

STFM Conference on Medical Student Education



USF/LVHN SELECT MD Program: A look at the successes and challenges of innovation in medical education

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Disclosures

- ▶ **Lehigh Valley Health Network (LVHN) representatives**
- ▶ Glenn DeAngelis, MS IV - nothing to disclose
 - ▶ *Primary Care Course Liaison (as MS3), Class of 2017 Curriculum Chair*
- ▶ Katerina Valavanis, MD - nothing to disclose
 - ▶ *USF SELECT Primary Care Clerkship Director*

- ▶ **University of South Florida (USF) representatives**
- ▶ Barbara Brooks, MA - nothing to disclose
 - ▶ *USF Core Primary Care Clerkship Coordinator, Doctoring 3 Coordinator*
- ▶ Laurie Woodard, MD - nothing to disclose
 - ▶ *USF Core Primary Care Clerkship Director*
- ▶ Amy Weiss, MD - nothing to disclose
 - ▶ *USF Core Primary Care Clerkship Director*

Defining the audience

- ▶ What is your role in Medical Education?
- ▶ Have you heard of longitudinal curriculums?
- ▶ Does your program have longitudinal curriculum?

Objectives

- ▶ Describe the University of South Florida Morsani College of Medicine/Lehigh Valley Health Network SELECT MD program and explain why it was developed
- ▶ Outline the primary care courses at USF Tampa & USF/LVHN SELECT and compare and contrast these courses
- ▶ Identify the benefits and challenges of implementing a longitudinal primary care course
- ▶ Illustrate the need for evaluation and validation of current methods

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What is SELECT?

- ▶ SELECT: **S**cholarly **E**xcellence. **L**eadership **E**xperiences. **C**ollaborative **T**raining.
- ▶ Partnership between USF in Tampa, FL and LVHN in Allentown, PA
 - ▶ Years 1-2 in Tampa
 - ▶ Years 3-4 in Allentown
- ▶ Curriculum focuses on three main domains:
 - ▶ Leadership
 - ▶ Health Systems
 - ▶ Values-Based Patient-Centered Care
- ▶ Previous STFM presentations
 - ▶ “Pioneering New Partnerships in Medical Education” - April, 2010
 - ▶ “Developing Faculty Members to Serve as Professional Development Coaches for Students” - Baltimore, May 2013

Why SELECT?

- ▶ “The ultimate purpose of a curriculum in medical education is to address a problem that affects the health of the public or a given population.”¹
- ▶ Problem: Medical education has not progressed to meet the ever-changing demands of society, and not producing physicians with enough compassion, ability to lead teams, and systems knowledge to lead change in health care organizations
- ▶ Applicant attributes:
 - ▶ Emotional intelligence
 - ▶ Leadership & teamwork
 - ▶ Catalysts for change
- ▶ 1. Kern, D. E. (1998). *Curriculum development for medical education: A six step approach*. Baltimore: Johns Hopkins University Press.

LVHN-USF Partnership



Allentown,
PA



Tampa, FL



Benefits of partnership

- ▶ Collaboration between two institutions
 - ▶ Expand USF without over taxing clinical faculty
 - ▶ Development of SELECT program; fostered new innovation
 - ▶ Educational expertise is shared with new LVHN campus
 - ▶ Emphasis on collaboration at every level
 - ▶ Unique opportunity to evaluate variability of program structure
 - ▶ In particular, primary care clerkships

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USF Tampa Primary Care Structure

		Monday	Tuesday	Wednesday	Thursday	Friday
1 of 8 weeks:	AM	GYN	GYN	GYN	GYN	Didactics
	PM	GYN	GYN	GYN	GYN	Doctoring 3
7 remaining weeks:	AM	Peds	IM	FM	Peds	Didactics
	PM	Peds	IM	FM	Peds	Doctoring 3

SELECT Primary Care Clerkship

- ▶ Model relationship centered care
- ▶ Recognize longitudinal curriculums
 - ▶ Alignment of goals
 - ▶ Network resources
- ▶ Encompass SELECT principles

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USF SELECT LVHN Primary Care Structure

	(3 weeks) – Inpatient						(3 weeks) – Outpatient				
	Mon	Tues	Wed	Thurs	Fri		Mon	Tues	Wed	Thurs	Fri
AM	Surgery					AM	PC FM	Outpatient Surgery	PC Peds or IM	Outpatient Surgery	Outpatient Surgery
PM	Surgery			SELECT course	Rotation specific Didactics	PM	PC FM	Outpatient Surgery	Outpatient Surgery	SELECT course	Rotation specific didactics

* Next 6 weeks repeats same schedule as above to complete one block

Primary Care Clerkships

USF CORE	USF/LVHN SELECT
Interdisciplinary – FM, IM, Peds, GYN	Interdisciplinary – FM, IM, Peds
Longitudinal structure within block clerkship (8 wks) except GYN has one week block within the 8 wks	Strictly longitudinal (48 wks)
26 full days of IM/FM/Peds over 7 wks Individualized schedule based on interest / sites available	36 full days of PC 24 full days of Family Medicine 12 half days of Pediatrics 12 half days of Internal Medicine
Alternate clerkships – block structure (length varies based on discipline)	Alternate clerkships – block structure (12 wks)

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Scheduling

Challenges

Labor intensive

Requires coordination

May need reassignments

Students take time to adjust

Benefits

- Mentorship
- Place of familiarity for students
- Increased trust in students
- Other clerkships utilizing longitudinal scheduling

Delivery of Curriculum

Challenges

Changing study habits

Competing priorities

Lack of formal teaching time

Variability of sites

Benefits

- Teaches self-directed learning
- Ties together information from concurrent clerkships

Lessons learned:

- Introducing longitudinal learning and self-directed learning at onset
- Importance of check points

Feedback and Assessments

Challenge

Midterm and end of year cannot be the only time for feedback/assessments

Lessons Learned

- Quarterly comprehensive review of evaluations
- Periodic formative assessments
- Division of summative assessment (Clinical performance exam)
- Consider alternate clerkship assessments and work around their exam schedule

Benefit

- Fosters continuum of feedback and growth
- Reduces student stress
- Supports student-preceptor; student-director communication
- Decreases end of year burden for grading

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Need for further Evaluation

- ▶ What outcomes to be analyzed?
 - ▶ How does this compare to using a panel of patients?
 - ▶ Comparison in grades (NBME scores, Clinical Skills evaluations) to core curriculum to ensure no decrease in performance
 - ▶ How do you study “Increased mentorship”?
- ▶ What methods of evaluation should be used?
 - ▶ QI/Research
 - ▶ Focus groups
 - ▶ Surveys (including narratives)

Themes noted in Harvard studies of longitudinal care
Dynamic learning environment
Better understanding of illness
Deeper connection with patients
Transformed student role
Improved patient care
Inspiring commitment, advocacy, and idealism

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- ▶ De-brief
 - ▶ What will you take away from this?
 - ▶ What we hope to take away from this experience
- ▶ We would like to thank you for your attention and participation in today's discussion!

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