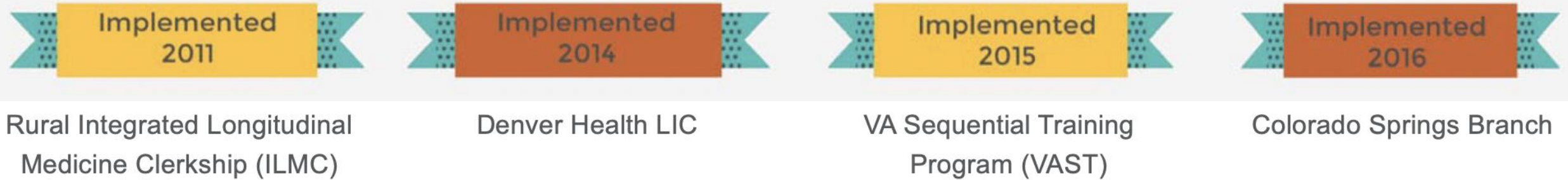


Student and Faculty Perceptions of Best Practices for Ambulatory Precepting in Longitudinal Integrated Clerkships: a Multi-Site Qualitative Study

Heather Cassidy, Vishnu Kulasekaran, Anne Frank, Catherine Ard,
Kristina Sandquist, Sheilah Jimenez, & Jennifer Adams

Leadership. Curiosity. Commitment.

Background



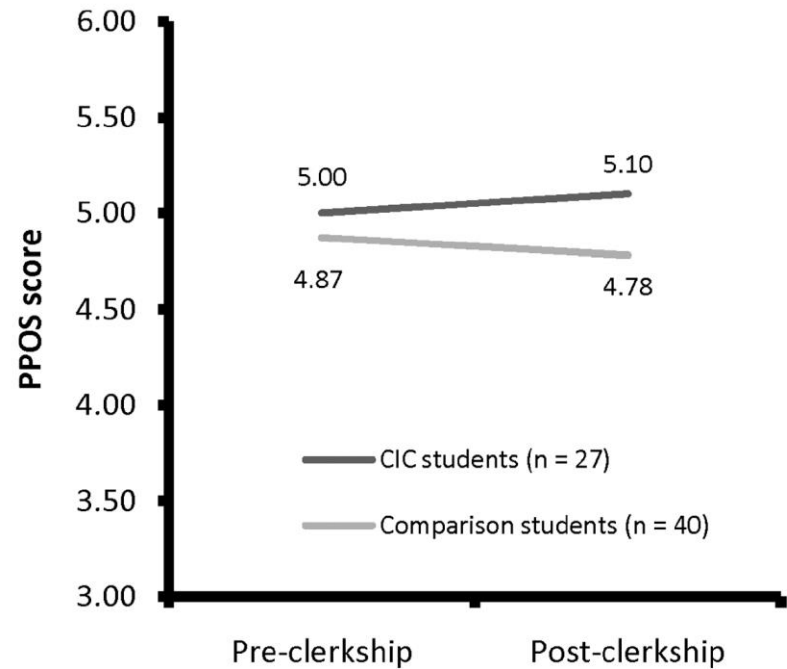
Fort Collins LIC 2020



2022

University of Colorado transitions all 180 students to LICs

Background



Into the future: patient-centredness endures in longitudinal integrated clerkship graduates

Elizabeth Gaufberg,^{1,2,*} David Hirsh,^{1,2,*} Edward Krupat,¹ Barbara Ogur,^{1,2} Stephen Pelletier,¹ Deborah Reiff² & David Bor^{1,2}

Figure 2 Comparison of pre- and postclerkship mean scores of 27 Cambridge Integrated Clerkship (CIC) students and 40 traditionally trained comparison students on the Patient-Practitioner Orientation Scale (PPOS), which measures patient-centeredness on a six-point scale. For the preclerkship scores, $P = .239$; for the postclerkship scores, $P = .011$. Harvard Medical School, 2004–2007.

Hirsch 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.

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

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

Same but Different: Exploring Mechanisms of Learning in a Longitudinal Integrated Clerkship

Maria Mylopoulos, PhD, Kulamakan (Mahan) Kulasegaram, PhD, Karen Weyman, MD, Stacey Bernstein, MD, and Maria Athina (Tina) Martimianakis, PhD

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

Aims

Identify strategies of effective preceptors for optimizing learners' clinical education in LICs.

Identify faculty development opportunities for LIC preceptors

Methods

- Multi-site qualitative study
- Focus groups
 - Denver Health & Colorado Springs Branch
 - 5 student groups: MS4s & MS3s
 - 8 faculty groups
 - *FM, IM, Pediatrics, Psychiatry, EM, Surgery, OB/GYN*
- Inductive phenomenological analytic framework

Theme	Sub-Themes
Precepting cognizant of LIC learning trajectory	<ul style="list-style-type: none"> ▪ Building Blocks ▪ Intersectionality ▪ Creating an active role
Intersession teaching	<ul style="list-style-type: none"> ▪ Identifying clinical gaps & encouraging self-directed learning ▪ Intersession feedback ▪ Supporting longitudinal care of patients
Integration into healthcare teams	<ul style="list-style-type: none"> ▪ Empowering student's role on team ▪ Empowering interprofessional teachers ▪ Empowering students to care for patients
Supporting longitudinal relationships with patients	<ul style="list-style-type: none"> ▪ Identifying panel patients ▪ Preceptors set expectations with students & patients ▪ Proactive scheduling for continuity ▪ Identifying opportunities for continuity
Goal setting and feedback	<ul style="list-style-type: none"> ▪ Collaborative ▪ Micro and macro goals ▪ Micro and macro feedback
Shared map of longitudinal markers	<ul style="list-style-type: none"> ▪ Anchored in LIC learning trajectory ▪ Supports collaborative goal setting and feedback
Opportunities for faculty development	<ul style="list-style-type: none"> ▪ LIC 101 ▪ Assist students in longitudinal care of patients

Precepting cognizant of LIC learning trajectory



"For this first quarter, let's work on history gathering and exam. And then in this second quarter, we'll start doing more and more and more differentials. And then we'll start doing more and more detailed plans. . . And so I try to remember to have kind of an even flow as the year goes on, where I'm changing my expectations." – LIC Preceptor



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Intersession teaching

	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
AM		Medicine clinic	Family and Community Medicine clinic	Psychiatry clinic	Gynecology clinic	Anesthesia (operating room)	
Lunch							
PM		Patient panel and self-directed learning*	PISCES school	Patient panel and self-directed learning*	Neurology clinic	Anesthesia (operating room)	



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Intersession teaching

“A good way to harness that [patient-student] relationship is with the follow-up phone calls...I put the ownership of following up on a lab test on my LIC students.” – LIC Preceptor

“I think that calling patients back about results and tests and next steps is a really good learning opportunity, and having Epic message conversations with your preceptor before you call the patient.” – LIC Student

Integration into healthcare teams



“I think the key fundamental thing . . . is to give your student clinical responsibility: provide them with a range of autonomy that you're comfortable with. And be okay with maybe testing those those those boundaries of autonomy for yourself.” – LIC Student

Supporting Longitudinal Patient Relationships



“The more that preceptors entrust you with responsibility, the more you're going to get out of it. I had preceptors who said ‘Let's get creative about the way that you can interact with your panel patients. Even if you can't see them in person, why don't you just give them a call? Why don't you send them a message in the chart?’ That way I could feel like I was an active, engaged member of their care team and contributing positively to their health.” – LIC Student



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Goal setting and feedback



“I think the best relationships in the LIC are built collaboratively. So you set a foundation of . . .baseline expectations, and we can build on it from there, and we can kind of customize things because that’s. . .the advantage of having that one on one relationship for a long period of time: you tailor to the specific circumstances and needs of that learning environment.” – LIC Student

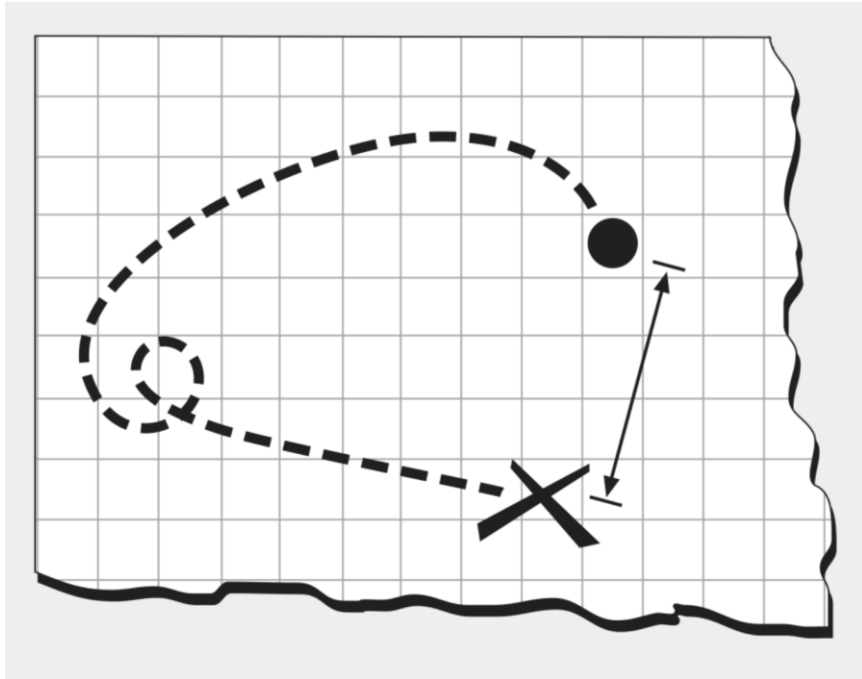


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Shared map of longitudinal markers



“I try to have that conversation ahead of time, so that we're both on the same page as we progress through it . . . I think that's helpful, just have that the dialogue early on: the plan for progression. So they don't feel like, when it's September and they're not getting the plan right, they don't feel like they're defeated: they have an understanding that that's not actually quite yet expected of them. And we're progressing towards it.”

–LIC Preceptor

Opportunities for faculty development

“Instructors just continually throughout the year expressed their doubts about the foundation or the concept of the LIC; [it made] a negative and weird energy to start. And it's, it's like they already don't buy into it. So it almost seems like they're prepared for it to not work very well.”

– LIC Student

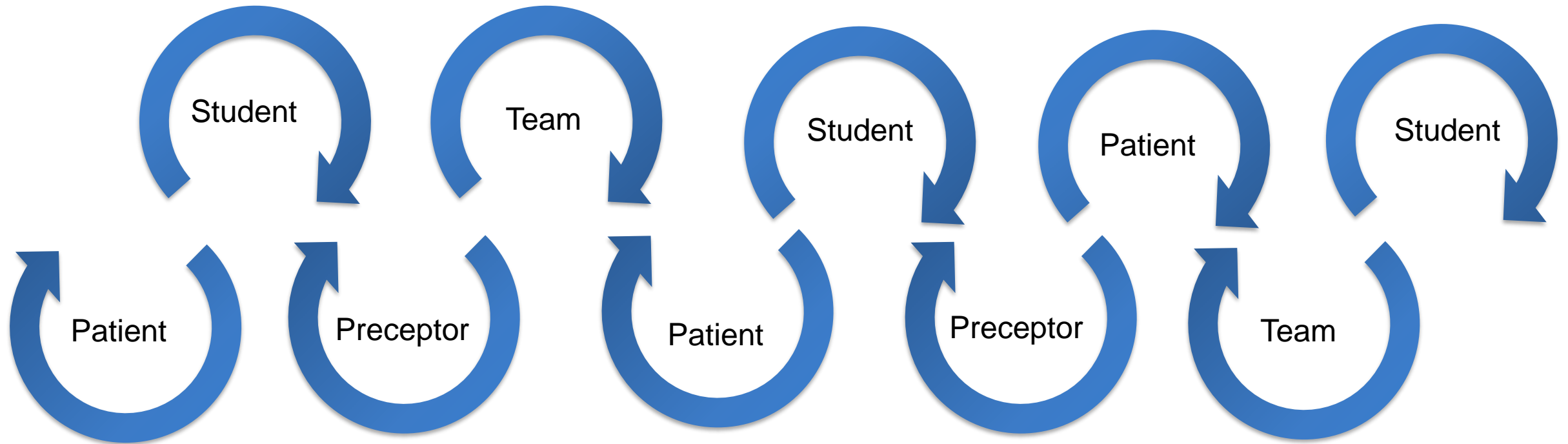
“...the preceptors that really bought into the model -- they were able to utilize it to teach me more effectively.” – LIC Student

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Discussion

- Dual identification of themes
 - Single code book
 - Concordant code frequency among faculty and students
- Intentional precepting practices adapting core clinician educator concepts to the form and structure of LIC model

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Next Steps

- Culture shift
- Mindfulness that LIC model is new to most preceptors
- LIC Faculty Development Manual: LIC Directors and Liaisons
- Self-study materials for LIC Preceptors

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Acknowledgements

- Kettering Family Foundation
- LIC students and preceptors at Denver Health & the CSB
- Our awesome team!

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