A LIC in an Urban Setting with Regular Clerks: Organizational Challenges and Solutions

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(CLIC) Conference
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Outline

- Background
  - Existing LICs
  - Our challenge
- Innovation
  - Underlying principles
  - Implementation
- Evaluation
  - Assessment of Clerks
  - Evaluation of Implementation
- Take-home message

BACKGROUND

Longitudinal Integrated Clerkships (LICs)

- Widely implemented internationally
- Recognized as an effective pedagogical alternative to standard clerkship rotations

But

- Implementation thus far has mainly been in rural settings without the presence of regular clerks

Université de Sherbrooke
School of medicine

- Established in 1961 in Province of Québec (Eastern Townships), Canada
  - 1st cohort of students in 1966 (n = 32)
- Currently ~ 200 students / year
- 3 sites since 2006:
  - Sherbrooke (150)
  - Saguenay (32)
  - Moncton (24)

Sherbrooke Site

- Population: 162,000
- One teaching hospital- 2 locations
  - Tertiary care
- 2 Family Medicine teaching units
  - Small: 6 Residents
  - Large: 18 Residents
- Regular clerkship rotations are ongoing in every mandatory discipline

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Regular clerkship: Clinical Activities

- 18 months duration beginning in January:
  - 3 electives at the beginning
  - 1 elective at the end
  - 1 period each of:
    - Pediatrics, Obs-Gyn, General Surgery, Internal Medicine, Specialty Medicine, Psychiatry, Public health
  - 2 periods:
    - Family and Emergency Medecine
  - 3 selectives
- On call activities

Regular clerkship: Academic Activities

- 2 periods (1 week each) for integration activities
- 1 period for final exam preparation
- 56 clinical reasoning activities
  - Specific number for each discipline
  - 1h30 hr each

Our Challenge

- To develop a LIC for 8 clerks within an urban setting in a large teaching hospital and family medicine teaching unit where regular clerkship rotations are ongoing.

INNOVATION

LIC: 5 Principles of Continuity

- Continuity of Care
- Continuity of Supervision
- Continuity of Assessment
- Continuity of Context
- Continuity of Learning

Ellaway R. et al. Medical Teacher (2013)

Application of Principles

- Each LIC clerk:
  - Is paired with another LIC clerk to build a specific "patient panel" for which they will provide care and follow-up over 40 weeks **(continuity of care)**
  - Has a longitudinal relationship with supervisors in each of the disciplines **(continuity of supervision)**

Application of Principles (cont'd)

- Each LIC clerk:
  - Benefits from frequent direct observations **(continuity of assessment)**
  - Receives regular formative feed-back after each day or week from each supervisor, including residents **(continuity of assessment)**
    - This is an implementation challenge!

Application of Principles (cont'd)

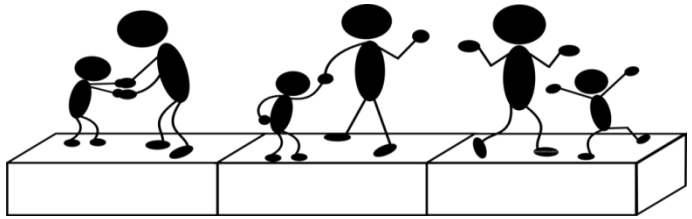
- Each LIC clerk:
  - Works with a team in a particular learning environment but this is fractioned over time instead of being a block experience **(continuity of context)**
    - Perceived as a challenge during initial implementation

Application of Principles (cont'd)

- Each LIC clerk:
  - Has an academic advisor whose role is that of a "coach" **(continuity of learning)**
    - Meetings every 6 weeks (verify log book and ensure adequate exposure, etc.)
    - Link learners' experiences with global program objectives
  - Attends the same 56 clinical reasoning activities as regular clerks but these are not discipline-linked **(continuity of learning)**
    - This is a challenge

Proposed Solutions

- Modification of existing clerkship governance
  - Establishment of a new LIC governance structure with specified roles
  - Implementation of an academic advisor for LIC clerks



Implementation: Sherbrooke Site

- Beginning in January
  - 3 electives, 1 selective
    - Same as regular clerkship
- End of April
  - *Beginning of LIC*
  - Duration : 40 weeks (equivalent to 10 four-week periods)
    - Divided in 2 blocks of 20 weeks
- End of February the next year
  - Finish as regular clerks with:
    - 1 month specialized medicine
    - 1 month preparation for final clerkship exam
    - 1 month of electives

Simulation of regular and LIC clerkship rotations for 2016-2017
SHERBROOKE site

			A1	A2	B1	B2	C1	C2	D1	D2	E1	E2	F1	F2	LI
3rd year	January 4th to 31st 2016		ELE 1	ELE 1	ELE 1	ELE 1	ELE 1	ELE 1	ELE 1	ELE 1	ELE 1	ELE 1	ELE 1	ELE 1	ELE
	February 1st to 28th 2016		ELE 2	ELE 2	ELE 2	ELE 2	ELE 2	ELE 2	ELE 2	ELE 2	ELE 2	ELE 2	ELE 2	ELE 2	ELE
	February 29th to March 24th 2016		ELE 3	ELE 3	ELE 3	ELE 3	ELE 3	ELE 3	ELE 3	ELE 3	ELE 3	ELE 3	ELE 3	ELE 3	ELE
	March 28th to Mai 22nd 2016	March 28th – April 24th	INT MED	SPE MED	PSY	PUBLIC HEALTH	SURG	SEL # 2	FAM MED	FAM MED	OBS-GYN	SEL # 3	PED	SEL #1	SEL
		April 25th – Mai 22nd	SPE MED	INT MED	PUBLIC HEALTH	PSY	SEL #2	SURG	FAM MED	FAM MED	SEL #3	OBS-GYN	SEL #1	PED	
	May 23rd to July 15th 2016	May 23rd – June 19th	PED	SEL #1	INT MED	SPE MED	PSY	PUBLIC HEALTH	SURG	SEL #2	FAM MED	FAM MED	OBS-GYN	SEL #3	LI Bloc
		June 20th – July 15th	SEL #1	PED	SPE MED	INT MED	PUBLIC HEALTH	PSY	SEL #2	SURG	FAM MED	FAM MED	SEL #3	OBS-GYN	
Summer vacation July 15th to July 24th 2016															
4th year	July 25th to September 16th 2016	July 25th – Aug. 21st	OBS-GYN	SEL #3	PED	SEL #1	INT MED	SPE MED	PSY	PUBLIC HEALTH	SURG	SEL #2	FAM MED	FAM MED	
		Aug. 22nd – Sept. 16th	SEL #3	OBS-GYN	SEL #1	PED	SPE MED	INT MED	PUBLIC HEALTH	PSY	SEL #2	SURG	FAM MED	FAM MED	
Integration week I from September 19th to September 23rd 2016 (CARMS deadline)															
	September 26th to November 20th 2016	Sept. 26th – Oct. 23rd	FAM MED	FAM MED	OBS-GYN	SEL #3	PED	SEL #1	INT MED	SPE MED	PSY	PUBLIC HEALTH	SURG	SEL #2	
		Oct. 24th – Nov. 20th	FAM MED	FAM MED	SEL #3	OBS-GYN	SEL #1	PED	SPE MED	INT MED	PUBLIC HEALTH	PSY	SEL #2	SURG	LI Bloc
	November 21st to January 29th 2017	Nov. 21st – Dec. 16th	SURG	SEL #2	FAM MED	FAM MED	OBS-GYN	SEL #3	PED	SEL #1	INT MED	SPE MED	PSY	PUBLIC HEALTH	
		Christmas vacation December 17th to January 2nd 2017													
		Jan. 2nd – Jan. 29th	SEL #2	SURG	FAM MED	FAM MED	SEL #3	OBS-GYN	SEL #1	PED	SPE MED	INT MED	PUBLIC HEALTH	PSY	
	January 30th to March 26th 2017	Jan. 30th – Feb. 26th	PSY	PUBLIC HEALTH	SURG	SEL #2	FAM MED	FAM MED	OBS-GYN	SEL #3	PED	SEL #1	INT MED	SPE MED	
		Feb. 27th – March 26th	PUBLIC HEALTH	PSY	SEL #2	SURG	FAM MED	FAM MED	SEL #3	OBS-GYN	SEL #1	PED	SPE MED	INT MED	SP ME
	March 27th to April 28th 2017	Preparation for final clerkship exams													
Integration week II from May 1st to 5th 2017 (OSCE) and LMCC															
	May 8th to June 2nd														

Major Change

- Replacement of 2 selectives (2 x 4 weeks) by two integrated clerkship rotations (A and B)

LIC (10 months)	
Family Medicine (including 5 days of Anesthesia and Emergency Medicine shifts)	
Block 1 (20 weeks)	**Block 2** (20 weeks)
Psychiatry	OBGYN
Public Health	Pediatrics
Internal medicine	Surgery
Integrated clerkship rotation A:* • 1 wk of family med hospitalization; • 1 wk emergency; • 1 wk geriatrics; • 1 wk selectif (orthopedics/urology)	**Integrated clerkship rotation B:** • 1 wk of family med hospitalization; • 1 wk emergency; • 1 wk psychiatry/OBGYN • 1 wk according to pedagogical needs of clerk

Figure 2

*Integrated clerkship rotation A could be during Block 1 or Block 2, but it must be during the first block done by the clerk.

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« Marketing » of the LIC

- High level support from the dean and vice-dean
- Statutary point at each clerkship committee meeting early in the process
- Presence of students on the LIC planning committee
- Presentation to future students by current LIC clerks

Faculty Development

- For the 3 years prior to LIC implementation:
  - During regular faculty development workshops with clinical supervisors, once a year
    - 5-10 minutes for LIC information and questions
- The year prior to LIC implementation:
  - One 3 hr workshop with academic advisors and LIC disciplinary rotation directors

EVALUATION

Assessment of Clerks

- Same evaluation process as for regular clerkship (summative)

PLUS

- Regular formative feed-back after each day or week from each supervisor, including residents
  - Use of a Lime survey...One/45 tool “fiche de continuité” to enhance continuity (documentation of progression in each discipline)
    - For clerks
    - For supervisors

……Still a challenge!

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Ext ELI

Rempli par : TEST, Faculty Professeur (Superviseur)
Évalué(e) [redacted] **(étudiant) - 2017**
Stage : MEO362 H FLEURIMONT / Obstétrique-gynécologie
Dates : Sep 28 , 2016

* indique une réponse obligatoire

Fiche du continuité

Rappel: Le contenu de ces fiches sera vu en intégralité par les externes ELI ainsi que par leur accompagnateur académique

Veuillez sélectionner une discipline

*Veuillez sélectionner une réponse ci-dessous

- Anesthésie
- Chirurgie
- Chirurgie spécialisée
- Gériatrie
- Médecine de famille
- Médecine interne
- Médecine spécialisée
- Obstétrique-gynécologie
- Ophtalmologie
- ORL
- Orthopédie
- Pédiatrie
- Psychiatrie
- Santé communautaire
- Urgence
- Urologie
- Stage intégré A
- Stage intégré B

Moment de la supervision

*Veuillez sélectionner une réponse ci-dessous

- AM
- PM
- Toute la journée
- Soir
- Nuit
- Ne s'applique pas

*CONTINUER à faire plus de ... (points forts)

*COMMENCER à faire ou MODIFIER (points à améliorer)

Commentaires descriptifs (incluant info sur les ARCs, gardes)

Soumettre | Sauvegarder et fermer | Annuler

Evaluation of Implementation

- Regular monitoring of clinical exposure
- Focus groups to better understand:
  - Perceived quality of supervision
  - Challenges of integrating LIC clerks within each of the disciplines
  - Perceived advantages/challenges compared to the traditional clerkship

Initial Focus Group with Clerks at 12 weeks (n = 8/8)

- **Perceived advantages** compared to the traditional clerkship:
  - They are told they function as residents
  - They are more aware of existing community resources and make links
  - For Family Medicine: definitely patient follow-up

Results of Focus Group- cont'd

- **Quality of clinical supervision:**
  - Currently seems fine
  - Clerks appreciate the written feedback they receive on the "fiche de continuité"
  - We need to ensure residents are informed and fill out these forms

Results of Focus Group- cont'd

- **Perceived challenges** compared to the traditional clerkship:
  - Formative assessment
    - Some technical difficulties with the timing that will have to be clarified
  - In psychiatry, they find it difficult to be on the ward for only one day at a time
    - Eventually, in the next block when they are scheduled for a single day in psychiatry, they will not be scheduled on the ward

Messages of New LIC Clerks to the Next Cohort (May 2016)

- Advantages perceived:
  - Varied schedule
  - Academic activities shared with regular clerks
  - Major change related to replacement of 2 selectives (2 x 4 weeks) by two integrated clerkship rotations (A and B) much appreciated
    - One benefit of this change is an increased number of emergency shifts (at least 8)

Messages of New LIC Clerks to the Next Cohort (May 2016)

- Challenges:
  - Adaptation !!
  - Supervisors not necessarily well informed
    - Often supervise both regular and LIC clerks

Corridor Talk
With Academic Advisors

- Seem very happy and impressed
  - General quality of the clerks
  - Autonomy
  - Take responsibility for their own learning
  - Learning stance rather than evaluation stance
- Wish they could keep them as residents
  - Sometimes feel LIC clerks are “better than residents”
- Describe meetings with LIC clerks as motivating and “easy”

What's to Come

- Questionnaires and focus groups with:
  - LIC clerks
  - Disciplinary directors
  - Academic advisors
  - Clinical supervisors
  - Residents
    - Family Medicine
    - Specialty

Take-home Messages

- A LIC in an urban setting with regular clerks is feasible and a promising alternative to the traditional approach
- High level support (dean, vice-dean) is essential
- Early implication of all potential stakeholders is important

QUESTIONS
OR
SUGGESTIONS FOR US?

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EXTRAS

LIC: Goals and expected Outcomes of Educational Continuity

Table 1. Goals and Expected Outcomes of Educational Continuity.

Continuity	Goals	Specific Objectives	Operational Requirements	Expected Outcomes
Care	Learning through patient connection, caring, and advocacy	Involvement with patients at the site and time of initial medical decision making and during the full course of illness Custom-designed patient enrollment	Longitudinal patient care experiences Collaborative, interdisciplinary delivery of care Ability to identify, track, and follow patients across care venues	Promotion of a full range of clinical skills, including chronic-disease management Enhanced professionalism Patient-centered health care
Curriculum	Learning in an integrated fashion to promote foundational knowledge and clinical skills	Acquisition of relevant competencies in a structured, developmental fashion Application of biomedical science to clinical problem solving Developmentally appropriate, competency-based assessment	Interdisciplinary curriculum design and management "Horizontal" and "vertical" curriculum integration Continuous formative assessment Interdisciplinary summative assessment and grading	Promotion of core doctoring skills, including communication and clinical reasoning Enhanced evidence-based practice and lifelong learning Learner-centered education and assessment
Supervision	Learning from close and serial connection with the most able educators	Community of learners, educators, and caregivers engaged in a transparent dialogue about patient care and medical science Faculty coaching, role modeling, and mentorship	Longitudinal student oversight and assessment Protected time for teaching and faculty development	Promotion of medical colleagueship and interdisciplinary values Interprofessional understanding and collaboration Enhanced pedagogy and learning

(N Engl J Med 356;8 feb22 2007)

Example of a month schedule

Governance Structure

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Ext

Rappel : le contenu de ces fiches sera vu en intégralité par les externes ainsi que par les accompagnateurs académiques.

*

Identification du contributeur

Nom

Prénom

*

Veuillez sélectionner votre discipline

Veuillez sélectionner une réponse ci-dessous

Veuillez choisir ...

*

Identification de l'externe

Veuillez sélectionner une réponse ci-dessous

Date ou durée de la supervision
Moment de la supervision (am, pm, toute la journée, soir, nuit, n/a
Évaluation formative mi-stage (oui ou non)
Continuer à faire plus de ….
Commencer à faire ou Modifier…..
Commentaires descriptifs (incluant info sur les ARCs, gardes)