Expanding a Longitudinal Integrated Clerkship to Multiple Campuses

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CGEA 2014
Objectives

Following this session, participants will be better able to:

• Identify the specific Longitudinal Integrated Clerkship (LIC) model that best fits their institutional needs

• Anticipate potential challenges to implementation or expansion of a multi-campus LIC

• Identify strategies to address these challenges

• Outline logistical and administrative steps toward LIC implementation
Session Outline

• Laying the Groundwork for Change (5 min)
• LIC Schedule Options/Curriculum (5 min)
• Q&A (10 min)
• Administration and Resources (5 min)
• Program and Student Evaluation (5 min)
• Q&A (10 min)
Timeline

Fall 2009
LCME Site Visit

Fall 2010
Multiple Curriculum Proposals Reviewed at Retreat

Spring 2011
Consensus on LIC Format

Spring 2012
Review Schedules and New Positions at Retreat

Fall 2012
First of Seven Faculty Dev Sessions

Spring 2013
Finalize: Requirements Curriculum Evaluation Handbooks

Summer 2013
Launch LIC on All Clinical Campuses
Groundwork for Change

• Challenges
  – Political
  – Structural
  – Human Resources
  – Symbolic
Challenges

• Political
  – Departments may sense a loss of control over “their” curriculum
  – Number and mix of faculty may change

• Structural
  – Lack of interdepartmental communication
  – Logistical complexity
  – Unfamiliar organizational chart
Challenges

• Human Resources
  – Concern about job security and new roles

• Symbolic
  – This is “not how I trained”
Clerkship Models

- Traditional Block
- Longitudinal Ambulatory Track
- Hybrid Block & LIC
- Longitudinal Integrated
## Example LIC Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00-8:30</td>
<td>Hospital Rounds</td>
<td>if surgical, medical, or pediatric patient on panel in the hospital</td>
<td>optional</td>
<td>optional</td>
<td>optional</td>
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<td>optional</td>
</tr>
<tr>
<td>8:30-12:00</td>
<td>AM Clinic</td>
<td>IM Clinic</td>
<td>Surgery OR</td>
<td>Psychiatry Clinic (three per month)</td>
<td>Patient Panel and Self-Directed Learning*</td>
<td>Noon Sessions</td>
<td>Small Group Case</td>
</tr>
<tr>
<td>12:00-1:30</td>
<td>Noon Sessions</td>
<td>Small Group Case</td>
<td>Small Group Case</td>
<td>Small Group Case</td>
<td>FLIC Didactics</td>
<td>Noon Sessions</td>
<td></td>
</tr>
<tr>
<td>1:30-5:00</td>
<td>PM Clinic</td>
<td>Patient Panel and Self-Directed Learning*</td>
<td>Family Medicine Clinic</td>
<td>OB/Gyn Clinic</td>
<td>Patient Panel and Self-Directed Learning*</td>
<td>Noon Sessions</td>
<td>FLIC Didactics</td>
</tr>
<tr>
<td>Post 6:00</td>
<td>Evening Call</td>
<td></td>
<td></td>
<td>periodic call sessions TBD</td>
<td>periodic call sessions TBD</td>
<td>periodic call sessions TBD</td>
<td>periodic call sessions TBD</td>
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### Week 2

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<th>Thursday</th>
<th>Friday</th>
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</tr>
</thead>
<tbody>
<tr>
<td>7:00-8:30</td>
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<td>if surgical, medical, or pediatric patient on student panel in the hospital</td>
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<td>optional</td>
<td>optional</td>
<td>optional</td>
</tr>
<tr>
<td>8:30-12:00</td>
<td>AM Clinic</td>
<td>IM Clinic</td>
<td>OB/Gyn OR</td>
<td>Psychiatry Clinic (one per month)</td>
<td>Patient Panel and Self-Directed Learning*</td>
<td>Noon Sessions</td>
<td>Small Group Case</td>
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<td>Patient Panel and Self-Directed Learning*</td>
<td>Family Medicine Clinic</td>
<td>Surgery Clinic (three per month)</td>
<td>Peds Clinic</td>
<td>Noon Sessions</td>
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Curriculum

• Opportunities:
  – Review existing curriculum for all departments
  – Sequence
  – Limit redundancy
  – Develop inter-disciplinary sessions
  – Consider moving some curricular content to asynchronous learning
Curriculum

• Challenges:
  – Department collaboration
  – Perceived “loss” of content
  – Ownership of content
  – Change in established patterns
    • New day of week for didactics
    • New contact person for scheduling
  – Student dissatisfaction with some content
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
Administration

Critical Role of Coordinating Committee

• Monthly review of students’ numbers & narratives
  — “At the mark for H&Ps and deliveries, not as many surgeries as others. Good mix of diagnoses. First test scores okay. Attending evals remark that he’s good with patients.”

• Monthly feedback to students
  — “Noticed your surgical numbers are a bit low. Even if you’re not thinking of being a surgeon you need to get into the OR.”

• Formative (mid-year) & summative grading
Resources

**Block clerkships**

Clerkship Directors
- 7 x 0.2 FTE

Attending physicians

Didactic lecture hours

**Longitudinal integrated clerkships**

= Clerkship Directors
- 7 x 0.2 FTE

↑ Coordinating cmte members
- 14 x 0.1 FTE

↑ Education Coordinator
- 1 FTE

↓ Attendings (Hospital blocks & LIC)

↓ Didactic lecture hours
Literature on LIC Costs

ACE Clerkship Directors Guide

- LIC director and central support
- Physician faculty vs. residents
- Student housing

PISCES Program (UCSF)

- $70,000 for development year
- $120,000 for PISCES-1
- $80,000 for PISCES-2

Program and Student Evaluation

• What are the driving forces at your institution?
  - Workforce
  - Faculty influence
  - Student performance
  - National trends

• Collect data prior to change
Clinical Skills

- Meaningful patient interaction (database)
  - Procedures
  - Continuity
  - Patient Centeredness
- Diagnostic reasoning
- Attending evaluations
Knowledge

• Step 1 → Step 2 scores
• OSCE
• NBME and USMLE
• Knowledge retention beyond third year
Practice-Based Learning and Improvement

• Triple Jump
• Professional identity formation
• Life-long learning
• Student directed activities
• Use of white space
Communication

- Faculty evaluations of student
- Patient evaluations
- Small group
- OSCE communication evaluations
Professionalism

- Student satisfaction/perception
- Empathy/Burnout
- Referrals to progress and conduct committee
- Scholarly activity
Systems-Based Practice

- Specialty choice
- Workforce
- Student value to health care team
- EMR utilization (from student and faculty perspective)