



The University of Vermont  
COLLEGE OF MEDICINE

**Longitudinal Integrated Clerkship Program  
Frequently Asked Questions**

The University of Vermont College of Medicine is launching a rural longitudinal integrated clerkship (LIC) at two sites: the Hudson Headwaters Health Network, headquartered at Queensbury, New York, and Eastern Maine Health System, headquartered in Bangor Maine. The current medical curriculum is comprised of 3 levels: Foundations (first 17 months), Clerkship (next 12 months) and Advanced Integration (final 14 months). LIC students will complete the clerkship level at the new campus sites, in the same temporal location as the current block clerkships. Students may elect to do some individual electives at these sites during Advanced Integration, but this will not be required.

**When will the LIC program begin?**

The campuses will begin the LIC in March of 2017, accepting up to 6 students to the Maine LIC and 6 students to the New York LIC. The number of students in the LIC will expand to accommodate up to 12 students in Maine and 12 students in New York starting in March of 2018.

**How will students be selected for the LIC program?**

Students will apply for participation in this curriculum by September 1 by completing an application form, and then have an interview with the LIC governance committee to determine suitability for this curriculum. Students selected for this curriculum will be in good academic standing, have an interest in rural medicine, enjoy autonomy, will have the maturity to work independently, display resiliency, have an interest in the participating in the community, and an interest collaborating with faculty to improve the student experience.

**How will the LIC compare to the traditional clerkship rotations?**

The curriculum at the regional campuses will have the same core educational objectives, course requirements and similar instructional and evaluation methods as students completing their course work in the traditional block clerkships. The major difference is that students in the regional campus sites will meet the objectives of each clerkship in a longitudinal manner rather than in the traditional block schedule. Students will be embedded in primary care practices with primary care faculty physicians, and will also be assigned faculty preceptors in the required disciplines of internal medicine, pediatrics, surgery, Ob/Gyn, psychiatry, and neurology. Students will work with their preceptors to record patient encounters, participation, settings, and achievement of the competencies to ensure that they are meeting the same core requirements as traditional clerkship students. In addition students will demonstrate developmental competencies essential for a primary care curriculum.

Students will:

1. Demonstrate the principles of patient advocacy as they follow the course of illness over time for a defined panel of patients
2. Apply a broad and holistic perspective to patient's problems, by caring for patients with undifferentiated illness.
3. Participate in effective models of care coordination by participation in multidisciplinary teams,
4. Employ advanced communication skills by learning to engage patients in shared decision making
5. Demonstrate the understanding of use of practice systems to triage, treat and follow up on medical visits.
6. Describe the Chronic Care Model as they demonstrate the appropriate diagnostic approach to chronic illness
7. Apply screening tools, and life style counseling to advance wellness and prevention
8. Demonstrate principles of disease management in common psychiatric conditions in the ambulatory setting.
9. Engage in a systems improvement project by describing the relationship of health care systems to patient well-being.
10. Engage in patient-centered problem solving with other professionals.
11. Perform a community-specific health promotion project.

### **How does the LIC program work?**

Students will be assigned to 1-2 primary care faculty physicians at the home practice sites, who will serve as their primary preceptors for the entire year; students will also have dedicated faculty preceptors from within these respective health systems to ensure adequate instruction in Family Medicine, Surgery, Ob/Gyn, Pediatrics, Internal Medicine, Psychiatry, and Neurology. Working with their preceptors, students will progressively develop a panel of patients (a minimum of 50) to satisfy all required clinical encounters needed for clinical instruction in the clerkship level. Students embedded in primary care clinics will participate in providing comprehensive care to their patients, including wellness, acute care, and chronic care. They will work with interprofessional teams of physicians, nurses, social workers, pharmacists, and mental health workers in the emergency room, the hospital, subacute rehabilitation centers, hospice, and home care.

Each student will participate in no more than 80 clinical hours per week. Of these, approximately 16 hours per week will consist of unstructured time to allow them to participate in course work, discipline-specific lectures or to follow their patients into other settings, e.g. consultations, tests or procedures. Students will assist in patient navigation, providing continuity and communication between all providers of medical care. Students will see patients in ambulatory settings in all of the required disciplines. Required inpatient experiences will be accomplished by using "burst weeks," in which students will leave their ambulatory home base and participate in inpatient, discipline specific, experiences with specialty preceptors. Burst weeks will take place at Glens Fall Hospital for the students in New York and Eastern Maine Medical Center, Aroostook Medical Center, and Inland Hospital for students within EMHS. These burst weeks will be in the required disciplines of internal medicine, surgery, ob/gyn, psychiatry, neurology, and pediatrics. The burst weeks will begin on Thursday of one week and end on Tuesday of the following week, ensuring that students are present in the clinic during every week of the curriculum.

### **How will the didactic portions of the curriculum at the regional campus be delivered?**

Currently all UVM clerkship didactic material is delivered via synchronous and asynchronous videoconferencing. All students have access to remote learning resources via their computers as well. This content will be included in the LIC and students will be responsible for all material delivered in lectures. The primary difference for these students is that the lectures will be attended in a different sequence. At the start of the LIC, each student will develop, with their preceptor and Clerkship site director, a learning plan that will include the expected sequence of didactics that will correspond with their clinical activity and the quarterly assessment schedule. Time is allocated away from their clinical duties to participate in the didactic portion of the clerkships. Students will access didactics via their UVM-issued laptop computers similar to traditional block clerkship students. UVM has had extensive experience with this technology and students routinely participate in synchronous lectures at distant clerkship sites, with full live participation. Additional didactic materials reflecting the additional LIC learning objectives, will be delivered on-site by preceptors and visiting faculty.

### **How will students be assessed at the regional campus?**

*Summative Assessment:* The assessment methods will be similar for all students at the main and remote campuses. The timing and forms used for assessment will be different, reflecting the differing clerkship structures. In the LIC, there will be quarterly summative assessment periods. Students will be graded in each of the disciplines that comprise the LIC. All clerkships at UVM have a common set of competencies that are assessed using a standard set of criteria. For summative assessments in the LIC, the clerkship site director will compile the preceptor assessments and compose a narrative of the student's performance. Clinical performance is assessed using the 6 curriculum competencies adopted by the faculty for all clerkships. To ensure comparability, the Universal Clerkship Assessment form, used for traditional block clerkships, has been modified for use in measuring competencies in clerkship disciplines (e.g., medicine, surgery, etc.) that are required in the LIC. The clinical work contributes 70% to the student's final clerkship grade for each discipline. The remaining 30% of the grade is determined by performance on quarterly cognitive assessments which consists of written exams (in most cases NBME subject exams), and multidisciplinary clinical skills assessments (simulation and standardized patients). Thus, by the end of the clerkship year, the LIC students will have completed all of the same examinations, and similar clinical skills assessments required of traditional clerkship students. At the end of the year, the LIC grading committee will review all students' clinical progress and provisional grades for each discipline and will give assign a summative grade for the LIC. Students will receive final summative grades in each clerkship discipline (Pass, Honors and Fail). Additional details can be found in the New Parallel Curriculum (Track) Notification Form

*Formative Assessment:* The students in the LIC will receive routine, daily formative feedback in the ambulatory clinical setting. In addition, a formal formative feedback structure of Monthly, Quarterly and Yearly assessments will ensure that students are well informed of their academic progress.

### **What about housing for LIC students? Are room and board provided?**

Shared student housing will be provided at no cost to the student.

### **What if I change my mind? Can I opt out of the LIC program after I've started?**

Students will be permitted to opt out of the LIC. To do this, they will join the traditional block curriculum during its next full rotation period. Missed rotations will be made up during the subsequent academic year. For example, a student opting out during rotation 3 of the block clerkship would start with the traditional cohort at rotation 4, completing the clerkships with their class. Missed rotations (e.g., rotations 1-3) would be made up during the subsequent academic year.

### **What access will I have to library resources?**

All students, regardless of location, can connect to Dana Medical Library resources remotely using school-issued laptops and tablet computers. The number of primary users are served by 7.5 FTE employees and 1.5 student workers. All online resources of the Dana Medical Library are available electronically to COM students at all sites.

Glens Falls Hospital (GFH), in Glens Falls NY, has a full-service medical library that is accessible Monday through Friday 8:00 to 4:00. The library and its staff can provide the medical students with assistance with literature searches, reference and document delivery. There are several computers available for use and ample study space. The medical library provides access to on-line databases, most of which will allow off-site access. The majority of journals are on-line but GFH does have a limited number of journals and textbooks both in print and on-line. Articles from journals that they do not subscribe to can be borrowed from other libraries with less than 48 hour turnaround time.

Eastern Maine Medical Center in Bangor houses the Hadley Parrot Health Science Library which is open Monday through Friday 7:30 am to 5:00 pm. The library has three full time librarians that can assist students with literature searches using a number of accepted healthcare publications databases along with reference and document delivery. There is ample study space in this facility. There is access to the library through our intranet and students can also request literature searches from our librarians via e-mail. The Parrot Library also offers access to other on-line databases and many online journals and textbooks. The library is also part of a state-wide consortium of healthcare libraries offering access to additional journals and publications.

The Aroostook Medical Center in Presque Isle ME is a 114 bed hospital in rural Maine that houses the TAMC Health Sciences Library to which the students have access on a 24 hour basis through their chip-enabled ID badges. There is ample study space with wireless connectivity. Here they have access to all EMHS library resources in terms of electronic journals, books, database searches and the state-wide consortium of health sciences libraries.

Inland Hospital, in Waterville ME, has a Virtual Medical Library which provides library access, through the EMHS Intranet to the Hadley Parrot Health Sciences Library, its librarians, electronic journals and texts, databases, and state-wide consortium of health sciences libraries.

### **What are the resources for Study Space and Wellness?**

Each student will be afforded desk space in their principle primary care location. For wellness, each student will be eligible to participate in employee wellness plans and each student will have access to fitness facilities in the community. Most ambulatory facilities that the students rotate in have break

rooms, and kitchen facilities. All students will be provided with a secure locker or comparable facility at all clinical care locations.

For each LIC site, the student cohort will appoint a Wellness Ambassador. That student will update and distribute information about local wellness-related activities and resources to the LIC group. The Wellness Ambassador will connect with the Director of Student Support at the OMSE once a month to check in about wellness-related issues for the LIC. The Wellness Ambassadors will have access to support and consultation from the COM Wellness Committee and can appear remotely at a Wellness Committee meeting to report on the LIC and ask for input. The students will have access to the Wellness Newsletter. On-line wellness resources will also be available for all students at the Office of Medical Student Education website.

Both HHHN and EMHS will have a monthly student group with a mentor that will allow community development and support with ongoing personal and professional concerns. This mentor will not be involved in student assessments. Resources will be given for local opportunities for access to fitness, cultural, and spiritual activities.

### **How will LIC students participate in clinical simulation assessments?**

The Clinical Simulation Laboratory in Burlington VT will be the site of all clinical simulation assessments. LIC students will return to the UVMCOM to use the UVM Clinical Simulation laboratory quarterly. Since all students return to main campus quarterly, cognitive assessments such as NBME Subject Exams will be conducted at the main campus during these visits. There is adequate space at the COM to administer these exams. Arrangements will be made at the Student ACCESS office for students requiring accommodations for their exams.

### **What are the IT Services for LIC students?**

Students will arrive at the sites with school-issued laptops and tablets. Students have access to private wireless infrastructure at both sites, which is essential for real-time clinical learning. Both sites can support the delivery of content, assessments, and evaluations. Site specific reporting and analytics will help ensure comparability of the curriculum design and delivery. All UVMCOM based electronic learning tools and administrative systems will be extended to the campuses but customized to support the optimum delivery of the clinical curriculum. In order to ensure the comparability and completeness of the clinical education experiences, students will track their experiences through a web-based clinical competency tracker. In this system, the student will document details of interactions with patients, completion of procedures and achievement of patient-care competencies. All data will be reported to clerkship and site directors and be available to curriculum leadership. In addition to competency tracking, the longitudinal integrated clerkships will pilot a portfolio functionality with the tracker, which will tie into our existing preceptor assessment tool. Where the competency tracker requires the input of the encounter details for certification by the clerkship director, the LIC pilot will add functionality to include reflection on the competency and the tracking of and reflection on self-directed learning activities, with feedback from the preceptor and LIC director.

Hudson Headwaters Health Network's Information Technology is composed of a layered set of networking and application technologies with provide high speed, highly available access to internal network resources as well as data and application sources resident in the Cloud. The Network's primary information system for managing all practice operation functions is the athena suite of products

including: athenaCollector, athenaClinicals (Electronic Medical Record system), athenaCommunicator, and athenaClarity (Population Health Management system).

Eastern Maine Health Systems and several of its member institutions have received recognition from Hospitals and Health Networks as “Most Wired” – EMHS and EMMC; “Most Wired and Rural” – Inland Hospital; and “Most Improved” -The Aroostook Medical Center. Students are given access to this private wireless IT infrastructure at all three sites. They receive training on our EMR systems when they arrive and have access to all necessary EMHS Intranet tools through their access. The IT infrastructure is able to deliver content, assessments, evaluations, electronic learning tools, and experience tracking. The Longitudinal Integrated Clerkships will pilot a portfolio functionality with the tracker, which will tie into UVM College of Medicine’s existing preceptor assessment tool. Where the competency tracker requires the input of the encounter details for certification by the clerkship director, the LIC pilot will add functionality to include reflection on the competency and the tracking of and reflection on self-directed learning activities, with feedback from the preceptor and LIC director.

### **Will LIC students have the opportunity to interact with residents during a required clinical experience?**

There is a family medicine residency program at EMMC at the same clinic site as one of the LIC sites. The students will have opportunity to interact with residents in primary care clinics and may interact with family medicine residents when completing the inpatient portion of their rotations. There are currently no residency programs at HHHN but an application to begin a family medicine residency program at HHHN in 2019 is presently being prepared. Students will receive adequate exposure to residents during the subsequent Advanced Integration level. In this level, all students are required to take the following month-long courses at UVMCOM: acting internship in internal medicine, an additional acting internship in the specialty of their choosing and a surgical specialty selective at the home campus. Each of these required experiences are taught in ward teams that include resident physicians as teachers. Thus, each student will have significant resident physician exposure during their required education.

### **How will student services be provided for LIC students?**

*Financial aid:* The University of Vermont’s Student Financial Services (SFS) department serves all clerkship students at all locations (including main campus) remotely during their clerkship year. The SFS department has designated, full-time employees who specifically serve medical students in relation to general financial aid processes and awards, billing, debt management, financial literacy, and budgeting. A Medical SFS Coordinator will be available seven days per week via phone, email, and Skype to assist medical students. Depending on the student’s needs while on the LIC, SFS counseling is either performed one on one or in a group setting, such as webinars. Financial aid packaging and awards will remain unchanged. However, LIC students may experience either increased or decreased living expense allotments based on their region. Financial aid budgets/cost of attendance will be adjusted based on the financial needs of their location.

*Student Health:* All students are currently required to carry University sponsored health insurance or to sign a waiver and provide proof that they possess comprehensive health insurance. The University health insurance policy is CIGNA. Per UVM policy, faculty must exempt themselves from the assessment of students that they treat. Arrangement have been made for students to use primary and mental health care providers who are not UVMCOM faculty. For specialty referrals, students might have to use faculty who participate in the LIC if physician numbers are low. However, those faculty will recuse

themselves from grading the student. All students continue to be provided with disability insurance through the University of Vermont. Disability insurance is provided free of charge.

At HHHN, Noelle Stevens, MD and Michael Bell MD will be designated as primary care physicians to provide medical care to medical students. They will not be involved in educational assessments. Students will also be given a list of local primary care physicians not associated with the educational program, and will have access to 7 day a week Urgent Care Facilities that are located in Warrensburg and Glens Falls.

At EMHS, Students will have access to Walk-In Care and Emergency Department treatment through each hospital's facilities and/or Employee Health Services. They will have access to primary care providers via their health insurance's approved In-Network providers. These providers will not be involved in the student's educational assessments.

*Personal counseling:* The University Center for Health and Counseling provides comprehensive medical care and counseling. Psychological assessment and individual and group counseling services are provided at no charge to students. Students are instructed to contact UVM Counseling and Psychiatric Services who then work with providers within the LIC sites to provide mental health services to our students at no charge. These providers utilize a screening process with referral to licensed counselors, psychologists, and psychiatrists.

HHHN will offer on-site access to counseling services with therapists, Dr. David Alloy, PhD and Karen Marden LCSW-R, who are located within our network, however will not be involved with student assessments. Psychiatric NPP Valerie Ramsey Cummins will be designated to provide medication consultation and management if needed. Initial contact will be through Dr. David Alloy, PhD. This will be given to students at orientation. At EMHS, access to counseling services with therapists will be provided through the EMHS Employee Assistance Program (EAP), with counselors that are located within our network who will not be involved with student assessments. The EMHS EAP will be designated to provide medication consultation and management if needed. Initial contact will be through Human Resources onboarding. This will be given to students at orientation.

*Tutorial assistance:* The Office of Medical Student Education employs a full time Director of Student Support dedicated to the academic success of our students. In addition to individual meetings, the staff provided class presentations on the topics of Work-Life Balance, Building Resiliency, Suicide Prevention and Awareness for Medical Students, USMLE Step 1 & Step 2, study and examination skills training. This division also oversees the student tutoring program in which tutors are trained, assigned to students, and then monitored. These services will be available to the LIC students. Students will have mentors at the LIC sites. In addition, students will select a specialty advisor prior to scheduling their Advanced Integration year. These specialty advisors will be UVM MC faculty who will work with their career mentors at the LIC.

*Career advising:* Career advising is overseen by the Associate Dean for Students. The career advising program in the M3 and M4 years is comprised of a series of mandatory M3 class presentations on topics including Careers in Medicine, M4-year scheduling, meeting specialist, developing a curriculum vitae and personal statement, interviewing skills, the application process (e.g. ERAS, NRMP, etc.) and related matters. These sessions will initially be simultaneously telecast live to the LIC sites with a transition to on-site presentations by UVMCOM administration and faculty over time. All M3 and M4 students select a Career Mentor who is responsible for meeting with students and assisting them with the M4 schedule and specialty/residency program selection issues. At both HHHN and EMHS, Medical student preceptors

will serve as academic mentors, and also as liaisons for the students with their career advisors located at UVM.