President’s Column

What Should Our Students Learn: The Family Medicine Clerkship Curricular Guidelines

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As family physicians, there are so many things that we want to teach our students. Our knowledge base is broad, we perform many different procedures, we care for a variety of ages, we understand the natural progression of many diseases, we provide health services in a variety of settings, and we provide holistic care for mind, body, and spirit. And, we want to teach all of these things during our brief core clerkship time with students during their third year. However, time is limited and students often view, or are told to view, family medicine as their time to learn “ambulatory care.” So, with limited time and resources, perhaps the better thing to ask is “What should my students learn during their clerkship time?”

Other disciplines have created core clerkship guidelines to assist medical educators in developing appropriate experiences for third-year students. Notably, both general internal medicine and general pediatrics published guidelines for their curriculum in the 1990s. Both of these guidelines were developed over a period of 3 years with funding provided by Title VII, Section 747 of the Department of Health and Human Services. For many years, family medicine educators said that the development of core clerkship curricular guidelines for family medicine was not possible due to the breadth of clerkship experiences and the volume of material for which family medicine clerkship directors felt responsible.

STFM’s immediate past president, Scott Fields, MD, MHA, did not think it was impossible and made the development of family medicine clerkship guidelines a major theme of his presidential year. Originally named the C4 project but now known as the Family Medicine Clerkship Curriculum, the STFM Board appointed a task force with representation from STFM, the American Academy of Family Physicians, the Association of Departments of Family Medicine, the Association of Family Medicine Residency Directors, and the North American Primary Care Research Group. Heidi Chumley, MD, served as chair, and Alec Chessman, MD; Deb Clements, MD; Susan Cochella, MD, MPH; Rob Hatch, MD, MPH; Joseph Hobbs, MD; Katie Margo, MD; Tim Munzing, MD; and Gurjeet Shokar, MD, served as task force members. With a small seed grant from the STFM Foundation, these nine individuals discussed, surveyed, researched, and compiled ideas to form a family medicine curriculum for core clerkships. After working for almost a year, the task force presented a preliminary report for comment to the predoctoral community and the STFM community at large. Revisions were based upon the feedback received, and in August 2009 the STFM Board approved the Family Medicine Clerkship Curriculum document. The guidelines were subsequently approved by the American Academy of Family Physicians and all of the members of the Council of Academic Family Medicine.

These guidelines are now adopted by the family of family medicine. They can be accessed online at www.stfm.org/initiatives/fmcurriculum.cfm. Upon first looking at the guidelines, you will notice that they are “… 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 contains sections on the principles of family medicine, acute presentations, chronic diseases, health maintenance and disease prevention, and the role of family medicine in the health care system. They are presented in easy to use table formats that can be shared with your fellow faculty members, other clerkship directors, and curricular committees.

Interestingly, at the same time that STFM was developing their clerkship guidelines, the Society of Teachers of the Canadian College of
Family Physicians was developing a similar product. Titled the Shared Canadian Curriculum for Family Medicine, their clinical scenarios can be found at www.cfpc.ca/sharcfm. Divided by clinical scenarios and containing references, objectives, cases, and clinical cards, the sharc-fm Web site is a welcome corollary to STFM’s core curriculum.

In the words of Dr Fields, this curriculum should be viewed as “the what, not the how.” We want you to use this curriculum and view this document as the living, breathing creation that it is. After discussion and implementation, STFM plans to produce another report that documents how the curriculum can be used and methods for implementation, but we need your help to accomplish this next step.

As you prepare for revisions to your family medicine clerkship or if you want to match what you are doing with our recommendations, I encourage you to use our document and to share your feedback with me or with any member of the Family Medicine Clerkship Curriculum taskforce. I want to extend my personal thanks and congratulations to the entire workgroup for their time and expertise in developing this document. It has been a long time coming and will help family medicine to play an even more important role in undergraduate medical education on both the local and national levels.

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