

**Society of Teachers of Family Medicine (STFM) principles mapped to Feinberg School of Medicine (FSM)
curriculum, objectives and competencies: created AY 2012-13, updated June 2014 for AY 2014-15**

| STFM Clerkship Core Principle | Year | FSM Element | FSM Module | FSM Learning Activity Title | FSM Objective | FSM Competency |
|---|-------------|------------------------------|-------------------|--|--|---|
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills ¹ | Foundations | Clinical Correlations: The Biopsychosocial Model | Understand and discuss the medical, psychosocial and social factors that contribute to the patient's health status. | MKS-1c, Core Knowledge |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Foundations | Clinical Correlations: Setting the stage and Beginning to Elicit Information | Practice the verbal and nonverbal communication tasks that are required of a physician. | ECIS-1, Listening |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Foundations | Clinical Correlations: Setting the stage and Beginning to Elicit Information | Set the stage by providing a confidential environment, determining the patient's agenda, and establishing a personal connection. | ECIS-1, Listening |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Foundations | Clinical Skills Session: Setting the stage and Vital Signs | Practice the verbal and nonverbal communication tasks that are required of a physician. | ECIS-1, Listening |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Foundations | Clinical Skills Session: Setting the stage and Vital Signs | Set the stage by providing a confidential environment, determining the patient's agenda, and establishing a personal connection. | ECIS-1, Listening |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Foundations | Clinical Correlations: The Chief Concern and History of Present Illness | Elicit the patient's story of her health problem and/or progress, exploring the clinical details including the psychosocial/emotional factors. | ECIS-1, Listening; PCMC-, History- Taking |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Foundations | Clinical Skills Session: History of Present Illness | Elicit the patient's story of her health problem and/or progress, exploring the clinical details including the psychosocial/emotional factors. | ECIS-1, Listening; PCMC-, History- Taking |

¹ Clinical skills comprises both IP (Individual Preceptorship) and ECMH (Education Centered Medical Home) clinical placements.

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| Contextual Care: <i>Person in context of Family</i> | M1-M2 | Clinical Skills | Foundations | Clinical Correlations: Completing the Medical History | Practice Completing the medical history: a) Understand what comprises a past medical history, family history, and social history. | PCMC-1, History- Taking |
| Contextual Care: <i>Person in context of Community</i> | M1-M2 | Clinical Skills | Foundations | Clinical Correlations: Completing the Medical History | Practice Completing the medical history: a) Understand what comprises a past medical history, family history, and social history. | PCMC-1, History- Taking |
| Contextual Care: <i>Person in context of Culture</i> | M1-M2 | Clinical Skills | Foundations | Clinical Correlations: Completing the Medical History | Practice Completing the medical history: a) Understand what comprises a past medical history, family history, and social history. | PCMC-1, History- Taking |
| Contextual Care: <i>Person in context of Community</i> | M1-M2 | Clinical Skills | Foundations | Clinical Skills Sessions: Completing the Medical History | Practice Completing the medical history: including the past medical history, family history, and social history, and review of systems. | PCMC-1, History- Taking |
| Contextual Care: <i>Person in context of Culture</i> | M1-M2 | Clinical Skills | Foundations | Clinical Skills Sessions: Completing the Medical History | Practice Completing the medical history: including the past medical history, family history, and social history, and review of systems. | PCMC-1, History- Taking |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Foundations | Clinical Correlations: Sharing Information | Understanding the patient's perspective through closed loop communications. | ECIS-2, Listening |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Foundations | Clinical Correlations: Sharing Information | Know key principles of giving information: information sharing and counseling. | ECIS-3, Information-Sharing; PCMC-6, Counseling |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Foundations | Clinical Skills Sessions: Counseling on Diet and Physical Activity | Practice sharing information with the patient by counseling the patient about diet or physical activity. | ECIS-3, Information-Sharing; PCMC-6, Counseling |

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| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Foundations | Clinical Skills Sessions: Counseling on Diet and Physical Activity | Practice sharing information with the patient by counseling the patient about diet or physical activity. | ECIS-3, Information-Sharing; PCMC-6, Counseling |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Foundations | Clinical Correlations: A Complete Clinical Encounter, from Setting the Stage to Ending the Encounter | Know key principles of giving information: information sharing and counseling. | ECIS-3, Information-Sharing; PCMC-6, Counseling |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Foundations | Clinical Correlations: A Complete Clinical Encounter, from Setting the Stage to Ending the Encounter | Understand how to end an encounter and arrange follow-up | PCMC-7, Follow-up |
| Preventive Care | M1-M2 | Clinical Skills | Foundations | Clinical Skills Session: Sexual History | Practice asking sexual history in a specific and sensitive manner. | ECIS-1, Listening; PCMC-1, History-Taking |
| Preventive Care | M1-M2 | Clinical Skills | Foundations | Clinical Correlation: Sexual History | Observe a faculty member asking a sexual history in a specific and sensitive manner. | ECIS-1, Listening; PCMC-1, History-Taking |
| Preventive Care | M1-M2 | Clinical Skills | Foundations | Clinical Correlation: Sexual History | Consider the mode of transmission of the sexually transmitted infections you will be learning about in the next several lectures (HIV, HSV) and how you would inquire about risk for these infections. | MKS-1, Medical Knowledge |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Cardiovascular | Clinical Skills Session: Chest Discomfort: Eliciting the History and Clinical Reasoning | Review some of the key elements of history taking (Setting the Stage, Elicit information in SEGUE; OLDCARTS; moving from open to closed questions, pertinent positives and negatives in the story of Present Illness. | PCMC-1, History-Taking |

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| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Cardiovascular | Clinical Skills Session: Chest Discomfort: Eliciting the History and Clinical Reasoning | Elicit a history from standardized patient with chest pain and observe fellow students do this. | PCMC-1, History-Taking; ECIS-1, Listening |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Cardiovascular | Evaluation of a patient with cardiac arrhythmia and demonstration of ECG | Be able to elicit an appropriate thorough history of a patient with palpitations including a description of the symptoms, the onset and determination of the symptoms and the circumstances in which they occur. | PCMC-1, History- Taking |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Cardiovascular | Peripheral Arterial Disease and Medication Counseling | Demonstrate the ability to discuss medication adherence with patients. | PCMC-6, Inter-professional Communication |
| Chronic Disease Management | M1-M2 | Clinical Skills | Cardiovascular | Peripheral Arterial Disease and Medication Counseling | Describe strategies to enhance adherence. | PCMC-6, Inter-professional Communication |
| Well Child & Adolescent Care | M1-M2 | Clinical Skills | Cardiovascular | Pediatric Perspectives on the History and Physical Examination and a Patient with Congestive Heart Disease | Discuss some of the special considerations when interviewing and examining a pediatric patient. | PCMC-1, History-Taking; PCMC-2, History and Physical |
| Well Child & Adolescent Care | M1-M2 | Clinical Skills | Cardiovascular | Pediatric Perspectives on the History and Physical Examination and a Patient with Congestive Heart Disease | Be able to elicit parts of the history that are specific to the pediatric patient. | PCMC-1, History- Taking |
| Well Child & Adolescent Care | M1-M2 | Clinical Skills | Cardiovascular | Pediatric Perspectives on the History and Physical Examination and a Patient with Congestive Heart Disease | Understand how the approach to the physical exam varies based on patient age. | PCMC-2, History & Physical |

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| Well Child & Adolescent Care | M1-M2 | Clinical Skills | Cardiovascular | Pediatric Perspectives on the History and Physical Examination and a Patient with Congestive Heart Disease | Identify strategies to optimize the physical exam in infants and children of different ages. | PCMC-2, History & Physical |
| Well Child & Adolescent Care | M1-M2 | Clinical Skills | Pulmonary | The Respiratory System: History Taking, Physical Examination and Pediatric Highlights | Describe differences in the respiratory exam on the pediatric patient. | PCMC-2, History & Physical |
| Preventive Care | M1-M2 | Clinical Skills | Pulmonary | Smoking Cessation and Substance Abuse Screening | Describe how to assess a patient for tobacco and illicit substances. | PCMC-6, Inter-professional Communication |
| Preventive Care | M1-M2 | Clinical Skills | Pulmonary | Smoking Cessation and Substance Abuse Screening | Define the concept of pack years of tobacco use. | MKS-1d, Core Knowledge |
| Preventive Care | M1-M2 | Clinical Skills | Pulmonary | Smoking Cessation and Substance Abuse Screening | Name the medications which can increase the success rate for patients attempting to quit smoking. | MKS-3d, Clinical Reasoning |
| Preventive Care | M1-M2 | Clinical Skills | Pulmonary | Smoking Cessation and Substance Abuse Screening | Name the 5 As of tobacco cessation intervention (Ask, Advise, Assess, Assist, Arrange). | PCMC-6, Inter-professional Communication |
| Preventive Care | M1-M2 | Clinical Skills | Pulmonary | Smoking Cessation and Substance Abuse Screening | Describe the CAGE question and the NIAA (National Institute on Alcohol Abuse and Alcoholism) framework for assessing. | PCMC-6, Inter-professional Communication |
| Preventive Care | M1-M2 | Clinical Skills | Pulmonary | Smoking Cessation and Substance Abuse Screening | Describe the how alcohol abuse and alcohol dependence are defined. | MKS-1d, Core Knowledge |
| Preventive Care | M1-M2 | Clinical Skills | Pulmonary | Smoking Cessation and Substance Abuse Screening | Describe an abbreviated model of tobacco cessation intervention (Ask, Advise, Refer, Ask, Act, etc.). | PCMC-6, Inter-professional Communication |
| Preventive Care | M1-M2 | Clinical Skills | Pulmonary | Smoking Cessation and Substance Abuse Screening | Describe the National Institute on Drug Abuse (NIDA) screening tool for illicit substances. | PCMC-6, Inter-professional Communication |

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| Preventive Care | M1-M2 | Clinical Skills | Pulmonary | Motivational Interviewing | Know some of the goals of motivational interviewing including educating patients about the problem, showing empathy, assessing motivation to change, enlisting patient's participation in the process of change and discussing options. | PCMC-6, Inter-professional Communication |
| Preventive Care | M1-M2 | Clinical Skills | Pulmonary | Motivational Interviewing | Describe with the Ask-Tell-Ask model to promoting change: Ask what the patient would like to know, provide information in the neutral, non-judgmental manner (avoid the words "I" and "you") and ask the patient what this means to them. | PCMC-6, Inter-professional Communication |
| Preventive Care | M1-M2 | Clinical Skills | Pulmonary | Motivational Interviewing | Practice using a "change ruler," asking about the importance, confidence or commitment to change. | PCMC-6, Inter-professional Communication |
| Preventive Care: Counseling | M1-M2 | Clinical Skills | Pulmonary | Clinical Skills Session: Smoking Cessation Counseling | Practice counseling a patient who smokes cigarettes. | PCMC-6, Inter-professional Communication |
| Preventive Care: Motivational Interviewing | M1-M2 | Clinical Skills | Pulmonary | Clinical Skills Session: Smoking Cessation Counseling | Implement techniques of motivational interviewing. | PCMC-6, Inter-professional Communication |
| Continuity of Care: Barriers to Access | M1-M2 | Clinical Skills | Renal | Health Literacy | Define how health literacy and describe how it is the interaction between patients' abilities and the demands placed on patients by the health care system. | ECIS-2, Listening |
| Continuity of Care: <i>Barriers to Access</i> | M1-M2 | Clinical Skills | Renal | Health Literacy | Describe the patient characteristics or situations that should make you concerned that the patient has limited reading fluency and low health literacy. | ECIS-2, Listening |

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| Continuity of Care: <i>Barriers to Access</i> | M1-M2 | Clinical Skills | Renal | Health Literacy | Describe the learning barriers that patients with low health literacy often face. | ECIS-2, Listening |
| Prevention | M1-M2 | Clinical Skills | Renal | Health Literacy | Describe what interventions can assist patients with low health literacy. | CES-3, Advocacy |
| Chronic Disease Management | M1-M2 | Clinical Skills | Musculo-skeletal | Caring for Patients with Chronic Conditions | State the basic principle of the chronic care model ("proactive, planned care for the activated patient"). | SATB-1, Healthcare Systems |
| Chronic Disease Management | M1-M2 | Clinical Skills | Musculo-skeletal | Caring for Patients with Chronic Conditions | Identify the impact of costs of chronic care on overall healthcare spending in the US. | SATB-1, Healthcare Systems |
| Chronic Disease Management | M1-M2 | Clinical Skills | Musculo-skeletal | Caring for Patients with Chronic Conditions | List the components of the Wagner Chronic Care Model as the foundation of the Patient-Centered Medical Home. | SATB-1, Healthcare Systems |
| Chronic Disease Management | M1-M2 | Clinical Skills | Musculo-skeletal | Caring for Patients with Chronic Conditions | Reflect on the complexity of care for a patient who has multiple chronic conditions and understand the importance of care coordination, patient self- management, proactive teams, and outcome measures. | SATB-1, Healthcare Systems |
| Contextual Care: <i>Person in context of Family and Community</i> | M1-M2 | Clinical Skills | Musculo-skeletal | Patients with Disabilities | Identify methods for assessing the level of disability, the functional consequence of illness, and the social and physical environments of patient with disabilities. | PCMC-1, History- Taking |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Musculo-skeletal | Patients with Disabilities | List general principles and etiquette for interacting with persons with disabilities. | PCMC-3, Professional Behavior |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Musculo-skeletal | Patients with Disabilities | Understand the quality of life from patient's perspective. | CES-1, Equity |

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| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M2 | Clinical Skills | Musculo-skeletal | Clinical Skills Sessions: Musculoskeletal Exam Special Tests and Patients with Disabilities | Patients with disabilities: In this station students will interview patients with disabilities to learn about their functional status and experience with disabilities. | PCMC-1, History-Taking; ECIS-1, Listening |

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| Comprehensive Care: Information Gathering and Assessment | M3 – Primary Care | Apply principles of clinical decision-making in evaluation and test ordering, demonstrating understanding of the use of sensitivity, specificity, and predictive value. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Coordination Complexity of Care: Team Approach | M3 – Primary Care | Use appropriate consultation and referral, and develop the ability to succinctly present a patient's problem to other members of the healthcare team. | ECIS-3, PCMC-5 |
| Preventive Care: Counseling | M3 – Primary Care | Demonstrate the ability to counsel a patient on preventive health measures, including healthy diet, exercise and immunizations. | MKS-3a, MKS-3b, MKS-3c, MKS-3d, ECIS-2 |
| Acute Care | M3 – Primary Care | Learn how to manage common problems encountered primarily or exclusively in the ambulatory setting e.g. hyperlipidemia, fatigue, common psychiatric problems in primary care, rashes, low back pain, upper respiratory infections, vaginitis. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, PCMC-3 |
| Coordination Complexity of Care | M3 – Primary Care | Develop a broader perspective on diseases also commonly seen in the hospital i.e. hypertension, diabetes, HIV infection. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f |
| Preventive Care: Counseling | M3 – Primary Care | Understand principles of health promotion and disease prevention e.g. the periodic examination, immunization, smoking cessation, and nutrition counseling. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Continuity of Care: Barriers to Access | M3 – Primary Care | Understand the basic principles of medical economics in the United States, particularly as they relate to payment for and access to ambulatory services. | SATBC-1, CES-1 |
| Chronic Disease Management Knowledge and Skill | M3 – Primary Care | Describe the indications for TLC (therapeutic lifestyle changes) and/or medications given a patient's cholesterol and medical history based on the new AHA guidelines. | MSK-1a |
| Chronic Disease Management Knowledge and Skill | M3 – Primary Care | Describe the mechanism of action and side effects of a) HMG CoA Reductase inhibitors, b) bile acid resins, c) nicotinic acid, d) fibric acid derivatives, e) ezetimibe. Describe each of their side effects on the lipid profile. | MKS-1b |
| Chronic Disease Management Knowledge and Skill | M3 – Primary Care | Define the Metabolic Syndrome and know the best treatment to treat the underlying problem as well as its role in long term cardiovascular health. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |

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| Preventive Care | M3 – Primary Care | Recognize the prevalence of hypertension in the United States and the reasons why control is less than ideal. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d, CES-1 |
| Chronic Disease Management Knowledge and Skill | M3 – Primary Care | Describe the criteria necessary for a diagnosis of hypertension be able to stage and treat based on JNCVIII. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care | M3 – Primary Care | Know what is the appropriate history and physical examination as well as laboratory tests in the work up for a newly diagnosed hypertensive patient. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Management Knowledge and Skill | M3 – Primary Care | Know the most common causes and prevalence of secondary hypertension. Identify the patient who needs to be worked up for secondary hypertension and what tests should be considered. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Presentation | M3 – Primary Care | Be able to prescribe antihypertensive therapy appropriate to the patient's concurrent medical conditions and know the common side effects of each of the medication a) Beta blockers b) Thiazide diuretics c) ACE inhibitors d) Calcium channel blockers and e) ARB's. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f |
| Preventive Care: Counseling | M3 – Primary Care | Given a patient who smokes cigarettes, outline a smoking cessation counseling plan, based on the Agency for Health Care Policy and Research Clinical Practice Guidelines for smoking cessation. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, PCMC-6 |
| Preventive Care: Counseling | M3 – Primary Care | Given a patient who smokes cigarettes, counsel the patient on the use and side effects of the various medications for smoking cessation. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Preventive Care | M3 – Primary Care | Given an overweight patient with hypercholesterolemia and hypertension, list specific measures which will help reduce weight, lower cholesterol and control hypertension. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Preventive Care | M3 – Primary Care | Know the role of the DASH diet in treating a patient with hypertension and role of a low/fat cholesterol diet in a patient with hypercholesterolemia and the specifics of what the diet entails. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Preventive Care: Motivational Interviewing | M3 – Primary Care | Understand the role of motivational interviewing in bringing about behavioral changes in your patients. | MKS-3a, MKS-3b, MKS-3c, MKS-3d, PCMC-6 |
| Preventive Care; Chronic Disease Management Knowledge and Skill | M3 – Primary Care | Calculate a Body Mass Index and know the classification of obesity based on BMI | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f |
| Preventive Care: Counseling | M3 – Primary Care | Be able to counsel a patient on diet, exercise and behavioral modifications to lose weight (see 3c also). | MKS-3a, MKS-3b, MKS-3c, MKS-3d, PCMC-6 |

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| Acute Care | M3 – Primary Care | Compare and contrast the common signs and symptoms of migraine, tension and cluster headaches. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, |
| Acute Care | M3 – Primary Care | Outline acute therapy for each of these three types (migraine, tension and cluster) headache. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Acute & Chronic Disease Management Knowledge and Skill | M3 – Primary Care | Know the effective treatments for prophylaxis of migraine headaches. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Management Knowledge and Skill | M3 – Primary Care | Counsel a patient about the nonpharmacologic management of recurrent headaches, tension and/or migraines. | MKS-3a, MKS-3b, MKS-3c, MKS-3d, PCMC-6 |
| Acute Care | M3 – Primary Care | Describe the signs and symptoms of temporal arteritis and utilize the appropriate diagnostic tests and initial treatments. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care | M3 – Primary Care | Given a patient with acute low back pain, compare and contrast the history and physical examination most consistent with lumbosacral strain or sciatica and what the warning signs for a more serious diagnosis. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care | M3 – Primary Care | Given a patient with acute low back pain, list the indications for obtaining a plain film of the lower back. Define role for advanced imaging. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Comprehensive Care: Information Gathering and Assessment | M3 – Primary Care | Describe evidenced based therapy for lumbosacral strain. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Contextual Care: Family, Community, and Culture | M3 – Primary Care | The student should be able to list the common diagnoses presenting as shoulder and knee pain to primary care office and know which diseases present in certain patient populations. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care | M3 – Primary Care | The student should be able to perform an adequate shoulder and knee exam and know the names of the physical exam maneuvers used in each exam. | MKS-3a, MKS-3b, MKS-3c, MKS-3d, PCMC-2 |
| Coordination Complexity of Care | M3 – Primary Care | Develop an initial management plan for the most common diagnoses related to the shoulder and knee. Know when it refer to Orthopedics. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Presentation & Preventive Care | M3 – Primary Care | Identify key elements in history and physical examination for the patient suspected of having OA of the hip or knee. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Management Knowledge and Skill | M3 – Primary Care | Know nonpharmacologic therapy and pharmacologic therapy including toxicities for the management of OA in the primary care setting. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Presentation | M3 – Primary Care | List the latest criteria for the diagnosis of diabetes mellitus. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |

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| Chronic Disease Presentation | M3 – Primary Care | Understand the role of weight and diet in the treatment of adult onset diabetes. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Management Knowledge and Skill | M3 – Primary Care | List the classes of oral hypoglycemic agents and describe their mechanism of action and associated side effects. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Presentation | M3 – Primary Care | Know when and how to initiate insulin therapy in an adult onset diabetic. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Preventive Care; Chronic Disease Management Knowledge and Skill | M3 – Primary Care | Given a patient with adult onset diabetes mellitus, describe preventive measures for a) foot care b) diabetic nephropathy c) diabetic retinopathy d) diabetic neuropathy. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Presentation | M3 – Primary Care | Know the signs and symptoms of hyperthyroidism and hypothyroidism. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f |
| Chronic Disease Presentation | M3 – Primary Care | Know the etiologies of hyperthyroidism and hypothyroidism. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f |
| Chronic Disease Presentation | M3 – Primary Care | Gain an understanding of the labs and studies used to diagnose thyroid disease. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Management Knowledge and Skill | M3 – Primary Care | Understand how to treat hyperthyroidism and hypothyroidism. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Presentation & Preventive Care | M3 – Primary Care | Know the work-up of a thyroid nodule. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Management Knowledge and Skill | M3 – Primary Care | IBS: List signs and symptoms of irritable bowel syndrome and outline a treatment plan for a patient with irritable bowel syndrome. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care & Chronic Disease Presentation; Acute Disease Management Knowledge and Skill | M3 – Primary Care | GERD: Describe the clinical features and complications of GERD. Know the nonpharmacologic and pharmacologic therapy of GERD. Explain the role of EGD or other diagnostic testing in a patient with GERD. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care & Chronic Disease Presentation; Acute Disease Management Knowledge and Skill | M3 – Primary Care | Nonulcer dyspepsia: Describe the clinical features of a patient presenting with dyspepsia and a cost of effective initial workup and treatment plan. Review the role of H.Pylori testing and treatment in nonulcer dyspepsia. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Presentation & Preventive Care | M3 – Primary Care | Liver: Describe a cost effective approach to the work up of the asymptomatic patient with elevated LFTs. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |

| STFM Clerkship Core Principle | Year | FSM Objective | FSM Competency |
|--|-------------------|---|--|
| Care in the Community Setting | M3 – Primary Care | The student should know the prevalence of upper respiratory infections presenting to a primary care office. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f |
| Acute Care | M3 – Primary Care | Compare and contrast symptoms and physical exam findings consistent with a viral upper respiratory infection vs. streptococcal pharyngitis vs. sinusitis vs. bronchitis vs. influenza. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care | M3 – Primary Care | Know how to approach a patient with a common cold in regard to a cost effective and evidence based treatment plan. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care | M3 – Primary Care | The student should know how to diagnose and treat viral rhinosinusitis and acute bacterial sinusitis. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care | M3 – Primary Care | Allergic Rhinitis: Know symptoms and clinical signs that help differentiate between allergic and vasomotor rhinitis. Know the treatment options for them. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f |
| Acute Care | M3 – Primary Care | Given a patient who complains of sore throat, describe indications for obtaining a rapid streptococcal screening test. Know the Centor criteria and its sensitivity and specificity for identifying streptococcal pharyngitis. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care | M3 – Primary Care | To understand antibiotic resistance mechanisms especially in regard to URIs and the impact on primary care physicians. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, CES- 1 |
| Acute Care & Coordination/Complexity of Care | M3 – Primary Care | List the most common diagnoses in the patient presenting with a "red eye" and know the warning signs to refer urgently to ophthalmology. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care | M3 – Primary Care | Compare and contrast signs and symptoms of viral, bacterial, and allergic conjunctivitis. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care | M3 – Primary Care | Outline a treatment plan for viral, bacterial and allergic conjunctivitis. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care & Coordination/Complexity of Care | M3 – Primary Care | Describe a cost-effective approach to the diagnosis and treatment of an uncomplicated UTI in a female. Differentiate an uncomplicated from a complicated URI. Recognize and treat pyelonephritis and know when the patient needs to be hospitalized. Be aware of emerging resistance patterns in treatment of UTIs. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care | M3 – Primary Care | List the most common causes of vaginal symptoms in the outpatient. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f |
| Acute Care | M3 – Primary Care | Compare and contrast signs, symptoms, and simple lab findings of bacterial vaginosis (BV), candida vaginitis and trichomonas vaginitis as well as differentiating from cervicitis. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care | M3 – Primary Care | Outline a treatment plan for BV, candida vaginitis and trichomonas vaginitis. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Preventive Care | M3 – Primary Care | Know which conditions require treatment of sexual partners and be able to counsel a patient regarding safe sex practices to prevent transmission. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d, PCMC-6 |

| STFM Clerkship Core Principle | Year | FSM Objective | FSM Competency |
|--|-------------------|---|--|
| Chronic Disease Presentation | M3 – Primary Care | Know how to classify and define osteoporosis. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f |
| Preventive Care | M3 – Primary Care | Know the risk factors for developing osteoporosis and the screening guidelines for osteoporosis. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Presentation | M3 – Primary Care | Understand how to diagnose osteoporosis and be able to read a DEXA report. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Presentation & Preventive Care | M3 – Primary Care | Understand the strategies for preventing and treating osteoporosis including the role of calcium, vitamin D and medications including the risk factors and side effects. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care | M3 – Primary Care | Know the most common lesions that present to the Primary Care office - dermatitis psoriasis. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f |
| Acute Care | M3 – Primary Care | Know the initial treatment of dermatitis and psoriasis. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Presentation | M3 – Primary Care | Describe the pathophysiology of acne vulgaris and be able to recognize comedonal versus inflammatory acne. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Chronic Disease Management Knowledge and Skill | M3 – Primary Care | Review how to treat mild to moderate acne using topical and systemic agents and warnings regarding systemic retinoids. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care | M3 – Primary Care | Know common outpatient fungal infections including Tinea corporis, Tinea versicolor and onychomycosis. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f |
| Acute Care | M3 – Primary Care | Know how to initiate treatment of these conditions using topical therapies. Know the indication for and contraindications of using systematic therapies. | MKS-3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care & Chronic Disease Presentation | M3 – Primary Care | Know the ABCDEs for evaluation of a pigmented lesion. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care | M3 – Primary Care | Given a patient with acute chest pain, compare and contrast history and physical examination characteristics associated with a) coronary ischemia b) musculoskeletal chest pain c) gastroesophageal reflux. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care & Chronic Disease Presentation | M3 – Primary Care | Define acute versus chronic cough and know the most common etiologies as well as a cost effective approach to the diagnosis and management. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Acute Care | M3 – Primary Care | Know how to approach a patient complaining of dizziness and use clinical symptoms to classify into vertigo, circulatory dysfunction, disequilibrium and psychiatric disorders. Be familiar with the most common diagnoses in each category. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |

| STFM Clerkship Core Principle | Year | FSM Objective | FSM Competency |
|--|-------------------|--|--|
| Acute Care | M3 – Primary Care | BPPV: Know the classic symptoms and know the role of the Dix Hallpike maneuver and modified Epley maneuvers in the diagnosis and treatment of this disorder. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Patient-Centered Communication Skills; Chronic Disease Presentation and Management | M3 – Primary Care | Define somatization disorder. List verbal or nonverbal clues that make a diagnosis of somatization more likely. Outline an effective approach to the care of a patient with somatization disorder. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Preventive Care | M3 – Primary Care | List the U.S. Preventive Task Force Guidelines for screening for breast, prostate, cervical, and colon cancer. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f |
| Preventive Care | M3 – Primary Care | List the relative benefits for patients (example: year of life saved) associated with screening for breast, prostate, cervical and colon cancer. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Preventive Care | M3 – Primary Care | List indications and contraindications for influenza and pneumococcal vaccines. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, MKS 3a, MKS-3b, MKS-3c, MKS-3d |
| Preventive Care | M3 – Primary Care | Know in general the recommended vaccination schedule for the immunocompetent adult. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f |
| Comprehensive Care--Information Gathering and Assessment | M3 – Primary Care | Be able to list at list (5) tactics used by Pharmaceutical companies to influence physician prescribing. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f |
| Comprehensive Care--Patient-Centered Communication Skills and Information Gathering and Assessment | M3 – Primary Care | Describe what limitations the FDA has over controlling direct marketing to patients | SATBC-1 |
| Complexity of Care--Quality and Safety | M3 – Primary Care | Describe the typical time course for rare, serious side-effects to surface after a drug is released on the market. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e, MKS-1f, SATBC-1 |
| Comprehensive Care--Information Gathering and Assessment | M3 – Primary Care | Define test sensitivity, specificity, and positive and negative predictive value. | MKS-1a, MKS-1b, MKS-1c, MKS-1d, MKS-1e |
| Acute Care & Chronic Disease Presentation | M3 – Primary Care | Present clinic patients in classroom setting in an organized concise manner. | PCMC-5 |
| Acute Care & Chronic Disease Presentation; Acute Disease Management Knowledge and Skill | M3 – Primary Care | Be involved in the building of a differential diagnosis as well as diagnostic and therapeutic plans on your own and other student's cases. | MKS-3a, MKS-3b, MKS-3c, MKS-3d, PCMC-3 |

| STFM Clerkship Core Principle | Year | FSM Objective | FSM Competency |
|---|-------------------|---|--|
| Comprehensive Care--Information Gathering and Assessment | M3 – Primary Care | Use the literature in regard to patient care by choosing an aspect of your patient's disease process to research i.e. pathophysiology, treatment efficacy, side effects, prevalence of particular signs or symptoms of that disease. | MKS-2a, MKS-2b, PBMR-7, CLQI-3a, CLQI-3b |
| Comprehensive Care--Information Gathering and Assessment | M3 – Primary Care | Present your research to your peers in a succinct, clear manner. | MKS-4a, MKS-4b, ECIS-3 |
| Biopsychosocial Model: Patient Centered Communication Skills | M3 – Primary Care | During another students presentations be respectful and engaged in the learning process. | ECIS-1, PBMR-3 |
| Comprehensive Care--Lifelong Learning | M3 – Primary Care | Incorporate feedback received on OCP skills, participation, reading effort and/or clinical reasoning to improve your performance. | CLQI-1 |
| Comprehensive Care--Information Gathering and Assessment | M3 – Primary Care | Be prepared to present a patient case as well as a teaching point on your assigned sessions. | PBMR-5 |
| Coordination Complexity of Care: Quality and Safety | M3 – Primary Care | Maintain privacy and confidentiality when presenting patients. | PBMR-6 |
| Comprehensive Care--Lifelong Learning | M3 – Primary Care | Choose two primary care related topics that will enhance your own learning. | MKS-2a, MKS-2b, PBMR-7 |
| Comprehensive Care--Lifelong Learning | M3 – Primary Care | Turn your topics and learning plan in a timely manner to the Clerkship Director | PBMR-5 |
| Comprehensive Care: Information Gathering and Assessment | M3 – Primary Care | Use the literature in regard to patient care by choosing an aspect of your patient's disease process to research i.e. pathophysiology, treatment, efficacy, side effects, prevalence of particular signs or symptoms of that disease. | MKS-2a, MKS-2b, PBMR-7, CLQI-3a, CLQI-3b |
| Comprehensive Care--Information Gathering and Assessment | M3 – Primary Care | Present orally and in written format your learning to your peers in a well organized, thoughtful manner that emphasizes the most salient points from your research. | MKS-4a, MKS-4b, ECIS-3 |
| Biopsychosocial Model: Patient Centered Communication Skills; Contextual Care | M3 – Primary Care | Listen to peers presentations and give constructive feedback on their presentations. | ECIS-1, PBMR-3, CLQI-1 |
| Comprehensive Care--Information Gathering and Assessment | M3 – Primary Care | Interprets patient data (history, physical, labs and studies) to arrive at reasonable assessments. | MKS-3c |
| Comprehensive Care: Information Gathering and Assessment | M3 – Primary Care | Develops evidence-based therapeutic plans. | MKS-3d, PCMC-3 |

| STFM Clerkship Core Principle | Year | FSM Objective | FSM Competency |
|---|-------------------|---|-----------------------|
| Comprehensive Care: Information Gathering and Assessment | M3 – Primary Care | Uses EHRs and electronic references to obtain information needed for effective patient care. | CLQI-3b |
| Coordination Complexity of Care: Quality and Safety | M3 – Primary Care | Contributes to a safe clinical environment. | CLQI-5a |
| Comprehensive Care: Information Gathering and Assessment | M3 – Primary Care | Critically appraises and applies literature. | CLQI-3a |
| Coordination Complexity of Care: Team Approach | M3 – Primary Care | Works as an effective team member. | SATBC-2 |
| Biopsychosocial Model: Patient Centered Communication Skills; Contextual Care | M3 – Primary Care | Accepts and acts upon feedback appropriately. | CLQI-1 |
| Coordination Complexity of Care: Team Approach | M3 – Primary Care | Works well with allied health care professionals (staff, nurses, pharmacists, social worker, etc.). | SATBC-2 |
| Biopsychosocial Model: Patient Centered Communication Skills | M3 – Primary Care | Listens carefully. | ECIS-1 |
| Biopsychosocial Model: Patient Centered Communication Skills | M3 – Primary Care | Shares information with patients effectively. | ECIS-2 |
| Biopsychosocial Model: Patient Centered Communication Skills | M3 – Primary Care | Charts appropriately on patients. | PCMC-5 |
| Biopsychosocial Model: Patient Centered Communication Skills | M3 – Primary Care | Makes cogent oral presentations | ECIS-3, PCMC-5 |
| Continuity of Care: Barriers to Access; Contextual Care | M3 – Primary Care | Advocates for patients' and families' needs in the clinical setting. | CES-2, CES-3 |
| Contextual Care: Family, Community, and Culture | M3 – Primary Care | Takes initiative. | PBMR-7 |
| Contextual Care: Family, Community, and Culture | M3 – Primary Care | Shows accountability, dependability and integrity. | PBMR-5 |

| STFM Clerkship Core Principle | Year | FSM Objective | FSM Competency |
|---|-------------------|--|------------------------|
| Contextual Care: Family, Community, and Culture | M3 – Primary Care | Treats all patients with respect and compassion. | PBMR-4 |
| Contextual Care: Family, Community, and Culture | M3 – Primary Care | Maintains confidentiality of patient and family information | PBMR-6 |
| Continuity of Care | M1-M4: ECMH / IP | Experience continuity in relationships with patient(s) in a longitudinal fashion within practices that deliver first-contact, comprehensive, integrated, coordinated, high-quality and affordable care. | PBMR-3, PBMR-5. CES-3 |
| Contextual Care: Family, Community, and Culture | M1-M4: ECMH / IP | Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families and fellow professionals. | PBMR-3, PBMR-5. CES-3 |
| Coordination Complexity of Care: Team Approach | M1-M4: ECMH / IP | Work effectively with others as a member or leader of a health care team or other professional group via interdisciplinary team experiences (i.e. those involving nurses, social worker, case managers, mental health professionals, diabetes educators, community partners, pharmacy, etc). | SATBC-2, PBMR-8 |
| Coordination Complexity of Care: Team Approach | M1-M4: ECMH / IP | Articulate the roles, functions and working relationships of all team members | SATBC-2, PBMR-8 |
| Coordination Complexity of Care: Team Approach & QI and Safety | M1-M4: ECMH / IP | Apply knowledge of leadership development, quality improvement, change management and conflict management. | SATBC-2, PBMR-8 |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M4: ECMH / IP | Demonstrate knowledge and an appreciation of life cycle concepts. | PCMC-6, ECIS-2, ECIS-3 |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M4: ECMH / IP | Practice motivational interviewing and utilization of other tools to promote patient and family engagement and health behavior change. | PCMC-6, ECIS-2, ECIS-3 |
| Biopsychosocial Model: <i>Patient Centered Communication Skills</i> | M1-M4: ECMH / IP | Promote patient and family self-efficacy and shared decision making. | PCMC-6, ECIS-2, ECIS-3 |
| Coordination Complexity of Care: Team Approach | M1-M4: ECMH / IP | Experience partnerships with health coaches and care coordinators who care for patients with complex conditions. | PCMC-6, ECIS-2, ECIS-3 |
| Biopsychosocial Model: Patient Centered Communication Skills | M1-M4: ECMH / IP | Demonstrate sensitivity and responsiveness to patients' culture, age, gender and disabilities via opportunities to elicit from patients and/or their families their cultural, spiritual, and ethical values. | PCMC-6, ECIS-2, ECIS-3 |

| STFM Clerkship Core Principle | Year | FSM Objective | FSM Competency |
|--|------------------|---|---------------------------------|
| Continuity of Care: Barriers to Access | M1-M4: ECMH / IP | Understand the importance of health literacy and its impact on patient care and outcomes; utilize effective listening and other skills in the assessment of literacy. | PCMC-6, ECIS-2, ECIS-3 |
| Coordination Complexity of Care: Team Approach | M1-M4: ECMH / IP | Describe and discuss strategies needed to address patient transition(s) of care. | PCMC-6, ECIS-2, ECIS-3 |
| Continuity of Care: Barriers to Access | M1-M4: ECMH / IP | Experience a variety of different encounter types such as face-to-face, telephone and electronic messaging, home-based care and group visits. | ECS-2, SATBC-1, SATBC-3 |
| Comprehensive Care: Information Gathering and Assessment | M1-M4: ECMH / IP | Use information technology to support patient care decisions and patient education. | ECS-2, SATBC-1, SATBC-3 |
| Continuity of Care: Barriers to Access | M1-M4: ECMH / IP | Apply knowledge of care partnership support and demonstrate understanding of the role of that support in addressing patient access and communication related to roles/responsibilities, appointments, emergency/urgent situations, etc. | ECS-2, SATBC-1, SATBC-3 |
| Continuity of Care: Barriers to Access | M1-M4: ECMH / IP | Know how the economics of health care systems across a community, including all settings of care, affect patient care and outcomes. | PCMC-5, SATBC-2, PCMC-7 & MKS1f |
| Continuity of Care: Barriers to Access | M1-M4: ECMH / IP | Apply knowledge of the relationship between payment models and health care delivery models. | PCMC-5, SATBC-2, PCMC-7 & MKS1f |
| Comprehensive Care--Information Gathering and Assessment | M1-M4: ECMH / IP | Experience the use of electronic health records, e-visits, e-prescribing and electronic billing. | PCMC-5, SATBC-2, PCMC-7 & MKS1f |
| Coordination Complexity of Care: Quality and Safety | M1-M4: ECMH / IP | Learn the basics of medical informatics and the technologies that support care coordination, population health management, quality management, care management and decision support. | PCMC-5, SATBC-2, PCMC-7 & MKS1f |
| Coordination Complexity of Care: Quality and Safety | M1-M4: ECMH / IP | Understand basic principles of population health, including how patient registries can be used to manage population health | PCMC-5, SATBC-2, PCMC-7 & MKS1f |
| Comprehensive Care: Information Gathering and Assessment | M1-M4: ECMH / IP | Use information technology to manage information, access on-line medical information; and support their own education. | PCMC-5, SATBC-2, PCMC-7 & MKS1f |
| Contextual Care: Person in Context of Community | M1-M4: ECMH / IP | Demonstrate knowledge of community resources and the importance of working with non-physician partners | PCMC-5, SATBC-2, PCMC-7 & MKS1f |
| Coordination Complexity of Care: Team Approach | M1-M4: ECMH / IP | Understand how to collaborate with specialists from various disciplines to provide patient-focused co-management of care over time. | PCMC-5, SATBC-2, PCMC-7 & MKS1f |
| Comprehensive Care: Information Gathering and Assessment | M1-M4: ECMH / IP | Understand evidence-based medicine as the standard of care. | MKS-2, CLQI-3, CLQI4 |
| Coordination Complexity of Care: Quality and Safety | M1-M4: ECMH / IP | Participate in teams within practices as they develop a culture of learning to improve the care process and patient experience. | MKS-2, CLQI-3, CLQI4 |

| STFM Clerkship Core Principle | Year | FSM Objective | FSM Competency |
|---|---------------------|--|--------------------------------|
| Coordination Complexity of Care | M1-M4: ECMH / IP | Learn how health care is operationalized outside of the hospital setting. | MKS-2, CLQI-3, CLQI4 |
| Coordination Complexity of Care: Team Approach & QI and Safety | M1-M4: ECMH / IP | Participate in multi-disciplinary patient safety training experiences. | MKS-2, CLQI-3, CLQI4 |
| Coordination Complexity of Care: Quality and Safety | M1-M4: ECMH / IP | Engage in opportunities to review quality data and recommend evidence-based systems changes to respond to performance measurement. | MKS-2, CLQI-3, CLQI4 |
| Continuity of Care: Barriers to Access | M1-M4: ECMH / IP | Know various physician payment methodologies (including those encompassing of past, current and future policies). | PBMR-2. PBMR-4, CES-1, SATBC-1 |
| Continuity of Care: Barriers to Access | M1-M4: ECMH / IP | Assist patients in dealing with system complexities via advocacy and negotiation | PBMR-2. PBMR-4, CES-1, SATBC-1 |
| Continuity of Care: Barriers to Access | M1-M4: ECMH / IP | Be informed of the public and private policy development processes that establish and/or influence coverage and payment determinations. | PBMR-2. PBMR-4, CES-1, SATBC-1 |
| Continuity of Care: Barriers to Access | M1-M4: ECMH / IP | Understand the importance of effectively advancing those policies that are in the best interests of their patients and the nation's health care system. | PBMR-2. PBMR-4, CES-1, SATBC-1 |
| Continuity of Care: Barriers to Access | M1-M4: ECMH / IP | Be familiar with current data on the overall cost of health care including an understanding of the proportion of health care dollars spent on various segments of the health care system, those costs incurred by patients, as well as overall costs of health care for employers and government | PBMR-2. PBMR-4, CES-1, SATBC-1 |