

# What do medical students learn from family medicine clerkships?

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Medical student clerkships, the full immersion learning experiences in practice-based facilities for medical students, have learning objectives to define what students should learn by the end of their rotation, but medical educators are now asking, how does one know what larger lessons students are taking away?

In a new study in the journal *Family Medicine*, researchers at Boston University Chobanian & Avedisian School of Medicine, aim to explore the Family Medicine clerkship's explicit and hidden [curriculum](#).

"Existing research describes generally positive effects of the Family Medicine rotation on students and their instructors. However, this literature does not address students' perceptions of lessons learned from the rotation," explained corresponding author Molly Cohen-Osher, MD, MMedEd, assistant dean of Medical Education for Curriculum and Instructional Design.

In an effort to identify and categorize these take-home lessons, which aligned with the explicit curriculum and which belonged to a hidden curriculum, [medical students](#) at two private medical schools were asked to describe their most important learning points from their Family Medicine clerkship at the end of their required six-week rotation.

At both schools, the researchers identified 13 broad categories including: Scope of Practice that focused on clinical areas such as geriatrics or addiction, as well as comments that [family physicians](#) care for a wide range of patients; Traits of a Family Doctor indicated characteristics of individual physicians such as flexibility, patience and caring; Challenges in Family Medicine encompassed items such as burnout, [time constraints](#) and diagnostic ambiguity; and Clinical Skills for a Student consisted of advanced communication, differential diagnosis generation, physical exam, and agenda setting. Notable sub-categories included Prevention, Team-based Care, the Doctor-Patient Relationship and Continuity of Care.

Analysis of hundreds of [student](#) reflections on key take-home points after completing the Family Medicine clerkship revealed several themes, including its many values, such as the doctor-patient relationship, continuity of care, team-based care, preventive care, scope of practice of

a [family](#) physician and clinical skills that students learned or improved upon.

Importantly, they identified topics that could be considered part of the hidden curriculum. "Three of the four categories of the hidden curriculum were not counter to the overall goals of the rotation, but one signifies a topic that we could more explicitly address: the challenges of Family Medicine as a profession. Acknowledgment of the difficulties of primary care practice and solution-focused education could potentially impact how we address why students may not choose Family Medicine as a career," said Cohen-Osher, who, prior to her current role, was the Family Medicine clerkship director.

According to the researchers, for schools nationwide, an analysis of reflections at the end of the clerkship could help identify the unintended teaching and learning within a rotation. "To successfully train and assess physicians, we not only should know what we set out to teach but must also identify and address what students actually learn—even a hidden curriculum," she adds.

**More information:** Molly Cohen-Osher et al, Revealing the Hidden Clerkship Curriculum: A Qualitative Analysis, *Family Medicine* (2023). [DOI: 10.22454/FamMed.2023.503671](https://doi.org/10.22454/FamMed.2023.503671)

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