

Developing Generalist (Family Medicine-based) LICs within a Multi-Specialty-based LIC Curriculum at an all-LIC medical school

Longitudinal Integrated Clerkships (LICs) are becoming more common in US medical schools. LICs in Europe and Australia are commonly centered around General Practitioner (Family Medicine) practices and preceptors. Students in generalist LICs experience clinical medicine and learn multiple disciplines from a core of family medicine preceptors and a small number of specialist preceptors. Most medical schools in the US are located in urban areas, usually on large academic health center campuses. In the US, LICs are more likely to follow the multi-specialty model with many specialist preceptors from multiple disciplines. The University of Colorado School of Medicine recently launched a new curriculum which includes LICs for all students during their second year of medical school. Of the 16 LICs developed for the new curriculum, two were developed in the generalist (Family Medicine-centered) model: 1) a rural LIC utilizing a wide variety of rural communities, and 2) a community health LIC centered in urban FQHCs staffed predominantly with Family Medicine physicians.

We describe the background and basis of the Generalist LIC model and development of two of these LICs--one rural and one urban, in an all-LIC medical school with LIC curriculum more closely aligned with the multi-specialty LIC model. We describe adaptations made to student selection process, site development, faculty development, hospital immersions, didactic curriculum, evaluation and grading, and program evaluation.