

# Family Medicine Clerkship Goals and Objectives

Goal	Objective
<p><b>1. Enhance and refine data collection, problem solving and critical thinking skills.</b></p>	<p>1.1a. Given the performance of a clinical encounter, the LWBAT with &gt;80% accuracy perform a focused physical exam.</p> <p>1.1b. Given the performance of a clinical encounter, the LWBAT with &gt;80 % accuracy complete a complete physical examination.</p> <p>1.2. Given the results of a patient encounter, the LWBAT generate at &gt;80% accuracy, a diagnosis and treatment plan using evidence based medicine and the whole person concept.</p> <p>1.3a. Given the results of a patient encounter, the LWBAT present with &gt;80 % accuracy the history and physical exam findings and diagnosis and treatment plan for the patient.</p> <p>1.3b. Given the results of a patient encounter, the LWBAT record within the medical record with 80% accuracy the findings of the history and physical examination, as well as the diagnosis and treatment plan for the patient.</p> <p>1.4. Given the results of a patient encounter, the LWBAT with 80% accuracy present pertinent information and education to patients that is patient centered and at the appropriate level of healthcare literacy for the patient.</p> <p>1.5. Given the results of a patient encounter for a musculoskeletal problem, the LWBAT with &gt;80% accuracy perform appropriate physical examination of the upper or lower extremity, or the spine; and differentiate between sprains, strains, fractures, inflammatory or degenerative processes affecting the musculoskeletal system.</p> <p>1.6. Given the results of a patient encounter involving the skin, the LWBAT with &gt; 80% accuracy perform appropriate examination and assessment of an integumentary problem.</p> <p>1.7. Given a patient encounter for a patient in crisis, the LWBAT initiate appropriate initial patient care 100% of the time to improve patient outcome.</p> <p>1.8. Given a patient encounter that exceeds the capabilities of the student and preceptor; the student will suggest appropriate consultation or referral options with 90% accuracy.</p> <p>1.9. Given a clinical encounter the LWBAT demonstrate the tenets of the Patient Centered Medical Home (PCMH) according to the PCMH criteria.</p> <p>1.10. Given a patient with an oral complaint, the LWBAT generate a plan to address the oral complaint or diagnosis that addresses the impact this has on the patient’s health with 80% accuracy.</p>
<p><b>2. Learn principles and interventions for Health Promotion and Disease Prevention that are maximally conducive to good health</b></p>	<p>2.1. Given access to patients who need wellness advice, the LWBAT choose to include Wellness in patient treatment plans 80% of the time</p> <p>2.2. Given a patient encounter where health promotion and disease prevention recommendations would be appropriate; and for presentation, the LWBAT present the primary, and secondary health promotion and disease prevention recommendations as defined by USPSTF for that age and gender group when appropriate.</p> <p>2.3. Given a patient encounter, and presentation where health screening should be recommended the LWBAT present recommended screenings for that patient based on risk factors for the patient with 80% accuracy</p> <p>2.4. Given access to patients in need of lifestyle modification, LWBAT choose to use the “stages of change” model and motivational interviewing to encourage lifestyle changes to support wellness 80% of the time.</p> <p>2.5. Given the results of a patient encounter, the LWBAT present pertinent information and education related to health promotion and disease prevention that is patient centered and at the appropriate level of healthcare literacy with 80% accuracy. (1.4 applied to HPDP)</p> <p>2.6a. Given access to patient populations, LWBAT identify at-risk and underserved and their healthcare needs 80% of the time.</p> <p>2.6b. Given access to patients whose primary language is not English, LWBAT choose to ask for and use an interpreter 100% of the time if it is necessary for that patient.</p>

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<p><b>3. Learn about health-care resources or challenges in your community</b></p>	<p>3.1. Given access to patients in the community, the LWBAT generate a plan that takes into account healthcare resources and challenges 80% of the time.</p>
<p><b>4. Recognize the social determinants of health and the reciprocal impact, on patients and their families; and of family, community, and culture on perception and reception of health care.</b></p>	<p>4.1a. Given a patient encounter, LWBAT incorporate the family and support system into the patient treatment plans and education, 80% of the time.          4.1b. Given a patient encounter, LWBAT incorporate the cultural beliefs into the patient treatment plans and education 80% of the time.          4.2. Given a patient encounter, the LWBAT address differences in cultural beliefs that impact healthcare outcomes 80% of the time.          4.3. Given a patient encounter, the LWBAT choose to prioritize patient care when faced with conflicts with their own cultural beliefs and biases with 80% accuracy.          4.4a. Given a patient encounter that identifies a patient who is part of an underserved or vulnerable population, the LWBAT generate a treatment plan that addresses specific access and healthcare needs for the patient 80% of the time.          *4.4b. Given a patient encounter in a rural setting, the LWBAT understand the differences in healthcare outcome based on geography, and choose to create treatment plans that address rural health disparities 80 % of the time.</p>
<p><b>5. Develop an awareness of personal strengths, interests, and limitations.</b></p>	<p>5.1. Given a patient encounter the LWBAT demonstrate knowledge and comfort assessing patient problems 80% of the time.          5.2. Given a patient encounter the LWBAT demonstrate comfort with basic clinical skills 80% of the time          5.3. Given a patient encounter the LWBAT demonstrate maturity in interpersonal relationships and personal values 100% of the time.          5.4. Given a patient encounter the LWBAT adhere to principles of medical ethics 100% of the time.          5.5. Given a patient encounter the LWBAT choose to respect the rights of patients 100% of the time.          5.6. Given a patient encounter the LWBAT to classify the role of family physicians within any health care system with 90% accuracy.</p>
<p><b>6. Understand the biomedical scientific basis for clinical care decision making.</b></p>	<p>6.1. Given a patient encounter, the LWBAT demonstrate the ability to translate basic biomedical science principles into clinical care of patients with 80% accuracy.           6.1a. Given a patient musculoskeletal encounter, involving the rotator cuff, the LWBAT demonstrate the ability to translate basic biomedical science principals of shoulder anatomy into clinical care of the patient with 80% accuracy.           6.1b. Given a patient encounter for dermatology with melanoma, the LWBAT demonstrate the ability to translate basic biomedical science principles of melanoma spread into clinical care of the patient with 80% accuracy.           6.1c. Given a patient encounter with an upper respiratory infection, the LWBAT demonstrate the ability to translate basic biomedical science principles into clinical care of patients with 80% accuracy.</p>