

# Establishing Partnerships with Community Preceptors

Our community preceptors are essential in the education of our medical students. There are several opportunities for preceptors to engage in the medical education process by integrating knowledge, teamwork, shared learning, and innovation.

## Doctoring

Doctoring in Years 1 and 2 at Alpert Medical School is a two-year, required preclinical program designed to teach the knowledge, skills, attitudes, and behaviors of the competent, ethical, and humane physician. Doctoring combines instruction and assessment in both clinical skills and professional development.

### Teach in the Classroom

In the classroom, students work in groups of 8 with an MD and Social Behavioral Scientist faculty pair, as well as standardized patients to learn medical interviewing, physical examination, oral presentation, written documentation, and professionalism skills. Students write reflective pieces known as “field notes” and also practice written documentation by writing “case write-ups.” Assessment of the five key skills noted above is based on midterm and final clinical assessments known as Objective Structured Clinical Examinations (OSCEs).

### Teach at your Clinical Site

The continuity experience in a physician mentor’s clinical practice enables students to practice their clinical skills and form relationships with patients. In Year 1, there are five mentor sessions in the fall semester and nine in the spring. In Year 2, there are ten mentor sessions in the fall semester and four in the spring. Generally, students are with their mentors on a Tuesday or Thursday afternoon, but many students and mentors work out a mutually convenient time.

## Traditional Clerkships

### Clinical Neurosciences – Neurology and Psychiatry

During their four-week neurology block, students can request to rotate in the outpatient setting for two weeks. Students also do a mini-longitudinal experience in outpatient neurology, outpatient psychiatry, or emergency psychiatry spending one half-day per week in the ambulatory setting over the course of the eight-week Clinical Neuroscience clerkship (combined psychiatry and neurology). The goal for students is to learn core principles in outpatient general or subspecialty neurology and psychiatry. The student’s comfort level, skill set and flow of the clinic may allow for the students to take a more active role and present patients to the preceptor.

### Family Medicine

Students spend seven half-days per week in the outpatient setting during a six-week clerkship. While at the community site, the hope is that students will see patients on their own initially, and then present those patients to their preceptor, who will help the student formulate an assessment and plan.

### Internal Medicine

Four weeks of the twelve-week internal medicine clerkship is devoted to outpatient internal medicine. Individual students are assigned to primary care and internal medicine subspecialty sites. The average time commitment for a community preceptor is five half-days per week for four weeks.

### Obstetrics and Gynecology

Students completing the six week traditional Ob/Gyn clerkship can elect to spend one half-day at a community practice with a preceptor. It is hoped that the students will gain a better understanding of what it means to practice community based Ob/Gyn through this experience. Depending on the office, patient presenting, and student level, the student may play an active role in patient care or more of an observational role.

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## Traditional Clerkships *continued*

### **Pediatrics**

Students completing the six week traditional pediatric clerkship spend two of those weeks individually at an outpatient sites, most of which are community practices. While at the community site, it is hoped that the students will be engaged as active learners, seeing patients as independently as possible and then presenting those patients to the preceptor who will help the student formulate a diagnostic and management plan.

### **Surgery**

Students spend at least one-half day per week in an outpatient office or clinic evaluating patients who present electively for surgical evaluation or who present for follow-up postoperative care. Students generally see patients and then present them to a faculty preceptor, at which time a management plan is formulated.

## Longitudinal Integrated Clerkship (LIC)

The Primary Care – Population Medicine (PC-PM) program is the new MD/ScM combined degree program at Alpert Medical School.

As a critical component of the PC-PM program, the Longitudinal Integrated Clerkship (LIC) model was developed. This model is different than the traditional block clerkship and provides students with an understanding of the continuum of health and disease, and transitions in care, by participating in the care of patients wherever it is delivered – from the outpatient setting to the hospital, rehabilitation, and care in the home.

Students spend one half-day per week over the course of the academic year with physician preceptors in internal medicine, family medicine, pediatrics, psychiatry, neurology, obstetrics and gynecology, and surgery. Focused in-patient experiences are also included.

Students in the LIC will follow a panel of 30-50 patients over the course of the year. They will serve as advocates and navigators for their patients throughout the clerkship year and attend physician visits, surgical procedures, and deliveries with patients from their panel.