**Guidance to home visits during your GP placements**

Home visiting has always been an important part of General Practice. GPs visit patients at home when they are too sick, and unable to come to the practice.

Seeing patients in their ‘real-life’ contexts offers a unique perspective. There is the opportunity to dive deeper into the patient’s story and see something of their lives in context.

You will potentially be conducting home visits during your GP placement at different stages in your medical school career. In Year 1 and 2 you will be engaging with Family medicine, in year 3 GPs are asked to find patients that are willing to spend time talking with you about their health and medical experiences in their own homes, in Year 4 and 5 you could be more independently engaging with patients in their homes under direct or indirect supervision of a GP or District nurse. These could be same day visits, routine visits or pre-selected home visits, including patients with palliative care needs. In year 5 you will be discussing the patient’s journey through the health services after being discharged home from hospital.

When it is a pre-selected home visit like in Year 3 and Year 5 (Patient journey) the GP choose patients who are either experienced in, or would enjoy, speaking to students. In general, your GP tutor will often know the patient you are visiting and they will brief you on the patient’s background and what issues might come up.

**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 and less threatening than doctors. They may also be pleased to help in the education of future doctors.

**Handling emotion:**

Anxiety can be a normal emotion for both you and the patient on a home visit.

Your communications skills sessions over the years 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’. 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 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. 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?
* If the GP is not coming 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.

# AT home visit

* Always wear your ID badge and introduce yourself in more detail: who you are and why you are there.
* '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/Resp rate/weight.
* Do 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 – you can use the 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?