Every year for a decade and a half, Colleen Conry has been teaching her students about medicine as equal parts art and science.

For a half-day each week, a medical student shadows Conry, vice chair of the School of Medicine’s Family Medicine Department, as she sees patients at University of Colorado Hospital’s AF Williams Family Medicine Clinic. It’s volunteer work she does as a clinical preceptor – nearly 500 physicians from the School of Medicine, UCH and other hospitals, and private practice donated time during the 2008-2009 school year – for the School of Medicine’s Foundations of Doctoring Curriculum, a three-year required course for medical students (see related story in this issue).

The students start off their practical experience slowly, Conry says, learning “what it is to see patients” before progressing to taking brief histories, conducting physicals and finally interviewing and examining patients to determine what might be wrong with them. Along the way, Conry coaches, mentors and questions the students.

Who are you? The idea is straightforward: help students discover who these patients are. The actual sources of an illness often can’t be measured via vital signs, Conry says. “What are the psychosocial factors, like who lives at home, and what should we be listening for?” she explains. “I want them to learn how to develop relationships with their patients. We’re not just there to treat a cold; we’re trying to treat them holistically.”

Learning “the art of medicine,” as Conry describes it, is a relatively slow process. “Early on, the biggest challenge for students is not knowing the questions to ask,” she says. “You need to build the foundation for basic questions, which takes a couple of years. Then the question is how to organize all that information into a coherent study of the patient. It takes lots of practice and seeing lots of different people.”

The approach is a far cry from what Conry experienced in her own training. “In my day, we had [medical] interviews...”
the first year, then learned to conduct a physical exam,” she recalls. “But there was no continuity. My students really get to know patients.”

Her volunteer work requires some extra time and attention, Conry concedes. Having a student with her adds an extra half-hour or so to her clinic day. She and the student debrief after each patient, and then spend 15 to 20 minutes at the end of the day discussing the cases they encountered. Conry often points out such things as questions the student could have asked but didn’t.

Watching them grow. But the effort pays off, she adds. “It’s rewarding watching students grow from not knowing how to ask a question to being almost a doctor.” Over the years, she adds, she’s encountered many of her former students – now colleagues – at medical gatherings.

The preceptorship, she emphasizes, is not simply for students who plan to enter family medicine. “It’s not my job to influence them in that direction,” she notes. “My job is to help them understand the whole person, so that if they do go into a specialty, they will continue to appreciate the teachings of those first three years.”

Those teachings have a very basic message, Conry observes.

“It is a privilege that we are allowed into our patients’ lives, and we should hold that sacred,” she concludes. “Every patient has something to tell us about their hopes and failures.”