Daniel Noyes Brown
Primary Care Scholars Program

2013-2014
Program Overview

The Daniel Noyes Brown Longitudinal Primary Care Selective is a joint venture between the Center for Family and Community Medicine and the Department of Pediatrics. Together they partner in conceptualizing, planning, administering and teaching the curriculum and are represented on the endowment planning committee. The student’s medical learning home is based out of the Charles B. Rangel Community Health Center with Pediatrics and at the Denny Farrell Community Health Center with Family Medicine; the respective co-directors of this program at these sites are Drs. M. Christine Krause and Heather Paladine.

The 4-year Primary Care selective was developed in 1996 in order to further enhance integration of primary care training over the 4 years of medical school while also providing exposure to the longitudinal care of patients. In this selective, students complete all of their relevant Primary Care components of the traditional curriculum in the same 2 hospital affiliated community based clinic sites during their first three years of medical school. The curriculum parallels that of the school but students learn it within the context of these primary care sites. At the current time, we cannot accept Bassett program students. Commitment to enter a primary care field is not a requirement.

History of the Daniel Noyes Brown Primary Care Program

Forty-nine students have graduated from this program since the first students were selected in 1985. Currently, there are 16 students enrolled in the program. Four new students are selected each year.

The program is funded by a private endowment to the School of Medicine in honor of Dr. Brown. Dr. Brown was a graduate of the Class of 1932 at P & S medical school as well as of the intern and residency training programs at Columbia-Presbyterian, completing a specialization in internal medicine. Until World War II, he was in private practice as an internist in New York City and during the war, he served in a Presbyterian medical unit providing medical back up to the Allied troops which was first based in the then-Belgian Congo and then later in North Africa and France. In 1946 at the end of World War II, he, along with several other medical colleagues, including some from his war-time medical unit, founded the first medical group practice in New York State with the goal of providing the best comprehensive medical care to a community which had previously only had access to “general practitioners” (licensed physicians without residency training). As an internist within a group of other specialists, he served as the primary point of care. Over 60 years later, the Mt. Kisco medical group,
which is located 35 miles north of New York City in Westchester county, is thriving with over 270 primary care and specialty physicians.

Dr. Brown’s wife, Mary Thatcher Brown, and his daughter, Cynthia Brown Lloyd, were major donors to the endowment along with numerous grateful patients, friends and family members. In recent years, since the death of Dr. Brown’s widow, his daughter, Cynthia, has taken a special interest in the management of the endowment, in particular assuring that the goals of the program in its current form stay true to its original intention which was that students be encouraged to pursue primary care medicine, and that they be taught the values and dedication to patient care that her father exemplified throughout his career. Funding is provided to Brown Scholars in their fourth year towards a project of their choice (see below), relevant to the field of Primary Care.

Curriculum

A) Goals

The goals of the Brown selective are to:

1. Enhance the student’s foundation for future clinical practice with a medical home outside of the medical school. This medical home offers sustained exposure to primary care practice in an urban setting to the community that surrounds the medical center. Student participants are taught how to deliver cultural, linguistic, and community responsive services in this urban setting.

2. Provide the students with the opportunity to develop a longitudinal mentoring relationships with two Primary Care faculty members.

3. Provide the students unique experiences outside of the traditional curriculum with opportunities to lead and participate in program sponsored journal clubs as well as attend inter-program student run mentoring sessions.

B) Methods

First Semester Medical Students

Students will spend one afternoon a week at their assigned clinic, which will be the clerkship portion of the Foundations of Clinical Medicine I course. They will shadow clinical sessions with a primary care provider at the Rangel Community Health Center (an OB midwife, an internist and/or a pediatrician) for 6 weeks and a family medicine physician at the Farrell Health Center for 6 weeks. Dr. Krause
and Dr. Paladine will coordinate these experiences. During each block, students may have additional opportunities to attend specialty clinics with Dr. Paladine, attend deliveries of the women they see in these clinic settings, and also witness the newborn first visit of one these babies.

The first year students will also have opportunities to meet with upper class Brown students and attend formal mentored sessions led by these upper class students to gain ideas for summer work between their first and second years.

**Second and Third Semester Medical Students**

Dr. Krause and Paladine will be the faculty mentors for the Physical Diagnosis portion of Foundations in Clinical Medicine II and III (in the second and third semester, respectively). Students will have the opportunity to practice physical exam skills in a variety of clinical settings at hospital-based locations throughout New York Presbyterian with ongoing mentorship throughout the course. While Dr. Krause (from the Department of Pediatrics) and Dr. Paladine (from the Center for Family and Community Medicine) will be the responsible preceptors for the Physical Diagnosis program, students may also be precepted by other attending faculty from the Center for Family Medicine and the Department of Internal Medicine. During this time, we will start introducing the basic concepts of clinical reasoning.

The second year students will have opportunities to meet with upper class Brown students and also attend formal mentored session led by these upper class students to gather information about preparing for the major clinical year. The second year students will also serve as mentors for the first year Brown students.

**Major Clinical Year Medical Students**

Brown scholars will have their Primary Care clerkship (5 week rotation) and ambulatory Pediatrics clerkship (3 week rotation) experiences at the Farrell and Rangel sites, respectively. We will focus on developing excellence in the art and science of history, physical exam and clinical reasoning, and begin the process of integrating them. Because these clinical skills will be taught by the same faculty, we expect to be able to teach medicine without divorcing it from broader contextual issues that were introduced in the first preclinical years. The students have the advantage of knowing the staff and the system at each site as their medical home.
Fourth Year Medical Students

Students will execute their Brown program sponsored scholarly project. This project will be IRB approved and presented during the May Brown Primary Care Scholars graduation celebration for students, families and faculty. Details about the project are outlined below.

In addition, the funding from our program may also support meeting attendance in order to showcase the student’s project.

Additionally, during their 4th year, the Brown scholar students will lead a journal club for all P & S students on a primary care topic of their choice.

The upper class Brown students will be asked to lead several mentoring sessions for first and second year students about summer work ideas, preparation for MCY year and advice about applying for residencies.

Primary Care Project –

Guidelines for Community Health / Clinical Research project:

- Project must be patient centered with a primary care/community health focus. Educational research with this orientation is accepted.
- The Brown project may fulfill the P&S curriculum requirement for the 4th year medical student scholarly project or be a separate but related smaller project that is part of their 4th year scholarly project. Characterization of this potential overlap needs to be discussed with Dr. Paladine and Krause in order to receive financial support. The other requirement for financial support is the student’s scholarly project presentation at the Brown Scholars end of the year celebration as described above.
- The Brown program financial support is also coordinated with the scholarly projects leaders of the medical school.
- Projects may be qualitative or quantitative in scope
- Projects must be geographically based in Upper Manhattan or in the Bronx (the local communities served by Columbia University Medical Center) but may also include work in the Dominican Republic.
- With mentorship and assistance from the Program co-directors, the students are expected to obtain IRB approval prior to implementation (there may be some exceptions to this requirement)
Prior to the summer following third year, students must complete the IRB In-service Modules on “Health Sciences – Protection of Human Research Participants” and “HIPPA: Health Insurance Portability Accountability Act Training”

Current plans include development of scholarly projects support data based for the Brown Students to help with design as well as analysis.

Students will have the opportunity to hear about other Brown Scholars scholarly projects during several venues throughout the year.

Students will have the opportunity to continue scholarly programs that have been created by former Brown Scholar students.

Dr. Krause and Paladine will mentor students during this process accordingly.

Additional Opportunities for program participants:

- Several sessions will occur each fall in which students can participate in didactics and community service learning experiences through the Community pediatrics program at Columbia University. These sessions will review the basic core concepts of Primary Care, solidifying for students an understanding of the biopsychosocial model for illness and health, as well as the importance of family and community centered care.

- Program leadership roles (examples include mentoring and journal club)

- Fall dinner

- Spring Graduation

- Steering Committee student representation as well as other possible representation of the program for the medical school.
Evaluation

The evaluation of the program has the following components:

1) Program evaluation by the students
   - Annual program satisfaction survey of all student participants per year: program content / faculty / student attitudes about primary care

2) Student performance evaluation by faculty utilizing the same evaluation system used for all other students.
   - Foundations I: Adaptation of clerkship evaluation form.
   - Foundations II and III: We will use the Physical Diagnosis evaluation form.
   - Major Clinical Year: We will use established evaluation instruments of the Primary Care and Pediatric clerkships
   - Year 4: We will evaluate the Primary Care project

Please see the main web page for further information about current students, past scholarly projects and general quotes