



What can I expect from my LIC student?

We hear time and time again that having an LIC student is a highly rewarding experience not only for the preceptor, but for the student, interdisciplinary team members, and patients. Knowing what to expect (and how to set and manage expectations throughout the year) can help prevent many of the pitfalls that some new LIC preceptors experience.

Longitudinal markers during the LIC:

- The start of the LIC represents the beginning of the foundational clinical medicine experience for most students. Set clear expectations and a road map of progression.
- In the first quarter to third of the year, students will focus on the basics of medicine (orientation to the clinic, proficient histories, physical exams, etc.)
 - Start to work on differentials and illness scripts.
 - Expect students to be slow in the beginning. It is normal for a new student to see 1-2 patients per ½ day (this may depend on the level of complexity of your patients).
 - Prepare for this in clinic. Pick a patient you think would be good and would benefit from having extra time and attention devoted to them!
- In the middle of the year, can focus on specific knowledge gaps.
- By the end of the year, student should be ready for more advanced clinical rotations.
 - This should include strong differentials, making basic plans, placing/pending orders, following up with patients, and anything else you would expect an advanced student to be doing.
 - Students will become more efficient throughout the year and now be seeing 3-4 patients per session.
- Expect some setbacks – it is normal for students to get worse before they get better. They are juggling a lot of new things and are not able to focus on your specialty alone like they were in the traditional model.
 - If you are ever concerned something is not right, reach out to program leadership early so they can help.

Recognize the unique value of LIC students:

- Students provide support with phone calls to patients who are isolated or lack social support.
- Students advocate for patients in unique ways and spend extra time with them.
- Students provide extra outreach for patients who are falling through the cracks.
- Students are a link between primary care and specialty care.
- Students can teach you about a rare condition or unusual case presentation.
- Students may have some flexibility in their schedule that can be utilized to take advantage of unique opportunities.

Intersession teaching and self-directed learning:

- Utilize email or the EHR to follow-up small learning points during the week or weeks between sessions.
- When you identify knowledge gaps, you can assign them to research it and teach it back to you during your next session.
- See: [Effective Teaching Strategies](#)

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“They should not expect us to progress as quickly as a [traditional] student... because in the traditional model, you're like only doing pediatrics every single day. And sometimes... [the preceptor thinks] ‘why aren't you suddenly as good as all my other pediatric students a week into our time together?’ and just recognizing that we're balancing learning 10 specialties at the same time.” (Student)

“For the first quarter [we] work on history gathering and exam. And then in the second quarter, we'll start doing more and more and more differentials. And then we'll start doing more and more detailed plans.” (Preceptor)

“I always also emphasize that the student has a lot more time to spend hearing the story from the patient. And I have yet to have a patient who doesn't want to spend a lot of time on their own personal story.” (Preceptor)