Ambulatory Family Medicine Component
Ambulatory Grand Rounds - *Encounter Form Instructions*

**Purpose:** To increase student knowledge and experience of the multi-factorial aspects of ambulatory primary care by using a case-based multidisciplinary seminar approach.

**Educational Objectives:** At the end of this unit the student should be able to:

Complete three encounter forms that demonstrate increased knowledge and awareness of common ambulatory illnesses as evidenced by:

- describing their diagnostic criteria and treatment
- discussing the behavioral factors impacting primary care including such things as patient adherence and compliance, family issues and dynamics, anticipatory guidance, patient education, and psychological factors (e.g., depression, anxiety)
- analyzing the efficient use of pharmacotherapy
- considering the management of medical resources
- discussing the ethical aspects of treatment, when applicable
- applying newer clinical outcomes research

Present one of the three required encounter forms as a synopsis and lead a discussion of the case, which includes:

- logical progression of thinking
- well-reasoned diagnosis
- rational discussion of medications that accounts for better patient adherence, eliminates drug interactions, and promotes cost efficiency
- ethical and behavioral aspects
- patient information including need for referrals, follow-ups, recommendations, and resolutions
- cite current references to support your treatment

**What the Student Does:** Complete three encounter forms on three different outpatients you have seen during your Family Medicine Component. Each encounter form must include a focused history and physical using the patient note format and a discussion of the case. Those students placed at an urban site will present one case write-up and lead the discussion of the case following the above objectives. Those students placed at a rural site will complete the three encounter forms write-ups and hand them in for grading; no presentation will be made.

- **One of the three patients must be a well-type visit of any age (only one well-type visit per student).** Refer to the student protocols for the age-specific well-visits to ascertain the necessary history, physical, and treatment information that should be included in the encounter form. The plan and the discussion sections may be combined in this instance. Also, no points will be deducted if the cost of a medication is omitted due to the patient not take any medication.
- **One of the three patients must be over 65 years of age (this can also be a well-visit, but geared towards the geriatric patient).** Refer to the student protocol for geriatrics for the necessary information to be included on the encounter form.
- **One of the three patients must have a diagnosis listed in the Common Ambulatory Diagnosis list.**
- **Each encounter form must be typed with a maximum of three pages (minimum one page for the patient note with the discussion starting on the second page).** Each encounter write-up must
include a discussion section, diagnostic test(s), medical references, patient education materials, and, if applicable, the cost of medication(s) and diagnostic studies

• Points will be deducted if a requirement is missing and/or if the encounter forms are submitted late. All three encounter forms are due no later than the last Friday of your Ambulatory Family Medicine Component.

Patient Note Format

Subjective: Being with the patient’s chief complaint and duration of the illness. If a well visit, describe as such and list the complaints the patient may have under Subjective. Next discuss the history of the present illness: symptoms, duration, sequence, previous treatments, etc. Important considerations include how this problem or problems affect the patient’s home situation. Describe any significant positive or negative findings on review of systems. List any drug allergies, medicines, and habits such as smoking, alcohol use, or other drug use. List any significant family history information.

Objective: Physical Examination: Vital signs, weight, and if pediatric, indicate growth parameters. Describe areas of examination pertinent to the patient’s concerns. It is not necessary to do a complete physical examination each visit.

Lab: Describe any recent or pending laboratory studies pertinent to the visit and list the available results.

Assessment: List and discuss the patient’s problems including functional and psychosocial issues. You may list an assessment and plan for each problem separately or you may write one single assessment list and plan of management for the visit.

Plan: Discuss how you plan to approach the diagnosis and treatment of the patient. When describing your plan, organize the plan in this manner

• Treatment (Rx): medications, therapy, other advised treatment, referrals, etc.
• Patient Education: What did you tell the patient about the problem or treatment? Describe any anticipatory guidance given.
• Follow-up: describe your plan for follow-up

Discussion

Please include these points in the discussion of the case:

Differential Diagnosis: (omit in a well-type visit)

Briefly discuss the rationale utilized for arriving at your diagnosis. Include the signs and symptoms that are critical for the diagnosis. If the diagnosis is not readily apparent, discuss the differential that needs to be investigated to make the diagnosis (e.g., patient has fatigue – discuss the differential of the fatigue).

If diagnostic tests are needed to make the diagnosis, include the reasons why these tests were ordered. Also, list the cost(s) of the diagnostic test(s) proposed for the patient. List alternate ways, if applicable, of testing the patient that would be more efficient and less expensive.

If the case is primarily a behavioral or psychosocial problem such as anxiety or depression, discuss the criteria used or methodology of how you arrived at the diagnosis (e.g., DSM-IV). If the diagnosis can be effected by behavioral issues, discuss how this relationship can impact the patient.
**Treatment** (omit in a well-type visit)

Discuss the treatment for this patient. Some patients with problems that require diagnostic testing before a definitive diagnosis is made will not require a treatment discussion.

Discuss the rationale of the medications used. For example, if a patient is being treated for an infectious disease, discuss the probable bacterial etiology and the reason why the chosen empiric antibiotic will cover the disease. If a patient is taking chronic medications, discuss the reasons for the medicines, their monthly retail costs, and if any changes in this drug therapy would make the treatment plan more efficacious and less expensive. Emphasis should be placed on patient compliance and cost. Always list the retail cost of medications for the course of treatment (10 days of treatment, monthly supply, etc.). Discuss what types of counseling and behavioral interventions you instituted with the patient. Briefly, note their efficacy for this problem based on the literature.

**Patient Education/Anticipatory/Guidance**

Discuss the necessary items that need to be told to the patient to insure compliance, prevent recurrence of the illness, or make them aware and knowledgeable of their illness and side-effects of the medications. For well-visits, indicate what guidance and teaching should be emphasized for the particular age group. If applicable, discuss any ethical issues.

Please list all sources of information utilized in discussion including the reference for drug or diagnostic prices identified.

**What will we do?**

The Family Medicine faculty will meet with your group near the end of your Ambulatory Family Medicine Component to discuss a case that you have selected to present. We will discuss the case from different perspectives to include medical, behavioral/psychological, and pharmacological issues. Emphasis will be on patient adherence, ethical issues, and the management of clinical resources. Students should come prepared to present their case. Student presentation/discussion will be brief (approximately 15 minutes) and should be a synopsis of the encounter form.

**Grading**

**Family Medicine Component**

Dr. Barone, Clerkship Co-Director, will grade each student’s three patient notes. The three grades are totaled for your final numeric grade. The Ambulatory Grand Rounds grade is 30% of your Ambulatory Family Medicine Component grade.