Objectives

Following this session, participants will be better able to:
1. Identify the Longitudinal Integrated Clerkship (LIC) model,
2. Describe the evidence about advantages of the LIC as compared to block clerkships,
3. Anticipate potential challenges to implementation of a multi-campus LIC, and
4. Identify strategies to address these challenges.

Longitudinal Integrated Clerkship (LIC)

- Students participate in comprehensive care of patients over time
- Develop continuous relationships with faculty
- Curriculum addresses core clinical competencies across multiple disciplines simultaneously

Clerkship Models

- Traditional Block
- Longitudinal Ambulatory Track
- Hybrid Block & LIC
- Longitudinal Integrated

Example LIC Schedule

Administration

Central administration
- LIC director (assistant dean)
- Office of medical education

Clerkship directors
- Department assistants

Distributed administration
- Campus deans (chair coordinating committees)
- Coordinating committees
- Education coordinators
Role of Coordinating Committees

Monthly review - Every student discussed every month
• Student-Patient experience/procedure logs
• Independent learning activities: online cases, H&Ps, etc.
• Feedback from attendings (3 times a year)
• Test scores (when available)
• Monthly feedback from mentor on the committee

Formative (mid-year) & summative grading
• Exact scores are calculated for each course at mid-year (formative) and end of year (summative)

Assessment:
Credits by disciplines and competencies

25 credits divided among:
• Family medicine
• Internal medicine
• Neurology
• OB/Gyn
• Pediatrics
• Psychiatry
• Surgery

23 credits divided among:
• Medical knowledge
• Patient care
• Interpersonal & communication skills
• Practice-based learning & improvement
• Professionalism
• Systems-based practice

Assessment:
Grading Formula Examples

Discipline Example:
• Internal medicine
  - 50% Subject exam
  - 30% Attending eval
  - 20% H&Ps, online cases

All discipline grades use the same components and weightings.

Assessment:
Grading Formula Examples

Competency Example:
Interpersonal & communication skills
-50% attending evaluations (Communication items from all disciplines)
-30% OSCE (communication sub-score)
-20% small group facilitator evaluation

Grading components and weightings vary by competency.

Medical Knowledge

• Equivalent knowledge\(^1\)\(^2\) and clinical skills on standardized testing\(^3\)\(^4\)\(^5\)
• Step 1 to Step 2 scores increase (LIC students >5 points lower Step 1, slightly higher on Step 2)\(^6\)
• OSCE – equivalent knowledge\(^7\)

Show me some evidence!

Medical Knowledge

- Trend higher on USMLE Step 2 CK but not statistically significant
- Improved knowledge retention beyond the third year
- Residency directors rated RICC stronger overall performance compared to RBC

Patient Care/Clinical Skills

- Patient continuity provides a “doctor-like role”
- Improved patient-centered attitudes
- More meaningful patient interactions
- No difference in surgery skills - OSATS

LIC students better understand patient’s experience
LIC students learn diagnostic reasoning faster
LIC students describe their role as caregiver; BC students as team player and performer

Communicated and Collaborated

- Positive patient evaluations
- Better developed clinical communication skills
- OSCE - Improved data gathering

Professionalism

- Increased student satisfaction and perceived value of feedback
- Less burnout and improved empathy

**Professionalism**

- Scholarly activity—Graduates of the LIC attained awards and published papers at the same rate as peers and were more likely to engage in health advocacy work
- LIC students gain confidence to influence their own learning and modify circumstances to meet learning needs
- Improved recognition and respect for health professional roles and interprofessional teams

**Systems-Based Practice**

- Workforce—LIC grads more likely to enter primary care residency and rural practice
- LIC students make career specialty decision earlier

**Structural Implications**

- Logistical complexity

**Human Resource Implications**

- Concern about job security and new roles

**Challenge**

- Reassure as appropriate
- Meet regularly with all players, (from admin assistants to department chairs)
- Retrain

**Strategies**

- 1. Faculty and staff development
- 2. Get department chairs working with you; others will follow
- 3. Consistently address concerns and incorporate new ideas (Best practices LIC)
- 4. Model after successful programs

**Political Implications**

- Challenge—Departments may sense a loss of control over “their” curriculum

**Systems-Based Practice**

- LIC students of value to health care team, understand the patient experience, contribute to care and facilitate transition
- Progressively increasing patient responsibility
- Improve the perceived quality of patient care

**Human Resource Implications**

- Concern about job security and new roles

**Strategies**

- 1. Without compromising outcomes, allow flexibility
- 3. Find key champions
- 4. Acknowledge loss
Symbolic Implications

Challenge
- "This is not how I trained."

Strategies
1. Review changes in med ed and research behind it
2. Emphasize continuity of patient relationships, faculty relationships, curriculum
3. Focus on the future while acknowledging the past

Summary

1. Longitudinal Integrated Clerkships emphasize continuity of patients, faculty, curriculum.
2. Evidence demonstrates comparability and advantages of LIC as compared to blocks.
3. Anticipate challenges to implementation that are more about change angst than pedagogical theory.

Q&A