

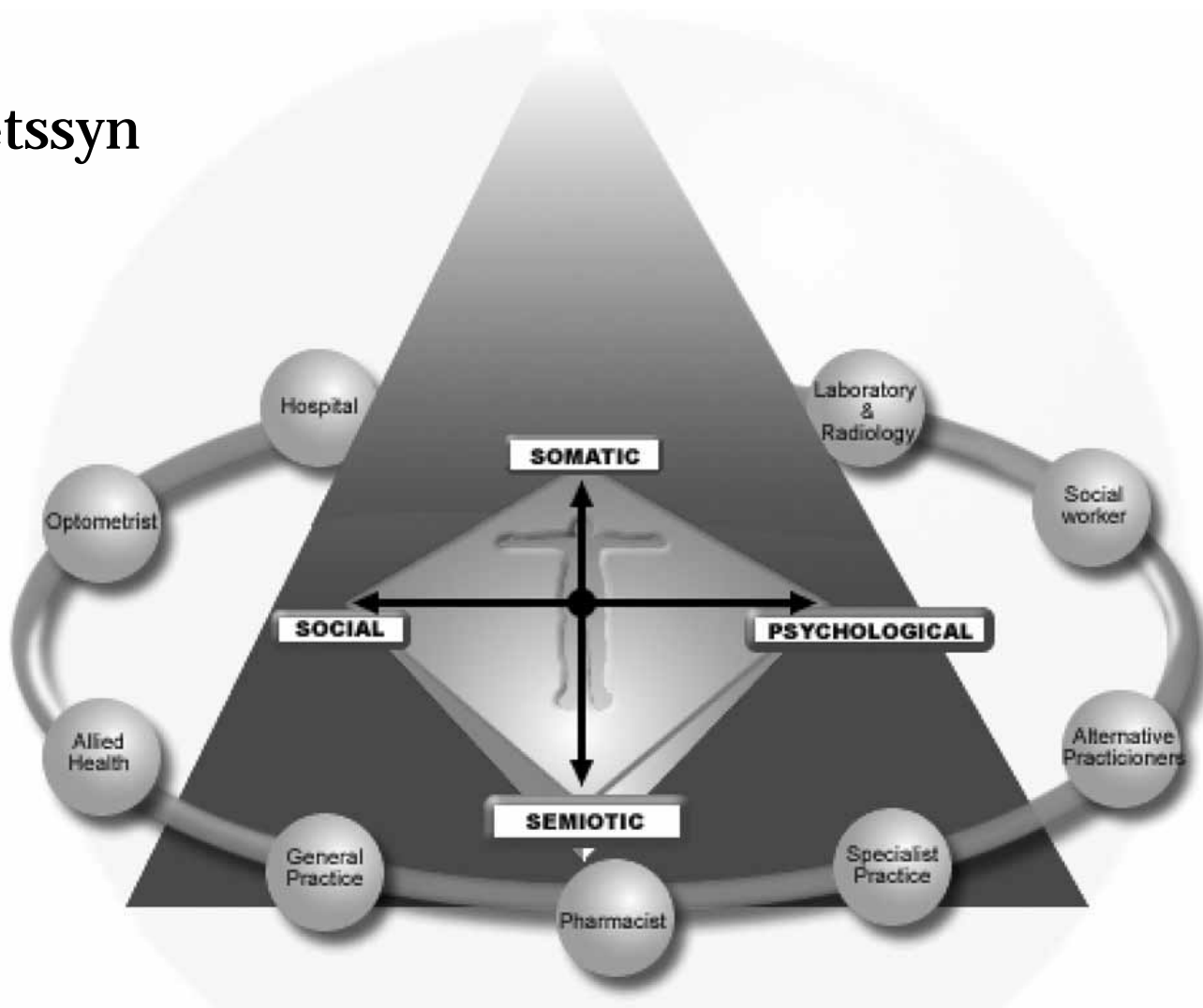
**Hembesök med fokus på helhetssyn och  
läkemedelsrelaterade frågor.  
Förslag på nytt lärandemoment på Kurs 6,  
Läkarprogrammet LiU  
Pedagogiskt docenturarbete**

**Staffan Nilsson**

DATUM                    2017-10-10

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# Helhetssyn



Sturmborg J, 2005, How to Teach Holistic Care – Meeting the Challenge of Complexity in Clinical Practice





# Termin 6-11

	1	2	3	4	5	6	7	8	9	10	11	12	20	
K6		Internmedicin (inkl akut och valbar)							Diagnostik (varav 2 v radiologi)		Primärvård			Examination
		Gen			Gen									
k7		Kirurgi (inkl akut, valbar och urologi)								Ortopedi	Anestesi/IVA	Onk		Examination
		Gen			Gen									
K8	Självständigt arbete												Examination	
K9			Int	KFGe	Psykiatri (inkl BUP)			Neurologi	Prof. perspektiv	ÖNH	Ögon	Strim 2		Examination
			KFGe	Int					i samverkan					
K10		Gynekologi			Pediatrik			Hud	Infektion	Valfri VFU/valfritt moment				Examination
		Gen												
K11		Primärvård			KLA	Akutsjukvård				Geriatrisk inkl hemsjukvård				Examination
		Gen							Gen			Gen		

K6 Hembesök

## Kursmål K6 Efter avslutad kurs förväntas studenterna kunna

- **Visa terapeutisk hållning och utveckla förmåga till helhetssyn vid patientkontakt (mål 1)**
- Förklara vikten av patientens delaktighet i sin vård och att tillvarata individens resurser (mål 2)
- Beakta betydelsen av en individs sjukdom för familj och närstående (mål 3)
- Förklara ett allmänmedicinskt arbetssätt baserat på patientcentrerade konsultationer och kliniskt epidemiologiska resonemang (mål 4)

# Praktiskt genomförande

- **Introduktion första veckan på K6**
- **Förberedelsestillfälle 1, fysiskt möte eller Skype**
- **Förfrågan till patient i samband med läkarbesök**
- **Grupptillfälle 2, reflektion över kamraternas skrivna berättelser**

# Läkemedelsrelaterade frågor

- Prevention eller symptomlindring?
- Följsamhet till ordination. Hur tas preparat, regelbundet, ibland eller inte alls?
- Generikadubblering
- Koppling till förtroende till förskrivare
- Koppling till självbild (semiotisk dimension)



# Förberedelse

- Genomgång av patientens läkemedelslista för att få ett hum om tänkbara indikationer.
- Inte detaljerad genomgång av patientjournalen

# Frågeställningar inför hembesöket

- **Vilka generella problem, relaterade till sjukdomar och behandling, med betydelse för vardagslivet ser du hos den här patienten? Hur hanterar patienten dessa problem?**
- **Hur är patientens attityd till sina olika läkemedel och hur påverkar denna attityd läkemedelsbehandlingen?**

# Frågeställningar inför hembesöket, forts

- Hur kan du beskriva kunskapen du fick om patienten vid hembesöket i jämförelse med då du träffade hen på vårdcentralen?
- Var det något, och i så fall vad, som gjorde dig förvånad under hembesöket?

# Krav för godkänt

- Uppgiften är obligatorisk?
- Skriftlig reflektion (ca 2 A4-sidor) lämnas in till terminskoordinator för G eller komplettering.

# Den skriftliga reflektionen

- Lämnas till patienten
- Lämnas till läkaren på vårdcentralen
- Sparas i studentens portfolio?

# Kan hembesök bidra till lärande om helhetssyn?

- ***Hembesöket* hos patienter, ett privilegium genom vilket helhetssynen får sin betydelse.**  
(Utan helhetssyn ingen primärvård, Underlag från experter 2004, Socialstyrelsen)
- **Studenter som deltar i hembesök visar bättre attityder mot äldre och bättre kunskap om psykosociala och medicinska aspekter på kronisk sjukdom**  
(Denton GD et al. A prospective controlled trial of the influence of a geriatrics home visit program on medical student knowledge, skills, and attitudes towards care of the elderly. *Journal of general internal medicine* 2009.)
- **Hembesök hos en palliativ patient ökade effektivt medvetandet om psykosociala aspekter på medicin och på betydelsen av hembesöket i sig hos andra-års studenter.** (Medina-Walpole A et al. **Mi Casa o Su Casa? Assessing function and values in the home.** *Journal of the American Geriatrics Society* 2005.)



# Forskning

## **Hjärt- kärl prevention i primärvård**

- **COR-PRIM, Gör PBL-baserat lärande för patienter som haft hjärtinfarkt någon nytta?**



## Health beliefs about lifestyle habits of patients and spouses 1 year after a cardiac rehabilitation event: a qualitative analysis based on the Health Belief Model

Anita Kärner Köhler<sup>1</sup> PhD,  
Tiny Jaarsma<sup>1</sup> PhD, RN (Prof)

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Scand J Caring Sci 2016

Health beliefs about lifestyle habits of patients and spouses 1 year after a cardiac rehabilitation event: a qualitative analysis based on the Health Belief Model

**Background:** Spousal concordance in lifestyle habits exists and can affect patients' and spouses' health beliefs about lifestyle habits, 1 year after a cardiac rehabilitation event. However, the qualitative components of health beliefs and spouses after a cardiac event have not been examined. **Aim:** To examine and qualitatively analyse the health beliefs of patients with coronary heart disease (CHD) and their spouses about lifestyle habits, 1 year after a cardiac rehabilitation event. **Design:** Explorative and descriptive. **Method:** Semi-structured focus group interviews were conducted with patients (n = 10) and their spouses (n = 8). The transcripts underwent a content analysis, within the Health Belief Model.

**Findings:** Patients' and spouses' health beliefs qualitatively differed. The main analytical categories of the Health Belief Model were: 1) The patients relied more on the

### Background

The importance of couple-oriented cardiac rehabilitation (CR) after an event of coronary heart disease (CHD) has been well documented. Significant positive concordance in lifestyle habits exists between spouses for the majority of cardiovascular risk factors.

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Kärner et al. *BMC Family Practice* 2012, **13**:110  
<http://www.biomedcentral.com/1471-2296/13/110>

### STUDY PROTOCOL



### Open Access

## The effect of problem-based learning in patient education after an event of CORONARY heart disease – a randomised study in PRIMARY health care: design and methodology of the COR-PRIM study

Anita Kärner<sup>1\*</sup>, Staffan Nilsson<sup>2</sup>, Tiny Jaarsma<sup>1</sup>, Agneta Andersson<sup>3</sup>, Ann-Britt Wirén<sup>3</sup>, Peter Wodlin<sup>4</sup>, Lisa Hjelmfors<sup>5</sup> and Pia Tingström<sup>6</sup>

### Abstract

**Background:** Even though there is convincing evidence that self-care, such as regular exercise and/or stopping smoking, alters the outcomes after an event of coronary heart disease (CHD), risk factors remain. Outcomes can improve if core components of secondary prevention programmes are structurally and pedagogically applied using adult learning principles e.g. problem-based learning (PBL). Until now, most education programs for patients with CHD have not been based on such principles. The basic aim is to discover whether PBL provided in primary health care (PHC) has long-term effects on empowerment and self-care after an event of CHD.

**Methods/Design:** A randomised controlled study is planned for patients with CHD. The primary outcome is empowerment to reach self-care goals. Data collection will be performed at baseline at hospital and after one, three and five years in PHC using quantitative and qualitative methodologies involving questionnaires, medical assessments, interviews, diaries and observations. Randomisation of 165 patients will take place when they are stable in their cardiac condition and have optimised cardiac medication that has not substantially changed during the last month. All patients will receive conventional care from their general practitioner and other care providers. The intervention consists of a patient education program in PHC by trained district nurses (tutors) who will apply PBL to groups of 6–9 patients meeting on 13 occasions for two hours over one year. Patients in the control group will not attend a PBL group but will receive home-sent patient information on 11 occasions during the year.

**Discussion:** We expect that the 1-year PBL-patient education will improve patients' beliefs, self-efficacy and empowerment to achieve self-care goals significantly more than one year of standardised home-sent patient information. The assumption is that PBL will reduce cardiovascular events in the long-term and will also be cost-effective compared to controls. Further, the knowledge obtained from this study may contribute to improving patients' ability to handle self-care, and furthermore, may reduce the number of patients having subsequent CHD events in Sweden.

**Trial registration:** NCT01462799

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# Forskning

## **Hjärt- kärl prevention i primärvård**

- COR-PRIM, Gör PBL-baserat lärande för patienter som haft hjärtinfarkt någon nytta?
- **Clinical decision support-CDS-Förmaksflimmer. Beslutsstöd i Patientjournalen, Cosmic**

# Clinical decision support for stroke prevention in atrial fibrillation (CDS-AF): Rationale and design of a cluster randomized trial in the primary care setting



Lars O. Karlsson<sup>a,b</sup> Staffan Nilsson<sup>c</sup> Emmanouil Charitakis<sup>a,b</sup> Magnus Bång<sup>d</sup> Gustav Johansson<sup>d</sup>  
Lennart Nilsson<sup>a,b</sup> and Magnus Janzon<sup>a,b</sup> *Norrköping, Sweden*

**Background** Atrial fibrillation (AF) is associated with substantial morbidity, in particular stroke. Despite good evidence for the reduction of stroke risk with anticoagulant therapy, there remains a significant undertreatment. The main aim of the current study is to investigate whether a clinical decision support tool for stroke prevention (CDS) integrated in the electronic health record can improve adherence to guidelines for stroke prevention in patients with AF.

**Methods** We will conduct a cluster randomized trial where 43 primary care clinics in the county of Östergötland, Sweden (population 444,347), will be randomized to be part of the CDS intervention or serve as controls. The CDS will alert responsible physicians of patients with AF and increased risk for thromboembolism according to the CHA<sub>2</sub>DS<sub>2</sub>-VASc (Congestive heart failure, Hypertension, Age  $\geq$  74 years, Diabetes mellitus, previous Stroke/TIA/thromboembolism, Vascular disease, Age 65-74 years, Sex category (i.e. female sex)) algorithm without anticoagulant therapy. The primary end point will be adherence to guidelines after 1 year.

**Conclusion** The present study will investigate whether a clinical decision support system integrated in an electronic health record can increase adherence to guidelines regarding anticoagulant therapy in patients with AF. (Am Heart J 2017;187:45-52.)

# Forskning

## **Hjärt- kärl prevention i primärvård**

- COR-PRIM, Gör PBL-baserat lärande för patienter som haft hjärtinfarkt någon nytta?
- Clinical decision support-CDS-Förmaksflimmer.
- Hypertoni, diabetes och trombocyter

# Doktorander

- Per O Andersson, antagen oktober 2015 Nationella Forskarskolan i Allmänmedicin  
*Chest pain in primary healthcare – A challenge for the general practitioner,*
- Josabeth Hultberg, halvtidskontroll 5 oktober 2016  
*General Practice Perspectives on the Prescribing of Cardiovascular Preventive Drugs*

## Doktorander, forts.

- Jenny Koppner, ST-läkare i allmänmedicin VC Vikbolandet, antagen doktorand 26 oktober 2015, Nationella Forskarskolan i Allmänmedicin  
*Perceived and biologically measured stress and health in socially different populations throughout life*
- Carina Wennerholm, disputerade 29 september 2017  
*Risk for cardiovascular disease in middle-aged women in different social environments*

