Longitudinal Patient Care as a Teaching Paradigm for Medical Students
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Introduction & Objectives:
Patient Advocate Connection (PACt) is a volunteer community-based service learning experience at the Albert Einstein College of Medicine, providing medical students with a longitudinal advocacy experience over the first two years. Students pairs are assigned to Bronx community members with chronic health problems and complex social circumstances. The program’s mission is to help students learn about social determinants of health first-hand, while helping patients set health goals, and advocating for patient needs.

Through longitudinal patient contact (lacking in the traditional educational model), the program was developed in part to prevent the well-documented loss of empathy medical students often experience during clinical training, and to teach advocacy skills.

We hope to determine whether a longitudinal community-centered patient experience throughout the first two years of medical school will allow students to develop critical skills and knowledge for future clinical work.

Methods:
This study compiled anonymous reflections from a subset of the first through third year medical students who participated in PACt from 2012-2015 (n=45). Students were asked to reflect on their experiences in the program and how it influenced their skill sets and clinical work, as part of semi-annual in-person written reflections, annual surveys, and exit interviews. Based on their responses, sorted into 639 distinct statements, a coding scheme was established, divided into 4 areas: attitudes, skills, knowledge, and suggestions for program improvement. These areas yielded 39 subcodes to better characterize the student responses. Responses were coded by two researchers, yielding frequency and percentage counts of the codes for which consensus has been reached.

Results:
Preliminary analysis yielded a total of 388 statements that yielded thematic consensus between the coders. Of these codes, the most frequently sampled were: ‘knowledge - insight into patient perspective’ (9.5%) and ‘skills - relationship building’ (8.2%); followed by ‘knowledge - barriers to care’ (6.4%), ‘knowledge - understanding social context’ (5.9%), ‘attitudes - helplessness (i.e., frustration at inability to do anything)” (5.7%), ‘skills - communication’ (5.4%), and ‘skills - time management’ (4.6%).

Discussion:
Preliminary data show that students in the program perceived an increased awareness of social context in regards to health care and improved patient interaction skills. Students felt they developed greater insight into their patients’ lives and the health barriers that they face. In the future, a third coder will evaluate coded student responses and reach a final consensus on all statements. A narrative summary based on consensus codes will be developed.