MAKING IT REAL

by Edward Neuert | photographs by Raj Chawla

FOR SECOND-YEAR MEDICAL STUDENTS, THE DOCTORING IN VERMONT COURSE IS AN INTRODUCTION TO THE REAL WORLD OF PATIENTS AND PRIMARY CARE PRACTICES.

Emily Schloff’s long road to medical school brought her right back to her own hometown for one of the formative experiences in the making of a physician. Beginning in the spring of her first year of studies at the College of Medicine she, like all the other members of the Class of 2015, received an assignment to study at the side of a preceptor, a primary care physician who would introduce her to the world of real patients with real physical complaints, the impromptu “faculty” of Doctoring in Vermont course in the Vermont Integrated Curriculum.

“My preceptor was Dr. Mark Peluso at the Middlebury College Health Center,” says Schloff. Though she grew up in the Addison County college town, Schloff had never met Peluso before. “Though when I saw pictures of his kids, I did realize I knew them from my days as a lifeguard at the town pool.”

All Doctoring in Vermont (D IV) students spend a minimum of four afternoon sessions at their assigned practice in their first spring, and another four the following fall. About 60 clinical faculty members, Vermont family medicine, pediatric, and internal medicine physicians located within an hour’s drive of main campus, serve as preceptors to the 113 members.
I’d have a chance to take a history from the patient on my own, and then go back to the doctor and report — so I learned on my feet to present a patient summary.” — Emily Schloff ’15

“I feel that my patients appreciate having medical students at the practice. I think any chance you have to put these bright young people in front of patients adds validity to what you’re doing.”

— Joseph Nasca, M.D.’88
Emanuele Chiappinelli, M.D.’75 guides Bruno Cardoso ’15 through a physical exam at St. Albans’ Mousetrap Pediatrics.

ST. ALBANS

2012 YEAR IN REVIEW

View videos of some of the students who have completed Doctoring in Vermont, and see additional photos from their encounters. Go to uvm.edu/medicine/vtmedicine

The medical preceptors, in their many practices throughout northern Vermont, see the mentoring experience as a way to contribute to the future of their profession, and an experience that can reaffirm their medical knowledge. “The students really keep me on my toes,” says Peluso, who precepted Emily Schloff. “When you’re teaching something while doing it, you think it through just a bit more, and I find that to teach something that’s complicated allows me to understand it even better. And I have a patient population here at Middlebury that’s mostly college students. They really seem to enjoy having the medical students there, especially the pre-med students. They can connect on a whole different level. I find that UVM med students are very empathetic and ask really bright questions, which is an indicator of how they’ve been prepared.”

“I always start out by telling the student who’s beginning at my practice to read the physician’s oath,” says Joseph Nasca, who precepted Joshua Price. Nasca has mentored DIV students since the early 1990s. “I feel that my patients appreciate having medical students at the practice. I think any chance you have to put these bright young people in front of patients adds validity to what you’re doing,” he says. “I’ll often preface a visit by telling my patient ‘I’d like you to help teach this student with me.’ I believe that’s what they’re doing. And I tell the student, above all, to listen while they’re taking a history or doing a physical exam. I always think that, for a patient, one of the most important things you can hope for when you come to a doctor’s office is that you’ll find someone truly listening to you when you show up.”

At the beginning of the second semester of DIV, students are assessed at the College of Medicine by doing a full history and physical exam with a standardized patient. They receive detailed feedback on this exercise. Near the end of the second semester, they do another such history and exam, and this time they are graded on their performance. Both times they fully document their experience on an electronic health record. “They’ll soon be heading into hospitals to do their clinical clerkships, and they’ll have to use these electronic systems,” says Beatty. “So it’s better for them to be ahead of the game instead of having to learn how to document while they have all the new knowledge of clerkships to take in too.”

Some medical students return to their DIV practices for extra sessions after the course, or come back for a rotation during their fourth year of studies. And sometimes, for a preceptor, that relationship has even more significance, as is true especially for Joseph Nasca. “Josh’s dad, Mark Price, helped train me 25 years ago, in Burlington, when I was doing my acting internship in neonatal care,” he says. “Mark was a real role model for me, so being able to help train the next generation of that family feels like a real closure of the loop for me.”

A patient in the Swanton, Vt. practice of Michael Corrigan, M.D.’80 (center) shares family photos with Doctoring in Vermont Student Emily Rosen ’15.

Medhavi Bole ’15 talks to her preceptor, Dennis Sanders, M.D., at the Vermont Center for Cancer Medicine in Colchester.