

HKBM7019 HANDOUT

A “first draft” of a literature review**TASK:**

- Read the following text as if it were a real introduction to a real paper
- Highlight/annotate sentences and phrases which you believe represent the strengths and weaknesses of the authors’ attempt to present a coherent argument that leads to a description of their study
- Once you have finished, review what you found with the person sitting next to you

Students’ workplace learning in two clerkship models: a multi-site observational study

Introduction

It is not as if we are the first investigators to raise the question of how to improve learning in the clinical years by creating greater continuity in the clerkship experience. This question is so important given the critical role doctors play in society and thus it is highly relevant to compare longitudinal integrated clerkship (LIC) training with traditional rotating block clerkship (BC) training. LIC includes predominantly out-patient, longitudinal (rather than block) experiences in each core specialty that enable students to establish relationships with patients, supervising doctors and settings over a year. Others have begun to investigate this question and we report the results of their work here as a prelude to our unique question.

Some of the earliest work on LICs was done at Harvard Medical School. David Hirsh and Edward Krupat were among the leaders of this work, drawing from their respective expertise in clinical medicine and educational evaluation. They found that students in LICs maintain patient-centered attitudes to a greater extent than their peers in traditional BC training. Students will be relieved to know that LIC students perform equally on examinations, but could we not expect that they would perform better? Discussion of this question generally converges on the notion that LIC helps student cultivate foundational patient care skills which are not measured by these examinations.

Other studies have also found equivalent performance on examinations, such as that conducted by Poncelet, Bokser, and Calton at UCSF beginning in 2005. Their results demonstrate that an LIC can be implemented successfully at a tertiary care academic medical center. A significant finding in their study as well was that students in LICs are more satisfied with teaching and feedback.

As one would expect, LIC students achieve higher ratings on professionalism. Yet more needs to be learned about why all of these LIC outcomes have been found. The purpose of this study was to track students’ activities during third year at three medical schools and to compare student in LICs and BCs early and late in the third year. We wanted to see if LIC students assume greater responsibility for patients and participate more independently in patient care. This paper is the first observational work-sampling study to compare LIC training with traditional BC training.

“Revised draft” of a literature review

TASK:

- The following is the introductory section from the published article (O'Brien, et. al., 2012) that formed the basis for the hypothetical “first draft” you just critiqued
- Again, please identify the strengths and weaknesses of the authors’ attempt to present a coherent argument that leads to a description of their study
- Compare this version to the hypothetical one you critiqued earlier
- Once you have finished, review what you found with the person sitting next to you

Students’ workplace learning in two clerkship models: a multi-site observational study

Introduction

The core clinical year of medical school, once a uniform curricular model based on in-patient, discipline-based block rotations, now features a variety of models with varying amounts of in-and out-patient experiences, and continuity of patients, supervising doctors and settings.¹ The longitudinal integrated clerkship (LIC) model is designed on the premise that students’ learning and development as professionals are maximised through meaningful and supported participation in real patient care activities performed by doctors. In keeping with this premise, the LIC includes predominantly out-patient, longitudinal (rather than block) experiences in each core specialty that enable students to establish relationships with patients, supervising doctors and settings²⁻⁴ over a year.

The variety of core clerkship models naturally raises questions about their comparative effectiveness. Some studies suggest that students in LICs maintain patient-centred attitudes to a greater extent than their peers in rotating block clerkships (BCs),^{5,6} perform equally well on examinations,⁶⁻⁸ achieve higher ratings on professionalism,⁹ are more satisfied with teaching and feedback,^{8,10} and learn about patients’ whole course of illness and processes of care.¹¹ In theory, these outcomes connect to principles derived from the learning sciences that underpin the LIC model, but the literature has yet to provide evidence of the mechanisms that account for these outcomes. How do the learning experiences of students in LICs and BCs, respectively, differ? For example, how differently do they spend their time with patients and supervisors? Does the LIC model enable students to assume greater responsibility for patients and to participate more independently in patient care than BC students do by the end of the year?

Observational studies can shed light on these questions by providing detailed descriptions of students’ activities and interactions. The purpose of this study was to observe, describe and quantify students’ daily activities and interactions in core clerkships at three medical schools and to compare students’ activities and interactions in LICs and BCs early and late in the core clinical year. Based on the design and goals of the LIC, we hypothesised little difference between LIC and BC students early in the year, but notable differences in LIC students’ level of independence and continuity with patients later in the year. This information can offer insights to the mediating factors that may explain some of the positive outcomes ascribed to LICs. This paper is the first observational work-sampling study to compare LIC training with traditional BC training.

Source: O’Brien, B.C., Poncelet, A.N., Hansen, L., Hirsh, D.A., Ogur, B., Alexander, E.K., Krupat, E., & Hauer, K.E. (2012). Students’ workplace learning in two clerkship models: a multi-site observational study. *Medical Education*, 46(6), p. 614.