

Think, Act, and Feel: Why Students Apply to a New uLInC

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Background

An urban longitudinal integrated clerkship (uLInC) was recently launched at the University of Toronto. There are however no well-documented admission attributes for student selection into an uLInC. We present preliminary investigation of student-report admissions attributes relevant to developing an uLInC admissions interview.

Methods

Applicants were randomly selected for uLInC from those applicants in good academic standing. All applicants completed a letter of intent (LOI) focusing on their rationale for choosing uLInC including how the uLInC aligns with their medical education and approach to learning. LOI's were not however used as an admission tool. LOI's were analyzed qualitatively to identify student-report uLInC admissions attributes.



Results

uLInC applicant pool constituted 34 students with 30 students selected for the uLInC. All 34 applicant LOI's were analyzed. Textual analysis revealed themes centering around students' professional identity formation and their desire to think, act and feel like doctors. They reported:

- 1) valuing their ability to build on their medical knowledge over time through the continuity of uLInC curriculum (thinking like a doctor); 2) multiple CANMEDs roles such as collaborating with an interdisciplinary team, managing complex health care systems and engaging in self-directed learning (acting like a doctor); and 3) connecting with patients through storytelling and patient narrative (feeling like a doctor).

Continuity of Curriculum, Integration of Concepts

"LInC offers an opportunity to deconstruct the siloed learning I have become accustomed to during first and second year."

"I'm interested in the interrelatedness of systems and understanding concepts more than just rote memorization. The opportunity to connect learning fields and continue applying knowledge even after an exam appeals to my learning style and interests."

Patient and Family-Centered Care

"This is how I envisioned learning medicine would be like, not organ system or part by part, but as a whole body of systems operating together, with individual patients' backgrounds, experiences and feelings taken into account."

"Empathy and connectedness with patients and fellow health care workers is something I really value, and I like that LInC will help me strengthen these qualities, instead of fight to keep them."

CanMEDS Roles

"I am drawn to patient populations and settings where the health system works imperfectly for patients who typically are disadvantaged somehow— those that fall through the cracks."

"Having longitudinal clinical experiences with the same patients will highlight how to deal with clinical uncertainty, manage chronic illnesses, work in a healthcare team and share decision making with the patient."

Conclusions

Qualitative analysis revealed multiple attributes uLInC applicants report important for uLInC participation. Triangulation of this applicant entry data with uLInC graduates' exit interviews and uLInC faculty preceptors' perceptions will contribute to the blueprint and design of an uLInC admissions interview.

