Exploring the Impact of Rural Mini-Longitudinal Integrated Clerkships on Medical Students

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The best student-centered learning experience in America
Outline

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3. Methods
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Objectives

• Define and describe a rural Mini-Longitudinal Integrated Clerkship (LIC)
• Discuss the impact of a Mini-LIC on medical student learning and professional development
• Discuss the impact of a Mini-LIC on perceived student well-being
Our Rural Mini LIC

• Students placed in rural practices across Ohio
• Spent 8 weeks at the practice (first and last rotation)
• Attended a half day each week in the remaining weeks of the academic year
• Developed a patient panel of 40-60 patients
• Completed all regular third year clerkships
• Developed a quality improvement project the office and at least one community service activity
Methods

• Ethical approval from the Ohio University Institutional Review Board
• Data was collected over the 2017-2018 academic year
• LIC participants filled out two weekly happiness surveys
• Completed a focused interview at the end of the academic year
Qualitative Methods

- Post clerkship interviews conducted by faculty researcher and were audio recorded and later transcribed by outside provider.
- Identifiable information was removed and transcripts were coded thematically using NVivo v11.
Quantitative Methods

- Completed weekly happiness surveys using a Likert scale of 0-100.
- Recorded happiness on the day of their mini LIC.
- Recorded happiness again at the end of the week that assessed overall happiness for the entire week.

Please rate how happy you feel based on your experiences in the past week:

0 10 20 30 40 50 60 70 80 90 100

Happiness
Qualitative Results
A distillation of the seven most common themes in the post-clerkship interviews

Forming Profound Connections with Patients
“I formed great relationships with the patients”
“I was able to develop that relationship with them and that trust they had in me”

Forming a Broader Understanding of Primary Care
“How vital primary care is”
“Need of having a point person”
“Impact that I can have in people's lives as their primary care physician.”

Reinforcing Primary Care Career Choice
“It solidified my wanting to do this”
“Solidified family medicine for me”
“Clarified this is exactly where I belong”
Qualitative Results

Developing Mentorship

“I consider him my mentor … he will stay that for the rest of my life”
“I look up to him as a mentor, someone I feel like I can count on”

Understanding the Role of Rural Primary Care Physicians

“It enhanced my desire for rural medicine … I want to be that family doc that does a little bit of everything”
“I saw a great need for it”

Viewing Patients in a Holistic Manner

“Think of patients as people”
“Seeing them as human, people that make mistakes”
“Understanding their whole social background.”

Realizing the Barriers Facing Rural Patients

“I saw the poorest and most needy people I’ve ever seen … so far from resources … out in their trailer, in the middle of the country, ”
Qualitative Results
Quantitative Results

Four of the five LIC participants’ scores reflected recorded higher happiness scores on LIC days.

LIC Day Happiness vs. Overall Weekly Happiness

![Bar chart showing LIC Day Happiness vs. Overall Weekly Happiness for five students.](chart.jpg)

Three students had a statistically significant increase in happiness.
Discussion

Impact on student experience:
- Happiness surveys suggest students enjoyed the mini LIC
- Developed mentorship with preceptors
- Developed empathetic, long-term relationships with patients

Impact on Primary Care:
- Every student felt affirmation of their decision to pursue a primary care specialty
- Saw the management of chronic disease states and learned to view each patient holistically through multiple, longitudinal visits

Impact on Rural Medicine:
- Learned the value of practicing rurally with a broad scope of practice
- Exposed to the specific challenges that patients face in rural settings
Conclusions

Continuity is key

Combatting Burnout and Apathy

Rural Interest

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Further Research

• Repeat studies for strengthening the results of this study
• Studies with comparative control groups
• Follow-up studies that examine the number of students who actually work in rural primary care upon completing resident
• Effects on preceptors: burnout/apathy, willingness to teach medical students
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Questions for Studio Participants

• Going forward, with 17 new students in urban and rural settings in the LIC Cohort for 2019-2020, how should we move forward in strengthening this research?
• Can we and how do we validate and defend our use of subjective scales and self-study format?
• How shall we disseminate this study: What journal and in what format?
Questions?