Dean's Perspective on Academic Communities at UC San Diego, School of Medicine

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Katharina Brandl[1], Jess Mandel[2] and Carolyn J Kelly[2]

[1]Skaggs School of Pharmacy and Pharmaceutical Sciences, University of California San Diego, La Jolla, CA, USA. [2]School of Medicine, University of California San Diego, La Jolla, CA, USA

ABSTRACT

INTRODUCTION AND BACKGROUND: In 2010, the UC San Diego School of Medicine launched a new curriculum, the integrated scientific curriculum. As part of this curricular redesign, the school instituted academic communities. This perspective article outlines our experience with the first 8 years of these academic communities.

SINGLE-INSTITUTION EXPERIENCE: We initiated academic communities with the hope that this structure would cultivate enhanced student-student and student-faculty engagement, improve faculty-student mentoring, and create additional service-learning and student leadership opportunities. The communities would also provide an environment for small group learning throughout the 4-year curriculum. After 8 years of experience, a comparison of student survey data pre- and post establishment of academic communities demonstrated enhanced connectedness between students and faculty and higher scores for faculty mentoring and for career planning. Our own lived experience with the communities revealed several unanticipated outcomes. The community directors became a source of support and advice for one another. Some faculty and administrators whose previous roles were affected by start of the academic communities needed to adjust expectations.

CONCLUSIONS: The establishment of academic communities was associated with improvement in student-faculty engagement, student assessment of faculty mentoring, and career planning.

KEYWORDS: learning communities, academic communities, medical education, faculty mentoring

Introduction and Background

When one of the authors was an intern, he had the impertinence to ask the Chief of Medicine why attendance by all faculty and trainees at Medical Grand Rounds each week was so emphasized. Additional avenues for the dissemination of medical information, such as journals and other conferences, were robust and it seemed unlikely that anything truly new and revolutionary would get by us even if we missed a few Grand Rounds. His response was memorable:

> It isn't just about learning new facts, it is also a spiritual experience. It is a rare opportunity for everyone in the department to interact, get to know one another as individuals, and all teach each other to become better physicians, better scientists, and better people.

Years later, as University of California, San Diego (UCSD) faculty and students developed a blueprint for a new medical school curriculum, the concept of designing such "spiritual experiences" became important. As others had, we recognized that much learning by students takes place outside of the classroom and the clinical settings and that a healthy, supportive learning environment is essential for consolidation of medical knowledge.[1] In addition, we recognized that there is a "spiritual experience" that is essential for students to progress from being solitary learners to becoming part of a professional community.

While many factors influencing student well-being and professional maturation are outside of a school's control, schools do have responsibility for the educational environment. In a multi-institutional study involving 22 Brazilian medical schools, Enns et al[2] found that medical students' perception of their educational environment had a positive association with both medical school-related and overall quality-of-life measurements from survey tools. While this cross-sectional study cannot prove causality, it stands to reason that improvements in the learning environment may lead to an enhanced medical school–related and overall quality of life.[2]

As we were redesigning the curriculum, it became clear to the faculty and students involved in its design that additional transformation of the culture around undergraduate medical education at our institution was highly desirable. Specifically, we wanted to better cultivate student-student peer engagement, improve faculty-student mentoring, create additional service-learning and student leadership opportunities, create a superstructure for students to provide advice and guidance to students in classes that follow them, and identify and offer support to struggling students earlier than was possible when students charted an individual, somewhat anonymous course through our previous curricular structure. Because of the success of learning communities in meeting some of these needs

at other institutions,[3-6] our planning group opted to develop learning communities at the UCSD School of Medicine (SOM) and titled them "Academic Communities." This new structure was launched simultaneously with the new UCSD curriculum in 2010.

Single-Institution Experience

In a recently published review of learning communities in American medical schools, survey respondents described mentoring, advising, curriculum, social, and community service foci for their community structures.[6] The UCSD academic communities were intentionally designed as structures to provide support for mentoring, advising, and counseling of our students. The communities were also charged with developing both service-learning activities and student wellness activities, both of which could more broadly include students in other communities. Communities planned to each schedule a wellness activity and a service-learning activity each quarter. The communities served a curricular role in each year of the curriculum. Small-group teaching sessions for the "Practice of Medicine" component of the Clinical Foundations course were organized within academic community (AC) groupings, as were the small-group teaching sessions for the third year seminars for the Primary Care clerkship and the fourth year capstone course entitled "Principles to Practice." Small-group enrollments for the organ block teaching in the first 2 years, as well as the problem-based learning activities, were intentionally drawn from the entire class and not from the communities. The goal was to have students learn with classmates from both within and outside of their academic communities in curricular settings. Each entering first-year medical student was assigned to one of the 6 academic communities, each of which was led by a faculty director. Each community comprised students in all years of the curriculum, about 22 students from each year in each community, allowing for vertical integration of students and a structure for near-peer advising. The directors were present for office hours 2 afternoons/week and also played major roles in school events such as new student orientation, Match Day, clinical transitions week, and graduation. The offices for community directors were located in the medical education building, adjacent to their community meeting room for their students.

During the summer prior to matriculation, entering students completed a questionnaire regarding their academic and extracurricular interests. Rising second-year students reviewed these surveys and created tentative "big-sibling" pairings with entering students. These pairings were used by the Associate Dean (AD) and the student affairs staff to help inform final assignments to academic communities. Entering students were also assigned to a senior student mentor in their community along with the "big-sibling" near-peer advisor.

There was tremendous local enthusiasm in 2010 about the new curriculum.[7] While change at academic institutions can be slowed by vigorous defense of the status quo, the methodical inclusion of faculty from different departments and academic missions in the planning for curricular reform help to build consensus. We were true believers that the AC structure would enhance faculty mentoring and peer advising, the students' sense of community, and student involvement in service learning; 8 years following the roll out of the curriculum and AC structure, we can view the impact of our academic communities from a more objective and nuanced perspective. The sources of this perspective include the analysis of surveys performed before and after the existence of academic communities and our own lived experience with the communities.

Since the start of academic communities at UCSD, student surveys have demonstrated improved scores for faculty mentoring and career advising. Between 2010 and 2018, the percentage of students who were satisfied or very satisfied with faculty mentoring steadily rose from 63% to 89%. Over the same time period, the percentage of students satisfied or very satisfied with overall career planning (of which career advising is a large part) rose from 57% to 71% (unpublished UCSD survey data). Given the number of curricular changes made in 2010, these improvements cannot be definitively attributed to just the academic communities. Narrative student comments from these surveys, however, have endorsed the value of having a knowledgeable, approachable, and readily available faculty member with whom to discuss academic, personal, and career questions.

As ADs (JM and CJK) within medical education, we embraced the value of having 6 additional faculty who were well-versed in the needs of students and their typical challenges. We also viewed this "deeper bench" as having inherent advantages for succession planning. Moreover, as AC directors heralded from multiple SOM departments, anecdotal experience suggested that they were valuable emissaries of information about the curriculum and student engagement to their own training programs and departments. Their positions were viewed with favor by other faculty; when a vacancy existed, we would receive 20 to 25 applications for each AC director position opening.

The AC structure has also had unanticipated consequences that provided challenges to us. Prior to the ACs, students were assigned faculty advisors from a pool of faculty volunteers. These assignments were made largely by the AD for Admissions and Student Affairs (ASA; CJK). Assignments in this structure were based on an evaluation of both student attributes and faculty interests and background. Several faculty previously involved in one-on-one advising relationships with students before the introduction of ACs expressed a sense of loss related to the new advising structure, as they felt their advising relationship added value both to their student's growth and to their own professional satisfaction.

Not surprisingly, some students have had more robust advising experiences in the ACs than others. This likely reflects both

the strength of the AC director-student bond and the student's connection with their surrounding peer group. While students certainly may seek out other faculty mentors, some students express disappointment at their AC placement. To better standardize advising expectations for our AC directors and our students, we have created an AC director advising manual that covers the 4 years of medical school, a more detailed manual for students and AC directors for fourth year advising, and a brief student guide that summarizes student advising timelines across the 4 years of medical school. Students and AC directors are regularly reminded of these timelines.

The AC advising structure also fundamentally changed the AD-ASA position at UCSD. Prior to the ACs, the AD-ASA had met frequently with students regarding academic and personal counseling. Most meetings occurred with students who were doing well in school and were seeking additional information and mentoring. Following the introduction of ACs, many of these meetings were now held with an AC director. Students facing more problematic difficulties were referred to the Associate Deans. This change required an adjustment, as well as reminders that such meetings were not reflective of the status of most of the student body.

A final unanticipated outcome for us was that the AC directors would form their own community of support for one another. While regular meetings with AC directors were held with the AD-ASA and the Assistant Dean for Diversity and Community Partnerships, as well as student affairs staff and student liaisons, the AC directors supported one another outside of these meetings. They readily referred their students to their AC director colleagues when a question could be best handled elsewhere. This atmosphere of collegiality and support has been gratifying and has enhanced the spirit of community at the school. The enhanced sense of community at our school has also been supported by stronger student-faculty relationships. Recently published data revealed that the connectedness between our faculty and students has increased since the introduction of the ACs. Students were asked to rate their perceptions on their connectedness to faculty on a 1 to 5 Likert-type scale. Compared with average scores of 3.35 prior to the institution of ACs and curricular change, the scores were 3.75 on average following these changes, a significant difference. Small-group activities within ACs were identified as the major catalyst of this enhanced sense of community.[8]

Conclusions

Our experiences and data provide evidence that the introduction of ACs correlated with enhanced faculty mentoring and career advising and increased connectedness of students with faculty. Anecdotal experience at our institution suggests that schools instituting ACs should be prepared for unanticipated outcomes and adjust to these to maximize support for students.

Author Contributions

KB, JM, and CJK each contributed to the writing and review of the manuscript.

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