

# Clinical Clerkship Curriculum Family Medicine



**AUC Clinical Curricula Guide to Duty Hours, Minimum Experience and Procedure Thresholds, Learner to Teacher Ratios, and Recognition**

- I. In all rotations, AUC expects that students will follow the most recent ACGME duty-hour requirements for PGY-1 level residents, as specified for each rotation area.
- II. In all rotations, AUC expects that students who are required to be on call will be accommodated as required by the ACGME for residents on call.
- III. Each core rotation will indicate a minimum threshold experience to help prepare the student gain competency.  
Family Medicine – Complete 3-5 H&P's per week with complete case write up; see a wide-variety of patients with common medical problems as indicated in the syllabus such as DM, HTN, neoplasia, stroke, etc. Perform numerous procedures when possible as indicated in the syllabus such as insertion of catheters, IVs, NG tubes, venipuncture, etc.
- IV. Each student must have adequate direct exposure with an attending and/or resident physician during the majority of the rotation. There should be no more than two learners (student and any other learner on the service) per resident or three learners for an attending. Lectures, library, or video are considered direct exposure.
- V. Each student must have recognition of the site where training is being performed. This includes direct knowledge of the student being trained at the site with written verification and appropriate badging of the student as a visiting student or other appropriate designation.

## **Family Medicine Student Elective Clerkship Curriculum**

Family medicine is an elective clerkship of four to six weeks in duration. All family medicine core clerkships are conducted at teaching hospitals that have an ACGME-accredited residency in family medicine with certified family medicine physicians, or at a Federally Qualified Health Center that is listed by ACGME as a participating institution in a family medicine residency program where parts of the clerkship are conducted in a hospital or outpatient site by board-certified family medicine physicians. An extensive curriculum has been developed and frequently revised.

There is an effort to encourage thinking in terms of basic principles with the goal to understand the principles, know where to find specific information and recognize the limits of one's knowledge and skills. Ambulatory primary care is emphasized as an important part of women's health care.

This curriculum is intended to serve as a basis for instruction to medical students during their core clerkship in family medicine. It is intended to provide a common level of knowledge, proficiency and procedural competency for any student at any training site. It incorporates key strategic goals:

1. Vertical integration of basic science and clinical curricula.
2. Competency-based learning and evaluation.
3. Bridging of typical resident curriculum guidelines including ACGME competencies.
4. Adherence to current standards in medical education and the practice of medicine.

The curriculum is not intended to list or describe every common entity seen in the practice of family medicine. It is, however, expected that the student will have exposure to a wide variety of medical problems encountered in the practice of family medicine in both the hospital and ambulatory settings. It is also anticipated that students will learn through didactic lectures and independent reading the specific issues required to deal with the clinical problems presented.

## COMPETENCIES

### Patient Care

Students must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Students should demonstrate specific skills, including:

- For each core acute presentation, including upper respiratory symptoms, joint pain and injury, initial evaluation of pregnancy, abdominal pain, common skin lesions, common skin rashes, abnormal vaginal bleeding, low back pain, cough, chest pain, headache, vaginal discharge, dysuria, dizziness, shortness of breath/wheezing, fever, initial presentation of depression, male urinary/prostate symptoms, dementia, leg swelling, students should be able to:
  1. Differentiate among common etiologies based on the presenting symptoms.
  2. Recognize “don’t miss” conditions that may present with a particular symptom.
  3. Elicit a focused history and perform a focused physical exam.
  4. Document an acute care visit.
- For each core chronic disease, including hypertension, Type 2 diabetes mellitus, asthma/chronic obstructive pulmonary disease, hyperlipidemia, anxiety, arthritis, chronic back pain, coronary artery disease, obesity, heart failure, depression (previously diagnosed) osteoporosis/osteopenia, substance use, dependence and abuse:
  1. Find and apply diagnostic criteria.
  2. Find and apply surveillance strategies.
  5. Elicit a focused history that includes information about adherence, self-management and barriers to care.
  6. Perform a focused physical examination that includes identification of complications.
  7. Assess control, improvement or progression of the chronic disease.
  8. Describe major treatment modalities.
  9. Document a chronic care visit.
  10. Conduct an encounter that includes patients and families in the development of screening and treatment plans.
  11. Define wellness as a concept that is more than “not being sick.”
  12. For women: Elicit a full menstrual, gynecological and obstetric history.
  13. For men: Identify issues and risks related to sexual function and prostate health.
  14. Conduct a physical exam on a child.
  15. Identify developmental stages and detect deviations from anticipated growth and developmental levels.
  16. Recognize normal and abnormal physical findings in the various age groups.

#### ***Potential evaluation methods***

Direct observation of history and physical on patient, OSCE, chart review, case presentation, global rating, simulation lab

### Medical Knowledge

Students must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

1. Demonstrate knowledge about core acute presentations including: upper respiratory symptoms, joint pain and injury, initial evaluation of pregnancy, abdominal pain, common skin lesions, common skin rashes, abnormal vaginal bleeding, low back pain, cough, chest pain, headache, vaginal discharge, dysuria, dizziness, shortness of breath/wheezing, fever, initial presentation of depression, male urinary/prostate symptoms, dementia, leg swelling.
2. Describe the initial management of common and dangerous diagnoses that present with a particular symptom.
3. Demonstrate knowledge about core chronic disease presentations, including hypertension, Type 2 diabetes mellitus, asthma/chronic obstructive pulmonary disease, hyperlipidemia, anxiety, arthritis, chronic back pain, coronary artery disease, obesity, heart failure, depression (previously diagnosed), osteoporosis/osteopenia, substance use, dependence and abuse.
4. Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments and appropriate surveillance of and tertiary prevention for the above chronic diseases.
5. Discuss mechanisms to improve adherence to and understanding of screening recommendations.
6. Discuss the influence of psychosocial factors on a patient's ability to provide a history and carry out a treatment plan.
7. Describe the value of teamwork in the care of primary care patients.
8. Discuss the roles of multiple members of a health care team (e.g. pharmacy, nursing, social work and allied health).
9. Define primary, secondary and tertiary prevention.

#### ***Potential evaluation methods***

Chart Review, case presentations, simulations, global evaluation

#### **Practice-Based Learning and Improvement**

Students must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Students are expected to:

1. Use critical appraisal skills to assess the validity of resources.
2. Formulate clinical questions important to patient management and conduct an appropriate literature search to answer clinical questions.
3. Use evidence-based medicine (EBM) to determine a cost-effective use of diagnostic imaging in the evaluation of core acute presentations.
4. Find and use high quality internet sites as resources for use in caring for patients with core conditions.
5. Assess and remediate one's own learning needs.
6. Describe how to keep current with preventive services recommendations.
7. Identify risks for specific illnesses that affect screening and treatment strategies.
8. Find and apply the current guidelines for adult immunizations.
9. Discuss an evidence-based, stepwise approach to counseling for tobacco cessation.
10. Describe the core components of child preventive care—health history, physical examination, immunizations, screening/diagnostic tests and anticipatory guidance—for the following core health promotion conditions for children/adolescents:
  - a. Diet/exercise
  - b. Family/social support
  - c. Growth and development

- d. Hearing
  - e. Lead exposure
  - f. Nutritional deficiency
  - g. Potential for injury
  - h. Sexual activity
  - i. Substance use
  - j. Tuberculosis
  - k. Vision
11. Find and apply the current guidelines for child/adolescent immunizations and be able to order them as indicated, including protocols to “catch-up” a patient with incomplete prior immunization.
  12. Identify and perform recommended age-appropriate screenings.
  13. Provide child/adolescent anticipatory guidance based on developmental stage and health risks.
  14. Describe the use of a quality improvement protocol within a practice and how the protocol might improve health care.

***Potential evaluation methods***

Review study plan, chart review, global evaluation, journal club presentations

**Interpersonal & Communication Skills**

Students must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients’ families, and professional associates. Students are expected to:

1. Demonstrate active listening skills.
2. Demonstrate setting a collaborative agenda with the patient for an office visit.
3. Demonstrate the ability to elicit and attend to patient’s specific concerns.
4. Explain history, physical exam and test results in a manner that the patient can understand.
5. Clarify information obtained by a patient from such sources as popular media, friends and family, or the internet.
6. Demonstrate validation of the patient’s feelings by naming emotions and expressing empathy.
7. Effectively incorporate psychological issues into patient discussions and care planning.
8. Use effective listening skills and empathy to improve patient adherence to medications and lifestyle changes.
9. Describe the treatment plans for prevention and management of acute and chronic conditions to the patient.
10. Demonstrate interpersonal and communication skills that result in effective information exchange between patients of all ages and their families.
11. Demonstrate interpersonal and communication skills that result in effective information exchange between patients of all ages and professionals from other disciplines and other specialties.
12. Communicate effectively with patients and families from diverse cultural backgrounds.
13. Provide patient education tools taking into account literacy and cultural factors.
14. Describe patient education protocols and programs for core chronic illnesses.
15. Provide counseling related to health promotion and disease prevention.
16. Communicate effectively with children, teen and families.

17. Apply the stages of change model and use motivational interviewing to encourage lifestyle changes to support wellness (weight loss, smoking cessation, safer sexual practices, exercise, activity, nutrition, diet).

***Potential evaluation methods:***

Global evaluation, observation of history and physical, OSCE

**Professionalism**

As future professionals, students must demonstrate commitment in carrying out responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Students are expected to:

1. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
2. Demonstrate professional behavior in areas of reliability, honesty, responsibility, helpfulness, selflessness, appearance, and initiative.
3. Show respect toward patients, staff, physicians and peers.
4. Participate as an effective member of a clinical care team.
5. Demonstrate caring and respect when interacting with patients and their families even when confronted with atypical or emotionally charged behaviors.
6. Discuss why physicians have difficulty in situations such as patients' non-adherence, requests for disability documentation, and chronic narcotic use.

***Potential Evaluation Methods***

Observation and rating by attending physician, residents, nurses, and or patients (global rating). OSCE and chart review

**Systems – based Practice**

Students must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Students are expected to:

1. Identify resources in a local practice community that support positive health outcomes for diverse patients and families.
2. Promote the use of support groups and other community resources in the area of mental health.
3. Identify resources for patients with substance abuse problems at their clinic sites.
4. Discuss the importance of a cost-effective approach to the diagnostic work-up.
5. Discuss local community factors that affect the health of patients.
6. Discuss health disparities and their potential causes and influences.
7. Discuss areas where culture can impact the ability of patients to access and utilize health care.
8. Describe personal barriers to accessing and utilizing care.
9. Describe community barriers to accessing and utilizing care.
10. Describe methods of monitoring compliance with preventive service guidelines
11. Describe how one of the core chronic diseases is monitored in the assigned clerkship site.
12. Describe how narcotic use is managed and monitored in the assigned clerkship site.
13. Communicate appropriately with other health professionals (e.g. physical therapists, nutritionists, counselors).

14. For each core health promotion condition, including breast cancer, cervical cancer, colon cancer, coronary artery disease, depression, fall risk in elderly patients, intimate partner and family violence, obesity, osteoporosis, prostate cancer, sexually transmitted infection, substance use/abuse, Type 2 diabetes mellitus
15. Discuss who should be screened and methods of screening.
16. Develop a health promotion plan for a patient of any age or either gender.

**Potential evaluation methods**

Chart review, case presentations, OSCE, global rating

**Didactic Teaching Sessions**

Students are expected to attend ALL teaching/lecture sessions unless involved in treating an acute patient situation. These lectures may include (but are not limited to):

- Attending-level rounds on a daily basis
- Morning report
- Noon lecture
- Grand rounds
- Lectures for third-year family medicine students
- Journal Clubs on your assigned service
- Attending/resident/student team approach, with teacher-learner ratio within ACGME guidelines

**Work Hours**

Students are encouraged to take night call with their team, but must never exceed ACGME duty hour standards for residents in family medicine.

**Resources**

1. Simulation lab
2. Library
3. Internet access and medical data base availability

<sup>1</sup> *The Family Medicine Clerkship Curriculum, Society of Teachers in Family Medicine*

**Final evaluation and outcome measure:**

Attending written evaluation and narrative report.