

# AM Last Page: Longitudinal Integrated Clerkships

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Longitudinal integrated clerkships (LICs) represent a pedagogical and theoretical paradigm shift in health professional student clinical education.<sup>1,2</sup> They occur when short block rotations are replaced by longer clinical immersion experiences (of at least a semester) during which “students...

- participate in comprehensive care of patients over time,
- participate in continuing learning relationships with these patients’ clinicians, and
- meet the majority of the year’s core clinical competencies across multiple disciplines simultaneously through these experiences.”<sup>3</sup>

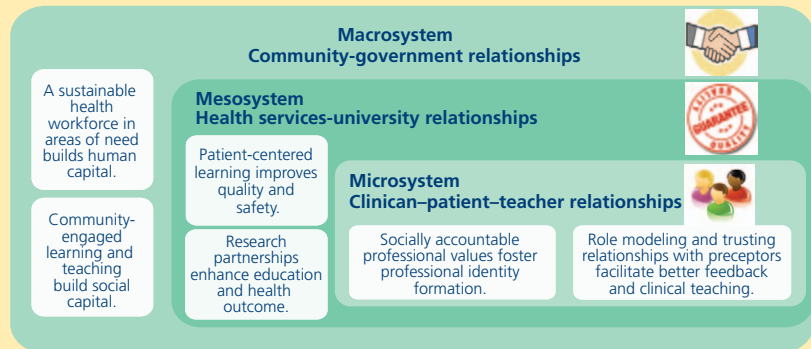
## Continuity<sup>4</sup> and symbiosis<sup>5</sup> are key LIC concepts.

Continuity facilitates symbiotic relationships at multiple system levels:

The *microsystem*—At the personal level LICs help foster clinician-to-patient relationships and shape physicians’ professional identity.

The *mesosystem*—At the nexus between health services and the university, LICs improve quality and safety and facilitate research partnerships.

The *macrosystem* level—LICs promote community–government relations and provide social and human capital by involving students in community-engaged learning that attracts and retains clinicians.



## The relationships fostered by LICs among students, faculty clinicians, and communities have wide, lasting outcomes.<sup>6</sup>

For students	For clinicians	For communities
<ul style="list-style-type: none"> <li>• Equivalent or better academic results</li> <li>• Clinical mastery</li> <li>• Being part of the team</li> </ul>	<ul style="list-style-type: none"> <li>• Improved reward-to-effort ratio and job satisfaction</li> <li>• Meaningful relationships with near peers</li> <li>• Work-ready graduates</li> </ul>	<ul style="list-style-type: none"> <li>• Altruistic, person-centered clinicians</li> <li>• Improved interprofessional practice skills</li> <li>• Workforce for underserved areas</li> </ul>

## Sound theory underpins LICs.

<b>Cognitivism<sup>7</sup></b>	<ul style="list-style-type: none"> <li>• Continuity in clinical learning reduces cognitive load. Learners are more familiar with their surroundings, which results in greater working memory to learn while in the clinical environment.</li> <li>• Integrating knowledge and skills in the care of each patient provides emotional cues for recalling knowledge and develops schema for clinical reasoning.</li> </ul>
<b>Situated learning<sup>8</sup></b>	<ul style="list-style-type: none"> <li>• Knowledge is meaningful when acquired within a clinical community of practice with specific norms, symbols, and rituals of power (such as clinical notes, investigation results, and ward rounds).</li> <li>• Students learn to be doctors by applying knowledge and skills rather than learning about medicine.</li> </ul>
<b>Transformative learning<sup>9</sup></b>	<ul style="list-style-type: none"> <li>• Students begin to transition to clinicians when they experience a disorientating process that takes them out of their comfort zone and when they reflect on their experiences.</li> <li>• Students change their worldviews (values, personal identity, and self-expectations) guided by peers and clinical supervisors; they try different roles and engage in critical discourse to become work-ready clinicians.</li> </ul>

## LICs are educationally sound and potentially benefit all.

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