Home visiting has always been an important part of General Practice in the UK.

GPs in the UK visit patients at home when they are too sick, or unable to come to surgery.

We have asked GPs to find patients that are willing to spend time talking with you about their health and medical experiences in their own homes.

By visiting patients in their homes, you have the opportunity not only to hear their story in detail, but also to see something of their lives in context. Your GP tutor will know the patient well and will brief you on the patient’s background and what issues might come up.

The patient will have been briefed as to why you are visiting.

Please wear your ID badge and start by introducing who you are and why you are there.

The GPs choose patients who are either experienced in, or would enjoy, speaking to

students. It is worth remembering that anxiety can be a normal emotion for both you and the patient on a home visit.

To help you record your learning and inform discussions with your GP and peers you can take notes. You might say something like; “I want to write a few things down to remind me of what we talk about today. I won’t put your name on them. Is that okay?” or it might seem more appropriate to just listen. An alternative is that one student mainly asks questions and the other mainly writes.

It may be useful to note down some of the things you might try and find out from your patient.

Talking with patients on the home visit:

Many patients will be happy to talk at length about their health – it may even be in some way cathartic or therapeutic for them to share their experiences. Patients generally feel very comfortable talking to medical students. They may see you as open and as more sympathetic and less threatening than doctors. They may also be pleased to help in the education of future doctors.

Handling emotion:

Your communications skills sessions in year 1 and 2 will have given you opportunities to practice scenarios. You may still be surprised at patients’ willingness to tell you about very personal aspects of their life and their illnesses. They may not have discussed such things in detail before – not even with family, friends or doctors.

It is possible that the patient may become emotional during your conversation.

This is a normal response to relating an emotional experience. They may need time to be

silent, or be tearful. After giving space, you may want to acknowledge their frustration, fear, and sorrow or grief e.g. ‘It sounds like it has been a very lonely time for you?’ ‘It must be very difficult going through this illness’.

Finishing the home visit:

When you have finished the interview, thank the patient for their time and for helping you to learn about the impact of illness. Let them know that conversation with them has been helpful and that you will try to remember the issues they discussed as you care for patients in the future. After the visit you will have the opportunity to tell your GP tutor about your experience with your patient, what you learnt and what surprised you. You may have some questions for your GP.

**Suggested checklist for medical students.**

**BEFORE home visit**

* Ensure you have patient contact information (name and address including post code and phone number). Are there any helpful directions?
* Confirm with GP the time you are expected to arrive at the home and time you should be back at the practice.
* Check if you need any patient summary notes provided by the GP.
* Have a mobile telephone with a contact number for the practice.
* Ask if anyone else will be present during the visit
* Can the patient or someone else answer the door? If not, check how you will get into the home

**AT home visit**

* Check before entering the patient’s home that you have the correct patient and address. Follow a similar process to that done in a ward or clinic setting in terms of checking full name and date of birth.
* 'A picture paints a thousand words.' Look around to see what you can learn about the patient and their condition from their home life.
* Consider falls risks, sensory impairment, ability to manage ADLs
  + Are there stairs/handrail?
  + Are there home modifications?
  + Does the patient live alone?
* Details of any family members involved in caring. What, if any, care package is in place?
* Is this patient known to be nearing the end of their life? Is this patient in palliative care?

If yes, what has been discussed with the patient and have their wishes been recorded anywhere? Is there a DNA CPR in place?

* Consider medication and who administers/orders meds.
* Consider state of home
  + Is it an area of deprivation or affluence?
  + is it warmer or colder than expected?
  + Is it tidy/organised/disorganised?
  + Is it in disrepair or good condition?
  + Does the patient cook or how are nutritional needs met?
* Make a note of any other relatives or carers who are also at home. If alone, who is their emergency support person?
* Consider how you vary your consultation style to suit the home environment.
* Physical examination: You will be guided by your GP tutor as to whether targeted physical examination should be performed. With patient consent you can carry out the following observations on any patient: Pulse/BP/Oxygen saturation/Resp rate/weight
* You should not carry out any intimate examination in the home
* Do not record any conversations you have with patients, even if they encourage you to do so.

**AFTER home visit**

* Debrief with GP tutor – use reflective home visits template.
* Ensure all documentation relating to the visit is shredded at the practice.

**Reflective Home Visit Template**

Date

Patient’s age/sex/ethnicity

Brief summary of patients’ story.

Any other issues raised?

What did I do well?

Anything I will do differently on the next home visit?

One thing which challenged me.

One thing which surprised me.

What have I learned?

How did this visit make me feel?