**The Family Medicine Clerkship Curriculum**

**Background**
- Scott Fields, MD, MHA, 2008-2009 STFM president, created this committee with the blessing of the STFM Board and the Council of Academic Family Medicine.
- The charge: determine what conditions should comprise the national family medicine clerkship.
- A taskforce was formed to create this curriculum. They completed their work in 2009.
- This iteration was completed and approved by the Society of Teachers of Family Medicine, Association of Departments of Family Medicine, Association of Family Medicine Residency Directors, the North American Primary Care Research Group, and the American Academy of Family Physicians in August and September 2009.
- The STFM Foundation provided the financial support that made this work possible.

**FREQUENTLY ASKED QUESTIONS:**

**How were the content areas elected?**
We started with the premise that the Family Medicine Clerkship Curriculum is a list of common and important presentations that students should experience during their clerkship experiences, not a list of all of the patient presentations that family physicians manage.

We began by looking at the contents of family medicine textbooks, the results of an informal survey of content currently covered in family medicine clerkships, and the proposed matrix of the fmCASES project. Two or three task force members drafted lists of conditions to be included in each section. The full task force vetted those lists. The lists were put on the STFM website and feedback was solicited from our members and colleagues.

**Why is it divided into acute, chronic, and prevention sections?**
Although family physicians often cover acute, chronic, and prevention issues in every visit, a third-year medical student does not have this level of skill. The approach to each of these types of visits has important differences, and learning those approaches is a key task for third year medical students.

**Where is the Patient-centered Medical Home in the C4 document?**
The PCMH is the current name for a practice that is patient-centered and whole person oriented, uses a team approach, eliminates barriers to access, uses integrated information systems, and focuses on quality. These characteristics have been long-standing principles of family medicine care. Initially, task force members proposed an objective and content for a section on the PCMH. We agreed with the feedback from our members that the name “patient-centered medical home” may change, but the principles of family medicine care will remain. Thus, the curriculum focuses on knowledge of specific components and principles of family medicine care, many of which are components of the PCMH, but the document does not have a specific section on PCMH.

**Why did STFM create this curriculum?**
This project was undertaken for three purposes: to strengthen chairs and predoctoral directors in their negotiations for curricular time; to guide content for shared family medicine resources, such as the fmCASES project; to assist family medicine NBME representatives to tailor a test for the family medicine clerkship.
How did you get and incorporate input from key stakeholders?

We used an iterative process of meetings and feedback to develop this curriculum, ie,
• Identified common and important patient problems frequently encountered by family physicians
• Held open sessions at the 2009 Predoctoral and Annual Spring conferences
• Solicited and received feedback from several CAFM organizations
• Surveyed all family medicine clerkship directors asking for comments
• Asked volunteer family medicine clerkship directors to provide an in depth review of a section
• Incorporated much, but not all, of the feedback, and
• Hired Mindy Smith, MD, MS, to edit the document

During this process, feedback from our family resulted in these key changes:
• Changing the focus of a section from the Patient-centered Medical Home to the principles of family medicine
• Altering content to better capture the concepts of complexity
• Clarifying the audience and purpose of the curriculum
• Shortening the list of core conditions
• Listing core conditions in order of frequency encountered based on national data
• Incorporating ACGME competency designations for specific objectives
• Developing an executive summary

Next steps?

This document will be shared as widely as possible through multiple venues. We want institutions to begin implementing the concepts in this document as quickly as possible so they can be evaluated. The STFM Education Committee will oversee the maintenance of this document. C4 covers the “what” to teach. This document will require ongoing review every 2-3 years to assure its relevance and accuracy regarding the core content. Future plans are to begin working on the “how” to teach it. With the release of the Clerkship Core Content Curriculum, it is important to allow educators some time to experiment with how to best deliver the content for the next year or two. With that experience, it is expected that in 2010-2011 that STFM will lead a process, with the involvement of the other family medicine organizations, to develop a document that provides guidance on how to effectively deliver the content, and how to evaluate the learners. Obviously, this component has the opportunity to be important to family medicine educators who might struggle with providing the curricular content to their learners, or in developing evaluative strategies.

How were the task force members chosen?

The task force has representatives from the STFM Group on Predoctoral Education, STFM Education Committee, ADFM, AFMRD, AAFP, and the fmCASES project. Leaders of each of these groups were asked to submit names. After vetting through the STFM Board, Scott Fields, MD, MHA, appointed the following task force members.

Heidi Chumley, MD, Kansas University Medical Center, C4 task force chair
Alec Chessman, MD, Medical University of South Carolina, fmCASES Representative
Joseph Hobbs, MD, Medical College of Georgia, ADFM Representative
Deb Clements, MD, University of Kansas Medical Center, AAFP Representative
Tim Munzing, MD, Kaiser Permanente Orange County, AFMRD Representative
Susan Cochella, MD, University of Utah School of Medicine, Group on Predoctoral Education Representative
Rob Hatch, MD, University of Florida, Group on Predoctoral Education Representative
Katie Margo, MD, University of Pennsylvania, Group on Predoctoral Education Representative
Gurjeet Shokar, MD, University of Texas Medical Branch, STFM Education Committee Representative