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A Review of Longitudinal Community and Hospital Placements in Medical Education

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Keywords

longitudinal placements; longitudinal integrated placements; community placements; hospital placements; medical education; systematic review

Headline conclusions

- The major factors, or mechanisms, associated with the effectiveness of longitudinal placements are continuity of patient care, quality of participation, continuity of preceptor/mentor, continuity of learning environment and, where there are different types of placements within the same medical school, students perceiving equity in learning and assessment.
- Longitudinal placements enhance students' understanding of patient-centredness, and the importance of the life perspective, family dynamics and social contexts of patients' presentations.
- The immersion aspects of longitudinal placements reinforce the community of practice model and students, as adult learners, learn through experience and problem solving.

Background and context

Traditionally, clinical learning for medical students consists of short-term and opportunistic encounters with primarily acute-care patients, supervised by a range of clinician preceptors. In response to educational concerns, some medical schools have developed longitudinal placements. These placements are integrated across the core clinical disciplines, (known as longitudinal integrated clerkships or LICs) and often take place in rural locations.

Implications for Practice

- All medical students should have the opportunity to undertake a longitudinal placement with continuity of tutor/preceptor: however, there may be resource and logistical implications for such placements, particularly in medical schools with high student numbers.
- Given the trust and rapport that builds up between student and tutor, and student and patients over time, placements should be greater than eight weeks' duration.
- If there are parallel placements at the medical school (e.g. longitudinal and block) the learning outcomes should be similar for all placements to ensure equity and should form the basis of the assessment.
- Administrators, students and clinicians should be prepared for the placements and have a good understanding of what this commitment entails.
- Continuity of supervision and patient access should be a defining feature of the placements.
- Students on longitudinal placements at a distance from the medical school should have support and structure to their learning.
- Students with only one supervisor for long periods of time may be disadvantaged if the relationship is not optimum: program staff should be available to resolve such problems.
- New supervisors/preceptors require mentoring to prepare them for their role.
- The workload of students and staff should be monitored.

Review objectives

To explore, analyse, and synthesise evidence relating to the effectiveness of longitudinal placements, including LICs, as a means of achieving learning outcomes in medical student pre-qualification training programmes, and make recommendations for their further development.

Review methodology

Search Strategy: The search covered the period from November 2011 to February 2012 and included PubMed, CINAHL, EMBASE, Medline and Web of Knowledge (WoK). The citations and abstracts (n=1679) were imported into EndNote X4. We scanned the table of contents of Academic Medicine, Medical Education and Medical Teacher for 2011 and the first six editions of the 2012 volumes. Abstracts were independently reviewed and 85 papers were read independently by two review team members and discussed to reach agreement about retention for coding.

Inclusion and Exclusion Criteria: Inclusion criteria were: that the placements were for medical students, had a duration of at least 13 weeks, there was continuity of patient contact in same location and/or continuity of preceptor, evaluation data was presented. Commentaries or opinion pieces and papers not in English were excluded.

Data Extraction: Extracted data included: study location, number of students, format, length and description of placement, learning outcomes, research design, the outcome level for evaluation (Kirkpatrick, 1967) and the main evaluation methods and findings. We also rated the strength of findings.

Data Synthesis: We extracted primary date from 53 papers. Initially our synthesis used the Kirkpatrick outcomes-focused framework (Kirkpatrick, 1967), as modified by the Joint Evaluation Team (Barr et al., 2005): we then applied a realist approach to consider what works well for whom and under what circumstances.

References

Barr H, Koppel I, Reeves S, Hammick M, Freeth D. 2005. Effective Interprofessional education. Argument, assumption and evidence. Oxford: Blackwell Publishing.

Kirkpatrick D. 1967. Evaluation of Training. In Craig R, Bittel L, editors. Training and Development Handbook. New York: McGraw-Hill. p. 131-167.

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