Family Medicine Clerkship

Academic Year 2025-2026

Department of Family Medicine
MEDMD 308
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BOSTON UNIVERSITY

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Clerkship Learning Objectives

At the end of the family medicine clerkship, each student should be able to:

- Discuss the principles of family medicine care including comprehensive and contextual care, continuity of care, coordination/complexity of care, and the biopsychosocial approach to care
- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations in family medicine
- Manage follow-up visits with patients having one or more common chronic diseases
- Develop evidence-based health promotion/disease prevention plans for patients of any age or gender
- Discuss the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care
- Utilize patient-centered communication techniques to assist patients in making health behavior changes, and to provide education and counseling
- Discuss the critical role of family physicians within any health care system
- Utilize point-of-care resources to find and integrate the best available evidence into clinical decision making
- Consistently demonstrate professional behavior consistent with the values of the medical profession
- Demonstrate the ability to be a productive team member in both the clinical and learning environment
- Display skills of lifelong learning including generating clinical questions or identifying one's own learning needs, using appropriate resources to answer questions or close learning gaps, engaging in self-assessment and goal setting and demonstrating growth in response to feedback

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Clerkship Description

Focus of clerkship

Family Medicine Clerkship Goals

The purpose of the third-year clerkship in Family Medicine is to provide instruction in the knowledge, attitudes and skills of Family Medicine. This foundation in the basic tenets of Family Medicine will prepare the student for their future role as a physician, in any specialty the student pursues. The clerkship will demonstrate the importance of the family physician in providing continuous, comprehensive care to the patient, and will teach the importance of the doctor-patient relationship, interviewing skills, appropriate physical exam, and clinical problem-solving in caring for patients. Additionally, the clerkship will provide exposure to Family Medicine as a specialty choice for third year students and support those students considering Family Medicine as a career.

You are entering the field of medicine - where the body of information is growing and changing every minute. Regardless of specialty, you will need to be continually asking questions, learning, finding new information, and incorporating that into your patient care. For this reason, developing skills of lifelong learning are critical to your training, and is a focus of this clerkship.

You will see elements of this throughout the Family Medicine Clerkship. You will be asked to create personal learning goals for yourself – which you will use in addition to the clerkship's learning objectives. Creating learning goals will help you identify what you want to learn and how you plan to learn it. Accurately self-assessing your level of skill and your knowledge gaps are critical to your growth and development and will inform your learning trajectory. During the didactic day, you will have the opportunity to discuss and debrief your interactions with standardized patients. You will be encouraged to reflect, and provide your own self-assessment, and then you will receive feedback from your peers and faculty. Finally, there is a major emphasis on Information Mastery (and not just EBM) in this clerkship, which underscores the importance of, and provides you with tools and skills for lifelong learning.

Introduction to Family Medicine

What is Family Medicine? Family Medicine is the primary care medical specialty concerned with the total health care of the individual and the family. It is a generalist specialty that integrates the biological, clinical and behavioral sciences. In Family Medicine you will take care of all patients – regardless of their age, sex, organ system, or disease. You will learn to care for complex patients, manage chronic diseases and acute presentations, as well as provide evidence-based health care maintenance to all types of patients. The doctor-patient relationship is at the core of effective medical care, and you will see and learn its importance during this rotation.

What is the scope of Family Medicine?

Family physicians may choose to focus the scope of their practice or to provide the full breadth of Family Medicine care, which ranges from obstetric/nursery care to nursing home care and everything in between. The scope of Family Medicine covers a wide spectrum. At one end are family physicians who may be the only local source of health care for their community. They have an office practice, perform surgery, care for ICU patients, handle major trauma cases, stabilize patients for transport, staff a hospital, and deliver babies, including performing cesarean sections. These types of family physicians are common in rural areas. At the other end of the spectrum are family physicians who have an office practice and coordinate comprehensive care for their patients in a multi-specialty group.

Most family physicians have a type of practice that fits somewhere between these two models. For example, providing low-risk obstetric care and assisting with cesarean sections, caring for their hospitalized patients, and performing numerous office procedures. These family physicians are found in all locations. In one day, a family physician can deliver hospital care, home care, office care, emergency room care, and deliver a baby. Many family physicians develop an area of special expertise or focus, such as sports medicine, geriatrics, preventive medicine, international health, women's and maternal-child health, adolescent health or research. Fellowships after residency are available to assist with the development of such expertise but are not required.

What to Expect During the Family Medicine Clerkship

You will work in high volume ambulatory practices of family physicians and residency programs. During the clerkship, you will learn:

- To understand and promote a patient-centered model of care
- To understand Family Medicine approaches to seeing patients and families with undifferentiated problems, and the clinical reasoning which guides the definition and diagnosis of these problems
- Skill in the evidence-based diagnosis and management of frequently occurring acute and chronic ambulatory problems
- To understand the patient as part of a family and community
- To understand and use a comprehensive and continuous approach to care
- To understand and use techniques of evidence based preventive medicine and health promotion
- To understand the appropriate use of telehealth for both acute and chronic disease management

Strategies for success

- Immerse yourself in your practice
- Consider yourself part of the clinical team (you are!)
- Read about the diagnoses your patients have IN REAL TIME (use the syllabus' references)
- Do practice questions throughout the clerkship
- Fully participate in the core curriculum
- Be professional

Clerkship Changes Made Based on Feedback

- Eliminated one standardized patient session based on feedback that skills are covered in Doctoring curriculum
- Shortened didactic day
- Increased shelf prep curriculum

Diversity, Equity, and Inclusion Initiatives

- Continue to include a discussion on race-based medicine
- Including principles of reproductive justice as session learning objective

Other Recent Changes to the Clerkship

- Added additional didactic day to shorten overall didactic days.
- Created self-learning guides and allowed self-study time to prepare prior to didactic sessions
- Moved case-based learning from small group structure to team-based learning

- Including oral presentation and note-writing practice with formative faculty feedback
- Added additional simulation experience
- Including review of common MSK presentations into knee, back and shoulder physical examination workshops
- Condensing well child, prenatal care and complex contraception management cases given topic coverage on other clerkships
- Expanding chronic pain session to include multimodal management planning
- Added two-hour shelf prep review

Clerkship Sites

Description of Clerkship Sites
Our sites are divided into three broad categories: Community Health Centers; Greater Boston Private/Group Practice; and Away Sites. During the registrar's lottery, you will have ranked the ten categories. We may not be able to offer placements at all sites listed below. You will receive broad Family Medicine clinical training at all sites. Some sites may have a sub-focus, such as sports medicine, women's health, geriatrics, etc. Patient population and practice structure will vary between sites. You will discuss and learn from that in the core curriculum.

1. Community Health Centers/Undeserved (multiple sites)
2. Greater Boston Private/Group Practice (multiple sites)
3. Rehoboth/Seekonk Medical Center
4. Great Barrington (Berkshires), MA
5. Kaiser Permanente, San Jose, CA
6. Stanley Street Stanley Street Treatment and Resources – SSTAR, Fall River, MA

Site Director and Clerkship site contact information
Your site director (primary preceptor)'s name and contact information, as well as other important information about your site will be forwarded to you 4 weeks before the start of the clerkship via email. If you did not receive this important site placement email, please contact the Clerkship Coordinator as soon as possible.

For more information about each site please see our website:
- Community Health Centers/Underserved: https://www.bu.edu/familymed/medical-student-ed/thirdyear/community-health-centersunderserved/
- Greater Boston Private/Group Practice: https://www.bu.edu/familymed/greater-boston-privatepractice/
- Family Medicine Away Sites: https://www.bu.edu/familymed/fm-clerkship-away-sites/

Clerkship Schedules

Didactic Schedule

During the clerkship, you will spend five days at the medical school for didactics – the first two days of the clerkship (Week 1) and the first working days of Weeks 2, 4, and 5. The final OSCE will be virtual and in the afternoon on the Wednesday of Week 6 (two days prior to the Shelf exam). The Family Medicine Shelf exam will be on the final day of the clerkship.

Kaiser Students

Zoom links will be sent for all sessions other than the MSK Exam sessions done on-site at Kaiser and the Acute Presentation and Opioid-related Emergency Simulations done before the start of clerkships.

Orientation/Didactic Day 1 (In-person)

10 – 11 Orientation
11 – 12 Overview of Family Medicine
12 – 1 Lunch
1 – 2 Routine Health Maintenance
2 – 3 Acute Respiratory Infections
3 – 4 Oral Presentation and Note Writing

Didactic Day 2 (In-person)

10 – 12 HTN and DM TBL
12 – 1 Lunch
1 – 2 Chronic Pain Cases
2 – 4 Concurrent sessions:

- Musculoskeletal Exam

Didactic Day 3 (In-person)

10 – 12 Contraception, perinatal care, breastfeeding, newborn care
12 – 1 Lunch
1 – 4 Concurrent sessions:

- Simulation 1
- Musculoskeletal Exam
- Diagnosis and Management of Substance Use Disorder

Didactic Day 4 (In-person)

10 – 12 Asthma and dermatology TBL
12 – 1 Lunch
1 – 4:45 Concurrent sessions

- Motivational Interviewing
- Simulation 2
- Mid-Clerkship individual meetings with clerkship directors

Didactic Day 5 (In-person)

10 – 12 Group OSCE
12 – 12:30 Family Medicine Interest Chat with clerkship directors (optional)

12 – 1 Lunch
1 – 3 Shelf prep

Final Exam Days

1 – 4:30 [Wednesday Week 6] OSCE, OSCE write-up and Information Mastery assignment (Virtual)
8-12 [Friday Week 6] Shelf Exam (In Person)

Optional learning opportunities:

- Family Medicine Grand Rounds: every Tuesday from 12:00-1:00pm, via Zoom. Invitation can be found in weekly clerkship emails.

Call Schedule

There is no call for this rotation.

Clerkship Grading

ASSESSMENT OF LEARNING	
Clinical Grade Percentage	60%
Shelf/Exam Percentage	25%
"Other" Components Percentage	15%
CLINICAL GRADE	
Clinical Honors	>4.45
Clinical High Pass	3.45-4.44
Clinical Pass	2.00-3.44
Clinical Fail	<2.00
SHELF EXAM	
Minimum score to pass	61
OTHER	
IRATs	0.75%
TRATs	0.25%
Group OSCE	4%
Individual OSCE Interview	6%
Individual OSCE Progress Note	2%
Individual OSCE Information Mastery Assignment	2%
FINAL GRADE	
Honors	89-100
High Pass	80-88.9
Pass	70-70.9 or between 1.50-2.49 in any domain on the final CSEF
Fail	<70 or <1.50 on any domain on the final CSEF or < 2.00 averaged on the final CSEF (Clinical Fail)
ASSESSMENT FOR LEARNING	These items must be done by the deadlines provided at orientation to be eligible to receive final grade of honors. Students will receive one standard all-clerkship email reminder. Email sample shown below.
Completing patient encounter logs by the last Sunday of the clerkship block.	

Completing all FOCuS forms by the last Sunday of the clerkship block.	
Completing all clerkship assignments by last Sunday of the clerkship block.	
Completing mid-clerkship form in advance of the meeting at mid-clerkship, and submitting the form by the final Sunday of the clerkship block	
Requesting supervisor (faculty, resident etc.) evaluations from all evaluators must be completed by the last Sunday of the clerkship block.	
ASSESSMENT OF PROFESSIONALISM	To meet professionalism expectations students must meet the following expectations listed below:
Arriving at clerkship didactic sessions on time.	
Evaluations are requested by the last Sunday of the clerkship block.	
Reviewing and responding to e-mail requests from clerkship administration within 2 business days	
Returning borrowed clerkship materials (e.g. pager) by the last business day of the clerkship block.	
Informing clerkship leadership and supervising faculty/residents of absences in advance of the absence (barring extenuating circumstances).	
The following are also expectations of the clerkship and repeated patterns of behavior (after feedback with faculty) will be factored into the professionalism conduct component of the clerkship performance:	
Treating and communicating in a respectful manner with all members of the clerkship team, including clinical and administrative faculty and staff.	
Engaging in the core curriculum and participating respectfully with peers and colleagues at all times.	

Professional Conduct and Expectations

Evaluation of a medical student's performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Student expectations include those listed above in professional comportment sections.

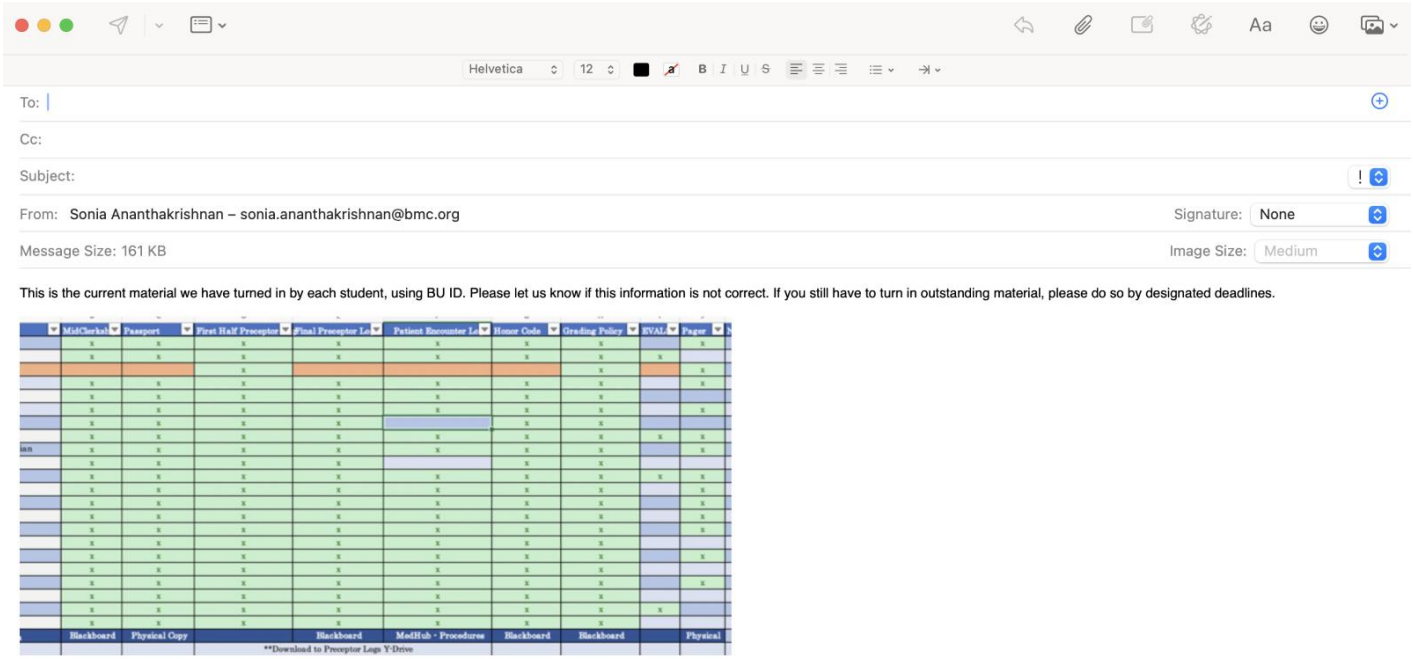
If there are no professionalism concerns, students will receive the following statement in their summative statement: "**This student MET the administrative and clinical professionalism expectations of the clerkship."**

A pattern of behavior as reflected (e.g. in more than one narrative comment) in faculty/resident CSEF (clinical professionalism) and/or events noted by clerkship faculty/administration (administrative professionalism) in one or multiple areas, after providing feedback to student, will result in one of the following statements in the final clerkship evaluation:

1. This student did not meet the **administrative professionalism** expectations (SPECIFICS PROVIDED FROM LIST OF ADMINISTRATIVE PROFESSIONALISM BEHAVIORS) and was/was not responsive to feedback.
2. This student did not meet the **clinical professionalism expectations**, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback.
3. This student did not meet the **clinical and administrative professionalism expectations**, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback.

If there are professionalism concerns as detailed in the assessment of learning, assessment of professionalism, or in the CSEF, **the student's final grade will be adjusted down to next grade level (e.g. a student who earns a High Pass will receive the final grade of Pass, or if a student earns a Pass, they will receive the final grade of Fail). In addition, a student with administrative and/or clinical professionalism concerns will not be eligible to receive final grade honors. An email exchange will be provided to document the professionalism concern and feedback exchanged before a summative statement is placed in the final grade. SAO dean will be cc'd to provide ongoing support.**

Sample Email Example



Standard Clerkship Clinical Grade Procedures/Policies
Clinical Evaluation Procedures

Preceptors will provide clinical evaluations that contain the "raw data" on the student's clinical performance. You are encouraged to regularly ask for specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component. Preceptors DO NOT determine the final "word" grade.

1. The CSEF form will be used to numerically calculate your clinical grade: 1 to 5 points (depending on which box is checked) for each domain which will be averaged to give you a final score out of 5. Categories: Needs intensive remediation (1); Needs directed coaching (2); Approaching competency (3); Competent (4) or Achieving behaviors beyond the 3rd year competency criteria (5) to get a final number in each domain. This can be rounded to the nearest number using standard rounding for the CSEF domain and this is the box that should be checked (e.g., if an average of 2.4 then the student should have needs directed coaching (2) checked off). Each CSEF will be weighted based on how long the student worked with each evaluator.

CSEF Clinical Grade Calculations should be made using the 0.01 decimal point in each domain (though the rounded number will be checked off on the final CSEF form) to give a final number.

Any average of <1.50 in any domain = an automatic fail for the clerkship
Any average of < 2.50 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching
>2.50 in all domains, standard rounding will be used
<2.00 = Clinical fail which will = a fail for the clerkship
2.00-3.44 = Clinical pass
3.45-4.44= Clinical high pass
>4.45=Clinical honors
The clinical grade will be reported in the CSEF final narrative

2. The CSEF clinical score is converted to a final 2-digit percentage that is counted towards the final grade. For example, the final CSEF clinical score average of 4.45 would get converted to 90%. The Final CSEF percentage

is used towards the final grade calculation, weighted as indicated in the table above as "Clinical grade percentage" (varies by clerkship).

3. Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data and submit the final clinical evaluation.

Shelf Exam Failure & Remediation

If a student fails their shelf exam, they will receive an **Incomplete** for the clerkship and retake the exam at the end of the year during the remediation dates.
Students:

- Will not receive a Fail on their transcript if they pass the reexamination.
- Will not be eligible for a final grade of honors - if the final grade calculation would earn the student honors, they will receive high pass as a final grade.
- Will still be eligible to receive a clinical honors.
- Fails the reexamination, they will have Fail on their transcript and have to remediate the clerkship.

Clerkship Failure & Remediation

If a student fails a third- or fourth-year clerkship, the student will receive a Fail grade and will be required to repeat the clerkship. The grade for the repeated clerkship will be calculated based on the grading criteria outlined in the syllabus for Pass, High Pass, or Honors independent of the prior Fail. The original Fail grade will remain on the transcript. The original summative evaluation narrative will be included in the MSPE, in addition to the summative evaluation from the repeated clerkship.
If a student fails the remediated clerkship again and the SEPC allows for another remediation, the grade for the repeat clerkship will still be calculated based on the grading criteria outlined in the course syllabus for (Pass, High Pass, or Honors). The original two failures will remain on the transcript. The repeated course will be listed again, and the word (Repeat) will appear next to both course names.

Grade Review Policy

The School's Grade Reconsideration Policy is located in the Policies and Procedures for Evaluation, Grading and Promotion of Chobanian & Avedisian School of Medicine MD Students:
https://www.bumc.bu.edu/camed/faculty/evaluation-grading-and-promotion-of-students/

Assignments

1) Progress note due by 8am on second day of clerkship for formative feedback
2) OSCE Individual progress note – due at time of OSCE
3) OSCE Information Mastery assignment – due at time of OSCE
4) 2 FOCuS Forms – 1 Interview Technique, 1 Physical Exam – due by the last Sunday of the clerkship block
5) Case Log – due by the last Sunday of the clerkship block

Group OSCE

All students will participate in a graded Group OSCE on didactic day 5. Students will work in their assigned small groups. During the Group OSCE, students will work through 2 patient cases as a group, using the same format as prior small groups. A faculty member will play the role of a patient and students will be responsible for gathering a focused history from the patient in 15 minutes. Students will then have 30 minutes to formulate a problem list, assessment, and plan for each problem. There will be a 15-minute break between cases. Students will be graded on use of point-of-care resources, teamwork, and content of assessment and plan. All members of the group will receive the same Group OSCE grade.

Individual OSCE

The OSCE will take place on the final Wednesday afternoon of the clerkship. The final OSCE will be virtual. The OSCE interview is worth 6% of your final grade, the OSCE progress note is worth 2% of your final grade, and the OSCE information mastery assignment is worth 2% of your final grade. The patient encounter will be graded by faculty and standardized patients. The information mastery assignment will be graded by the medical librarian.

OSCE Exam Instructions and Preparation

Please read and review these materials prior to the OSCE exam:

- The OSCE exam will be held virtually on Zoom. You will receive a Zoom invite from your faculty member in the days prior to the OSCE.
- Your OSCE exam will be with a McQ family member.
- You will have 20 minutes to conduct an interview and discuss your management and follow-up plan with the patient. You should also provide relevant patient education.
- You are expected to address relevant continuity issues and healthcare maintenance tasks during this time.
- Due to the virtual environment/telemed encounter, no physical examination of the patient will be performed.

Interview format: see "OSCE Format," on the following page

- The interview will be observed on Zoom by a faculty member and graded in real time.
- After your 20-minute encounter with the standardized patient, there will be a 5-minute break.
- After the 5-minute break, you will re-enter the exam room to receive 5 minutes of feedback from the faculty observer and standardized patient.

Progress Note

- Students will have 30 minutes after the completion of the OSCE to document the encounter. This documentation should be typed and submitted at the end of the 30-minute time period. This documentation will be reviewed by the faculty member and students will receive a grade for this progress note.

Information Mastery

- Finally, you will answer a PICO question using a point-of-care resource and complete a brief write-up on your findings. This will be done on Blackboard and you have 20 minutes to complete this assignment. The information mastery assignment will be graded by the medical librarian.

OSCE Format

Resources available:

Students may reference any prior patient information during the interview and progress note times. Students may access point-of-care resources via the internet during the exercise.

Interview:

Total time allowed: 20 minutes

Suggested breakdown of time:

1 Minute: Student reviews vital signs and chief complaint on OSCE opening scenario card.

10 Minutes: Initial History:
Rating Criteria:

- elicitation of detail for chief complaint
- identification of pertinent negatives
- identification of patient's concern(s)
- elicitation of relevant family, lifestyle, occupational issues
- review of previous medical problems and/or issues relevant to this patient and encounter

9 Minutes: Discussion of Assessment/Plan with Patient:
Rating Criteria:

- choice of working diagnosis
- investigations (may or may not be indicated)
- treatment
- counseling and lifestyle change
- patient education re: diagnosis, management plan/follow-up instructions
- addressing chief concern
- specifying follow-up
- addressing (briefly) past medical problems
- addressing relevant healthcare maintenance tasks

Information Mastery Write-up
In preparation for the OSCE write-up, you may wish to review the Information Mastery Workshop recorded session on Blackboard. Review Point of Care Resources in the Finding Information Framework (FIF) at http://medlib.bu.edu/busm/fif/

Recommended Texts

- Essentials of Family Medicine, 7th Edition, by Smith et al. Please see link.
- The American Academy of Family Physicians (AAFP) review articles

We strongly recommend that students read about the diagnoses seen in clinic in real time – pick 1 or 2 topics that are seen in the office during the day to read about that same night. Recommended readings are listed below by case patient/session

Session Learning Objectives and Notes

Routine Health Maintenance

Associated SLG: RHM
Readings:

1. Chapter 7 – Overview of prevention and screening
2. USPSTF guidelines: https://www.uspreventiveservicestaskforce.org/uspstf/home
3. ACC/AHA guideline for the treatment of cholesterol to reduce ASCVD risk https://www.aafp.org/afp/2014/0815/p260.html
4. Counseling Patients About Prostate Cancer https://www.aafp.org/afp/2018/1015/p478.html

5. CDC STI guidelines: https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm

Learning Objectives:

1. Order appropriate screening tests and preventative interventions for adults accounting for unique risk factors
2. Review screening recommendations for sexually transmitted infections

Acute Respiratory Infections

Learning Objectives:

1. Identify the typical signs and symptoms, discuss the differential and work up, and identify evidence-based treatments for common acute respiratory infections.

Note Writing and Oral Presentations

Associated SLG: Note Writing and Oral Presentations in Family Medicine

Learning Objectives:

1. Write a note in the format used in a family medicine outpatient site
2. Present a patient in front of the patient
3. Present a patient in the format used in a family medicine outpatient site
4. Give and receive constructive peer feedback on your patient presentation
5. Review skills involved in agenda setting

Hypertension and Diabetes Team-Based Learning Session

Associated SLG: Hypertension and Diabetes Diagnosis and Workup

Readings:

1. JNC VIII http://jama.jamanetwork.com/article.aspx?articleid=1791497#
2. Chapter 12 – Approach to Common Chronic Problems – Hypertension, Diabetes
3. Diabetes Self-Management: Facilitating Lifestyle Change https://www.aafp.org/afp/2017/0915/p362.html
4. Type 2 Diabetes Therapies: A STEPS approach https://www.aafp.org/pubs/afp/issues/2019/0215/p237.html

Learning Objectives:

1. Diagnose hypertension using criteria established by the eighth report of the Joint National Committee on detection, evaluation and treatment of high blood pressure
2. Describe lifestyle/environmental/nutritional factors involved in the non-pharmacologic treatment of hypertension
3. Differentiate the major classes of anti-hypertensive drugs and their appropriate use in the ambulatory management of hypertension
4. Recommend the initial work-up of the patient with the new diagnosis of hypertension, including the rationale behind any recommended testing
5. Discuss race-based medicine and the impact on management of chronic conditions such as hypertension
6. Identify the diabetes screening guidelines and diagnostic criteria
7. Discuss the work-up and initial treatment options for a patient newly diagnosed with diabetes

8. Identify the surveillance and treatment recommendations for the prevention of both co-morbidities and mortality for patients with type 2 DM
9. Describe pharmacologic management options for DM

Chronic Pain

Readings:

1. Chapter 20 – Chronic Pain
2. CDC Guidelines for prescribing opioids for chronic pain https://www.cdc.gov/drugoverdose/pdf/Guidelines_At-A-Glance-508.pdf

Learning Objectives:

1. In a patient with chronic pain, assess function, pain severity, and quality of life using the three-item PEG (Pain average, interference with Enjoyment of life, and interference with General activity) assessment scale.
2. Discuss the use of multimodal management of chronic pain, including maximizing the use of nonpharmacologic and nonopioid pharmacologic therapies.
3. Create a treatment plan for pain management using the most effective and safest medications based on potential side effects, patient comorbidities and potential side effects.
4. Create goals for treatment including functionality and pain control, and interval evaluations for chronic opioid use
5. Create an opioid therapy plan, employing morphine milligram equivalents and a taper
6. Evaluate risk for opioid-related harms including evaluating the PMDP, screenings for commonly co-occurring psychiatric disorders, regularly considering toxicology testing, concurrent prescribing of other central nervous system depressants, hepatic and renal function; use tools such as the DIRE score and Opioid Risk Tool
7. Incorporate strategies to mitigate risk, including offering naloxone

Musculoskeletal Workshops

Readings:

1. Chapter 17: Musculoskeletal Problems

Learning objectives:

1. Examine the shoulder appropriately including inspection, palpation, and range of motion, strength, and special testing.
2. Conduct an appropriate knee examination including inspection, palpation, and range of motion, strength, and special testing.
3. Perform an appropriate back examination including inspection, palpation, and range of motion, strength, and special testing.
4. Utilize a hypothesis-driven approach to MSK exam of the shoulder, knee and back based on clinical scenarios.
5. Propose a treatment plan for common MSK conditions of the shoulder, knee and back.

Contraception, Perinatal Care, Breastfeeding, Newborn Care

Readings:

1. Chapter 14 – Contraception
2. Breastfeeding: Common Questions and Answers. Am Fam Physician 2018 Sep 15;98(6):368-376 https://www.aafp.org/afp/2018/0915/p368.html
3. Reproductive Health Access Project - https://www.reproductiveaccess.org/contraception
4. Chapter 8 – Prenatal Care
5. Breastfeeding: Common Questions and Answers. Am Fam Physician 2018 Sep 15;98(6):368-376 https://www.aafp.org/afp/2018/0915/p368.html

Learning objectives:

1. Apply the principles of reproductive justice
2. Identify appropriate contraception in medically complex cases
3. Describe basic breastfeeding principles and concepts
4. Identify common postpartum problems and clinical care

Simulation 1

Learning objectives:

1. Identify patients who are presenting with symptoms of distress in an outpatient office and describe initial management options
2. Describe the role that family doctors play in the management of acutely ill patients in an outpatient setting

Diagnosis and Management of Substance Use Disorder

Readings:

1. Chapter 23 – Substance Use Disorder

Learning objectives:

1. Interpret toxicology screening results
2. Use unexpected results to improve patient safety (e.g., optimize pain management strategy, weigh benefits and risks of reducing or continuing opioid dosage, reevaluate more frequently, offer naloxone, and offer treatment or refer the patient for treatment with medications for opioid use disorder as appropriate.)
3. Apply DSM-5 criteria to diagnose patients with substance use disorder.
4. Create management plans incorporating principles of harm reduction.
5. Describe substance use disorder treatment options for opioid use disorder, including medication for opioid use disorder
6. Create basic treatment plans, knowing when to refer patients to addiction medicine specialists and treatment programs for both relapse prevention and co-occurring psychiatric disorders understanding when different levels of care are appropriate.
7. Demonstrate the foundational skills in patient-centered counseling and behavior change in the context of a patient encounter, using techniques including understanding pain and substance use in the context of the patient's life, providing trauma-informed care.

Asthma

Associated SLG: Asthma

Readings:

1. Chapter 12 -Approach to Common Chronic Problems- Asthma
2. Solutions for Asthma Disparities Pediatrics 2017 http://pediatrics.aappublications.org/content/pediatrics/139/3/e20162546.full.pdf

Learning objectives:

1. Identify and discuss differential diagnosis, classification, and diagnosis of wheezing and cough in a child
2. Discuss and outline the diagnosis and management of asthma in children, including medication, monitoring, and prevention
3. Recognize disparities in asthma care and outcomes

Dermatology

Readings:

1. Chapter 19 – Skin Problems

Learning objectives:

1. Explain basic treatment approaches for common dermatologic conditions
2. Apply knowledge of common dermatologic conditions in the family medicine office setting

Simulation 2

Learning objectives:

1. Generate an approach to caring for an unresponsive patient outside of a healthcare setting.
2. Provide family and patient-centered care in the setting of an emergency.

Motivational Interviewing

Learning objectives:

1. Describe the usefulness of motivational interviewing in changing patient behavior
2. Explain the principles of motivational interviewing
3. Practice specific techniques to facilitate effective motivational interviewing
4. Incorporate motivational interviewing into routine patient interviews