

Four for the Price of One:

Achieving Competencies of Multiple Clerkships with Rural Family Physicians

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ABSTRACT

Introduction: Longitudinal Integrated Clerkships (LICs) allow medical students to participate in comprehensive care of patients over time and meet core clinical competencies over several disciplines concurrently. Most urban LICs have large pools of preceptors that include many subspecialists. In rural communities, family physicians often provide primary care as well as emergency, inpatient, and obstetric care. We will examine how requirements of multiple core clerkships can be met with a small group of rural preceptors led by family physicians. **Methods:** We will examine a pilot program that combined five traditional clerkships (primary care, ob-gyn, surgery, inpatient medicine, and emergency care) into LICs in rural communities. Students logged all patient experiences including patient age, complaints and diagnoses, level of student involvement, clinical setting, and preceptor. Students also logged involvement in procedures and surgeries. We examine how learning objectives of clerkships traditionally led by sub-specialists can be met with rural preceptors. **Results:** Medical students were able to meet the majority of required core competencies while working

with family physician preceptors. On average, students met greater than 97% of competencies on average across all 5 traditional clerkship blocks included in the LIC.

Discussion: Our findings support the case that a large number of sub-specialist preceptors is not required to teach the core competencies of the clerkship year. This research lays an important foundation for further research to explore the possibility of rural LICs as a method to increase rural practice and address rural health shortages in Colorado.