LEARNING COMMUNITIES WORKING GROUP

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Chair

CHRISTINE MILLER, MD
Vice Chair

UCSD School of Medicine
CHARGE

In May 2007, a Working Group was Charged with developing the

- ORGANIZATION
- GOVERNANCE STRUCTURE
- RESPONSIBILITIES

UCSD Learning Communities (LC).
Working Group Committee

- SANDRA BROWN, Ph.D. CHAIR
- CHRISTINE MILLER, M.D. VICE CHAIR
- NINAD ATHALE, MS III
- ELLEN BECK, M.D.
- ELYA BOIES, M.D.
- JOHN CHARDOS, M.D.
- PAM DEAK, M.D.
- JAMES FERAMISCO, Ph.D.
- LINDSAY FROST, MS I
- ALEX GENG, MS I
- ELLEN HEYNEMAN, M.D.
- CAROLYN KELLY, M.D.
- JESS MANDEL, M.D.
- BRET MEEYER, M.D.
- SCOTT MULANEY, M.D.
- JESSICA SPERBER, MS II
- MARTIN STEIN, M.D.
- CATHERINE DORAN
- JENNIFER FARACE
“I'm afraid you've had a paradigm shift.”
Steps Towards Developing a Learning Community Proposal

- Fact Finding
- Discussion of Competing Models
- Initial Proposal Development
- Presentation to UCSD Community
- Presentation to UCSD Leadership
Step 1. Fact Finding

- Review the literature on Learning Communities
- Join the National Dialogue on LCs through LISTSERV
- Identify other schools of medicine that have implemented LCs.
- Interview key members of LCs at the identified target schools
Target Programs: Medical Schools with Most Well Developed Learning Communities

- Harvard Medical School
- University of Iowa College of Medicine
- University of Washington Medical School
Methodology for Studying the Three Target LC Programs

- Harvard visit to speak with faculty and administrative leadership
- Day long conference on LCs held at Johns Hopkins where UCSD WG members met with representatives from Harvard, Iowa and Washington, among other schools
- Phone calls and emails to LC participants at three target schools
FINDINGS

- Program Organization
- Governance Structure
- Roles and Responsibilities
- Student Evaluation
Harvard Medical School: Program Organization

- 4 Societies (Fifth society is co-administered by Harvard and MIT)

- Students randomly assigned at the time of admission

- Tutorials and laboratory assignments are taught within the LCs
# Faculty Governance Model

<table>
<thead>
<tr>
<th>Senior Head Master</th>
<th>LC 1</th>
<th>LC 2</th>
<th>LC 3</th>
<th>LC 4</th>
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Positions $$$$$

Students ❌
Roles and Responsibilities

- LCs primarily advise and mentor students
- Masters and Associate Masters write each student’s “Dean’s Letter” based on their direct experience with students and information from Course Chairs and Clerkship Directors
- Efforts have been made to keep mentoring and evaluation separate but the confounding of these roles has, at times, been unavoidable.
University of Iowa: Program Organization

- 4 Communities for Excellence in Learning and Leadership for Society (CELLS)
- Students randomly assigned
- No structured or formal curricular activities
# Student Governance Model

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<th>Cell 1</th>
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<td>Faculty Positions (25% $)</td>
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**Administrative Support**

- Faculty Positions (25% $)
Roles and Responsibilities

- Faculty mentor students
- In addition to the structured curriculum, each CELL develops its own activities or learning experiences
- Each CELL focuses on community outreach activities or career development activities
Examples of Community Outreach Activity

- One CELL initiated a bench press competition to raise funds for domestic violence shelter

- Scheduled a lecture on domestic violence abuse patterns presenting in Primary Care Clinics
University of Washington: Program Organization

- 5 Learning Communities

- Students are randomly assigned to an LC and to a specific faculty member within the LC.

- LCs have a large curricular component as clinical skills, professionalism and Introduction to Clinical Medicine are taught within the LC.
## Faculty Governance Model

### Faculty Administration

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All Faculty Positions $$$$$  Students ✗
Roles and Responsibilities

- In Year 2 students devote one morning each week to learning clinical medicine and are mentored by clinical faculty from a variety of specialties.

- Roles of mentor and evaluator are kept separate.
### Comparing the Target Schools

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<th></th>
<th>Harvard Medical School</th>
<th>University of Iowa Carver College of Medicine</th>
<th>UW Medicine</th>
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<tbody>
<tr>
<td><strong>Student Involvement</strong></td>
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<td><img src="UofI_Carver.png" alt="Student Involvement" /></td>
<td><img src="UW_Medicine.png" alt="Student Involvement" /></td>
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Step 2. WG Discussion of Competing Learning Community Models

- Created hypothetical models of LCs
- Discussed which elements of each model were useful and sustainable at UCSD.
Primary Elements of LCs Discussed

- Assignment of students and faculty to LCs and to governance within each LC

- Determining the function of the LC
  - Social
  - Mentoring
  - Curricular

- Clarifying the role of evaluation in the LC
  - Mentoring only
  - Mentoring and evaluation
Step 3. UCSD Learning Community Proposal
Assign students (including pharmacy students) randomly to one of six LCs during the first part of orientation week.

Keep student membership in the LCs stable, i.e., no switching between LCs.
Students Provided a Governance Role

- Increase affiliation with LCs
- Provide an opportunity for students and faculty to work closely together.
- Develop student leadership skills
Faculty/Fellow Assignment to LCs

The working group proposes that all basic science and clinical faculty be randomly assigned to the LCs, regardless of area of expertise or specialty.
Rationale for Random Assignment

- Facilitate student access to a representative sample of faculty.

- Provide opportunities for integration and cross fertilization of basic science and clinical medicine.

- Provide faculty with an opportunity to both teach and mentor.
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Faculty Roles

- Administering the LCs as Masters or Associate Masters
- Mentoring
- Teaching
- Consulting (utilize faculty’s selected expertise)
Selecting Masters and Associate Masters

- For those faculty interested in an LC leadership position, the working group proposes that the Dean chair a committee that reviews applicant files and decides on the 6 faculty who will each administer an LC.

- The working group proposes that associate masters be chosen by the Dean’s Committee with input from each master.
Identifying Teachers and Mentors

- Each faculty/fellow submit a CV and letter of interest describing their expertise.

- Leadership of LC can maintain a list of faculty/fellows interesting and willing to teach/mentor

- Teaching assignments made from list of interested faculty/fellows.
Faculty/fellows who fulfill teaching/mentoring obligations would be recompensed or offered teaching credit.

A student academic-coordinator would help coordinate teaching activities with faculty.

An academic coordinator would arrange special lectures based on areas of student interest and faculty expertise.
The Role of LCs at UCSD

- The Working Group proposes that the LCs provide opportunities for instruction, as well as mentoring.

- LCs can provide opportunity for instruction in a small group longitudinal format.
Rationale for Embedding Some Aspects of the Curriculum in the LCs

- Strengthen faculty/student relationships and enhance mentoring through the small group format.

- Small group format encourages active learning and faculty/student discussion.
Rationale for Embedding Some Aspects Curriculum into the LCs

- Small group learning also provides a mechanism for students with non-traditional learning styles an opportunity to acquire information in ways that meet their learning needs.

- Small group learning can also help faculty to identify a student’s strengths and weaknesses and to develop solutions to problems that might arise early in the learning process.
Small Group Instruction: Aims and Methods

The Working Group Proposes:
- Using the Small Group/Problem Oriented/Case Based learning model to teach issues such as
  - PROFESSIONALISM
  - COMMUNICATION
  - MEDICAL ETHICS
Other LC Curricular Elements

- Introduction to Clinical Medicine
- Social and behavioral science courses
Additional Responsibilities

Aside from the curricular elements, the LCs provide mentoring opportunities between:

- Faculty and students
- Fellows and medical students
- Upper classmen and lower classmen
Additional Roles

- LCs can provide students with opportunities to coordinate healthcare system/community outreach projects with guidance from faculty/fellows.

- LCs can promote a closer relationship between the UCSD SOM and elements of the local community that would benefit from access to health care providers at the faculty and medical student level.

- LCs can provide Faculty/Fellow guided opportunities for student reflection as medical students are likely to be exposed to patient care earlier in their training than what was previously the case.
Time Commitment

- The Working Group proposes that 4 hours weekly be dedicated to LC activities.

- Activities of the LC should not detract from the curriculum but amplify or add new elements, such as professionalism.
The working group is not proposing that the content of the curriculum change but, rather, that the means by which the curriculum is taught be altered.

The changes are meant to:
- Encourage greater faculty/student involvement
- Enhance integration of basic science with clinical medicine
- Provide students with opportunities for non-lecture based learning experiences
The Role of Evaluation

Amongst Working Group members and LISTSERV participants, there were strong - often conflicting - opinions expressed about whether evaluation should be a part of the LC and, if so, who should be in the role of evaluator.
Evaluation

- Those who argue for separation of mentoring and evaluation point to the possibility of conflict of interest.

- Student feedback suggests some concern that they cannot be mentored fairly by an evaluator.
Those who favor a combined evaluative/mentoring role argue that students profit from the more personalized evaluative feedback that only a mentor can provide.

There is also the belief that faculty can switch roles and provide reliable, non-judgmental evaluative feedback.
Evaluation

If UCSD adopts the 2 faculty leadership model (Master and Associate Master or Equivalent positions), mentoring and evaluative roles could be separated with students mentored by one faculty and evaluated by the other.
Evaluation - Final Comment

The Working Group discussion highlighted the sensitivity of evaluation within the LCs and identified this issue as one that will require much thought with input from all constituencies.
Summary of the Argument for LCs

- The Working Group supports the implementation of LCs

- LCs provide a means to better integrate faculty and students as well as better integration of basic science faculty with clinical faculty.
Summary of the Argument for LCs

- LCs also create a smaller learning environment and allow for close mentoring and academic support.

- Mentoring can occur between medical students and faculty, fellows, upper classmen and fellow students.
Summary of the Argument for LCs

- LCs amplify or add new elements to the curriculum, such as professionalism, medical ethics, time for reflection, etc.

- LCs provide opportunities to integrate “Doctoring” skills with information learned in the basic science courses.
Summary of the Argument for LCs

- Small group learning also gives students non-lecture based access to information and creates opportunities for students to learn from problem oriented/case based instructional models.

- LCs can make the medical school feel “smaller” by providing students with opportunities to work within a consistent small group, creating stronger social bonds and minimizing student social isolation.
Steps 4 and 5. Present Proposal to Faculty and Dean

Working Group reached consensus on several key elements

- Assignment of students/faculty to LC
- Embedding curricular elements into each LC
- Social and mentoring components
- ? Mentoring and evaluation