



Emilyn Anderi, Brittany Kashat, Sruthi Sathyakumar, Mohammad Sattar, Akhil Vedere
Wayne State University School of Medicine

INTRODUCTION

- As the largest single campus medical school in the nation, isolation and disengagement have been key issues among students at Wayne State University School of Medicine (WSUSOM). A 2014 site visit by the Liaison Committee for Medical Education (LCME) highlighted the need for the SOM to adapt and implement a new method of delivering medical education [1]. In particular, the LCME stressed the need for increased small-group experiences, as well as opportunities for social engagement.
- Therefore to address this issue, WSUSOM developed “learning teams” based on the six-person anatomy table groups to be used in all small group activities beginning in 2016.
- In the past three year, We have followed two classes of medical students that were not grouped into learning communities as they moved through their medical school careers.
- By providing students with mentors and contact with a small group of peers throughout their schooling, the learning community structure provides an intrinsically supportive environment that serves not only to promote wellness, but also combats isolation, depression, and burnout [4].
- We hope to see the impact that the institution of learning communities has had by comparison of those students who did and did not have experience with WWLC as a base structure around which their medical school education was organized.

METHODS

Study Design

Phase 1 = Development of survey questions

- questions pertaining to amount of engagement with students in their learning teams, learning communities, and the student body as a whole.

Phase 2 = Survey Implementation

- Male and female medical students in all 4 years at WSUSOM were encouraged to participate
- distributed via email at end of 2018/2019 and 2019/2020 academic year

Statistical Analysis

- Data that was collected over the two years were combined and analysed together. Results are presented as mean ± standard deviation or as number and percentage.

RESULTS

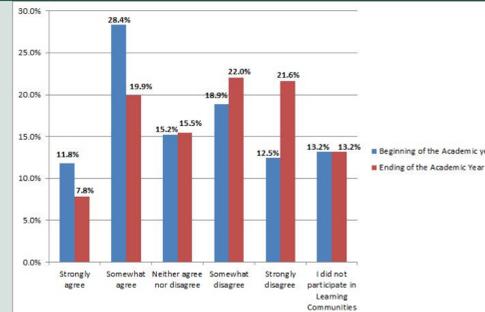


Figure 1: Level of engagement by students within their LC at various points during academic year

Students were asked to reflect about their engagement within their LCs at various point throughout the academic year. Out of 296 respondents, 35 students (11.8%) strongly agreed and 84 students (28.4%) somewhat agreed that they

were extremely involved at the beginning of the year. Conversely, when asked if they were still involved with the LC at the end of the academic year, 64 students (21.6%) and 65 students (22%) strongly and somewhat disagreed, respectively.

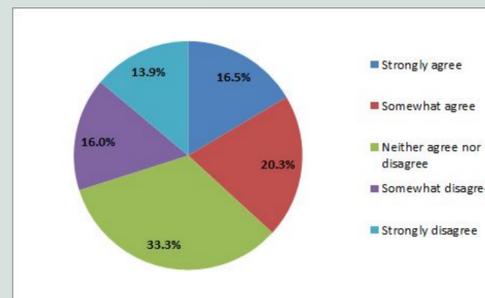


Figure 2: Student responses to the question: “I found it beneficial to have a second year mentor in the same Learning Community as me.”

Part of the LC restructuring involved providing M1 students with an M2 student mentor within their own LC. Of the 296 respondents, 87 students (36.7%) felt that they did indeed positively benefit from this change.

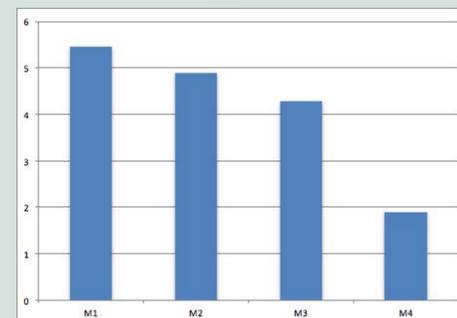


Figure 3: Students rating on the Impact of Learning Communities on their social engagement.

Students across all four years of medical school were asked to rate the impact learning communities had on their social engagement on a scale of 1-10 with 10 being high impact and 1 being low impact. Amongst all respondents (n=296) the average rating 4.7 (SD=2.78).

Social impact gradually reduced through the four classes. 1st year students (n=115) had an average rating of 5.45 (SD=2.65), 2nd year students (n=90) had an average rating of 4.89 (SD=2.65), 3rd year students (n=63) the average rating was 4.29 (SD=2.89), 4th year students (n=28) the average rating was 1.89 (SD 1.663).

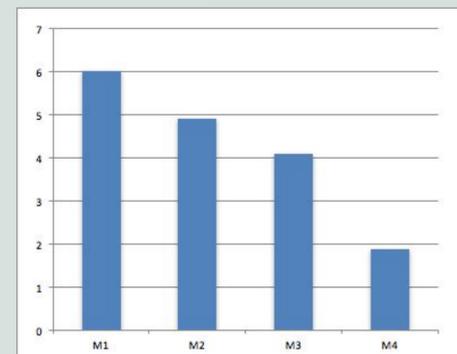


Figure 4: Students rating of the impact of Learning Communities on their medical education.

Students across all four years of medical school were asked to rate the impact learning communities had on their medical education on a scale of 1-10 with 10 being high impact and 1 being low impact. Amongst all respondents (n=296) the

average rating 4.9 (SD=2.91). The impact of learning communities on medical education progressively reduced as students advanced through medical school. 1st year students (n=115) had an average rating was 6.03 (SD=2.64), 2nd year students (n=90) had a average rating of 4.92 (SD=2.77), 3rd year students (n=63) the average rating was 4.11 (SD=2.86), 4th year students (n=28) the average rating was 1.89 (SD 1.663).

CONCLUSIONS

- Students felt connected to their anatomy tables as well as peers in their LCs. As such, LCs are beneficial to students as they transition into medical school
- Students are more engaged and connected with their LCs at the beginning of the year compared to the end
 - more can be done to maintain engagement as the year progresses
- M1 students prefer having a mentor within their own LC
 - this had a positive impact on their wellness and education
 - conversely, M2 mentors felt more engaged in their own LC
- LCs accomplished their goal of increasing both academic and social engagement, particularly within the M1 and M2 classes
 - Limitations:
 - small sample size
 - selection bias
 - Future Directions:
 - collect data from each class as they progress through medical school
 - determine how to maintain engagement across the entirety of the school year

REFERENCES

- Richlin L, Braun R. D., Daveluy S, Folbe J, Gauger M, MacLean L, Mendez J, Nartker N, & Webber M. C. (2016). Using the faculty learning community model to design medical student learning communities. *Learning Communities Journal*, 8(1), 9-34.
- Osterberg L.G., Goldstein E, Hatem D.S., Moynahan K, Shochet R. (2016) Back to the future: What learning communities offer to Medical education. *Journal of Medical Education and Curricular Development*. 3, 67–70 doi:10.4137/JMecc.S39420



Meet the Class of 2021 and Wayne Warrior Learning Community Founding Coordinators!