

Developing New Models for Clinical Education



In contrast to more traditional hospital-focused clerkships and residency rotations, new models of clinical education are providing health professions students and residents with longer-term training in outpatient and community settings, where the majority of health care occurs today.

AN ALTERNATIVE TO TRADITIONAL CLINICAL EXPERIENCES

Typically, medical students and residents experience clinical education—in which they practice what they're learning with actual patients—as a series of brief exposures to patients in hospital settings, where care is more urgent, episodic, and acute. The practice of health care, however, is now moving rapidly in a different direction.

An increasingly diverse patient population is living longer with chronic disease. Clinical practice settings are becoming more diverse as well, as health care is delivered in community clinics, neighborhood health centers, and even the home. While we will always need acute, hospital-based care, we also must prepare physicians, nurses, and other health care professionals for the team-based, patient-centered, community-oriented future of health care.

BUILDING NEW SKILLS AND EXPERTISE

Developing more clinical training experiences outside of the hospital:

- Allows learners to develop deeper relationships with patients and their families, their co-workers, and faculty. It also helps them develop expertise in caring for patients over extended periods of time, for example, working with patients to manage chronic conditions.
- Teaches trainees effective communication, collaboration, and relationship-building skills, which are necessary to function successfully as part of the healthcare team and in new settings like patient-centered medical homes.
- Helps students and residents build a richer understanding of the social factors influencing their patients' health.
- Exposes students to different career options and better prepares residents for careers in primary care.



OVERCOMING HURDLES TO IMPLEMENTATION

There are tremendous practical and logistical hurdles to implementing new clinical education models. These include:

- Identifying new clinical training sites and establishing new institutional partnerships.
- Requiring hospitals, which rely on residents to help provide patient care, to alter their staffing practices.
- Modifying accrediting and regulating standards and criteria.
- Developing faculty skills and experience necessary to teach new content and in new settings.
- Changing the status quo; true institutional and cultural change is very difficult and takes time.

PROMISING MODELS

↘ MOUNT SINAI SCHOOL OF MEDICINE

Building on an existing longitudinal care curriculum, Mount Sinai created an integrated clerkship for third-year medical students, enabling them to develop a deeper appreciation of chronic illness, advocacy, and caring for the medically disenfranchised.

↘ TULANE UNIVERSITY SCHOOL OF MEDICINE

The Tulane Rural Immersion Program (TRIP) sends a group of third-year medical students to live and train in a remote part of Louisiana for nine months. Students learn about relationship-based patient care, continuity of care, and how to work as part of a clinical care team with other health professionals in the community.

↘ JOHNS HOPKINS MEDICINE

To better serve its local community—whose residents have shorter life expectancy and higher rates of disease than those in more affluent neighborhoods nearby—Hopkins launched an urban health residency program. The combined internal medicine-pediatrics program prepares physicians to care for underserved patients from birth to death, and also prepares them to become primary care leaders.

↘ AMERICAN ACADEMY OF PEDIATRICS

Ten training sites across the U.S. are transforming their pediatric residency training programs to improve care for underserved children, adding a community health and advocacy curriculum and offering clinical training in inner city clinics and underserved neighborhoods.

REFERENCES FOR RELEVANT MACY SUPPORTED WORK

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