

## Public Health, Ethics and Ambulatory Care: An Integrated Fourth-Year Medical Student Rotation

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### *Abstract*

**Purpose** - To describe an innovative fourth year medical student rotation that integrates three underrepresented subject areas in medical education: the interface between public health and medicine, ethics and professionalism, and the shift from an inpatient to outpatient locus of clinical care and instruction. The rotation features a unique Capstone oral and written presentation.

**Method** - In 2004-2005 at the University of New Mexico School of Medicine, the authors developed and implemented a required public health, ethics and ambulatory care rotation for fourth-year medical students. In 2005-2006, the second year of the required rotation, 66 students participated and completed both a retrospective pretest evaluation of rotation objectives at the end of the rotation and a standard end of rotation evaluation.

**Results** - Students reported changes in both importance and skillfulness during the rotation that resulted in large effect sizes (0.9 and higher) in Ethics and Professionalism and Public Health objectives and small (0.2) to large (1.8) effect sizes in ambulatory medicine objectives.

**Conclusions** - An ambulatory care rotation required for all fourth year students that addresses issues of public health, ethics, and ambulatory care including a Capstone presentation has been implemented with improvement in student valuation and skills in these important but often neglected areas of medical education.

This paper describes an innovative fourth-year medical student rotation that integrates three neglected subject areas in medical education: the interface between public health and medicine, ethics and professionalism, and the shift from an inpatient to outpatient locus of clinical care and instruction.<sup>1,2</sup> Results of evaluations by students in the second year of the new rotation are presented.

Medical educators and policy makers have increasingly identified public health as a neglected curricular area that urgently requires attention.<sup>3</sup> As stated in a 2002 Institute of Medicine report, medical students require a curriculum that encompasses ecologic models with linkages between the multiple determinants affecting health, population-based as well as clinical approaches to prevention, preparation for emerging infectious disease and the prevention of chronic diseases.<sup>4</sup> Other traditionally neglected topics include understanding the healthcare system and the role of physicians at the intersection of medicine and public health. This enhanced public health role of physicians dovetails with the rising importance of education in ethics and professionalism as an essential as-

pect of medical training.<sup>5-9</sup>

While the traditional focus of ethics in medicine has been the individual patient-physician relationship, documents like the Physician Charter highlight the new focus of professionalism on a community and public health ethic.<sup>10</sup> The physician's world of professional concern is rapidly expanding to include the major dilemmas encountered in ambulatory care such as relationships with pharmaceutical representatives, alternative medicine, treating pain and addiction, and challenges to confidentiality.<sup>11-13</sup> The Association of American Medical Colleges (AAMC) reinforces the need for this broad and integrated approach to ethics and professionalism in its Medical School Objectives Project.<sup>14</sup>

The greater emphasis on public health and ethics coincides with the increase in clinical care in the outpatient setting. Medical education is slowly recognizing this changing clinical focus, although a substantial proportion of medical education continues to be hospital-based. The Liaison Committee on Medical Education (LCME)

requires that medical education occur in both inpatient and outpatient settings.<sup>15, 16</sup>

Green and colleagues report that if we consider the population of patients from an epidemiologic perspective, in a community of 1000 people 800 report symptoms, 327 of these patients consider seeking medical care, 217 visit a physician's office (with 113 visiting a primary care office), 65 visit an alternative or complementary medicine provider, 21 visit a hospital outpatient clinic, 14 receive home health care, 13 visit an emergency room, and 8 patients are hospitalized. Only one patient from this population of 1,000 patients is hospitalized in an academic medical center.<sup>16</sup> This perspective provides insight into the increasingly restrictive range of patients available for student education in academic medical centers and further supports the importance of providing well-designed ambulatory medical student education.

## Background

The four-year undergraduate medical curriculum at the University of New Mexico School of Medicine (UNMSOM) is organized into three sequential phases. In 2003, during an educational retreat focused on the third phase (equivalent to the fourth-year of most US and Canadian medical schools), the fourth-year curriculum, including the number of required rotations, was reviewed. Two required ambulatory month-long rotations, Ambulatory Internal Medicine and Ambulatory Surgery, were identified as rotations that should no longer be required due to their failure to meet student needs in key curricular areas. Students' specific concerns about the two rotations related to the discontinuity associated with being in different subspecialty settings each half-day, insufficient time with each preceptor for developing meaningful interactions and obtaining required feedback, and a lack of focus on topics important to ambulatory medicine. In particular, students requested teaching in areas consistent with advanced ambulatory care practice including tele-

phone skills, care of patients with chronic disease in the outpatient setting, and evaluation and management of chronic pain. In addition, students indicated that the current curriculum provided insufficient attention to public health issues and outpatient ethics and professionalism issues.

### Development of the New Ambulatory Rotation -

The need to address student criticisms of the prior ambulatory care experiences with a more innovative, outpatient-based medical education rotation in the fourth year led to the appointment of a task force in 2003 to review the ambulatory rotation requirements and to propose guidelines for a single rotation focused on the principles of outpatient medicine. The task force proposed a new four-week interdisciplinary required ambulatory rotation focused on a single clinical area and site. Students selected the clinical specialty from a list of participating sites. The proposed rotation, called the Comprehensive Ambulatory Care Rotation, included didactic presentations and seminars in ambulatory topics, public health, and ethics and professionalism.

A core rotation planning committee of faculty key to the rotation's success began a year-long process of developing the rotation for implementation in the 2004-05 academic year. The committee met monthly to create and refine goals and objectives and plan the implementation of the rotation. Table 1 reports the goals of the rotation. A senior faculty member in a primary care department with broad knowledge and experience in medical education was selected as rotation director. The committee's work included the selection and recruitment of appropriate clinical sites and site directors, development of learning objectives for each clinical site, selection of public health, ethics, and professionalism topics for seminars, and creation of an end-of-rotation Capstone experience to provide students the opportunity to demonstrate competence in integrating ambulatory, ethical, and public health issues. The four-week rotation, offered five times during

**Table 1: Goals of the Ambulatory Care Rotation**

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1. Provide fourth-year medical students with an advanced clinical ambulatory rotation focused on the University of New Mexico School of Medicine's Core Competencies: medical knowledge, patient care, communication skills, ethics and professionalism, practice-based learning and improvement, and systems-based care.
  2. Provide fourth-year medical students advanced learning opportunities in public health through seminars, problem sets and projects, and precepted experiences at public health clinical sites.
  3. Link public health and ethics and professionalism curricula to the clinical component of the rotation.
  4. Use reflective exercises as a method of student learning linked to clinical situations.
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the academic year, was capped at an enrollment of approximately 15 students per rotation. This schedule met a balance between the increased clinical demands on most faculty while providing sufficient rotation months for students to participate during their fourth year when they are also applying to and interviewing for postgraduate training positions.

## Course Structure

The Comprehensive Ambulatory Care Rotation consists of four components. Students must pass each component of the rotation in order to pass the rotation.

**1) Clinical work.** Students are required to see patients six half-days per week at one of eleven possible assigned clinical sites. These ambulatory sites, representing a wide variety of clinical settings in primary and subspecialty care, include Internal Medicine clinics, Emergency Departments, Public Health Clinics, Pediatric Developmental and Musculoskeletal sites, Sports Medicine clinic, Geriatrics clinics, Outpatient Surgery and Outpatient Hand Surgery clinics, Integrative Medicine sites, Neurology clinics, and Psychiatry/Primary Care clinics. Prior to the rotation, students are asked to list their top three choices for clinical sites; their site is then assigned based on a lottery system.

The rotation's focus on public health, ethics and ambulatory care framed the criteria used to screen clinical sites. To fulfill curricular needs, potential sites had to offer strong outpatient clinical learning opportunities in which students played a major role in patient assessment and management and in which emphasis was placed on public health and ethics. Student evaluations were used in determining site continuation.

During the rotation, students are asked to focus not only on the clinical content of the site but also on the process of ambulatory care (and how it differs from hospital care) and on ethical and public health issues that arise in the outpatient setting. Because of the concerns from the previous Ambulatory Surgery and Medicine rotations about discontinuity with preceptors and inadequate contact for evaluation, the rotation requires that each student have no more than 4 primary preceptors over the 4-week period. Two of the required six clinical half-days each week can be spent with non-physician preceptors related to the clinical site (e.g., cast technicians while at the Pediatric Musculoskeletal site, teachers in a pre-school when assigned to the Pediatric Developmental site, acupuncturists when rotating at the Integrative Medicine site). The clinical site director is responsible for clinical feedback and final rotation evaluation for each student at the site.

Sixty percent of the clerkship grade is based on clinical performance at the assigned site.

**2) Seminars.** On the first day of the rotation, the Comprehensive Ambulatory Care rotation director presents a short orientation to the rotation followed by the first of seven half-day interactive seminars. The University of New Mexico uses the local Veterans Affairs Hospital as a clinical site for students and residents, and the rotation seminars are held in classrooms of the University of New Mexico or the Veterans Affairs Hospital. Seminar topics include public health, ethics and professionalism, issues in integrative medicine, partnering with patients for success, and managing chronic pain in ambulatory practice. Students are required to read background material prior to each seminar to facilitate participation in the discussion. Twenty percent of the overall clerkship grade is based on student attendance and participation in these seminars.

**3) Capstone Project.** All students are required to complete a Capstone Project while on the rotation. For their Capstone Projects, students are asked to select a topic during the first week of the rotation that raises issues with implications for both public health and ethics. Webster's Collegiate Dictionary defines "capstone" as a crowning achievement, and this name was specifically chosen to underscore the importance of the project as a culmination of the student's 4 weeks on this rotation. The term "capstone" communicates to students and to faculty that the project is designed to integrate all elements of the ambulatory curriculum, including clinical work, public health experiences, and ethics discussions. The Capstone designation emphasizes to students that the faculty and the senior academic leadership who attend the oral presentations place great value on the project.

Students' topic selection is done under advisement from one of the rotation faculty. Each student delivers a 10-minute oral presentation to faculty, academic leaders, and other students on the rotation. The formal presentation is followed by a five-minute question and answer period. Three senior academic leaders, including deans of the medical school, department chairs, and directors of major programs and institutes, evaluate the oral Capstone presentation. Physician educators from many different specialties and doctoral-level professors in various disciplines participate in Capstone evaluations. The material covered in the oral presentation is also submitted in a 3-5 page referenced paper on a public health topic with ethical implications. The paper must have an introduction explaining the background of the topic, a discussion of both sides of the issues with information from the public health and ethics literature, a statement of which side of the issue a student supports, and a conclusion. Students

estimate that from 15-25 hours are required to complete the Capstone Project. Twenty percent of the overall clerkship grade is based on the oral and written Capstone presentations. Representative topics chosen by students for Capstone Projects are shown in Table 2.

ing curricular year 2005-2006. They included 1) a retrospective pre- and post-evaluation of rotation objectives at the end of the rotation and 2) a standard end of rotation evaluation.

**Table 2: Representative Capstone Presentation Topics**

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- Steroid Use in the Athlete
  - HIV: Partner Counseling and Referral Services vs. Mandatory Partner Notification
  - Mandatory Drug Treatment for Substance-Abusing Women in Pregnancy: Ethical and Public Health Implication
  - Severe Infectious Disease Outbreaks and Physicians' Duty to Treat: Who Will Show Up?
  - Obesity, Adolescents, and Vending Machines
  - Needle-Exchange Programs: Are They Beneficial to Society?
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**4) Unscheduled learning time.** Two half-days per week throughout the four-week clerkship are unscheduled and available to students for their self-directed use. Students often use this time to research issues related to their Capstone Projects, to complete their reading assignments for seminars, and to review the medical literature relating to learning issues at their clinical site. Faculty explicitly explain to students that this protected time is provided so that the students may reflect on their clinical experiences, how these experiences relate to the seminar readings and discussions, and how to incorporate one particular experience into the Capstone Project.

**Communicating Information about the Rotation to Students** - All information for the rotation is provided through WebCT, a computer-based curriculum-management tool. Posted information includes an overall description of the rotation, its goals and objectives, a calendar for the month with the logistics and locations for the seminars, the clinical site descriptions with goals and objective for each site, downloadable readings for the seminars, information on completing the Capstone Project, examples of outstanding Capstone papers, copies of the evaluation forms used by faculty to evaluate students, and the course evaluations for the students to complete.

## Methods

**Students' Evaluation of the Comprehensive Ambulatory Clerkship (CAC)** - Two different survey sources were used to assess student response to the fourth year required Comprehensive Ambulatory Clerkship dur-

## Retrospective Pre- and Post-Evaluation Methods

- At the rotation's conclusion, students were asked to rate their self-assessed knowledge, skillfulness or competence on each of 25 rotation objectives in the three content areas of the rotation at the beginning of the rotation and at its conclusion using a retrospective pretest questionnaire.<sup>17</sup> Four ethics and professionalism objectives, seven public health objectives, and fourteen ambulatory medicine objectives were included in the survey. The retrospective pretest rating scale ranged from 1 to 7 with 1 = none and 7 = very high. Pre- and post-rotation mean ratings, standard deviations and effect sizes were calculated for each of the 25 rotation objectives on the questionnaire. Effect sizes for the change in ratings during the rotations were calculated by dividing the difference in average ratings by the pooled standard deviation.

**End of Rotation Student Evaluation Methods** - At the conclusion of each rotation, students responded to 26 Likert statements in which they selected a single rating ranging from 1=strongly disagree to 5=strongly agree. The statements focused on several general curricular topics including rotation quality, organization, and expectations, rotation effectiveness including balance of hands-on and observational activities, study and clinical activities, and respectful treatment by others on the team. In addition, rotation-specific statements about the public health and ethics components of the rotation and the Capstone research, writing, and presentation were also included. Students were given the opportunity to rate each item and to comment about each of the statements they rated.

## Results

### Retrospective Pre- and Post-Evaluation Results

- Sixty-six students in the 2005-2006 Comprehensive Ambulatory Care rotations responded to the retrospective pretest (100% response rate). The range of average skillfulness ratings for the three types of objectives (Ethics and Professionalism, Public Health, and Ambulatory Medicine) are reported in Table 3. Generally, students reported changes in skillfulness during the rotation associated with large effect sizes (0.9 and higher) in Ethics and Professionalism and Public Health objectives and small (0.2) to large (1.8) effect sizes in Ambulatory Medicine objectives.

**End of Rotation Student Evaluation Results -** Sixty-six students (100% response rate) in the 2005-2006

rotation, Education and Research. They achieved above 90% agreement. Students' quotations from these sections of the evaluation report were representative of the comments made by their peers. In comments about the rotation's quality, one wrote, "The focus was clearly on outpatient medicine which is so different from inpatient medicine where so much of our training is focused during the clinical years. The faculty I worked with were very approachable and interested in working with students. I had a great time." Another stated, "Personal interactions with patients and a wonderful staff willing to teach and go over recommendations. Spending time with ancillary providers was also helpful. I was immediately able to put the knowledge I obtained to use. There was an encouraging and gracious staff. Independence on my part was encouraged and in no way crushed."

**Table 3: Fourth Year Medical Students' Self-Assessed Retrospective Pre- and Post-Ratings of Skills In Three Rotation Content Areas in 2005-2006 Presented as Range of Mean Ratings Within Rotation Content Area (n=66)**

	At rotation's beginning	At rotation's end	Effect size
<b>Ethics and Professionalism (4 objectives)</b>	3.2 to 3.6	5.1 to 5.4	1.7 to 2.0
<b>Public Health (7 objectives)</b>	3.4 to 4.0	4.7 to 5.3	0.9 to 1.5
<b>Ambulatory Medicine (14 objectives)</b>	3.6 to 4.5	4.0 to 5.4	0.2 to 1.8

Likert Ratings:

1=not at all knowledgeable, skilled, or competent

7=very knowledgeable, skilled or competent

academic year rated the statements in the end of rotation evaluation. Table 4 presents a representative selection of these items in which students' mean responses range from a low of 3.98 to a high of 4.38.

These items illustrate the students' assessment of the general characteristics of the rotation including organization and scheduling as well as the rotation's specific content and methods. Students' comments provide some insights into their perspectives about the rotation.

Approximately 50% of the students commented after each question. The comments were independently coded by two individuals in the Office of Program Evalu-

In their remarks about the balance between hands-on and observational activities, students emphasized the importance of hands-on opportunities with patients at this advanced point in their training. One stated, "Tons of hands on and little observational. Perfect for this point of education." Another commented, "Opportunities to see and attempt management of patients were available. At this point in fourth year, observation of clinical activity is not very effective."

In terms of the public health components of the rotation, one student stated, "I got to go to an STD seminar with the nursing students. The physician preceptors were filled with ideas on improving our public health and

**Table 4: Fourth-Year Medical Students' Mean Ratings of the Comprehensive Ambulatory Care Rotation: End of Rotation Evaluation (2005-2006)**

Item	Average rating (SD) N=66
Overall, the quality of this rotation was excellent.	3.98 (0.7)
Expectations of students on the rotation were clear from the beginning of the rotation.	4.23 (0.58)
The balance between hands-on activities and observational activities was appropriate.	3.88 (0.89)
The balance of time for study vs. clinical activities was appropriate.	4.25 (0.62)
I was treated as a valuable member of the care-giving team on this rotation.	4.29 (0.66)
The clinical experience that I had helped meet the advanced clinical ambulatory objectives for this rotation.	4.05 (0.8)
The public health components of this rotation including didactic experiences, problem sets, and seminars were effective and helped meet the rotation objectives.	4.35 (0.57)
The ethics and professionalism components of this rotation including didactic experiences, problem sets and seminars were effective and helped meet the rotation objectives.	4.38 (0.6)
The requirement to research, write and present a paper on a contemporary health issue integrating public health and ethical issues helped me integrate my learning on this rotation.	4.09 (0.77)
I received the support I needed to guide me in selection and development of my paper and presentation on a contemporary health issue.	4.13 (0.68)

Likert Ratings: 1= Strongly Disagree and 5=Strongly Agree

were willing to participate in conversations and give options that they see would work in our health care system. Great caring and smart physicians." Students indicated that the ethics and professionalism seminars were "some of the best in medical school...Very appropriate, interactive, relevant." "Great lectures, activities, discussions, articles, etc."

Students' comments about the rotation requirement to research, write and present a paper on a contemporary public health and ethical issue illustrate the positive response of many students to this requirement. One student stated, "Excellent! I truly learned from this experience and it made me more aware of very common issues which I had previously overlooked." A second commented, "I was interested in my topic, which made the research and

preparation easier. I liked hearing other people's topics on the presentation day." A third commented, "This is a great way of teaching how ethics and public health issues relate." Finally, a fourth provided insight about her experience with the written and oral arguments associated with the required paper, a goal of the rotation, "This was an extremely valuable experience. When I truly laid out the issues, I ended (up) writing a completely different argument than I had originally planned. An excellent learning experience..."

#### Discussion

The Comprehensive Ambulatory Care Rotation implemented at UNMSOM provides a novel approach to a required ambulatory-care rotation for fourth-year medi-

cal students with a concentration on oft-neglected content and skills in public health, ethics, and ambulatory care that are increasingly important in modern medical practice. While attention to social factors in medicine is diffusely and informally present in other areas of the curriculum, the ambulatory rotation represents the first systematic effort to link public health, ethics, and clinical care in an organized manner. This content as well as formal presentation and writing skills are integrated through the required Capstone Project presented in the final week of the rotation.

During this ambulatory rotation, students spend 6 half-days per week working in an ambulatory clinic under the supervision of preceptors who are dedicated to integrating relevant public health and ethics issues into their clinical service and teaching. Despite the diversity of sites, such as a VA primary care psychiatry clinic, a free-standing public health clinic, and a university-based pediatric surgery clinic, preceptors, site coordinators, and seminar instructors are all committed to assisting students to identify the public health dimensions and ethical significance of their clinical work. Questions regarding the need for car seats to prevent injuries to children now receiving surgery, the health disparities afflicting the psychiatrically ill, or the ethical concerns involved in curtailing the driving of the elderly with early dementia arise naturally from the day-to-day clinical care of ambulatory patients. Real life and real time dilemmas such as these encourage students to view individual patient interactions against a wider background of public health concerns and ethical ramifications, thereby reinforcing the three main foci of the rotation. The seminars and Capstone Project presentations provide a constructive forum in which students from various clinical settings can identify commonalities and differences within the overarching themes of public health and ethics in ambulatory care.

The placement of the rotation in Phase III, equivalent to the fourth year of medical school, enables the ambulatory curriculum to both solidify and expand previous clinical knowledge. The prior three years of medical education are overwhelmingly biomedical in orientation with pedagogic priority given to developing the knowledge, skills and attitudes required for the diagnosis, treatment, and, in some cases, prevention of illness and injury. The ambulatory curriculum expands and extends clinical medicine through an emphasis on the context of ambulatory care delivery as a setting in which physicians have less control and require more patient and family participation for successful treatment than in the inpatient environment. The greater scope of patient autonomy, with the more direct and immediate impact of economic factors, health care disparities and social and cultural contribu-

tors to health and illness in the outpatient clinic, naturally raise ethical and public health issues different from those that emerge in inpatient wards.

There are few published reports on rotations that integrate ambulatory medicine, public health, and ethics in the United States. In the United Kingdom in 1993, the General Medical Council recommended strengthening the public health content of undergraduate medical teaching.<sup>18</sup> A 1996 survey examined the implementation of those recommendations in all 26 medical schools in the United Kingdom and compared the results with a similar survey in 1992. Eighty-one percent of schools responded; all indicated they included public health teaching in their curriculum, but the number of courses had not changed. A variety of topics were taught, but a quarter of schools did not cover what were identified as core topics. This study demonstrates that even with a national mandate to improve public health teaching in undergraduate medical education, there remain gaps in core content and consistency across schools. Our rotation similarly highlights public health, active learning and incorporation of public health courses into assessment, but it does so in a specifically ambulatory context along with a corresponding underscoring of ethical issues often lacking in medical education.

A 1994 study of medical students' ability to identify the presence and significance of specific ethical issues in the outpatient setting using clinical vignettes found that students were not adequately prepared to recognize and respond to ethical problems in the outpatient setting.<sup>19</sup> Most contemporary ethics education is focused on inpatient dilemmas, while the thrust of our rotation trains students to identify and manage ethical issues in ambulatory care.

Overall, the rotation has been given high ratings by students. Based on their evaluations, students in general have responded positively to the rotation, and consider that they have improved both their knowledge and skills in ethics and professionalism, public health, and ambulatory care. Students in many cases also demonstrated their knowledge and skills in presenting, writing about and analyzing the content associated with their selected topics in their integrated Capstone papers and presentations.

Several omissions in content were identified by students during the first year of the rotation; these omissions were corrected during the second year of the rotation. For example, students during the first year of the rotation suggested seminar topics that were germane to the ambulatory focus such as telephone care and the use of narcotics

for chronic, nonmalignant pain; these topics were included in the subsequent year's seminar schedule.

Initially, a number of students did not anticipate the intensity of the rotation and were not prepared to commit the required time needed to complete it successfully. The Capstone Project was the most challenging aspect of the rotation. Other than writing patient assessments, we found that students had little experience in their undergraduate or medical education in writing a scholarly paper. They underestimated the time and effort needed to research and present both sides of a subject that involved salient public health and ethics issues. This was resolved the next year by having the rotation director speak to students about the intensity of the rotation at a planning meeting for students going into Phase III. The Capstone project represented a particular difficulty for students who had little exposure to scholarly research and analytic writing and presentation. This resulted in an uneven and, in some cases, unacceptable quality of papers submitted by students during the first year. In response, the faculty redoubled their efforts at early advisement regarding potential Capstone topics, crafted a "frequently asked Capstone questions" handout posted on Web CT, and further standardized their grading criteria. These interventions resulted in a consistently superior quality of papers in the second year.

As we start our third year of this rotation, we face challenges in maintaining the high level of faculty participation required to coordinate the clinical aspects of the students' experiences at various patient sites, to deliver the half-day seminars, and to provide meaningful feedback to the students on their Capstone presentations and papers. One of our biggest obstacles is also the need for continual development of high quality clinical sites with faculty available to precept the rotating students. With added pressure for clinical faculty to generate revenue during a time of decreasing revenues for Health Sciences Centers and hospitals, clinical faculty time for educational activity is at a premium. However, new sites continue to be developed, and faculty-retention is high with only 3 of 13 sites dropping out since the program's inception due to faculty relocation or illness. The input and suggestions of students who identify ambulatory sites and faculty preceptors with demonstrated ability to facilitate outstanding learning experiences continue to enhance the quality of the educational experience.

## Conclusion

We describe here the development of a new fourth-year medical student rotation integrating ambulatory medicine, public health, ethics and professionalism culminating in a Capstone presentation. The course is thus

an initial step in UNMSOM's efforts to integrate public health and ethics broadly across the undergraduate medical curriculum. Student evaluations support that the rotation has been an innovative and successful integration of three emerging areas of significance in medical education: ambulatory medicine, public health and ethics and professionalism. Both faculty and students have indicated high levels of satisfaction with the rotation experience, in particular, the unique opportunity the Capstone Project offers for student independent scholarly research. Faculty and students alike find the Capstone experience a valuable opportunity for meaningful dialogue on the broader context of health care delivery. We continue to learn from our experiences and improve this rotation. The model of an interdisciplinary rotation rather than a single-department clerkship is one we hope to build upon in other curricular areas. Such an approach will enable us to draw upon the wide range of perspectives and expertise present in UNMSOM and the greater health sciences center and university when designing course objectives. The ambulatory rotation has allowed the cross-cutting themes of ethics and public health, increasingly important in health care and medical education, to be central aspects of the course rather than add-on issues peripheral to the clinical discipline. We hope that the UNMSOM example may contribute to the development of similar projects at the interface of medicine, public health and professionalism at other institutions.

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