DGIM Project Summary

**Name of Project:** Core Clinical Education: Examining the Processes and Outcomes of Learning in Clerkships

**CHR approval:** yes #H10220-33825-01

**Investigator(s), (Include phone numbers and email address, indicate PI and primary contact)**
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**Research question(s):**

**Specific Aim 1:** To characterize the professional identity development of Longitudinal Integrated Clerkship (LIC) students in the PISES program at UCSF, or similar programs at 2 other medical schools, compared to that of students in other (traditional) clerkships.

**Specific Aim 2:** To characterize the activities and clinical role in the health care system of LIC students compared to that of students in other clerkships.

**Brief Background/Significance:**
Medical educators have called for a change in the traditional model of clinical education. Since the time of the Flexner report, medical school curricula have consisted of two years preclinical followed by two years clinical training in discipline-based rotations predominantly in the inpatient setting. Students are typically expected to learn by joining busy service teams with different levels of learners. This apprenticeship model presents challenges for the learning process in today’s health care environment because multiple health care systems changes such as shortened hospital stays, increased complexity of inpatient medical care, increased turnover of students’ clinical supervisors, and resident duty hours restrictions have substantially reduced continuity with patients, teams and teachers and, in turn, may threaten the quality of students’ learning.

To address these concerns, a small number of medical schools have created radically different clinical education models that provide more longitudinal experiences in multiple disciplines simultaneously, predominantly in the ambulatory setting. Sociocultural and workplace learning perspectives reinforce the importance of sustained, meaningful relationships with clinical teachers, staff, peers, patients and settings – the elements that constitute the workplace community and learning.
environment. Longitudinal integrated clerkships (LICs) integrated across disciplines may impart more robust clinical reasoning skills and a more holistic approach to patient care. There are several ways in which the educational continuity afforded by LICs might impact students’ professional identity development differently than traditional clerkships. LIC students: a) participate in the comprehensive care of patients over time, often in multiple specialties; b) have continuing learning relationships with these patients' clinicians; c) work with a peer cohort as a “community of practice.”

**Inclusion/exclusion criteria (list)**
This study involves data collection for the 2009-10 academic year. 24-26 UCSF third year medical students will participate in a component of this study pertinent to DGIM which is a Work Sampling study. The other components of the study will not take place in DGIM and will not involve DGIM patients.

The work sampling study involves the 24-26 participating UCSF students being observed (shadowed) in their usual clerkship activities for half day blocks – 4 hours twice early in their third year, twice in the middle, and twice late third year (up to 24 hours of observation time during routine activities depending on a students’ clerkship schedule).

Inclusion criteria for students are: third year medical students in the PISCES clerkship or traditional block rotations during the 2009-2010 academic year who agree to participate. Students must have their internal medicine, family medicine, and/or Ob-GYN clerkships at the Parnassus, MZ or Lakeshore sites.

Patients will not be enrolled in the study because they are not the focus of the study/unit of analysis. However, patients will be informed by the preceptor, student, or research assistant that the observer is present to observe the student. If the information in the script below cannot be effectively communicated to a patient because of a) language, b) age, or c) mental status AND there is not a surrogate family member or caregiver available to provide consent then the patient will not be observed.

The observer will record the student’s activities at 10-minute intervals, using a database on a laptop. The observer will also make notes regarding observations about interactions or activities not captured in the data fields. Data and notes will never include any patient identifiers or protected health information. The laptop will employ whole-disk encryption with pre-boot authorization for security and deniability, with the assistance of a Department of Medicine Information Technology expert. In the event of loss or theft, the laptop's data will not be accessible, and if a lost laptop connects to the Internet we will be able to initiate a remote wipe of the data.

**Method of contact/recruitment (be specific)**
Subjects for the work sampling will be third year medical students. We have met with Maria Wamsley, who is informing preceptors of the study through her usual meetings/communications with preceptors.. The preceptors who approach the patients will be their physicians who know them and thus can present the information in clear, understandable language; our recruitment script below is simply worded, and patients
will have time to ask questions. Our pilot experiences with an observer shadowing a student suggested that patients did not mind or have concerns about the observation.

We will notify preceptors by email in advance of a clinic that their student has consented to participate in the study and that we have scheduled an observation session, pending the preceptor’s agreement. Cards with a brief summary of the study will be provided to patients (Attachment S) and clinical supervisors (Attachment R), along with the full information sheets. This card will inform the patients and clinical supervisors of the purpose of the study, the focus of the observation in which they may be involved if they so choose, the duration of the observation, and that the study has IRB approval.

**Benefits/burden for participants (clearly identify potential for harm)**
During the observational part of the study, the preceptor or student or observer will inform the patients that they have the right to ask the observer not to enter a patient room if the room appears too small or for any other reason, and that patients may ask the observer to leave the room at any time. Patients and preceptors will be informed of the study and may refuse to be observed. Patients may feel uncomfortable being observed, but they may ask the observer to leave at any point.

**Any benefits or burden to DGIM practitioners?**
The observations may add time for the preceptor who informs the patients. However, we found in piloting the process that the added time was less than one minute per patient, and sometimes none when the student informed the patient.

We are aware that clinic rooms can be very small. The observers will be prepared to stand if needed, or to use a small collapsible stool that they carry.

**Timeline for recruitment (projected start and stop dates)**
Study recruitment: now – 6/30/09
Study data collection: 6/25/09-5/1/10

**Funding source:** Josiah Macy, Jr. Foundation

**Potential for DGIM collaborators?** (We encourage DGIM resident and fellow involvement in particular) Potentially yes. Please let us know if someone is interested.

**Do you agree to notify us when recruitment is completed?** Yes

**Date form completed** 6/14/09