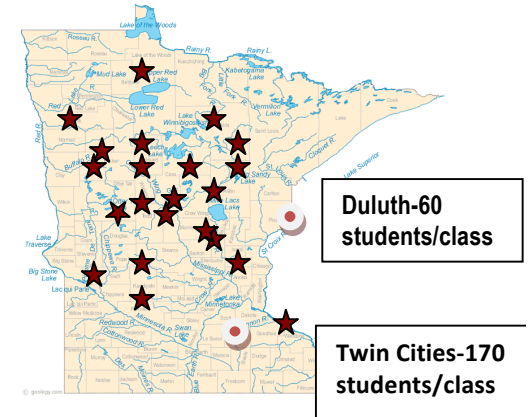


**Longitudinal Advising in Learning Community in a School with Geographically Separate Campuses--Crossing the Divide.** Kathleen Watson, MD and Ruth Westra, DO, MPH, University of Minnesota Medical School. *In loving memory of Lilian Repesh, PhD, Associate Dean for Admissions and Student Affairs, Duluth Campus*

**Introduction**

- The University of Minnesota Medical School has 2 campuses separated by 150 miles
- The Duluth campus is a track with a distinct mission and curriculum to provide physicians for rural family medicine and Native American health care
- After completing their first two years, students combine in the TC; 40 students join the Rural Physician Associates Program (★) in rural Minnesota for 9 months
- We have developed a model for student advising across geographically separate campuses, missions, and the medical school curriculum using a learning community model
- 98.6% of students were satisfied with advising (LCME Independent Student Analysis,2011)



**Program description**

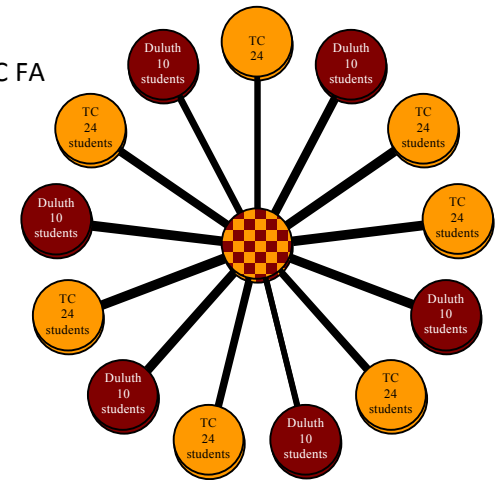
- The 3 aims of the University of Minnesota Medical School learning community, called Faculty Advisor (FA) program are to:
  - build long term relationships among students and faculty
  - identify students’ needs and connect them to useful resources
  - promote professional formation throughout medical school
- In 2010 the program formally began with year 1 & 2 students separately on both campuses
- In April 2012 we launched the third phase of longitudinal advising for years 3 & 4 students

Comparison of Major FA Roles and Resources			
Students	Duluth FA (6 MD’s, 6 PhD’s)	Twin Cities FA (10 MD’s)	Common Central Resources
MS1	Teach Group sessions 1:1 sessions (3)	Group sessions 1:1 sessions (2)	-Academic tracking database -Student affairs programming -Careers in Medicine -ERAS weekly updates (June-Match Day) -FA Program director and administrative assistant - Faculty development, annual retreat -Student support*
MS2	Group sessions 1:1 sessions (2)	Group sessions 1:1 sessions (2)	
MS3	1:1 sessions (2) (6 MD FA’s only)	group sessions (2) 1:1 sessions (2)	
MS4	Contribute to MSPE (6 MD FA’s only)	Write summary for MSPE 1:1 career Match advising	

\* Both campuses provide full student support: learner development, health care, psychological services, disability services, etc.

### Year 3 Advising

- All students continue the relationship with their original FA
- 6 FA dyads (Du +TC FA's) were formed for Du students, where the Du FA is the primary advisor and the TC FA serves a backup role
- Program requirements
  - Advise MS2's for year 3 & 4 clerkship schedules, timing of USMLE Step exams
  - Two 1:1 meetings with their advisees; evaluations done after each session
  - Combined group sessions (TC + Du students), "Significant Events Reflections" twice per year, facilitated by TC FA's



### Year 4 Advising

- TC FA's meet 1:1 and write MSPE Summary section for all students
- DU FA's provide written comments for MSPE Summary re: years 1 & 2
- Evidence-based Match advising: shared ERAS data (e.g. specialty and program choices, # applications)
- Consultation in FA dyads for students at risk for not matching; personal advising during SOAP week

### Evaluations/ Lessons Learned, MS3's

- FA dyads are sharing responsibilities for student academic advising, career development, rotation scheduling and writing MSPE Summaries.
- FAs and students are using central processes and shared resources for academic tracking, career planning, educational enrichment

### Evaluation results to date for MS3's:

- 52/240 (22%) students have met FA's 1:1
  - o 7 Duluth students/3 FA's, 45 TC students/6 FA's
- 79% met on campus or in FA's office, 4% met off campus
- 17% met by telephone; none used video conferencing
- 96.2% were very satisfied or satisfied with the MS3 1:1 meetings

### Student comments

*- "Phone meetings are not ideal but it's easier than driving back to Duluth for a meeting. It's also better to talk to someone who already knows you rather than just get a new advisor in the Twin Cities."*

*- "I think the one-on-ones are extremely valuable and Dr. X is great about... being open to different types of meetings."*

*- "I am very thankful for this program. Coming from out of state, having a physician to look to for advice has been invaluable."*

### 6. The one on one meeting was an effective way to:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Rating Average	Res C
Discuss my adjustment to the new learning environment in the hospital and clinic	0.0% (0)	0.0% (0)	7.7% (4)	48.1% (25)	44.2% (23)	4.37	
Review my academic progress	0.0% (0)	0.0% (0)	7.7% (4)	53.8% (28)	38.5% (20)	4.31	
Review my professional development	0.0% (0)	0.0% (0)	5.8% (3)	55.8% (29)	38.5% (20)	4.33	
Discuss my personal concerns	0.0% (0)	0.0% (0)	3.9% (2)	41.2% (21)	54.9% (28)	4.51	
Discuss my career planning	0.0% (0)	0.0% (0)	1.9% (1)	46.2% (24)	51.9% (27)	4.50	