What Is Core? Defining Expectations for Our Required Third-year Clerkships

Scott A. Fields, MD

In June’s President’s Column, I had the opportunity to outline an agenda for the upcoming year for STFM. Hopefully, the issues that I highlighted will provide focus in your own agenda, regardless of where you call home. By working together on these issues, we will be able to accomplish more than would be possible as individuals and certainly, help avoid redundancy of effort on complex issues.

The agenda for STFM in the upcoming year includes (1) Developing a consensus content-based family medicine clerkship curriculum to serve as a foundation for predoctoral programs nationally, (2) Enabling STFM to serve as your Personal Academic Home, where collaborative teams experiment with exciting ideas, sharing methodology, data, and outcomes. We will work to expand leadership skills and opportunities for leadership both internally and externally, on behalf of STFM, (3) Creating a scholarly agenda to transform the educational experiences of our learners within the personal medical home, and (4) Expanding support for the Opportunity Fund to support innovation and research in medical education within the personal medical home.

I would like to address the first of these items: developing a core family medicine clerkship curriculum. The vast majority of medical schools now have a required experience in family medicine in the third year. These clerkships, however, differ in major ways, including the length of the rotation or the types of experiences and ambulatory, hospital, maternity care, etc. This has led to reluctance in establishing the core content for family medicine experiences.

In this environment, many clerkship directors and chairs have had difficulties within their own schools in establishing with their curriculum committee and dean what the expectations should be both in terms of educational experiences and resources required to accomplish this required clerkship. Additionally, external organizations, such as the National Board of Medical Examiners (NBME), desire greater clarity regarding the content of family medicine, and projects, such as the Online Cases Project (FM-CASES, Family Medicine Computer Assisted Simulations for Educating Students), would benefit from knowing what is included in the core.

The Council of Academic Family Medicine (CAFM) created a task force to work with the NBME to develop a higher quality shelf examination for family medicine. This task force, chaired by Al Tallia, MD, MPH, and Caryl Heaton, DO, has started the process of collaboration with NBME to establish an ongoing mechanism for engagement between family medicine and the NBME. The NBME is going to form a joint task force with family medicine. We will be the first to roll out their innovations in the clinical years. This group, funded by the NBME, will develop items for the shelf examination, making it more user friendly to the clerkship directors, and start the process of transitioning the shelf examination to computer-based testing. The NBME agreed that family medicine would be the first discipline whose shelf exam would transfer to computer-based testing; they see this happening within a 2-year window. If all goes smoothly, clerkship directors and chairs will be able to go to their deans saying family medicine is leading the way in assessment modality innovation. They anticipate holding a meeting at the Association of American Medical Colleges (AAMC) meeting in November in San Antonio with the possibility of using the STFM Predoctoral Education Conference in early 2009 as another meeting venue.

The Institute for Innovative Technology in Medical Education (iInTIME) entered into agreement with STFM to develop a series of virtual patient cases designed to support the comprehensive teaching of the family medicine curriculum. The cases developed will be similar to iInTIME’s other virtual patient cases for pediatrics and internal medicine. The cases will be developed collaboratively by our members, with iInTIME staff supporting the process. The STFM Advisory Group and iInTIME have held their initial development meeting. The group advanced the FM-cases project by outlining the content and scope of

(Fam Med 2008;40(8):541-2.)

From the Department of Family Medicine, Oregon Health and Science University.
the virtual patient case series for family medicine and establishing a project development group. The FM-cases development group’s work will be to finalize the individual case outlines in preparation for a project development meeting scheduled for this August in Lebanon, NH.

Within this environment, it is critical that there be a greater consensus regarding the content for required, third-year, family medicine clerkships. This is not the content of all of family medicine but rather the specific content that we expect for medical students in their third year.

STFM has a long history of assisting in defining the expectations for family medicine clerkships. The most recent of these efforts was part of the Family Medicine Curriculum Resources (FMCR) project. This process went much further to define core content, but additional work is required. The FMCR project did an excellent job in focusing on the process of thinking about common issues. At this point, a core curriculum with greater content detail is necessary to assist predoctoral directors and chairs within their institutions and also serve as a resource to national organizations, such as the NBME and the AAMC.

There is a need to develop a more detailed document that outlines the core curriculum for third-year family medicine clerkship. The process to develop this curriculum should include the important constituencies of the discipline. This document should provide a foundation but not limit innovation or the utilization of local resources in a way to maximize learning.

The STFM Board has now committed to this process and will be forming a task force, with the support of other members of CAFM and the American Academy of Family Physicians (AAFP) to create a document that will guide clerkship directors and chairs in both internal discussions within their schools, as well as serve as a resource for groups external to the discipline. STFM will develop a task force with broad representation from key stakeholders to review the previous work on documentation of curricular content for the family medicine clerkship.

This task force will include representatives from the predoctoral directors community, the STFM Education Committee, the FM-CASES project, ADFM, AFMRD, and the AAFP. STFM has asked the leadership of each of these organizations for assistance in identifying knowledgeable leaders to participate in this process. Areas of expertise needed on the task force include an understanding of the structure and function of family medicine clerkships, FMCR experience, and knowledge of the NBME task force activities.

Initial thinking about the process includes beginning with a review of the FMCR project to identify previously identified content, the information obtained by a CAFM survey of clerkship content, and model curricula from internal medicine and pediatrics for suggestions about format.

A strategy for the layout of the content should be developed, followed by discussion on content domains that should be included. Areas of focus will likely be distributed to each member, with ongoing e-mail distribution, comment, and revision. Meetings of the task force will likely occur at both the STFM Predoctoral Education Conference and the STFM Annual Spring Conference.

A draft document should be created and distributed for a period of comment by interested parties, including vetting at national meetings. CAFM will also be asked to vet the document. The final version will be approved by the STFM Board, and this version will be sent to Family Medicine for potential publication.

The timeline for this process will be fairly aggressive, with an initial draft by January 2009 and a final draft by August of 2009. This is possible if the task force stays focused on knowledge content, as opposed to methodology and evaluation. Members of the task force not only should have served in a leadership role at some time in predoctoral education and still have an interest, but given the timeline of the project they must be relatively task oriented. We will be working to balance the membership of the task force based on a number of criteria. We will be looking to balance public versus private school, geography, length of clerkship, community based versus university based, new versus established clerkships, and scope of clerkship, including level of OB training provided, and rural versus urban clerkships.

The Core Curriculum will require ongoing updates. As such, there will be a need for an ongoing committee to review and update this curriculum every 2–3 years. This committee will continue to have the distribution of representation demonstrated in the task force.

I hope that if you have an interest in participating in this task force you will either contact me (safields@ohsu.edu) or STFM Executive Director Stacy Brungardt, CAE (sbrungardt@stfm.org). Additionally, if you have specific issues that you believe that the task force should address, please share them with me. And finally, this process will include time for review and input along the way, and I hope that you will take advantage of these opportunities.

Correspondence: Address correspondence to Dr Fields, Oregon Health and Science University, Department of Family Medicine, 3181 SW Sam Jackson Park Road, Portland, OR 97239. 503-494-6620. Fax: 503-494-4496. safields@ohsu.edu.