Longitudinal Clinical Experience, What are the teaching Expectations – Dept. of Family Medicine, Faculty Development (2025)

TITLE SLIDE – Longitudinal Clinical Experience, What are the Teaching Expectations?

Thank you for agreeing to teach a medical student as part of the Longitudinal Clinical Experience (LCE), a joint program between the Department of Family Medicine, and the MD Program at the University of Alberta. This short video will highlight the teaching expectations and most important aspects of how to have an LCE student in your clinic.

SLIDE TWO: Learning Objectives

Please consider reviewing the MD Curriculum Map or the Department of Family Medicine's 'Teaching to the Level of the Learner' (medical student) which will provide a high level overview of the MD Program structure and where longitudinal clinical experience (also known as LCE) resides in student learning. The learning objectives of this short video are as follows:

- To discuss how generalist clinical teachers (primarily family physicians) will be contacted and receive information about their learner
- To review the primary purpose of LCE and its importance to family medicine
- To discuss both Year 1 & 2 learning expectations of LCE. Students will attend FIVE half-day sessions in Year 1 and 5 half day sessions in Year 2 held at your clinic
- To remind preceptors that attendance forms are to be completed at the end of EACH half day session and that assessments are to be completed at the end of both Year 1 and Year 2 of LCE.

SLIDE THREE: How you will receive information about your learner

- Dr. David Pickle is the primary contact and oversees all concerns regarding LCE, he will work closely with the NAMP representative at the Grande Prairie site to coordinate the program. There will be a yearly preceptor orientation in September for LCE as part of the clinical teacher series (use the QR code on the screen which will take you directly to the Faculty Development site to sign up for upcoming sessions or to watch past recordings). Dr. Pickle also provides a student-targeted orientation of LCE so the students are also aware of program expectations and learning objectives.
- Once you have agreed to teach LCE, you will receive a recruitment email from the Dept. of Family Medicine (ugfm@ualberta.ca) or from the Office of Rural and Regional Health (if you are a rural physician). This email will confirm how many Year 1 & 2 LCE students you have capacity or interest to take (you will never be sent more than 2-3 students over the 2 years, and you may choose to take only 1 – 2 students at a time based on your preference and capacity).
- Year 1 LCE runs from October to April, and Year 2 LCE's academic year is a little longer running from September until May.
- Students are responsible for reaching out to you to schedule their first AND subsequent sessions based on their schedule and your clinic availability. The 5 half-day sessions are mandatory for students, and attendance is required, we do suggest having the students

space out their clinic sessions over their academic year at approximately monthly intervals, although in certain circumstances (eg. distance of travel) some students may choose to have a full day LCE session (which counts as TWO half-day sessions)
- Students may prefer Tuesday afternoons or Thursdays as they have more flexibility in their schedule those days.

SLIDE FOUR: Purpose of Longitudinal Clinical Experience

- LCE provides an early experiential opportunity for medical students to work with family doctors to see real patients in a clinical setting and is a mandatory component of their learning
- Students are encouraged to see patients in a supervised setting where they may take a simple history on their own and examine patients while supervised by their LCE preceptor. LCE preceptors are NOT expected to teach the physical exam as the medical students will slowly acquire those skills over the course of the first 2 years.
- This is a fantastic educational opportunity for new teachers who do not wish to have a learner on a daily basis or prefers limiting their teaching commitments
- Recognize that LCE is a clinical experience situated primarily in a family doctor's office, whether this is urban Edmonton, other rural locales, such as part of the Grande Prairie/Northern Alberta Medical Program – regardless, the learning and teaching objectives are the same.
- LCE is not just a shadowing experience, so please allow 1 – 2 semi-independent clinical encounters per half day where students may take a history and have a supervised physical exam and some discussion of the potential diagnosis and management plan as you see fit.

SLIDE FIVE: Year 1 LCE Expectations (October – April)

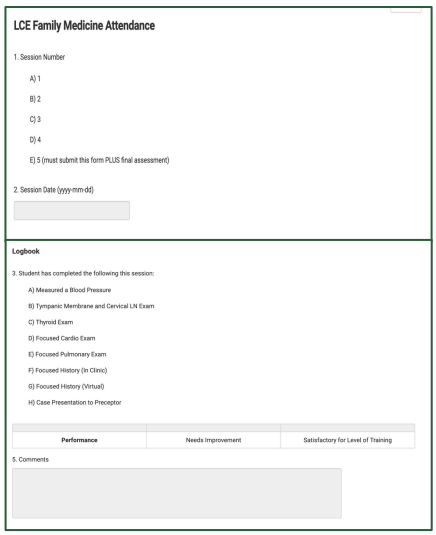
- First year medical students are expected to book each of their 5 sessions with you or your clinic manager, spaced out approximately monthly throughout the year
- All year 1 medical students will have received some early lessons and practice on how to take a simple history, take a blood pressure/vitals by October of their academic year when they first come to your clinic
- You may find that students can start a history on their own, particularly in stable, less medically complex patients, but preceptors will need to support students by supervising their physical exam. Diagnosis and management plan will still be in the realm of the physician.
- Students learn to examine the thyroid by November, the cardiac exam by February and the pulmonary exam by March of their first year, so consider providing such physical exam opportunities by those times in the calendar.
- Students may be able to present a case and write a SOAP note in the chart

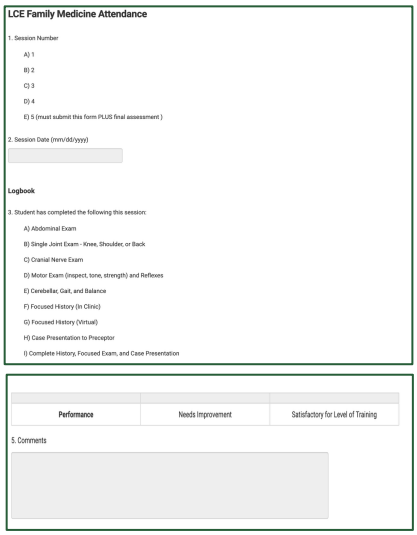
SLIDE SIX: Year 2 LCE Expectations (September – May)

- 2nd year medical students are expected to book each of their 5 sessions with you or your clinic manager, spaced out approximately monthly throughout the year
- All year 2 medical students will be able to take more complex medical histories on their own and come equipped with being able to examine the cardiac, pulmonary and thyroid exam that they learned in first year. Students will still need active supervision of their physical exam as you see fit.
- In their second year, students will be taught at the medical school to examine the abdomen in September, the pelvic exam on a model in October, the musculoskeletal exam in December, perform a psychiatry interview in February and the neurologic examination by March. Diagnosis and management plan will still be in the realm of the supervising physician, but you may find that students have developed some rudimentary clinical reasoning.
- Students may be able to present a case and write a SOAP note in the chart

SLIDE SEVEN – Attendance Forms – to be completed after EACH session

- Please complete a very brief attendance and encounter log at the end of each session that should take no longer than 2 minutes to complete. Students have been instructed to pull their attendance form on their personal device so you do not need to search for it. The form appears as attached. You will receive a confirmation email indicating that you have completed this form (this prevents students from submitting assessments on their own without your permission)

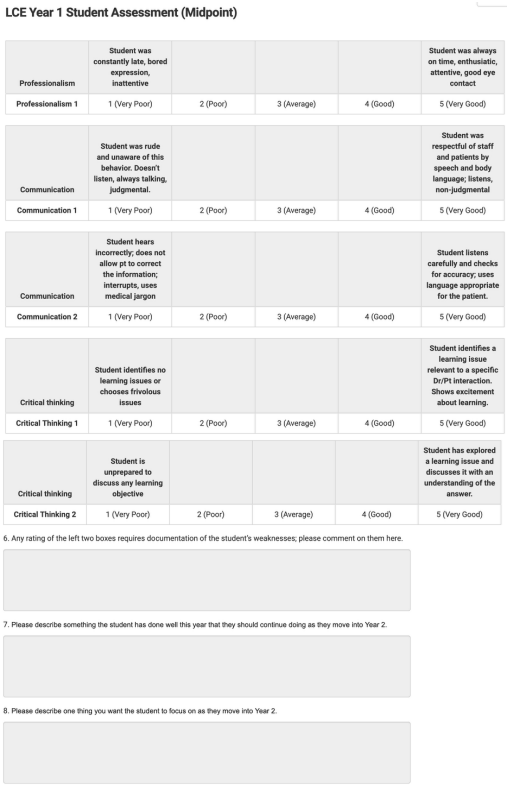




Year 1 Year 2

SLIDE EIGHT – Assessment Forms at end of Year 1 & 2

- On the 5th and last session of Year 1, please complete BOTH the midpoint assessment as well as the attendance - logbook form.
- On the 5th and last session of Year 2, please complete BOTH the final assessment and the attendance - logbook form. Students will pull up both forms on their devices for you to complete and you will receive a confirmation email indicating that you have completed these forms.



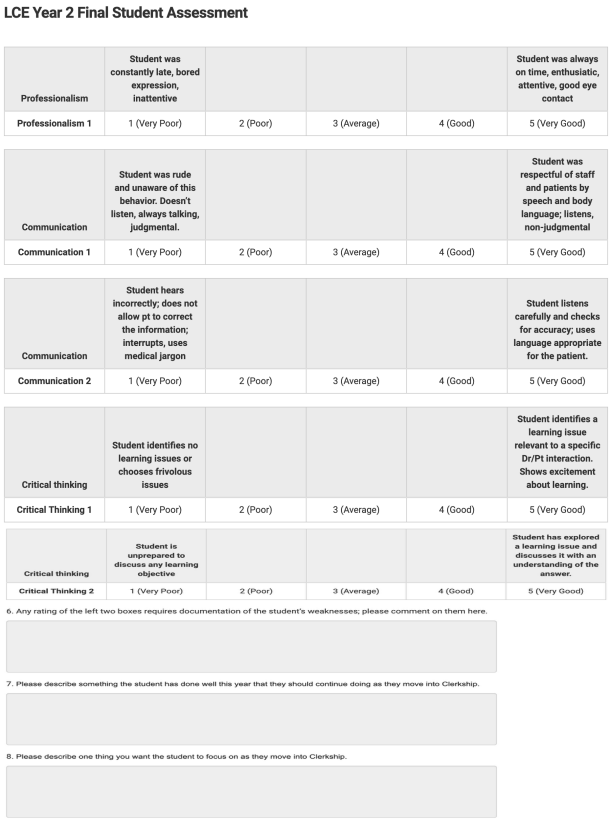
LCE Year 1 Student Assessment (Midpoint)

Professionalism	Student was constantly late, bored expression, inattentive				Student was always on time, enthusiatic, attentive, good eye contact
Professionalism 1	1 (Very Poor)	2 (Poor)	3 (Average)	4 (Good)	5 (Very Good)
Communication	Student was rude and unaware of this behavior. Doesn't listen, always talking, judgmental.				Student was respectful of staff and patients by speech and body language; listens, non-judgmental
Communication 1	1 (Very Poor)	2 (Poor)	3 (Average)	4 (Good)	5 (Very Good)
Communication	Student hears incorrectly; does not allow pt to correct the information; interrupts, uses medical jargon				Student listens carefully and checks for accuracy; uses language appropriate for the patient.
Communication 2	1 (Very Poor)	2 (Poor)	3 (Average)	4 (Good)	5 (Very Good)
Critical thinking	Student identifies no learning issues or chooses frivolous issues				Student identifies a learning issue relevant to a specific Dr/Pt interaction. Shows excitement about learning.
Critical Thinking 1	1 (Very Poor)	2 (Poor)	3 (Average)	4 (Good)	5 (Very Good)
Critical thinking	Student is unprepared to discuss any learning objective				Student has explored a learning issue and discusses it with an understanding of the answer.
Critical Thinking 2	1 (Very Poor)	2 (Poor)	3 (Average)	4 (Good)	5 (Very Good)

6. Any rating of the left two boxes requires documentation of the student's weaknesses; please comment on them here.

7. Please describe something the student has done well this year that they should continue doing as they move into Year 2.

8. Please describe one thing you want the student to focus on as they move into Year 2.



LCE Year 2 Final Student Assessment

Professionalism	Student was constantly late, bored expression, inattentive				Student was always on time, enthusiatic, attentive, good eye contact
Professionalism 1	1 (Very Poor)	2 (Poor)	3 (Average)	4 (Good)	5 (Very Good)
Communication	Student was rude and unaware of this behavior. Doesn't listen, always talking, judgmental.				Student was respectful of staff and patients by speech and body language; listens, non-judgmental
Communication 1	1 (Very Poor)	2 (Poor)	3 (Average)	4 (Good)	5 (Very Good)
Communication	Student hears incorrectly; does not allow pt to correct the information; interrupts, uses medical jargon				Student listens carefully and checks for accuracy; uses language appropriate for the patient.
Communication 2	1 (Very Poor)	2 (Poor)	3 (Average)	4 (Good)	5 (Very Good)
Critical thinking	Student identifies no learning issues or chooses frivolous issues				Student identifies a learning issue relevant to a specific Dr/Pt interaction. Shows excitement about learning.
Critical Thinking 1	1 (Very Poor)	2 (Poor)	3 (Average)	4 (Good)	5 (Very Good)
Critical thinking	Student is unprepared to discuss any learning objective				Student has explored a learning issue and discusses it with an understanding of the answer.
Critical Thinking 2	1 (Very Poor)	2 (Poor)	3 (Average)	4 (Good)	5 (Very Good)

6. Any rating of the left two boxes requires documentation of the student's weaknesses; please comment on them here.

7. Please describe something the student has done well this year that they should continue doing as they move into Clerkship.

8. Please describe one thing you want the student to focus on as they move into Clerkship.

SLIDE NINE - SUMMARY – Longitudinal Clinical Experience

- Once again, many thanks for agreeing to take on a learner in your clinical practice to showcase family medicine and have learners consider family medicine as a career choice
- Once you have confirmed your availability to teach LCE, learners will be reaching out to you at the start of the year to schedule their 5 sessions recognizing that LCE Year 1 runs October – April, and LCE Year 2 runs September – May.
- This early clinical experience will give students an opportunity to practice some history taking along with a supervised physical examination with their preceptor, it is often exciting to watch students progress in their skill level and independence over the 2 years.
- Students will pull up the attendance form at the end of each session for you to complete, as well as the assessment form at the end of each year.
- We hope that you will enjoy having these eager medical students in your clinic.

SLIDE TEN – Leading with Purpose

Please reach out to ugfm@ualberta.ca if you have any questions or concerns about LCE. Also, make sure you check out the other short videos on the Dept of Family Medicine website (See QR code), designed to support the faculty development needs of clinical faculty who are involved in teaching our medical students & family medicine residents at the University of Alberta. Please also log into to Cally and check out your Professor pages for other faculty development videos and orientations.

Dr. Lillian Au
Director Faculty Development
Dept of Family Medicine, University of Alberta

