

Longitudinal Integrated Clerkships: Perceptions of Surgical Faculty and Residents

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Background

- Longitudinal Integrated Clerkship (LIC) is a reimagination of the core clinical year
- Instead of traditional discrete specialty block-based rotations (TBR)- LIC students follow patient cohort through various clinical experiences, work with a dedicated specialty preceptor throughout the year, participating in multiple specialties simultaneously
- Reports have shown positive findings for the LIC in faculty and residents
- Surgeon concerns about the adequacy of LIC for surgical training
- We sought to understand surgical faculty & resident perceptions of an LIC*

Methods

- Approved by COMIRB
- Study performed at University of Colorado
- All surgical faculty, APP's, and residents invited to complete an anonymous survey
- Electronic 16 item survey
 - Likert-type rating scales
 - Yes/No questions
 - Open-ended questions
- Survey aimed to understand prior experience & understanding of LICs

Results

Table 1. Characteristics of survey respondents, and baseline knowledge of TBR and LIC (total n=88).

Respondent Characteristics	N (%)
Position	
Faculty	47 (53.4%)
Resident	34 (38.6%)
Advanced Practice Provider	7 (8.0%)
Gender	
Male	50 (56.8%)
Female	35 (39.8%)
Prefer not to say	3 (3.4%)
Race	
White	65 (73.9%)
Black or African American	2 (2.3%)
American Indian or Alaskan native	0 (0.0%)
Asian	11 (12.5%)
Native Hawaiian or Pacific Islander	0 (0.0%)
Other	3 (3.4%)
Prefer not to say	7 (7.9%)
Ethnicity	
Hispanic or Latino	3 (3.4%)
Non-Hispanic	73 (83.0%)
Prefer not to say	12 (13.6%)
Know the difference between TBR and LIC	
Yes	60 (68.2%)
No	28 (31.8%)
Previous experience teaching TBR students?	
Yes	84 (94.4%)
No	3 (3.4%)
Unsure	1 (1.1%)
Previous experience teaching LIC students?	
Yes	36 (40.9%)
No	45 (51.1%)
Unsure	7 (8.0%)

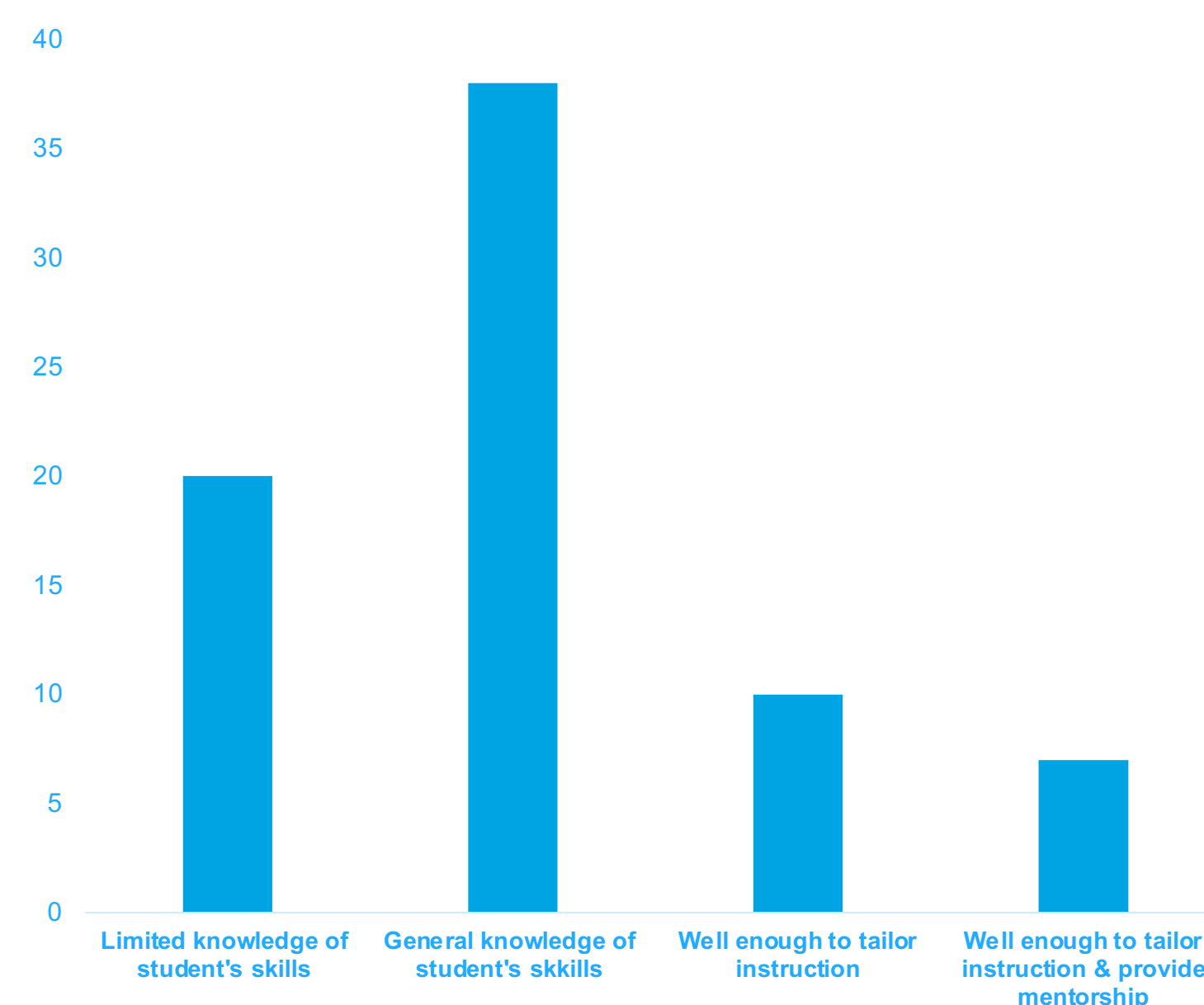


Figure 1. Survey participant answers (n=75) to the question: "In general how well do you know the medical student you teach?".

- Response rate 22% (n= 88/402)
- When asked if LIC or TBR would give better surgical training on a 5-point scale (1=better in TBR, 3=equal, 5=better in LIC) respondents leaned towards better training in TBR (**mean 2.87**)
- Free text section concerns about LIC: lack of immersive surgical exposure, lack of broad specialty exposure, success dependent on individual student characteristics

Table 3. Beliefs about medical student surgical skills at end of TBR surgical clerkship*.

Student Skill	Mean \pm SD	Respondent, total n=
Presenting a basic surgical H&P/consult	2.49 \pm 0.68	75
Basic suturing technique	2.82 \pm 0.64	74
Accurate abdominal examination	2.58 \pm 0.64	73
Supervised informed consent	3.10 \pm 0.69	73
Interpretation of imaging in common surgical diseases	3.01 \pm 0.67	74
Basic sterile technique	2.20 \pm 0.72	74

*Question stem: "How adept are medical students at the following tasks at the end of their surgical rotations?" Scale 1-4: 1=Very good, 2= Good, 3=Somewhat good, 4=Not at all good.

Conclusions

- Low baseline knowledge of LIC -68% knew the difference between TBR and LIC
- Relatively low confidence in student skills at the end of surgical clerkship
- Few currently know students well enough to tailor instruction/mentorship
- Bias towards TBR model
- Many surgeons do not believe LIC will adequately represent the surgical experience

Implications

- Results can inform faculty development, curricular revision -Need to convey proficiency of surgical skills/exam performance is similar
- Important to communicate which short-comings in surgical education can be addressed by an LIC: e.g., improved mentorship/knowledge of student skills

Disclosures

- The authors have no disclosures to report