The Commonwealth Medical College
Logistical Dilemmas Associated With Increasing Class Size in a year long LIC model

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Disclosures

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• The content of this presentation is not based on topics related to any commercial interests as defined by the ACCME.
Agenda

• Introduction to TCMC
• Overview of the TCMC curriculum
• Challenges
• Solutions
The mission of The Commonwealth Medical College is to educate aspiring physicians and scientists to serve society using a community-based, patient-centered, interprofessional and evidence-based model of education that is committed to inclusion, promotes discovery and uses innovative techniques.
TCMC FACTS

• Among the first wave of new allopathic schools
• Serves the 17-county region of northeastern and north central Pennsylvania
• Charter class of 65 students began in August 2009
• TCMC graduated first MD class in May, 2013
• Expanded to 100 students/yr in August 2013
• 4 campuses: Scranton, Wilkes-Barre, Williamsport and Guthrie
Accreditation

• Preliminary LCME accreditation in 2009
• Provisional LCME accreditation in 2012
• Full LCME accreditation June 2014
• Full MSCHE accreditation June 2014
This map represents the locations of TCMC preceptor offices and clinical affiliates. Students assigned to a region (refer to specific colors for offices and affiliates within the region designated by pins) will be required to travel to various preceptor offices and clinical affiliates associated with the assigned region.
What Drives Curriculum?

Curricular Features at TCMC

• Fully integrated: horizontally and vertically
• Flipped classroom: *only 25% lecture*
  – Active and self-directed learning
  – Team-based learning
• Early community-based clinical experiences
  – Community weeks with a community continuity mentor
  – Host patient/family; 100 hours of required community service
  – Community Health Research Projects (CHRP)
  – Quality Improvement Care Collaborative (QuICC)
• Third year longitudinal integrated clerkship (LIC)
Longitudinal Integrated Curriculum
The Longitudinal Integrated Clerkship (LIC)

• *All* 3rd year students experience the year long ambulatory LIC

• Included 6 core disciplines:
  – Internal Medicine, Family Med, Surgery, Psychiatry, Ob-gyn, Pediatrics

• Long-term learning experience
  – continuity with patients, community, mentors

• Periodic “in-patient bursts” and core weeks
<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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</thead>
<tbody>
<tr>
<td><strong>am</strong></td>
<td>Internal Medicine</td>
<td>Psychiatry</td>
<td>Surgery</td>
<td>OB/GYN</td>
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<td><strong>pm</strong></td>
<td>white space</td>
<td>Family Medicine</td>
<td>white space</td>
<td>Pediatrics</td>
<td>Clerkship Education Day</td>
<td>ER Shift</td>
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The Longitudinal Integrated Clerkship (LIC)

• ½ day of Outpatient Internal Medicine, Family Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, Psychiatry
• 3 x ½ day of “White Space”
• ½ day of Clerkship Education (CED)
• 80 hours of Emergency Medicine
Challenges

• Class size increased from 62 (class of 2013) to 100 (class of 2017)
  – Would necessitate increasing volunteer faculty from 450 to 700 for LIC, exceeding capacity
  – Some students had alternating preceptors

• Multiple interruptions

• Limited and fragmented in-patient experiences identified as concerns by students, faculty and LCME

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Solutions
Realistic, participatory approach, using data
The Longitudinal Integrated Clerkship (LIC)

• 23 Uninterrupted weeks
• Assessments
  • Early Warning : 4 weeks
  • Formative: 8-12 weeks
  • Summative: 23 weeks
• “Core week” at the end
• Logging of Activities
# Year 3 Curriculum

<table>
<thead>
<tr>
<th>Fall Semester (6/29-12/18)</th>
<th>Spring Semester (1/4–6/24)</th>
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<tbody>
<tr>
<td>Core Week (1 wk.)</td>
<td>Core Week (1 wk.)</td>
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<tr>
<td>Orientation (1 wk.)</td>
<td>Holiday (2 weeks)</td>
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- Longitudinal Integrated Clerkship (LIC) or Blocks (23 weeks)
- Longitudinal Integrated Clerkship (LIC) or Blocks (23 weeks)

½ of the students begin with the LIC
½ of the students begin with Blocks
Groups switch in January
## MD3 Year

<table>
<thead>
<tr>
<th>Longitudinal Curriculum (LIC)</th>
<th>Blocks</th>
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</thead>
<tbody>
<tr>
<td>Outpatient Internal Medicine</td>
<td>Inpatient Adult Medicine</td>
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<tr>
<td>Outpatient Family Medicine</td>
<td>Inpatient Surgery</td>
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<tr>
<td>Outpatient Surgery</td>
<td>Anesthesia</td>
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<tr>
<td>Outpatient Pediatrics</td>
<td>Inpatient Pediatrics</td>
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<tr>
<td>Outpatient OB/GYN</td>
<td>Inpatient OB/GYN</td>
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<tr>
<td>Outpatient Psychiatry</td>
<td>SELECTIVE</td>
</tr>
</tbody>
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Assessments Mid & End (LIC)

1. Appropriate history and physical?
2. Appropriate differential diagnosis?
3. Recommend and interpret appropriate tests?
4. Recommend treatment plans/counseling?
5. Appropriate documentation?
6. Appropriate oral presentation?
7. Eagerness to learn, ask questions, retrieve info?
8. Demonstrate professionalism and teamwork?
9. Appropriate communication skills?
10. Surgical knowledge? (Surgery and OB/GYN)
Inpatient Blocks
Blocks

- 4 weeks of Inpatient Adult Medicine (IM or FM)
- 4 weeks of Inpatient Surgery
- 1 week of Anesthesia
- 3 weeks of Inpatient OB/GYN
- 3 weeks of Inpatient Psychiatry
- 2 weeks of Inpatient Pediatrics
- 4 weeks of “Elective”; 2 weeks of “Selective”
- ½ day per week of CED
- New evaluation tool developed
Summary

• The LIC model is highly successful in training students in the 21st century

• A year-long LIC presents challenges: logistical and educational
  – Limited numbers of high-quality preceptors
  – Variation in experience, interruptions, limited in-patient exposure

• Creative solutions for “the best of both worlds”:
  – Excellent feedback from students and faculty
Questions?