



Choosing Learning Community Mentors: Should Specialty Be Considered?

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Introduction

Learning communities (LCs) offer a deliberate, structured education and advising environment based on longitudinal groups of faculty mentors and students learning together. Many medical schools use LCs to teach clinical skills, like communication and physical examination. One may question whether mentor specialty influences the teaching of clinical skills. For example, how well can a seasoned pediatrician teach the adult examination? How well can a seasoned obstetrician/gynecologist teach the neurologic examination?

Program description

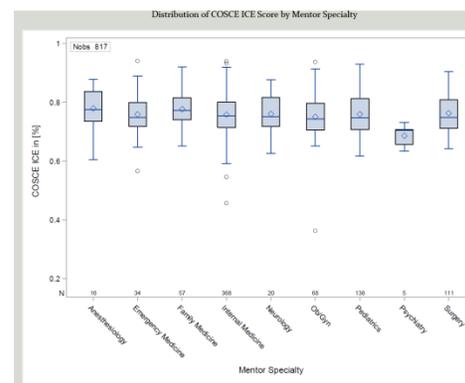
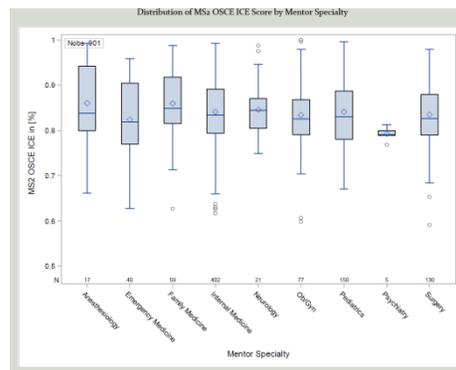
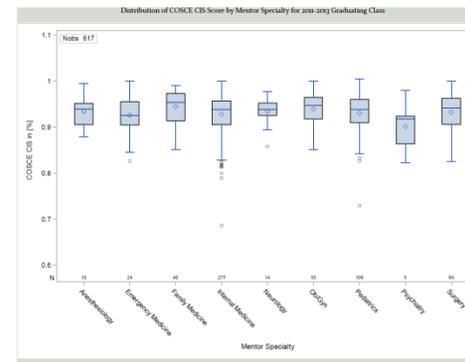
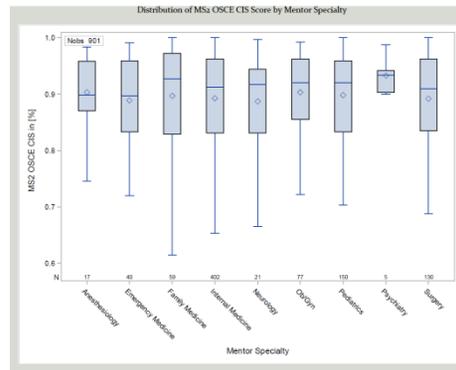
The LC at this medical school recruits LC mentors from a wide variety of specialties. The leadership of the LC provides annual training in physical examination skills as well as online training on communication and physical examination skills immediately prior to the pertinent session.

Methods:

Between 2007 and 2014, four classes of medical students have been taught clinical skills by mentors from nine different specialties. Each of these students took two local clinical skills examinations (CSE): a 10 station Objective Structured Clinical examinations at the end of the second year (MS2 OSCE) and a CSE during the third year clerkships (COSCE). These CSEs are scored according to the same rubric as used by the USMLE Step 2 CS examination. The univariate analyses of these students' Communication and Interpersonal Skills (CIS), Integrated Clinical Encounter (ICE), and Spoken English Proficiency (SEP) scores from were compared by specialties of the mentors.

Results:

924 medical students were taught clinical skills by 62 mentors from specialties of anesthesiology, emergency medicine, family medicine, Internal Medicine, Neurology, Ob/ Gyn, Pediatrics, Psychiatry, Surgery. No significant differences between average CIS, ICE, and SEP scores from two local OSCEs as well as the CS failure rates were found between the specialties.



Discussion, including Lessons Learned

Mentor specialty does not seem to be a significant predictor of medical student acquisition of the clinical skills necessary for performance on local and national clinical skills examinations.

There are many possible explanations for the lack of correlation between specialty and the learning of clinical skills. First, all faculty members may retain the basic skills taught in the early phases of medical school. Second, the faculty development at our school may contribute to this standardized learning; each faculty member is given access to a rich tutor's guide as well as video streamed lectures orienting and preparing mentors for each session. Further, there is an annual retreat where mentors may attend clinical skills workshops in areas for which they feel least prepared.

Future research should focus on the impact of faculty development on learning outcomes such as clinical skills.

These data support opening opportunities for mentoring medical students to faculty members from all specialties.

