

# CHALLENGES IN DEVELOPING A PILOT LIC IN A TERTIARY HOSPITAL

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# Pilot LIC

- Background
  - Flinders Medical Centre 1976 (first intake 1974 – 6 year undergraduate course with “block rotation”)
  - 1996 – Graduate Entry and Parallel Rural Community Curriculum commenced (FMC students continued block rotation)

# LIC pilot (LIFT)

- Longitudinal Integrated Flinders Training
  - 8 of 72 FMC based Year 3 (of 4) students
  - Commenced 2013 with 64 of 72 students continuing “block rotations”

# LIFT pilot – expected challenges

- Education of preceptors in LIC concepts
- Scheduling – including timetable clashes
- “coveritis”
- Community engagement
- Lack of space and time in clinics

# PILOT 2013

- Weekly tutorial x 1 – changed to x 2
- Fortnightly clinics with preceptors in Family Medicine, Internal Medicine, Paediatrics, Surgery, Psychiatry, O&G
- Weekly sessions in Emergency Department
- “White Space” x 3 sessions per week

# LIFT pilot – unexpected challenges

- Paucity of time for change management
- “push back” from initial preceptors
- Difficulty in organising cross discipline meetings of preceptors
- Unwillingness of clinical academics to embrace LIFT until evidence of success
- Difficulty in students following patients across health care sectors

# Unexpected challenges

- Inpatient teams had difficulty in accepting the intermittent nature of attendance of the LIFT students

# LIFT pilot – unexpected success

- Emergency Department teaching sessions
- Acceptance of value of long term student/educator relationships by preceptors who had initially been sceptical



# uncertainty

- Outcomes still to be assessed
  - Academic performance
  - Student well being
  - Complex clinical reasoning
  - Preceptor feedback
  - Loss of ethical erosion

# lessons

- Do not underestimate the time and effort involved, particularly the education of faculty
- Preceptors learn the value as the student/preceptor relationship evolves
- Need clarity of what preceptors need to teach

# Lessons 2

- Cover the curriculum well in tutorials so that preceptors understand their role is to support the students in developing generic clinical skills rather than to teach them their own subspecialty

# Lessons 3

- As the family practitioner is the keystone of the Australian health care system, this is the best place for longitudinal experience with patients
- In the second pilot at FMC students will have a weekly session/day with a team to permit clinic and inpatient experience with devolution of responsibility to the team

# Lessons

- Difficult to start LIC while “block” continues at the same time

# Questions and Comments