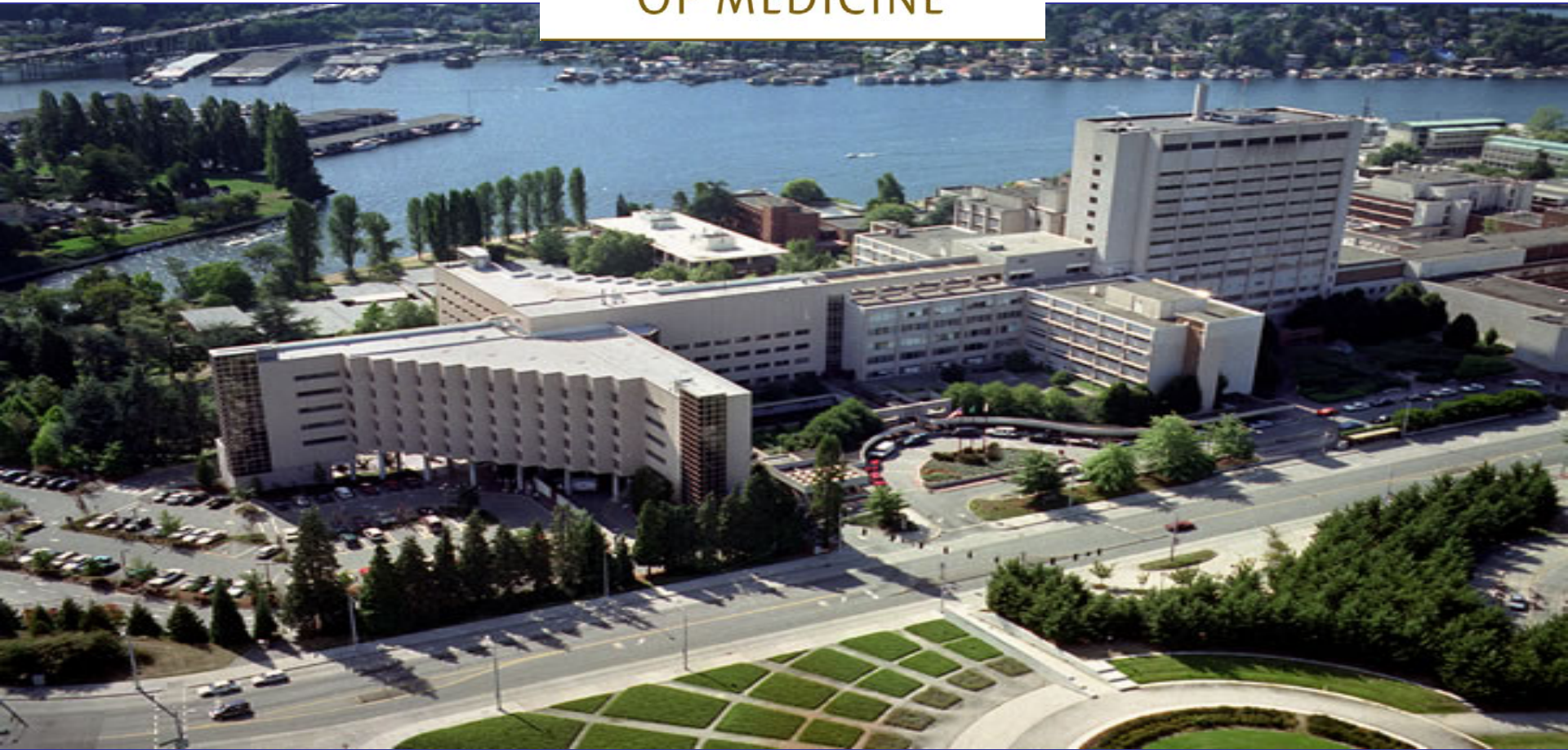


UW Medicine

UW SCHOOL
OF MEDICINE



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This Talk

- Brief introduction to WWAMI
- Definitions and Outcomes of Longitudinal Integrated Clerkships: student, patient, community, and preceptor perspectives
- Quo Vadis? Questions for our future

Welcome to Big Sky & CLIC 2013!

We look forward to learning from each other to achieve the 'Triple Aim' of Longitudinal Integrated Clerkships:
better learning, better doctors, better delivery system

Hirsh, Walters, & Poncelet *Medical Teacher* 2012; 34:548

Doctor Shortage or ... Shortage of the *RIGHT* Doctors?

Promoting Primary Care through Program Design has been a major goal of the University of Washington School of Medicine for over 40 years...

WWAMI: An Audacious Experiment in Decentralized Medical Education

- Emerged from the social ferment of the 1960s; grew in the unique soil of the Pacific Northwest
- Also a time of expansion of medical education
- Driven by a rural doctor shortage

WWAMI Goal: Expand Medical Education at a Reasonable Cost in our Rural States while Ensuring Quality Education

- UW School of Medicine is the sponsoring institution for WWAMI, the five-state regional medical school for Washington, Wyoming, Alaska, Montana and Idaho
 - 28% of the U.S. land mass ; 3% of the population
- 42-year partnership that provides high-quality, cost-effective medical education
- Partner universities include Washington State University, University of Wyoming, University of Alaska, Montana State University, and University of Idaho



Founding Goals 1971

- Provide access for citizens of the Northwest to publicly supported medical education
- **Increase number of primary care physicians** and address maldistribution of physicians
- **Create community-based medical education**
- Expand graduate medical education and continuing medical education
- Avoid excessive capital costs and duplication of resources by using existing educational infrastructure



Three Clerkship Models

Block: traditional, discipline-specific

Hybrid: distinct clerkships in a single setting which permits students to develop continuing relationships with patients and clinicians over time

Longitudinal Integrated:

- comprehensive care of patients over time,
- continuing learning relationships with clinicians
- meet the majority of the clinical competencies across multiple disciplines simultaneously (CLIC 2007)

R/UOP: Community Opportunity



R/UOP provides students with the opportunity to live in a community and work with a physician preceptor, providing care to rural or urban underserved populations

Roger Rosenblatt

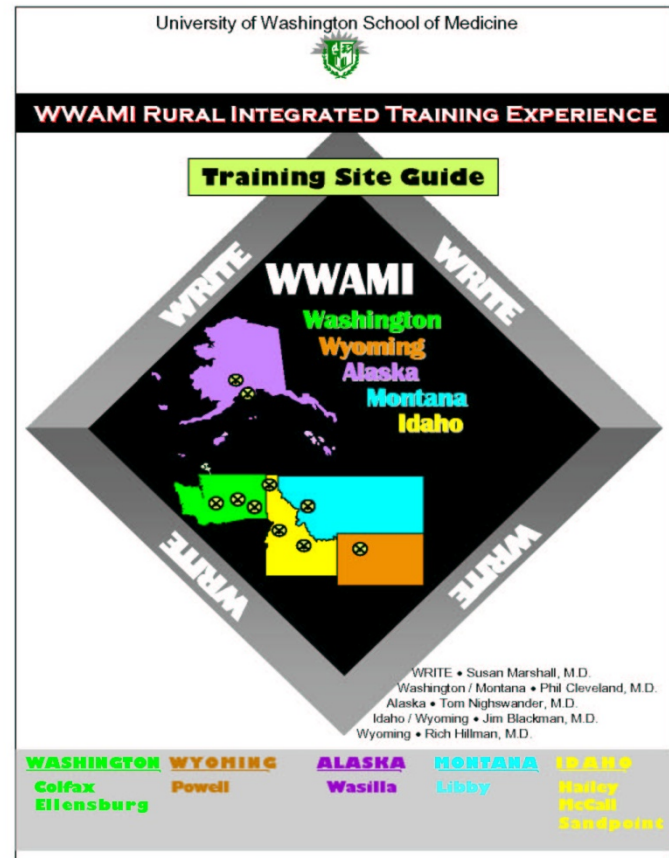
WRITE: UW's LIC

Tom Norris & Jay Erickson

Five-month program with a primary care preceptor in a rural area during the third year.

Currently 10% of our class

Goal: 50% by 2015



TRUST: Admission to Practice

- Comprehensive program recruiting from rural communities,
- Dedicated admissions process,
- community connection across all 4 years, including RUOP & WRITE
- Links to community-based Family Medicine residencies

Suzanne Allen & Tom Greer

LICs produce more primary care doctors, with no significant difference in scores on nationally normed exams compared to traditional clerkships

Norris et al *Acad Med* 2009; 84:902-907

What are the benefits
beyond workforce?

Think
Pair
Share

Positive Student Outcomes of LICs

- Higher sustained patient-centered attitudes
- Receive more formative feedback from faculty and perceive it as more valid
- Higher satisfaction with the curriculum

Teherani, Irby, Loeser *Academic Med* 2013; 88:35-43

Student Outcomes of Longitudinal Models (LIC & Hybrid)

- Perform equal or better in clinical skills and clinical knowledge
- Experience progressively higher levels of patient care responsibility
- Demonstrate greater flexibility in addressing students' educational needs
- Have a positive view of educational continuity

Positive Outcomes for LICs: WHY ?

1. Students in longitudinal relationships with patients understand the patient experience, contribute to care and facilitate transitions

Ogur & Hirsch *Acad Med* 2009; 844-850

2. Knowledge acquisition is progressive and repeated over time, with consistent feedback

Hauer, O'Brien & Poncelet *Acad Med* 2009; 84: 821

3. Less time in orienting and adapting to new settings

Student Role in Block vs. LIC

1. Students provide support to patients (both)
2. Students share information about patients across healthcare settings (both)

LIC Students commonly serve a “doctor-like role” in managing their patients’ healthcare (student familiarity with preceptors, patients and practice norms build trust)

Hauer et al *Medical Education* 2012; 46: 698-710

Teacher Views of LICs

- Positive, satisfying, rewarding
- LIC preceptors *felt they personally influenced students' learning*
- Teaching LIC takes more time than block, but the burden diminishes as the students gain skills

Teherani et al *Acad Med* 2009; 84: S50-S53

Patients Value their Relationships with LIC Students

- Students contribute to medical care: facilitating access, coordination, and communication
- Students provide additional patient education
- Students enhance patient well-being (emotional support, comfort)
- Students can provide a physician-like role

Value of LIC to the Community

- Patients reported increased respect for their doctors based on observing them precept
- Patients appreciated students' contemporary knowledge
- Patients viewed having students as enriching their community
- Patients felt they were building the rural workforce

Hudson, Knight, & Weston *BMC Family Practice* 2012; 13:72

Value of LIC Students to a Practice

- Over time, students make legitimate contributions to the team; valued by their preceptors and others in the practice

Walters et al *Medical Education* 2012; 46: 1028-1041

- Students in LICs demonstrate growth in respect for colleagues in other professions not seen in students in block rotations

Myhre, Woloschuk, & Pedersen *J Interprof Care* 2013 early online

Quo Vadis?

Key questions for the future as the circle of influence of Longitudinal Integrated Clerkships expands beyond the most highly committed teachers and self-selected students

What Constitutes the “Essential Ingredient?”

What does comprehensive care of patients mean?

- Care of individual patients across specialties?
- Care of community of patients from primary through tertiary care?
- Care of a population from a general practice perspective?

Questions

“Woebegone phenomenon:

Are all the children are above average?”

- Observed ‘halo effect’: same ratings across all clerkships for LIC students
- Ratings of LIC students were higher on clinical skills and professional attributes

Mc Laughlin et al *Acad Med* 2011;86 S25-S29

Questions

LIC students perceive the *formative* feedback they receive as authentic, useful, and constructive

Bates et al *Medical Education* 2013; 47:362-374

Combining a close, familiar relationship & *summative* feedback can be problematic:

“It’s like being asked to evaluate a family member.”

Teherani *Acad Med* 2009; 84 (10 Suppl): S 50-53

Questions

- What to do about the student who “doesn’t get it,” who needs extensive remediation or who has personal or behavioral issues that impact a practice?
- Can we – or should we – develop mechanisms to support students and their preceptors in place at the site? Or is that too much to ask of a busy generalist?

Think
Pair
Share

CONCLUSION

LICs are a robust, important , disruptive educational innovation, with clear benefits for students, patients, teachers, and communities.

Interpretation and adaptation to local settings will continue as the movement proliferates.

**Will the beneficial outcomes
continue to apply to all models?
Let's learn together**

**Welcome to Big Sky &
CLIC 2013!**