

Longitudinal Integrated Curriculums: Perceptions of Surgical Faculty and Residents

Helen Madsen MD, Kshama Jaiswal MD

Background

A Longitudinal Integrated Clerkship (LIC) is a reimagination of the medical school third year curriculum that is gaining popularity. Rather than block-based rotations LIC students participate simultaneously in multiple specialties throughout the year. Reports have shown positive findings surrounding the LIC for both faculty and residents. However, concerns have been raised by surgical faculty about the adequacy of an LIC for surgical training. To our knowledge, no prior studies have evaluated surgical faculty opinions of an LIC. We sought to understand surgical faculty and resident perceptions of an LIC at our institution.

Methods

All surgical faculty, advanced practice providers (APPs), and residents at our institution were administered an anonymous 16-item survey. The survey sought to determine prior experience with LICs, current teaching methods and opinions on relationships to medical students, and beliefs about the LIC model. Response scales included multiple choice, Likert-type rating scales, and open-ended comments. Currently our associated medical school is largely a traditional block clerkship curriculum, with approximately 15% of students in an LIC.

Results

Of 402 surgical providers invited to participate in the survey, 88 (22%) completed the survey. Survey respondents consisted of 47 faculty (53%, n=47/88), 7 APPs (8%, n=7/88), and 34 residents (39%, n=34/88). 31.8% (n=28/88) did not know the difference between a traditional curriculum and an LIC, 51.1% (n=45/88) had never taught a student in an LIC. Most respondents (77.3%, n=58/75) did not believe they get to know medical students well (e.g. enough to provide customized instruction or mentorship), 26.7% (n=20) reported limited knowledge of a student's skills and 50.7% (n=38) reported only general knowledge of student skills. Overall residents and faculty believe medical students will receive slightly better training in the traditional program (5-point scale, mean 2.87, STD 0.96).

Conclusions

Surgical faculty and residents in this survey were skeptical about the efficacy of the LIC for surgery and had poor understanding of the LIC model. We believe that understanding of these concerns is essential to address issues and allow successful implementation of an LIC model in the surgical department.