Balancing Consistency and Variety in a Longitudinal Integrated Clerkship at an Academic Hospital

Ra Han, Site Faculty Lead, LInC
Reena Pattani, Medicine Site Director
Kien Dang, Psychiatry Site Director
Richard Pittini, Director of Evaluations
Molly Zirkle, Academy Director

PeArLS, CLIC 2016
Context: Comprehensive LIC, Urban

Family Medicine
Psychiatry
Pediatrics
Medicine
Surgery
Ob/Gyn
ER/Aaes/ENT/Opth
Two Preceptor Model

Examples
• Psychiatry
• Obstetrics & Gynecology
• Family Medicine

Advantages
• Variety of experience
• Shared responsibility

Disadvantages
• Decrease longitudinally
• Role confusion
Education-Focused General Clinic

Example
- General Internal Medicine

Advantages
- Undifferentiated referrals

Disadvantages
- Resource intense
- Limited longitudinality
Potpourri

Examples
• Pediatrics
• Emergency
• Anaesthesia

Advantages
• Variety of experiences

Disadvantages
• More preceptor dependent
• Block creep
Lessons Learned

Stakeholders

1 vs 2 Preceptors
Discussion Questions

How do you balance consistency and variety in your setting?

What other preceptor models have you experienced?

What has worked well in your setting/specialty? What hasn’t worked well and why?