



# Executive Summary

## The Family Medicine Clerkship Curriculum

The Family Medicine Clerkship Curriculum is a list of common and important presentations that students should experience during their clerkship experiences. It is not a list of all of the patient presentations that family physicians manage. The curriculum has five sections: principles of family medicine, acute presentations, chronic diseases, health maintenance and disease prevention, and the role of family medicine. Each section has general objectives, which are included in this summary, and specific objectives for each core content condition, which are in the complete curriculum document.

Family medicine is an essential component of the primary care infrastructure of the US health care delivery system. Family medicine clerkships across the country are unique experiences due to the breadth of care provided by family physicians. To develop consistency across family medicine clerkships, the Society of Teachers of Family Medicine convened a task force to define the core objectives and content for the family medicine clerkship. The task force included representatives from the Association of Departments of Family Medicine, the Association of Family Medicine Residency Directors, the American Academy of Family Physicians, the Society of Teachers of Family Medicine Group on Predoctoral Education, the Family Medicine Curriculum Resources project, and fmCASES, a set of virtual patient cases.

### Exactly what is it?

- I. Principles
- II. Clinical Experiences
  - a. Acute Presentations
  - b. Chronic Diseases
  - c. Well adult and child prevention visits
- III. Role of Family Medicine in Health Care

This curriculum has been endorsed by STFM, the AAFP, and the other Council of Academic Family Medicine organizations:

ADFM, AFMRD, and NAPCRG. This initiative was funded by STFM donors who support the STFM Foundation.

### *At the end of the family medicine clerkship, each student should be able to:*

1. Discuss the principles of family medicine care.
2. Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations.
3. Manage follow-up visits with patients having one or more common chronic diseases.
4. Develop evidence-based health promotion/disease prevention plans for patients of any age or gender.
5. Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills.
6. Discuss the critical role of family physicians within any health care system.

### Principles of Family Medicine

Teaching in family medicine clerkships should include these primary principles: the biopsychosocial model, comprehensive care, continuity of care, contextual care, coordination/complexity of care.

### Areas of focus

1. Patient-centered communication skills
2. Psychosocial awareness
3. Patient education
4. Information gathering and assessment
5. Lifelong learning
6. Person in context of family, community, and culture
7. Barriers to access



### **Acute presentations**

*At the end of the clerkship, for each symptom in Table 1, students should be able to:*

1. Differentiate among common etiologies that present with that symptom.
2. Recognize dangerous conditions that may present with that symptom.
3. Perform a focused history and physical examination.
4. Appreciate the importance of a cost-effective approach to the diagnostic work-up.
5. Describe the initial management of common and dangerous diagnoses that present with that symptom.

### **Chronic Diseases**

*For each core chronic disease in Table 1, students should be able to:*

1. Find and apply diagnostic criteria.
2. Find and apply surveillance strategies.
3. Elicit a focused history that includes information about adherence, self-management, and barriers to care.
4. Perform a focused physical examination that includes identification of complications.
5. Assess improvement or progression of the chronic disease.
6. Describe major treatment modalities.
7. Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments, and appropriate surveillance and tertiary prevention.
8. Communicate appropriately with other health professionals (eg, physical therapists, nutritionists, counselors).
9. Document a chronic care visit.
10. Communicate respectfully with patients who do not fully adhere to their treatment plan.
11. Educate a patient about an aspect of his/her disease respectfully, using language that the patient understands. When appropriate, ask the patient to explain any new understanding gained during the discussion.

### **Well adult and child prevention visits**

#### **Adult**

1. Define wellness as a concept that is more than “not being sick.”
2. Define primary, secondary, and tertiary prevention.
3. Identify risks for specific illnesses that affect screening and treatment strategies.
4. For women: Elicit a full menstrual, gynecological, and obstetric history.
5. For men: Identify issues and risks related to sexual function and prostate health.
6. Apply the stages of change model and use motivational interviewing to encourage lifestyle changes to support wellness (weight loss, smoking cessation, safe sexual practices, exercise/activity/nutrition/diet).
7. Provide counseling related to health promotion and disease prevention.
8. Discuss an evidence-based, stepwise approach to counseling for tobacco cessation.
9. Find and apply the current guidelines for adult immunizations.
10. For each core health maintenance condition listed in Table 1, discuss who should be screened and methods of screening.
11. Develop a health maintenance plan for a patient of any age or either gender that addresses the core health maintenance conditions.



### Child and adolescent

1. Describe the core components of child preventive care—health history, physical examination, immunizations, screening/diagnostic tests, and anticipatory guidance (see Table 9).
2. Identify health risks, including accidental and non-accidental injuries and abuse or neglect.
3. Conduct a physical examination on a child.
4. Identify developmental stages and detect deviations from anticipated growth and developmental levels.
5. Recognize normal and abnormal physical findings in the various age groups.
6. Find and apply the current guidelines for immunizations and be able to order them as indicated, including protocols to “catch-up” a patient with incomplete prior immunization.
7. Identify and perform recommended age-appropriate screenings.

### Role of family medicine in health care

At the end of the family medicine clerkship, students should be able to:

- Compare medical outcomes between countries with and without a primary care base.
- Compare the per capita health care expenditures of the United States with other countries.
- Discuss the relationship of access to primary care and health disparities.

### National Family Medicine Clerkship Core Conditions

Acute Presentations	Chronic Diseases	Health Maintenance
Upper respiratory symptoms	Multiple chronic diseases	<b>Adult</b>
Joint pain and injury	Hypertension	Breast cancer
Pregnancy presentation	Type 2 diabetes mellitus	Cervical cancer
Abdominal pain	Asthma/COPD	Colon cancer
Common skin lesions	Hyperlipidemia	Coronary artery disease
Common skin rashes	Anxiety	Depression
Abnormal vaginal bleeding	Arthritis	Fall risk in elderly patients
Low back pain	Chronic back pain	Intimate partner/family violence
Cough	Coronary artery disease	Obesity
Chest pain	Obesity	Osteoporosis
Headache	Heart failure	Prostate cancer
Vaginal discharge	Depression (previously diagnosed)	Sexually transmitted infection
Dysuria	Osteoporosis/osteopenia	Substance use/abuse
Dizziness	Substance use/dependence/abuse	Type 2 diabetes
Shortness of breath		<b>Child</b>
Fever		Diet/Exercise
Depression		Family/social support
Male urinary symptoms		Growth and development
Dementia		Hearing
Leg swelling		Lead exposure
		Nutritional deficiency
		Potential for injury
		Sexual activity
		Substance use
		Tuberculosis
		Vision



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