Training in the Sandbox: Building a Pediatric Longitudinal Integrated Clerkship

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70% Adult  30% Child
4 years ago. . .

For students who have selected pediatrics as their discipline of choice, establish a time-variable model of medical education with meaningfully-assessed demonstration of competence and deliberate entrustment of responsibility across the UME-GME continuum.
## Bi-weekly schedule

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Supplemental inpatient bursts

• 2 week burst of inpatient medicine
• 4 pediatric inpatient overnights

Added year 2:
• 2 week inpatient surgery burst
• OR continuity day
LIC Curriculum Grid

Fully integrated background curriculum comprised of the required elements of the standard clerkships, mapped out at a suggested pace.
Over 500 patients at 9 months; two thirds are children and youth
16% continuity

- Follow up visit
- First visit
Curricular completion

- By the end of the 4th month, students had encountered over 80% of the school’s required diagnoses and had completed over 60% of the required procedures.
- By the end of the 9th month, they had completed over 80% of the required elements.
Knowledge base development

• All discipline-specific knowledge base assessments were completed successfully in the first attempt
• Step I and Step II CK/CS were all completed successfully in the first attempt
Conclusions/limitations

• It is possible to construct an LIC with a specific demographic target
• So far, no evidence of harm
• More data gathering and analysis is necessary
• Did we really set our students up to provide excellent pediatric care?
• Will their patients and families benefit?
Next steps

• Comparison of our students to those who are educated in the traditional model
• Comparison of our students to those who train in other LICs
• Expansion of the model
• Exploration of other tailored LIC designs
Any questions?
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Thank you

• Education in Pediatrics Across the Continuum team
• David Hirsch and the Cambridge/Harvard team
• Carrie Chen and the UCSF/Pisces team
• Kathleen Brooks and the RPAP/MetroPAP team