Building an Advisory Community that Links Distance Campuses

David L. Davies, Dallas L. Johnson, Thomas K. Schulz* and Christopher E. Smith*
College of Medicine, University of Arkansas for Medical Sciences, Little Rock, AR
* College of Medicine, Northwest Campus, University of Arkansas for Medical Sciences, Fayetteville, AR

Background

AAMC data indicate that in the United States there are 53 regional campuses responsible for the entirety of the third and fourth years of the medical curriculum. However, the distance separating regional and main campuses makes providing consistent faculty advising difficult. The UAMS College of Medicine, which is establishing learning communities for the first time, has such a regional campus. Because about 10% of each class elects at freshman orientation to transfer to the regional campus at the beginning of their third year, a learning community is being designed to accommodate these students across all four years of their training.

Program Description

The primary goals of this learning community are to improve academic performance, to provide reliable, longitudinal academic and career counseling, and to foster fellowship among students and faculty. Planned activities include biannual meetings with clinical advisors, monthly “brown bag” lunches using an interactive video network linking the two campuses, and occasional trips between campuses by students and faculty to build continuity.

Program Evaluation

In addition to a centralized college-wide survey, 1) a separate survey, 2) focus groups and 3) individual interviews were be used to assess the effectiveness of video networking and other strategies used to bridge the 200-mile distance between the main and regional campuses.

Institutional Goals

Focus Group and Interview Results

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<thead>
<tr>
<th>College of Medicine Goals and Objectives</th>
<th>College of Medicine Goals for Academic Houses</th>
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<tbody>
<tr>
<td>1. Academic Support</td>
<td>1. Provide reliable, longitudinal academic and career counseling for UAMS COM medical students</td>
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<tr>
<td>2. Improved academic performance</td>
<td>2. Provide opportunity for development of a strong mentor-mentee relationship between faculty and medical students</td>
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<td>3. Safety orientation</td>
<td>3. Provide consistent advising for the residency selection and matching process for all students</td>
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<td>4. Early identification and assistance</td>
<td>4. Provide formal opportunities for peer advising/mentoring. Each academic house has students from all four classes</td>
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<td>5. More “meaningful contacts”</td>
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<td>6. Increased number of “meaningful”</td>
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<td>7. Lower rates of depression symptoms</td>
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<td>8. Higher measures of cohesion, community, resiliency</td>
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Focus Group and Interview Results

Student Concerns and Ideas on Two Regional Campuses

1. Set up alternative case
2. Permit members on the two campuses to arrange separate social and invited speaker events
3. Provide clinical advisors on both campuses
4. Issue: How to provide continuity between the preclinical and clinical phases of the curriculum
5. Preparation for USMLE Step 1: Before or after transition to regional campus
6. Information about housing options on both campuses

Discussion

Beyond the primary advisory goals, the hope is to utilize specialized resources on both campuses to foster community service and a dedication to excellence. For instance the main campus offers opportunities related to public health and global medicine, whereas the regional campus has a unique multidisciplinary research center focused on Pacific Islander health, a related student-led clinic, and diverse community-based clinical experiences.

Conclusions

Beyond the primary advisory goals, the hope is to utilize specialized resources on both campuses to foster community service and a dedication to excellence. For instance the main campus offers opportunities related to public health and global medicine, whereas the regional campus has a unique multidisciplinary research center focused on Pacific Islander health, a related student-led clinic, and diverse community-based clinical experiences.

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