



Challenges of Complete Transformation from Block to a Longitudinal Integrated Clerkship Model

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Background of MAM

- Established in 2011 as part of U of T Faculty of Medicine
- Urban location – West Greater Toronto
- Based on 2 tertiary hospitals
- 54 Students
- Block Model
- Majority of faculty new to their role as educators
- Very few post-graduate trainees

LInC at MAM

- Why
 - Already a preceptor-based learning environment
 - Majority of preceptors are involved from year 1 to clerkship
 - Easy access to health records because of consolidated IT system
- When & How
 - September 2017
 - Pilot project of 9 students

LInC at MAM

- What happens after the pilot project?
 - Expand the LInC capacity further
 - May cannibalize the block preceptors
 - Two separate administrations
 - Increased cost
 - Complete transformation to LInC
 - Curriculum change requirements
 - Candidates should be notified in advance – Feb 2018 applicants/class of 2022
 - Need to address students who do not do well in LInC model

Questions

- Are there any medical faculties with an all-in model? Or started with an all-in model?
- Would an all-in model cater to all students? Does it matter?
- What is the capacity threshold after which a 2-model format is not sustainable?