

Faculty Benefits From Medical Student Learning Communities: A Junior and Senior Faculty Members' Perspectives

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ABSTRACT: Medical school learning communities have many benefits for students. In this perspective, the authors briefly describe how learning communities have benefited them as faculty. These include finding other like-minded faculty, improving communication and clinical skills, career advancement through scholarly work associated with the learning community, and above all, developing mutually beneficial relationships with students. Here, they offer viewpoints from junior and senior faculty members on how the learning community has positively affected them.

KEYWORDS: learning community, faculty perspective, faculty benefit

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Perspective

Learning communities (LCs) have become an increasingly common feature of undergraduate medical education. Although the structure of individual LCs differs, most address student well-being, professionalism, leadership development, advising, and mentoring, while providing opportunities for longitudinal relationships with faculty and other students. Approximately, half of LCs include a component of clinical skills instruction and many include other aspects such as service learning, inter-professional education, and humanities.¹ The LCs at both authors' institutions share a similar structure. Individual small cohorts of 5 students per year are assigned to an LC faculty who is funded to devote approximately a quarter of their time to mentoring and primary clinical skills instruction in a pre-clinical doctoring course. The students in individual faculty groups are organized into larger learning communities of 20 to 50 students. The organization of the student LCs also results in small groups of faculty who are organized into groups of 4 to 10 faculty members under an LC leader.

The value of a medical school LC has mainly focused on students,^{2,3} with less attention paid to the potential impact on LC faculty.^{4,5} However, we feel that many benefits can also apply to faculty engaged in teaching and mentoring students in LCs. This "learning community of teachers" parallels many aspects of student LCs, including focusing on community building and skills development. Although LC faculty are typically chosen for their expertise and commitment, the complex challenges facing students entering the medical profession ensure the need for faculty to improve their knowledge base and skill set around both teaching and mentoring. Learning communities can foster a faculty member's development as an educator and also provide kinship in a supportive community of teachers. Wagner et al, in their survey of LC faculty at 5

medical schools, found 2 main types of benefits to faculty: an increase in faculty's own clinical skills and an increased sense of engagement with the school.⁴ We have both experienced this.

From the perspective of a junior faculty member, integration into an LC allows for further development and establishment of their professional identity. Through finding other like-minded faculty and mentorship from senior faculty, opportunities for collaboration on scholarly initiatives can occur, aiding in academic promotion. In addition, an LC can provide the junior faculty member with a new sense of belonging, purpose, or connection to the institution in some way that was not present before. I (T.L.N.) had been at Johns Hopkins University as faculty for 4 years before joining the Colleges Advisory Program. Although I was involved with the pediatric residency program, the pediatric emergency medicine fellowship program, and the pediatric clerkship medical students, it was not until I joined the Colleges that I felt like I had found "my people" and I was able to further define who I was as an academician and educator in a context that finally made sense. Conversations regarding medical students became fluid as the need for context decreased significantly. Frustrations were easily understood. I became involved with scholarly projects that I found interesting and intellectually stimulating. My clinical and communication skills improved. And, above all, I found my relationships with my student mentees exponentially rewarding—more so than I had anticipated and more than other academic experiences thus far. Although the age and experience gap were large, I discovered that I was still able to relate to them on a level that was mutually beneficial, create a learning environment where they felt well supported and safe to make mistakes, encourage them to succeed, and give constructive feedback when necessary. It was a regular occurrence for me to have my students



over to my house, in my office, or meet in many other locations in and around Baltimore City. If we could not meet in person, then we would opt for video chatting so we could still meet face to face. As they went off to their respective residencies, I would still receive texts with updates on their career and life. In return, I felt like I was paying forward the mentorship I had received and will continue to receive in my career. Although all this takes a significant amount of time, it rarely felt like work. Seeing their growth brought more satisfaction than most of my other academic accomplishments.

I (M.W.) too shared the experience of entering the Colleges at the University of Washington as a junior faculty. I have loved teaching and mentoring throughout my time in the Colleges. I certainly found that teaching medical students (especially with the opportunity to collaborate and learn from other expert teachers) improved my own clinical skills. Somewhat surprisingly, these skills were not limited to the techniques of history taking or physical examination, but also included such things as how to be more present for my patients, acknowledge their suffering, and deepen my appreciation for my their own humanity. In joining the Colleges, I too had the experience of finding “my people.” It was a supportive environment of faculty with shared learning goals; in this case, how best to teach and mentor students. By engaging in this community, I was able to collaborate, innovate, and develop my own skills as an educator and mentor. I found opportunities for focused mentorship around education that did not otherwise exist within my own academic department.

Now from the perspective of a senior faculty member, I have come to appreciate how LC faculty can offer a valuable resource for a medical school in a number of ways. In addition to increased individual faculty engagement and job satisfaction,⁴ bringing a group of faculty together from across different departments with the common goal of teaching and mentoring excellence can provide other institutional benefits. Such a group can establish and deepen collaborative relationships and help to model respect and professionalism between different medical specialties. From an institutional standpoint, having a group of faculty with close student interactions can help keep a “finger on the pulse” of students, bringing concerns forward and back between students and administration, student affairs, and curriculum. The LC faculty can also serve as a pool of experienced and dedicated educators who are integrated into

undergraduate medical education, and from which future educational leaders (eg, clerkship directors and academic affairs deans) can develop.

Learning communities are designed specifically as a means of building supportive communities to help students navigate the substantial challenges and stresses of medical school. But the challenges and stresses of a medical career do not end on graduation from medical school. Medicine is hard, and, as attending physicians, we continue to face moments of disillusionment, self-doubt, and discouragement. In those times, when a patient has an outcome that is much less than expected and hoped for, the specter of imposter syndrome still never really feels that far away. It is in times like these that we turn to our LC for support and strength. More than just the availability of the group of individuals, it is also the skills learned from teaching students—skills in reflection, community building, and interpersonal connection—that have allowed us to lean on our LC colleagues in times of difficulty.

Although the benefits of LCs for students have been well documented, we feel that LCs provide numerous benefits for participating faculty. Mentorship, scholarly projects, collaboration within the school of medicine, and a sense of community are only some of the advantages. By fostering a community of educators, LCs can offer faculty opportunities for academic growth, enrich the larger institution, and deepen a sense of personal and professional meaning.

Author Contributions

TLN and MW contributed to the article concept, manuscript development, and manuscript editing. Both authors reviewed and approved the final manuscript.

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