



**Karolinska  
Institutet**

Course syllabus for

## **Clinical rotation - family medicine, 6 credits**

Klinisk rotation - allmänmedicin, 6 hp

This course syllabus is valid from autumn 2014.

Please note that the course syllabus is available in the following versions:

Spring2008 , Autumn2014 , Spring2019

Course code	2EE045
Course name	Clinical rotation - family medicine
Credits	6 credits
Form of Education	Higher Education, study regulation 2007
Main field of study	Medicine
Level	AV - Second cycle
Grading scale	Excellent, Very good, Good, Satisfactory, Sufficient, Fail, Fail
Department	Department of Neurobiology, Care Sciences and Society
Decided by	Programnämnden för läkarprogrammet
Decision date	2008-04-14
Revised by	Programme Committee 2
Last revision	2014-03-19
Course syllabus valid from	Autumn 2014

### **Specific entry requirements**

Very good knowledge of English (equivalent to 550 TOEFL credits) or very good knowledge of Swedish (equivalent to a TISUS test). Three years of studies in medicine. Ability to take a medical history and to perform a physical examination of a patient. Basic knowledge in computer usage.

### **Objectives**

Aims for clinical rotation in family medicine are that the student should gain:

\x{2022}improved knowledge of clinical reasoning about medical conditions which are commonly encountered in Swedish primary care

\x{2022}improved knowledge about the interpretation of self conducted physical examinations

\x{2022}knowledge about how to find sources of evidence-based guidelines on the management of medical conditions which are commonly encountered in Swedish primary care

\x{2022}improved skills in performing basic physical examination needed to deal with the symptoms and diseases that are common in Swedish primary care

\x{2022}an attitude to staff and patients adequate in Swedish primary care. This includes the ability to have a patient centered approach and to a interprofessional co-operation in patient care.

## Content

The clinical rotation comprises 40 hours of work per week. The course starts with a common theoretical introduction for all course participants. This is followed by clinical work in the same primary care centre and with the same supervisor, or if this is not possible at all times, with the same *main* supervisor throughout the course. Each student shall receive an individual schedule for all parts of the course.

## Teaching methods

The student shall be given the possibility to take a medical history and to physically examine patients and on the basis of this information, present suggestions for further care to the supervisor. Only a smaller part of the service at the primary care centre shall be in the form of auscultation with the supervisor. The intention should be that the student shall be as active as possible, preferably in the role as a doctor. For interprofessional learning, the student will have the opportunity to follow a district nurse during a working day in home health care and shall document this auscultation according to a specific instruction. To provide feedback on the student's knowledge, skills and attitudes in their role as a doctor:

\x{2022}the supervisor shall sit beside the student during an entire patient visit (sit-in) at least three times during the course

\x{2022}the supervisor shall give feedback after sit-in including assessment with the instrument "mini-CEX"

\x{2022}When more than one student serve at the same primary care centre, the possibility of "peer learning" should be made use of through structured feedback from the other student on "own" patient visits.

\x{2022}seminars with feedback on videotaped self performed patient visits. These seminars are organised by the course management. During clinical service, the student shall also get time to seek information about the medical conditions that he/she meets during the service. This is intended to improve knowledge about how to find guidelines for management of these conditions as well as the scientific basis for the guidelines. All non-attendance must be reported by the supervisor to the course management that assigns the student an extra task to compensate for the absence.

## Examination

- 1) 1) A Clinical Service Logbook must be kept and presented to the supervisor at the end of each week of employment
- 2) 2) Mid-course assessment by the supervisor at the end of the second week. The evaluation includes all aims to ablify an adjustment of the remaining part of the course according to the individual student's needs.
- 3) 3) Final summary evaluation by the supervisor with support from the self assessment tool "dialoginstrumentet". The supervisor files a written report to the course management as a decision basis for grading.
- 4) 4) Examination organised by the course management comprising a presentation of a videotaped "own" patient visit. The student shall present reflections on this visit according to a given structure regarding the his/her own abilities, skills and attitudes. The assessment intends all intended course learning outcomes.

## Literature and other teaching aids

*McWhinney, Ian R.*

**A textbook of family medicine**

2. ed : New York : Oxford University Press, 1997 - xii, 448 s.

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