



LIC Faculty Development Manual

Longitudinal integrated clerkships (LICs) are growing in popularity in part due to their benefits in leading to sustained improvements in patient-centeredness and empathy among medical students. To sustain the documented academic and humanistic benefits of the LIC as its prevalence grows, we need to consider and propagate intentional precepting practices that support the proposed learning mechanisms in the LIC.

Development of a new LIC site involves recruitment of new clinician educators or transition of faculty from traditional block models to the LIC. Most practicing physicians and preceptors did not train in a LIC and may be new to teaching in one as well. **This LIC Faculty Development Manual highlights best-practice precepting strategies to help new LIC preceptors excel and optimize the LIC experience for students.**

To develop this guide, we undertook a qualitative study of five student and eight faculty focus groups drawn from participants at two longitudinal integrated clerkships sites within the University of Colorado School of Medicine (CUSOM). Faculty participants included representatives from pediatrics, internal medicine, family medicine, psychiatry, emergency medicine, surgery, and obstetrics/gynecology. We asked student and faculty participants to identify:

- Effective clinical teaching strategies in the LIC
- Unique aspects of goal setting and feedback in the LIC
- Strategies to support students' longitudinal relationship with patients in the LIC
- Impactful ways to integrate students into healthcare teams in the LIC
- Methods to foster student autonomy in the LIC
- High-yield tips for new LIC preceptors

Their stories tell us, loud and clear, that exemplary LIC preceptors appreciate the trajectory of the LIC learner, understand and are invested in the LIC model, and leverage the longitudinal nature of the LIC for maximal impact. **They tell us that experiences for both students and faculty can be optimized by intentional precepting practices that take advantage of the longitudinal and dynamic interplay between students, preceptors, healthcare teams, and patients.** We have jam-packed this guide with their tips, stories, and strategies about *"What Works in the LIC"* to inform teams for the LIC journey ahead.

This guidebook consists of Chapters, which are concise summaries of the research we performed and are meant to be used for high yield teaching and development for LIC preceptors. For more in depth information, please explore the Toolkit (online at licguide.org) which provides links to more comprehensive information and includes such resources as published literature, podcasts, and previous presentations given by our faculty.



The LIC 101: What's an LIC?

If you are reading this as a practicing physician today, it is likely that you and most of your colleagues trained in a traditional block model for your clinical medical education – one where you spent a month or two rotating through all of the fundamental specialties at the various training hospitals affiliated with your medical school. That system worked well enough for a long time, so why change it? And what is it changing to? At the University of Colorado School of Medicine, the clinical curriculum is changing to be 100% LIC-based. We'll discuss what that means here:

A Longitudinal Integrated Clerkship (LIC, for short) is a clinical preceptorship in which students:

- Participate in comprehensive care of patients over time.
- Engage in continuity relationships with preceptors.
- Meet core clinical competencies across multiple disciplines simultaneously.

Basic Tenets of LICs:

- The organizing principle of the LIC is continuity: continuity with a learning cohort of peers, with specialty-specific mentors, and with patients.
- Students spend an entire year within a site or system; through this longitudinal experience, they become immersed in their preceptors' healthcare teams and earn entrustment of responsibilities over the arc of the year.
- Students work with preceptors in each specialty providing longitudinal teaching, mentorship, and evaluation.
- Students develop a cohort of patients from all specialties that they follow through primary care, subspecialty clinics, inpatient, and emergency settings.
- Through these relationships with patients, students see patients' experiences of health and illness evolve over the course of the year.
- Students develop a learning community with a stable peer group over the course of the year.

What are the Goals in Creating an All-LIC Clerkship Curriculum at the CU School of Medicine?

- Provide students with authentic roles in patient care and on medical teams sharing patient care responsibilities with faculty.
- Provide ample opportunity to experience the whole illness through transitions in care supporting a broad view of disease, patient experience, and health care systems.
- Allow students to receive most of their teaching from excellent faculty who can provide meaningful feedback and support growth.
- Development of a progressive didactic learning structured time for the integration of basic science, clinical application, evidence-based medicine, social science, humanism and ethics, and systems-based practice.

- Support personal and professional well-being through minimization of the negative hidden curriculum and strong peer and mentor support.

How is the Clinical Learning in an LIC Structured?

- Students participate in shortened inpatient “immersions” in surgery, medicine, OB/GYN, pediatrics and psychiatry.
- Remainder of the year dedicated to longitudinal, integrated clinical experiences with preceptors.
- Ample unstructured time for independent learning, follow up with cohort patients, career exploration, and professional development.
- Weekly small group didactic and workshop series focusing on core clinical topics as well as basic science health & society integration.

How Do Students Perform in the LIC Model?

- Students meet all competencies and objectives in a comparable fashion to traditional block clerkships.
- Students score equivalently to slightly above average scores on standardized exams.
- Students pursue a wide range of career interests including internal medicine, pediatrics, med/peds, psychiatry, OB/GYN, family medicine, general surgery, emergency medicine, surgical sub-specialties, radiology, dermatology and more.
- Students participating in LICs have equal or better performance than their peers in traditional block rotations on:
 - Standardized exams
 - Clinical assessments
 - Sub-internships
 - National board examinations

Student Humanistic Outcomes:

- Students participating in LICs show improved measures of patient-centeredness and empathy as compared to peers participating in traditional block rotations.
 - Notably, students in traditional block models had an erosion of patient-centeredness, while students in the LIC had statistically significant enhancement in patient-centeredness by the end of the year. Importantly, that difference was sustained when re-visited with repeat measurements 4-6 years after the completion of medical school.



The LIC Model: What's My Student Doing All Week?

It is important for preceptors to have a basic understanding of a student's schedule so they can help manage expectations, find ways to best utilize self-directed learning time and flexibility in the schedule, and know what to expect. Listed below is a sample schedule for a week in the LIC:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
A.M.	IM	Psych	FM	Self-directed learning	Self-directed learning	At least one day off
P.M.	MSK	Surgery	OB/GYN	Didactics	Peds	
Evening	ED, urgent care, inpatient rounding can occur evenings or weekends					

- Keep in mind schedules can shift from week to week as students are balancing inpatient immersions, other required activities, certain rotating specialties, vacations, exams, etc.

Managing expectations in the LIC model:

- Students will be slower in the beginning of the year.
- Remember you will spend an entire year with them, not just 4-8 weeks like in the traditional model.
- Go in with an understanding of how often and for how many sessions you will see your student during the year.
 - LIC coordinators will provide schedules as early as possible and can help answer questions.
 - Make goals and plan to check-in on these goals accordingly.
- Even if you are only seeing a student once a week or once every two weeks, remember they are growing in between and learning from other specialties and preceptors.
- Consider other environments that you work in and invite your student to work with you in these settings (e.g. OR, inpatient medicine, other clinics, etc.)
- It may be helpful to inquire about when certain didactics in your specialty will be occurring, when students are taking exams for your specialty, when certain assignments are due, etc.
- Encourage student autonomy: limit shadowing to only in the very beginning of the year.
- Utilize the self-directed learning time and flexibility in student schedules when appropriate to follow certain cohort patients or for special opportunities. Your LIC coordinator can help.



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"Even though students only see you once a week, or once every two weeks, they're growing in between time."
(Student)

"I started eventually having our office staff put on my schedule the days that the students are going to be there and then that really helped me...in terms of like, where I was going to put patients."
(Preceptor)

"I remember feeling a lot of pressure to be all things of my specialty to my LIC students and acknowledging that medicine happens in...a variety of different settings and that they will get a different perspective...on many conditions and you don't have to be their single point of understanding for every single condition."
(Preceptor)



Your First Contact with the Learner

It is critical to set the tone for the year early on and develop rapport with your learner. Consider reaching out to the student before your first session if time permits to set up a time to have coffee, chat on the phone, or communicate via email to get to know your student. This is a great opportunity to provide your basic expectations, answer questions, and get to know one another by creating a channel for open communication.

Orientation to setting:

- Inform your health care team that the student will be a member of the team for the entire year.
- Email your team with a brief introduction to the student prior to their first day.
- Introduce the student to the entire care team (MA, SW, RN, clerks, counselor, etc.)
- Reiterate to learner that they are part of the team and should feel empowered to reach out to members of the care team directly.
- Discuss your expectations of the student for the first month and be clear that expectations change as the student progresses during the year.
- Inform student your preferred method of communication for questions (email, text, phone, etc.)
- Review the preferred note template to use and any preferences you have in documentation.
- Arrange the physical workspace so you can work next to the student and be in close proximity to the MA if possible to promote ease of communication.
- Ask the student about their interests and career goals so that you may support them in gaining additional experience in those areas, if possible, throughout the year.
- At the beginning of the year, discuss with the student your preferred teaching and learning styles.

Creating safe space for vulnerability:

- Emphasize to the student that you want to create a safe learning environment and that it is okay to not know things and to ask questions. This can in part be accomplished by encouraging bi-directional feedback.

Overarching goals:

- At the beginning of the year, discuss your end of year goals and how you expect the student to progress towards them. It can be helpful to schedule dates to revisit these goals and set expectations for how often you will provide informal and formal feedback.



TESTIMONIALS

"I found it really helpful when my preceptor our first day like introduced me to everyone, and...you could tell that they had coached like their staff that like they're not just a student, like they're part of the team." (Student)

"If you get to know your preceptors as people and they get to know you as a person, it provides a much more fruitful, I think, professional relationship." (Student)

"Get to know the students and figure out their interests and how they align and with whom they align at the clinic, and then have them be introduced and spend time with them." (Faculty)



Effective Teaching Strategies in the LIC

The LIC is built to include a developmentally progressive curriculum, so students take on greater responsibility over the course of the year. Initially, they are learning how the nuts and bolts of managing multiple specialties at the same time. After the first couple months, students accelerate in their ability to take more ownership of patients. Effective teaching strategies optimize students' autonomy throughout the year.

Building Blocks:

- Start with history and PE skills. Move on to differential diagnoses and creation of plans throughout the year.
 - Directly observe the PE for brief periods early in the year. Later in the year can observe more difficult patient conversations, etc.
 - You do not need to observe the whole encounter, can observe a few minutes at a time.
 - See [What to Expect from My LIC Student](#).

Identifying Clinical Gaps and Intersession Teaching:

- Keep 3-4 core topics handy to review with the student (or have them review independently) during the first couple of months.
- Ask probing questions.
 - Ask students what to do with lab or imaging results to assess necessity and their understanding of next steps.
- Periodically review student's clinical condition logger to help direct patient experiences and/or teaching.
- Direct student reading towards gaps in knowledge identified during the session.

Creation of an Active Role:

- Shadowing is not an effective teaching strategy and should be limited to a brief period early in the year.
 - One method is to let the student see patient independently first.
 - Another is to scribe for the student and complete the note as you observe the student interview new patients.
 - Do not take over for student while you are in the room.
- Encourage MA to communicate directly with student.
- See one do one: Can model difficult things (e.g. procedures, history taking for sensitive topics, etc.) and then observe students doing this. Provide immediate feedback.
- Students can present in the room when appropriate. Encourage patient-centered language and teaching.

Encourage Self-Directed Learning:

- Assign foundational reading topics at end of session and make time to discuss this information in clinic next session.
 - Student can provide short synopsis of material at beginning of the session.
 - Focus on the foundation, not the zebras!
- If possible, assign patients for student to see in the next session so they can pre-chart.

Themed Repetition:

- Students can benefit from seeing the same clinical condition in different patients to learn different presentation and aspects of management.
- Focus on specific core skills throughout the year.
 - For example: reading EKGs, specific exam maneuvers, etc.



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"I think the key fundamental thing...is to give your student clinical responsibility, provide them with a range of autonomy that you're comfortable with. I think my favorite preceptors, my best teachers, let me take care of patients on my own and they also observed me doing it."
(Student)

"At the end of every time I'm with a student, [I] give them a couple articles to read that are not the like weird, esoteric stuff but the foundational stuff that's really important."
(Preceptor)

"This is your patient, you need to see them, you need to understand their chart. You need to see him before the surgery, you need to see him after the surgery."
(Preceptor)



Setting Learning Goals in the LIC

Many preceptors are familiar with goal setting and feedback cycle in the standard 4-week block model that includes goal setting and expectation on day 1, midway check-in, and summative feedback. In the LIC expectations and goal setting are equally important, while the structure of the LIC lends itself to more frequent and dynamic interplay between goal setting and feedback on a session-to-session basis.

Setting Long-Term Goals:

- Meet early in the year to set long-term goals for the entire year.
- Start with the end in mind: what do you want the student to be doing by the end of the year?
 - Students often need help with this because they do not have great insight into exactly what they need to do to get to the next level.
 - Set stepping-stone goals based on where the student is now and where you want them to end up.
- Meet periodically to provide big-picture feedback on long-term goals and set new goals or modify old ones.
- Coach students on setting skills-based goals that can build in complexity throughout the year.

Setting Daily Goals:

- LIC students find it valuable to start each clinical session by setting a goal for the day.
 - Can help guide targeted feedback at the end of the day.
 - This daily goal setting and feedback should not take more than a couple minutes each!
 - Daily goals can and should tie into long-term goals.

Set Different Types of Goals:

- Support your student by helping them develop various types of goals:
- Clinical skills development:
 - E.g., presenting a broad and appropriate differential diagnosis.
 - Useful for daily goals as these goals are generally relevant to every patient.
- Specialty specific:
 - What is unique to your specialty that students will not see with their other preceptors?
 - Can include unique procedures, exams, diagnoses, etc.
- Skills based:
 - E.g., EKG reading, procedural skills, targeted physical exam skills, etc.
- Knowledge based goals:
 - Great for helping students identify knowledge gaps to focus self-directed learning.



TESTIMONIALS

"One of my long-term goals for my students is that by the end of LIC, they're ready to be a Sub-I. So, while I check in with them about their personal goals, I'll often also suggest goals for them to work them towards being at more like the level of a fourth year by the time they're done." (Preceptor)

"I'll ask the students when they come in for their shifts, 'What's something that you want to focus on today.... just to kind of set an intention for that time.'" (Preceptor)

"My student and I...at the end of the clinic will reflect on the patients that we saw together. And they will identify one sort of larger learning topic that they want to improve their baseline knowledge on. And then both of us will take a little bit of time to prepare something about that for the next time." (Preceptor)



Providing Effective Feedback to Learners

Providing effective feedback is integral to student education and growth, and is also not something that many practicing physicians are trained in. The following are ways clinicians can provide effective feedback.

Create a Safe Space for Vulnerability:

- Intent is key: describe that you will give frequent feedback throughout the year and that it is your intention to help them grow as a physician, not discourage or belittle.
- Try a 1-minute check-in before starting the session.
 - “How are you?” or “Are things on your mind that may impact patient care or learning today?”
- Incorporate bi-directional feedback.
 - You and your student can both learn a lot by periodically having the student observe you and provide specific feedback.

Utilize Direct Observation:

- Start observations early in the year.
- Give feedback on observed behaviors and actions, not personality.
- Intentionally observe a specific part of the visit (e.g., focused history taking or physical exam) rather than an entire visit.

Understanding Bias in Feedback:

- Women and minorities are more often evaluated by personality traits than by competency.
- LIC places faculty at risk for affinity bias toward their student.
- Behaviors can be compared against competencies to mitigate bias.

Provide Feedback Based on Goals or Target Behaviors:

- Feedback can be based on short- or long-term goals.
- Short-term goals can be as simple as asking student what they want to work on for the session before the day starts.
 - Use short-term goals as anchors for feedback at end of session or during intersession by utilizing phone, email, or messages through the EMR.
 - Reviewing notes can be an avenue for specific feedback.
- Meet with students periodically to identify new goals and check-in on current ones.

Provide Frequent, Tangible Feedback:

- Give feedback on a regular basis rather than only at the end of the year.
 - Can be brief: 1-2 minutes at the end of the day or after direct observation.
- Feedback should be about behaviors that are specific, observable, and modifiable.
 - Provide specific things to work on for the next session to promote growth.
 - Provide students with target behaviors and actions they can take to reach the next level.
- Can ask patients for feedback.
- Develop a system for tracking a student’s progress over time.
 - Use google drive, notes, audio files, word document, or email to track student progress.
 - Utilize specific examples, vignettes, etc.



TESTIMONIALS

“Another thing my preceptor did is she would choose certain sessions for the day for me to give feedback to her...That was a really interesting way for me to learn how to get feedback, but also think about the patient...it also, I think, created a deeper and more trusting relationship with her. That I felt like we had a lot of mutual, genuine learning.” (Student)

“I think on a busy day, I try to at the end, at least every session do like something they did well, and something to work on.” (Preceptor)

“I usually check in with them with their log every few months...I check in with them about their personal goals, I’ll often also suggest goals for them to kind of work them towards being at more like the level of a fourth year by the time they’re done with their third-year rotation with LIC.” (Preceptor)



Supporting Student Autonomy and Growth

Students learn the most when they are allowed to see patients on their own and manage them with an appropriate amount of autonomy. You can help support this in the following ways:

Advocating For and Empowering Student Role:

- Review with student and MA which patients the student will plan to see and ask MA to communicate with student about those patients.
- Intentionally incorporate the student into care team discussions. Model treating the student like a trusted colleague so others will do the same.
- Introduce the student to the patient as part of the care team.
- Activate the student's ability to make decisions during a visit by "pre-precepting" before they go see a patient.
 - What questions will you ask about this chief complaint? What physical exam findings will you look for? Etc.
 - This can help the student narrow their focus and their differential.
- See [Longitudinal Relationships with Patients](#)

Feel a Part of the Team:

- Support students in seeing patients independently and in handling as much of the management as they can.
- In surgical specialties, teach student how to find OR room, introduce themselves to the team before the procedure, find gloves and gowns to scrub in, etc.
- Students can work with different care members (e.g., PharmD, RN, SW, behavioral health, etc.) either during your clinic sessions or scheduled on a day you will not be in clinic.
 - This can be a good learning opportunity and help students get to know other team members.
 - If other team members are coming into the visit directly (addiction counselor, behavioral health, etc.) have the student present the patient directly to the team member.

Continuous Growth in Skills Across all Specialties:

- Remember that between your sessions with the student they are working with other preceptors in other specialties and that their learning curve in a particular specialty will be different than a traditional student.
- Check-in about what the student has been doing in other specialties so you can use their recent experiences to reinforce learning points.
- The LIC model enables students to learn from different preceptors in different specialties for an entire year. Don't feel as much pressure to teach students everything about your specialty.



TESTIMONIALS

"I always felt like that was helpful when [the preceptors say] 'I'll go see this one, you go see that one' and then we'll meet up and you know, if we start running behind and the schedule gets too crazy, then be like 'okay, let's see this one together'. So we catch back up... [It] just always make you feel like you are more than just a student and... [makes] you feel like you're a part of the team." (Student)

"I think for my preceptor [to communicate] with other people.... 'This is [student's] patient today... You know, talk with her about whatever' just so that they knew to come to me with a question instead of waiting for my preceptor. And that just really strengthened my sense of ownership too, but then also really helped my relationship with those people on the team. They felt like I was a responsible member of the team that they could come to." (Student)



The Continuity Principle: Longitudinal Relationships with Faculty and Teams

Building a relationship with your LIC student is critical to their growth and success. It is also crucial for students to develop relationships with the entire care team. Preceptors can help facilitate these relationships with a few quick and easy interventions described in this section which empower students to increase their autonomy and make meaningful contributions in patient care.

Advocating for and empowering students:

- Set expectations for the team. Clearly introduce the student and their role. Let the team know how often and for how many months the student will be in clinic.
- Give clear expectations to the students early in the year. Provide orientation handout and describe their role in clinic (seeing patients, writing notes, etc.)
- Give students autonomy. Allow them to see patients independently, formulate their own plan, etc.

Feel part of the team:

- Huddle with student and MA prior at the start of the session to create a tentative plan.
 - Tell the MA, "This is the student's patient." Promote direct communication between the MA and student.
- Students can learn from interprofessional team members.
 - Schedule student with other members of the team including pharmD, behavioral health, RN, social work, addictions counselors, etc. This will emphasize interprofessional teamwork and can be a good plan for when you are out of the office.
- Briefly introduce student directly to patient and explain their role in the LIC
- Talk the students up! (e.g., put up a one-page bio with student photo so staff/patients can learn about the student)
- Empower students to make follow-up phone calls to patients.
 - They can provide test results, check-in with patients, provide extra support between visits, etc.
 - Students can play a key role here as providers often do not have time.
 - Model how to document the phone call in the EHR and the best way to keep the provider in the loop (e.g., email, route the Encounter in Epic, etc).

Collaborative and individual expectations:

- At the beginning of the year (even before clinic starts), consider meeting with student in a low stakes environment to learn about their interests and share about yourself.
- Tell students about your teaching style and expectations at the beginning. Revisit expectations and goals periodically through the year in a structured manner.
 - Provide objective tasks to focus on at different stages of the year.
- Consistently debrief sessions to highlight key teaching points and lessons learned.
- Check-in with student outside of busy clinical setting at timed intervals (perhaps monthly) to identify goals and reflect on progress.
- See [Setting Learning Goals](#) and [Providing Effective Feedback](#).



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"I would probably tell someone who's new to LIC that the students involved in LIC really want to be involved in patient care, and giving them assignments to follow up with consultants, help with patients, like make sure they're getting hooked in with their subspecialty appointments, things like that, are things that they really enjoy and things that make them feel like they're an important part of the medical team."
(Student)

"I would say expectations are huge. I think that's one thing that worked really well was setting expectations for both of us at the beginning of the year in a clinic and then revisiting those...and saying what's working well in clinic, what's really not working well in clinic. So like revisiting those and updating them as needed." (Student)



The Continuity Principle: Longitudinal Relationships with Panel Patients

Facilitating longitudinal relationships between patients and students helps create an optimal learning environment. Students, patients, and preceptors benefit from increased student engagement in patient care. In this section, we provide tangible strategies for preceptors to engage student participation in longitudinal care and discuss the unique value of students in a longitudinal integrated clerkship.

Strategies to optimize student participation in longitudinal care:

- Identify a few cohort patients early in the year that students should add to their panel.
 - “Good” cohort patients are often those that have multiple comorbid conditions or other conditions that require frequent follow-up so student can learn from and have opportunities for continuity with.
 - Many patients with complex social situations or those that you worry are getting “lost” in the system can also benefit from the extra attention an LIC student can provide.
- Intentionally schedule patient follow-up visits on days the student will work with you if convenient for the patient.
 - Update your outlook calendar or indicate in EHR when student is working with you.
 - This extra step goes a very long way for students by helping them have patient continuity which improves their efficiency in clinic.
 - Students can personally walk and check-out patients at front desk.
- Help students engage with your hospitalized patients.
 - If notified of an ED visit or hospital admission, forward notification to student to alert them in case they can round on patient and report back to you.
- Support student engagement with patients through follow-up phone calls, particularly in 2nd half of the year.
 - Route lab results to students and discuss results so they can call the patient. Teach student how to document that they provided test results, etc.
- If it would be beneficial, connect students to see patients in specialty care even if not met them in primary care.
 - CC students on communication with specialists to keep students informed.
- If possible in the EHR, find a way to note that the student is on the care team (e.g. make an addendum in your note to contact student for hospital admissions, have student add themselves to care team in EPIC, etc.).
- As much as possible, include students on all patient care messages to sub-specialists, other care team members, etc.
- Students have some self-directed learning time in their schedules that can sometimes be used to rearrange their schedule to see a cohort patient for follow-up in your clinic, meet them for a sub-specialty appointment, etc.
 - Your LIC coordinator can help you or your student with this.



TESTIMONIALS

“Some of my preceptors would intentionally try to schedule patient follow-up for when I would be there...it allowed me to get a lot of longitudinal contacts without having to rearrange my schedule a lot. And I really got to develop longitudinal relationships with people.” (Student)

“It was an incredible learning experience because you could follow them on the inpatient wards you help coordinate their care as an outpatient and you were there when they came to follow in clinic you knew so much more about their case.” (Student)

“If you have a patient that you really want the student to see you can try to work around their schedule a little bit there and utilize that [self-directed learning time]. It took me a couple of years to feel really comfortable asking the students when their [self-directed learning time] was and now I try to take advantage of it when it's appropriate.” (Preceptor)



Time Efficient Preceptorship

We review tips for balancing the primary goal of patient care while teaching medical students in an LIC. On average, working with students adds 30 minutes to a clinical session early in the year, while later in the year many preceptors find efficiency in clinic improves and quality of patient care is enhanced with students present. Listed are key tips on managing busy clinics with a LIC student.

Structured plan for clinical teaching:

- Briefly huddle before clinic starts with student and MA and review schedule.
- Encourage students to review charts ahead of session to prepare for clinic or surgery.
- When possible, select patients for the following week at the end of the previous session. If not done in the prior session, identify patients at beginning of current session.
 - Strategically select patients for students spaced out over the session.
 - Limit the number of patients the student sees. 1-2 patients per half-day at the beginning of the year is appropriate. By the end of the year, they will likely be seeing 3-4 per session.
 - Students can spend time with patients that need to share their story and need more attention. This will allow you to see other patients independently while student is in another visit.
- Connect students directly to the care team to empower them to be proactive in their work which can help improve efficiency.
- Direct observations need only be brief. For example, observe the students focused physical exam, or observe them telling the patient the plan.
 - If observing students while taking a history, you can begin note writing as scribe and place orders.
- When in a patient room with a student, think out loud: narrate PE findings or clinical reasoning for student to follow.
- Encourage students to reflect clinical reasoning in the note, especially when there is little time for a more comprehensive presentation.
- Encourage students to focus on 1-2 key/pressing issues for complex issues and go into detail on these.
- It's ok to teach less during busy sessions and acknowledge this.
- Utilize intersession time to teach more.
 - Provide learning opportunities by encouraging students to engage in lab follow-up and patient phone calls in between sessions. Forward admission notifications and consultant communication to students and email interesting articles to student.
 - Identify topic for student to review and share what they learned the following week.



TESTIMONIALS

"I really liked that one of my preceptors did...especially with new patients, they would scribe, like while I was doing the interview initially, which I felt was helpful because it didn't make the patient like go through everything twice." (Student)

"My students are definitely really good at prepping for patients in advance and looking at my schedule, sometimes I've been really good at the end of a session, I look with my student at the next week's patients and sort of identifying in advance people for them to read about." (Preceptor)



What can I expect from my LIC student?

We hear time and time again that having an LIC student is a highly rewarding experience not only for the preceptor, but for the student, interdisciplinary team members, and patients. Knowing what to expect (and how to set and manage expectations throughout the year) can help prevent many of the pitfalls that some new LIC preceptors experience.

Longitudinal markers during the LIC:

- The start of the LIC represents the beginning of the foundational clinical medicine experience for most students. Set clear expectations and a road map of progression.
- In the first quarter to third of the year, students will focus on the basics of medicine (orientation to the clinic, proficient histories, physical exams, etc.)
 - Start to work on differentials and illness scripts.
 - Expect students to be slow in the beginning. It is normal for a new student to see 1-2 patients per ½ day (this may depend on the level of complexity of your patients).
 - Prepare for this in clinic. Pick a patient you think would be good and would benefit from having extra time and attention devoted to them!
- In the middle of the year, can focus on specific knowledge gaps.
- By the end of the year, student should be ready for more advanced clinical rotations.
 - This should include strong differentials, making basic plans, placing/pending orders, following up with patients, and anything else you would expect an advanced student to be doing.
 - Students will become more efficient throughout the year and now be seeing 3-4 patients per session.
- Expect some setbacks – it is normal for students to get worse before they get better. They are juggling a lot of new things and are not able to focus on your specialty alone like they were in the traditional model.
 - If you are ever concerned something is not right, reach out to program leadership early so they can help.

Recognize the unique value of LIC students:

- Students provide support with phone calls to patients who are isolated or lack social support.
- Students advocate for patients in unique ways and spend extra time with them.
- Students provide extra outreach for patients who are falling through the cracks.
- Students are a link between primary care and specialty care.
- Students can teach you about a rare condition or unusual case presentation.
- Students may have some flexibility in their schedule that can be utilized to take advantage of unique opportunities.

Intersession teaching and self-directed learning:

- Utilize email or the EHR to follow-up small learning points during the week or weeks between sessions.
- When you identify knowledge gaps, you can assign them to research it and teach it back to you during your next session.
- See: [Effective Teaching Strategies](#)



TESTIMONIALS

“They should not expect us to progress as quickly as a [traditional] student... because in the traditional model, you're like only doing pediatrics every single day. And sometimes... [the preceptor thinks] ‘why aren't you suddenly as good as all my other pediatric students a week into our time together?’ and just recognizing that we're balancing learning 10 specialties at the same time.” (Student)

“For the first quarter [we] work on history gathering and exam. And then in the second quarter, we'll start doing more and more and more differentials. And then we'll start doing more and more detailed plans.” (Preceptor)

“I always also emphasize that the student has a lot more time to spend hearing the story from the patient. And I have yet to have a patient who doesn't want to spend a lot of time on their own personal story.” (Preceptor)