In response to calls for increased continuity in clinical learning environments, the longitudinal integrated clerkship (LIC) model has been adopted by many medical schools. However, they are often resource intensive endeavors, which only allow for a fraction of medical students to experience them. In order to address this issue, Columbia University College of Physicians and Surgeons in partnership with the Bronx VA Medical Center began offering an abbreviated or mini-longitudinal clerkship (mLIC) format in 2013. The mLIC attempts to achieve similar learning outcomes of LICs, over a shorter period of time, and with a larger cohort of students. This interactive workshop will explore some of the potential benefits and challenges of designing, implementing, and evaluating a LIC and mLIC from the perspective of multiple settings. Participants will have the opportunity to discuss this innovative model and identify features that are ideal to implementing the model at their institutional setting.

Proponents of the LIC model have advocated for up to year-long programs in order for students to experience continuity in patient care, patient advocacy, consistency in supervision, and greater opportunities for self-directed and collaborative learning. By contrast, proponents of the mLIC model suggest that these learning experiences can be achieved in a shorter period of three to six months and demands less start-up resources and coordination than its counterpart. As medical schools study the viability of mLIC programs, it is important to discuss both its merits and potential limitations.

Some of the key questions to discuss are:
1. How important is length of the mLIC experience in regards to achieving similar outcomes of LICs? Should there be a minimum length?
2. How many specialties can be integrated into a mLIC model? Which specialties lend themselves to a mLIC model?
3. How important is it to achieve continuity with patients? With faculty and house staff?
4. Will faculty be equally invested in student teaching and mentoring?
5. Can this model actually save institutional resources over time?
6. What are some of the limitations of a mLIC?
7. How do you evaluate the efficacy of mLIC and engage in a process of continuous quality improvement?

**Session Plan (90 Min)**

**Introductions and Group Brainstorm (10 min):**
In small groups, participants will state their name, affiliation, and what they think is the most important component of a LIC experience. Presenters will ask for a few responses and record them on flip chart paper.

**Presentation on Columbia-BVA mLIC (20 minutes)**
In 2010, P&S launched its first LIC, by building a partnership with Bassett Medical Center in Cooperstown, NY. Prior to this innovation, all students were rotating through block style clerkships. Through a competitive application process, 10 students are selected each year to participate in this curricular track. Over the span of a year, students rotate through a 40-week longitudinal block, in which they follow a panel of patients in inpatient and outpatient settings. They work closely with attendings and trainees of all the major specialties along with several subspecialties. While performance outcomes and student regard for the LIC remain very positive, one major limiting factor remains—only 10 students a year can participate.

In order to provide more students with longitudinal clinical learning opportunities, P&S offered its first mLIC by building another partnership with the Bronx VA Medical Center (BVA) in the Bronx, NY in 2013. Every year, sixteen self-selected students spend three of 12 clerkship months in an abridged longitudinal integrated experience at the BVA and the remaining nine months in a traditional block experience at our home institution, thus creating a hybrid clinical learning format.

Presenters will share strategies and lessons learned from Columbia University College of Physician and Surgeon’s (P&S) experiences designing, implementing, and evaluating a mLIC. We will also share student perception data collected from end of clerkship year evaluation and subsequent focus groups, which suggests that both LIC and mLIC students are achieving similar learning outcomes with respect to developing a patient-centered approach, understanding the arc of a disease in patients, and understanding the health care system from the patient’s perspective.

**Large Group Discussion and Q&A (15 Min):**
Participants will have the opportunity to ask questions in response to our presentation. We will also ask participants to share their own experiences with LICs and mLICs and if they would consider changing anything to their models based on our presentation. We will incorporate the key questions for discussion into this section.

**Small Group Activity (30 min)**
Each small group will be given a handout with descriptions of three unique institutional settings. Consistent with Team Based Learning style group work in a large-group setting, groups will separately work to identify the most appropriate setting for a mLIC and then simultaneously share their answers, leading to a rich inter-group debate. This debate will highlight features that are ideal to implementing a mLIC experience. We will integrate the key questions written above into this debate to hone in on pertinent discussion points.

**Closing Discussion (15 min)**
In closing, we will ask participants to present which strategies or ideas they would like to bring back to their home institution for further discussion or implementation.
Outcome:
The workshop presenters will summarize key points raised in this discussion and email it out to the workshop participants after the session. The broader research team is currently collecting data on student perceptions of learning across the three curricular formats offered at P&S. Our goal is to produce an innovations manuscript that describes our mLIC curricular innovation along with promising practices for implementation for broader dissemination. We also welcome the chance to build a community of practitioners who are interested in developing or enhancing mLIC programs at their respective medical schools.

Level of Audience: Mid-career

Focus of Presentation: UME


PRESENTER: Samuel Quiah

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