

Guidance for home visits during GP placements

The GP consultation is at the heart of general practice, but the number of home visits undertaken is reducing, in part due to workload pressures. Home visits provide unique rich learning opportunities for undergraduates. These include: -

1. Learning about the patient (in reality) - lifestyle, medication concordance, level of functioning in their home setting
2. Learning about the patient's home environment (in reality) – relatives/carers/primary care team, deprivation, aids/appliances/adaptations, etc.
3. Developing individual consultation skills and professional values

Feedback from our medical students across all year groups consistently demonstrates that they enjoy and value seeing patients in their own home.

Home visits tend to fall into 2 groups: -

1. **Reactive** (acute deterioration in health)
2. **Pro-active** (post hospital discharge/chronic condition management when patient unable to attend surgery/palliative care)

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 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 than doctors. They may also be pleased to help in the education of future doctors.

Emotional Responses

Anxiety can be a normal emotion for both you and the patient on a home visit. Your communications skills sessions over the years offer you opportunities to practise 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'. Consider debriefing with a peer or the GP tutor as these situations can induce emotions for yourself as well.

Note taking

To help you record your learning and inform discussions with your GP and peers you can bring and take notes. When taking notes, you might say something like; "I would like 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. As preparation it may be useful to note down some of the things you might try and find out from your patient. Ensure that all confidential information is disposed of appropriately after.

Finishing the home visit

When you have finished the home visit always thank the patient for their time and for helping you to learn. Let them know that the 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 reflect with your GP tutor about your experience with the patient, what you learnt and what surprised you. You may have some questions for your GP and discuss and address the patient's outstanding needs.

Checklist

BEFORE home visit

- Ensure you have patient contact information (name and address including post code and phone number). Are there any helpful directions?
- Ensure that you understand and abide by the terms of your car insurance policy if this is applicable
- Ensure that you have a student colleague or another member of staff with you
- If the GP is not coming with you, confirm with the 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
- Check if the patient or someone else can answer the door. If not, check how you will get into the home. Is there a key lock box with a code and do you know the code?

AT home visit

- Always wear your ID badge and introduce yourself in more detail: who you are and why you are there
- Ensure you are at the correct house and this is the correct patient who is expecting you
- '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 risk, sensory impairment, ability to manage ADLs
 - Are there stairs/handrails?
 - 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 receiving 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 area and state of the 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/respiratory rate/weight
- **Do not carry out any intimate examinations in the home**
- Do not make an electronic recording of any conversations you have with patients, even if they encourage you to do so

AFTER home visit

- Debrief with GP tutor – you could use the reflective home visit 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 patient's 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?

Home Visits: considerations for GP Tutors

For new practices (and those who perhaps haven't sent students on home visits before), we thought it would be helpful to share a suggested checklist for any GP allocating medical students for a home visit. If you have any ideas/suggestions to add, please let us know.

- Seek patient verbal consent in advance of the home visit (you may wish to share a copy of the letter template below with the patient)
- Agree time of visit and check who else will be in the home at the time/any animals or pets
- Students should complete a home visit in (a minimum of) pairs if attending unsupervised
- Check if students have their own transport or if it is within easy walking distance or can be accessed by public transport within a reasonable timeframe
- Discuss specific tasks for home consultation e.g. long-term condition or multimorbidity information gathering; see student checklist and suggested reflective template

Letter Template to Patient who has agreed to have a home visit from QUB medical students

Thank you for agreeing to talk with medical students from Queen's University, Belfast.

GPs who are supporting the medical education of students have been asked to identify patients who would like to spend some time talking with medical students for two very important reasons.

Firstly, so that students may learn from your experiences of illness and secondly, so that students can improve their communication skills when talking to patient about their health.

Please remember that some of these students are very early in their medical training and may have had limited opportunities to speak to patients in their own homes and they will not be able to answer any questions about your health or your care. Some students may find it challenging to visit a person in their own home to talk to them about their health.

After the home visit, the students will be asked by the GP to reflect on what they have heard. Students may be encouraged to discuss what they have learnt with other students or members of the healthcare team. We always keep your information confidential by changing identifying information such as your name, age and address and any reflective conversations are for the purposes of medical education only. Please inform the students if you would prefer them not to share your story in this way.

With many thanks,
GP on behalf of (Practice name)