

Title: So, what are longitudinal community placements?

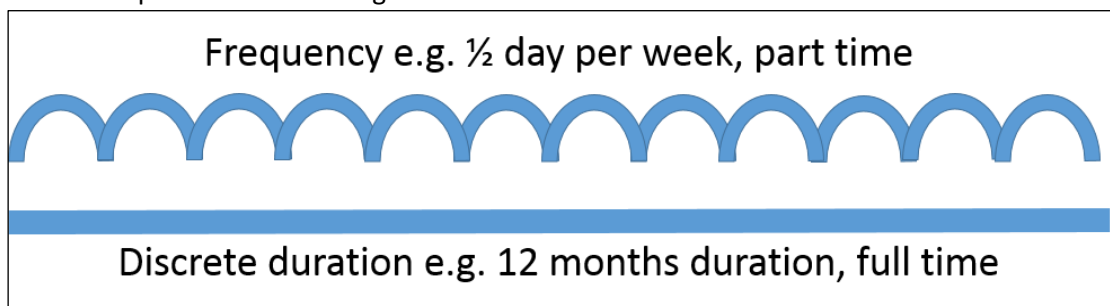
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The phrase 'longitudinal community placement' (LCP) may conjure up an image of an intrepid medical student who moves away from the big city and embarks on a yearlong principal clinical year placement in a vast rural location. Predominantly based in primary care or general practice, the student has the opportunity to learn in the workplace beyond protective university boundaries. Yet, the terms 'longitudinal' and 'community' are widely reported within the medical education literature with many different meanings and interpretations implied.[1, 2, 3]

To understand the phrase 'longitudinal community placement', and what type of experience this may actually entail for students, there are contexts which shape the definition. Contexts surrounding the timing, the consistency, the purpose, the requirements, the content and the location; all play a key part on how a LCP is implemented. This extends to whether the placement is during the pre-clinical or clinical phase, what the aims of the curriculum are, or where the objective is to address workforce shortages through immersion. Ultimately LCPs consist of a pedagogical set of principles based on placement duration, healthcare settings, patient groups and location.

The term 'longitudinal' has been used to refer to a discrete duration in overall length of time or frequency within a set time (See Figure 1). For example, it may encompass anything from one half day per week for at least six months to full-time for more than a year. A robust review defined a placement as longitudinal if it consisted of 13 consecutive weeks or longer.[1] The educational opportunities available to a student when contrasting a full-time placement with one half day per week bring both opportunities and threats to the amount of continuity. While a full time placement may foster stronger day to day working relationships, one day a week can allow time for greater learning reinforcement over time.

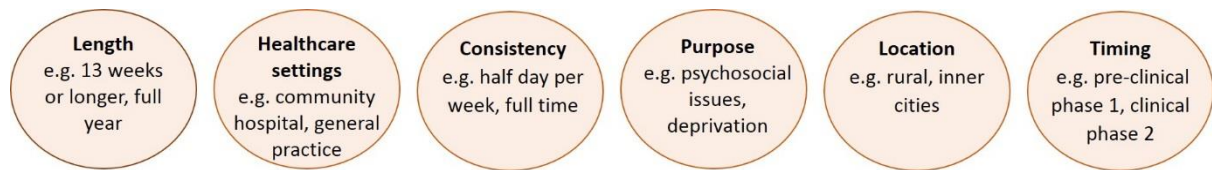
Figure 1. Examples of the term longitudinal



Moreover, the term 'community' may refer to healthcare settings (e.g. community hospitals, general practice), underserved patient groups (e.g. unemployed, racial and ethnic minorities), and geographical locations (e.g. rural, inner-city). A community may refer exclusively to settings outside of hospitals, underserved deprived areas or isolated rural and remote areas. The term "community" is also used to differentiate tertiary care urban teaching hospitals with "community hospitals", for example in postgraduate accreditation requirements. As medical education distributes into new settings, more and more community hospitals are becoming university-affiliated, blurring this distinction further. Across the world, medical schools provide education for future doctors to meet local healthcare needs; hence, a community may contain distinctly different parameters from one to the next.

Figure 2 presents six key components of LCPs. Collectively these are important considerations especially given the increasing emphasis of healthcare provision in non-hospital settings, workforce shortages, and the need for medical schools to prepare students for modern clinical practice.[4] The traditional pedagogical model of short-term clinical rotations has been the bedrock of many curricula for generations,[1] yet LCPs embrace many different clinical placement configurations. LCPs are often designed to teach students about complex issues such as the wider determinants of health, socio-economic drivers and health seeking behaviours.[2] More recent LCPs may also include the idea of “communities of practice” such as an interprofessional placement, with the intention to shift attitudes, as well as to develop specific competencies.[5]

Figure 2. Six key components of longitudinal community placements



So, where to next for our intrepid medical students embarking on longitudinal community placements? There are both challenges and opportunities afoot. Questions arise as to whether it is the time and/or the place that is making a difference to student learning. There is much evidence to suggest that the key underpinning principle of longitudinal integrated clerkships (LIC) is continuity in clinical supervision and teaching, patient clinical care, and curriculum.[2,3] Yet it is the community that truly embraces many of these LIC principles. Thus far, LCP configurations have mainly been analysed in the USA, Canada and Australia with several different pedagogical approaches utilised.[1, 2] The differences particularly relate to how much integration occurs across disciplines over time. Finally, the World Health Organisation has promoted a strong driver to develop better integrated healthcare,[4] with an opportunity for LCPs to become even more embedded into medical education in the future.

References

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