

Experiential Learning on Family Case Report Development: The Postgraduate Interns' Perspective*

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Background: As part of their requirements for Family Medicine rotation, the postgraduate interns (PGIs) are required to construct and present a family case report. Each team of PGIs, led by a family medicine (FM) resident, identifies a family to be enrolled in the Family Health Care Program. Although this has been ongoing for years, no feedback mechanism has yet been established.

Objective: The purpose of this study was to determine the learning experiences and insights of PGIs in constructing and presenting a family case report during their rotation in the Family and Community Medicine.

Methods: A survey questionnaire, consisting of 10 items, was given to the respondents. The respondents took as much time as they needed to complete the survey.

Results: Overall, the results revealed that the construction and presentation of Family Case Reports provided the PGIs an avenue to practice certain competencies required in primary care setting such as patient engagement, health promotion and family oriented care. Critical thinking skills as well as patient-doctor communication were enhanced during this activity. However, a good number of PGIs resounded their sense of inadequacy and uneasiness with the application and interpretation of family assessment tools. They perceived this to be a main hindrance in coming up with the best possible case report.

Conclusion: The family case report remains to be a unique and productive learning endeavor for PGIs assigned in the Department of Family Medicine.

Key words: family case report, postgraduate interns, experiential learning

INTRODUCTION

The postgraduate interns (PGIs) training curriculum requires two-month exposure to primary and population-based health care in which principles of family practice and community organizing are given emphasis. One of the

performance tasks in this rotation is the construction and presentation of a family case report. Each team of PGIs, led by a family medicine (FM) resident, identifies a family to be enrolled in the Family Health Care Program based on the following criteria: 1) informed family consent, 2) patient requiring continuing care, 3) presence of psychosocial concerns, 4) accessibility, safety and security of home location, and 5) cooperative patient and family. The

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team establishes rapport, interviews the family, assesses and analyzes the patient's family structure, dynamics, strengths, and pathologies. In addition, the team also lays out a comprehensive wellness plan for each household member. The report is presented to a FM consultant who critiques and gives further recommendations. The purpose of this study was to determine the learning experiences and insights of Postgraduate Interns (PGIs) in constructing and presenting a family case report during their rotation in Family and Community Medicine. Specifically, it aimed to do the following: enumerate the principal learning acquired by the PGIs in the process of the development and construction of a family case report, identify the PGIs' perceived strengths and weaknesses of the task and formulate recommendations in order for this task to be more productive and valuable for the future PGIs. This study will enable the residents as well as the training officers to have an idea about postgraduate interns' perspectives with regards to the learning that they accumulate in constructing the family case report. Likewise, this will also allow the trainers to identify the PGIs' perceived strengths and weaknesses of the task and make necessary adjustments to make this activity more significant for the trainees.

MATERIALS AND METHODS

General Study Design and Setting

This is a descriptive study wherein the participating postgraduate interns answered the survey questionnaire by batch according to their respective subgroups. This was done in the Family Medicine Outpatient Department.

Participants

Ninety-nine PGIs of the University of Santo Tomas Hospital Batch 2016 were invited to take an anonymous survey. Eighty (80) of the 99 invited were able to complete the survey.

Data Collection Tool

The survey questionnaire consisted of 10 items, three of which were questions in a form of likert scale. The questions entailed the respondents to enumerate major learning that they had in family case report, perceived strengths, weakness, areas of family case development that they had excelled and had difficulty in.

Statistical Analysis

The data gathered were entered in Microsoft Excel sheets and analyzed using Statistical Package for Social Sciences version 15 for Windows. Statistics were presented as frequency and percentage values.

RESULTS AND DISCUSSION

Majority of the respondents (85%) belong to the 24-25 years age bracket with a slight female preponderance (55%) (Table 1). A questionnaire was administered to the respondents. Results (Figure 1) revealed that 51% of the respondents strongly agreed that the objectives of family case development were being met. In addition, 69% viewed family case development as a significant activity during their rotation in Family Medicine. Majority (88%) of the respondents agreed that family case development is applicable and a practical activity which they can make use in their practice.

Table 1. Demographics.

| Age (Years) | N (%) |
|-------------|----------|
| 22-23 | 3 (4%) |
| 24-25 | 68 (85%) |
| 26-27 | 9 (11%) |
| Gender | |
| Male | 36 (45%) |
| Female | 44 (55%) |
| Race | |
| Asian | 79 (99%) |
| American | 1 (1%) |

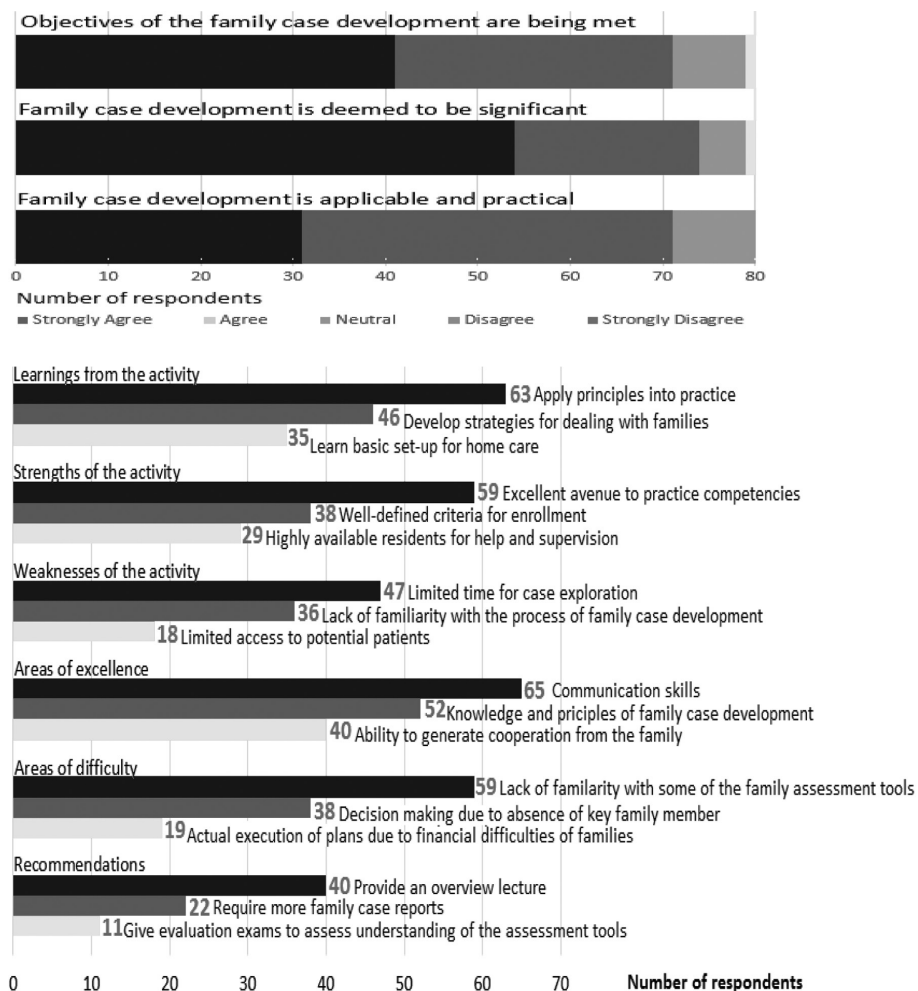


Figure 1. Questionnaire responses.

According to the respondents, the most significant learning from this activity was the application of principles into practice. The major strength of the activity was its being an excellent avenue to practice primary competencies in family medicine. However, from the point of view of the postgraduate interns, the limited time allocated for case exploration served the major weakness of the activity. On the other hand, the respondents felt they excelled in the area of communication skills. In contrast, they felt that they lacked familiarity with some of the family assessment tools. The top recommendations

to improve the activity include the following: residents to provide an overview lecture, residents to require more family case reports, residents to give evaluation exams to assess understanding of the assessment tools.

CONCLUSION

The family case report remains to be a unique and productive learning endeavor for PGIs. Majority of the PGIs believe that the objectives for this performance task are being met and that the activity is significant, applicable

and practical. This activity provides the PGIs an avenue to put into practice principles and competencies required in primary care setting such as patient engagement, health promotion and family oriented care. The well-defined criteria for home care enrolment of the family and the frequent availability of the residents to act as mentors during the process were appreciated by the PGIs. However, the limited time for the exploration of the case as well as their lack of familiarity with some of the family assessment tools were factors that hinder the PGIs from coming up with the best possible case report. In order to address these, suggestions including giving of an overview lecture about the family case report and assessment tools were recommended by the PGIs so as to ensure a better learning experience for all the trainees.

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