LIC 101:
Teaching and Feedback

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Learning Objectives

- Support your LIC learner and enhance your teaching experience through an understanding of the LIC model
- Build a partnership with your student so they bring value and meaning to your practice
- Develop a plan to approach your first day with your student and ensure a great year together
- Deliver meaningful, effective medical student feedback.
- Identify teaching resources for faculty preceptors

Continuity and Relationships: Evidence-Based Education

- Demonstrated benefit of LICs = Best Practice:
  - Spaced and interleaved learning with integrated experiences
  - Relationships with supervisory faculty, meaningful coaching and feedback
  - Limitation of hidden curriculum, supportive learning environment
  - Facilitate learners' relationships with patients, amplify development of empathy and patient-centeredness
  - Greater learner satisfaction with their training
  - Meet the health care needs of society
- LICs bring together best practice education for our students, prioritize faculty experience, and consider population health needs in curriculum redesign

Englander, Carraccio. A Lack of Continuity in Education, Training, and Practice Violates the "Do No Harm" Principle. Academic Medicine, 2018

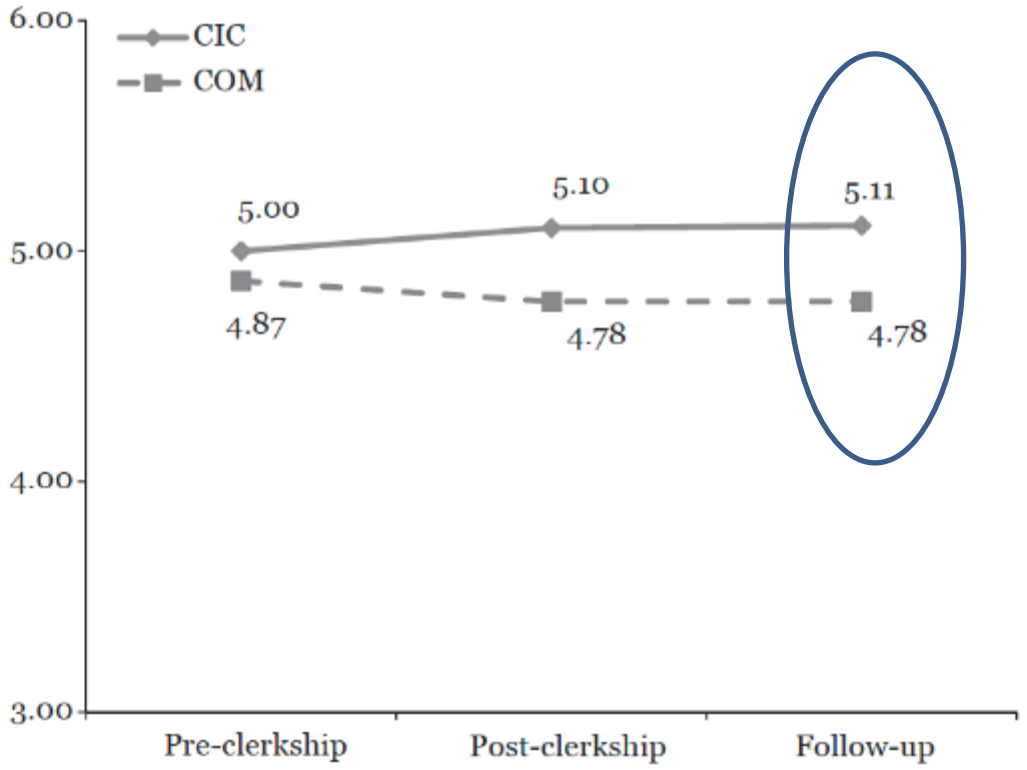
Evidence for LICs

- Students in LICs have equal or better performance on:
  - Standardized exams
  - Clinical assessments
  - Sub-internships
  - National board examinations
  - Residency match

Teherani A, Irby D, Loeser H. Outcomes of different clerkship models: longitudinal integrated, hybrid, and block. Acad Med. 2013;88:35-43.
Walters L, Greenhill J, Richards J, et al. Outcomes of longitudinal integrated placements for students, clinicians and society. Med Educ. 2012;46:1208-41.
Hirsh D, Gauberg E, Ogur B, et al. Educational outcomes of the Harvard Medical School—Cambridge integrated clerkship: a way forward for medical education. Acad Med. 2012;87:643-50

Evidence for LICs

- Students in LICs demonstrate:
  - Improved measures of patient-centeredness
  - Increased empathy



Enduring Improvement in Patient-Centeredness
p = 0.035

Figure 1 Comparison of pre- and post-clerkship mean scores of 27 Harvard Medical School–Cambridge Integrated Clerkship (CIC) students and 40 traditionally trained comparison group (COM) students on the Patient–Practitioner Orientation Scale (PPOS), which measures patient-centredness on a 6-point scale. All study participants engaged in their clerkship year at Harvard Medical School during 2004–2007. The graph is extended to compare PPOS scores of 19 CIC and 21 COM students 4–6 years later. For scores pre-clerkship, p = 0.239; for scores immediately post-clerkship, p = 0.011; for follow-up scores 4–6 years later, p = 0.035.

Gaufberg E, Hirsh D, Krupat E, et al. Into the future: patient-centeredness endures in longitudinal integrated clerkship graduates. Med Educ. 2014;48:572-82.

How do we achieve these outcomes in a LIC?

- Authentic student roles
- LIC patient panel
- Our dedicated faculty
- Developmentally progressive case-based didactics

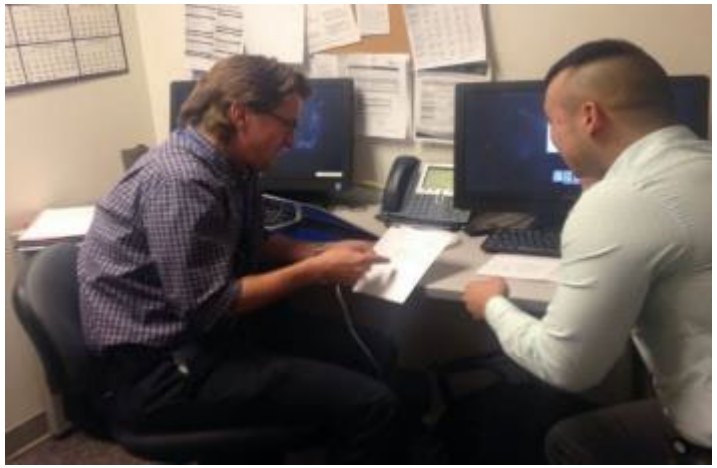
Reframing the Role of Medical Student

- Current block clerkship model creates clinical teaching challenges: time pressure, competing demands of patient vs. student, under-resourced
  - Opportunistic
  - Passive observer role for students
  - Inadequate supervision, observation, feedback
  - Limited opportunity for reflection and discussion

Spencer. Learning and Teaching in the Clinical Environment. BMJ, 2003; 326: 591-594.

LIC: Authentic and longitudinal roles with patients

- Novice members of the health care team and sharing responsibility for patient care with faculty → transform into care providers, navigators and advocates
- Longitudinal = entrustable, students earn progressive level of patient care responsibility
- Students develop a holistic approach to patient care and sense of responsibility to individual patients



Walters, et al. Outcomes of longitudinal integrated clinical placements for students, clinicians and society. Med Educ 2012; 46: 1028-1041
Poncelet, et al. Development of a longitudinal integrated clerkship at an academic medical center. Med Educ Online 2011; 16: 5939.
Teherani, et al. Outcomes of Different Clerkship Models: Longitudinal Integrated, Hybrid and Block. Acad Med 2013; 88: 1-9

Patient Panel

Students serve as primary points of contact, advocates and navigators for their patients throughout the clerkship year by attending visits, admissions, procedures, and deliveries with patients from their panel.

Students will have a minimum number of 'cohort' patients in each specialty. Students are expected to follow these patients over time and care venues. Each cohort patient must have contact with the student in 3 separate encounters through the year

Hirsh, et al. Continuity as an Organizing Principle. NEJM, 2007.

2 Inpatient Adults (admission, rounding, post-discharge)	patient must include initial evaluation of undifferentiated symptom in ambulatory, ED, hospital setting, admission H&P and presentation, rounding daily/close to daily during admit, participation in discharge, transition of care to outpatient, discharge follow up ambulatory appointment in primary care, specialty care, home visit, acute care facility, etc.
2 Surgical (pre-op, OR, post-op)	patient may include a pre-surgical visit, operating room participation, and post-op care
1 Obstetric (prenatal, delivery, nursery, postpartum)	patient may include pre-natal care, participation in delivery, care in newborn nursery, care of mother in post-partum. Newborn can be followed in pediatric care and added to pediatric cohort separately if applicable.
1 Cancer (multidisciplinary care)	patient must include care in multidisciplinary care settings (oncology, surgical, tumor board, other specialty care, palliative care, primary care, radiation oncology, home care, mental health, etc.)
1 Non-Cancer Chronic Disease (multidisciplinary care)	consider a patient who will require care across different settings and over time (ex. Diabetes, heart disease, failure to thrive, etc), pediatric or adult.
1 End-of-Life or Palliative Care	patient may be inpatient or outpatient, or home care; may be in private facility
1 Pediatric	Pediatric: ages newborn to 18, siblings within the same family count toward continuity
1 Mental Health Diagnosis	patient must progress from acute symptomatic presentation to stabilization of condition
5+ Longitudinal Care (student choice)	

Immeasurable Value of our Faculty

"One key strength of the LIC is the ability to connect with preceptors over time, which allows them to **help identify areas for improvement and learning. It also allows us to become integrated onto the care teams**"

"**The greatest strength of this program is the dedication of faculty members to our education and to the population they serve**"

"I am **blown away by how hard all my preceptors work to ensure immaculate care for all of their patients**, and how they approach each visit without any sort of judgment, but instead a genuine desire to use whatever resources they can to help their patients"

Team-Based Learning

- Small group, interactive learning
- Supportive of development of clinical reasoning
- Foster growth mindset and peer teaching
- Developmentally progressive
- Integration of H&S, Clinical and Medical Science Pillars

Nuts and Bolts

Ambulatory Longitudinal Integrated Experiences

Longitudinal

- Faculty (7 preceptors per student): Internal Medicine, Family Medicine, Surgery, OB/GYN, Psychiatry, Emergency Medicine, Pediatrics
- Cohort Patients: at least 15, followed over the year, across the health care system

Integrated

- Learning is patient-centered; not specialty or team siloed
- Learning is spaced and interleaved
- Inter-professional collaboration in patient care

INPATIENT IMMERSIONS

- Goals/Objectives
  - Exposure and skill development to support longitudinal care of patients
  - Focused care of acutely ill patients
  - Admissions/discharges
  - Oral presentations, notes, consults
  - Work with teams
  - Career exploration
- What it is **NOT**: a condensed comprehensive course in that specialty
- Remaining inpatient exposure comes from longitudinal patients
- We have several “GP Model” LICs which do not have students participate in immersions

Surgery
Medicine
Obstetrics/Gynecology
Pediatrics
Psychiatry

Sample weekly schedule

Monday	Tuesday	Wednesday	Thursday	Friday
Peds	FM	Independent Learning Time	Surgery	Independent Learning Time
IM	OB/GYN	Didactics	Independent Learning Time	Psychiatry

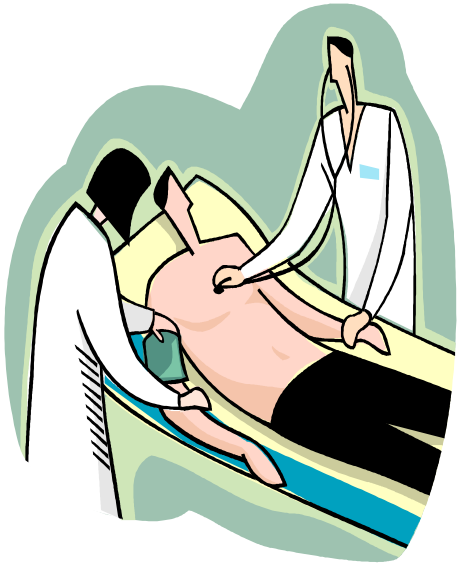
- **Emergency/urgent care** shifts once a month, scheduled on weekends/nights/ILT
- Additional **inpatient and specialty care** experiences with panel patients in each specialty
- **ILT**: follow up with panel patients, coordinate with preceptors to rearrange clinical time to meet patients at appointments, flexibility to pursue individual interests
- **Didactics**: core clerkship content, LIC specific content, health & society content, review of basic science
- **GP Model LICs**: students may achieve core objectives in generalist practice

The LIC Coordinator

- The glue that holds the program together
- Management of student and faculty schedules
- Coordinate flexibility around panel patient care
- Track and organize student assignments and assessments
- Safe space for students
- Please communicate with your coordinator!

Help your student prepare for their first day!

- Get to know one another
- What time to arrive, where to go, where to park?
- What to bring, what to wear?
- What will a typical session or day be like?
- What expectations do you have of the student?
- What expectations does the student have of you?
- Should the student prepare for the session?
- Share the best way to contact one another



Invest in the Day: Prep your student for success

First Day

- Review expectations
- Set goals
- Plan feedback
- Meet your team
- Orient to office/hospital

Daily Check-Ins

- Set a daily goal
- Which patients should they see?
- How long with the patient?
- Focus (prime) your learner
- Plan for written notes & oral presentations
- Plan for patient care follow up tasks?
- Plan for reading/pre-chart to prepare for next time
- Any topics to prepare for next time?
- Debrief/feedback

Other Tips for success

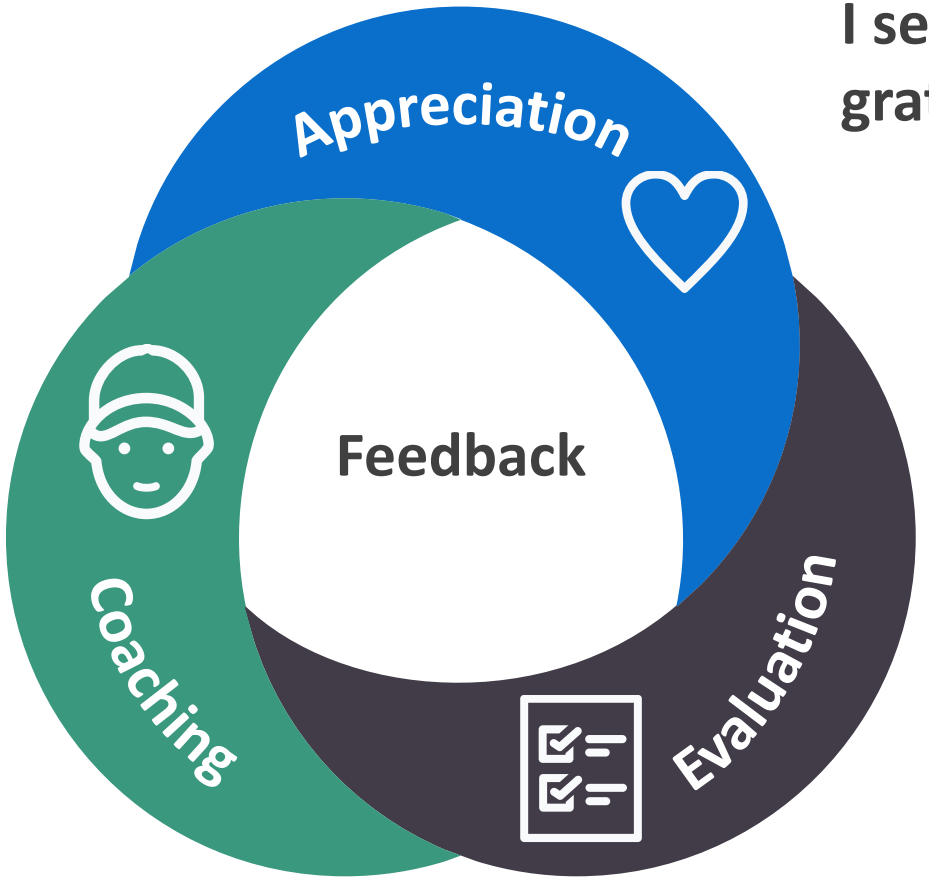
- Whenever one of your patients is admitted to the hospital, referred to a specialist, etc. forward the notification
- Help students **identify good patients** to follow
- Value **quality over quantity** in terms of patients seen
- Students can **use down time** in clinic to read, do patient follow up, review charts,
- **Think out loud**
- Allow students to **do as much as possible**
- **Identify one topic** during your session the student needs to learn more about
- **Directly observe** your students doing all aspects of patient care, but not all during the same visit!

Feedback

- One of the most powerful teaching tools we have!
- Students often report they don't receive feedback when in fact they may just not realize that something they thought of as "teaching" or modifications to a patient's plan were in fact feedback.
- One pediatrician that I know used to give out Hershey kisses every time he gave feedback and would go through an entire bag in a few days as we are almost always giving feedback as educators!

Three types of feedback

I see you and am grateful for your work



This is how you can improve

This is where you stand

Coaching in the moment:
Feedback as a coaching conversation

- Remember that your goal is to change their behavior not just to "give feedback" so do what you can to make sure the learner will internalize what you say
- Starting with the learner's self-reflection helps to gauge their insight and allows you to use their own goals/thoughts to trigger change

Characteristics of Good Feedback

The power of Yet

- Constructive feedback doesn't always have to be about something the learner did wrong
- Think about what the next steps are for the learner
  - What would they be able to do if they were more independent?
    - *Picture this learner on their own in a hospital on a deserted island – what else would they need to be able to do to* ***provide safe and effective care?*** *How would they act differently?*

Barriers to Effective Feedback

- Not enough time or space
- Feeling like you do not have enough contact time to assess performance
- Wanting to avoid conflict
- It's difficult!

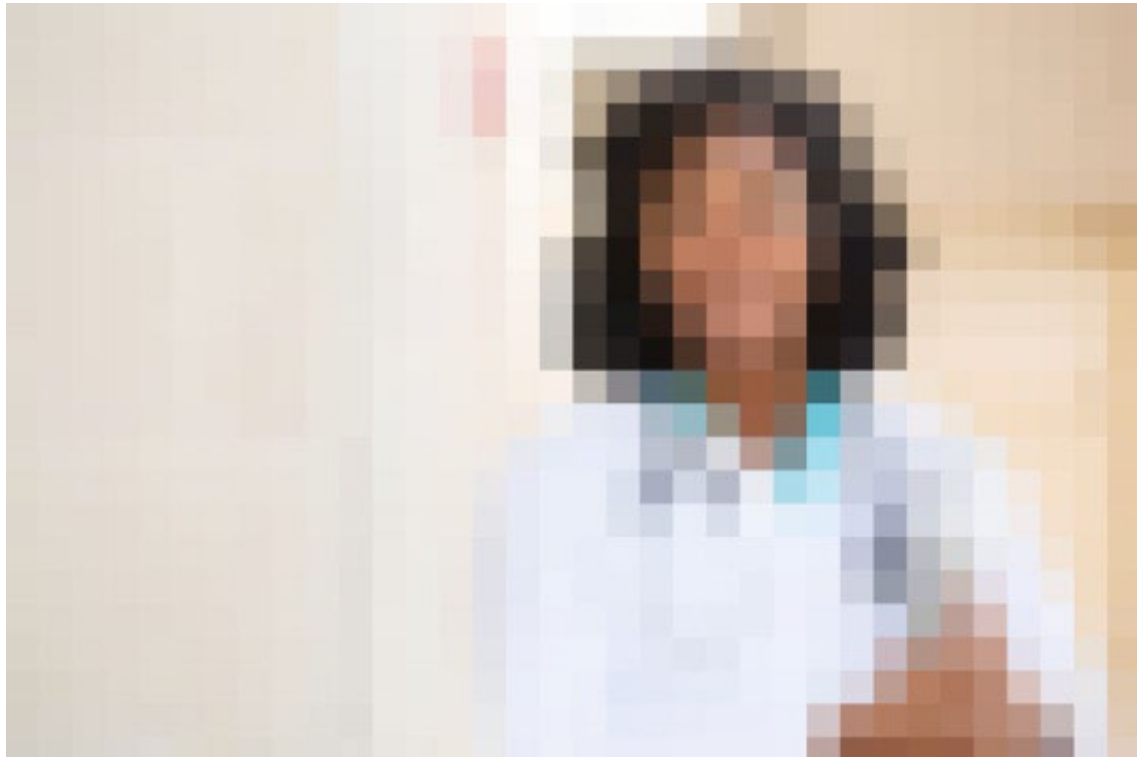
Ways to mitigate these barriers

- Schedule time
- Consider phone or email feedback
- Any observation is probably representative – one-time feedback will be helpful and won't have a significant negative impact
- Find a common goal between you and the person receiving feedback (i.e. we all want to train good doctors)
- Practice!

What to do if you are concerned about a learner

- Provide feedback both in conversations and in writing!
- Reach out to the LIC director to discuss concerns early rather than waiting
- Don’t be afraid to speak up – we have resources to support students and it is better to know early rather than at the end of the clinical year

Each assessment is another pixel to provide more detail



Resources

LIC Faculty Development Guidebook (licguide.org)

6 minute LIC testimonial video

CUSOM LIC – Teaching and Learning

Pepper J, Riegels NS, Ziv TA et al. Twelve Tips for Students in Longitudinal Integrated Clerkships. MedEdPublish 2019, 8:59 (https://doi.org/10.15694/mep.2019.000059.1)

Thank You!

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