

Challenges and Opportunities in converting all medical schools to Longitudinal Integrated Clerkships (LIC)

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Disclosures

- W Heddle is on speaker bureau for Pfizer , Boehringer-Ingelheim
- W Heddle is PI for clinical trial for BMS, and associate investigator for clinical trials for Biotronik

Converting to LIC

- LIC pioneered in rural settings
- Moving progressively to urban settings
- Conversion of “traditional block rotation” TBR to LIC is challenging

Flinders University

- Parallel Rural Community Curriculum 1996
- Onkaparinga Community Education Program 2007
- Flinders Northern Territory Medical Program 2007
- Longitudinal Integrated Flinders Training “LIFT” pilots 1 to 4 in 2013 to 2016

Flinders University

- 2017
 - 160 students (approx)
 - 30 PRCC
 - 30 NTMP
 - 20 OCEP
 - 80 FMC - semester long attachment to single specialist unit (change at semester break) plus continuity in obstetrics and mental health

Challenges

- Education of Faculty on benefits of LIC
- “coveritis”
- Student acceptance
- Need to change assessment model (to Programmatic Assessment for Learning)
- Acceptance by Australian Medical Council (accreditor of medical course)

Poster 16 October

- Lindsay Mazotti
 - LICs in the Rise: Results of a 2015 survey of Internal Medicine Clerkship Directors from North America
 - LIC percentage now past the “tipping point” of 34%

Questions

- What are the challenges and opportunities in conversion of TBR to LIC?
- How can we transform all medical schools to LIC?
- Can and should we extend LIC to all years of a medical course?