UiT

THE ARCTIC UNIVERSITY OF NORWAY

Ivar J. Aaraas, Peder A. Halvorsen, Helen Brandstorp, May-Lill Johansen:

Abstract (April 2013)

How to combine longitudinal mentor groups with general practice placement periods?

Ivar J. Aaraas , Paal André Skjærpe, Anne Herefoss Davidsen

Aim of PeArLS (September 2013)

To get input to a “take home message” :

Why and how (more of) LIC would be a good idea for medical education in Tromsø and Northern Norway?

Northern Norway

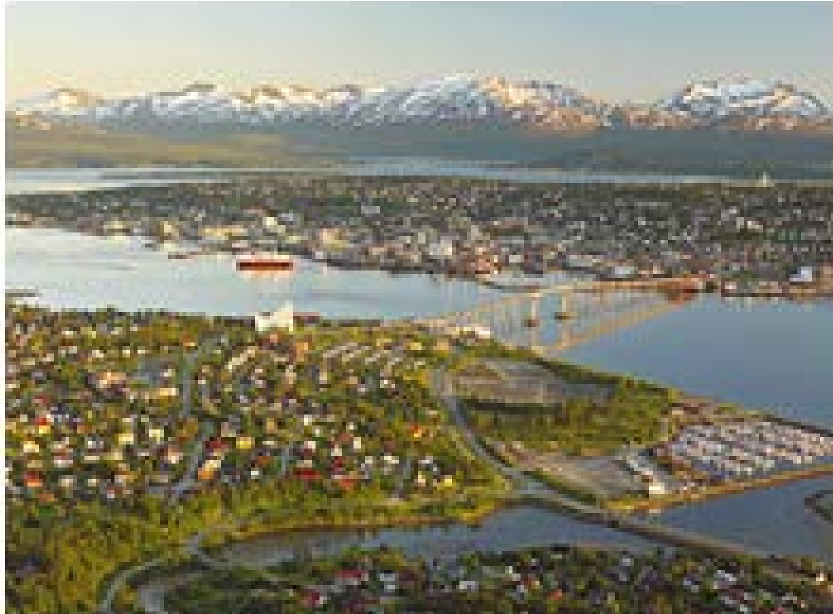
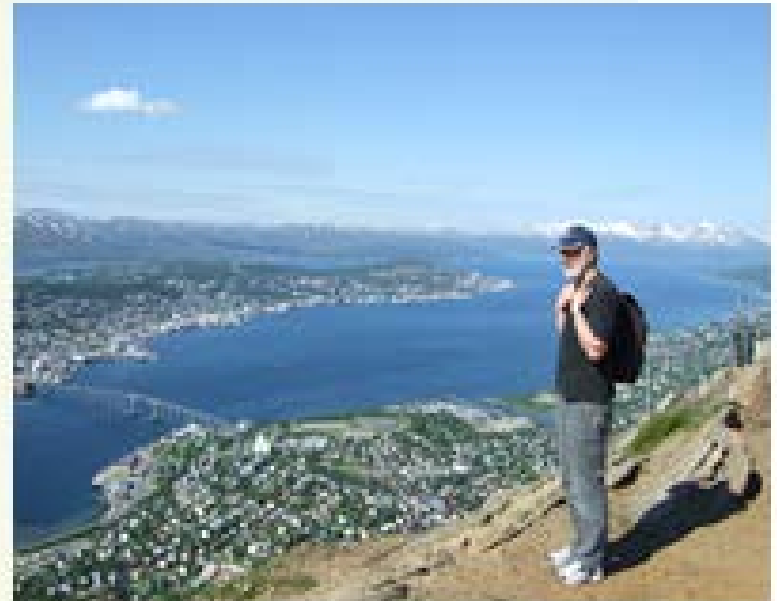
Area

113.000 km² - 34 %

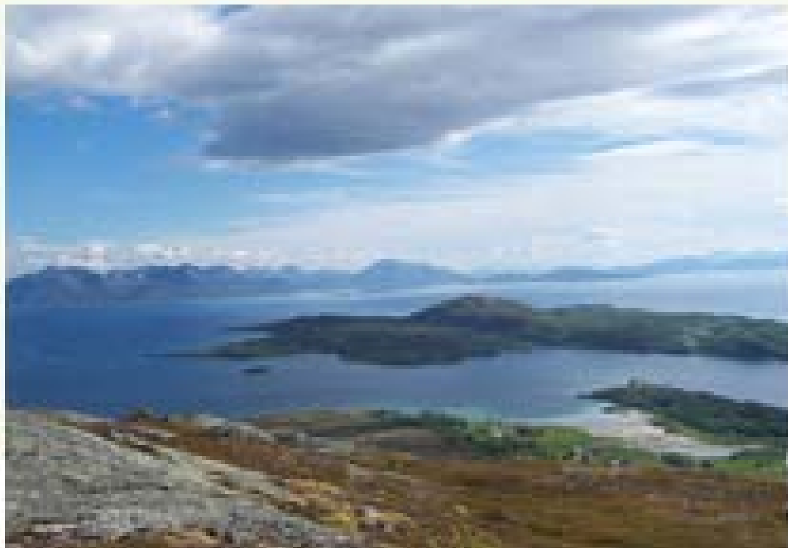
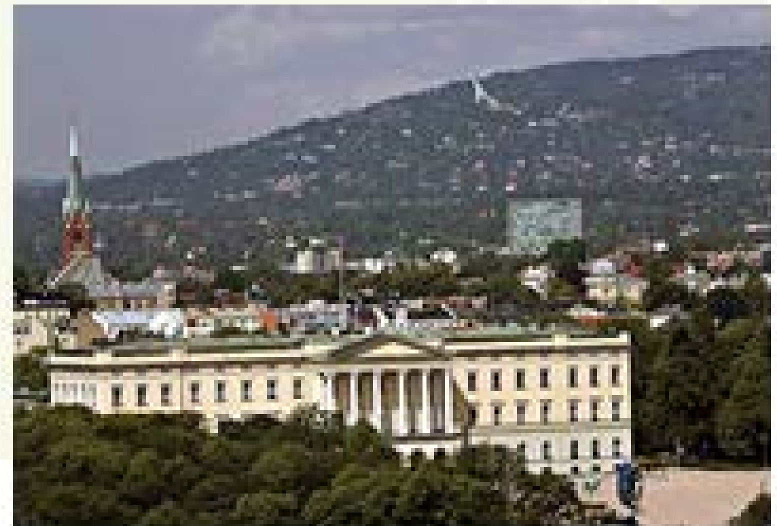
Inhabitants

461.400 - 10 %

Tromsø
Reykjavik
ICELAND
Anchorage
Trondheim
SWEDEN
FINLAND
NORWAY
Bergen
Oslo
Stockholm
Helsinki
DENMARK
Copenhagen
U. K.
London

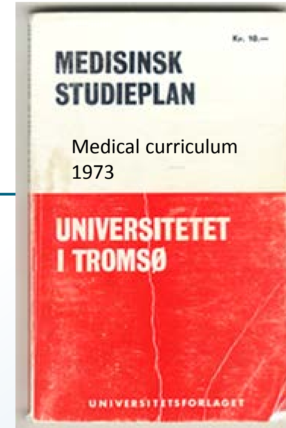



National Centre of Rural Medicine, Norway (NCRM)

Tromsø Medical School 1973-2013

Rural & GP teaching achievements



Curriculum with an innovative year 5 where students are away from campus all over Northern Norway

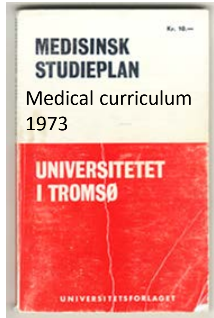
1. In local general hospitals: 4 months group based placement

2. In rural practices: 2 months "LIC"-like placement with one (two) students adjoined to one rural practitioner and her/his patients

1973 – 2013, evidence of success:

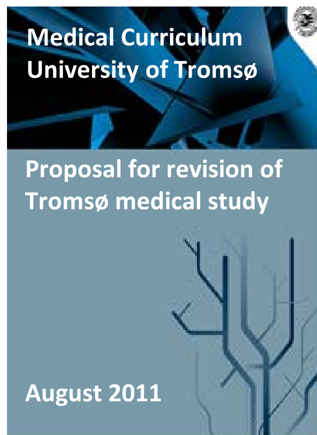
- The students rank the rural practice placement as their best learning period
- The students would prefer more and earlier general practice placements
- In 2006 an external experts group supported the students' view.
- Evidence of success from Tromsø has led to GP tutorial periods in the other three medical schools in Norway (Oslo, Bergen & Trondheim).
- Tromsø has inspired medical schools internationally to develop similar and extended elements of primary care and rural based learning.

Outcome of Tromsø Medical School's curriculum revision process 2006-2012



Values and aims in the original plan still bold and innovative

Renew and reinforce the main principles in the 1973 plan!



Among guiding principles to be implemented in curriculum revision

- From «teaching» to «learning»
- More case based learning sessions in small groups
- **Mentor system**: Follow up students in groups and individually
- **Rural practice placement**: To be continued and possibly reinforced

Tromsø revised curriculum 2012
Success with Longitudinal Mentor Groups (LMGs)

In the first year LMG students have received feedback on their video clips, performing a variety of roles: as themselves (medical student), as patients, relatives, care-givers etc.

The main tasks have been to learn basic communication skills and to reflect on ethical and professional challenges, related to a diversity of relations and perspectives.

The first year LMG experience has been evaluated as exceptionally successful among both students and mentors. (Mostly scores 5-6 on a 1-6 VAS scale)

How can we fill the gap between the LMG success in year 1, and the old "LIC"- like success with GP placement in year 5?

What are your proposals for combining the two successes?

What are the pitfalls? What are possible factors for success?

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CLIC - Exploring Ideas in Medical Education - Montana, 2013

Ivar J. Aaraas , Paal André Skjærpe, Anne Herefoss Davidsen

Aim of PeArLS (September 2013)
To get input to a “take home message” :

Why and how (more of) LIC would be a good idea for medical education in Tromsø and Northern Norway?

How should we fill the gap between,

- the first year successful Longitudinal Mentor Groups (LMGs)
- and the fifth year successful 2 months rural placement?

Thanks for help!

Photo: Bård Løken © Destinasjon Tromsø