Challenge of creating LICs in metro settings with many traditional block rotations.

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Kathleen D. Brooks, MD, MBA, MPA
Anne Pereira, MD, MPH, FACP
Patricia Hobday, MD
Nacide Ercan-Fang, MD
University of Minnesota Medical School
University of MN Setting

- Two campuses for years 1 and 2
- 230 students matriculate
- 45 year old rural LIC RPAP with sites across MN
- 4 newer LICs in Mpls –St Paul MN metro area
The situation

- 35-45 RPAP students
- 4-5 MetroPAP students
- 10 VALUE students
- 4 EPAC students
- 6 HeLIX students
- Approximately 400 traditional block students in years 3 and 4 completing clerkships
Metropolitan settings

- Residents
- Fellows
- PA and NP students
- 400 block clerkship traditional students
- 28 metro LIC students
- Hospitals: University, VA, Hennepin County, Regions, Community
Goal: increase LIC options BUT inability to place all students in LICs, so…

• How do we manage the “mashups” that occur when LIC students follow “their” patients to surgery and assume responsibility for patients also assigned to surgery clerkship students?

• LICs drive culture change for attendings/interns/residents/fellows who rotate on and off services as well as other health professionals. How do we allow LIC and block systems to companionably co-exist?