

Determining need for a structured advising program: Students in the preclinical years lack advising



Courtenay Holscher BSE¹, Terri Blevins MA¹,
Sarah Dodd MD², Maureen Garrity PhD¹

School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

University of Colorado School of Medicine¹, Mayo School of Graduate Medical Education²

Introduction

Medical schools without formal advising programs rely on advising and mentoring relationships developing from largely random student-faculty contacts. These tend to be formed in third or fourth year and students usually make these contacts through inpatient rotations or research experience¹. In response, many medical schools have developed formal advising programs including assigned individual advisors, the assignment of a "class advisor," or the development of advisory college or learning communities with longitudinal directors^{2,3}.

A review of 16 different advisory and mentoring programs found that, while they differed in structure and goal, all had improved student satisfaction with advising and residency application and most reported that the students agreed that their advisors served as role models⁴. The authors recommended, based on the most successful programs, that future mentoring programs should be goal-oriented and utilize upperclassmen in a tiered advising structure. Specifically, more senior students are believed to benefit from such a relationship through the development of leadership, teaching and mentoring skills, as well as personal satisfaction derived from helping those junior to them⁵.

After the Vanderbilt School of Medicine developed an advisory college program in 2007, the School saw a significant increase in students who were able to identify their advisor, the number of advising interactions, and student satisfaction with the overall advising structure⁶. The proportion of students who agreed that they would be comfortable discussing topics such as sleep and exercise habits, personal stress and mental health issues with their advisor also increased significantly⁶.

Institutional Background

The current advising system at the University of Colorado School of Medicine is structured around research interests through the Mentored Scholarly Activity (MSA) program and around specialty decision-making with a cohort of specialty advisors that students may contact as needed. Students matriculating are assigned a second-year medical student "buddy" for support through their first year of medical school, however have no other assigned advisor.

Objective: To determine students' current experience with advising and demonstrate need for a structured advising program

Methods

This study was approved as non-human subject program evaluation by the Colorado Multiple Institutional Review Board and its results are not generalizable.

In January through February 2012, an online survey was sent to all MD students at the University of Colorado School of Medicine. The survey was anonymous. Data requested included demographic data, advising experience and needs, and questions surrounding wellness. Data were analyzed using Student's t-test.

Contact Information

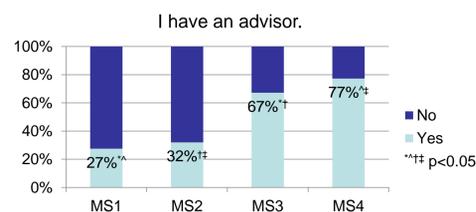
Courtenay Holscher, BSE
courtenay.holscher@ucdenver.edu
Terri Blevins, MA
terri.blevins@ucdenver.edu
Sarah Dodd, MD
dodd.sarah@mayo.edu

Maureen Garrity, PhD
maureen.garrity@ucdenver.edu
CUSOM Office of Student Affairs
13120 East 19th Ave., Mail Stop C292,
Aurora, CO 80045

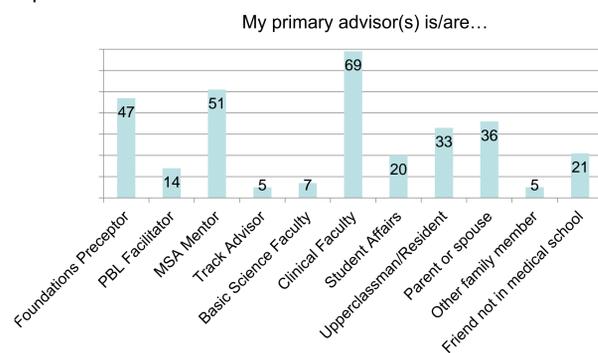
Results

Of the 612 students eligible for the survey, 225 (37%) participated. Of these, 51 (23%) were first year students, 50 (22%) were second year students, 58 (28%) were third year students, and 66 (29%) were fourth year students. 46% were male.

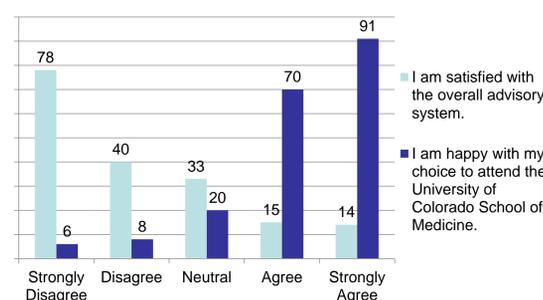
Even with the most open-ended definition of "advisor," only 54% of respondents endorsed having an advisor. This varied greatly by class.



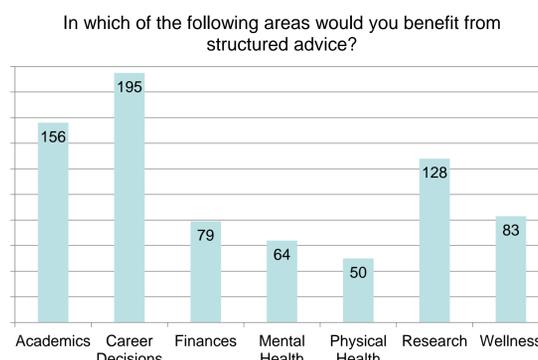
When asked what role their primary advisor had, students reported a wide variety of roles with the most common being Clinical Faculty, Mentored Scholarly Activity (MSA) mentor, and Foundations of Doctoring preceptor.



Overall, students are not satisfied with the advising system but are happy with their choice to attend the University of Colorado. Students who disagreed with "I am satisfied with the overall advisory system," were more likely to disagree with "I am happy with my choice to attend the University of Colorado School of Medicine" (OR 9.5).



Students reported a need for structured advising in multiple areas in addition to any current advising they receive.



Discussion

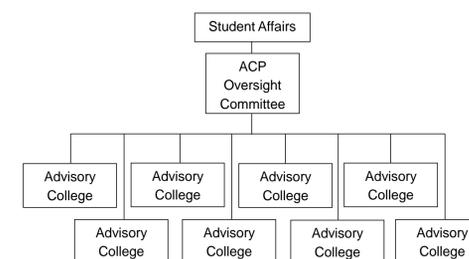
In the current advising system, only 54% of students report having someone who serves as an advisor for them. First and second-year students are less likely to have an advisor. Most advisors are clinical faculty members, Mentored Scholarly Activity (MSA) mentors, or Foundations of Doctoring (FOD) preceptors. As all students are required to have an MSA mentor and an FOD preceptor, it may be that these are effective programs to develop advising relationships. However, only 16% of students are satisfied with the current advising structure, including many students who currently have an advisor. Further, students still report advising needs in areas of career decisions, academics, research, and wellness despite having both a clinical preceptor and a research mentor as part of their academic requirements.

Conclusion

With these results, the University of Colorado School of Medicine proceeded in development of an advisory college program which will also serve as a scaffold for the modification of existing curricula to a learning community format. We plan to survey students on burnout, wellness, and mental health prior to implementation of the program in order to study effects of the program.

Program Development

The University of Colorado School of Medicine Advisory College Program (ACP) is a structured advising system which organizes students into eight Colleges comprised of existing problem-based learning (PBL) groups. Each Advisory College is lead by two College Mentors and two or three Student Advisors who are current fourth year medical students.



The objectives of the program are:

1. To provide every student with a College Mentor and a Student Advisor.
2. To support students in academic excellence, wellness, and career planning by training College Mentors and Student Advisors to direct students to appropriate resources and to act as extensions of Student Affairs in advising students.
3. To organize students into colleges which may serve as learning communities as existing curricula are modified and new curricula are developed.
4. To promote a sense of connection between current students and the School of Medicine in the hope that this will foster better alumni relations in coming years.

References

1. Aagaard EM, Hauer KE. A Cross-sectional Descriptive Study of Mentoring Relationships Formed by Medical Students. *J Gen Int Med.* 2003;18(4):298-302.
2. Macaulay W, Mellman LA, Quest DO, Nichols GL, Haddad J Jr, Puchner PJ. The advisory dean program: a personalized approach to academic and career advising for medical students. *Acad Med.* 2007;82(7):718-22.
3. Scheckler WE, Tuffli G, Schalch D, MacKinney A, Ehrlich E. The Class Mentor Program at the University of Wisconsin Medical School: a unique and valuable asset for students and faculty. *Wisc Med J.* 2004;103(7):46-50.
4. Frei E, Stamm M, Buddeberg-Fischer B. Mentoring programs for medical students--a review of the PubMed literature 2000-2008. *BMC Med Educ.* 2010;10:32.
5. Bicket M, Misra S, Wright SM, Shochet R. Medical student engagement and leadership within a new learning community. *BMC Med Educ.* 2010;26(10):20.
6. Sastre EA, Burke EE, Silverstein E, Kupperman A, Rymer JA, Davidson MA, Rodgers SM, Fleming AM. Improvements in medical school wellness and career counseling: A comparison of one-on-one advising to an Advisory College Program. *Med Teacher.* 2010;32:e429-e435.