Longitudinal Family Medicine Curriculum: Course Proposal by Sussman and Wackett

1. **Describe your action idea:** The proposal includes the development of a longitudinal clerkship experience in Family Medicine. Specifically, each student would be assigned to a disadvantaged family or families with significant medical needs. The student would work directly with a preceptor and manage all aspects of the families’ healthcare over the course of their 4-year medical training.

2. **Clarify alignment with SOM Mission Vision statements:** This experience is directly aligned with the SOM Mission Vision. In order to care for the family for which they are responsible, the student will need to draw upon biomedical, clinical, and behavioral knowledge. Some information they will have readily available at the time while other information they will need to seek out. The later will promote life-long learning and the student will need to learn how to evaluate the literature critically and integrate information in order to care for their family. In addition, they will come to appreciate the limitations of science and medicine and will learn that much can be gained simply through compassion. They will be involved with all aspects of their families’ care and have opportunities to interact with an assortment of healthcare providers and social networks. In this setting, they will witness at times highly competent, safe, and patient-centered care and at other times less than optimal care. This will help to encourage professional development.

3. **Clarify how it fits with the conceptual model of optimal learning:** The longitudinal clerkship will provide the student with the opportunity to integrate the science of medicine, humanism, and professionalism, and the practice of medicine so that they can best care for their family. Students will draw from their medical knowledge base from courses and their review of the literature. They will make diagnostic and therapeutic decisions. And, they will draw upon humanistic and professional qualities to care for their family.

4. **Clarify alignment with Educational Guiding Principles of SOM:** The Educational Guiding Principles emphasize medical education as a continuum, contextual integration between courses, learning as a self-directed and life-long process and team work and collaboration. This model fits well with our proposal. The clerkship is longitudinal and will span the 4 years of medical education. The students will draw from all courses the medical knowledge, clinical skills, communication skills, problem-solving skills and professional traits and integrate them to care for their family. This is what they will do...
for the rest of their clinical lives. The students will not have all the information they need at their finger tips to care for their patients, thus they will need to seek out that information and in doing so develop skills of self-directed and life-long learning. Finally, they will work in teams of health care providers and social workers to appropriately care for their family; what better way to learn the team-based approach to healthcare.

5. **Describe how it ties in with Carnegie Foundation 2010 Recommendations:** The proposal ties into the Carnegie Foundation 2010 Recommendations. It provides the opportunity to assess all the medical school competencies, competencies which were specifically developed to measure all aspects of patient care. It will also provide flexibility as some students will progress more rapidly on certain competencies and less so on others. The program will allow students to integrate basic science and medical knowledge with patient care much earlier in their training, provide students with opportunities to learn the broader roles physicians assume and it will emphasize the need for team work in medical care. Students will become inquisitive as the responsibility of care lies with them. Finally, they will have the opportunity to develop professionally, especially as they can turn to their preceptor who was specifically chosen to provide such guidance.