

UW Medicine

UW SCHOOL
OF MEDICINE



Ellen Cosgrove, MD FACP
Vice Dean for Academic Affairs

This Talk

- Medical Education Reform: Trends & Challenges
- Definitions and Outcomes of Longitudinal Integrated Clerkships (LIC): student, patient, community, and preceptor perspectives
- How LIC can address the challenges of reform

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

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

What's Special About Educating "Professionals"?

- Expertise -- To know
Imparting the specialized knowledge required to analyze, plan, and make expert judgments
- Skills -- To do
Ensuring competency in the special techniques required to find solutions and intervene effectively
- Character -- To be
Strengthening the moral fiber of students by conscious, conspicuous, and conscientious role modeling in order to deepen their commitment to *be* professionals

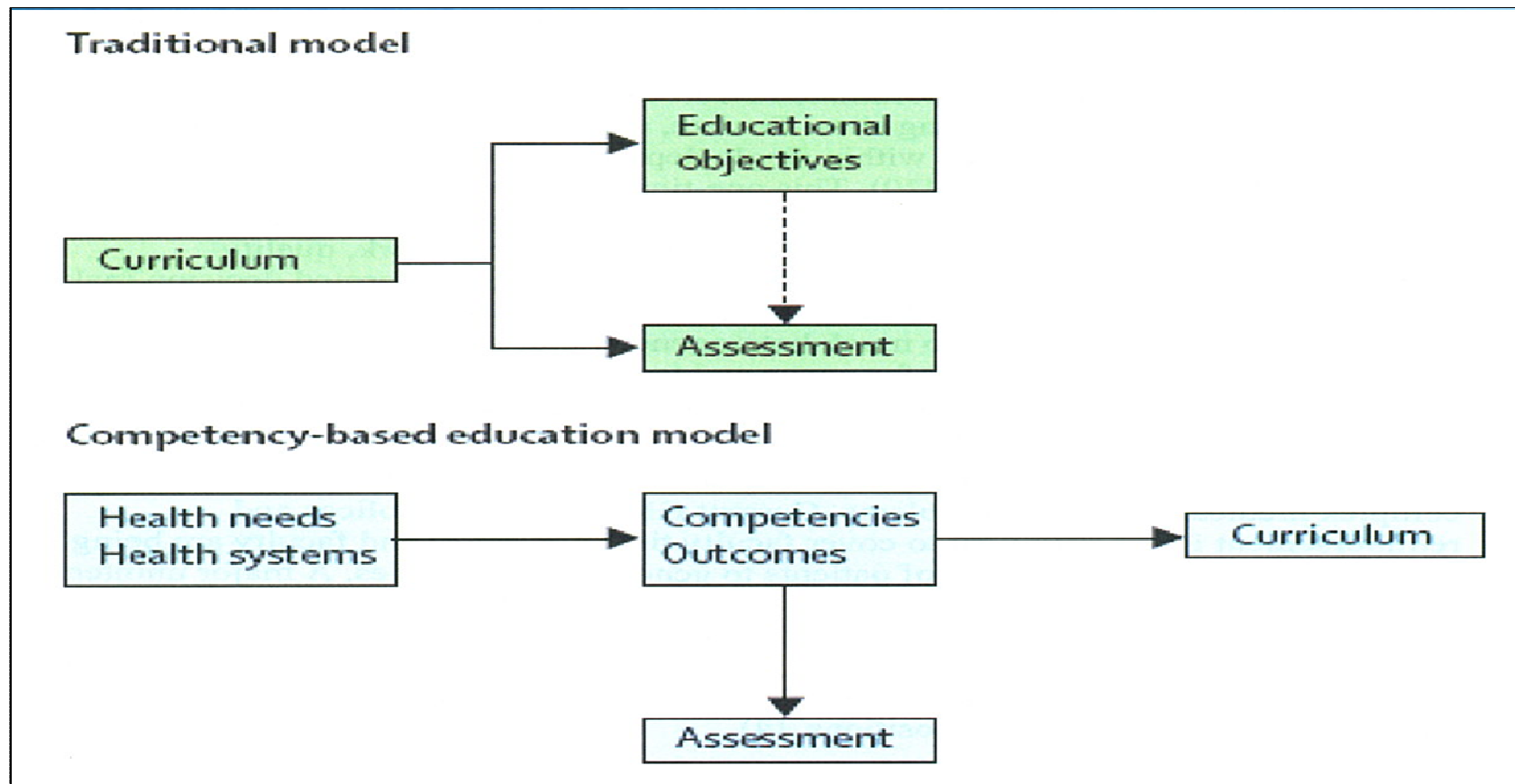
Trend: From Courses to Competencies

A competency is a general body of knowledge, skills and/or attitudes that enables an individual to learn and perform.

Advantages:

- Focus on student not teacher/syllabus
- Encourage flexibility in curriculum
- Encourage integrative thinking

Align Health Professions Education to the Needs of the Public: Competency



Challenge

We do a very good job of teaching the biologic and physical sciences as the basis for the practice of medicine

BUT

We have not done as well incorporating other fields (e.g. social science, business, systems improvement, population health, professionalism) in our teaching.

Trend: Content to Complement the Biological Sciences

1. Population medicine/Statistics
2. Social determinants of health
3. Quality improvement/Patient safety
4. Systems management
5. Health economics
6. Informatics
7. Professionalism

Challenge for Clinical Education

Managing chronic diseases over time, largely in outpatient settings, is the major work of health care professionals today,

BUT

Clinical education is still mostly focused on episodic care and is mostly hospital-based.

Challenge: We still educate our health professionals in silos.

Strong evidence that health care delivered by well-functioning teams leads to better outcomes

Interprofessional education can prepare learners for teamwork and collaborative practice

Three Clerkship Models

Block: traditional, discipline-specific

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

Longitudinal Integrated:

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

Proposed UW School of Medicine Curriculum, Phase 2: Patient Care

3/27/2017 – 3/20/2018

Length	10 Weeks 3/27–6/2, 2017	2 w k	10 Weeks 6/19–8/25, 2017	2 w k	10 Weeks 9/11–11/17, 2017	2 w k	10 Weeks 12/4, 2017–2/16, 2018 (Includes week of Winter Holiday)	2 w k	4 Weeks 3/5 – 3/30, 2017
Block	<p>Medicine (10 Weeks)</p>	<p>Interession</p>	<p>Surgery (6 weeks)</p> <p>Neurology (4 weeks)</p>	<p>Interession</p>	<p>Family Med (5 weeks)</p> <p>Peds (5 weeks)</p>	<p>Interession</p>	<p>OB (5 weeks)</p> <p>Psych (5 weeks)</p>	<p>Interession/OSCE</p>	<p>Transition to senior year, Prep for USMLE Step 2 CK/CS</p>

Proposed UW School of Medicine Curriculum, Phase 2: Patient Care Longitudinal Integrated Clerkships

Length	10 Weeks 3/2 – 6/2, 2017	2 w k	36 Week Urban Longitudinal Integrated Clerkship (LIC) 6/19, 2017 – 2/16, 2018			
Block		Inter ses sion	LICs would include all regular intersessions, as well as USMLE Step 2 Preparation (From 3/5 – 3/30, 2017)			
Block Content						
Length	10 Weeks 3/2 – 6/2, 2017	2 w k	TBD 6/19 – 8/25, 2017	2 w k	24 Week Rural Longitudinal Integrated Clerkship (LIC) 9/11, 2017 – 2/16/2018	
Block		Inter ses sion		Inter ses sion	LICs would include all regular intersession, as well as USMLE Step 2 Preparation. (From 3/5 – 3/30, 2017)	
Block Content						

How LIC can address the Challenges

1. They are closer to patients and communities and can be designed with patient and community input.
2. They can provide ideal opportunities for interprofessional education.
3. They can provide opportunity to learn from and manage patients over time.

How LIC can address the challenges

4. They can allow new curricular material to be introduced and integrated with clinical experiences in an appropriate progression.
5. They can be the means for recruiting and recognizing teaching faculty and can be laboratories for innovation.
6. They can provide unique opportunities to assess competency and individualize the educational experience.

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

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

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

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

What are the benefits beyond
workforce?

Think

Pair

Share

Positive Student Outcomes of LICs

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

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

Student Outcomes of Longitudinal Models (LIC & Hybrid)

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

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

Positive Outcomes for LICs: WHY ?

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

Ogur & Hirsch *Acad Med* 2009; 84:844-850

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

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

3. Less time in orienting and adapting to new settings

Student Role in Block vs. LIC

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

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

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

Teacher Views of LICs

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

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

Patients Value their Relationships with LIC Students

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

Value of LIC to the Community

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

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

Value of LIC Students to a Practice

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

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

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

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

What Constitutes the “Essential Ingredient?”

What does comprehensive care of patients mean?

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

Questions

“Woebegone” phenomenon:

Are all the children are above average?”

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

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

Questions

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

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

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

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

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

Questions

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

'Triple Aim' of Longitudinal Integrated Clerkships

better learning,

better doctors,

better delivery system

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

 **WARNING**



INITIAL TRY
MAY NOT PRODUCE
DESIRED OUTCOME

CONCLUSION

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

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