



Requesting an Advanced Clinical Mentorship (ACM) in Third Year

Doing an ACM during year 3 requires approval from the Associate Dean for Medical Education (Clinical Curriculum) and the directors of all the affected clerkships. Note, this process requires significant lead time as noted below. Students who complete the 12 weeks of ½ day a week sessions will receive one week of credit which will count towards the required 38 weeks of clinical electives.

ACM Guidelines for both student and faculty sponsor:

- The ACM is an optional experience. The ACM may not interfere with any mandatory clinical or didactic sessions during any clerkship. We **strongly encourage** students having academic difficulties to speak with an advisor prior to initiating this process.
- **Please note: the Advanced Clinical Mentorship is not intended to be a shadowing experience. Students should, under appropriate supervision, take histories, perform physical examinations and participate in the diagnosis and management of patients.**
- The ACM must consist of exactly 12 half-day per week sessions at a single outpatient site.
- **The ACM can only occur during the last 24 weeks of third year (November through April)**
- Students must complete the ACM within 24 weeks.
- If a student is unable to complete the ACM within this time period, the Office of Records and Registration will contact the student and ask for a plan of completion. This plan of completion requires approval from the Student Support committee. If approval occurs, the student must complete the ACM within the time window given.
- Should the student not complete the ACM within this time window, the student will be withdrawn from the ACM and no grade/credit will be awarded.
- Only a Brown faculty member can sponsor the ACM
- Faculty can only sponsor one student per clinical session
- The student should work with and be supervised by only the ACM faculty sponsor so that the clinician gets to know the student well, and is able to write a letter of support for residency applications
- Students may each enroll and complete one ACM. If capacity allows and under extraordinary circumstances, students may request to enroll in and complete a second ACM. Such requests will be considered by the Student Support committee.

ACM scheduling constraints vary for each clerkship and are listed below:

- **Family Medicine** – ACM sessions cannot occur on Wednesdays or during any other scheduled Clerkship didactic sessions (allowed 5 sessions during this clerkship).
- **Internal Medicine** – ACM sessions cannot occur during the eight weeks of inpatient wards. ACMs can occur during the outpatient 4 weeks **if they do not conflict with scheduled clerkship activities**. Requests to do an ACM must be submitted to the Medicine clerkship director at least 6 weeks prior to the start of the clerkship. You may be able to do up to six ACM sessions during outpatient medicine.
- **Ob/Gyn** – ACM sessions cannot occur during clinic week or night float. Attendance is mandatory at afternoon didactics, so ACM sessions cannot occur then. Requests to do an ACM must be submitted to the Ob/Gyn clerkship director at least six weeks prior to the start of the clerkship (allowed four sessions during this clerkship).
- **Pediatrics** – ACM sessions can take place **ONLY** on Monday, Wednesday, Friday afternoons. Sessions cannot occur during night float week (allowed 5 sessions during this clerkship).
- **Surgery** – ACM sessions cannot take place during scheduled clinic time or didactics (allowed 3 sessions during this clerkship); **missed time must be made up (such as on weekends) and can be arranged with the clerkship coordinator**.
- **CNS** – ACM sessions cannot take place during the CNS ½ day longitudinal experience or Wednesday

Associate Dean of Medical Education:

Request Approved

Request Denied

Date

Once Dean George has approved this experience, obtain signatures from each Clerkship Director (not the Clerkship Coordinator) and forward the completed form to AMS-Records@brown.edu.

Clerkship 1: _____ Clerkship Director's Signature:

Request Approved

Request Denied

Date

Clerkship 2: _____ Clerkship Director's Signature:

Request Approved

Request Denied

Date

Clerkship 3: _____ Clerkship Director's Signature:

Request Approved

Request Denied

Date

Clerkship 4: _____ Clerkship Director's Signature:

Request Approved

Request Denied

Date