Graduates’ Perceptions of Learning Affordances in Longitudinal Integrated Clerkships

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Introduction/Background

- Time to move from “justification research” to “explanatory studies” that investigate the processes that underpin learning in LICs

- We explored this through learning affordances
  - Qualities of a workplace that promote learning opportunities for the engaged participant
Methods

- **Subject/Setting**
  - Graduates from HMS CIC between 2004-2013 and UNC SOM Asheville LIC between 2009-2013

- **Study design**
  - Mixed-methods, including survey and interviews

- **Data analysis**
  - Combined the % of participants with high ratings for survey responses, and two researchers without connection to the LIC programs performed the qualitative analysis
Results

- Response rate 52.6% (60/114)
- Combined quantitative and qualitative to explore the themes described to have most importance
- Compiled into a table with subthemes and a figure for schematic representation
Results
(Theme and % of quantitative/qualitative responses)

- Continuity of relationships with preceptors 100/85
- Continuity of relationship with patients; 100/65
- Flexibility 98/45
- Continuity of place 100/30
- Continuity of relationships with peer group 92/35
- Integrated curriculum /40
Affordances of Longitudinal Integrated Clerkships

Schematic representation of relative importance of LIC learning affordance themes
## Results

(Detail of table for one theme)

<table>
<thead>
<tr>
<th>Continuity of relationships with preceptors</th>
<th>60 (100)</th>
<th>17 (85)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive role modeling behaviors</td>
<td>59 (98.3)</td>
<td>4 (20)</td>
</tr>
<tr>
<td>Continuity of relationships with residents</td>
<td>29 (48.3)</td>
<td>3 (15)</td>
</tr>
<tr>
<td>Continuity of relationships with preceptors</td>
<td>59 (98.3)</td>
<td></td>
</tr>
<tr>
<td>Faculty teaching</td>
<td>58 (96.7)</td>
<td></td>
</tr>
<tr>
<td>Meaningful feedback</td>
<td>56 (93.4)</td>
<td></td>
</tr>
<tr>
<td>Continuity of relationships with specialty physicians</td>
<td>51 (85)</td>
<td></td>
</tr>
<tr>
<td>Know strengths and weaknesses/set goals/tailored-individualized learning</td>
<td></td>
<td>5 (25)</td>
</tr>
<tr>
<td>Trust/autonomy/responsibility</td>
<td></td>
<td>5 (25)</td>
</tr>
<tr>
<td>Ongoing feedback</td>
<td></td>
<td>4 (20)</td>
</tr>
<tr>
<td>Recognize growth, change, evolution</td>
<td></td>
<td>3 (15)</td>
</tr>
<tr>
<td>Safe to make mistakes</td>
<td></td>
<td>2 (10)</td>
</tr>
</tbody>
</table>
Results
(example of quote in text)

“They would give me really honest feedback. Over time their relationships really developed where they knew me more and more as a medical practitioner...They saw me develop and they saw my strengths and weaknesses...And we had more trust, which is something that I think is inherently nonexistant in any short-term, traditional school relationship.”
Discussion

- Adds to literature about why LICs work, specifically with lens of learning affordances
- Need to consider applying these themes in other medical education settings
  - Prior to core clinical year in pre-clinical or early clinical experiences
  - Hybrid models in core clinical year
  - Beyond to residency
- Limitations include only includes LIC graduates’ perceptions and only two institutions
Conclusions

- LIC graduates’ perspectives suggest what supports student learning in LICs are:
  - Continuity and relationship of the Ps
  - Preceptors, patients, place, and peers
  - Flexibility
  - Integration

- Further research is needed to understand how these factors support learning, and what other factors may advance or impede learning in LICs
Comments/Questions?