weekly self-assessment and discuss it with your preceptor.

### **Learning Activity Tools**

1. SOAP Notes Description and Template
2. Reflective Essay
3. Community Learning Sessions (CLS) Experience Worksheet
4. Weekly Self-Assessment

## Week 3 – Resource to a Patient and Advocacy

*Principle of Family Medicine: The family physician is a resource to a defined patient population.*

### **Focus**

Being a resource to a patient and the evidence-base of clinical decision-making

### **Learning Objectives**

Student will be able to:

- Describe and apply an ethical principle in the care of a patient.
- Demonstrate life-long learning skills by finding the evidence in addressing a patient's problem, synthesis of the evidence and application to the particular patient.

### **Learning Activities**

1. Present a patient to your preceptor or team using ethical pillars of non-maleficence, autonomy, and justice.
2. Scholarly Activity: Researching the Evidence. Identify a clinical learning issue from a patient encounter, translate this into a researchable question, conduct and synthesize the research, then discuss how to apply to this patient.
3. Attend a Community Learning Session (CLS) and discuss the experience with your preceptor.
4. Complete weekly self-assessment and discuss it with your preceptor.

### **Learning Activity Tools**

1. Ethics Decision-Making Procedure
2. Scholarly Activity: Researching the Evidence
3. Community Learning Sessions (CLS) Experience Worksheet
4. Weekly Self-Assessment

## Week 4 – The Community-Healthcare Relationship

*Principle of Family Medicine: Family medicine is a community-based discipline.*

### **Focus**

How healthcare in rural areas is provided in teams using effective communication and team strengthening strategies

### **Learning Objectives**

Student will be able to:

- Observe, participate, and discuss the composition and dynamics of a functioning healthcare team, reflecting on the team strengths and vulnerabilities.
- Articulate some of the advantages and challenges, as well as the uniqueness, of practice in a rural community.

### **Learning Activities**

1. Observe and participate in the health care team and reflect on its strengths and challenges (250-500 word reflective essay).
2. Attend a Community Learning Session (CLS) and discuss the experience with your preceptor.
3. Complete your end-of-placement self-assessment and discuss it with your preceptor. This week's form also includes a synthesis of how you have done throughout your placement and what your goals are for your next placement.

### **Learning Activity Tools**

1. Health Care Team Reflection
2. Learning Self-Assessment
3. Community Learning Sessions (CLS) Experience Worksheet
4. End-of-Placement Self-Assessment

## Assessment of Workbook Activities

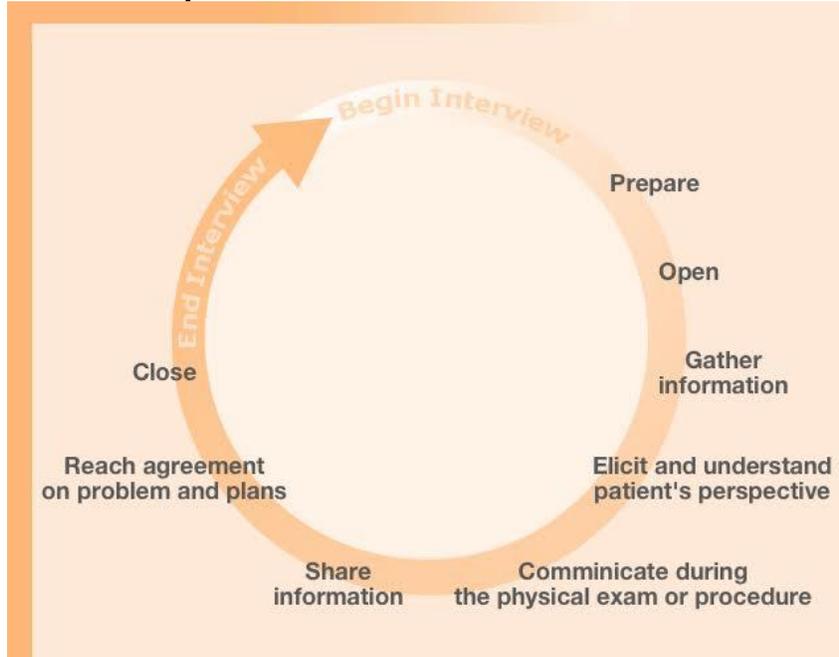
The workbook that was utilized to structure the Integrated Community Experience (ICE) for the students contains a number of activities meant to support student learning. The intention is that preceptors are aware of, and provide feedback on the activities that are linked to the learning objectives for each week of the placement. The activities themselves are mandatory, but formative in nature, meaning that if they are not completed at a satisfactory level, students will be required to undergo remediation. Failure or refusal to complete the activities by a student could also be viewed as a professionalism issue, which can be reported in Part 3 in Critical Elements of this assessment form.

**The preceptor will be asked to complete the following table to demonstrate that the student completed the activities, and that she/he had the opportunity to discuss with the student and provide feedback. This form will be forwarded through One45. Please ensure that your preceptor has a copy of this page.**

	The level at which the student completed the activity was:		
	Activity was not completed	Unsatisfactory	Satisfactory
<b>Week 1</b>			
Patient History Activity			
Macy Model Worksheet			
CLS Worksheet			
<b>Week 2</b>			
SOAP Note Activity			
Impact of Illness Reflective Essay			
CLS Worksheet			
<b>Week 3</b>			
Ethics Decision-Making Procedure & Presentation			
Scholarly Activity: Researching the Evidence			
CLS Worksheet			
<b>Week 4</b>			
Health Care Team Reflective Essay			
CLS Worksheet			



**Structure and Sequence of Effective Doctor Patient Communication**



<b>Prepare</b>	
<b>Skills</b>	<b>Comments</b>
Review the patient's chart and other data <ul style="list-style-type: none"> <li>• Read patient chart (age, sex, etc.)</li> <li>• Review cumulative patient profile</li> <li>• Review last visit entry</li> </ul>	
<b>Opening</b>	
<b>Skills</b>	<b>Comments</b>
Greets and welcomes patient	
Accommodates patient's comfort and privacy	
<b>Gathering Information</b>	
<b>Skills</b>	<b>Comments</b>
Begins interview in a non-threatening way	
If appropriate, discusses confidentiality issues at onset	
Starts with open-ended questions	

Uses closed-ended questions where necessary	
Determines chief concern/history of presenting illness (HPI)	
Explores all components of the medical history – past medical history, social history, lifestyle, prevention, immunizations, functional evaluation, review of symptoms	
<b>Elicits and Understands the Patient Perspective</b>	
<b>Skills</b>	<b>Comments</b>
Asks about feelings, ideas, function, and expectations (FIFE)	
Asks about the patient's family, community, cultural and religious or spiritual context	
Responds to nonverbal cues	
<b>Self-Awareness</b>	
<b>Questions for Self-Reflection</b>	<b>Reflections</b>
Reflect and discuss two things I would repeat in my next interview	
Reflect and discuss two things that I would do differently in my next interview, and discuss how I would implement this	
<b>Learning Plan</b>	
<b>Question</b>	<b>Plan</b>
Identify two topics related to the patient you have seen that you plan to research before your next session	

Preceptor signature:

Date:

**Community Learning Sessions (CLS) Worksheet**

<b>CLS Experience Week</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Agency: Contact person/resource: Date of session:				
Why was this agency/resource selected as an important learning experience?				
What I saw, heard, and did during this experience.				
What role does this agency play in the health of the community?				
What did I learn that has relevance to the work of a rural family physician?				

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Preceptor signature \_\_\_\_\_ Date \_\_\_\_\_

### Weekly Self-Assessment

Student: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Week: 1 2 3 4 (circle) Date: \_\_\_\_\_

	Student	Preceptor
Things that are going well		
Things I need to work on. (learning plan)		
Ideas for improvement “lets try...”		

Student signature: \_\_\_\_\_

Preceptor signature: \_\_\_\_\_

## Week 2 –#1 – SOAP Notes Description and Template

### The SOAP Format

Many medical schools and residency programs advocate a method of problem-oriented medical record (POMR) documentation. In this system, known by its acronym “SOAP”, the physician’s notes concerning a patient’s health and treatment are divided into four parts (the bolded and italicized identify where the components of the history and physical can be found in the SOAP format):

**Subjective:** This component summarizes the patient’s complaint, general using the patient’s own words or a synopsis (e.g. chest pain or sore throat). It should include the nature and duration of the patient’s symptoms, the time the patient first noticed the symptoms, the patient’s opinion as to the possible causes of the illness or condition, any remedies that the patient may have tried, or other medical treatment previously received for the same illness or condition, any contributory factors that may influence the patient’s health or response to treatment.

In the SOAP format, the subjective (S) component documents the **chief complaint** and the **history of the illness, review of systems**, and relevant **past, family and/or social history**.

**Objective:** This section given the measurable, pertinent finds of the physician’s actual examination, as well as the results of diagnostic tests (e.g. laboratory tests or x-rays) which are recorded or referenced in this portion of the medical documentation. An important medical legal concept to be learned is the inclusion of ‘relevant negatives’.

In the SOAP format, the objective (O) component documents the **physical examination** and the **diagnostic evaluation**.

**Assessment:** This component of the documentation defines the physician’s determination of the cause of the patient’s condition, based on the information recorded in the subjective and objective components, and includes the physician’s differential diagnoses, diagnostic and therapeutic option and potential for complications.

**Plan:** This part of the medical record documentation states the agreed-upon treatment plans for the patient.

In the SOAP format, the assessment (A) and plan (P) document the **complexity of medical decision making**.

The POMR generally incorporates a baseline database of information that includes the patient’s past, family and social history, as well as a chronological problem list. In this format, the physician identifies each problem being addressed from the patient’s problem list and then documents each individual problem addressed during an encounter with a separate SOAP note. Past, family and social history database information should be updated at appropriate intervals, annually in most cases.

### Additional Resource

Pearce, P. F., Ferguson, L. A., George, G. S., & Langford, C. A. (2016). The essential SOAP note in an EHR age. *Nurse Practitioner*, 41(2), p. 29-36. Retrieved at <https://www.ncbi.nlm.nih.gov/pubmed/26795838>



Week 2 –#2 – Reflective Essay

**Reflective Essay**

Write 250-500 words about the impact of illness on a patient and/or family you have met/interviewed.

Read and discussed this with your preceptor and have them sign it.

Preceptor signature:

Date:

**Community Learning Sessions (CLS) Worksheet**

<b>CLS Experience Week</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Agency: Contact person/resource: Date of session:				
Why was this agency/resource selected as an important learning experience?				
What I saw, heard, and did during this experience.				
What role does this agency play in the health of the community?				
What did I learn that has relevance to the work of a rural family physician?				

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Preceptor signature \_\_\_\_\_ Date \_\_\_\_\_

### Weekly Self-Assessment

Student: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Week: 1 2 3 4 (circle) Date: \_\_\_\_\_

	Student	Preceptor
Things that are going well		
Things I need to work on. (learning plan)		
Ideas for improvement “lets try...”		

Student signature: \_\_\_\_\_

Preceptor signature: \_\_\_\_\_

**The ethics decision-making procedure – from *Doing Right***

1. The case: express simply but with pertinent facts and circumstances.
2. What is the dilemma? What decision needs to be made?
3. What are the alternatives?
4. How do the key considerations apply?
  - a) Autonomy: what are the patient's wishes and values? Consider the patient's capable wishes, beliefs, goals, hopes, and fears. If incapable, look to a substitute decision-maker.
  - b) Beneficence: what can be done for the patient? Consider the benefits and burdens of the various alternatives from the perspective of the clinician, the patient, and possibly the family, and the probable result of each one.
  - c) Justice: is the patient receiving what is fair?
  - d) Consider the patient's fundamental right to his or her fair share of medical resources as well as the interests and claims of the family, other patients, and healthcare staff.
5. Consider involving others and consider context; are there other situational factors that are important? Consider others who ought to be involved. Be familiar with cultural and local practices, institutional policies and guidelines, professional norms, and legal precedents.
6. Propose a resolution: weigh these factors for each alternative; then say what you would do or recommend. Consider, in the circumstances, what your role would be—what would a "good person" do?
7. Consider your choice critically: when would you be prepared to alter it? Consider the opinions of your peers, your conscience, and emotional reactions. Know your resources. Formulate your choice as a general maxim and how far it might extend, suggest cases where it wouldn't apply, decide if you—and others are comfortable with the choice made. If not, reconsider key considerations and consider consultations with specialists in ethics, law, or in the local culture.
8. Do the right thing—"all things considered."

**Reference**

Hébert, P. C. (2014). *Doing Right: A practical guide to ethics for medical trainees and physicians* (3rd ed.). Chapter 1. Section 1V, p. 14-19.

Consider a patient and/or family that you have met this week. Follow the ethical decision-making from *Doing Right*.

Present the patient to your preceptor or team using ethical pillars of non-maleficence, autonomy, and justice.

Preceptor signature:

Date:

**Scholarly Activity: Researching the Evidence**

(adapted from Pearls™, from the College of Family Physicians of Canada)

**Life-long learning skills (finding the evidence and applying it)**

Identify a clinical question from an encounter with a patient that you would like to research in more detail.

**Describe patient briefly:**

**My question is:**

**My resources are:** (use at least 3, 1 of which is not an article or book)

**Synthesis of my research is:**

**How does this apply to this patient?**

**How does this apply to the wider community?**

**The above activity has been successfully completed and documented.**

*Preceptor Signature:* \_\_\_\_\_

Comments:

**Community Learning Sessions (CLS) Worksheet**

<b>CLS Experience Week</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Agency: Contact person/resource: Date of session:				
Why was this agency/resource selected as an important learning experience?				
What I saw, heard, and did during this experience.				
What role does this agency play in the health of the community?				
What did I learn that has relevance to the work of a rural family physician?				

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Preceptor signature \_\_\_\_\_ Date \_\_\_\_\_

### Weekly Self-Assessment

Student: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Week: 1 2 3 4 (circle) Date: \_\_\_\_\_

	Student	Preceptor
Things that are going well		
Things I need to work on. (learning plan)		
Ideas for improvement “lets try...”		

Student signature: \_\_\_\_\_

Preceptor signature: \_\_\_\_\_

Week 4 –#1 – Health Care Team Reflection

**Health Care Team Reflection**

Observe and participate in the health care team (e.g. emergency department, family health team, mental health team). Describe the team briefly and then reflect on its strengths and challenges from your perspective (reflective essay) – 250-500 words

Empty box for writing the reflective essay.

Preceptor signature:

Date:

**Community Learning Sessions (CLS) Worksheet**

<b>CLS Experience Week</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Agency: Contact person/resource: Date of session:				
Why was this agency/resource selected as an important learning experience?				
What I saw, heard, and did during this experience.				
What role does this agency play in the health of the community?				
What did I learn that has relevance to the work of a rural family physician?				

Student signature \_\_\_\_\_ Date\_\_\_\_\_

Preceptor signature \_\_\_\_\_ Date\_\_\_\_\_

**End-of-Placement Self-Assessment**

**Student:** \_\_\_\_\_ **Preceptor:** \_\_\_\_\_

**Week:** 1 2 3 4 (circle) **Date:** \_\_\_\_\_

	Student	Preceptor
Things that are going well		
Things I need to work on. (learning plan)		
Ideas for improvement “lets try...”		
<b>Self-Assessment Synthesis</b>		
Looking back...how well did I meet my goals...		

**Thinking forward...what might be my CBM110 ICE placement goals...**

**Student signature:** \_\_\_\_\_

**Preceptor signature:** \_\_\_\_\_