Spring brings many signs of new beginnings to Vermont. On the medical campus, March marks the beginning of the doctor–patient experience in the lives of medical students: the clinical clerkship. In the Vermont Integrated Curriculum (VIC), students complete the 18-month Foundations level in February of their second year, and take step 1 of their USMLE boards. Then it’s time to don the white coat and head out to practices across Vermont and Maine for the next twelve months in Level 2 of the VIC.

“The clinical clerkship is designed to expose students to a whole range of clinical settings and disciplines, and to allow them to develop their decision-making skills and apply what they’ve learned in Foundations,” says Tania Bertsch, M.D., the Clinical Clerkship director. Bertsch works with eight individual clerkship directors to direct the activities of more than 100 second- and third-year students as they work through cases in Surgery, OB/GYN, Psychiatry, Inpatient Internal Medicine, Neurology, Pediatrics, Outpatient Internal Medicine, and Family Medicine. Three “Core Bridges” within the level foster a multidisciplinary look at the experiences of students.

It is a level of learning no physician ever forgets, a time when a career aspiration starts to feel like an actual career. “This is probably one of the two times in your medical education — the other is the first year of residency — when you feel like you’re integrating knowledge at the fastest pace you can, on your feet,” says family medicine clerkship director David Little, M.D.’75. “You’re really at last acting like a physician.”

For UVM medical students, clinical clerkship level is the moment they’ve imagined, with both expectation and a touch of anxiety, for many years: the time when they interact with real patients and treatment teams. This February, Vermont Medicine followed third-year clerkship students through hospital wards and private practice exam rooms to show them engaged in the crucial Level Two of the Vermont Integrated Curriculum.
In one clerkship block, students rotate among pediatrics, outpatient internal medicine, and family medicine experiences. Adetola Fadeyibi spent a week in early February working at Colchester Family Practice. “It’s important for the student to have time with just the patient and themselves,” explains Family Medicine clerkship director David Little, M.D.’75. At top and right, Fadeyibi interviews and examines; above, she compares notes with Associate Professor Candace Fraser, M.D.
The surgery clerkship begins well before a scalpel is ever taken in hand. Maggie Holmes, below left and right with Associate Professor of Surgery Laurence McCahill, M.D., experienced the full scope of pre-operative consultation with members of the Department of Surgery working in the Vermont Cancer Center at Fletcher Allen. McCahill lead a multidisciplinary treatment team that examines patients and plans their surgical options. Holmes would later continue into surgery with McCahill. Above and right Justin Smith observes a surgery and works with Clinical Instructor of Anesthesiology Anthony Fritzler, M.D., Mark Healy, M.D. and Brenda Healy, M.D. performed the surgery.

Part of the clerkship experience is the classic clinical teaching situation, morning rounds at the Vermont Children’s Hospital. Below, Kelly Mebust, Abigail Woodhead, Whitney Barkhuff, and Hijab Zubairi greet a young patient with Clinical Associate Professor Christa Zehle, M.D. and pediatrician Aimee Pollack, M.D. At left, Terry Stein, M.D., visits a young patient and her family with medical student Lyle Genny. Above, Genny spends that afternoon in pediatric radiology session with Associate Professor of Radiology and Pediatrics Jan M. Gallant, M.D.’89.