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STFM TASK FORCE RELEASES A STANDARDIZED FAMILY MEDICINE SUB-INTERNSHIP CURRICULUM

An STFM task force has released a standardized STFM Family Medicine Sub-Internship Curriculum with a set of flexible guidelines for providing a high-quality advanced clinical rotation for medical students.

The sub-internship is an advanced clinical rotation that provides students with advanced training in the knowledge, skills, and attitudes that are foundational to family medicine. By the end of the sub-internship, students should be ready to assume the role of a family medicine intern.

Sub-internships are an important transition-point from student to resident. Students are challenged to perform at a higher level than what is expected during their clerkship rotations, at the level of an intern. Through immersion in residency programs, students gain firsthand exposure to the breadth and culture of the specialty, which can help confirm interest in the field. A family medicine sub-internship often serves as an "audition rotation," where both the student and the residency program evaluate each other for performance and fit. For medical schools, a sub-internship rotation is a valuable opportunity to measure whether students have achieved a level of competence that will allow them to graduate school and start clinical training as physicians.

Curriculum Design

In 2019, the STFM Medical Student Educators Collaborative identified a need to have a unique sub-internship curriculum specifically for family medicine. A diverse task force of UME and GME educators, residents, and students, was charged with developing and maintaining a standardized curriculum with support by STFM.

"By creating a sub-I curriculum that is specifically for family medicine, it made us consider what it means to be a family physician, and how we are very different from every other specialty," said Tomoko Sairenji, MD, MS, task force chair.

The task force solicited data and voices of the family medicine education community through collecting CERA Clerkship survey data, running focus groups at the STFM Conference on Medical Student Education in 2020, and using the STFM Connect listserv. As a result of both the survey and the focus groups, the following conclusions were drawn and used to inform the curriculum's development:

- Family medicine is practiced differently across the country, so a national sub-internship curriculum needs to allow flexibility

- Increasing sub-internship positions at residency programs may influence the number who pursue the speciality
- Family medicine sub-internships should include multiple different clinical settings
 - Clinics, wards, labor & delivery, newborn nursery, and telemedicine, etc
- Autonomy is important for both learners and educators
- Student assessment is important
 - Entrustable Professional Activities (EPAs) provide a framework
 - Students should be assessed on essential intern skills
 - Formative and summative assessments, with direct observation, are encouraged

The task force consolidated what they learned into a curriculum that aimed to be concise, adaptable, and entirely built specifically for family medicine. They provided sample evaluation forms for both students and residency programs in Microsoft Word document format, so that programs could adjust them as needed. The curriculum was reviewed and supported by the STFM Medical Student Education Committee before endorsement by the STFM Board of Directors. The final curriculum was officially published in January 2022.

The Family Medicine Sub-Internship Curriculum

The curriculum itself consists of 3 components, which can be found at <https://www.stfm.org/subicurriculum/>

- Sub-I Curriculum (Kemp Model)
- Evaluation of Rotation Form
- Rotation Evaluation by Student Form

This curriculum:

- Builds off the foundations of the STFM National Clerkship Curriculum
- Uses Entrustable Professional Activities (EPAs) as a cornerstone of curricular elements and student assessment
- Provides a framework while allowing for flexibility and individualization
- Incorporates self-assessment by learners
- Recommends institutions provide appropriate support for this rotation through dedicated faculty and administrative support staff time

The task force hopes that this curriculum will be used widely with the goal of improving the family medicine sub-internship experiences for all students while also preserving the strengths and uniqueness of each program. They believe that improving the quality of learning during sub-internships can encourage student entry to family medicine, as well as standardize preparedness of medical students on their first days as family medicine interns.

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DEPARTMENTS OF FAMILY MEDICINE MEETING POST-COVID NEEDS

The COVID-19 pandemic has exposed a variety of critical needs and inequities in our health care system. Several key deficiencies are access to comprehensive care and community and public health integration with medical care. The response to these priorities will shape the success of health care delivery models in the post-COVID-19 landscape. Departments of family medicine are entities that are uniquely positioned to meet those needs of the public through their educational, research, and clinical missions.

Understanding the perspectives and goals of multiple stakeholders (especially payers) is imperative in this post-COVID-19 landscape. The federal approach has prioritized strengthening primary care and efforts to bolster infrastructure that leads to accessible, equitable care.¹ The Commonwealth Fund has elevated strengthening the nation's primary care system and empowerment and engagement of people, families, and communities.² A National Academy of Medicine (NAM) task force of health care payers concluded that "COVID-19 has illustrated how misaligned financial incentives and the fragmentation of services across sectors contribute to inefficiencies and inequities in the American health system. ... COVID-19 has also fostered new, innovative partnerships between payers and other sectors, such as collaborations with public health departments to improve disease surveillance, coordination with community-based organizations to meet patients' social needs."³ The NASEM report on *Implementing High-Quality Primary Care* calls for policies ensuring that high-quality primary care is available to every individual and family in every community and to train primary care teams where people live and work.⁴ All of these recommendations have as the foundation that primary care decreases mortality at a population level.⁵ An increased supply of primary care is associated with better population health and more equitable outcomes.³

Why is family medicine built to address these population needs? "Family medicine," as defined by the American Academy of Family Physicians, is the medical specialty that provides continuing, comprehensive health care for the individual and family. It is a specialty in breadth that integrates the biological, clinical, and behavioral sciences. The scope of family medicine encompasses all ages, all genders, each organ system, and every disease entity.⁶

Family medicine delivers comprehensive care through telehealth, naturally prioritizes community engagement and integration with public health, and emphasizes an equitable