

Maximizing the LIC Patient Panel for meaningful student, faculty, and patient experiences

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Leadership. Curiosity. Commitment.



School of Medicine

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

**Leadership.
Curiosity.
Commitment.**

Learning Objectives

- Discuss LIC learning theory undergirding the LIC patient panel
- Explain the role of a student's patient panel in the LIC
- Identify strategies to facilitate longitudinal patient experiences for LIC students

Leadership. Curiosity. Commitment.

Roadmap

- Background (5 minutes)
- Student Perspectives (20 minutes)
- Breakout Groups (15 minutes)
- *What new precepting strategies will you try to foster the LIC patient panel?*

LIC Learning Theory

- Knowledge integration
- Longitudinal variability
- Continuity

Mylopoulos M, Kulasegaram K, Weyman K, Bernstein S, Martimianakis MA.

Same but different: exploring mechanisms of learning in a longitudinal integrated clerkship. Acad Med. 2020;95:411-416.

Walters L, Greenhill J, Richards J, et al. Outcomes of longitudinal integrated placements for students, clinicians and society. Med Educ. 2012;46:1208-41.

Hauer KE, Hirsch D, Ma I, Hansen L, Ogur B, Poncelet A, Alexander EK, O'Brien BC.

The role of role: learning in longitudinal integrated and traditional block clerkships. Med Educ. 2012; 46:698-710.

The Role of Role

The role of role: learning in longitudinal integrated and traditional block clerkships

Karen E Hauer,¹ David Hirsh,² Iris Ma,³ Lori Hansen,⁴ Barbara Ogur,² Ann N Poncelet,¹ Erik K Alexander⁵ & Bridget C O'Brien¹

“Although both LIC and BC students reported serving in important roles in supporting their patients and sharing information about their care, only LIC students consistently described opportunities to grow into a doctor role with patients. The high level of integration of LIC students into care systems and their deeper relationships with preceptors and patients enhanced their motivation and feelings of competence to provide patient-centered care.”

Hauer KE, Hirsch D, Ma I, Hansen L, Ogur B, Poncelet A, Alexander EK, O'Brien BC.
The role of role: learning in longitudinal integrated and traditional block clerkships. Med Educ. 2012; 46:698-710.

LIC Patient Panel



Patient Panel

Students serve as advocates and navigators for their patients throughout the clerkship year and attend 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)	

Who?

- Patients with lots of touches on the health care system
 - Patients with new diagnoses
 - Stable, chronically ill patients
 - First year of life
 - End of life
 - Surgical trajectories
- Socially complex
- Patients on the cusp of a big change (contemplative)
- Follow their heart & follow their curiosity

What? → Responsibilities

- Familiarize yourself with the patient's major medical issues and the psychosocial aspects of the patient's illness
- Follow-up on all labs, studies, and consultations. Discuss next steps with your preceptors based on these results
- Take primary responsibility for communicating results to the patient, in consultation with the preceptor
- Take primary responsibility, when appropriate, to communicate with other members of the patient's healthcare team
- Accompany patients to consultations and procedures when possible
- Assume an active role when your patient is admitted

Cohort Patients: <i>15+ Longitudinal patients (at least 3 care episodes with patient/family over time)</i>			Encounter Information: <i>include date, location of care, type of encounter (may include typical clinical encounters - both face-to-face and telehealth - as well as telephone care coordination and follow up, family meetings, M&M, tumor board, home visit, etc.); provide a quick description of the encounter</i>					
EXAMPLE	Patient Initial: J.	Diagnosis: edema	1/5/22: outpt FM clinic, follow up visit. 57 M presented with new pitting edema	1/7/22: telephone follow up of labs. Called pt to discuss new onset nephrotic syndrome, referral to renal, start of lasix and ARB	1/15/22: outpatient FM clinic, f/u visit. Edema, weight and lab check	2/2/22: renal clinic, new patient consult. Participated in evaluation, plan for biopsy, wrote note, called PCP (FM preceptor) to notify of plan	2/15/22: IR, renal biopsy. Met patient in pre-op area, observed consent and procedure.	2/17/22: pathology, reviewed renal biopsy with pathologist, sent email to PCP with results
2 Inpatient Adults <i>(admission, rounding, post-discharge)</i>			Inpatient: <i>each 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.</i>					
Patient Initials		Diagnosis	Encounter Information					
Patient 1			1	2	3	4	5	
Patient 2			1	2	3	4	5	
2 Surgical <i>(pre-op, OR, post-op)</i>			Surgical: <i>patient may include a pre-surgical visit, operating room participation, and post-op care</i>					
Patient Initials		Diagnosis	Encounter Information					
Patient 3			1	2	3	4	5	
Patient 4			1	2	3	4	5	
1 Obstetric <i>(prenatal, delivery, nursery, postpartum)</i>			Obstetric: <i>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.</i>					
Patient Initials		Diagnosis	Encounter Information					
Patient 5			1	2	3	4	5	
1 Cancer <i>(multidisciplinary care)</i>			Cancer: <i>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.)</i>					
Patient Initials		Diagnosis	Encounter Information					
Patient 6			1	2	3	4	5	
1 Non-Cancer Chronic Disease <i>(multidisciplinary care)</i>			Chronic Disease: <i>consider a patient who will require care across different settings and over time (ex. Diabetes, heart disease, failure to thrive, etc), pediatric or adult.</i>					
Patient Initials		Diagnosis	Encounter Information					
Patient 7			1	2	3	4	5	
1 End-of-Life or Palliative Care			End-of-life or palliative care: <i>can be inpatient or outpatient, or home care, may be in private facility</i>					
Patient Initials		Diagnosis	Encounter Information					
Patient 8			1	2	3	4	5	
1 Pediatric			Pediatric: <i>ages newborn to 18, siblings within the same family count toward continuity</i>					
Patient Initials		Diagnosis	Encounter Information					
Patient 9			1	2	3	4	5	
1 Mental Health Diagnosis			Mental Health: <i>patient should progress from acute symptomatic presentation to stabilization of condition</i>					
Patient Initials		Diagnosis	Encounter Information					

When?

- Plan wraparound time
- Plan intersession communication strategy
- Dedicate weekly “Independent Learning Time”

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM		Medicine clinic	Family and Community Medicine clinic	Psychiatry clinic	Patient panel and self-directed learning*	Surgery (operating room)	Emergency Medicine day call
Lunch				.			
PM		Urgent Care	Patient panel and self-directed learning*	Pediatrics clinic	Surgery clinic	PISCES school	
Evening		Reflections group		.	.		
Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Where?

- Continuity clinic: Expand the visit!
 - Social work, RN visit, behavioral health, pharmacist
- Specialty care
- Hospital
- ER/Urgent Care
- Procedures
- Therapy
- Home Health
- Social Services?



How?

- Coach your preceptor:
 - *It is a LIC assignment to follow a few patients longitudinally for the year to the best of my ability*
 - *Ask for recommendations: Which of your patients would love the extra attention from a medical student?*
 - *This is a patient I'd love to follow. Can we call them together next week with the results?*
- Use your EMR
 - Check Memorial and Children's EPIC lists regularly: ER, current status, future visits
 - Inbasket
- Embrace telemedicine
- Schedule proactively: they align with you, you align with them
- Keep open communication lines with preceptors: ask to be kept in the loop, reach out to check-in

LIC Student Panel

Tell us about an impactful longitudinal patient relationship you developed during the LIC.

What did your preceptors do to foster continuity with your LIC patient?

What did YOU do to find opportunities for continuity with your patient?

Patient Experience in LIC Panels

- Patients participating in LIC student panels:
 - Value therapeutic alliance with LIC students
 - Voice improved patient experience
 - Experience mitigation of perceived health systems failures
 - Report improvement in health outcomes
 - Can experience loss when student transitions

Flick RJ, Felder-Heim C, Gong J, Corral J, Kalata K, Marin A, Adams JE. Alliance, trust, and loss: experiences of patients cared for by students in a longitudinal integrated clerkship. Acad Med. 2019;94:1806-1813..

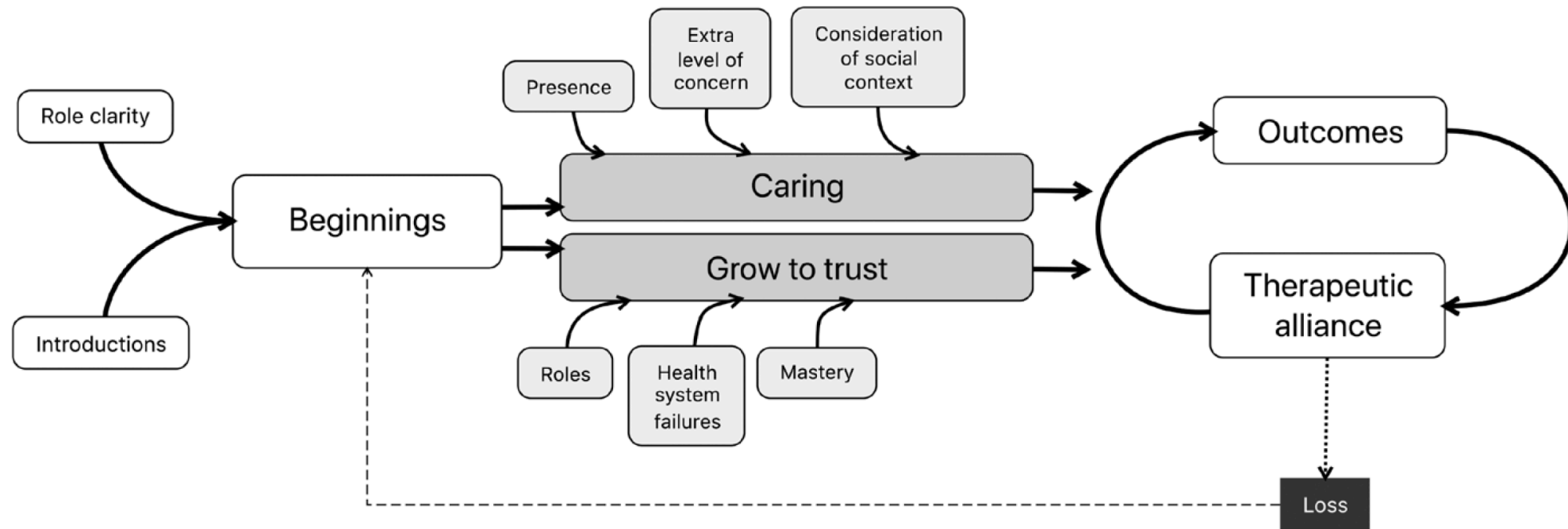


Figure 2 Prototype of the linear timeline of the development of relationships as described by patients cared for by Denver Health Longitudinal Integrated Clerkship students and interviewed about their experience working with students. From a study of patient experience, longitudinal care relationships, and health outcomes, University of Colorado School of Medicine, 2016–2017.

Patient Experience in LICs

- Veteran Affairs Longitudinal Undergraduate Medical Education (VALUE) LIC
 - Student cohort of 14-32 patients
 - Student patients and controls matched for disease severity
 - Mixed methods telephone survey
 - *63% response rate for VALUE patients*
 - *47% response rate for control patients*

Beard AS, Candy AE, Anderson TJ, Derrico NP, Ishani KA, Gravely AA, Englander R, Ercan-Fang NG.

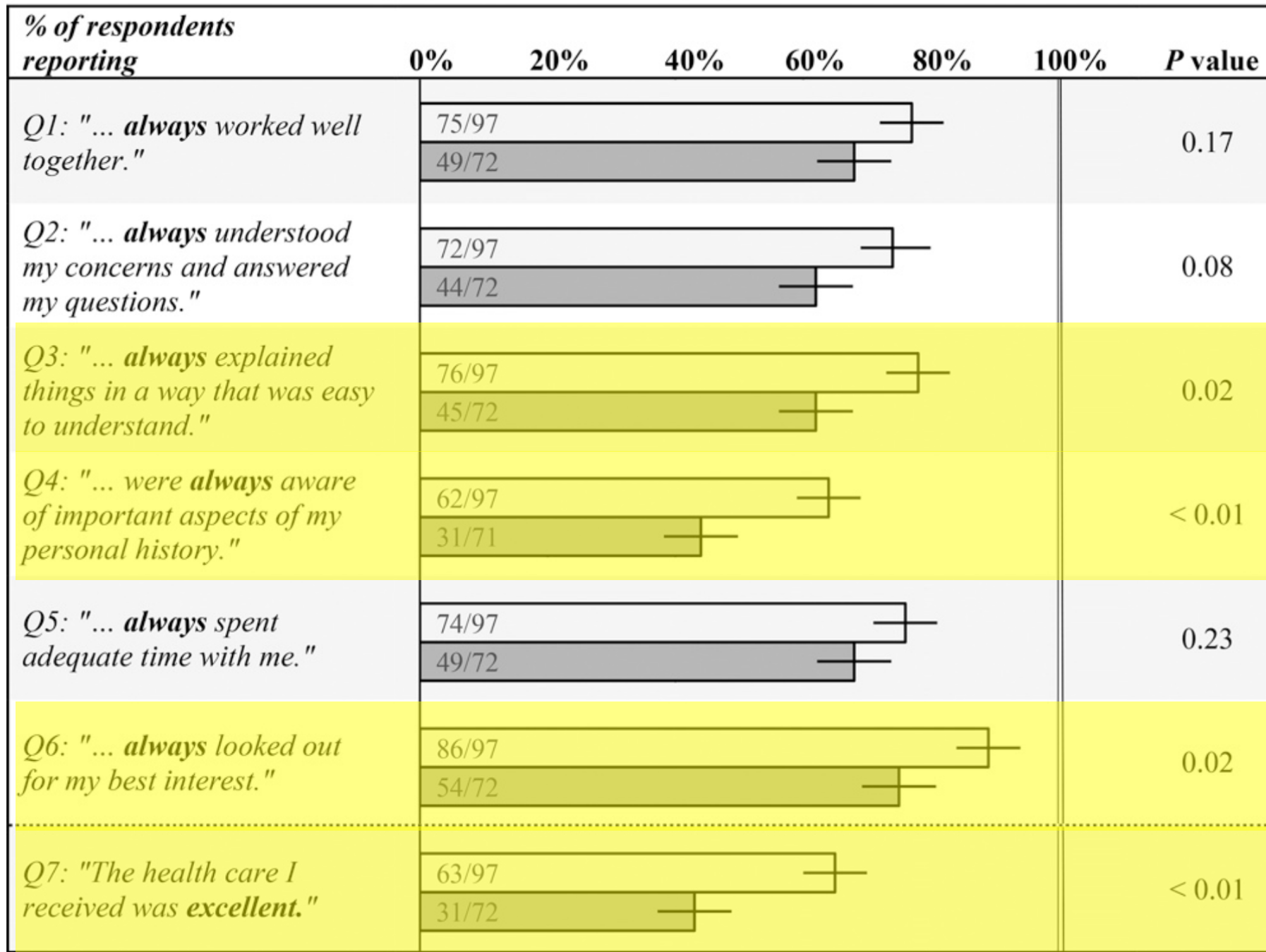
Patient satisfaction with medical student participation in a longitudinal integrated clerkship: a controlled trial. Acad Med. 2020. 95(3):417-424.

Patient Experience in LICs

- Compared to control patients, VALUE patients reported:
 - Greater satisfaction with explanations provided by their PCP
 - Greater satisfaction with provider's knowledge of their personal history
 - Greater agreement that provider was looking out for their best interests
- Patients in the VALUE panel selected the top category more often than control patients for overall satisfaction with their health care
 - 65% vs 43% ($P < 0.05$)

VALUE

Control



Students' characteristics	No. (% of 85) patients naming characteristic ^b	Example quotes
Provided compassionate/genuine care	44 (52)	<ul style="list-style-type: none"> • Oh, just that she kept very close contact with what my problem was and she was just so easy to talk to and she just had this caring spirit. She just genuinely wanted to see how I was doing. • I just loved him; he was a kind, gentle, young man. • You can be confident that if you are having a bad day that you see somebody that might comfort you. Or if you are scared about a procedure that you are about to go through. They are right there with you.
Improved communication between patient and providers	16 (19)	<ul style="list-style-type: none"> • Well you know if you had any questions that you maybe forgot to ask or they weren't explained well enough. With [Name] hanging out, I could just ask him. He would normally give you an as good if not a better explanation. • I liked him, he explained things well. • He would call and ask me if the medication was working. Ask me when my next appointment was and that he would be there. I would see him before I saw the doctor. He would come in, and the doctor would come in. He wouldn't fill my prescriptions, but he would tell them what he thought they needed to be.
Demonstrated knowledge about patients and their medical condition	8 (9)	<ul style="list-style-type: none"> • But he knew exactly what it was. We thought I was having a stroke, but he put his finger right on it. He had talked about that at school not 2 days before. • He was very nice and knowledgeable.
Demonstrated thoroughness	13 (15)	<ul style="list-style-type: none"> • So, she was very thorough in everything she did. She wrote my wife and I a card. Because she had gotten to know us quite well and she said that I was her first patient when she came to the hospital. So, she always appreciated my wife and I coming. She seemed very thorough about everything. Every problem I got.
Demonstrated eagerness to learn	7 (8)	<ul style="list-style-type: none"> • He seemed to be genuinely interested in me, medicine, and medicine as a career.

Abbreviations: VALUE, Veterans Affairs Longitudinal Undergraduate Medical Education; VA, Veterans Affairs.

^aThe VALUE program, which began in 2015, provides a 10-month, longitudinal learning experience for third-year University of Minnesota medical students annually at the Minneapolis VA Health Care System. In the 2016–2017 academic year, 10 students participated, following 159 patients longitudinally.

^bA total of 85 VALUE patients (88% of 97) commented in the free text portion of the patient satisfaction survey. Some patients made more than one comment. The numerator represents the number of patients whose comments were categorized under that theme.

Breakout Groups

What could YOU do to facilitate student-patient relationships?

How can you coach your student to do to foster continuity and ownership with LIC panel patients?

What strategies emerged?

- ?



“My white coat growing”



Questions?

LIC Faculty Development Guidebook

[Home](#)

[Chapters](#)

[Toolkit](#)

LIC 101

What's My Student Doing All Week

First Contact With the Learner

Effective Teaching

Goal Setting

What Can I Expect From My LIC Student

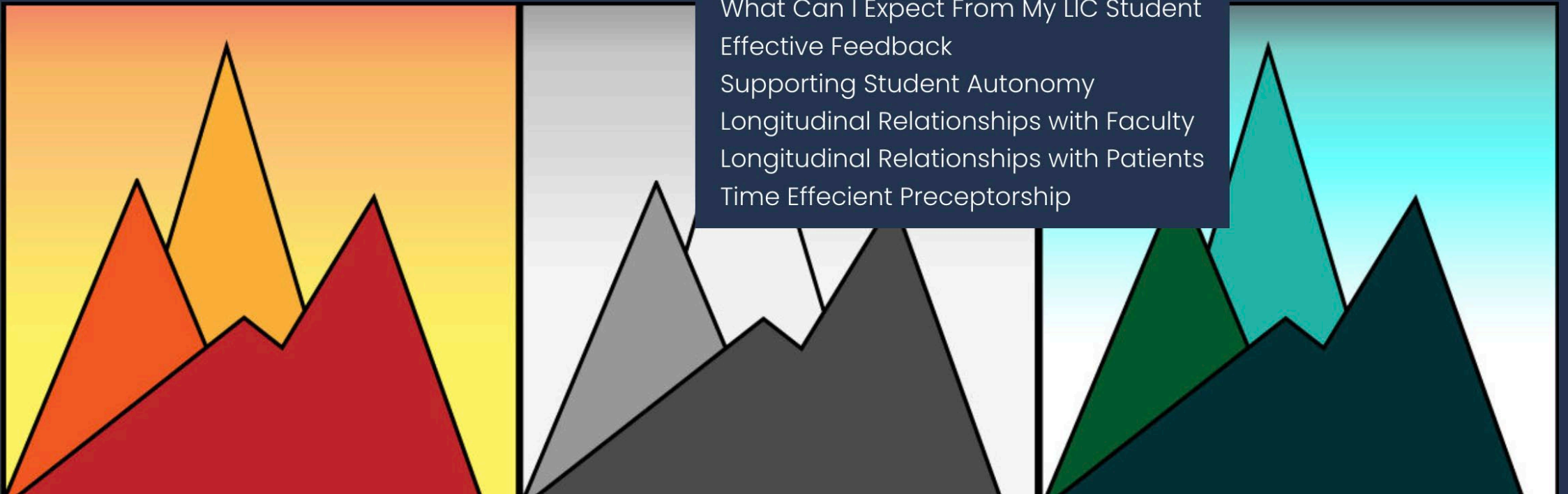
Effective Feedback

Supporting Student Autonomy

Longitudinal Relationships with Faculty

Longitudinal Relationships with Patients

Time Efficient Preceptorship



Thank you!



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