Transforming the Traditional Ob/Gyn Clerkship into a Longitudinal Integrated Curriculum:
Time is Not the Only Variable

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Conflicts of Interest - None

• None of us and none of our spouses have any relevant relationships with any commercial interests to disclose related to this presentation.

• We will not be discussing off-label/investigational use of a commercial product or device.

Objectives

• Discuss our experience
• Discuss your needs
• Discuss barriers to successful implementation
• Discuss overcoming the obstacles
What is a LIC?
What is a LIC?
A. Long Intense Course
B. Low Intensity Curriculum
C. Less Formal Curriculum
D. Longitudinal Integrated Curriculum

Longitudinal Integrated Curriculum
— Instead of block rotations, students do all clerkships simultaneously
— Applying concepts in multiple settings at once
— Learn clinical skills
— Professional skills deeper
— Relationships

LIC - Relationships
• Continuity of P’s
  — Patients
    • Panel of patients
    • Physician role earlier
  — Preceptors
    • Longitudinally consistent
    • Meaningful mentoring
  — Peers
  — Place
    • Community
  — Pedagogy
  • Didactics
LIC

- Where are you in this process?
  A. Well established LIC
  B. Pilot tested LIC
  C. Planning, but not implementing LIC
  D. Just thinking about LIC
  E. Hoping for ice cream

LIC - Who’s doing it?
- Harvard Cambridge Program
- University of Minnesota
- University of Washington
- Keck (Ohio State)
- University of South Carolina
- Sanford IOM (South Dakota)
- Indiana
- Georgia Health Sciences University
- The Commonwealth Medical College, PA
- UW Alumni
- Tulane
- Alabama – Tuscaloosa campus
- North Dakota
- UOF
- Louisiana State
- UNC Charlotte
- Australia
- UNC Chapel Hill
- Others?
Teaching Talent is Everywhere

• Why not export learning out into the community? UME but also GME and CME
• CLIC Curriculum is Preceptor Friendly and well received by communities
• Benefits for all:
  – Preceptors: Find fulfillment and enhanced knowledge by mentoring the next generation
  – Students: Learn from experienced clinicians; Develop longitudinal relationships with a variety of patients
  – Communities: Participate in Top-Ranked Medical Training
  – CHS: Develop Possible Pipelines for Future Workforce

Planning

• We spent 1.5 years planning, prior to implementation

Comparability

• AAMC requires comparability among clerkship sites
Curriculum Design

• What is included in LIC Development?
  A. Problem Identification and Needs Assessment
  B. ID Goals and Objectives
  C. Educational Strategies and Organization
  D. Preceptor ID and Recruitment
  E. Implementation and Piloting
  F. On-going Evaluation and Feedback
  G. All of the Above!

Ob/Gyn Curricular Details

• 3 weeks in-patient
• 8 months out-patient
• Attend the delivery of continuity patients
• Open day on preceptor’s OR day
  – To attend surgery

Overview of Traditional Clerkship

• 6 weeks total
  – 2 weeks L&D days
  – 1 week Nights
  – 1 week Ambulatory
    • Plus continuity resident ½ day per week
  – 2 weeks Gyn surgery
    • Either Benign or Onc
Traditional 3rd Year Schedule

Traditional Curriculum - Sample Yearly Schedule

Traditional and LIC 3rd Year Schedule

Traditional Curriculum - Sample Yearly Schedule

Overview of CLIC Clerkship

• 3 weeks in-patient
  – 1 week L&D Days
  – 1 week Nights
  – 1 week Gyn Surgery
• 28 weeks LIC
  – ½ day per week with preceptor
  – Usually office practice/ambulatory
  – May be OR, L&D, ultrasound, etc
LIC 3rd Year Schedule

Faculty Recruitment and Development

• What are Preceptors’ needs for effective and efficient teaching and assessment?

• Do LIC preceptors have unique needs?

Faculty Recruitment and Development

• CD personally asked preceptors
• 2 sessions for development
• Reimbursement
• Recognition
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Preceptor Recruitment

• Preceptor Package
  – FAQs, Ball caps, Pens, Cups, Golf Shirts
  – Compensation: $28.50/half day of precepting
  – Clinical Appointment at UNC SOM
  – UME & Library Benefits
  – Plaques/Certificates for Preceptor and Practice
  – Faculty Development and Advise Staff Support
• Lessons Learned (so far)
  – Personal contact by a known colleague most successful
  – LIC structure is appealing (half day/wk x 8 months vs. daily x 6 wks)
  – CHS Leadership support
  – Work with preceptor’s office staff. Create goodwill with site visits

CLIC Student Selection

• Application
• Interview
• Characteristics
LIC Student Selection

- What are the success factors for LIC Students?
- Do these differ from non-LIC students?

CLIC Student Selection

- Curious
- Self-motivated
- Independent
- Enthusiastic
- Adventurous
- (Willing to be a Guinea Pig)

Evaluation

- CLIC
- Students
- Preceptors
Evaluation of the CLIC

- CMC IRB Protocol submitted to evaluate:
  - CLIC vs. CTP on students' knowledge, attitudes and behaviors
  - Qualities needed in a CLIC preceptor
  - Satisfaction of a CLIC vs. traditional preceptors
  - Unanticipated benefits and challenges of CLIC
OSCE Scores

Family Medicine
OBGYN
Surgery
Internal Medicine
CLIC

Evaluation of the Clerkship

Traditional vs. CLIC Clerkship Evaluations

Evaluation of the CLIC

• What are we missing?

• What other metrics have been or should be considered?
Logistics

• Orientation
• Scheduling
• Shelf exams

Lessons Learned

• Improvement in shelf scores
• Improvement in satisfaction with clerkship
• Reinforcement of women’s healthcare throughout the year
• 2 curricula led to traditional students feeling less satisfied
• Continuity deliveries did not happen as hoped

Sharing Wisdom Going Forward
What are the:
• Best Practices for Preceptor Recruitment?
• Most effective Ways to Recognize Preceptor Excellence?
• Meaningful and Sustainable Preceptor Benefits?
• Most Helpful Types of Preceptor Development?
• Best Ways to Retain Preceptors?
• Best Ways to Retain Learners to Serve the Needs of our Region?
• Discussion
Discussion Questions

THANK YOU!!