Overview
Each class at the University of Colorado School of Medicine consists of approximately 184 students. Clinical experiences in primary care are crucial to the career development of our students. We could not provide these experiences without the community preceptors who host our students for varying lengths (typically 4-12 weeks). There are several ways to engage clinically with medical students throughout their training.

Foundations of Doctoring (1st, 2nd, & 3rd year)
Students are paired with a preceptor in the Denver-metro area for 2-3 half days per month. The primary goal for this experience is for the student to become comfortable interacting with patients, practicing communication and physical exam skills, and learning from a physician role model. Students are assigned a primary care physician when possible, and we are always in need of more preceptors.

Rural Track Summer Preceptorship (2nd year)
The summer preceptorship is a 4-week clinical experience for Rural Track students between the first and second year of medical school. The goal of this elective is for the student to experience the lifestyle, clinical practice, and community of a rural primary care physician. The dates of the rotation are flexible between early June to mid-August.

Primary Care Block—RCC & AAC (3rd year)
The primary care block is 8-weeks total. Students typically spend 4-weeks in the Denver metro area for Adult Ambulatory Care (AAC) and 4-weeks outside of the Denver metro area for Rural and Community Care (RCC), or can spend all 8 weeks at one site. Students can rotate at either a family medicine or general internal medicine clinic. Students learn the elements of patient-centered clinical care and apply it to all patient interactions. Students are required to cover the most common signs, symptoms, and clinical problems and two physical exam skills (skin and oral exam) during the 8-weeks.

Integrated Longitudinal Medicine Clerkship (3rd year)
This is a 16-week experience that combines the competencies for HAC (Hospitalized Adult Care), AAC (Adult Ambulatory Care) and RCC (Rural and Community Care). Students spend 4-weeks at a hospital in the Denver metro area followed by 12-weeks at one learning site, outside the Denver metro area. During the 12-week longitudinal experience, inpatient and outpatient care are fully integrated.

FM Electives (4th year)
During the fourth year, students complete a sub-internship, electives, and residency interviews. We encourage students interested in or committed to family medicine to participate in clinical electives. Electives may occur in Colorado or out-of-state. Students typically arrange these electives on their own, but we assist with learning objectives, paperwork, and evaluation.

DAWN Clinic Preceptor (All years)
DAWN clinic is an interprofessional student run free clinic in Original Aurora dedicated to Aurora’s uninsured population. The primary medical clinic runs on Tuesday evenings and combines medical providers, physical therapy, pharmacy, nursing, dental, and behavioral health along with 40-50 students each week. Family medicine preceptors are GREATLY needed and free medical liability insurance is available.

*Host-housing is provided by AHEC for CU students who rotate at sites greater than 40 miles from campus.*
Overview
There are many opportunities throughout the four years to have interactions with students in a non-clinical teaching environment, all of them in smaller, more intimate teaching sessions. Below is a list of opportunities that range from one session, to longitudinal groups.

One Time Teaching Opportunities (All years)

Foundations of Doctoring
Communications Sessions: Sessions include 4 students, a facilitator, and standardized patients focusing on the basic communication skills needed to be a successful clinician and provide patient/relationship centered encounters. Time commitment is 3, 5-hour sessions and a facilitator (coach) training session that is 5 hours long.

Physical Exam Sessions: Sessions include 4 students, a facilitator, standardized patients, and occasionally real patients. These focus on teaching how to use the history to determine which physical exam elements are needed to develop a differential diagnosis and an assessment and plan. Facilitators teach physical exam skills and provide feedback to students. Time commitment is 1, 4-hour teaching session and 1 hour of faculty development prior to the session.

Clinical Reasoning Sessions: Sessions include 4-8 students and a facilitator. These focus on the skills behind clinical reasoning and include sessions on how to write a H&P, perform oral presentations, develop summary statements, and assessments and plans. Time commitment is 1, 4-hour teaching session and 1 hour of faculty development prior to the session.

First Course
This is a course during the first 2 weeks of medical school, with sessions related to the professional and cultural aspects of medical education. Topics range from the humanities to unconscious bias. Sessions last for 3 hours with 1 hour of faculty development prior to the session.

Advisory College
CU School of Medicine students are organized into smaller ‘colleges’ that serve social, supportive, and key medical education advising functions. Colleges sponsor career development events such as professional speed dating, assistance with writing personal statements, and residency interview practice, which frequently need support from volunteer residents and faculty. These typically occur in the evening.

Integrated Clinicians Course (ICC)
This is a series of 5, 1-2 week “mini-courses” that provide a core curricular thread through 3rd and 4th year rotations. Students reflect on their development as future physicians, and build skills and knowledge in core areas that are essential to practice such as shared decision-making and advanced communication. Time commitment is 1, 2-4 hour session with 1 hour of faculty development prior.

Primary Care Block Intrasession Presentations
Mid-way through the 3rd year primary care block (referenced on Page 1) students come back to campus to reflect on their experience with their fellow students in a structured presentation and discussion about their clinic site and how the team functions to provide quality primary care. The sessions are 5 students and 1 facilitator. Time commitment is 1, 2-hour session on Friday mornings.

Family Medicine Interest Group & Rural Track Didactics/Skills Workshops
Interactive lecture-discussions and skills workshops. These occur over lunch hours, on Wednesday afternoons (rural track) or evenings. These are great one-time teaching opportunities, and are a fun way to interact with students interested in family medicine and/or rural health.

Longitudinal Teaching Opportunities (All years)

Hidden Curriculum
This course occurs during 3rd and 4th year and includes 4, 2-hour sessions per year with up to 10 students, a 4th year student facilitator, and 1-2 physician facilitators. Discussion topics encompass the hidden curriculum to which they have been exposed on their various rotations. In addition, these groups also discuss wellbeing, work-life balance, and are ways to check-in on how students are doing.

Problem-Based Learning
Sessions that consist of 8 students and 1 facilitator. Facilitators must commit to being able to facilitate a group for two years which will involve 22, two-hour sessions (Tuesday or Thursday afternoons) per academic year, and additional time for faculty development both prior to the start of the academic year and prior to the beginning of each new case.