



Learning Communities as a Venue for Vertical Mentoring: Clinical Students' Exploration of Critical Incidents Using Faculty-Guided Reflection

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Statement of Problem

During clerkship years, critical incidents threaten medical students' professional integrity and even mental health.¹ Examples include ethical dilemmas, abuses of power, and negative role-modeling. Structured reflection has been shown to promote professional development^{2,3} by giving meaning to significant clinical experiences.^{4,5}

Our program sought to introduce structured reflective practice into the Stanford clinical curriculum within the framework of longitudinal peer learning communities with faculty facilitation. We sought to measure the impact of this program on medical students' professionalism and wellbeing.

Goals/Objectives of Program

Doctoring with CARE (Compassion, Advocacy, Responsibility, Empathy) sessions aimed to:

1. Facilitate the development of self-reflection skills
2. Provide protected time for positive social engagement within a longitudinal learning community of peers and faculty
3. Promote vertical mentoring
4. Promote and maintain humanism and professionalism

Program Description

- 90 minute sessions every other month, beginning a month before clerkships and throughout clinical years.
- Facilitated by Educator-4-CARE (E4C) faculty, trained in facilitation skills; provided with themes for discussion, with some sessions left open without a theme.
- Confidentiality discussed at the beginning of each session.
- Students discuss experiences they encounter on the wards.
- Vertical near-peer mentoring between clinical and pre-clinical students.
- Extension of longitudinal learning communities that are stable throughout the entire medical school career.

Program Evaluation

Students provided written feedback at the end of each session, and reported they:

- felt comfortable sharing intense, challenging situations and ethically ambiguous experiences
- learned/shared coping strategies and reflective practices
- appreciated having both specific themes and open discussions
- valued having protected time away from clinical duties where they could reconnect with their E4C learning community
- appreciated mentoring from both near-peers and faculty
- perceived that sessions helped prepare them for the transition from preclinical to clinical years
- valued discussing issues relevant to clerkship, team dynamics, evaluation, and applying to residency.

Sample Student Quotes:

- *"These sessions are incredible. I find the class interactions key to planning and managing the clinical experience. [My E4C faculty] is a wonderful commentator and mentor as well with great words of wisdom."*
- *"(I appreciated) reflecting on my personal experiences during my rotations as well as hearing what other students are going through and how they are handling challenging situations."*
- *"Wonderful to have mixed ages of students in different clinical years to learn from."*
- *"(I appreciated) getting to feel like we are experiencing similar situations. Wards can feel isolating – coming together is helpful."*
- *"Nice variety of personal, professional and academic topics."*



Students engaging in conversation at Doctoring with Care session

Questions Raised

Faculty and peer-guided sessions appear to promote and educate students in reflective practices. Other methods such as journaling, reading, or engaging in the creative arts may also be useful experiences. We also seek to find the right balance of:

- (1) selected themes versus open discussion
- (2) faculty input
- (3) inclusion of pre-clerkship with clerkship students
- (4) frequency of sessions



Educator-4-CARE Faculty

References

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