

Generalist mentorship:

Physicians and students share benefits of frequent interaction

By Carolyn Berry

They're bright, dynamic and enthusiastic. They're first- and second-year medical students learning the difference between an otoscope and an ophthalmoscope, and a defibrillator and a ventilator. And at EVMS, the energetic students are interacting with real patients – a stepping stone to becoming physicians.

"These medical students are like sponges absorbing everything they can," says family medicine preceptor Laurie A. Goldsticker, M.D. "It's exciting to watch them take a few more steps, ask a few more questions and formulate a few more ideas."

The early clinical exposure makes textbook learning relevant. It's an opportunity to integrate campus learning with actual application. And it helps the students understand medicine from the patient's viewpoint.

"The excitement in medicine is interacting with patients. Early clinical exposure gives students a sense of being physicians. It helps them learn the art of being a physician –

"Patients often complain that doctors don't listen to them. When the students are here, they spend a lot of time with the patients. The older patients like explaining their illnesses and their symptoms, and the younger patients are intrigued that someone their age is on the cusp of becoming a physician."

Meredith Rose, M.D.,
Preceptor

the listening, the empathy. In addition, it rounds out what they have learned in the classroom and seen in the laboratory," said Meredith B. Rose, M.D., assistant professor of family and community medicine.

140 preceptors

Rose and Goldsticker are among a cadre of 140 physicians throughout Hampton Roads who act as preceptors to the school's 200 first- and second-year students – an innovative program that began in 1994. Rose helps to coordinate the program.

"It's a great program for the students and it's a great program for the physicians," Rose said.

Preceptors receive a faculty appointment at EVMS, support for continuing medical education, library privileges including consultations with reference librarians and use of the Mini-Medline searches free of charge.

"The greatest benefit to physicians is that working with students is incredibly exciting," Rose said. "The more they learn the more questions they have, and we have to know the answers."

Traditional medical school curriculum dictates two years of basic science courses followed by two



First-year medical students Mark Brodeur, left, and Adrian Lavery observe as family medicine preceptor Dr. Meredith Rose sees patient Ruth Knapp in his Virginia Beach practice.

years of hospital rotations with specialists. The curriculum at EVMS supplements the basic science courses with 18 months of ambulatory patient interactions beginning the second semester of the first year.

The generalist perspective

Known officially as the Longitudinal Generalist Mentorship, (LGM), the goals are to increase the number of EVMS students who select generalist disciplines and to provide those who select limited spe-

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cialties with a fuller understanding of ambulatory medicine.

"Medicine has changed," said Christine D. Matson, M.D., associate dean for education. "Eight-seven percent of all patient encounters are in ambulatory settings - physician offices, long-term care facilities and outpatient clinics. We were one of the first schools to augment our curriculum and include a more generalist perspective that begins in a student's first year."

The students spend several afternoons each month in a generalist physician's office - family practice, pediatrics or internal medicine - observing doctor/patient interactions and developing basic clinical skills.

Rose says the students stimulate the entire office. "They give medicine a good look - lots of activity, lots of attention. The atmosphere is so alive, so electric. They really complete our practice."

Goldsticker volunteers because she remembers how scared she was as a third-year student beginning clinical rotation.

"The patient contact was overwhelming," she recalls. "I struggled through history taking. There is an art to interviewing patients, and the mentorship program eases students into it."

"It's very rewarding to watch the students progress, to see medicine becoming more tangible for them," Goldsticker said. "Besides, it gives me an incredible sense of satisfaction, and being a preceptor is not a huge time commitment."

As a fairly new physician, Goldsticker feels her strength is introducing students to medicine. "I'm eager to help students. But, right now, working with third-year students would be too much for me. With this program, I can grow and learn with the student I precept. I hope she chooses to come back for her clerkship. It would be exciting for both of us."

Rose sees precepting students as a way of completing his role as a physician.

"I enjoy teaching," he said. "Typically, students shadow me during their first weeks in the office. We

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examine the patient side-by-side. I'll listen to one lung; the student listens to the other. As they grow more confident, I'll ask them to talk with the patient first, take vital signs, record the medical history, assess the patient's condition and present a differential diagnosis.

Then the students observe me while I examine the patient and we see if we agree. It's a great learning experience for them and very rewarding for me."

And the patients enjoy the extra attention.

"Patients often complain that doctors don't listen to them. When the students are here, they don't have time constraints and can spend a lot of time with the patients. And most of the patients welcome the opportunity to help the students learn. The older patients like explaining their illnesses and their symptoms, and the younger patients are intrigued that someone their age is on the cusp of becoming a physician," Rose said.

The patients receive another benefit, too. They become better educated

about their condition as they listen to Rose explain step-by-step his diagnoses and the rationale for diagnostic tests and treatments.

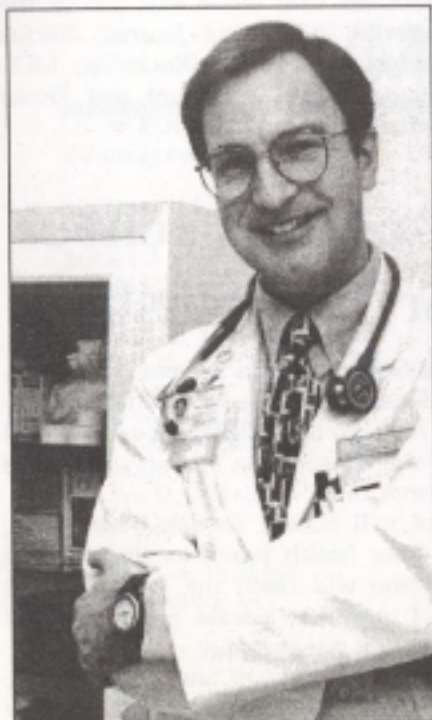
And that, adds Rose, has enhanced his reputation and his credibility. "The patients have more confidence in my abilities because they believe that if the medical school trusts me to teach their students then I must be a good doctor," he said.

Typically, a physician precepts a student for the entire 18 months.

"The long-term relationship is an incredible benefit for the student," Rose said. "The students often see the same patients repeatedly during their time with us, and they get to know those patients very well. The students begin to understand the dynamics of the doctor/patient relationship, and they witness the realities of private practice, including insurance issues and office politics. With that peek at medicine, the students can make educated decisions about their careers."

Rose has worked with 10 students since the program's inception.

"I've attended teacher workshops and belonged to several committees," Rose said. "I like recommending policy changes and contributing to the curriculum. It's different from everyday medical practice." ▼



Fourth-year student Kent Willyard initially worried that his mentorship would take time away from his studies. Four years later, he's sold on the value of the experience.

Four years later: student is a fan of the LGM

Kent Willyard was a bit nervous. He and his 99 classmates were guinea pigs – the first group of first-year medical students to participate in an innovative program at EVMS – the Longitudinal Generalist Mentorship (LGM).

"We really didn't know what to expect," Willyard said. "We were students with few clinical skills. We wondered if the doctors and nurses would welcome us and how the patients would react. We worried if the time away from our classroom studies would be too much."

Now a fourth-year student nervous about Match Day (Mar. 18), Willyard says his fears were unfounded.

"My preceptor was very supportive and made a real effort to let me do whatever I felt comfortable doing," he said. "And, to my surprise, most of the patients were pleased to help train a future doctor."

Now a fan of the LGM, Willyard

says interacting with the patients was a great study break.

"It made the book learning easier and helped me stay focused on why I came to medical school," he said. "It was a fun way to learn. Each time I went prepared to learn something specific – EKGs, heart sounds, the neuro exam, whatever we were studying in the clinical skills center. And I asked lots and lots of questions. By the end of my second year, I was very comfortable seeing patients on my own. I learned a lot that way."

Willyard said the LGM provided him with the opportunity to see the same patients over the course of months, and that helped to solidify his professional goals.

"I considered emergency medicine and internal medicine but ultimately decided on family practice. I want to focus on the whole patient and emphasize preventative medicine."

As he refined his skills and grew

more confident, Willyard became aware of the importance of the doctor/patient relationship.

"I recall one elderly gentleman who had an abnormal chest x-ray. He was a smoker and his father had died of lung cancer. I think he knew the diagnosis well before we told him. Still, I remember how my preceptor discussed the prognosis with the patient and his wife, how patiently he answered their questions and 'translated' things they had been told by consultants in surgery and oncology," he said. "Most importantly, I was impressed with the trust they placed in their family doctor – a man they had known for many years. And, even though the treatment would be at the hands of other physicians, they turned to their family doctor for the 'straight answers' and for emotional support. You don't form those kinds of relationships in an emergency room." ▼