

# DEFINING LEARNING COMMUNITIES IN UNDERGRADUATE MEDICAL EDUCATION



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# Study Team

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# Overview

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- Background
- Research Aim
- Methods
- Results- *in progress!*
- *Preliminary* Conclusions
- Group Discussion





# LC's: Collegiate History

- Alexander Mielkejohn- 1920's
  - “Father” of LC movement- Introduced first LC--Experimental College at U. Wisconsin
  - Adapted British House system- dividing large classes into smaller units.
  - Two-year program on democracy- 5<sup>th</sup> century Athens and 19<sup>th</sup>-20<sup>th</sup> century America- use of great books to connect ideas to real world.
  
- John Dewey- 1930's
  - “Father” of LC process- Proposed education's central aim-“development from within” rather than “formation from without”
  - Promoted close relationships & shared inquiry between students and teachers, active learning
  - Believed educational process should teach about social control and community life
  
- Evergreen State College- 1980's
  - Founded on LC concept: Coordinated programs, integrated courses, disciplines, and faculty
  - Dean Cadwallar- “Moral curriculum” grounded in humanities/social sciences to prepare students for active lives in democratic society.
  - Intention: Create sense of wholeness and student-faculty community

# Collegiate LC's Defined

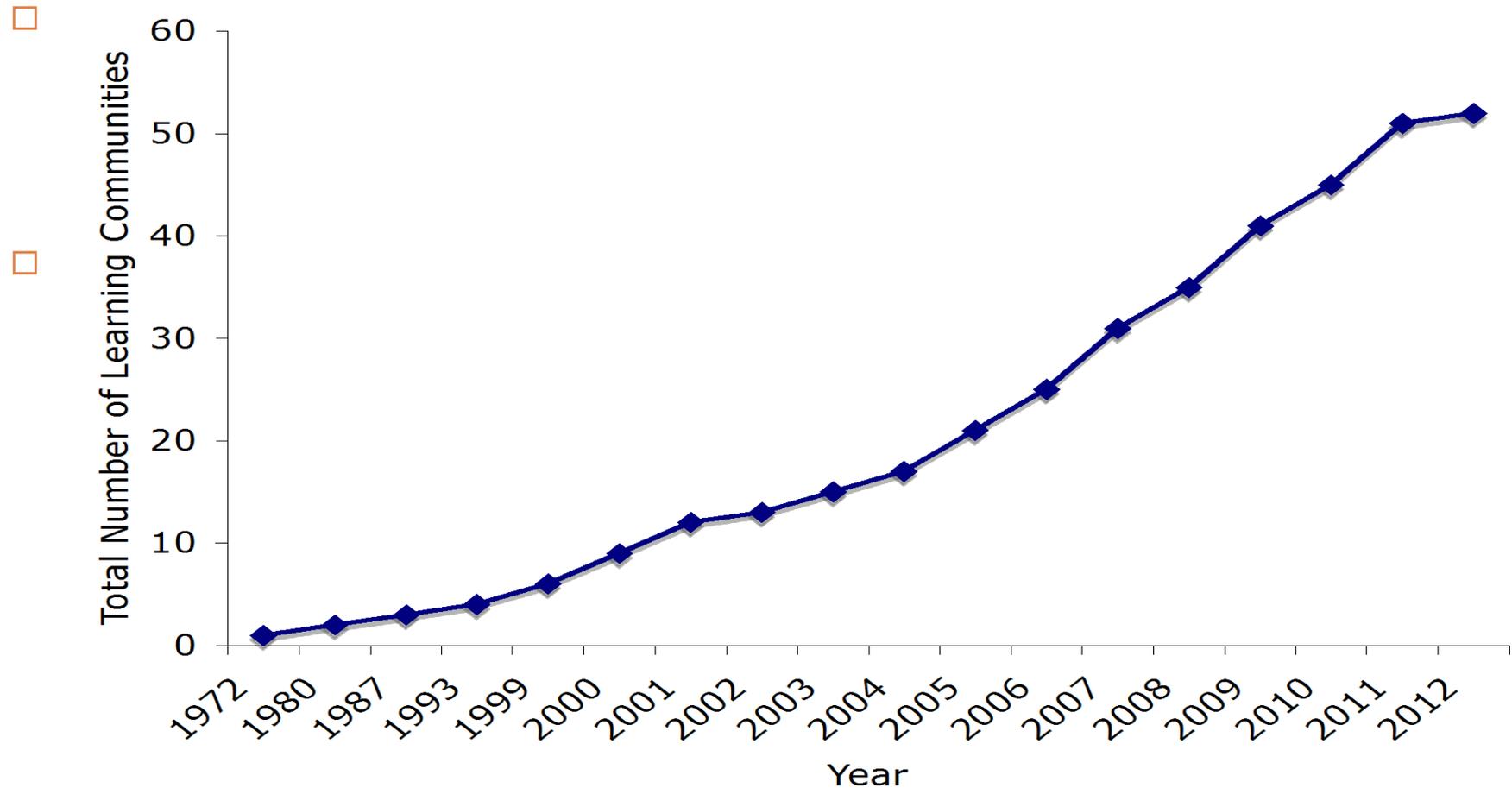
- Collegiate LCs - operationally defined as:
  - One of a variety of *curricular structures linking together several existing courses*
  - Offers students opportunities for:
    - *Deeper understanding and integration of the material*
    - *More interaction with each other and their teachers*
    - *Sense of connection in the learning enterprise*

# Collegiate LC's – Outcomes Studies

- ↑ Engagement
- ↑ Retention
- ↑ Academic performance

*How can we apply this knowledge to the LC movement in medical schools?*

# Rise of Medical School LC's





# Aim of Study

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- Develop an operational definition for LCs in undergraduate medical education
  - ▣ *Studying characteristics of LCI schools LC programs*
  - ▣ *Lay foundation for studying LC outcomes*





# Methods

- **Mixed Methods Study - 28 LCI medical schools**
  - IRB exemption, JHSOM
  - On-line Google survey link e-mailed to all LCI school LC directors
  - Timeline: Jan- April 2015- planning, May-July- data collection, August-Sept-data analysis
- **Quantitative Arm - *Demographics***
  - Program age, # students/faculty involved in LC
  - Class years students involved, +/- longitudinal relationships
  - Frequency of meetings, program objectives
- **Qualitative Arm - *Program Description (paste/attach)***
  - *Delphi method analysis (RS, AF, MK):*
    - Mission or primary purpose\*, goals, structures, processes

# Results- Survey response 27/28 (96%)

<b>Program Age - (range, mean - years)</b>	<b>1971-2015 (0-44, 8.6)</b>
<b>Total # Students [25 schools]</b>	<b>12,248</b>
<b>Total (Ave) # Faculty [27 schools]</b>	<b>1,181 (45)</b>
<b>Longitudinal Relationships</b>	<b># programs</b>
Students with Faculty only	<b>7</b>
Students w Faculty and Students with Students	<b>7</b>
S w F, S-S, and Faculty with peers	<b>14</b>
<b>Students involved at what times?</b>	<b># programs</b>
Pre-clerkship (PC)	<b>5</b>
PC and Clerkship	<b>9</b>
PC, Clerkship, Post-Clerkship	<b>13</b>
Clerkship and Post-Clerkship	<b>1</b>

# Results

<b>Frequency of LC Sessions with Students</b>	<b># Programs (27)</b>
Weekly	<b>8</b>
Weekly then monthly to quarterly	<b>8</b>
Twice monthly	<b>3</b>
Monthly	<b>6</b>
4-6 times/year	<b>2</b>

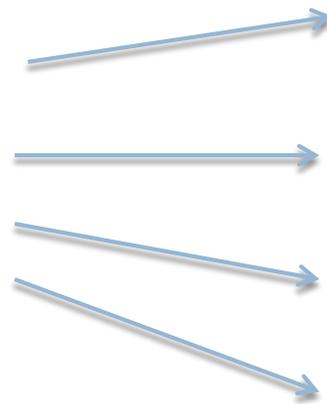
# Qualitative Data

- Categorized program descriptions into 4 major categories and looked at themes that emerged:
  - Mission or Primary Purpose
  - Goals/Objectives
  - Structure
  - Processes

# Mission or Primary Purpose (n=26)

Supporting or shaping  
students' professional  
development

$n = 13$



Professional Identity

Clinical Skills

Career advising

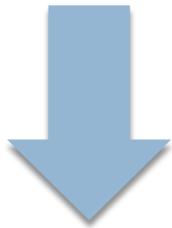
Compassionate,  
patient-centered care

*"...Our program combines a clinical skills and professionalism curriculum with a mentoring program to train compassionate, expert physicians to practice outstanding patient-centered care"*

# Mission or Primary Purpose #2

Fostering a sense  
of community

$n=6$



Supportive Environment

Relationships between  
faculty and students,  
and among students

*“To create a nurturing and highly supportive environment that allows each student to succeed on their journey ...by fostering peer-to-peer connections ...[and] mentoring relationships with community faculty members...”*

# Mission or Primary Purpose #3

Creating a sense of integration or wholeness to the medical student experience

$n=5$



Unifying curricular and student support efforts

Student well-being

Perspective-taking across courses

*“To provide clinical education that will help integrate all aspects of the curriculum over the first two years of medical school.... teaching ... aspects of the art of medicine that do not fall under a particular specialty or domain.”*

# Results in Progress

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- Qualitative Analysis of LC:
  - *Goals/Objectives*
  - *Structures*
  - *Processes*

# Conclusions

- In total, LCI schools engage ~12,000 students and ~1100 faculty in medical school learning communities
- Mission/main purposes: professional development, sense of community and integration/wholeness of medical school experience
- Study Limitations:
  - ▣ Findings dependent on accuracy of self-report-
    - Cross checks with web/public data
  - ▣ Small n- but this # ~ half of U.S. med schools with LCs.
- Future Directions:
  - ▣ Applying this understanding- Define distinct LC models?
  - ▣ Comparative outcome studies?
  - ▣ Could this lead to benchmarking for best practices?

# Thank You!

- To LCI leaders for your support
- To study collaborators-
  - ▣ *Amy, Meg, Monica, Jim and Kevin*
- Questions or comments?

