

Family Medicine Clerkship (FM CL)

FC 300, 6 weeks

The Family Medicine Clerkship is primarily focused on ambulatory care. Students spend 80% of their time with their preceptor in his or her office. On the first working day of weeks one, two, three and four of the clerkship students attend a series of educational modules conducted at UMass

The core curriculum includes small group sessions on patient cases, Evidence Based Medicine session in the Lamar Soutter Library, Motivational Interviewing of Standardized Patients, Sports Medicine Hands-on Workshop and a Reflective Writing Round table. Students will also complete a telehealth visit with a patient focusing on their culture, approach to illness, community supports and the social determinants of health that affect them. During the fifth and final week of the clerkship, the last working day will be spent at UMass for the examination and evaluation process.

After the completion of the Family Medicine Clerkship, the MS3 will be able to:

- Demonstrate an understanding of the epidemiology, diagnostic features and risk factors related to common ambulatory, acute and chronic conditions in Family Medicine hypertension, diabetes, acute infectious diseases, etc. (Physician as a Clinical Problem Solver and Scientist)
- Demonstrate an understanding of the principles of health maintenance, screening and disease prevention as related to the individual patient and age specific patient groups (vaccinations, weight, exercise, cancer screening, etc. (Physician as a Clinical Problem Solver and Scientist)
- Obtain a focused medical history and perform the appropriate physical exam. Students are expected to see 3-6 patients per day (Physician as a Professional, Clinical Problem Solver, and Communicator)
- Recognize and discuss psychosocial and family issues as they relate to illness and patient care (Physician as a Clinical Problem Solver and Communicator)
- Understand the role economics play on health care from the influence of healthcare costs to the world to issues of medication costs at the individual level (Physician as a Professional, Clinical Problem Solver, and Advocate)
- Discuss the principles of continuity, comprehensiveness and specialty referral as they relate to the role of the primary care physician (Physician as a Clinical Problem Solver and Advocate)
- Obtain a focused history (using a patient-centered model of patient interviewing) and appropriate physical exam, and concisely present orally and in writing case presentations utilizing a problem-based S.O.A.P. format and additionally formulate diagnostic and management plans utilizing principles of cost containment (Physician as a Professional, Scientist, Communicator, and Clinical Problem Solver)
- Identify and incorporate relevant psychosocial, family and the social determinants of health as they relate to patient care (Physician as a Clinical Problem Solver, Advocate and Communicator)
- Utilize a patient-centered model for behavior change, students will identify risk factors and appropriately educate patients on issues of disease prevention and lifestyle change (Physician as a Clinical Problem Solver, Advocate and Communicator)
- Respect patients' values and subscribe to the ethical principles of medical practice. Additionally, they will respect the confidentiality and security of information obtained during the patient encounter (Physician as a Professional, Advocate, Communicator and Person)

Assessment of the student is based on the Family medicine OSCE and shared COF OSCE, a written exam , a telehealth exercise focusing on patient's approach to their illness , a reflective writing assignment, and an evidence-based medicine exercise.

Clerkship Director

Mary Lindholm, MD