

Medical School Learning Communities: Programs and Resources



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The Value of Community for Learning

The Role of Community

What role does community play in teaching and learning? In many disciplines rewards are given for working alone. In the academy, faculty are brought up as sole proprietors as they research, write, defend, and publish their dissertations. In similar respects, many teach as sole proprietors, as their instructors taught them. In courses student learning is summarized by the final grade earned by the individual student working alone. Thus, "community" may be a distraction, hindering the coverage of content and delaying progress by requiring consensus—adding an element with which many are not familiar or comfortable. Parker Palmer (2002) describes it well,

Academic culture is a curious and conflicted thing. On the one hand, it holds out the allure and occasionally the reality of being a "community of scholars". . . . On the other hand, it is a culture infamous for fragmentation, isolation, and competitive individualism—a culture in which community sometimes feels harder to come by than in any other institution on the face of the earth (p. 179).

What is Community?

According to the American Heritage Dictionary (1982), one definition of community is "a group of people living in the same locality and under the same government." While political scientists favor this definition, educators across disciplines could generalize the definition and interpret "people" to be students, "locality" to be classrooms and courses, and "the same government" to be disciplines and departments, with the instructor and students connected by the structure of the course, the department, the discipline, and the university.

In *How People Learn* (Bransford, Brown, & Cocking, 2000), "community centered" refers to the classroom, the school, "and the degree to which students, teachers, and administrators feel connected to the larger community of homes, businesses, states, the nation, and even the world" (p. 98). The authors claim that learning takes place in three intersecting environments: learner centered, knowledge centered, and assessment centered, and that these environments are embedded in and enabled by community. Calculating percentages using 180 school days each year and each school day as 6.5 hours in Bransford et. al. (2000) report that students spend 14% of their time in school, 33% in sleep, and 53% in home and community. This majority of time in community emphasizes the importance of establishing and using connections between school and community. These connections can be extended to include students and faculty in the classroom and can be harnessed to provide openness, safety, and support. Then better learning can occur.

Another definition of community found in the literature, "a group or class having common interests," can describe the students in a course joined by a common focus on a particular topic. It also connects the course to students' experiences through families, neighbors, employers, and friends. In higher education, this definition of community is used in many contexts such as "the community of scholars" or the "medical community." The common interest here can encompass groups of a wide range of themes and sizes.

The dynamic of community can change with the size of the group. The final definition of community considered here is "common possession or participation." This begins to capture the dynamic meaning of

community using the Latin, "communitas," fellowship. In this definition learners engage the companionship of individuals in a congenial atmosphere, on equal terms, while pursuing a common goal.

Social Capital

The value of community can be captured using the concept of social capital.

Robert Putnam, in *Bowling Alone: The Collapse and Revival of American Community* (2000), notes with alarm the decline of membership in small communities during the last third of the twentieth century. For example, membership declined 42% in the League of Women Voters, 61% in the Red Cross, 58% for those attending club meetings, and 40% in bowling leagues. Putnam cautions that this loss of social capital—"the ways our lives are made more productive by social ties" (p.19)—poses a threat to our way of life. Has this nationwide decline in community been paralleled in the way we teach, live in our departments, and function in the medical school?

In his visit to America in the 1830s to determine the reasons for success of the fledgling democracy, Alexis de Tocqueville concluded that community played an important role,

Americans of all ages, all stations in life, and all types of dispositions are forever forming associations. There are not only commercial and industrial associations in which they take part, but others of a thousand different types—religious, moral, serious, futile, very general and very limited, immensely large and very minute. . . . Nothing, in my view, deserves more attention than the intellectual and moral associations in America.

Carpenter, Coughlin, Morgan, & Price (2011) found that the social capital perspective provided a valuable insight into descriptions and analysis of campus community. Social capital provides an understanding of the importance of reciprocal trusting relationships and evidence that institutions should support learning communities as a critical institutional strategy.

Student Learning Communities

Student Learning Communities (SLCs) have taken advantage of the power of community, but the academy has been slow to adopt them. In the 1920s and 30s John Dewey and Alexander Meiklejohn, concerned about the absence of active and student-centered learning (Dewey, 1933) and a coherent curriculum connecting disciplines (Meiklejohn, 1932), independently introduced the concept of cohorts of students taking courses in common across disciplines. This approach sputtered on and off for 50 years at a few institutions with limited success and no long-term adoption.

In the 1970s the new Evergreen State College totally incorporated an SLC curriculum (Jones, 1981), and once impressive learning outcomes were determined, particularly retention, other institutions adapted the model, incorporating variations that vary in complexity, faculty involvement, and residential components. The community built inside the cohorts plays a key role in providing support to achieve student learning outcomes that are better than those of students not in student learning communities. Macgregor, Tinto, and Linbald (2001) review a compilation of 70 assessment studies of student learning communities, and they find these results:

The support of community aids student retention. Students in learning communities, especially those at-risk, underrepresented, and making Cs and Ds, fare better academically, socially, and personally.

- Students' learning goes deeper, is more integrated, and is more complex.
- Learning communities can play an important role in faculty development: instructors involved in student learning communities achieve significant gains in personal, social, and professional development.
- The integration of academic and social life connects faculty and students to enable the formation of community that includes both.
- Sensitivity to and respect for other points of view, other cultures, and other people are enhanced for both students and faculty.
- Civic contributions are higher, for example participation in student government and in service learning programs.

References

American Heritage Dictionary (1982). Second College Edition. Boston: Houghton Mifflin

Bransford, J. D., Brown, A. L., & Cocking, R. R. (Eds.). (2000). *How people learn: Brain, mind, experience, and school*. Washington, DC: National Academy Press.

Carpenter, A., Coughlin, L., Morgan, S., & Price, C. (2011). Social capital and the campus community. *To Improve the Academy*, 29, 201-215.

Dewey, J. (1933). *How we think*. Lexington, MA: Heath.

Jones, R. (1981). *Experiment at Evergreen*. Cambridge, MA: Shenkman.

MacGregor, J., Tinto, V., & Lindbald, J. H. (2001). Assessment of innovative efforts: Lessons from the learning community movement. In L. Suskie, (Ed.), *Assessment to promote deep learning: Insight from AAHE's 2000 and 1999 assessment conferences*. Washington, DC: AAHE.

Meiklejohn, A. (1932). *The experimental college*. New York: HarperCollins.

Palmer, P. J. (2002). The quest for community in higher education. In W. M. McDonald & Associates (Eds.), *Creating campus community* (pp. 179-192). San Francisco: Jossey Bass.

Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. New York: Simon & Schuster

Source: <http://med.wmich.edu/node/3988>

University of Iowa Carver College of Medicine

Our Learning Communities were established in 1999 to enhance the activities, opportunities and relationships students encounter beyond the formal curriculum. Each medical and physician assistant student is assigned to one of four communities along with interested faculty and staff. Students assume leadership roles and each community is supported by a faculty director, professional coordinator and staff member.

How are Learning Communities organized?

Each medical student is assigned to one of four learning communities for their entire medical school experience. Every community is comprised of equal numbers of M1, M2, M3, and M4 students, and is staffed by a Faculty Director, Curriculum/Community Coordinator, and Secretary. With the support of community staff, students initiate and provide leadership for activities.

Where are the Learning Communities?

All learning communities are located in the Medical Education and Research Facility (MERF). Each community includes small group rooms, study and social spaces, computer stations, a kitchen area, and staff offices.

How will Learning Communities enhance my education?

Formal and informal learning activities, professional skills acquisition, leadership development, team building, wellness promotion, service learning, and cultural competency building are among the many opportunities provided by the communities. Mentoring and tutoring relationships with students and faculty are fostered both intentionally and serendipitously.

Why should someone become involved in a Learning Community?

Communities foster the development of supportive relationships among students at all levels, upper and lower, of the medical program. They also facilitate students' interactions with college faculty and staff, as well as with individuals and families supported by local community service agencies. Students who are involved with their learning community acknowledge it as a place to establish lasting friendships, engage in cooperative learning with classmates, obtain peer and faculty mentoring, pursue personal health and wellness, and enhance one's professionalism.

If you would like more information about Learning Communities, contact: [Hugh Hansen](#), M.S., Associate Director for Curriculum, The University of Iowa Roy J. and Lucille A. Carver College of Medicine, 1216 MERF, Iowa City, IA 52242, TEL: 319-335-7691; FAX: 319-335-8643

<http://www.medicine.uiowa.edu/md/communitiesfaq/>

Rosalind Franklin University of Medicine and Science

The Chicago Medical School (CMS) at Rosalind Franklin University established a House and Learning Communities Program to facilitate the development of students in a collaborative cultural context. The program includes four Houses that link sixteen learning communities across the four years of medical school, connecting students in a network of faculty and fellow students with varying interests and levels of experience.

Objectives:

- Provide medical students a familiar cohort for the duration of their medical school experience
- Facilitate the development of trust and collaboration among the medical student body.
- Support student efforts to adapt to and succeed in the culture of medicine in general and medical education in particular.
- Provide students with a broad range of resources for learning, advising, support, teamwork, and community engagement.

In the fall of 2013 Chicago Medical School inaugurated its four Houses. Each House consists of four vertically-affiliated learning communities, including one from each class. The four houses were named for exemplary historic CMS graduates, Fannie Emanuel, MD, 1915; Caesar Portes, MD, 1928; Herbert Lipschultz, MD, 1948; and Marion Finkel, MD, 1952.

The Office of Student Affairs provides institutional administration of the House and Learning Communities Program. There are ample opportunities for faculty and students to engage in the program.

Faculty Engagement

A physician faculty mentor leads each community comprising approximately 48 students, one-fourth of each medical school class. Learning community mentors are responsible for advising, clinical mentoring, teaching, and social support. They also serve as role models for community students. Mentors reflect on their own views of clinical medicine and provide examples of medical interactions for the students to discuss. Mentors invite students, especially in the first year, to shadow them in their clinical work. For students who are interested in specialties outside of the mentor's field, mentors make clinical contacts available for students who are interested in specialties outside of their fields. Mentors are involved in Orientation and White Coat activities for first year students, Transition Ceremony for second-year students, and Match Day and Commencement activities.

Student Engagement

Each learning community appoints a House Leader to serve on its House Committee for the duration of medical school. There are separate House Committees for each of the four houses (Emanuel, Portes, Lipschultz, and Finkel). Each committee includes representatives from all four classes, with an M2 member as Head of House. The committees coordinate and plan (or delegate planning of) house events, including at least one full-house social event per year, house representation in intramural athletics, community service/engagement events, and student-to-student connecting/advising/tutoring across classes. House committees will create and update house webpages, accessible through the CMS Student Affairs Website. In 2013-2014, the committees are developing house crests and mottos. House committees solicit volunteers to serve on the inter-house Stress Reduction Committee, which also organizes the annual Field Day.

Sixteen Learning Communities make up the four Houses at Chicago Medical School. The learning communities, which began in 2011, are named for their physician faculty mentors. Each medical school class is divided into four learning communities, so that each learning community is one-fourth of a medical school class. Learning communities link vertically with students in other classes to form 9 to 10 faculty advisor groups.

House and Learning Communities Structure

	Emanuel House	Portes House	Lipschultz House	Finkel House
Class of 2017 (M1)	Williams Community	Parrella Community	De Haas Community	Glick Community
Class of 2016 (M2)	Lewis Community	Haddad Community	Lee Community	Tsifansky Community
Class of 2015 (M3)	Khayr Community	Senno Community	Balkin Community	Hoffman Community
Class of 2014 (M4)	Slater Community	Kepic Community	Zaret Community	Affinati Community

Academic Activities

Learning communities meet once or twice a month for the “Clinical Reflections” course series, which addresses professional acculturation and clinical applications of the curriculum. Each student meets one-on-one with his or her mentor twice a year. Students shadow their mentors and other physicians in clinical settings.

Extracurricular Activities

A student-led “Field Day” in the first week of school, along with other activities throughout the year, features House teams. Beginning with Field Day, Houses vie in a year-long competition with academic, athletic, social, wellness, and community engagement components to win a House Cup. Each community holds several social gatherings per year.

<http://www.rosalindfranklin.edu/cms/StudentAffairs/Introduction.aspx>

University of Massachusetts Medical School

Learning Communities Program

Beginning in academic year 2010/11, School of Medicine students are members of Learning Communities, established to allow more inter-class interaction where students can learn from each other as they will when they are out in the real world. All entering first-year students are assigned to one of five “Houses,” each with regionally significant names. Each House includes approximately 100 students, four 25-student cohorts from all four class years. These social and academic homes are overseen by faculty mentors, who act as advisors, teachers and career development coaches.

All students have been placed in Houses *Blackstone*, *Burncoat*, *Kelley*, *Quinsigamond*, and *Tatnuck*, represented by the following *House Seals*.



Doctoring & Clinical Skills (DCS)

Students enter medical school to become doctors and engage in a career of lifelong learning and personal and professional development. Doctoring and Clinical Skills will provide a solid foundation for each of these goals through a mentored, skills-based curriculum with faculty [mentors](#) who have long-term relationships with students across their four years of medical school. The course structure includes small groups with vertical integration so that senior students share lessons learned with more junior students. In addition, mentors offer close observation and frequent feedback on clinical skills, application of scientific principles, and demonstration of humanistic values, will prepare our students to become skilled, innovative doctors and individuals who function effectively in teams.

The course represents the primary curriculum delivered through the [Learning Communities Program](#) within [Foundations of Medicine I](#). The curriculum begins with a 3-day transition to medical school with the goal of orienting the student to the structure of the medical school, learning resources, and the social and emotional needs of students in academically rigorous years. The Doctoring and Clinical Skills course will cover professional and personal topics important to the clinical skills of emerging doctors, including eliciting patient histories, performing physical exams, clinical decision making, and communication. Year 1 learning will occur in the context of mentored relationships with faculty in small groups and longitudinal clinical rotations with community providers. Many of the course topics will be revisited across the four years of medical school.

<http://www.umassmed.edu/learningcommunities/index.aspx>

University of Wisconsin Learning Communities

The Houses: [Bamforth](#), [Bardeen](#), [Gundersen](#), [Middleton](#), [McPherson](#)

Within the [MD Program](#) at the University of Wisconsin School of Medicine and Public Health in Madison, learning communities - also known as the "houses" - offer opportunities for medical students to connect with their peers, students in other classes and disciplines and faculty during their medical education.

The learning communities are designed to open up new possibilities for formal and informal learning, interaction and socialization.

Each house is named for a prominent physician in the history of the UW School of Medicine and Public Health. Each house includes 130 students from all four medical school classes, so students not only have an identity as a member of their class, they will also get to know students from other classes who are members of their house.

The learning communities are designed to foster community, leadership, professionalism, well-being and the sharing of knowledge in order to develop more intellectually, socially, physically and emotionally prepared physicians. This mission is achieved through the following objectives:

- Provide opportunities for peer and professional mentoring and career guidance
- Promote the skills and attitudes of professionalism
- Develop opportunities for emotional and personal support through social and recreational opportunities
- Foster development of cross-discipline relationships and interactions

Each house plans activities according to the interests of its members and the mission of the learning communities. The Interhouse Council provides leadership, planning of events and coordinates all-house activities such as the House Cup competition held every spring. Participation in house-sponsored activities is voluntary.

Each community has a suite of four rooms: a large classroom, two medium classrooms and a small break room with a refrigerator and microwave. A small but comfortable open lounge area is adjacent to the break room, overlooking the atrium. Student lockers and mailboxes for first- and second-year students line the halls nearby.

Guiding Principles of the Learning Communities

The Learning Communities - also known as the "houses" - within the [MD Program](#) at the University of Wisconsin School of Medicine and Public Health in Madison are governed by a set of guiding principles. These include:

- Represent defined student groups composed of students from all four classes, but are not intended to replace student identification with his/her own class, or to disrupt the cohesion of each individual class
- Learning communities are not intended to displace or compete with the activities and purposes of medical student organizations. Learning communities are structures to promote, support and facilitate

the efforts of existing medical student organizations, and to sponsor new initiatives based on identified needs

- The involvement of faculty directors or advisors for each community will supplement the current class mentor program
- The use of the term "learning" as it refers to communities does not imply any relationship to the formal medical school curriculum. At the present time, classroom and small group assignments will not be based on learning community membership
- The learning communities will focus on four key areas of mission:
 - Mentoring and career development
 - Professionalism
 - Community support and self care
 - Interdisciplinary learning and interaction
- The term "learning communities" is academic and somewhat formal. Students would like to informally refer to each community as a "house"

Mission of the Learning Communities

The [MD Program](#) Learning Communities at the University of Wisconsin School of Medicine and Public Health in Madison are made up of five houses - [McPherson](#), [Middleton](#), [Gundersen](#), [Bardeen](#) and [Bamforth](#) - that enhance the academic experience of the classroom.

Each house is designed to foster community, leadership, professionalism, well-being and the sharing of knowledge in order to develop more intellectually, socially, physically and emotionally prepared physicians.

This mission will be achieved through the following goals:

- Provide opportunities for peer and professional mentoring and career guidance
- Promote the skills and attitudes of professionalism
- Develop opportunities for emotional and personal support through recreational and social interactions
- Foster development of cross-discipline relationships and interactions

<http://www.med.wisc.edu/education/md/resources/learning-communities/main/657>

Johns Hopkins School of Medicine

Program Description

The Colleges Program (CAP) was launched in September, 2005 by Dr. David Nichols, then Vice Dean of Education, with the support of the Dean at that time, Dr. Edward Miller, and in collaboration with Dr. Pat Thomas, Associate Dean for Curriculum, Dr. Tom Koenig, Associate Dean for Student Affairs, and the Medical Student Society. The program is intended to provide every medical student with a dedicated and longitudinal advisor/mentor.

Vision

The vision for the Program is: "To develop a learning community of students and faculty dedicated to enhancing personal and professional growth and career development. This will occur through collaborative learning, clinical skill-building, longitudinal advising, and enhancing connections between students and all (interested) members of the school of medicine."

Twenty-four physicians in the medical school hold positions as "Core Colleges Faculty". This faculty devotes approximately 20 percent effort as longitudinal advisors to five students in each class, and as small group instructors for the Year 2 Clinical Skills course. From a social perspective, groups are organized around student-faculty pairings. This arrangement offers students the opportunity to learn the fundamental skills of medicine and lessons in professionalism and humanism from a trusted advisor.

Students and faculty are organized into four colleges, each named after legendary Hopkins faculty member:

- [\(Florence\) Sabin](#)
- [\(Vivien\) Thomas](#)
- [\(Daniel\) Nathans](#)
- [\(Helen\) Taussig](#)

Each college is populated by 120 students, 30 from each class, and six core faculty, with a faculty leader and student leaders. In the planning phase is an extended faculty network to maximize mentoring opportunities for students. Each college has a unique and complementary schedule of social, peer advising, and community events to foster unique college identity and enjoy the company of their peers. A geographic home for the Colleges is planned in the new Education Building.

Incoming students meet their faculty advisors at Orientation and subsequently see them for advisory meetings and informal get-togethers on a regular basis. Advisors may help students become familiar with the Baltimore community and host them in their homes. Academic and career advising will cover the "the road map" of medical education, including adjustment to professional school, research and scholarship, career choice, locating career-specific mentors, modeling professionalism, and appreciating the significance of "critical incidents" as they occur in a student's professional training.

<http://www.hopkinsmedicine.org/som/colleges/program.html>

Stanford School of Medicine

The Educators-4-CARE (E4C) Program was established to enhance the development of medical students as skilled and compassionate physicians. E4C provides a formal curriculum aimed to foster the development of some of our core values – **C**ompassion, **A**dvocacy, **R**esponsibility, and **E**mpathy – from the beginning and throughout medical school.



Beginning in 2008, each incoming medical student will be matched with an Educators-4-CARE faculty, who will serve as a teacher, mentor, and colleague for the duration of the student's time at the School of Medicine. Each Educator-4-CARE will teach and guide five to six students per class year in the following ways:

- During the pre-clerkship years, precept students once per week in the *Practice of Medicine (POM)* course, cultivating students' acquisition and refinement of patient communication skills, physical examination skills, clinical reasoning, and professionalism
 - During the clerkship years, continue to provide guidance for students' bedside clinical skills and professionalism through semi-monthly Doctoring with CARE sessions as part of the INDE 297 curriculum
- Provide student mentoring and regular, periodic feedback throughout medical students' tenure at Stanford
 - Work with others to ensure that all Stanford medical students graduate with mastery of core clinical skills
 - Write letters of reference as requested
 - Collaborate with POM course directors, [MD Advising Program](#), and [Office of Medical Education](#) leadership to assist in students' academic and professional development
 - Participate in student milestone events and celebratory gatherings

Benchmarks

Since its inception in Fall 2008, the E4C program has been working to develop a set of benchmarks for our MD curriculum in multiple skill areas.

Our objective in creating these benchmarks is to provide students and faculty with clear, consistent, developmental guidelines for the acquisition of essential clinical and professional skills pursuant to the MD degree at Stanford. Over the coming months and years, E4C will continue to work closely with the *Practice of Medicine* course, with clerkships, and with the developing [Criterion-Based Evaluation Initiative \(CBEI\)](#) to refine the benchmarks and further integrate them into teaching and learning. We offer below the first version of our Physical Exam benchmarks, and look forward to sharing updates to these (as well as benchmarks in the other skill areas listed above) as they become available.

Physical Exam

- [General Approach](#) 
- [Vital Signs](#) 
- [HEENT – Head, Ears, Eyes, Nose, Throat](#) 
- [Chest](#) 
- [Cardiovascular](#) 
- [Breast/axilla](#) 
- [Abdomen](#) 
- [Musculoskeletal](#) 
- [Neurologic](#) 
- [Male GU/rectal](#) 
- [Female GU/pelvic](#) 

Clinical Reasoning and Oral Presentations

- [Clinical Reasoning and Oral Presentation Benchmarks](#) 

Patient Write-ups

- [H&P Write-ups Benchmarks](#) 

Communication

- [Communication Benchmarks](#) 

Professionalism

- [Professionalism and Ethics Benchmarks](#) 

Acknowledgements

In the development process, E4C consulted other School of Medicine faculty from various specialties, widely-recognized clinical skills texts, and the broader body of medical education literature. E4C would also like to acknowledge the Colleges at the University of Washington School of Medicine for their preceding work in this area and for the gracious input and advice of the Colleges' leadership in our benchmarking process.

<http://med.stanford.edu/e4c/e4ccommunities.html>

Ohio State University College of Medicine

Introduction to Medical Student LEARNING COMMUNITIES

Robert L. Ruberg, MD

Professor of Surgery

Director, Learning Communities

Overall Goals of Learning Community Program

- Provide a safe, longitudinal educational environment for active learning that exists for the duration of the medical school experience.
- Foster respect for the value of divergent talents, opinions and personalities.
- Instill in students and faculty the responsibility for the success of the whole, not just the individual.

Sub Goals for Students

- Provide opportunities for closer relationships among students and faculty.
- Increase the connectivity between students within each class and across the four+ years of medical school.

Sub Goals for Students

- Strengthen advising and mentoring
- Both faculty and student-to-student
- Expand on the type of physician skills taught and reinforced
- Develop skills in leadership and multidisciplinary teamwork.

Format

- Groups of 12 students (2 anatomy tables) assigned to a specially selected faculty volunteer
- Meet monthly during Med I and Med II; less frequently in Med III and Med IV
- First meeting: Day 2 of Medical School!

Format

- Site and time to be determined by the group and its Leader
- Topic for discussion to be determined by the group and its Leader (Library of topics and references available on Carmen)
- Occasional guest speakers

Details

- Attendance: Mandatory
- Grading: None

- COMING SOON: Organization of multiple communities into Learning Societies representing all four years of the Medical School

Details

- Program started with Med I class 9/07
- Now: Fully implemented Med I to Med IV
- Total: 76 Learning Communities
- Faculty volunteers from every department
- Eleven faculty volunteers now do more than one Learning Community

Vanderbilt University School of Medicine

Advisory Colleges

The Colleges launched at the start of 2007-08 and have grown considerably over the past few years. Upon matriculating at Vanderbilt Medical School, students are randomly assigned to one of four colleges, each named after a former Dean of the medical school—**Batson**, **Chapman**, **Gabbe**, and **Robinson**. Each College has their own designated color and crest to capture their unique spirit and character. In total, each College consists of approximately 100 students from all four years of medical school, as well as those completing their PhD work as part of the MSTP track at Vanderbilt.

Each College consists of two College Mentors as well as several Faculty Affiliate Advisors, all of whom were selected based on student recommendation and a competitive application process. Moreover, a number of dedicated fourth year medical students serve in each College as Student Affiliate Advisors. Together, the College Mentors, Faculty Affiliate Advisors, and Student Affiliate Advisors strive to produce a "home within a home", providing students with a ripe environment of academic and career mentoring as well as support and encouragement in maintaining wellness and balance in many other domains of life. The College Mentors are an integral part of this nurturing atmosphere, and are highly valued for their deep and unwavering commitment to students.

The College Program is one of the many reasons for Vanderbilt's success in producing satisfied, happy, and well-balanced students who love their life in medicine. In addition to providing students with individual counseling and assisting them in finding success in medical school, the Colleges Program plays a significant role in many student events throughout the year including the College Cup, Wellness Retreats, Pumpkin Carving, and the Shade Tree Trot (a charity event for the student-run free health clinic).

As the Colleges have evolved, they have become true learning communities, places where students come together in smaller groups to delve into subject matter relevant to their growth and development as physicians-in-training.

Through a course called the Colloquium, the students gather every Monday afternoon and learn about the medical humanities with the College Mentors as their facilitators. This learning environment encourages students to break out of the traditional mode of medical education in which facts must be memorized for an examination. Instead, students are encouraged to become critical thinkers who shape, structure, and ultimately transform the way they see themselves within medicine.

Additionally, through a broad range of programming on the themes of student wellness and career counseling, the Colleges also play a particularly important role in helping students stay balanced during medical school and in helping them choose careers that lead to long-term professional happiness.

They provide students with a sense of community in which friends are made, support is received, and guidance is always available. Vanderbilt's greatest strength lies in its people and the bonds that form between them, and the Colleges represent the foundation of that relational model.

<https://medschool.vanderbilt.edu/student-affairs/about-colleges>

Case Western Reserve University School of Medicine

THE ACADEMIC SOCIETIES *of the* CWRU SCHOOL *of* MEDICINE

Upon matriculation to the Case Western Reserve University School of Medicine, all students are randomized to one of four Academic Societies. Societies are named after important people in the history of the medical school.

Students remain members of their assigned societies throughout their time as students. The Societies aim to foster close relationships and a sense of community among students. The Society Deans serve as mentors, helping students navigate the curriculum and providing students with advice and support for residency and career planning.

Mission Statement

The purpose of the Academic Societies is to provide a comprehensive support system for students so that they can master the academic and professional skills required to be a physician. This goal is accomplished through advising, teaching, collating assessments for the Medical Student Performance Evaluation, and building a sense of community.

Advising

- **Personal Advising**
 - Managing life events while achieving excellence in education
 - Referral as needed to Student Counseling Services, Student Health Services, and Addiction Services
- **Academic Advising**
 - Holding group meetings during the Blocks: students create a Professional Learning Plan (PLP) and share best practices.
 - Remediation (learning plans and academic and behavioral contracts)
 - Oversee student-run [Consult Services Program](#) for providing learning assistance outside of class
 - Referral as needed to Educational Support Services
 - Arranging examination accommodations
 - Provide advice about academic scheduling and timing of National Boards exams
 - Dual degree program planning (MS, MA, PhD, JD)
- **Career Planning**
 - AAMC Careers in Medicine Program guidance
 - Case Futures Program for career planning and counseling
 - 1:1 meetings to help students finding mentors
 - Match Time-Line, resume preparation, personal statement preparation, informational class meetings
- **Research**
 - Helping students find mentors
 - Writing letters of recommendation for research grants, fellowships and year-long programs
 - Coordinating with Office of Medical Student Research
- **Teaching** - the Society Deans teach some curricular components, but are primarily involved in the teaching of medical professionalism.
 - Organizing and leading the Professionalism Workshop at Orientation

- Organizing and leading the annual Student Clinician Ceremony
- Leading the Professional Learning Plan sessions (personal reflection, continuous quality improvement, sharing best practices)
- Teaching in the IQ program (problem-based learning groups)
- Teaching EKG Elective

Building Community

- **Creating a smaller community where everyone feels heard**
 - Society Lounge space
 - Society government: The Intersociety Counsel (ISC)
 - Independent budget for the ISC, allocation determined by students
 - Society competitions
 - Society volunteer projects
 - Society logos
 - Vertical learning (sharing best practices)
- **Managing or Playing Major Role in School Events**
 - New student Orientation and Society Mixer
 - Irwin H. Lepow Memorial Medical Student Research Day
 - Student Clinician Ceremony
 - AOA Alpha of Ohio Chapter events
 - White Coat Ceremony
 - Match Day
 - Society picnics and other social events
 - Graduation Award Ceremony
 - Graduation (hooding of students)
- **Keeping in touch**
 - Weekly Society Dean meetings to share ideas and issues
 - Dr. Kathy Franco, Associate Dean of Admissions and Student Affairs at the Cleveland Clinic Lerner College of Medicine attends this meeting regularly
 - Student leaders and others often invited if they have a request, issue, or information they want to present to the deans
 - Regular meetings with other administrative departments
 - Regular Dean's Council Meetings with the Committee of Student Representatives

The Society Deans advocate for their students

COS Referrals: At the School of Medicine, decisions about academic advancement are handled by the Committee on Students (COS). Referrals to this committee are made for academic and professional reasons. The guidelines for academic referrals are clearly spelled out in the student handbook. The student's Society Dean will meet with him/her in advance, describe the process and then attend the COS meeting as the student's advocate. The Society Dean will also collate the data about academic performance and present it to the COS.

Referrals to the COS come from sources such as a faculty evaluation, faculty complaint, student complaint, criminal referral or a mental/physical health referral. The Society Dean will meet with the student, explain the COS process, and ask the student to reflect on the complaint. The Society Dean will attend the COS meeting to advocate for the student.

Medical Student Performance Evaluation (MSPE) Letter Preparation

Graduating students need this letter as part of their residency application. The [MSPE](#) letters are prepared by the Society Deans. This is a transparent process that is accomplished through a series of 1:1 meetings. Students see the letter during the entire process, including the final product. The Society Deans collate each student's academic assessments and write the unique characteristics portion of the letter in collaboration with the student.

Avoiding Conflicts of Interest - Key Principles

The Society Deans are advisors. All academic assessments are prepared by faculty and the Office of Curricular Affairs and are provided to the Society Deans. The Society Deans present the data to their students and review the assessments with them to help them reflect on areas of strength and weakness. When students fail to meet expectations on a particular assessment or curricular competency, they are referred to their Society Dean who will communicate the timing and substance of the remediation designed by faculty and will help students prepare a remediation plan.

Whenever possible, the Society Deans avoid having their own students in a preclinical or clinical teaching activity and will ask IQ team coordinators not to assign students to a group facilitated by their Society Dean.

The Society Deans prepare the MSPE (Dean's Letter). Although this is a letter of evaluation, the Society Dean's role is to collate the assessments that are submitted by the faculty. The part of the letter that is crafted by the Society Dean is the "Unique Characteristics" portion which is written with the aid of the student and relies heavily on information provided by the student. If a student is uncomfortable with their MSPE, they may contact the Vice Dean for Education and Academic Affairs to request an independent review or a change in letter-writer.

The Societies work on a group practice model, and students are free to consult with any of the Society Deans. If a student genuinely feels that they have a conflict with their Society Dean and is not comfortable with this person, he or she may meet with the Vice Dean for Medical Education to request a change. The Vice Dean will make the final decision.

http://casemed.case.edu/student_affairs/societies/#Building

University of Texas Medical Branch:

John P. McGovern Academy of Oslerian Medicine

The Osler Student Societies are a program of the John P. McGovern Academy of Oslerian Medicine. Although other health sciences universities have student societies, as far as we've been able to determine, this is the only one in which the focus is specifically promoting the ideals embodied by Sir William Osler.

The development of the Societies was a special project and passion of Dr. Mark Holden, an Osler Scholar. The Societies enrolled their first full class of entering freshman in August 2006. Faculty mentors are nominated by students based on their excellence at teaching and modeling Oslerian ideals. Each Student Society also has three or four student mentors. These include the Osler Student Scholars and select upperclassmen who are invited to continue to participate and to act as mentors to the first and second year students.

The Student Societies typically schedule 5-6 activities a year, but the faculty mentors are available for consultation with the students in their groups throughout the year. One of the first tasks for the Osler Student Societies was choosing names. They were told to pick an influential and inspiring historic figure in medicine. They came up with the following:

- [Werner Forssmann](#)
- [Asclepios](#)
- [Elizabeth Blackwell](#)
- [Ashbel Smith](#)
- [René Laënnec](#)
- [Andreas Vesalius](#)
- [Truman Blocker, Jr.](#)
- [Albert Schweitzer](#)

Student participation in societies is voluntary, and all undergraduate students in the UTMB School of Medicine are invited to participate. It is the hope that the availability of strong mentors will attract student participation and provide the opportunity for students to experience professional and personal growth through their encounters with their Society mentors.

The vision of the Osler Student Societies is to provide developing physicians insight into "A Way of Life", described by Sir William Osler, not through formal lecture, but through the guidance of mentors in contact with students within and outside their academic setting.

The goals of the Student Societies are:

- To enhance Faculty-Student interaction,
- To enhance mentoring and advising of students by faculty,
- To promote professionalism and humanism,
- To promote community service, and
- To promote the development of mentoring skills and camaraderie among students

<http://www.utmb.edu/osler/societies/default.asp>

Learning Communities Institute: Medical School Programs

<http://sites.tufts.edu/lci/colleges/>

[Alpert Medical School – Brown University](#)

Baylor College of Medicine

[Case Western Reserve University School of Medicine](#)

[Columbia University College of Physicians and Surgeons](#)

[David Geffen School of Medicine at UCLA](#)

[Feinberg School of Medicine at Northwestern University](#)

[Florida International University](#)

[Florida State University College of Medicine](#)

Geisel School of Medicine at Dartmouth

[Harvard Medical School](#)

Hofstra North Shore-LIJ School of Medicine

[Johns Hopkins University School of Medicine](#)

[Keck School of Medicine – University of Southern California](#)

[McGill University School of Medicine](#)

[Miller School of Medicine – University of Miami](#)

Morsani College of Medicine – University of South Florida

New York University School of Medicine

[Northeastern Ohio Universities Colleges of Medicine and Pharmacy](#)

[Ohio State University College of Medicine](#)

[Oregon Health & Science University](#)

Quillen College of Medicine – East Tennessee State University

[Saint Louis University School of Medicine](#)

[Stanford University School of Medicine](#)

[Stritch School of Medicine – Loyola University Chicago](#)

SUNY Downstate College of Medicine

Temple University School of Medicine

[Texas Tech University Health Sciences Center](#)

[Tufts University School of Medicine](#)

University of Alabama School of Medicine

[University of Arizona College of Medicine](#)

[University of California – Davis](#)

[University of California – San Diego](#)

[University of California – San Francisco](#)

[University of Iowa Carver College of Medicine](#)

University of Kansas School of Medicine

University of Kentucky College of Medicine

[University of Louisville School of Medicine](#)

[University of Massachusetts Medical School](#)

[University of Minnesota Medical School](#)

[University of Missouri-Kansas City School of Medicine](#)

University of Oklahoma College of Medicine

University of Pittsburgh School of Medicine

[University of Texas Medical Branch – Galveston](#)

[University of Texas Southwestern Medical School](#)

[University of Toronto](#)

University of Virginia School of Medicine

[University of Washington School of Medicine](#)

Weill Cornell Medical College

[University of Wisconsin School of Medicine and Public Health](#)

[Western Michigan University Homer Stryker M.D. School of Medicine](#)

[Vanderbilt University School of Medicine](#)

Wayne State University School of Medicine

Bibliography of Selected Resources

- 1: Smith S, Shohet R, Keeley M, Fleming A, Moynahan K. R=The growth of learning communities in undergraduate medical education. *Acad Med.* 2014 Jun; 89(6): 928-933. <http://www.ncbi.nlm.nih.gov/pubmed/24871245>
- 2: Ferguson KJ, Wolter EM, Yarbrough DB, Carline JD, Krupat E. Defining and describing medical learning communities: results of a national survey. *Acad Med.* 2009 Nov;84(11):1549-56. doi: 10.1097/ACM.0b013e3181bf5183. PubMed PMID: 19858814. <http://www.ncbi.nlm.nih.gov/pubmed/?term=19858814>
- 3: Stewart RW, Barker AR, Shochet RB, Wright SM. The new and improved learning community at Johns Hopkins University School of Medicine resembles that at Hogwarts School of Witchcraft and Wizardry. *Med Teach.* 2007 May;29(4):353-7. PubMed PMID: 17786750. <http://www.ncbi.nlm.nih.gov/pubmed/?term=17786750>
- 4: Bicket M, Misra S, Wright SM, Shochet R. Medical student engagement and leadership within a new learning community. *BMC Med Educ.* 2010 Feb 26;10:20. doi: 10.1186/1472-6920-10-20. PubMed PMID: 20187953; PubMed Central PMCID: PMC2837871. <http://www.ncbi.nlm.nih.gov/pubmed/?term=20187953>
- 5: Francis-Baldesari C, Pope C. Using a social constructivist model of teaching to create a learning community. *J Nurs Educ.* 2008 Mar;47(3):143-4. PubMed PMID: 18380270. <http://www.ncbi.nlm.nih.gov/pubmed/?term=18380270>
- 6: Velde B, Lust C. Using a learning community to enhance course integration in a school of allied health. *J Allied Health.* 2004 Spring;33(1):55-61. PubMed PMID: 15053222. <http://www.ncbi.nlm.nih.gov/pubmed/?term=15053222>
- 7: Murr AH, Miller C, Papadakis M. Mentorship through advisory colleges. *Acad Med.* 2002 Nov;77(11):1172-3. PubMed PMID: 12431954. <http://www.ncbi.nlm.nih.gov/pubmed/?term=12431954>
- 8: Fleming A, Cutrer W, Moutsios S, Heavrin B, Pilla M, Eichbaum Q, Rodgers S. Building learning communities: evolution of the colleges at Vanderbilt University School of Medicine. *Acad Med.* 2013 Sep;88(9):1246-51. doi: 10.1097/ACM.0b013e31829f8e2a. PubMed PMID: 23887019. <http://www.ncbi.nlm.nih.gov/pubmed/?term=23887019>
- 9: Rosenbaum ME, Schwabbauer M, Kreiter C, Ferguson KJ. Medical students' perceptions of emerging learning communities at one medical school. *Acad Med.* 2007 May;82(5):508-15. <http://www-ncbi-nlm-gov.proxy1.cl.msu.edu/pubmed/17457076>
10. Kalet A, Krackov S, Rey M. Mentoring for a new era. *Acad Med.* 2002 Nov;77(11):1171-1172. <http://www-ncbi-nlm-gov.proxy1.cl.msu.edu/pubmed/12431952>

11. Hafferty FW, Watson KV. The rise of learning communities in medical education: a socio-structural analysis. *J Cancer Educ.* 2007 Spring;22(1):6-9.
<http://www-ncbi-nlm-gov.proxy1.cl.msu.edu/pubmed/17570801>

Other Learning Community Resources

Learning Communities Institute: Building Connections in Medical Education

<http://sites.tufts.edu/lci/>

Learning Communities Structure and Function

<http://sites.tufts.edu/lci/files/2012/01/LC-STRUCTURE-FUNCTION5x.pdf>

Website for Developing Faculty and Professional Learning Communities (FLCs): Communities of Practice in Higher Education

<http://www.units.miamioh.edu/flc/index.php>

Learning Communities: International Journal of Learning in Social Contexts

http://www.cdu.edu.au/centres/spill/publications_ijlsc.html (MSU accessible)

Learning Communities Journal (not MSU accessible)

<http://celt.muohio.edu/lcj/issue.php?v=5&n=0>

Learning Communities Research and Practice (MSU accessible)

<http://washingtoncenter.evergreen.edu/lcrjournal/topdownloads.html>