3rd YEAR CLERKSHIP
Learning Objectives

Département de médecine familiale
Department of Family Medicine

UNDERGRADUATE MEDICAL EDUCATION
DEPARTMENT OF FAMILY MEDICINE
FACULTY OF MEDICINE
UNIVERSITY OF OTTAWA
LEARNING OBJECTIVES

Medical students doing a third year clerkship in Family Medicine should be familiar with all of the problems listed below. These problems were selected because of their high prevalence and importance in Family Medicine practice. Medical students should therefore make sure to familiarize themselves with these health problems during their family medicine clerkship.

- **Abdominal Pain - Acute (A01)**
  - 12471 Perform a patient-centered interview and focused physical exam, and list and interpret clinical findings.
  - 12472 Identify the signs and symptoms of a surgical abdomen.
  - 12473 Identify red flags of potential serious causes of abdominal including referred pain from the chest.
  - 12474 Identify psychosocial factors associated with chronic and recurrent abdominal pain.
  - 12475 Propose a relevant differential diagnosis that includes common causes of abdominal pain and less common but important causes of abdominal pain.
  - 12476 For patients with acute abdominal pain, propose an initial management plan that includes appropriate and timely referral/investigation for potentially serious causes.
  - 12477 For patients with chronic/recurrent abdominal pain, propose a management plan that highlights initial investigations and basic management.

- **Anxiety Disorders (A02)**
  - 12482 Elicit the common symptoms associated with anxiety (as per the most current DSM criteria e.g., tenseness, fatigued, reduced concentration, irritability).
  - 12483 Elicit the contextual and other factors contributing to the anxiety symptoms and probe for/describe impact of anxiety on patient's function.
  - 12484 Differentiate between situational anxiety and anxiety disorders: including general anxiety disorder (GAD), obsessive-compulsive disorder (OCD), phobias, and post-traumatic stress disorder (PTSD).
  - 12485 Identify and describe other conditions that can present with anxiety, co-morbid or more serious conditions, e.g. substance abuse, dementia, delirium, hyperthyroidism, arrhythmias personality disorders.
- Describe blended conditions ie: anxiety-depression, dual diagnosis.
- Identify and describe high risk groups for anxiety disorder (e.g. post-trauma, bereavement, malignancy or other serious illness diagnosis (in self or family member), dysfunctional families (abuse, separation, etc.), family history)
- Propose non-pharmacologic and pharmacologic management options for patients with anxiety, including risks, benefits and limitations of the method(s) used.
- Identify locally available resources which can provide support or help with ongoing management of anxiety disorder.

**Asthma (A03)**
- Demonstrate how to accurately diagnose asthma through a focused history and physical exam, including family, occupational and environmental history.
- Identify the non-asthma causes of wheezing.
- Explain the underlying pathophysiology of asthma to patients and/or family members, including acute and recurrent episodes, prophylaxis principles, mechanism of action of relevant medications, and red flags of impending asthma crises.
- Demonstrate how to assess asthma control at follow-up visits and how to identify modifiable triggers for patients.
- Describe the different medication delivery methods (and relevant compliance / educational issues).
- Describe the major medication categories, including mechanism of drug action (particularly SABA and ICS), benefits, risks, limitations, use patterns, compliance, and device use.
- Propose a management plan for patients with acute exacerbations of asthma.

**Chest Pain (A04)**
- Conduct a rapid assessment of a patient with chest pain to identify whether the patient requires emergency care or not.
- Describe the family physician’s role in the stabilization and initial management of patients identified to require emergent care.
- Conduct a focused history (including cardiac risk factors) and a relevant physical exam on a patient with chest pain.
- Develop a concise differential diagnosis for patients with chest pain including cardiac and non-cardiac causes.
- 12501 Describe the key clinical characteristics of the following chest pain etiologies: angina, embolism, gastroesophageal reflux, costochondritis, anxiety, and pneumonia.

- **Contraceptive Counselling (A05)**
  - 12507 Obtain an appropriate medical and sexual history on a patient requesting contraception (e.g. migraines, unprotected intercourse, smoking, depression, contraindications for common contraceptive methodologies)
  - 12508 List and explain the absolute contraindications for hormonal contraception.
  - 12509 Counsel a patient on contraceptive options including: patient preferences and values, risks and side effects, contraceptive methods and devices (both permanent and non-permanent), benefits and relative efficacy, barriers to access (e.g. cost), proper use including initiation, potential drug interactions, emergency contraception.
  - 12510 Counsel a patient on sexually transmitted infection (STI) prevention and screening.
  - 12511 Describe the role of family physicians in caring for patients with unintended pregnancy.

- **Cough (A06)**
  - 12512 Conduct a patient interview and appropriate focused physical examination to identify the common and important causes of cough.
  - 12513 Describe the causes of acute cough: infectious (viral/bacterial), exacerbation of asthma, exacerbation of COPD, post-viral cough and exacerbation of CHF.
  - 12514 Describe the causes of chronic cough (including screening for red flags, e.g., weight loss, hemoptysis): post-nasal drip, GERD, asthma, COPD/Smoking, infection (e.g., tuberculosis), medication (e.g. ACE Inhibitor), congestive heart failure, and neoplasm.
  - 12515 Demonstrate how to perform an appropriate environmental, occupational, and travel history as part of the interview in a patient with cough.
  - 12516 Propose a relevant initial investigation plan (e.g. chest xray, spirometry) for a patient with cough.
  - 12517 Recognize a patient with respiratory distress (e.g. hypoxia, tachypnea, etc.) and seek immediate help.
  - 12518 Suggest a preliminary/initial management plan for patients with cough, particularly for the acute and chronic causes, avoiding unnecessary use of antibiotics.
• **Mental Diseases and Disorders (A07)**
  
  ➢ 12519 Demonstrate how to screen for and diagnose depression including: using current criteria and other diagnostic and functional assessment tools, mental status exam (including assessment of suicide/homicidal risk and taking appropriate action where necessary).
  
  ➢ 12520 Identify high risk factors for depression and suicide.
  
  ➢ 12521 Describe variant presentations of depressed patients.
  
  ➢ 12522 Propose a differential diagnosis for patients with depressed mood to rule out important secondary causes and an initial plan for investigation & management.
  
  ➢ 12523 Describe non-pharmacologic (community resources, effect of/on family & social supports) and pharmacologic approaches (mechanism of action, medication classes & interactions) to management of depression, including: risks, benefits and limitations of the method(s) used.

• **Diabetes Mellitus (A08)**
  
  ➢ 12527 List the risk factors for diabetes mellitus type 2 (DM2).
  
  ➢ 12528 List the criteria needed to diagnose diabetes mellitus type 2.
  
  ➢ 12529 Demonstrate the ability to perform an appropriate physical exam in the context of DM2 and its complications.
  
  ➢ 12530 Discuss the non-pharmacological approach to DM2 management.
  
  ➢ 12531 Discuss the mechanism of action of oral hypoglycemic medications and their use.
  
  ➢ 12532 Discuss insulin use and its mechanism of action.
  
  ➢ 12533 Discuss primary cardiovascular prevention for diabetics.
  
  ➢ 12534 Explain the importance of monitoring for complications of DM2.
  
  ➢ 12535 Discuss a multidisciplinary approach to the management of diabetes mellitus type 2.
  
  ➢ 12536 Perform and interpret glucometer testing.
  
  ➢ 12537 Perform and interpret monofilament testing.

• **Dizziness or Wooziness (A09)**
• **Sleep Apnea/Insomnia/Fatigue (A10)**

  ➢ 12548 Define what the patient means by “fatigue” and distinguish from other concerns e.g. mood concerns, muscle weakness, decreased exercise tolerance +/- shortness of breath (SOB).

  ➢ 12549 Identify clinical symptoms/red flags that suggest a secondary etiology, e.g. depression, anemia, hypothyroidism, malignancy, sleep apnea, cardiac disease.

  ➢ 12550 Recognize the signs and symptoms of sleep apnea.

  ➢ 12551 Recognize the medico-legal implications of sleep apnea.

  ➢ 12552 Identify contextual red flags that may suggest psychosocial concerns and impact differential diagnosis and/or management, e.g. homelessness, isolation, single parent, addiction, recent losses, sleep quality/shift work.

  ➢ 12553 Conduct a relevant physical exam to refine the differential diagnosis of fatigue.

  ➢ 12554 Propose an initial investigation approach based upon the differential diagnosis for fatigue.

  ➢ 12555 List the common etiologies for insomnia.

  ➢ 12556 Describe pharmacological options for the treatment of insomnia to the patient, including hypnotics and sedatives.

• **Fever (A11)**

  ➢ 12557 Perform a focused history and physical exam to determine the presence of fever, including acute vs chronic.

  ➢ 12558 List the causes of fever.
- 12559 Identify patients with fever causing serious illness, such as: Infection, malignancy, drugs, environment (sun, heat), endocarditis, meningitis, septicemia.
- 12560 Recognize the significance or impact fever has on the following: neonates, elderly patients, travelers, immigrants, under-immunized groups, inadequate living conditions, cultural/religious groups, and immune-compromised individuals.
- 12561 Propose a plan for appropriate investigation of possible causes of fever, based on the local context.
- 12562 Propose a basic plan of management for fever that includes: simple at home measures including antipyretics, guidance for patients/caregivers on how to access care depending on the evolution of illness.
- 12563 Propose empiric therapy for treating fever in patients with the following conditions: AOM / otitis externa, UTI / pyelonephritis and cellulitis.

**Headache (A12)**

- 12564 Perform a patient-centered interview that identifies: secondary headache symptoms, including red flags for potentially serious causes (e.g. intracranial bleed, meningitis etc.)
- 12565 Identify features that may differentiate types of headache that commonly present in primary care e.g. migraine, tension, cervicogenic, and medication over-use headaches.
- 12566 Perform a focused physical exam that identifies signs of secondary headache causes.
- 12567 Use diagnostic criteria to diagnose a patient with migraine headaches.
- 12568 Propose a management plan for headaches that includes: appropriate and timely investigation and disposition if a potentially serious secondary cause is suspected, appropriate evidence-informed pharmacological and non-pharmacological modalities, and a response to patient fears and expectations providing reassurance when appropriate.

**Hypertension (A13)**

- 12569 Describe and demonstrate the appropriate technique for blood pressure assessment.
- 12570 Describe the operator and patient factors that can artificially raise and lower blood pressure.
- 12571 Define how to diagnose hypertension (HTN) in a family practice setting for different patient groups, and identify the blood pressure targets for these groups.
- **Learning Objectives**

  1. **Describe the role of patient determined blood pressure and 24 hour ambulatory blood pressure assessment in the diagnosis and monitoring of HTN.**

  2. **Describe the effects of hypertension on end-organs and how to assess a patient for these.**

  3. **Propose an initial diagnostic workup for a patient with a new diagnosis of high blood pressure to determine if there is a secondary cause for hypertension (versus essential hypertension).**

  4. **Define the diagnostic and treatment targets for various groups of patients with high blood pressure.**

  5. **Propose a treatment plan (incorporating non-pharmacologic and pharmacologic options) for a patient with a new diagnosis of high blood pressure.**

  6. **Recognize and act on a hypertensive crisis.**

  7. **Describe the various drug classes used to treat high blood pressure and their mechanisms of action, side effects, relative cost, and pharmacokinetics.**

- **Ischemic Heart Disease / Hyperlipidemia (A14)**

  8. **Identify patients at elevated risk for ischemic heart disease (IHD) and calculate their 10-year cardiovascular risk using the Framingham Risk Score.**

  9. **Interpret the results of a fasting cholesterol profile based on risk factors for heart disease.**

  10. **Discuss the major features of the most recent Canadian Consensus Guidelines on Hyperlipidemia.**

  11. **Propose a patient-centered initial management plan for primary prevention of IHD.**

  12. **Identify which patients require further investigation to confirm a diagnosis of IHD.**

  13. **Describe an early post-ischemic event management plan for a patient with IHD including lifestyle changes, medications, psychosocial support, cardiac rehabilitation, etc.**

  14. **Propose a surveillance and management plan for secondary prevention of cardiovascular events in patients with IHD.**
• **Low Back Pain - Acute (A15)**

  ➢ 12592 Perform a patient-centered interview that includes exploration of different causes of mechanical low back pain, potential psychosocial risk factors for chronic disability (i.e. “yellow flags”), and probing for red flags for potentially serious causes.

  ➢ 12593 Perform a focused physical exam that distinguishes different causes of mechanical low back pain and identifies signs of potentially serious secondary causes e.g. infection, pathological fracture, non-MSK referred pain

  ➢ 12594 Propose an initial management plan for a patient with back pain that includes: appropriate and timely investigation of urgent potentially serious secondary causes, appropriate evidence-informed management of mechanical LBP (including pharmacological and non-pharmacological modalities), return to work, and secondary prevention.

• **Palliative and End-of-Life Care (A16)**

  ➢ 12595 Explain the definition of the following terms and their application in palliative care settings and/or advanced care planning: code status, personal care directives, substitute decision-makers, and power of attorney.

  ➢ 12596 Propose a management plan for patients receiving palliative care with pain, nausea, constipation and dyspnea.

  ➢ 12597 Identify local resources to support palliative patients & their families.

  ➢ 12598 Recognize and seek assistance for the following palliative emergencies: opioid neurotoxicity, spinal cord compression, seizures, acute hemorrhage, and acute confusion/delirium.

• **Prenatal Screening (A17)**

  ➢ 12599 Discuss key pre-conception considerations in healthy women of childbearing age. (e.g. folic acid supplementation, smoking, rubella immunity, etc.)

  ➢ 12600 Date a pregnancy accurately.

  ➢ 12601 Explore the patient’s feelings and concerns about her pregnancy (e.g. supports, stressors, etc.).

  ➢ 12602 Perform an adequate first prenatal visit including taking a history and performing an appropriate focused physical exam with the assistance of available antenatal tracking tools.

  ➢ 12603 Screen for and identify pregnancies at risk (e.g. due to domestic violence, multiple gestation, maternal age, substance use, etc.).
- **Women’s Health (A18)**
  - 12618 Conduct a patient interview in a well adult female so as to identify any significant age-, sex-, context-specific risk factors for health conditions including exercise, diet, substance use, immunizations, and falls.
  - 12619 Conduct an age-, sex-, and context-specific evidence-informed physical exam in a well adult female including blood pressure, weight, and waist circumference.
  - 12620 Discuss pertinent screening tests pertinent to well adult females and explain their purposes & limitations including Pap testing, mammography, colorectal cancer screening, bone mineral density, diabetes mellitus type 2 and hyperlipidemia screening.
  - 12621 Counsel well adult females on relevant health promotion/ disease prevention strategies including immunizations, exercise, diet, calcium/Vitamin D, and smoking cessation.
  - 12622 Describe the cycle of change involved in changing health behaviours in a well adult female.

- **Men’s Health (A19)**
  - 12623 Conduct a patient interview in a well adult male so as to identify any significant age-, sex-, context-specific risk factors for health conditions including exercise, diet, substance use, immunizations, and falls.
  - 12624 Conduct an age-, sex-, and context-specific evidence-informed physical exam in a well adult male including blood pressure, weight, waist circumference.
  - 12625 Discuss pertinent screening tests in a well adult male and explain their purposes & limitations including colorectal cancer screening, bone mineral density, PSA testing, diabetes mellitus type 2 and hyperlipidemia screening.
  - 12626 Counsel well adult males on relevant health promotion/ disease prevention strategies including immunizations, exercise, diet, calcium/Vitamin D, and smoking cessation.
  - 12627 Describe the cycle of change involved in changing health behaviours in a well adult male.
• **Child Health (A20)**
  - 12628 Conduct an age-appropriate well child visit that includes physical exam, growth, nutrition and development.
  - 12629 At a well baby/child visit, address parental concerns, social context, and safety and provide relevant anticipatory guidance (e.g. dental caries, family adjustment and sleeping position).
  - 12630 At a well baby/child visit, assess vaccination status and counsel parents on the risks and benefits of vaccinations.
  - 12631 Use an evidence-based tool to help guide a well baby/child visit.
  - 12632 At a well baby/child visit, identify patients who require further assessment.
  - 12633 At a well baby/child visit, inform caregivers of appropriate routine follow up intervals.

• **Alcohol Addiction and Abuse (A21)**
  - 12478 Identify the circumstances in which it is appropriate to use the CAGE questionnaire.
  - 12479 Use the CAGE questionnaire to identify alcohol abuse.
  - 12480 Describe the advice that can be given in private practice in cases of slight to moderate alcohol dependency.
  - 12481 Demonstrate how to maintain dignity of the patient in the context of alcoholism, drug abuse, sexually transmitted diseases and low socio-economic grounds.

• **Constipation (A22)**
  - 12502 List the causes of constipation.
  - 12503 Determine when further investigation is required in the management of constipation.
  - 12504 Describe the lifestyle changes required for the treatment and prevention of constipation.
  - 12505 Describe appropriate pharmacological management of constipation and diarrhea.
  - 12506 Describe the pharmacological approach to irritable bowel syndrome.
• Dementia (A23)
  ➢ 12524 Demonstrate the ability to properly administer the Montreal Cognitive Assessment (MoCA) and Folstein exams and explain the significance of deficits in any of the domains tested.
  ➢ 12525 Conduct an interview to elicit a possible diagnosis of Alzheimer’s disease and screen for features of Lewy body Dementia, vascular dementia and frontotemporal dementia and demonstrate an understanding of the importance of collateral sources of information.
  ➢ 12526 Demonstrate an understanding of the unique stressors and demands placed on the family and caregivers of dementia patients and counsel caregivers and patients on sources of support and information on dementia.

• Dyspepsia – Heartburn - Indigestion (A24)
  ➢ 12542 Describe the signs and symptoms of a patient suffering from dyspepsia.
  ➢ 12543 Establish a differential diagnosis for dyspepsia.
  ➢ 12544 Prepare a plan of investigation for dyspepsia.
  ➢ 12545 Establish a plan for Helicobacter pylori eradication.
  ➢ 12546 Describe the complications of dyspeptic disease.
  ➢ 12547 Discuss the various treatments available to control dyspepsia.

• Joint Disease (A25)
  ➢ 12586 List the most frequent causes (acute and chronic) of monoarthritis and polyarthritis.
  ➢ 12587 Discuss the management of degenerative arthritis.
  ➢ 12588 List the various indications, contraindications and side effects of medication used to treat arthritis.
  ➢ 12589 Distinguish between osteoarthritis (OA), rheumatoid arthritis (RA), septic arthritis and gout from the physical exam.
  ➢ 12590 List the indications for joint injections.
  ➢ 12591 Observe and/or perform joint injections.

• Skin disease (A26)
  ➢ 12606 Describe a cutaneous lesion using appropriate terms.
- 12607 Identify common cutaneous lesions such as: acne, eczema, psoriasis, contact dermatitis, cellulitis and angioedema.
- 12608 Discuss appropriate treatment of acne according to presenting clinical stage.
- 12609 Describe the treatment of eczema.
- 12610 List pharmacological treatments for psoriasis.
- 12611 Identify patients with a dermatological condition that need dermatological consultation.
- 12612 List the types of viral exanthema in order of frequency of occurrence.
- 12613 Describe antibiotic management of common skin infections.
- 12614 List indications for cryotherapy and demonstrate the ability to perform the procedure.
- 12615 List indications for wound care and dressing changes.
- 12616 Describe an approach to the assessment and management of alopecia.
- 12617 Describe an approach to nail health and care.