

Report Name: Abstract answers

Event# : 1186583 - Status: Active

Report Date: 13-Sep-2013

Event Title : CLIC Conference, Call for Abstracts

Record Count: 119

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Last Name Latessa

First Name Robyn

Company/Organization UNC SOM Asheville/MAHEC

City Asheville

Country United States

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Abstract for 2013 CLIC Brief Oral Presentation

Title: Best Practices for Preceptor Teaching in Longitudinal Integrated Clerkships

Primary Presenter:

Robyn A. Latessa, MD

Campus Director, University of North Carolina School of Medicine Asheville

Associate Professor of Family Medicine

Clinical Director, Center for Health Professions Education, Mountain Area Health Education Center

Other Presenter:

Norma Beaty, MS, MAEd

Director of Curriculum, University of North Carolina School of Medicine Asheville

Background:

Longitudinal integrated clerkships (LICs) have gained recognition as credible, effective, and innovative alternatives to traditional block rotations (TBRs) in medical education. While the literature describes growing evidence of the many positive values of LICs, few reports appear about the preceptor teaching strategies in a LIC.<sup>1</sup> Given the different clerkship structures, longitudinal precepting requires some unique teaching approaches.

Methodology:

Now in our fourth year, the UNC SOM Asheville longitudinal program has had 27 students. A list of questions will be used to gather LIC students' insight of which teaching strategies they found most effective. In collaboration with an undergraduate pre-medical student, we plan to conduct face to face interviews or focus groups with present third year students (10) and phone interviews with graduated LIC students (17) during the period of June and July 2013. We would then apply thematic analysis of interview comments to identify common, best teaching practices.

Results/Conclusions:

Based on thematic analysis, a list of best practices for preceptor teaching in LICs will be generated. Using this list as a valuable reference, we plan to create faculty development tools for both new and experienced LIC preceptors with the goal of maximizing teaching and learning in a LIC setting.

Reference:

1. Levitt DS, Cooke M. Tips for teaching in longitudinal clerkships. Clin Teach 2011;8(2):93-96.

B Brief Oral Presentation

Workshop Abstract

A Workshop Abstract

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Last Name Goodell

First Name Kristen

Company/Organization Harvard Medical School

City Boston

Country United States

PeArLS Abstract Checked

A PeArLS Begin with the End in Mind: A Proposal for a Longitudinal Patient-Centered Pre-clerkship Clinical Skills Course

Kristen Goodell MD

Director for Innovation in Medical Education, Center for Primary Care, Harvard Medical School

David Hirsh MD

Co-Founder and Director, Cambridge Integrated Clerkship, Harvard Medical School

B PeArLS Project Description

Coincident with the current transformation in health care delivery, Harvard Medical School (HMS) is undertaking a major revision of its curriculum. To give students experience with primary care practice, interprofessional teams, quality improvement, and an enhanced understanding of the health care system, we propose a transformative educational paradigm. This curriculum will be part of the longitudinal 2- year Practice of Medicine course, in which pre-clerkship students learn history-taking and physical exam skills and explore multiple dimensions of patient care. HMS students will be assigned to a team that includes students from local allied health professions schools, and together that team will follow a small cohort of complex patients over two years. Students will follow their patients as they navigate the health care system in the style of the Cambridge Longitudinal Integrated Clerkship. Teams will work with the patients' primary care physician, who will serve as team mentor, and with other involved professionals. Assignments will include a deep exploration of pathophysiology related to their patients' conditions, a proposal for a project to improve care delivery, written reflections to help solidify experiential learning, and searches for the best evidence to answer patient-care questions. Assessment will be based on the demonstration of competence of set of clinical skills and on assignment completion. Students will see themselves as effective participants in the care delivery team from the beginning of medical school.

Questions for Group Discussion

- 1) What are the risks and benefits of having written assignments as part of the curriculum? What is the best way to make them meaningful to students?
- 2) What are some potential risks with having an experience so early in medical school? How might these risks be mitigated?

Target Audience

Participants with experience in clinical skills courses, medical students, preceptors of longitudinal integrated courses, course directors.

Brief Oral Presentation

A Brief Oral Presentation

B Brief Oral Presentation

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Last Name Peyser

First Name Bruce

Company/Organization Duke University

City Durham

Country United States

PeArLS Abstract Checked

A PeArLS Tutorial Sessions for LIC Students-Is this a necessary evil, a labor intensive form of small group coaching, or an important and valuable component of a proper educational agenda for longitudinal students?

Primary Presenter-Bruce Peyser MD, FACP

Associate Professor of Medicine

Duke University Medical Center

Other presenters

Joseph Jackson MD

Nancy Weigle MD

B PeArLS Many LIC programs have embraced weekly small group tutorial sessions as a means of enhancing teaching and facilitating more effective small group learning. These sessions are offered to longitudinal students, but not necessarily to the rest of the class. In this oral presentation, this disparity in educational mapping will be examined and analyzed.

What constitutes an effective tutorial session? At Duke, we have varied our format greatly. While weekly debriefing and experience sharing has been fundamental to this process, a variety of other learning modalities have been tried. In depth review of cases, discussion about common topics, and coaching to enhance better write ups and written notes have all been instituted. Guest speakers, nursing home visits to learn from frail patients and geriatricians, and even review of MKSAP for student questions have all been utilized with variable degrees of success.

We will plan to focus discussion into three main areas with questions. This will involve brief presentations then discussion with the audience.

COMPARISON OF PROGRAMS

How should we fine tune this process? What has worked at other sites? How long should the sessions run for each week, and should they run all year? What logistics work best?

EDUCATIONAL MAPPING

What special learning opportunities exist within this process? Should students learn about medical home models or about medicare annual wellness visits? What should be on the learning agenda?

COPING WITH DISTANCE

And what do programs in rural South Dakota or Australia's more isolated townships do when preceptor sites might be 250 miles apart? Are Skyped sessions effective at addressing some of these challenges?

Our goal will be to discuss this complicated process, reexamine its effectiveness, consider input from other institutions, and then refine and improve upon our course syllabus.

Brief Oral Presentation

A Brief Oral Presentation

B Brief Oral Presentation

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Last Name Weber

First Name Valerie

Company/Organization The Commonwealth Medical College

City Scranton

Country United States

PeArLS Abstract Checked

A PeArLS "Is there an optimal length for the LIC?" Primary Presenter: Margrit Shoemaker, MD, Education Director, Medicine and Clerkship Director, West campus, The Commonwealth Medical College.

B PeArLS The Commonwealth Medical College (TCMC) is a community-based, allopathic medical college with a distributed educational model across a 16-county region of Northeastern Pennsylvania. All MD students experience a longitudinal integrated clerkship (LIC) across the twelve months of their third year. This model is initially complex for students, and requires several weeks for students to fully adjust. Once comfortable with the schedule and office environments, however, students thrive and experience excellent learning outcomes. Although limited data exist, students report high learning curves in the first several months of the LIC year. Preceptors are encouraged to move the student quickly from a shadowing experience on to independent history and physical exam and formulation of an assessment and plan. Focused feedback is given on a weekly basis and students are evaluated more formally at the three and six month points. In this way, the student is necessarily challenged to higher levels of performance and patient interaction every few weeks during the first half of the year. At mid-year students receive their evaluations and are encouraged to discuss them with preceptors. In subsequent weeks, it is expected that students will focus particularly on areas in need of improvement. Students and preceptors settle into a comfortable relationship at this time. Expectations for student performance are understood, patient interactions continue, and ongoing improvement is expected. However, we have received feedback from our initial two LIC cohorts that there is a plateau of the learning curve after the mid year, typically at 8-9 months. This perception could have many origins. Does a full year in the LIC have additional benefits which require better recognition among students and faculty? Or should latter months of the LIC focus more on inpatient experiences to prepare students for the M4 year? Is there really a learning plateau occurring at 9 months?

Questions for group discussion:

- 1) Is there an "optimal" length for the LIC?
- 2) What factors influence an "optimal" length for the LIC?

Target Audience:

Medical educators interested in LIC models

Brief Oral Presentation

A Brief Oral Presentation

B Brief Oral Presentation

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Last Name Rogers

First Name Susan

Company/Organization Duke University School of Medicine

City Durham

Country United States

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation "Listening to the Community's Story:  
Creating an Orientation for LIC Students to prepare for Community Engagement"

Susan Rogers, MDiv, Senior Program Coordinator, Duke Primary Care Leadership Track, Duke University School of Medicine  
Barbara Sheline, MD, MPH, Director, Duke Primary Care Leadership Track, Duke University School of Medicine

B Brief Oral Presentation Fundamental to the curriculum for the Duke School of Medicine's Primary Care Leadership Track (PCLT) is its preparation of students to engage with communities in community-identified health initiatives. The praxis for this engagement is Durham, North Carolina, home to Duke University. In their LIC year, PCLT students are required to join a team of professionals and community advocates who work in Durham to meet healthcare needs of an underserved population. To expose them to community health resources and leaders, PCLT faculty, staff and senior students create an Orientation to the Community. The goals of the orientation are: 1. Develop the knowledge, skills and attitudes needed for culturally competent care. 2. Work effectively with other providers in the health care arena. 3. Understand health planning for communities. 4. Demonstrate professionalism. In the orientation, students learn about the Durham-Duke relationship at Duke's Center for Community Research. They visit healthcare sites throughout Durham. They talk with a range of community leaders, primary care providers, founding members of grassroots organizations. Case-based scavenger hunts are created, where students work in teams to find resources as low-income families. They complete "windshield surveys" of Durham neighborhoods, which provide them with an objective view and a "feel" for neighborhoods. Students participate in a Centering Pregnancy workshop, as a prerequisite to following pregnant women at the Durham Health Department. The orientation is capped off with a Durham cultural event, such as a gospel concert. Bonding among the PCLT students also occurs during the orientation, much of it by driving together to destinations in a rented van. Students evaluate the orientation at its conclusion. In 2012 we captured the orientation in still photography and video format. The video will be used in presentations to community partners, at conferences and medical education grand rounds.

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Last Name Bien

First Name Matt

Company/Organization University of South Dakota

City Sioux Falls

Country United States

PeArLS Abstract Checked

A PeArLS Quality Medical Student Documentation in the Era of the Electronic Health Record

Presenters:

Matt Bien, MD

Acting Assistant Dean of Medical Student Education

University of South Dakota School of Medicine

Lori Hansen, MD

Yankton Campus Dean

University of South Dakota School of Medicine

B PeArLS Background:

The adoption of electronic health records (EHRs) continues to expand nationally and abroad. Most longitudinal clerkship students will encounter at least one if not multiple EHRs during their clinical experiences. Student EHR access and utilization varies significantly, but few doubt that the electronic record has fundamentally changed how students and faculty interact. (1) The fragmented notes and superfluous data produced by most electronic records bypass the need for students to synthesize symptoms, signs, and studies into a coherent story. Clinical reasoning can be lost or, at best, difficult to follow. Consequently, national leaders in education have called for competencies and curriculum to teach proper use of the EHR. (1,2) Only a handful of institutions have adopted these recommendations to date. (3)

Statement:

With that background, we pose the following question to our CLIC participants:

How do students learn to document a quality history and physical exam in the era of the EHR?

Target Audience:

LIC program directors, clerkship directors, and others involved in the clinical education of medical students.

References:

1. Hammoud MM, Margo K, Christner JG, Fisher J, Fischer SH, Pangaro LN. Opportunities and Challenges in Integrating Electronic Health Records Into Undergraduate Medical Education: A National Survey of Clerkship Directors. *Teach Learn Med.* 2012;24(3):219-24.
2. Hammoud MM, Dalrymple JL, Christner JG, Stewart RA, Fisher J, Margo K, Ali II, Briscoe GW, Pangaro LN. Medical Student Documentation in Electronic Health Records: A Collaborative Statement From the Alliance for Clinical Education. *Teach Learn Med.* 2012;24(3):257-66.
3. Stephens MB, Gimbel RW, Pargaro L. The RIME/EMR Scheme: An Educational Approach to Clinical Documentation in Electronic Medical Records. *Acad Med.* 2011 Jan;86(1): 11-14.

Brief Oral Presentation

A Brief Oral Presentation

B Brief Oral Presentation

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A Workshop Abstract

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Last Name Konkin

First Name Jill

Company/Organization Division of Community Engagement/ University of Alberta

City Edmonton

Country Canada

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Title: What LIC students say about who should choose an LIC?

Presenter: Jill Konkin

Title and Affiliations: Associate Dean, Community Engagement, University of Alberta

Other Presenters: Carol Suddards

B Brief Oral Presentation Introduction:

Since the first class of LIC (Rural ICC) students graduated the UAlberta MD program, researchers have been asking them to consider their own choice of the program, and who should or should not choose the Rural ICC.

Description/Background/ Rationale:

Although a comprehensive review of LIC outcomes literature has illuminated the major outputs (Walters et al, 2012), these authors and others (e.g., Ellaway, 2013) note that less is known about how and why LICs are effective for medical education. Clearly the environment for LICs is different and appeals to students with certain perceptions of how they can best succeed in their learning and pursue the career option of their choosing. Understanding which students are best served and those that might not be is important.

Methodology

Reflective conversations were held with former Rural ICC students at the end of their fourth and final year of the MD program at UAlberta. Participation was voluntary; all conversations were recorded and anonymized. Analysis began in a hermeneutic phenomenological frame and moved to grounded theory. Transcripts were first analyzed individually and holistically for meaning and then co-analyzed. Grounded theory and constant comparative analysis were used to arrive at core concepts around this emic question.

Results

Students were asked who should choose the Rural ICC. Characteristics cited included learning style or preference; perceptions of rural community's social, cultural and healthcare assets; adaptability, independence, and sense of adventure; and, career and life goals. Students say that it is a highly personal choice that is often influenced by their developing identities as physicians.

Conclusions

LICs provide an alternative learning environment that enables all students to succeed and some to thrive, preparing them for all residency options upon completion of their MD degrees. LICs can be a choice for anyone, but may not be the best choice for everyone.

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Last Name Roberton

First Name Gayle

Company/Organization Flinders University

City Adelaide

Country Australia

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Title: Evaluation of LIC Learning - an instrument to evaluate complex clinical reasoning

Primary Presenter: Dr Gayle Roberton, Flinders University

Other presenters: Assoc. Prof Bill Heddle and Professor Lambert Schuwirth

B Brief Oral Presentation

Workshop Abstract

A Workshop Abstract



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Last Name Keen

First Name Misbah

Company/Organization UWSOM

City Seattle

Country United States

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Title:

Teaching from Afar : Family Medicine Clerkship Educational Innovations in a Distance-Learning Environment  
Co-Presenters: Jeanne Cawse-Lucas, MD and Misbah Keen, MD, University of Washington School of Medicine

B Brief Oral Presentation Many clerkships, regardless of specialty, face the challenge of sending students to a variety of sites, whether across town or in another state. While much has been written about utilizing technology for distance learners, little has been said about administering a decentralized clerkship with sites scattered across a large geographical region. UW Family Medicine Clerkship is unique in that it is decentralized and all the teaching occurs at one of the 51 teaching sites that are spread over a vast geographic area covering over 25% of land area of US. In spite of this the clerkship has been very highly rated by UWSOM students. Using both technology and old-fashioned relationship skills, we have developed a series of innovations to standardize clerkship experiences while emphasizing improvement. This presentation will address some of the challenges and solutions to administering and evaluating a robust family medicine clerkship in a distance learning environment.

Educational goals and objectives:

Goals:

1. To present the design and implementation of clerkship curriculum and faculty development that help with standardization of learning experiences across many sites.
2. To discuss session attendees experiences with distance learning, including challenges and successes.

Objectives:

At the end of the session, participants will be able to:

1. List challenges and potential solutions in administering a decentralized clerkship that is spread over a large geographic area.
2. Discuss educational innovations that can be used in a distance-learning environment.
3. Discuss ways to obtain and utilize student feedback in a distance-learning environment

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27

Last Name Johnston

First Name Mary

Company/Organization UBC

City Blind Bay

Country Canada

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation As per workshop and can present survey results, work and projects to group if deemed of interest.

ABSTRACT (250 words max)

Title: Meshing Motherhood and Rural Medicine

BACKGROUND:

In Canada, there is an urgent need for rural physicians <1>. For the first time in Canadian history, women represent more than 50% of medical graduates <2>, many of whom intend to have children. The joys and challenges of motherhood in a rural community are diverse and in many ways different from the urban environment. Unfortunately, physician mothers living in rural areas oftentimes have few resources and mentors to draw upon <3> and the art of meshing motherhood and rural medicine is little understood. In order to meet the needs of Canada's evolving medical workforce, practical frameworks for meshing motherhood and rural medicine must be developed.

LEARNING OUTCOMES:

During this 90-minute interactive workshop, participants will have the opportunity to learn about the challenges that physician mothers often face while living and working in rural areas. The workshop will also function as a platform for sharing ideas and personal experiences on the topic.

METHOD OF DELIVERY:

This interactive workshop will consist of five ten-minute presentations, each one centred upon key leading questions. Following this, participants will be organized into groups of 10 or 12 to discuss the main subject matter and to put forth 3 major issues and 1 constructive suggestion.

REFERENCES (75 words)

1. Pong RW, Pitblado RJ. Geographic distribution of physicians in Canada:

Beyond how many and where. Ottawa: Canadian Institute for Health Information, 2005.

2. Parsons, W.L., Duke P.S. Physicians as parents. Parenting experiences of physicians in Newfoundland and Labrador. Canadian Family Physician August 2009; 55(8): 808-809.

3. Johnston MT. Goin' to the country: challenges for women's healthcare in rural Canada. CMAJ 1998; 159:339-41.

B Brief Oral Presentation

Workshop Abstract Checked

A Workshop Abstract ABSTRACT (250 words max)

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3. Johnston MT. Goin' to the country: challenges for women's healthcare in rural Canada. CMAJ 1998; 159:339-41.

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Last Name Henson

First Name Lindsey

Company/Organization FAU Charles E. Schmidt College of Medicine

City Boca Raton

Country United States

PeArLS Abstract Checked

A PeArLS Title: How to Mentor, Motivate, Monitor, and Maintain Newly Recruited Clinical Affiliate Faculty

Primary Presenter: Sarah K. Wood, M.D., F.A.A.P.

Director, Third Year Curriculum

Director, Pediatrics Clerkship

Charles E. Schmidt College of Medicine

Florida Atlantic University

Secondary Presenter: Lindsey C. Henson, M.D. Ph.D.

Vice Dean for Medical Education and Student Affairs

Charles E. Schmidt College of Medicine

Florida Atlantic University

B PeArLS Description:

We have designed a longitudinal integrated curriculum for the third year clerkships for all students in the new Charles E. Schmidt College of Medicine at Florida Atlantic University. Our students will begin the clerkships in May 2013 in six affiliated hospitals. Only 3 of these hospitals currently teach medical students or residents. In order to launch our longitudinal clerkships successfully, more than 300 new clinical faculty have been recruited, approved for affiliate faculty appointments, and oriented to the medical school, the model of clinical teaching, and their roles. Our program is now grappling with how to appropriately mentor these affiliate faculty members. We need to develop strategies to monitor the clinical faculty's teaching efforts and to motivate them to continually improve their teaching skills and possibly become involved with scholarship at the university. We anticipate needing to maintain this large number of physicians as faculty to ensure that we have adequate numbers of inpatient, outpatient, primary care, and subspecialty preceptors for our medical students despite the reality of economic pressures and competition from other medical schools. Given that we are a new medical school without the traditional structure of separate clinical departments, we are interested in exploring the best way to create an innovative administrative process to mentor, motivate, monitor, and maintain our new clinical affiliate faculty.

Questions:

What is the best system to monitor and academically mentor clinical teaching faculty who are working in varied settings with LIC students? What strategies should be employed to maintain and motivate clinical faculty over time when they are working in a mostly voluntary capacity?

Target Audience:

Faculty and Administrators from established and/or developing LICs, particularly those in community based settings without a traditional academic framework.

Brief Oral Presentation

A Brief Oral Presentation

B Brief Oral Presentation

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30

Last Name Stewart

First Name Ruth

Company/Organization James Cook University

City Mareeba

Country Australia

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Does longevity in place impact quality of teaching?

B Brief Oral Presentation Introduction: Long term rural practitioners have a deep knowledge of place and people to inform their teaching. The literature examining the impact of longitudinal clinical placements does not examine the teachers' perspective. Does the long term preceptor experience in a certain place value add to the learning experience of students?

Methodology:

Students and their preceptors will be interviewed, the recorded interviews will be transcribed, the transcriptions will undergo thematic analysis. The students keep a log of their clinical skills practice and learning experiences.

Results:

Preliminary results will be presented detailing the impact of preceptor longevity in place of practice on clinical skills performance and the variety and frequency of learning opportunities

Conclusion:

The results of this study could inform selection of preceptors and clinical sites. If the learning experience is augmented by longevity in site of practice schools should seek preceptors with such experience

Does longevity in place impact quality of teaching?

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A Workshop Abstract

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Last Name Garne

First Name David

Company/Organization Graduate School of Medicine

City Wollongong

Country Australia

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Title: Beyond the honeymoon period: keeping preceptors and practices wedded to the longitudinal integrated clerkship (LIC) model

Presenting author: David Garne, Associate Dean, Graduate School of Medicine, University of Wollongong, NSW, Australia

Co-authors: Kathryn Weston, Belinda Smith, Andrew Bonney

B Brief Oral Presentation Introduction

The Graduate School of Medicine at the University of Wollongong (UOW), Australia, is a young medical school with a curriculum designed around the LIC model. The entire cohort of students undertakes a year-long community-based LIC in a regional or rural community, where students are supervised by experienced general practitioners (GPs). With the end of the initial 5-year placement facilitation contracts with practices approaching, we sought to investigate the impressions of the LIC model as experienced by the preceptors and practices involved as well as factors which may influence them to continue engagement.

Method

A representative sample of GP preceptors and practice managers was recruited. We undertook semi-structured interviews with 25 participants from 14 practices to investigate factors that might influence decisions to remain involved in the medical program beyond the initial five-year contract term (to June 2014). Thematic analysis of transcripts was performed by two independent researchers.

Results

There was a high level support for the LIC model and the UOW medical program. Preceptors continued to enjoy their role as teachers and most were inclined to continue to engage with the program. Cost, government incentives, remuneration and time pressures were considered as major issues and influences on whether to continue as preceptors. Practice managers articulated the advantages and disadvantages of the model in terms of overall breadth of student experiences while some preceptors warned against a rigid, 'tick-box' approach to the community-based LIC model. Opportunities for formal preceptor training in medical education and more flexibility in contracts were also suggested as influential in continued engagement in the teaching of medical students through this model.

Discussion

Whilst the honeymoon may be over, broad support for the LIC model continues. Issues of remuneration and opportunities for formal preceptor training appear influential in sustaining the relationship with our community of practices into the future.

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Last Name Suri

First Name Arjun

Company/Organization Harvard Medical School

City Cambridge

Country United States

PeArLS Abstract Checked

A PeArLS TITLE: Cambridge Integrated Clerkship Systems Rounds: Medical Student-Driven Quality Improvement and Patient Advocacy

AUTHORS/INSTITUTIONS: A. Ellison-Barnes, A. Patino, A. Wagner, B. Jastrzembki, D.R. Ziehr, D. Mallampati, J.E. Morris, A. Suri, E. Gaufberg, D. Bor, D. Hirsh, Cambridge Integrated Clerkship, Harvard Medical School, Boston, MA;

E. Gaufberg, D. Bor, D. Hirsh, Cambridge Health Alliance, Cambridge, MA;

Primary presenter: Arjun Suri

B PeArLS Needs and objectives: The rigorous third year of medical school seldom encourages students to analyze social and systemic factors that compromise or enhance patient care. To advance this imperative, students at the Cambridge Integrated Clerkship (CIC) designed the CIC Systems Rounds as a reflective and educational initiative. The objectives are to engage students in a collaborative experience that fosters creativity in quality improvement, enable students to address gaps endemic to the health care system, and empower students to serve as advocates.

Setting and Description: The CIC at Harvard Medical School comprises a cohort of twelve third-year medical students who engage in a longitudinal integrated curriculum and contribute to the care of a panel of medically and socially diverse patients at the Cambridge Health Alliance, a safety net institution. Whether observing poorly coordinated care or recognizing innovative practices, students experience with patients the strengths, frailties, and injustices found within the local and national healthcare and social support systems. The process of this student-driven initiative begins when students collect cases from clinical experiences that demonstrate recurrent, surprising, or inspiring events in the health care system. During monthly Systems Rounds, students informally present stories on topics including medication reconciliation, health literacy, and immigration documentation status. The group then deconstructs each case, emphasizing major themes, sharing similar experiences, and proposing how providers, systems, or other actors might have helped or hindered the patient's care.

Discussion / reflection / lessons learned: The CIC grants students a unique view of patients' journeys through the medical system. The Systems Rounds further allows them a forum to analyze the systems successes and failures they witness daily in their medical training. With individual patient experiences at its core, CIC Systems Rounds inspires students to examine health holistically, think creatively about interventions to improve patient outcomes, and deliver compassionate, patient-centered care.

Brief Oral Presentation Checked

A Brief Oral Presentation TITLE: Cambridge Integrated Clerkship Systems Rounds: Medical Student-Driven Quality Improvement and Patient Advocacy

AUTHORS/INSTITUTIONS: A. Ellison-Barnes, A. Patino, A. Wagner, B. Jastrzembki, D.R. Ziehr, D. Mallampati, J.E. Morris, A. Suri, E. Gaufberg, D. Bor, D. Hirsh, Cambridge Integrated Clerkship, Harvard Medical School, Boston, MA;

E. Gaufberg, D. Bor, D. Hirsh, Cambridge Health Alliance, Cambridge, MA;

Primary presenter: Arjun Suri

B Brief Oral Presentation Needs and objectives: The rigorous third year of medical school seldom encourages students to analyze social and systemic factors that compromise or enhance patient care. To advance this imperative, students at the Cambridge Integrated Clerkship (CIC) designed the CIC Systems Rounds as a reflective and educational initiative. The objectives are to engage students in a collaborative experience that fosters creativity in quality improvement, enable students to address gaps endemic to the health care system, and empower students to serve as advocates.

Setting and Description: The CIC at Harvard Medical School comprises a cohort of twelve third-year medical students who engage in a longitudinal integrated curriculum and contribute to the care of a panel of medically and socially diverse patients at the Cambridge Health Alliance, a safety net institution. Whether observing poorly coordinated care or recognizing innovative practices, students experience with patients the strengths, frailties, and injustices found within the local and national healthcare and social support systems. The process of this student-driven initiative begins when students collect cases from clinical experiences that demonstrate recurrent, surprising, or inspiring events in the health care system. During monthly Systems Rounds, students informally present stories on topics including medication reconciliation, health literacy, and immigration documentation status. The group then deconstructs each case, emphasizing major themes, sharing similar experiences, and proposing how providers, systems, or other actors might have helped or hindered the patient's care.

Discussion / reflection / lessons learned: The CIC grants students a unique view of patients' journeys through the medical system. The Systems Rounds further allows them a forum to analyze the systems successes and failures they witness daily in their medical training. With individual patient experiences at its core, CIC Systems Rounds inspires students to examine health holistically, think creatively about interventions to improve patient outcomes, and deliver compassionate, patient-centered care.

Workshop Abstract

A Workshop Abstract

Report Name: Abstract answers  
Report Date: 13-Sep-2013  
Record Count: 119

Event# : 1186583 - Status: Active  
Event Title : CLIC Conference, Call for Abstracts

36

Last Name Meacham

First Name Katharine

Company/Organization Mars Hill College; UNC SOM-Asheville

City Asheville

Country United States

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Title: Ethics Integration into Clinical Clerkships: a comparative study & a student's perspective

Presenters:

Katharine R. Meacham, Ph.D., Professor of Philosophy and Religion, Mars Hill College  
Course Director in Medical Ethics, University of North Carolina School of Medicine Asheville  
(UNC SOM-A)

Benjamin Aiken, MD pending from UNC SOM (June 2013) ; accepted into Family Medicine Residency at  
UNC Mountain Area Health Education Center/ Asheville, NC for 2013-16

B Brief Oral Presentation This presentation will combine the results of a comparative research project on two different models of ethics education in a longitudinal integrated clerkship (LIC) and a traditional block rotation (TBR), with students who had the same first two years of social medicine curriculum. A graduate of the LIC program will provide a brief reflection on the differences between his experience and his colleagues in the TBR.

Ethics education has been included in first year medical school curricula for decades. Research supports the need for focused, guided ethical reflection, using inter-disciplinary teams (ethicists and physicians) when students enter clinical clerkships. Ethics education in clinical years applies knowledge gained in the first years' ethics courses in the clinical settings. This presentation presents preliminary results of a study comparing ethical knowledge, skills, and values gained in the clerkships of two groups of students—one LIC group and one traditional block rotation (TBR) cohort. The research questions, methods, results, and conclusions will be presented in this session, illustrated by a personal reflection from a student.

Works Cited:

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Cooper, RA and AI Tauber. "Values and ethics: a collection of curricular reforms..." *Academic Medicine*, April 2007: 321-323.

Eckles, RE, Em Meslin, M Gaffney, PR Helft. "Medical ethics education: where are we? Where should we be going? A review." *Academic Medicine*, December 2005: 1143-52.

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Musick, D W. "Teaching medical ethics: A review of the literature." *Medicine, Healthcare, & Philosophy*, December 1999: 239 (16).

Thulesius, Hans O., Karl Sallin, Niels Lynoe, and Ruri k Lofmark. "Proximity morality in medical school--... forming physician morality 'on the job'." *BMC Medical Education* 7.27 (August 2007).

Workshop Abstract

A Workshop Abstract

Report Name: Abstract answers

Event# : 1186583 - Status: Active

Report Date: 13-Sep-2013

Event Title : CLIC Conference, Call for Abstracts

Record Count: 119

37

Last Name Heddle

First Name William

Company/Organization Flinders University

City Bedford Park

Country Australia

PeArLS Abstract Checked

A PeArLS Title: Challenges in conversion from pilot Longitudinal Integrated Flinders Training to full cohort LIFT

Primary Presenter: William Heddle, Flinders University

Authors: W Heddle, G Robertson, S Mahoney, M Snee, P Worley

B PeArLS Background: Flinders Longitudinal Integrated Training (LIFT) is a program for teaching hospital based LIC training for Year 3 (of 4) medical students (graduate programme); in 2013 a pilot LIFT for a group of 8 of 72 students is running at Flinders Medical Centre (FMC) an Academic Medical Centre (the original clinical site for the School of Medicine at Flinders University) where teaching since inception in 1976 has been in traditional "block rotation". The intention is to convert this to a full cohort (all the students training at FMC) LIC in 2014 or 2015. This presentation concerns the challenges faced in this conversion. The faculty considers the following to be the major challenges :

- 1) Limited availability of preceptors which requires either that each preceptor has multiple students or that each student has a limited number of preceptors
- 2) Limited space in ambulatory care to permit students to see patients before presentation to their preceptor
- 3) Scheduling of 70-80 individual but interleaved student schedules
- 4) Education of all faculty on LIC principles and implementation
- 5) Finding time to perform these tasks
- 6) Finding sufficient and well trained mentors/ educational supervisors
- 7) IT support systems for students to log progress of their panel patients and to notify students of all clinical contacts of their "panel" patients.

The questions posed are :

- 1) What will be the major challenge ?
- 2) How best to meet this challenge. ?

Target audience: clinical educators setting up or running LICs, particularly in teaching hospitals

Brief Oral Presentation Checked

A Brief Oral Presentation

B Brief Oral Presentation

Workshop Abstract

A Workshop Abstract



Report Name: Abstract answers

Event# : 1186583 - Status: Active

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39

Last Name MacKenzie

First Name Mark

Company/Organization University of British Columbia

City Chilliwack

Country Canada

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Title: Creating successful suburban community-based longitudinal integrated medical training programs: parallel experiences from Canada and Australia

Primary presenter:

Dr. Mark MacKenzie, Integrated Community Clerkship Program Director, University of British Columbia

Other presenter:

Dr. Sarah Mahoney, Head Year 3 Medicine, Flinders University

Authors: Dr Mark MacKenzie and Dr Sarah Mahoney

B Brief Oral Presentation Abstract

Medical education co-exists in a sometimes uneasy relationship with complex health care systems. Rural LICs based in rural health care settings have constraints and opportunities that differ from those found in urban tertiary care hospitals, which are different again from those found in suburban community hospitals and suburban general practice clinics. This paper describes the evolution of two suburban community-based longitudinal programs, both initially established on the Australian model of rural longitudinal integrated clerkships. We discuss the establishment of the programs, and the changes that were made in order to meet the learning needs of medical students, thus maximizing the opportunities within these communities for longitudinal and integrated learning and taking full advantage of the learning options available to students. These two programs evolved separately into hybrid programs in response to the strengths and dynamics within our respective communities. These parallel LIC experiences highlight the specific strengths, dynamics, and opportunities that exist within suburban communities and how LIC programs based in these communities may look different from their rural or tertiary urban counterparts.

References

1. Wortley P, Silagy C, Prideaux D, Newble D, Jones A. The parallel rural community curriculum: an integrated clinical curriculum based in rural general practice. Med Educ. 2000 Jul;34(7):558-65.
2. Mahoney S, Walters L, Ash J. Urban community based medical education: General practice at the core of a new approach to teaching medical students. Australian Family Physician Vol. 41, No.8, AUGUST 2012

Workshop Abstract

A Workshop Abstract

Report Name: Abstract answers  
Report Date: 13-Sep-2013  
Record Count: 119

Event# : 1186583 - Status: Active  
Event Title : CLIC Conference, Call for Abstracts

41

Last Name Jackson  
First Name Joseph  
Company/Organization Duke University Medical Center  
City Durham  
Country United States  
PeArLS Abstract  
A PeArLS  
B PeArLS

Brief Oral Presentation Checked  
A Brief Oral Presentation An Electronic Medical Record (EMR): Do they help or hinder teaching of longitudinal learners in the outpatient setting?

Joseph Jackson, MD  
Assistant Professor of Pediatrics  
Duke University Medical Center

Bruce Peysner, MD  
Associate Professor of Medicine  
Duke University Medical Center

Barbara Sheline, MD  
Associate Professor of Family Medicine  
Duke University Medical Center

Nancy Wiggle, MD  
Assistant Professor of Family Medicine  
Duke University Medical Center

B Brief Oral Presentation Introduction

EMR systems have been adopted in many academic health centers to provide more efficient and robust delivery of health care. Despite many benefits of an EMR, there remain unique challenges in the realm of medical student education. Recent consensus guidelines have been published which propose methods for educators to establish expectations for student involvement within EMR. However, few institutions have described the obstacles, strategies, and successes from incorporation of the EMR in educational activities for longitudinal learners.

#### Background

In 2012, Duke University Medical Center launched its EMR infrastructure called EPIC. This comprehensive EMR, initially launched in the outpatient setting, has been used by the majority of our longitudinal integrated clerkship preceptors. Use of the electronic medical record has highlighted unique opportunities both for preceptors and for learners. Use of the EMR has highlighted difficulties among preceptors given their growing responsibilities to navigate the EMR while completing teaching responsibilities. EMR use has also highlighted student viewpoints particularly their desire for greater exposure and feedback with the EMR.

#### Description

This oral presentation will briefly summarize the literature highlighting benefits and challenges of integrating an EMR in the outpatient clinic setting. Emphasis on difficulties for both preceptor and student will be discussed. Important questions for exploration include: What has the experience been at Duke? What electronic proscriptions hinder teaching in the outpatient setting? How have compliance concerns limited student exposures to the EMR? What alternative teaching methods exist to better prepare preceptors and expose learners to the EMR? How might the EMR enhance rather than hinder medical education?

#### Conclusions/Goals

The goal of the presentation is to address limitations of the EMR while exploring new and innovative solutions that can enhance outpatient longitudinal learning. This oral presentation will involve audience participation, experience sharing, and time for question and answer.

Spencer, David. The Effects of Electronic Health Record Implementation on Medical Student Educators. Teaching and Learning, 2012

Workshop Abstract  
A Workshop Abstract

Report Name: Abstract answers  
Report Date: 13-Sep-2013  
Record Count: 119

Event# : 1186583 - Status: Active  
Event Title : CLIC Conference, Call for Abstracts

42

Last Name Riegels

First Name Nardine

Company/Organization The Permanente Medical Group, Oakland

City Oakland

Country United States

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation A Longitudinal Quality Improvement Curriculum for Third Year KLIC Medical Students

Nardine Saad Riegels MD (primary presenter), Nicholas Riegels MD, John Young MD and Lindsay Mazotti MD  
Departments of Medicine, Anesthesia and Psychiatry, Kaiser Oakland, California

(also submitted as poster; if not accepted as an oral presentation, would like to request consideration as a poster if possible)

B Brief Oral Presentation Introduction: As part of the UCSF-Kaiser Longitudinal Integrated Clerkship (KLIC), students participate in a Policy, Leadership and Systems Engineering (PuLSE) curriculum. During the 2012-2013 academic year we integrated a team quality improvement (QI) project into this curriculum.

Background: Medical school QI curricula often invoke knowledge rather than skills-based learning, and seldom allow for direct student participation in a QI project(1).

Methodology: Students embarked on a QI initiative involving risk-stratification in the pre-operative clinic. Complementary didactic instruction accompanied each stage of the project. Students reviewed adverse events and observed clinic operations, constructed a fishbone diagram, developed process maps and failure modes analysis and generated recommended patient safety interventions. Interventions included using the electronic medical record to improve preoperative risk stratification, creating online informational patient education materials, and structuring email communication between providers and patients prior to surgery.

Results: Students assigned an average score of 4.6/5.0 to the didactic elements of the course, exceeding the mean for the didactic components of KLIC, and suggesting acceptability. Evaluation of QI skills will include: pre/post performance on the QI Knowledge Assessment Test (2) and a QI self-efficacy survey; self-assessment and a critical reflection exercise using a leadership assessment tool developed by the program; and feedback on their QI proposal from KLIC course directors and hospital leaders in April 2013 using the QI Proposal Assessment Tool (3).

Conclusion: Our QI curriculum was shown to be feasible and acceptable by student ratings. Student feedback has informed QI project scope and curriculum changes. Input from hospital leaders will guide development of future QI projects to maximize meaningful student participation. Results regarding changes in student QI skills will be assessed in the next month and will be available at the time of the CLIC conference.

References:

Wong BM et al. Acad Med. 2010;85:1425-39.

Ogrinc G et al. J Gen Intern Med. 2004;19:496-500.

Leenstra JL et al. J Gen Intern Med. 2007;22:1330-4.

Workshop Abstract

A Workshop Abstract

Report Name: Abstract answers  
Report Date: 13-Sep-2013  
Record Count: 119

Event# : 1186583 - Status: Active  
Event Title : CLIC Conference, Call for Abstracts

45

Last Name Hill-Sakurai

First Name Laura

Company/Organization UCSF

City san francisco

Country United States

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Development of a "Longitudinal Management of Patients and Populations" curriculum for longitudinal integrated clerkship students  
HILL-SAKURAI, Laura Associate Professor University of California San Francisco Co-presenter: Amiesha Panchal

B Brief Oral Presentation Purpose: We are piloting a curriculum to explicitly teach third-year medical students in a Longitudinal Integrated Clerkship (LIC) the skills of providing longitudinal primary care, including: 1) preventive service and chronic condition management of individuals and population of patients (panel management), and 2) strategies for developing meaningful longitudinal clinician-patient relationships.  
Background: It is well established that continuity of care is associated with improved health outcomes for patients, including increased use of preventive care services and improved chronic illness management. Panel management has been shown to improve preventive and chronic condition care measures and may play a role in decreasing health care disparities. Primary care organizations have embraced these principles, but the formal objectives and evaluation criteria of the Family & Community Medicine component of PISCES do not explicitly include them.  
Methods: The "Longitudinal Management of Patients and Populations" curriculum is being piloted to the LIC students in the 2012-2013 academic year. The students complete: 1) Panel management prevention exercise, 2) a checklist of tasks for longitudinal management of an individual patient (creating a problem list, reviewing tests and specialists' assessments, communicating with patients via email and telephone, etc.), and 3) self-audit of chronic disease management performance. In addition, students document use of motivational interviewing longitudinally and practice eco-maps and in order to build clinician-patient relationships. Four 90 minute seminars reinforce these activities.  
Outcomes/Results: In pre-course surveys, faculty endorsed the utility of a checklist of required tasks in longitudinal management of patients. Final results of pre- and post-course surveys and qualitative data from both students and faculty will be presented.  
Conclusions: Our novel curriculum may provide a useful template for teaching the skills of Longitudinal Care to medical students. It provides more structured and explicit instruction for students and a more structured grading template for preceptors. In the future, this curriculum could be adapted by other primary care departments

Workshop Abstract

A Workshop Abstract

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Last Name Bowman  
First Name Robert  
Company/Organization ATSU - SOMA  
City Mesa  
Country United States  
PeArLS Abstract Checked  
A PeArLS Title of PeArLS:

Access Denied By Failure to Understand the Basic Principles of Health Access

Primary Presenter:

Robert C. Bowman, M.D.

Title and affiliations:

A T Still School of Osteopathic Medicine Arizona Professor of Family Medicine,  
Basic Health Access, World of Rural Medical Education

Other presenters: Participants

Brief Oral Presentation Checked

A Brief Oral Presentation Family medicine training is the best intervention for primary care and primary care where needed. The family medicine training model has been proposed for shorter or longer training. A 4:4:4 model is in demonstration mode. The traditional 4:3:3 is dominant at the current time. The Accelerated FM model or 4:3:3 model shortened training with integration of the M4 and PGY1 year. This model was terminated prior to data on outcomes and this presentation indicates the stellar outcomes. Shorter training length is possible with even greater benefits and the same 3 year of FM specific GME. Methods: The AMA Masterfile was used for zip code locations of training, practice in 2005, and practice in 2013. The Standard Primary Care Year measure of primary care delivery will be used to compare family medicine models. Results: The results of over 13 accelerated graduates of 11 programs will be illustrated including over 40% in rural locations and 62% found in the same locations in 2005 and 2013. Discussion: Accelerated family medicine graduates have demonstrated the principles that must be followed for health access recovery. Stellar contributions include top primary care delivery per graduate, top primary care where needed, top levels of in-state retained workforce, top levels of rural workforce over half of a career so far, and top levels of long term continuity as a health care team member. Family medicine training models with 9, 10, 11, and 12 years of higher education should be compared for primary care delivery and primary care where needed over a career. Longer training least relevant for most of the nation's population should be questioned. Shorter training most relevant for half of the nation in need of local or adjacent zip code workforce is a better solution.

B Brief Oral Presentation Title: Accelerating Family Medicine and Most Americans Toward Health Access Recovery

Primary Presenter: Robert C. Bowman, M.D.

Title and affiliations: A T Still School of Osteopathic Medicine Arizona Professor of Family Medicine,

Report Name: Abstract answers

Event# : 1186583 - Status: Active

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Record Count: 119

47

Last Name Rajput

First Name Vijay

Company/Organization Cooper Medical School of Rowan University

City Camden

Country United States

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation A Longitudinal Interprofessional Ambulatory Clerkship to Prepare for the Third-Year Longitudinal Integrated Clerkship in a New Medical School

Anna Headly, Gladys Dueñas, Lawrence Weisberg, Cindi Hasit, Michael Goldberg, Melissa Rotz, Cathy Poon, Vijay Rajput

primary presenter : Vijay Rajput,MD

Professor of Medicine, Assistant Dean for Curriculum

B Brief Oral Presentation Background: Longitudinal integrated clerkships (LIC) enhance students' professional development and improve healthcare delivery (1). "Integration" should encompass other healthcare professionals in addition to different specialties. The Interprofessional Education (IPE) Collaborative states the goal of IPE is to prepare students for working together toward better health care (2); the literature suggests that educators and healthcare professionals must collaborate to provide authentic learning (3).

Rationale: Prior to the third year(M3) LIC experience we instituted a longitudinal IPE starting in the first year( M1) at Cooper Medical School of Rowan University and in the first year of clinical training for pharmacy students from the Philadelphia University of the Sciences. This four-year clerkship is based in the new Camden Community Collaborative Practice (CCCP), a free clinic for the underserved. The aims include increasing understanding of and respect for other professionals; enhancing team learning and communication; introducing students to longitudinal, integrated learning; and promoting an ethic of safer, better medical care.

Description: 50 M1s and 25 P1s were assigned to 12 teams (2:1 ratio). Under medicine and pharmacy faculty supervision, students perform all practice duties, including front desk, rooming, H&Ps, dispensing medications, counseling, and sign-out. No distinction is made between M1s and P1s. Weekly, half of each team is at an away site, including pharmacies, Pediatrics, a retirement community, Male Sexual Health, Women's Care, HIV Medical Home, Family Practice, and private PCPs. Students at away sites sign out patient care to the other team half to ensure coordinated care.

Conclusion: The experience has been very well received by students, faculty and patients. Challenges include space restrictions and academic schedule coordination. Future directions include evaluating the impact on patient outcomes and measuring students' preparation for IP practice and their M3 LIC.

1. Hirsh D, Med Teach. 2012; 34(7): 548-554.

2. Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel, May 2011.

3.Thistlethwaite J. etal Med Educ. 2012 Jan; 46(1):58-70.

Workshop Abstract

A Workshop Abstract

Report Name: Abstract answers

Event# : 1186583 - Status: Active

Report Date: 13-Sep-2013

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49

Last Name Deutchman

First Name Mark

Company/Organization University of Colorado

City Aurora

Country United States

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Solving problems that arise in longitudinal integrated clinical clerkships.

Mark Deutchman MD  
Professor, University of Colorado School of Medicine  
Department of Family Medicine

Caroline LeClair DO  
Assistant Professor University of Colorado School of Medicine  
Department of Family Medicine

B Brief Oral Presentation Introduction and Rationale:  
Longitudinal integrated clinical clerkships are beneficial but are complicated to establish, conduct and maintain. Those who are responsible for such clerkships may benefit from hearing about problems others have encountered and resolved.  
Methodology and Results:  
Based on five years of experience focused on rural clinical clerkships, we have encountered and surmounted a variety of problems that can be categorized as arising from student characteristics, clinical preceptor factors and clinical site features. This presentation will describe representative problems that we have encountered in those categories. We will also explain how we have resolved those problems and have modified our program to avoid them in the future.  
Conclusion:  
many of the potential problems involved in longitudinal integrated clinical clerkships can be anticipated and avoided through program design, site coordination and contingency planning.

Workshop Abstract

A Workshop Abstract

Report Name: Abstract answers  
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Event# : 1186583 - Status: Active  
Event Title : CLIC Conference, Call for Abstracts

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Last Name Keys

First Name Toby

Company/Organization University of Washington

City Seattle

Country United States

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation REFLECTIVE JOURNALS AS A RICH SOURCE OF QUALITATIVE RESEARCH DATA: EXPERIENCE FROM THE RURAL UNDERSERVED OPPORTUNITIES PROGRAM

Primary Presenter: David V. Evans MD, Assistant Professor, Family Medicine, University of Washington

Other Presenters: Toby Keys, MA, MPH and Laurel Desnick MD.

B Brief Oral Presentation Reflective journaling is assuming an increasingly important role in medical education. The goals of reflection are to foster self-understanding and situational awareness so that future actions can be informed by this greater insight. While reflection is commonly used as an educational tool, student reflective journals can be a valuable research database and can identify emerging trends in medicine.

The Rural Underserved Opportunities Program (RUOP) is a key component of Washington, Wyoming, Alaska, Montana and Idaho's (WWAMI) Targeted Rural Underserved Student Track. RUOP utilizes reflective journaling as a centerpiece for learning. RUOP has found that these journals are meaningful learning tools for students and a rich source of qualitative data for research purposes. Using standard qualitative research methods the RUOP team has coded and analyzed student reflections and generated multiple scholarly products.

This presentation will describe the RUOP reflection curriculum, our scholarly process, challenges faced, future plans. and how these journals might be used in your longitudinal integrated clerkship.

References:

1. Mann, K; Gordon, J and Macleod, A. Reflection and Reflective Practice in Health Professions Education: A systematic review. Advances in Health Education, Oct 2009. V.14 No. 4, 595-621

2. Wald, H; Davis, S; Reis, S; Monroe, A; and Borkan, J. Reflecting on Reflections: Enhancement of medical education curriculum with structured field notes and guided feedback academic medicine, Vol. 84, No. 7, July 2009

Workshop Abstract

A Workshop Abstract



Report Name: Abstract answers

Event# : 1186583 - Status: Active

Report Date: 13-Sep-2013

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Last Name McCarthy

First Name Patti

Company/Organization Memorial University

City St. John's

Country Canada

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Bob Miller1, Patti McCarthy1, Cheri Bethune1, Ean Parsons1, Marshall Godwin1,2, Reanne Meuse2, Shannon Fisher2

1Discipline of Family Medicine, Faculty of Medicine, Memorial University, Newfoundland and Labrador, Canada; 2Primary Healthcare Research Unit, Faculty of Medicine, Memorial University, Newfoundland and Labrador, Canada.

Primary Presenter: Dr. Bob Miller

Other Presenter: Patti McCarthy

B Brief Oral Presentation Introduction/Rationale: In Canada, the province of Newfoundland and Labrador (NL) and the territory of Nunavut (NU) are comprised of predominantly rural and remote communities. Many communities in NL and NU have limited medical resources and struggle with shortages of family physicians. In an effort to address these issues, a 5 year pilot program (Program for Enhanced Rural and Remote Training -PERRT) was implemented to provide enhanced family medicine residency training in NL and NU. The goal of the program is to increase the number and quality of family physicians practicing in rural and underserved areas, thereby improving access to primary care.

Description/Methodology:

The PERRT program provides family medicine residents with the opportunity to train through a longitudinal integrated model. Program enhancement included: provision of regular communications with and faculty development for preceptors; enhanced curricular content, enhanced feedback and assessment tools, delivery and clinical experiences, education and administrative supports.

Results: A program evaluation logistic model has been developed to track all PERRT activities, outputs and anticipated outcomes. Briefly, an increased number of residents have been accepted into the family medicine program and enhanced curriculum (competency-based focusing on continuity of care and education, comprehensive care and education, centred in family medicine), assessment/feedback tools (field notes, learning plans, remediation plans, e-portfolios), faculty development, and educational and administrative supports have been incorporated.

Conclusions:

While the PERRT program encountered initial start-up delays, project stakeholders report satisfaction with the program and the enhancements that have been integrated. Program evaluation will explore indicators related to design, delivery and effectiveness of the training model, challenges, and impact on the recruitment and retention of residents in rural/remote areas.

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Report Name: Abstract answers

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Last Name Couper

First Name Ian

Company/Organization Wits University Centre for Rural Health

City Hartbeespoort

Country South Africa

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Fit for Purpose - The Importance of Context in Training

B Brief Oral Presentation Background: Since the Flexnerian reforms over a century ago, medical education has largely been based in large, tertiary, academic hospitals. This context has had important consequences for what physicians see to be their role. It is widely acknowledged that new roles and competencies are required, so the context of training needs to be reviewed. In developing the training of associate clinicians (so-called midlevel medical workers) in South Africa, this was taken as a key issue.

Purpose: To examine the issue of context in training, using the Clinical Associates programme at the University of the Witwatersrand (Wits), South Africa as an example.

Main messages: A fit-for-purpose curriculum was designed, as part of a national process. Context was taken as one of the most important issues in designing the curriculum. In implementing this, issues around educational processes, teachers, assessment, accreditation and logistics all had to be addressed. Because Clinical Associates are being trained to work in district hospitals, that is where most training occurs.

Conclusions: The Wits Clinical Associates program provides a possible model for ways in which medical education can be re-designed to achieve some of the outcomes and competencies required for 21st century health professionals.

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A Workshop Abstract

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Event Title : CLIC Conference, Call for Abstracts

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Last Name Greer

First Name Thomas

Company/Organization University of Washington / Department of Family Medicine

City Seattle

Country United States

PeArLS Abstract Checked

A PeArLS Title of PeArLS Session: How can longitudinal integrated clerkship (LIC) students be linked to graduate medical education programs with the aim of encouraging them to practice in the areas where they trained?

Primary presenter: Tom Greer, MD, MPH

Title of primary presenter: Professor of Family Medicine, University of Washington

University affiliation: University of Washington

Other presenters: Suzanne Allen, John McCarthy, Mary Barinaga, Ki Shin, Jay Erickson

B PeArLS At the University of Washington, our LIC is embedded in a four-year longitudinal integrated curriculum called Targeted Rural Underserved Track (TRUST). We attempt to link TRUST Scholars to graduate medical education (GME) programs in our region during medical school to encourage TRUST Scholars to complete residency training at one of these programs (and to ultimately practice in our region). How can we improve our links with regional GME programs including primary care and other critical training programs such as general surgery?

Target audience: any established LIC program

Brief Oral Presentation Checked

A Brief Oral Presentation Embedding Community Oriented Primary Care (COPC) in a Longitudinal Integrated Clerkship (LIC) and a four-year integrated curriculum

Primary Presenter: Tom Greer

Title and Affiliation: Professor of Family Medicine, University of Washington

Other Presenters: David Evans, Toby Keys, Molly Hong/Berdi Safford, Suzanne Allen, Jay Erickson

B Brief Oral Presentation At the University of Washington, our Rural/Underserved Opportunities Program (RUOP), a four-week field experience program after the first year of medical school, emphasizes community engagement with primary care physicians and completion of a community-oriented project. Targeted Rural Underserved Track (TRUST) Scholars participate in the RUOP program in their continuity community teaching sites as well as completing their third-year LIC in the same site. Their LIC requires a more advanced community or practice-oriented project. With partial funding from the US Health Resources and Services Administration (HRSA), TRUST is working to link the RUOP and LIC projects into an integrated Community Oriented Primary Care/practice quality improvement continuum to further prepare our students for rural practice while engaging with the community and the primary training site practice. This presentation will briefly describe our project, its aims and its challenges.

Workshop Abstract

A Workshop Abstract

Report Name: Abstract answers

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Report Date: 13-Sep-2013

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Last Name Ellaway

First Name Rachel

Company/Organization Northern Ontario School of Medicine

City Sudbury

Country Canada

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation CEMESTR: what happens when medical schools and communities intersect?

Rachel Ellaway, Roger Strasser, Lisa Graves, David Marsh, Catherine Cervin, Laurel O'Gorman, Patty Fink - Northern Ontario School of Medicine

B Brief Oral Presentation At the organizational level concepts of social accountability and community engagement have been well described in the literature, and these in turn draw upon research that demonstrated the value of particular educational activities in and around communities. As community-based models of medical education (including but not limited to longitudinal integrated clerkships) become a part of the educational mainstream it is time to revalidate this argument by asking 'what happens when different medical schools engage with different communities in different ways?'

This paper will report on findings from a BEME systematic review that is currently under way called Community Engaged Medical Education Systematic and Thematic Reviews (CEMESTR). Spanning concepts of community-oriented medical education (community as curriculum content), community-based medical education (community as curriculum context) and community-engaged medical education (community as curriculum partner) the CEMESTR study involves more than 30 reviewers from around the globe in reviewing an eclectic range of sources of evidence on this complex topic. We are combining aspects of outcomes review (Kirkpatrick impact factors) and realist review models (what works for whom and in what context) to synthesize findings from across research traditions and from a range of different educational and cultural contexts.

There are some signature models of community interaction emerging from the study including; longitudinal integrated clerkships, service learning projects and activities that are oriented around developing learners' cross-cultural competence. Learners in all of these situations need to understand the importance of negotiation between the various stakeholders in their learning activities, they need to have a high tolerance for ambiguity and emergence, and a willingness to improvise so as to make the most of the learning opportunities these settings afford.

CEMESTR's development of a comprehensive evidence-based model of how medical education programs and communities can and should intersect, is advancing scholarship in this complex area.

Workshop Abstract

A Workshop Abstract

Report Name: Abstract answers

Event# : 1186583 - Status: Active

Report Date: 13-Sep-2013

Event Title : CLIC Conference, Call for Abstracts

Record Count: 119

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Last Name Aaraas

First Name Ivar Johannes

Company/Organization National Centre of Rural Medicine University of Tromsø

City Tromsø

Country Norway

PeArLS Abstract Checked

A PeArLS How to combine longitudinal mentor groups with general practice placements periods?

Ivar J. Aaraas Professor, National Centre of Rural Medicine, University of Tromsø, Norway

Peder A. Halvorsen, Helen Brandstorp, May-Lill Johansen

B PeArLS Background

Since its foundation in 1973, the Tromsø medical school curriculum has included a minor LIC element: Fifth year students have a 24 weeks placement in district settings; 16 weeks in a local hospital, and 8 weeks in general practice. In 2012, a revised model of the curriculum was launched. This includes longitudinal mentor groups focusing on personal/professional development, communication, ethical and clinical challenges. Each group has eight students and two mentors. In the first year, students receive feedback on their video clips, performing a variety of roles: as themselves (medical student), as patients, relatives, care-givers etc. The roles relate to clinical cases relevant to concurrent topics taught. The main tasks in these roles 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 experience has been evaluated as successful among both students and mentors.

Ideas for LIC development

One future option is to connect the groups to GPs with yearly clinical placement periods. In general practice the student should co-operate with the GP in the longitudinal follow up of selected patients/families.

Experiences with these patients will be presented in reflective learning sessions, in the mentor groups. There are possible obstacles to the implementation of this: economical, logistic, geographic, faculty and student resistance. To overcome these impediments a modest start may be preferable, allowing for only 1-3 groups to participate in an elective path. These elective path students should return to their rural practice during the fifth year, which is an obligatory placement for all students currently.

Question for discussion

We seek the advice of medical colleagues with similar experiences. How to combine longitudinal mentor groups with general practice placements periods? What are the pitfalls and what are the success factors?

Brief Oral Presentation

A Brief Oral Presentation

B Brief Oral Presentation

Workshop Abstract

A Workshop Abstract

Report Name: Abstract answers

Report Date: 13-Sep-2013

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Event# : 1186583 - Status: Active

Event Title : CLIC Conference, Call for Abstracts

59

Last Name Solarsh

First Name Geoff

Company/Organization Monash University

City Bendigo

Country Australia

PeArLS Abstract Checked

A PeArLS Continuity of Care in Community-Based Medical Education in Different Health Care Systems

Prof Geoff Solarsh, Monash University\*

Dr Natalie Radomski, Monash University

Prof Shah Yasin, Monash University

B PeArLS Background and Rationale

Core characteristics of community-based medical education (CBME) are that students are based within health services in authentic community settings and that the educational program is designed and customised to maximise the special learning opportunities these settings provide.

At Monash University the identical curriculum is implemented at its Australian and Malaysian medical schools but within vastly different primary health care systems faced with very different health priorities. Australia is an industrialised country with fee-for service general practice offered by largely private providers to a population in which chronic non-communicable diseases constitute 70% of the disease burden. Malaysia is a middle income country with residual burdens of communicable diseases and maternal and child morbidity served by a publicly funded WHO model of primary health care that is delivered to geographically defined sub-populations in tiered health facilities by a cascade of differentially trained health workers.

In both medical schools students are expected to cover four health disciplines, viz. children's health, women's health, psychiatry and general practice. In both schools students have had extended placements in primary health care systems which provide very different perspectives on continuity of care. In Australia this takes the form of continuous bio-psycho-social care for individual family members by a single family practitioner, while in Malaysia this takes the form of well-orchestrated primary, secondary and tertiary prevention for priority health conditions by different practitioners at different levels of the primary health care system.

Questions:

1. What are the pedagogical implications of the divergent models of Continuity of Care presented here for our current conceptualisation of longitudinal clerkships?
2. Should Monash University be concerned about the equivalency of learning in these two very different health care settings?

Target Audience

Anyone interested in Longitudinal Integrated Clerkships and their application in different health care settings

Brief Oral Presentation

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B Brief Oral Presentation

Workshop Abstract

A Workshop Abstract

Report Name: Abstract answers

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Record Count: 119

60

Last Name Meacham

First Name Katharine

Company/Organization UNC SOM-Asheville & Mars Hill University

City Asheville

Country United States

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation

A Brief Oral Presentation

B Brief Oral Presentation

Workshop Abstract Checked

A Workshop Abstract Exploring ways that LICs can help students (and faculty) Identify Ethical Issues and Encourage Moral Imagination and Professional Engagement in the Resolution of those Issues Primary Presenter:

Katharine R. Meacham, Ph.D.

Professor of Philosophy & Religion, Mars Hill College

Adjunct Professor, Department of Social Medicine, UNC School of Medicine

Course Director, UNC SOM-Asheville

Other presenters:

Benjamin Aiken, MD (pending, June, 2013), graduate of UNC SOM-Asheville

Intern at Mountain Area Health Education Center Family Practice Residency Program

Robyn Latessa, MD

Campus Director, UNC SOM Asheville

Associate Professor, UNC SOM, Family Medicine

Clinical Director, Center for Health Professions Education, Mountain Area Health Education Center

Report Name: Abstract answers

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Record Count: 119

61

Last Name Heddle

First Name William

Company/Organization Flinders University

City Bedford Park

Country Australia

PeArLS Abstract Checked

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Title: Challenges in developing a pilot LIC in place of "block rotation" in a tertiary hospital

Primary Presenter: W Heddle, Flinders University

Other presenters: G Robertson, S Mahoney, S Strasser, L Walters, P Worley  
Flinders University

B Brief Oral Presentation Flinders Medical Centre (FMC) is the Academic Medical Centre where clinical teaching in the School of medicine of Flinders University commenced in 1976 using a traditional "block rotation" model. In 2003 a pilot Longitudinal Integrated Curriculum (LIC) named LIFT (Longitudinal Integrated Flinders Training) was started for a cohort of 8 students out of 72 (from a total 160) doing year 3 (of 4) placed at FMC. The expected challenges which were confirmed were:

- 1) Education of preceptors in execution of LIC concepts
- 2) Scheduling
- 3) "coveritis" ( subspecialists asking for all the details of their subspecialty to be imparted)
- 4) Community engagement ? what is the community for an academic teaching hospital
- 5) LIFT and "block" student timetable clashes e.g. clinics
- 6) Lack of space and time for teaching in clinics

Unexpected challenges were:

- 1) Paucity of time for all the meetings, workshops, and email correspondence required to start the LIFT pilot
- 2) "push back" from preceptors who had initially been enthusiastic (counterbalanced by unenthusiastic preceptors who became major drivers of the programme)
- 3) Difficulty in organising cross discipline meetings of preceptors

Unexpected success:

- 1) emergency department teaching sessions

Target Audience: Clinical Educators and Administrators running LICs, particularly those starting LIC in teaching hospitals

Workshop Abstract

A Workshop Abstract



Report Name: Abstract answers

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Event Title : CLIC Conference, Call for Abstracts

Record Count: 119

62

Last Name Conradie

First Name Hoffie

Company/Organization University of Stellenbosch

City Worcester

Country South Africa

PeArLS Abstract Checked

A PeArLS Facilitating patient centered learning in a LIC model in a bases in a government district hospital.

Prof H H Conradie, Director Ukwanda Rural Clinical School (RCS), Faculty of Medicine and Health Sciences (FMHS), University of Stellenbosch (US), South Africa

B PeArLS The FMHS of the US initiated a RCS in a regional specialist hospital and surrounding district hospitals in 2011. Final year students in a six year program spend the whole year in the RCS away from the tertiary hospital. Two educational models are being followed; a more traditional program at the regional specialist hospital and a longitudinal integrated clerkship (LIC) in districts hospitals. In the LIC model students work under the supervision of a family physician with no resident specialists.

The learning program in the 3 years prior to the final year consists of alternate months of academic lectures and clinical training. In the final year students only do clinical in service learning and do not receive any formal lectures. Students are encouraged to base their learning on patient encounters rather than "book" learning. To facilitate patient centered learning students are required to prepare a set number of patients they have managed themselves in each discipline. These patient portfolios are assessed formatively at regular intervals but also form part of the summative assessment in each discipline to obtain entry to the final examination at the end of the academic year. In addition a list of common presentations and conditions was made available to students to direct their learning. Students though struggle to make this transition and do not yet trust the concept that the "curriculum walks through the door". They often, especially during examination periods revert to "just in case" book learning. This need is partially fuelled by the fact that the final examination is at the tertiary hospital conducted mainly by tertiary specialists.

Questions for the panel:

1. How do you view the balance between academic "book" learning and "patient centered" learning in your LIC program?
2. How do you facilitate patient centered learning in your programs?

Brief Oral Presentation

A Brief Oral Presentation

B Brief Oral Presentation

Workshop Abstract

A Workshop Abstract

Report Name: Abstract answers

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Event Title : CLIC Conference, Call for Abstracts

Record Count: 119

64

Last Name Radomski

First Name Natalie

Company/Organization Monash University, School of Rural Health

City Bendigo

Country Australia

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Whole-of-Practice Teaching Models in Rural General Practice: Not just filling the Gaps

Primary Presenter: Dr Natalie Radomski, Senior Lecturer, North West Rural Medical Education Unit, Monash University School of Rural Health

Co- Authors:

Ms Pam Harvey, Lecturer, North West Rural Medical Education Unit, Monash University School of Rural Health

Professor Geoff Solarsh, Head, North Victorian Regional Medical Education Network, Director, Bendigo Regional Clinical School, Monash University

Dr Dennis O'Connor, Senior Lecturer, Year 4 GP Discipline Leader, Bendigo Regional Clinical School, Monash University

Ms Kylie Cocking, Research Assistant, North West Rural Medical Education Unit, Monash University School of Rural Health

B Brief Oral Presentation Introduction/Rationale: Sustaining rural general medical practices as settings for curriculum innovation is a growing priority. Much research has focussed on clinical apprenticeship models of teaching with 'GP supervisor-patient-student' interactions as the unit of analysis. Relatively little attention has focused on whole-of-practice teaching models that recognise the educational contributions of clinicians and practice administration staff.

This paper presents findings from a qualitative study investigating how rural General Practice staff are operationalising a 36-week undergraduate Community-based Medical Education (CBME) program in their healthcare settings. The program is located in North Western Victoria, Australia and is in its fourth implementation year.

Methodology: 18 semi-structured interviews were conducted with GP supervisors, practice nurses, allied health clinicians and practice administrators in five rural practices. Thematic analysis aimed to identify how the CBME program was evolving in each Practice setting and the day-to-day educational contributions shaping curriculum implementation. A GP program coordinator focus group considered whole-of-practice themes and implications for CBME sustainability.

Results: Our findings highlight a diversity of informal and formalised educational activities, workplace structures and supervisory relationships that supported CBME program implementation in the General Practices. The proactive approach taken by practice administrators in facilitating student integration within the practice environment, in monitoring student learning and in adapting CBME activities for the local setting were recurring themes.

Conclusions: This study challenges narrow definitions of General Practice teaching and reveals a more nuanced, group approach to educational supervision and program development. This is not to displace the central role that GP supervisors have in facilitating clinical learning - but to see teaching encounters within a bigger framework of educational engagements, relationships and program responsibilities. Given increases in GP-based teaching across the vocational training continuum, it may be helpful to consider how whole-of-practice approaches to CBME placements can be recognised and advanced.

Workshop Abstract

A Workshop Abstract

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Record Count: 119

66

Last Name Barinaga

First Name Mary

Company/Organization University of Washington School of Medicine

City Boise

Country United States

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation

A Brief Oral Presentation

B Brief Oral Presentation

Workshop Abstract Checked

A Workshop Abstract Title: Engaging medical students and community through longitudinal integrated clerkships in the WRITE program.

Primary presenters:

1. Mary Barinaga, MD; Assistant Dean for Regional Affairs, University of Washington School of Medicine (UWSOM)

2. John McCarthy, MD; Assistant Dean for Regional Affairs, UWSOM

Other presenters:

1. Frank Batcha, MD; WRITE preceptor, UWSOM

2. Greg Rice, MD; WRITE preceptor, UWSOM

3. Kendra Coonse, Medical student and WRITE participant, UWSOM

4. Others: TBA

Report Name: Abstract answers  
Report Date: 13-Sep-2013  
Record Count: 119

Event# : 1186583 - Status: Active  
Event Title : CLIC Conference, Call for Abstracts

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Last Name Dube

First Name Tim

Company/Organization NOSM

City Sudbury

Country Canada

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Title:

Adaptation during a longitudinal integrated clerkship: The lived experiences of third-year medical students at the Northern Ontario School of Medicine

Primary presenter:

Tim Dube, Laurentian University, School of Rural and Northern Health, Sudbury, ON

Other:

Dr. Roger Strasser, Northern Ontario School of Medicine

Dr. Robert Schinke, Laurentian University, School of Human Kinetics, Sudbury, ON

B Brief Oral Presentation The authors who have explored notions of hidden curriculum in undergraduate medical education have demonstrated how the experiences of medical training entrenched in the hidden curriculum can have a profound impact on medical student adaptation.

The most influential transitional stage in undergraduate medical education is the third-year clinical clerkship when medical students transition from classroom learners to clinicians. The Northern Ontario School of Medicine's (NOSM) clerkship year consists of a mandatory eight-months of living and working in rural and northern communities throughout Northern Ontario and learning in the context of rural family practice.

Informed by a social constructivist research paradigm, I explored how 12 third-year students described the challenges they had to manage and, in response, the strategies they employed to adapt to their clerkship. I elicited a rich understanding from their perspectives to answer the research question: how do NOSM students describe developing processes of adaptation during the Comprehensive Community Clerkship. Data were collected between August 2011 and April 2012, including: a) pre-clerkship interviews and a demographic questionnaire, b) mobile methods in the form of 'guided walks' in the communities, and c) post-clerkship interviews.

Vignettes were developed using the co-constructed narratives to present the participants' lived experiences. Excerpts from these vignettes will be presented to provide a rich description of events such as training in one's hometown, personal well-being, the development of empathy, and transitions including the disorientation dilemma and the professional socialization to the medical profession.

The findings serve to advance our understanding of students' adaptation processes throughout a longitudinal integrated clerkship. Implications are considered for medical students, NOSM and the clerkship communities, and medical schools nationally and internationally. I will propose recommendations regarding the suitability of authentic methods in medical education research.

References

Hafferty, F. W. (1998). Beyond curriculum reform: Confronting medicine's hidden curriculum.

Lazarus, R. S. & Folkman, S. (1984). Stress, appraisal, and coping.

Workshop Abstract

A Workshop Abstract

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Event# : 1186583 - Status: Active  
Event Title : CLIC Conference, Call for Abstracts

69

Last Name Jackson  
First Name Joseph  
Company/Organization Duke University Medical Center  
City Durham  
Country United States  
PeArLS Abstract Checked

A PeArLS Title  
How do we train learners to write notes when we don't let them?

Primary Presenter  
Joseph A. Jackson, Jr. MD  
Assistant Professor of Pediatrics  
Duke University Medical Center

Other Presenters:  
Bruce Peyser, MD  
Associate Professor of Medicine  
Duke University Medical Center

B PeArLS Background/Rationale:  
Most University Hospitals and Health Centers have initiated steps toward establishing a comprehensive electronic health record (EHR). Current imperatives to establish EHRs are primarily geared towards improving health care quality. While research supports the effectiveness of EHRs in improving communication and reducing medical errors, the educational impediments are great and remain largely unstudied. Most governing bodies in medical student education consider communication an essential skill to be mastered prior to graduation. For example, the AAMC states, "each medical school must ensure that before graduation a student will have demonstrated...the ability to communicate effectively, both orally and in writing, with patients, patients families, colleagues and others whom physicians must exchange information in carrying out their responsibilities." Despite this acknowledgement the literature confirms that most undergraduate medical education programs do not have formal policies in place to ensure that students learn critical writing skills within the EHR (Friedman , Academic Medicine, 2010). Before a student can demonstrate competence in effectively communicating in the EHR they need opportunities to practice.

Statements/Questions for Group Discussion:

In an effort to improve written communication competencies, attention must be directed to innovative methods for teaching. Participants will discuss the following:

1. What are common barriers which prevent students from documenting in the EHR?
2. What resources have you employed to improve student note writing in the EHR?
3. How might the EHR be used as an evaluation tool to improve competency of medical student notes?
4. What markers have you used to track if students are adequately prepared for their future interaction with EHRs?
5. How have you identified opportunities to incorporate clinical reasoning skills into note writing in the EHR?

Target Audience:

Preceptors, students, and other clinician educators with responsibilities in the clinical setting

Brief Oral Presentation

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B Brief Oral Presentation

Workshop Abstract

A Workshop Abstract

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72

Last Name Peyser

First Name Bruce

Company/Organization Duke University

City Durham

Country United States

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation

A Brief Oral Presentation

B Brief Oral Presentation

Workshop Abstract Checked

A Workshop Abstract Difficult Student Learners within LIC Programs-Special Challenges Accompanied by Unique Opportunities for Remediation

Primary Presenter-Bruce Peyser MD, FACP

Associate Professor of Medicine

Duke University Medical Center

Other Presenters:

David Hirsh MD Harvard

Ann Poncelet MD UCSF

Lori Hansen MD, FACP USD

Other small group leaders

Barbara Sheline MD Duke

Joseph Jackson MD Duke

Nancy Weigle MD Duke

Report Name: Abstract answers

Event# : 1186583 - Status: Active

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Record Count: 119

73

Last Name Robertson

First Name Gayle

Company/Organization Flinders University

City Adelaide

Country Australia

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Evaluation of LIC Learning - An Instrument to Evaluate Complex Clinical Reasoning

Primary Presenter: Dr Gayle Robertson, Flinders University.

Other Presenters: Associate Professor William Heddle, Professor Lambert Schuwirth

B Brief Oral Presentation Background: In most reports evaluating LIC pilots, with respect to students' development of professional values and ethical erosion differences were found to the advantage of LIC students<sup>1</sup>. In the knowledge domain, especially when standard in-school or national examinations were used, the results were less clear<sup>2</sup>. However, theoretically it is plausible that the longitudinal exposure to individual patients and their medical problems in LICs leads to a deeper understanding and richer concept of the diseases; a development that standard tests may not be able to pick up. Deeper understanding would be visible in richer semantic networks associated with common disease. The purpose of our study was to gain a deeper insight into the richness of the semantic networks of students following a LIC compared to matched controls.

Method: Our eight pilot students and a group of matched control students are sitting two equated tests – one at the beginning of the year and one at the end of the year. This is in addition to, and separate from, their standard end-of-year assessments.

The first test consisted of ten clinical scenarios and the students were asked write down the two most likely pathophysiological processes to explain the presenting symptoms with reasons. They were then asked to provide two likely diagnoses within each pathophysiological process.

Discussion: We present the instrument and expand on the theoretical underpinning for our choices. Also, we will report first experiences with its reliability and the marking.

References:

(1) Ogur B, Hirsh D (2009). "Learning Through Longitudinal Patient Care – Narratives From the Harvard Medical School – Cambridge Integrated Clerkship." Academic Medicine 84(7): 844-850.

(2) Hirsh D, Ogur B, Thibault G, Cox M (2012). "Educational Outcomes of the Harvard Medical School – Cambridge Integrated Clerkship: A Way Forward for Medical Education." Academic Medicine 87(5): 1-8.

Workshop Abstract

A Workshop Abstract

Report Name: Abstract answers  
Report Date: 13-Sep-2013  
Record Count: 119

Event# : 1186583 - Status: Active  
Event Title : CLIC Conference, Call for Abstracts

74

Last Name Hansen

First Name Lori

Company/Organization Sanford School of Medicine of the University of South Dakota

City Yankton

Country United States

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Submitted for an LIC Innovation poster or may also be an Oral Presentation.

Title: Empathy development of students in block clerkships compared to a longitudinal integrated clerkship.

Authors: Lori Hansen MD, Matt Bien MD, Edward Simanton PhD

B Brief Oral Presentation Background: Studies have shown there is a significant decline in empathy during the third year of medical education. There is a relationship between medical student burnout, empathy and professionalism. Empathy towards patients is considered to be associated with improved health outcomes. Multiple approaches have been described to enhance empathy in medical education. Scales have been developed to measure empathy.

Hypothesis: The longitudinal relationship with patients and preceptors would affect the erosion of empathy in the primary clinical year compared to the traditional block clerkship.

Purpose This study examines changes in empathy during the third year of medical school, comparing students in block clerkships with students in a longitudinal integrated clerkship.

Methods Students beginning their third and fourth years at the Sanford School of Medicine of the University of South Dakota were invited to complete the Jefferson Scale of Student Empathy in the summers of 2011 and 2012. The Jefferson Scale consists of 20 items rated on a 1-7 scale for a maximum possible score of 140. All students received the same basic science curriculum in the first two years before self-selecting into either block or longitudinal third-year curriculum as offered by the respective campus. Twenty-two students (55% response rate) in the longitudinal clerkship and 125 (68% response rate) in block clerkships participated in the study over the two years.

Results: Empathy scores for students in block clerkships were almost identical between pre- and post-tests with a mean increase of 0.32 ( $P=0.904$ ). Scores from students in the longitudinal clerkship increased 17.98 ( $P=0.005$ )

Conclusion: Students in longitudinal integrated clerkships show higher scores at the end of third year compared with the beginning of the year using the Jefferson Scale of Student Empathy. No significant difference is found between the scores of block clerkship students over the same time period.

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A Workshop Abstract



Report Name: Abstract answers  
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Event# : 1186583 - Status: Active  
Event Title : CLIC Conference, Call for Abstracts

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Last Name Greenhill  
First Name Jennene  
Company/Organization Flinders University  
City Renmark  
Country Australia  
PeArLS Abstract Checked

A PeArLS Title: How do LICs provide he power to transform ?

Authors: Jennene Greenhill (presenting); Lucie Walters; Julie Ash; Sarah Mahoney; Narelle Campbell; Janet Richards - Flinders University

Using Mezirow's transformation learning theory a longitudinal qualitative research project has been conducted by Flinders University researchers. In-depth interviews were conducted with a cohort of 20 students over 4 years from 2009 to 2013. There were 10 LIC, 5 traditional block and 5 hybrid students (6 months LIC and 6 months block). Mezirow proposes adults learn by reframing their meaning structures through experiencing a 'disorienting dilemma'. This dilemma prompts the learner to be critically reflective of their own assumptions, leaving them bewildered at the edge of understanding, struggling to shift their perspective. This is followed by a reintegration when new knowledge and actions are developed, and followed in time by assimilation and reintegration such that the person is fundamentally changed.

Findings reveal that the LIC students are more patient centered in their learning and more likely to have a transformative learning experience none of the traditional block students transformed. Although this is not universal, it depends on their supervision and support. One factor that Mezirow suggests enhances this transformative process is the presence of 'Good Company' – strong relationships with educators, mentors or peers who encourage the learner to stand at the edge and develop new meaning structures rather than retreat from their discomfort.

Continuity of learning and supervision really matters because it facilitates transformation of their world view. Transformative learning offers a theoretical foundation for the changes seen in medical students as they move from theory-based knowledge to novice clinician within the longitudinal integrated clerkships.

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Brief Oral Presentation

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B Brief Oral Presentation

Workshop Abstract

A Workshop Abstract

Report Name: Abstract answers

Event# : 1186583 - Status: Active

Report Date: 13-Sep-2013

Event Title : CLIC Conference, Call for Abstracts

Record Count: 119

80

Last Name Woloschuk

First Name Wayne

Company/Organization University of Calgary

City Calgary

Country Canada

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Performance in residency: comparison of graduates from longitudinal integrated and rotation-based clerkships

Wayne Woloschuk

Director of Program Evaluation

Faculty of Medicine

University of Calgary

Doug Myhre, University of Calgary

Wesley Jackson, University of Calgary

Kevin McLaughlin, University of Calgary

Bruce Wright, University of Calgary

B Brief Oral Presentation Introduction

In 2008 the University of Calgary implemented a longitudinal integrated clerkship (LIC) referred to as the Rural Integrated Community Clerkship (RICC) that placed students in a rural community for 36 weeks.

Research indicates that LIC students perform academically as well or better than students who complete rotation-based clerkships (RBC). However, little is known about how graduates of LIC programs perform in residency. This study compared resident program director ratings of our RICC and RBC graduates.

Method

The postgraduate performance of RICC and RBC graduates (2009 - 2011) was assessed using a rating form mailed to resident program directors at the end of the first postgraduate year. Because of sample size and confounding of discipline we examined only the performance of graduates training in family medicine. Data were analyzed using factor analysis, Anova and chi-square.

Results

316 (80.8%) rating forms were returned. The instrument contained two factors (clinical acumen and human sensitivity) of acceptable reliability ( $\geq 0.90$ ) plus an overall rating of performance. Of 124 (31.7%) students that matched to family medicine, 101 (81.5%) rating forms (RICC = 22/25; RBC = 79/99) were returned. Program directors rated the performance of RICC graduates to be at least equivalent to their RBC peers on both dimensions. On overall performance, 72.7% of RICC graduates compared to 54.4% of RBC graduates were rated as "stronger" or "much stronger" than most residents in the program,  $p = .30$ .

Conclusion

The performance of RICC graduates is at least equivalent to the performance of their RBC peers.

Workshop Abstract

A Workshop Abstract

Report Name: Abstract answers

Report Date: 13-Sep-2013

Record Count: 119

Event# : 1186583 - Status: Active

Event Title : CLIC Conference, Call for Abstracts

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Last Name Istvan

First Name Peter

Company/Organization Northern Ontario School of Medicine

City Sudbury

Country Canada

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation

A Brief Oral Presentation

B Brief Oral Presentation

Workshop Abstract Checked

A Workshop Abstract Peter Istvan, Ph.D., MBA, Northern Ontario School of Medicine

Rachel Ellaway Ph.D., Northern Ontario School of Medicine

David Clark, MD, West Parry Sound Health Centre

Lisa Graves MD, Northern Ontario School of Medicine

Title: Preparing yourself, your colleagues, and your patients for students training in their hometown: Using reflective techniques for opening conversations

Report Name: Abstract answers  
Report Date: 13-Sep-2013  
Record Count: 119

Event# : 1186583 - Status: Active  
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Last Name Jackson

First Name Wes

Company/Organization University of Calgary

City Airdrie

Country Canada

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Tablets – Toys or Tools: ULCIC Preceptor Mobile Technology Pilot

Wes Jackson CCFP, FCFP, Assistant Professor, Program Director University of Calgary Longitudinal Integrated Community Clerkship (UCLIC), University of Calgary

B Brief Oral Presentation The University of Calgary Longitudinal Integrated Clerkship (UCLIC) places students in rural communities throughout Southern Alberta and Yellowknife for nine months of their third and final year of medical school.

Preceptors take on considerably more responsibility for the training of their students because of the nature of this program. One of the challenges facing widely distributed programs such as this is to disseminate useful, appropriate, and updated information in a timely fashion to all preceptors allowing them to function efficiently while continuing to enjoy their roles. This pilot study examines a potential method for achieving this goal.

All preceptors (20) were given an iPad, which was then configured to synchronize to a centrally managed database. Half of the preceptors received a brief, in-person, tutorial with the remainder receiving help only as requested. The central database including teaching videos, program information, teaching tools and provincial clinical guidelines was built and managed by the program director. Contents were updated throughout the year based on requests by preceptors and program identified new or updated documents for distribution. Preceptors were instructed to synchronize on a regular basis or when prompted by the program director. All preceptors were also taught how to install an online point of care tool (Dynamed).

Evaluation was performed using a timed (10 min) 30-question quiz both before and after (7 months) receiving the iPads. Preceptors were also asked to complete an online survey about their experience. Overall scores on the quiz improved, irrespective of attendance at orientation. Preceptor satisfaction for both learning (4.35/5) and teaching (4.65/5) using the iPad was high.

Tablet computers may be a useful, relatively inexpensive medium to disseminate timely, appropriate information in distributed settings in areas where the internet is either slow or not always available.

Workshop Abstract

A Workshop Abstract

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Last Name Myhre

First Name Douglas

Company/Organization University of Calgary

City Calgary

Country Canada

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Exposure to and Attitudes toward Interprofessional Teams:

A Three-Year Prospective Study of Longitudinal Integrated Clerkship vs. Rotation-Based Clerkship Students

D. Myhre, J. Pedersen, W. Woloschuk, Wes Jackson

University of Calgary

B Brief Oral Presentation Background: The University of Calgary offers two clerkship streams to its medical students: the longitudinal integrated clerkship (LIC) and the rotation-based clerkship (RBC). The purpose of this study was to compare exposure to, and attitudes toward interprofessional (IP) teams between LIC and RBC students.

Method: A survey was administered to third-year clerks before and after completing a 36-week rural LIC rotation or a 6-week family medicine rotation at a rural, regional or urban site during a three-year study period.

Results: Pre and post surveys were completed by 213 (49%) students (LIC=33, rural=76, regional=24, urban=80). LIC students reported participating on six or more IP teams (76%) more often compared to RBC students (rural=38%, regional=25%, urban= 21%). When analyzing attitudes toward IP teams, no time x location interaction effect was revealed, but there was a main effect for location,  $F = 13.08$ ,  $p = .000$ . At pre-rotation, mean scores reported by LIC and rural RBC students were significantly greater than the mean scores reported by regional and urban RBC students. At post-rotation, the mean score of LIC students was significantly greater than the means for the other three RBC groups.

Conclusion: Overall, LIC students receive the greatest exposure to IP teams; and LIC and rural RBC students have the most favourable attitudes at pre-rotation while LIC students have the most favourable attitudes at post rotation.

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Last Name Aiken

First Name Benjamin

Company/Organization UNC School of Medicine Asheville / Mountain Area Health Education Center Family Medicine Residency

City Asheville

Country United States

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Title: Student Perspective on Writing as a Method to Incorporate Humanism into Longitudinal Integrated Clerkships

Presenter:

Benjamin Aiken, MS4, MSPH (MD expected May 2013)

University of North Carolina School of Medicine Asheville

Resident Physician, Mountain Area Health Education Center Family Medicine Residency

B Brief Oral Presentation Introduction/Background:

Given the depth of pathophysiology to be covered in clinical medical education, ensuring adequate time and space for students to reflect on other aspects of becoming a physician, such as work-life balance, ethical dilemmas, and humanism is challenging. With ample opportunity for innovation and long-term relationships among students and preceptors, longitudinal integrated clerkships (LICs) have the potential to provide more opportunity for such reflection. During my participation in a LIC, in addition to the longitudinal student-attending relationships, writing was used as a method to incorporate humanism into the 3rd year curriculum in two principle ways: open-ended reflection on clinical patient logs and creative writing for an Art of Medicine seminar. Examples of student writing from the LIC in which I participated will be presented to highlight the complexity and depth of student experience and the ability of this type of reflection to enhance student exposure to humanism in medicine. Further, publishing opportunities for such work will be explored.

Methodology:

Creating writing pieces will be solicited from all previous and current participants (27) of the UNC School of Medicine Asheville LIC in May 2013. Exemplary pieces, particularly those that have been published or submitted for publication, will be selected. A literature review will be conducted to highlight specific opportunities for student publication of creative writing.

Results/Conclusions:

Exemplary pieces of student writing will be presented along with recommendations for specific creative writing publishing opportunities. Personal reflection on my LIC experience with using writing as a method of reflecting on humanism in medicine will also be presented.

References:

None

Addendum:

An equivalent poster presentation has been submitted, with deferral to the conference committee on appropriateness of brief oral presentation, poster presentation, or both.

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Last Name Boulay

First Name Robert

Company/Organization Dalhousie Medicine NB

City Miramichi

Country Canada

PeArLS Abstract Checked

A PeArLS Title: LIC learner experience of the range of pedagogical approaches and the role of faculty development

Primary Presenter: Dr. Rob Boulay, Clerkship Site Director, Dalhousie University

Other Presenter: Rachel Cameron-Dube, Clerkship Coordinator, Dalhousie University

B PeArLS Teachers often revert to how they themselves were taught . In the community of Miramichi, New Brunswick, Canada, we have 75 members of active staff who hail from 20 different countries of origin and at least as many different countries of medical training. Our students have noted very different styles of teaching among our faculty – these range from the very traditional didactic style to a relaxed and informal method of relaying information. This session will show the demographic breakdown of our medical staff's varied backgrounds, including year of graduation and country of medical school graduation. We will share the student perspective of which styles they are most and least comfortable with, and how they have adapted to learning from a variety of pedagogical approaches.

What we seek from other attendees is a conversation that could include the following: have other communities encountered this range of teaching styles? How have you shaped your faculty development or any other approaches to managing differences (or not)? Is student discomfort with certain teaching styles something that should be ameliorated?

We would like to explore the role of faculty development, showing what we did to prepare our preceptors (many of whom had limited involvement in medical education before this year), what challenges we have encountered, what we might have done differently, and adjustments to make for next year.

Brief Oral Presentation

A Brief Oral Presentation

B Brief Oral Presentation

Workshop Abstract

A Workshop Abstract

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105

Last Name Doucette

First Name Michele

Company/Organization University of Colorado Denver

City Aurora

Country United States

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Title: Using a Wordpress-Based Website Platform to Deliver a Longitudinal e-Learning Curriculum to Third Year Medical Students

Primary Presenter:

Michele M. Doucette, PhD, Assistant Professor, UC Denver School of Medicine, Department of Family Medicine

Other Presenters:

Caroline J. LeClair, DO, Assistant Professor, UC Denver School of Medicine, Department of Family Medicine

Brenda Bucklin, MD, Professor, UC Denver School of Medicine, Department of Anesthesiology

B Brief Oral Presentation Introduction

There are education challenges innate to geographically distributed longitudinal education models, such as those experienced when medical students train in rural practices for months at a time. e-Learning is an educational approach that has been successfully used in medical education to facilitate the students' learning experiences when in dispersed education settings. A learning model that strategically integrates e-learning with face-to-face instruction can help address the limited direct teaching time often experienced with a rural clerkship. e-Learning also enables the students to collaborate and share information without having to physically be in a central location.

Methodology

An innovative online learning approach was developed and implemented using a Wordpress platform to provide 3rd year medical students a comprehensive and coordinated longitudinal learning experience. Aspects of the online curriculum include on-demand access to interactive e-learning modules, collaboration and information sharing via discussion forums, reflective learning captured through the use of online blogs, and the use of blogs to build longitudinal resources for ongoing student and community access.

Results

The longitudinal online curriculum was launched early 2012. Since that time, 16 third year medical students have completed the longitudinal integrated 12-week primary care clerkship. In addition to overwhelmingly positive oral feedback regarding the functionality and content delivered by the e-learning curriculum, a survey evaluating the different features of the online curriculum revealed that all students were satisfied or very satisfied with all aspects of the online curriculum.

Conclusion

As educators, we continuously strive to keep up with the latest technologies and design tools. While expanding traditional education models to include e-learning has been shown to be an effective educational approach, it can also be resource-prohibitive. The e-learning approach described is innovative, cost-effective, well-received by students, and versatile to meet varying program educational needs.

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A Workshop Abstract



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Last Name Alexiadis Brown

First Name Peggy

Company/Organization Dalhousie Medicine New Brunswick

City Halifax

Country Canada

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Too often medical school faculty find themselves following current trends in medical education with little consideration as to whether the trend or intervention will be successful within their own unique context. Although in existence since the 70s, the longitudinal integrated clerkship (LIC) model has become one such recent trend in clerkship education within Canada. Selling features associated with the LIC include its potential to produce patient-centred graduates who through their LIC experience, will want to live in underserved areas while practicing in family medicine. While it is unclear whether these outcomes will be achieved in the short term, there is a growing demand for evidence that supports the increased quality and economic viability of LICs. This evidence is detrimental to substantiating the success of LICs.

This presentation will illustrate how one may apply the logic model as a tool for evaluating LICs. In addition, the presentation will present potential long term and short term outcomes associated with LICs. Findings gleaned from a previous PeARL session will also be presented regarding community impact outcomes associated with LICs. Finally, participants will be invited to collaborate on evaluating one or more outcomes associated with LICs.

B Brief Oral Presentation LIC evaluation: Using logic and the logic model when defining success

Workshop Abstract

A Workshop Abstract

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107

Last Name Bakker

First Name Scott

Company/Organization UBC School of Medicine

City Chilliwack

Country Canada

PeArLS Abstract Checked

A PeArLS Integrating Evidence Based Medicine into the Longitudinal Integrated Clerkship Curriculum

Dr. Scott Bakker, Site Director Chilliwack Integrated Clerkship

UBC School of Medicine

B PeArLS

Presentation will include a brief survey of other LIC sites practices regarding incorporating evidence based medicine training into their LIC curriculum, current practices around the UBC LIC sites and the UBC School of Medicine itself, and introduction to proposed additions to the Chilliwack site. Feedback will be elicited from preceptors and site or program directors regarding their program practices and participants will be asked to provide feedback on the proposed changes to the Chilliwack LIC site. Resource sharing will be encouraged among participants.

Questions: -Is EBM taught informally or formally (or at all) at your site, and if so, how?

-(Post presentation) Please comment on areas for improvement for our proposed program.

Brief Oral Presentation Checked

A Brief Oral Presentation Clinical Performance Reviews: Tangible and Intangible Benefits

Dr. Scott Bakker, Site Director Chilliwack Integrated Clerkship

UBC School of Medicine

B Brief Oral Presentation

The constant assessment challenge for LIC preceptors and faculty is tracking progress of academic and clinical competence over the course of the clerkship.

6 week clinical performance reviews are a review system intended for site directors which could be easily adapted to clinical preceptors. We use this at the UBC-Chilliwack site for evaluation of clinical and academic performance and tracking longitudinal assignment completion. It also serves as a platform for feedback. Further benefits can include evaluation of student wellness, ability to work in a team environment, career planning status and a review of potential barriers for students.

Presentation will include a brief literature review, a survey of practices in other LIC sites, a presentation of the Chilliwack CPR system and a template which can be used or adapted for site specific use.

Workshop Abstract

A Workshop Abstract

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Last Name Weigle  
First Name Nancy  
Company/Organization Duke University  
City Durham  
Country United States  
PeArLS Abstract  
A PeArLS  
B PeArLS  
Brief Oral Presentation Checked  
A Brief Oral Presentation The Development of a Competency Map for Population Health Education

Primary Presenter:  
Nancy Weigle, MD  
Assistant Professor, Community and Family Medicine  
Duke University School of Medicine

Additional Presenters:  
Barbara Sheline, MD, MPH  
Associate Professor, Community and Family Medicine  
Duke University School of Medicine

B Brief Oral Presentation Introduction

We face numerous challenges addressing health in our nation, including an aging society and the shift from acute to chronic care.. Health professionals require new skills to impact the health of the populations, and the traditional clinician-patient dyad is unable to address the larger issues of the health of our nation. Despite many calls to integrate population health into health professionals' training to help address these issues, practical guidance on doing so is scarce.

#### Description/Rational/Background

Duke's Department of Community and Family Medicine has led our institutional efforts to improve the health of our home community in Durham, North Carolina. A variety of departmental initiatives provided a strong platform for integrating population health into clinical training programs. Based on this, we worked to create a framework to further guide our response for educational reform.

#### Methodology

An interprofessional group of faculty worked to identify competencies needed to bridge the gap between public health and medicine to improve the health of populations. The four domains recognized were public health practice, community engagement, critical thinking and team skills. Three levels of desired achievement were identified for each domain based on learner type. Consensus among our faculty as well as outside review created specific competencies within each domain.

#### Results/ Conclusion

The result of this effort is a map outlining competencies which provide a framework of learning objectives to guide content and training for all levels of learners across disciplines. This map will be shared with participants to stimulate discussion, share experiences and identify ways to further integrate population health into our curricula.

#### References

Kaprielian VS, Silberberg M, McDonald MA, Koo D, Hull SK, Murphy G, Tran AN, Sheline BL, Halstater B, Martinez-Bianchi V, Weigle NJ, de Oliveira JS, Sangvai D, Copeland J, Tilson HH, Scutchfield FD, Michener JL. Teaching Population Health: A Competency Map Approach to Education. Acad Med. 2013 Mar 21. Epublished ahead of print.

Workshop Abstract  
A Workshop Abstract

Report Name: Abstract answers

Event# : 1186583 - Status: Active

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Last Name Norris

First Name Tom

Company/Organization University of Washington

City Seattle

Country United States

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation

A Brief Oral Presentation

B Brief Oral Presentation

Workshop Abstract Checked

A Workshop Abstract Title: Rural LIC's in North America: A Tale of Three Programs

Sponsors: Tom Norris/Jay Erickson, University of Washington; Lori Hansen, University of South Dakota; Kathy Brooks, University of Minnesota

Report Name: Abstract answers

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112

Last Name Harding

First Name Alex

Company/Organization University of Exeter Medical School

City Exeter

Country United Kingdom

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation

A Brief Oral Presentation

B Brief Oral Presentation

Workshop Abstract Checked

A Workshop Abstract What is a LIC? Results of a 3-year 'LIC-Lite' Programme in England UK

Dr Alex Harding BSc MEd FRCGP  
Senior Lecturer and Sub Dean  
University of Exeter Medical School

Report Name: Abstract answers

Event# : 1186583 - Status: Active

Report Date: 13-Sep-2013

Event Title : CLIC Conference, Call for Abstracts

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Last Name Boulay

First Name Robert

Company/Organization Dalhousie Medicine NB

City Miramichi

Country Canada

PeArLS Abstract

A PeArLS

B PeArLS

Brief Oral Presentation Checked

A Brief Oral Presentation Title: Rachel & Rob's Top Ten List – Things we learned in our first year of LIC education

Primary presenter: Rob Boulay

Other presenter: Rachel Cameron-Dube, Clerkship Coordinator - Dalhousie Medicine NB

B Brief Oral Presentation Description: The LICD (Longitudinal Integrated Clerkship – Dalhousie) has finished its first year in Miramichi, NB Canada. Dr. Rob Boulay, Clerkship Site Director and Rachel Cameron-Dube, Clerkship Site Coordinator have narrowed down what they learned to a list of ten lessons learned in our first year. Some items we will want to repeat in the future, some we will never do again, and some are things we should change. This light-hearted view of our experience in Miramichi will provide lots of fuel for discussion and will give insight to others who might be in the planning stages of LIC development. During the question period we would all gain from any of your own top lessons learned.  
Highlights of the list include making friends in your facility's IT department; the importance of flexibility by all involved; and the delight we feel in having our hospital and wider community take on the LIC as their own.

Workshop Abstract

A Workshop Abstract

Report Name: Abstract answers

Event# : 1186583 - Status: Active

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Last Name Mackenzie

First Name Emma

Company/Organization Flinders University

City Adelaide

Country Australia

PeArLS Abstract Checked

A PeArLS Title: LIC Timetables – Organised Chaos

Primary Author/Presenter: Emma Mackenzie

Co-authors: Dr WH Heddle, Dr G Robertson, Dr P Worley

B PeArLS LICs, be they urban or rural, community based or tertiary hospital based, all seem to have similar timetable requirements regardless of curricula content:

1. Preceptor sessions in clinic (or inpatients) – organised by administrative staff
2. Compulsory didactic group sessions set by the medical school – organised by administrative staff
3. "White space" managed by students for following up panel patients, seeking out encounters or procedures required to meet learning objectives, studying/reading

On the face of it, this looks easy to manage and not dissimilar to timetable requirements for a traditional rotation based program. However, in practice, the LIC timetable is organized chaos – complete disorder and confusion arranged into a structured whole. All three timetable elements are subject to change and the number of changes and level of complexity is multiplied by the number of students involved. The need to attend a Preceptor's clinic over the need to attend a compulsory group didactic session over a need to see a Panel Patient in theatre is a constant tension that renders traditional block timetabling almost redundant. This is not to be feared, but it needs to be managed. What strategies do established LICs have in place to manage and organise these seemingly chaotic timetables?

Coupled with the increasing complexity and fluidity of the LIC timetable, is the LIC objective of encouraging student-led learning. At what point does student-led become student managed? How does the LIC Administrator manage relationships with clinical/hospital staff and coordinate the myriad of "extra" clinical sessions requested by students without stifling student initiative and adding another bureaucratic layer to the process? We all want students to be proactive but we don't want to overwhelm busy clinical administrative staff with these extra responsibilities.

Target Audience:

- LIC Administrators
- LIC Directors
- Students

Brief Oral Presentation

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B Brief Oral Presentation

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A Workshop Abstract

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Last Name Tieman

First Name Sarah

Company/Organization Indiana University School of Medicine

City Bloomington

Country United States

PeArLS Abstract Checked

A PeArLS The LIC medical community disconnected in time, space and infrastructure – how to make the most of what you've got?

Sarah Tieman, MD

Clinical Clerkship Coordinator

Indiana University School Medicine

B PeArLS LIC programs are frequently based on a strong family medicine presence in a rural community where continuity and longitudinal care are standard practice, or as a smaller part of an integrated teaching institution where a unified EMR, or centralized clinics and scheduling can help track patients across disciplines and locations of care. The average urban US community is likely to lack the infrastructure of either of these systems and yet represents a large and untapped resource for clinical education. In building schedules and recruiting longitudinal patients, the urban community LIC may need to take into account a plethora of obstacles to continuity of care including the dynamics of outpatient docs, hospitalists, call groups and walk-in clinics, shifting political alliances, and heavily subspecialty based care. How can we best leverage the LIC model to teach continuity in a discontinuous healthcare delivery system? What are your tips and tricks for working around the continuity gaps in the community?  
Target Audience – educators looking to start, expand or improve an LIC in the urban community setting

Brief Oral Presentation

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B Brief Oral Presentation

Workshop Abstract

A Workshop Abstract