

Being an agent of change: a student's view of the UK's first yearlong Longitudinal Integrated Clerkship (LIC)

Lewis Mundell

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Being an agent of change: a student's view of the UK's first yearlong Longitudinal Integrated Clerkship (LIC)

Dear Editor,

Being part of the first cohort of medical students in the United Kingdom (UK) to pioneer a yearlong Longitudinal Integrated Clerkship (LIC) was certainly a 'leap of faith' on our part. I am pleased to report great success.

LICs, worldwide, are not a new concept in medical education and have many variants. In fact when I was less than one year old, Charles R Drew University implemented a small half day a week LIC programme in inner city Los Angeles for 3rd Year medical students [1]. However, LICs are only now beginning to gain momentum and popularity in the UK. Although some UK LICs (or variations) started before 2016, no UK medical school had committed to a yearlong LIC until Dundee University's aptly named DLIC (Dundee LIC).

The project was undertaken in partnership with the University of Dundee, NHS Dumfries and Galloway and NHS Highland, sending seven fourth year students to various locations within these health boards. The purpose: to improve the teaching of medical students.

Other medical students in Dundee mainly spend their time in hospital on ten four-week placements in different medical settings, the majority being in busy hospital wards. DLIC, under the supervision and guidance of both a regional and local GP tutor, focuses on learning in the community based in a single GP practice. To me this was logical. Ninety per cent of healthcare takes place in the community so that's where 90% of the learning is and where 99.9% of the patients are. For me, R McKinley et al. describe so eloquently the benefits of general practice to medical students in their recent paper evaluating 15 week long GP placements for final year medical students: 'immersive assistantship in primary care enables students to be useful to their practices, learn through central participation in the care of patients and develop the sophisticated skills required for clinical reasoning, clinical management and handover' [2]. To my benefit, I had 40 weeks not just 15. Being 'in practice' for 40 weeks really did allow me to be useful to my practice and even allowed me to complete a yearlong Quality Improvement project with the GPST3. This was successfully published – something I would never have done in the standard Dundee 4th Year.

In General Practice, the majority of my time was spent consulting. In one year, I saw over 500 'first presentations'. Five hundred unique cases to learn from as lead clinician. Listening to these patients and reading around their multiple pathologies and treatments has helped me to begin to understand the epigenetic expressions of illness. This will be invaluable for my future career in medicine.

However, DLIC was not solely General Practice as 40% of my time was spent in Secondary Care working on wards, in theatre, in the back of the ambulance, with physiotherapists, with midwives – a full list would be too long. From day 1 my GP tutor said 'we are *not* training you to be a GP, we are using the tool of general practice to teach a broad medical curriculum'. From Neurosurgery to Endocrinology, general practice is the first port of call.

This links well with the most unique part of DLIC, the 'Patient Journey'. This allowed me to follow people through their health-care experience from 'cradle to grave'. I have followed mothers through pregnancy and beyond; seen children cope with infections; learned from teens struggling with depression; saw life-saving surgery; watched a patient fight cancer and the hardest part – the privilege of being present at the end of life. Each of these experiences has been humbling. I will never forget the people and the lessons learned. During my year I spent time with patients, I observed the human being with disease in the context of their wider family and cultural environment, learning far greater knowledge from people than textbooks or tutorials.

I would like to publicly thank the University of Dundee, Tweeddale Medical Practice, Dr James Douglas and NHS Highland for allowing me to undertake this novel training programme. After completing the DLIC, General Practice is now the career choice for me. It's the specialism of un-complicating the complicated but sadly as a medical student you get very little exposure to these experts. This needs to change and LICs are definitely the solution.

References

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Yours sincerely

Lewis Mundell

University of Dundee

 lmundell@dundee.ac.uk