

Developing a Cadre of Learning Communities Mentors

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UMass Learning Communities: 3 legged stool



- Curriculum
- **Mentoring**
- **Student Community**

From Matriculation to Graduation

- 6 students randomly assigned to each Mentor each year (25 total)
- LC Mentors serve as teachers and advisors
- Teach clinical skills mostly at the bedside
- Individual meetings with students 3 times annually (minimum) focused on personal adjustment, professional development, academic achievement, and career guidance

UMass Learning Community Mentors 2012

Gender composition: 10 women, 10 men

Specialty composition:

Internal medicine (7)	Geriatrics (1)
Pediatrics (5)	Hospital Med-adult (1)
Family Medicine (4)	Hospital Med-peds (1)
Psychiatry – adult (1)	Nephrology (2)
Psychiatry – child (1)	Adolescent Med (1)
Emergency Med (1)	Pediatric Infectious Disease (1)
OB/Gyn (1)	

Experience:

- mean number of years since med school = 25.6
- range of 8 to 49 years

Diverse backgrounds:

- Enrich the “collective wisdom” of the Mentor group
- Present challenge of varying faculty development needs (e.g.,.....
 - Psychiatrist
 - Recognize depression
 - Rusty, limited PE skills
 - Subspecialty fellowship director
 - Savvy about resident application/interview process
 - Limited experience with undifferentiated, early learners

Faculty Development Program

- Weekly sessions: 90 minutes every Wednesday 8:00 to 9:30 am
- Half day retreats: twice annually
- Attendance at minimum of 75% of sessions is a requirement of the job description and is reviewed as part of annual evaluation process
- Mentors average attendance = 88% of sessions

Faculty Development Content

- Approximate 50-50 split:
 - Teaching
 - Advising

Teaching: Content

- Curricular content and process
 - Physical diagnosis
 - Clinical problem solving
 - Oral presentation
 - Interprofessionalism and teamwork
 - Reflective sessions of clerkship experience

Teaching: Skills

- Small group teaching
- Effective feedback
- Competency assessment
- Formative (but not summative) evaluation
- Teambuilding
- Facilitating reflection

Advising: Content

- Personal adjustment to medical school
 - Wellness
 - Mental health
 - Unique populations: LGBT, URM, MD/PhD
- Academic achievement
 - Overview of preclinical courses
 - USMLE issues and strategies
 - Remediation services (academic & professional issues)
- Key transitions in medical school: 1st year, summer vacation, clerkships, etc

Advising: Content

- Career development longitudinal thread
 - Providing generic guidance (no promotion of Mentor's specialty)
 - Familiarity with on line resources:
 - AAMC - CiM
 - AMA - FREIDA
 - NRMP – Charting Outcomes in the Match
 - Develop understanding of competitiveness of various specialties
- Extracurricular activities
 - Research
 - International medicine
 - Community service

Advising: Skills

- Characteristics of effective mentoring
- Advocacy for mentees
- Networking
 - Including knowledge of school services, programs, community resources, extracurricular opportunities, key individuals
- Develop expertise in on-line resources for teaching and advising

Mentoring the Mentors sessions

- Mentors take turns presenting de-identified student confronting challenges (i.e., academic, interpersonal, professional, etc.) in M&M format
 - Collective wisdom of “Learning Community of Mentors”

Faculty Development: every week

- Announcements
- Ongoing sharing of ideas, tips & tricks, best practices

Evaluation of fac dev sessions

- Participants complete written evaluations of each session based on objectives
- Reflective/subjective evaluation
 - Open discussion taking stock of how we're doing
 - Aggregate review of recurrent themes in student evaluations of mentors

Lessons Learned

- Much pressure for Mentors to know everything before they start
- Avoid being overly ambitious in content to be covered in each session
 - Sessions are interactive and necessarily unpredictable
- Focus on larger issues first
 - Example: physical diagnosis I