

Longitudinal Integrated Clerkships: Perceptions of Surgical Faculty and Residents

Helen Madsen MD, Kshama Jaiswal MD

Department of Surgery, University of Colorado School of Medicine, Aurora, CO

Background

- Longitudinal Integrated Clerkship (LIC) is a reimagination of the core clinical year
- Instead of traditional discrete specialty block-based rotations (TBR)- LIC students follow patient cohort through various clinical experiences, work with a dedicated specialty preceptor throughout the year, participating in multiple specialties simultaneously
- Reports have shown positive findings for the LIC in faculty and residents
- Surgeon concerns about the adequacy of LIC for surgical training
- *We sought to understand surgical faculty & resident perceptions of an LIC*

Methods

- Approved by COMIRB
- Study performed at University of Colorado
- All surgical faculty, APP's, and residents invited to complete an anonymous survey
- Electronic 16 item survey
 - Likert-type rating scales
 - Yes/No questions
 - Open-ended questions
- Survey aimed to understand prior experience & understanding of LICs

Results

Table 1. Characteristics of survey respondents, and baseline knowledge of TBR and LIC (total n=88).

Respondent Characteristics	N (%)
Position	
Faculty	47 (53.4%)
Resident	34 (38.6%)
Advanced Practice Provider	7 (8.0%)
Gender	
Male	50 (56.8%)
Female	35 (39.8%)
Prefer not to say	3 (3.4%)
Race	
White	65 (73.9%)
Black or African American	2 (2.3%)
American Indian or Alaskan native	0 (0.0%)
Asian	11 (12.5%)
Native Hawaiian or Pacific Islander	0 (0.0%)
Other	3 (3.4%)
Prefer not to say	7 (7.9%)
Ethnicity	
Hispanic or Latino	3 (3.4%)
Non-Hispanic	73 (83.0%)
Prefer not to say	12 (13.6%)
Know the difference between TBR and LIC	
Yes	60 (68.2%)
No	28 (31.8%)
Previous experience teaching TBR students?	
Yes	84 (94.4%)
No	3 (3.4%)
Unsure	1 (1.1%)
Previous experience teaching LIC students?	
Yes	36 (40.9%)
No	45 (51.1%)
Unsure	7 (8.0%)

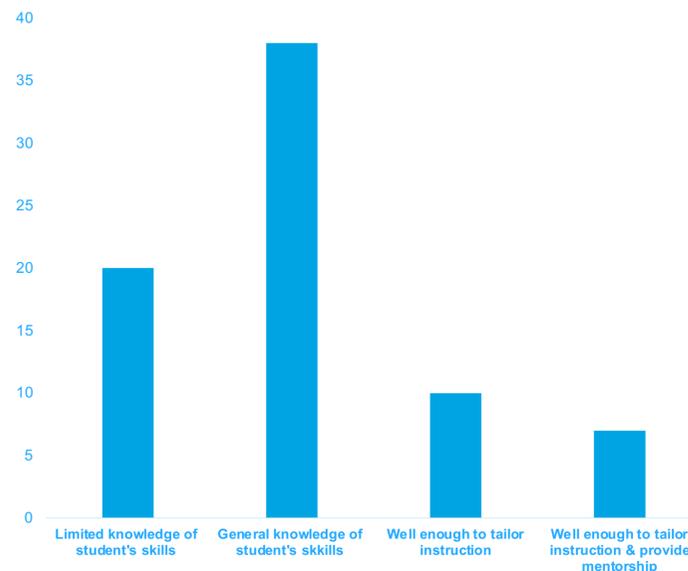


Figure 1. Survey participant answers (n=75) to the question: "In general how well do you know the medical student you teach?".

- Response rate 22% (n= 88/402)
- When asked if LIC or TBR would give better surgical training on a 5-point scale (1=better in TBR, 3=equal, 5=better in LIC) respondents leaned towards better training in TBR (**mean 2.87**)
- Free text section concerns about LIC: lack of immersive surgical exposure, lack of broad specialty exposure, success dependent on individual student characteristics

Table 3. Beliefs about medical student surgical skills at end of TBR surgical clerkship*.

Student Skill	Mean ± SD	Respondent, total n=
Presenting a basic surgical H&P/consult	2.49 ± 0.68	75
Basic suturing technique	2.82 ± 0.64	74
Accurate abdominal examination	2.58 ± 0.64	73
Supervised informed consent	3.10 ± 0.69	73
Interpretation of imaging in common surgical diseases	3.01 ± 0.67	74
Basic sterile technique	2.20 ± 0.72	74

*Question stem: "How adept are medical students at the following tasks at the end of their surgical rotations?" Scale 1-4: 1=Very good, 2= Good, 3=Somewhat good, 4=Not at all good.

Conclusions

- Low baseline knowledge of LIC -68% knew the difference between TBR and LIC
- Relatively low confidence in student skills at the end of surgical clerkship
- Few currently know students well enough to tailor instruction/mentorship
- Bias towards TBR model
- Many surgeons do not believe LIC will adequately represent the surgical experience

Implications

- Results can inform faculty development, curricular revision -Need to convey proficiency of surgical skills/exam performance is similar
- Important to communicate which short-comings in surgical education can be addressed by an LIC: e.g., improved mentorship/knowledge of student skills

Disclosures

- The authors have no disclosures to report