SCAFFOLD AND CATALYST: THE ROLE OF LEARNING COMMUNITIES IN MEDICAL STUDENT PROFESSIONAL IDENTITY FORMATION
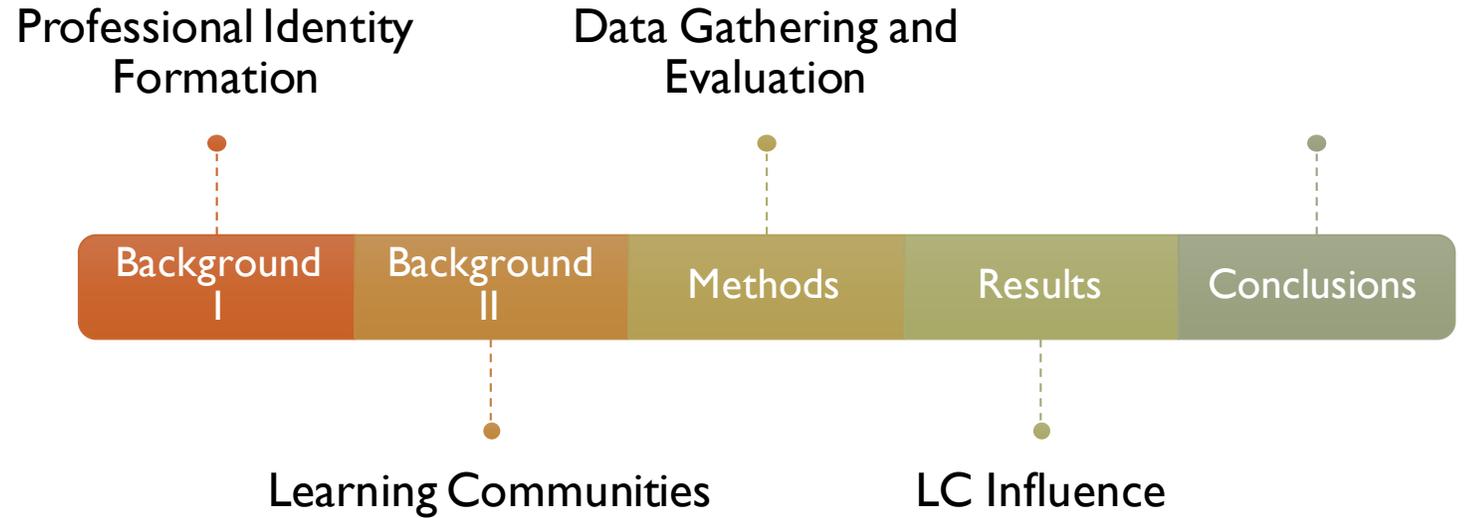
Kern Institute

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LEARNING COMMUNITIES INSTITUTE

BUILDING CONNECTIONS IN MEDICAL EDUCATION

OUR TIME HERE- THE JOURNEY SO FAR

Professional Identity Formation

Data Gathering and Evaluation

Background I	Background II	Methods	Results	Conclusions

Learning Communities

LC Influence

PROFESSIONAL IDENTITY FORMATION

- Has been discussed as a central aim of medical education (1,2) yet empirical study of this process is limited

- Describes a journey from neophyte to a full member of a profession (3)

- "A physician's identity is a representation of self, achieved in stages over time during which the characteristics, values, and norms of the medical profession are internalized, resulting in an individual thinking, acting, and feeling like a physician." (1)

1. Cooke M, Irby D, O'Brien B, Educating Physicians 2010; 2. Cruess R, Cruess S, et al. Teaching medical professionalism in support of professional identity 2016; Merton RK, et al. The Student Physician…1957

LEARNING COMMUNITIES IN MEDICAL EDUCATION

- LC's are intentionally designed groups of students and/or faculty who are actively engaged in learning with and from each other (1)

- Are a relatively recent, and increasingly common addition to undergraduate medical education with growth from 18 schools in 2006 (2) to 66 in 2013 (3)

- Focus on a range of goals including teaching professionalism & clinical skills, enhanced advising, promotion of student faculty relationships and student wellness (4-6)

- While positioned to promote PIF, there is only one empirical study has examined the role of LC's in promoting PIF at one medical school (7)

1. Ebers LH, ASHE-ERIC Higher Education Report. Vol 26, No. 6; 2. Ferguson KJ et al. Acad Med 2009; 3. Smith S et al. Acad Med. 2014; 4 Hafferty F et al. J Ca Education 2007; 5.Goldstein et al. Clinical skills Acad Med 2005; 6. Fleming et al. Wellness Acad Med 2013; 7 Hatem et al. J Med Ed Curric Development 2019.

STUDY AIM

- Expand our understanding of the contribution of Learning Communities to student Professional Identity Formation as described by graduating medical students at 4 US Medical schools with established Learning Communities

STUDY METHODS

- Chose a multi-site study, using 4 geographically dispersed medical schools

- Schools represented Learning Communities Institute Research Network PIF Study group member schools

- Final year students selected to get comprehensive, retrospective view of the PIF process

- Semi structured interview looking at Professional Identity Formation and

  - The journey and student's identity transformation

  - Mechanisms students use to develop PI

  - Learning Community Factors and their importance in PIF

  - Non-LC Factors and their importance in PIF

- Used schools with different models of LC's, 2 whose focus was on professional development and 2 whose focus was creating purposeful community. No school whose primary purpose was creating a sense of integration and wholeness was chosen

EVALUATION METHODS

- IRB approval at all 4 study schools obtained

- Interviews recorded and transcribed using Temi app with review of transcipts for corrections

- Transcripts loaded into Dedoose a software program designed to aid with storing, coding, and analyzing qualitative data

- Initial Code book developed by two research team members (LA and MW) with extensive qualitative analysis experience.

- Research team reviewed an exemplar transcript and discussed coding during one in person meeting, and several Zoom monthly conference calls

- Set up 6 Coding teams with regular review of 9 separate transcripts each

- Full team phone calls for discussion of code book, review of challenging passages monthly

RESULTS

- Represents data from first 16 interviews

- 4 interviews from each school

- Reviewed responses to questions focused on LC influence on Professional Identity Formation

RESULTS

Learning Communities promote PIF by:

- Creating structures to build personal and professional relationships

- Providing venues to process a range of experiences and conflicts

- Promoting reflection on experience

- Creating a safe space allowing students to be vulnerable

- Offering a variety of leadership opportunities

CREATING PHYSICAL AND SOCIAL STRUCTURES

- Another place that would really foster mentorship would be in my learning community. **I had made a bunch of upperclassmen friends because we're always hanging out in those learning communities.** Whenever I needed to study, I would go there, to avoid distractions and the upper class students always had really great tricks and tips about, like, where to find a good study guide, how to study for different tests, what sorts of things to expect on rotations. So that was, they were kind of always in the shadow that felt like whenever I needed them. And then eventually because you saw them enough you would exchange cell phone numbers or emails and contact them through that. But having that kind of home base where we could all kind of catch up and meet really helped. (Carver2)

- …when you're kind of learning how to interview patients, you're with the same group of learning community students. When you're learning how to do physical diagnosis, you're with the same group of students. Um, when you're practicing interviewing patients in the hospital as a late second year, you're with the same people. Um, and then when you're kind of going through the residency application process, you have longer meetings with your learning community. …you do mostly everything in those learning communities for your first two years. And they serve multiple purposes. So they're there for **career and academic support that we have**. Our faculty mentors are assigned through them, and also **academic and career support from the senior students** within the houses. They serve a purpose for overall wellness (UMass4)

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LEARNING COMMUNITIES PROVIDE VENUES TO PROCESS A RANGE OF EXPERIENCES & CONFLICTS

- And especially for me because I've, I wasn't very social with a lot of the students because I have a different lifestyle that, you know, like I said, everyone moved to the city. I didn't, I have a husband, I have a kid, I have a lot going on. So sometimes it would be hard for me to connect with the other students. So I didn't know what was going on with everybody. So for me that was nice to hear like other people like commiserate and gripe about like, oh this is really bad or this resident goes and cries in the bathroom every day. And I'm like, oh my goodness, that is horrible. But like hearing these things, cause or else like, all I would have would be my perspective at medical school. So by going to the communities and listening to everyone, it was good to get those perspectives. (RF14)

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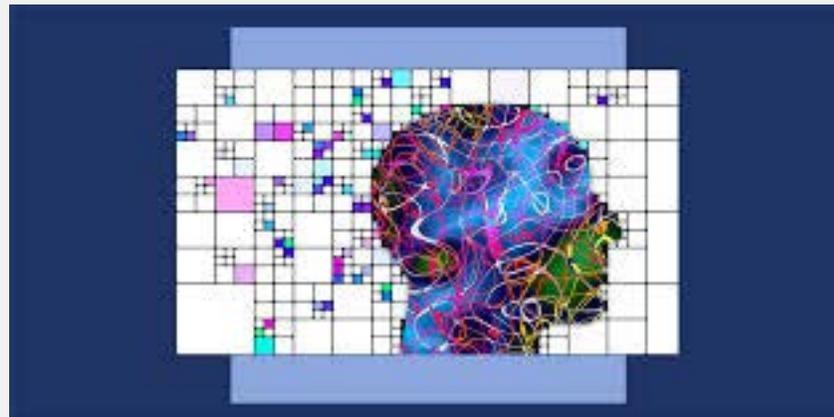
LEARNING COMMUNITIES PROMOTE REFLECTION ON EXPERIENCE

- . So I feel like the way that it, rather than like one big thing, it actually helped through a lot of smaller things. Because a lot of the exercises that we go through, they're really self reflective exercises, which invite use to think about different aspects of who we are and the kind of career that we want to have kind of physician that we want to be and sort of think about those things more critically. . I feel like the influence is from asking us, reflecting on like, like how would I deal with like a patient that or how will I work with a difficult patient and how do I process emotions as I go through that. I guess that's probably **the biggest takeaway from it, was that it instills within us this sort of like self reflective process that allows us to think critically about like the emotional aspects of things that we are going through** as well. Rather than being like, you know maybe the word I would use it kind of like humanizes things for us. The way that these learning communities, it kind of humanize medicine for us. Kind of like reminded us that we are human beings as well and that we are allowed to experience, you know, human emotions have a human experience through this whole process and it's not just like robots, kind of treating patients completely objectively. (RF6)

LEARNING COMMUNITIES CREATE A SAFE SPACE & ALLOW STUDENTS TO BE VULNERABLE

- especially for third year it was nice because you know, now when we're actually seeing patients and you're actually dealing with these real ethical dilemmas or these real, you know, um, patient issues and you're able to discuss them with somebody who gets what you're saying and have these really unfiltered conversations that just kind of allow for like, you know, venting or just for you to express joy or whatever you're feeling **it was just a safe space to do that. Knowing that you were surrounded by people who understood what you were, what you were going through.** (RF11)

- But at the time it was very acutely painful and I was making more a cognitive decision rather than kind of going with what at the time was what I really wanted to do, or felt that I would like to do. And I felt supported by my, my senior mentor and my colleagues in that a lot of them said **they really respected how vulnerable I made myself.** And, and also, um, that I shared that that decision making process with them. Um, and some of them saw that that impacted them because it's something that they hadn't considered before. (UMass6)

- I think part of it was actually **the fact that we had to sort of the duty to admit what early on I see was kind of difficult and embarrassing things, kind of being vulnerable in front of others**, uh, my preceptor and my fellow classmates, I think learning how to be comfortable with that, uh, and getting feedback also from them, uh, was really crucial in that in many ways it models, well, how medicine is to some degree where you really work as a team and you pick one another up and kind of work together to learn together. JH9)
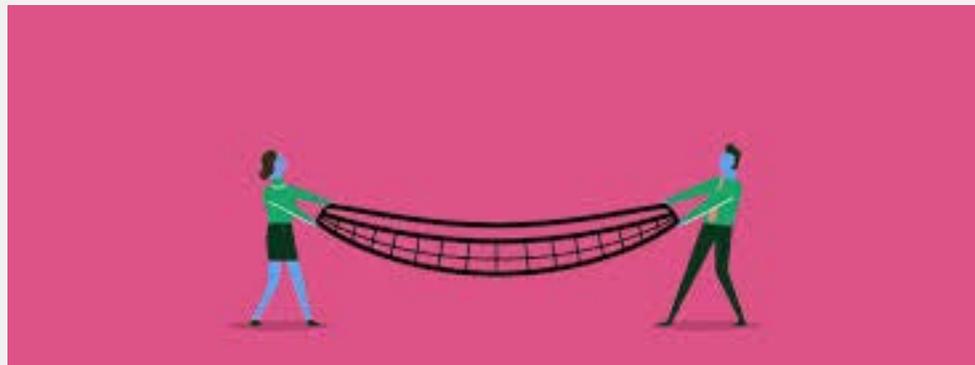
LEARNING COMMUNITIES OFFER OPPORTUNITIES FOR LEADERSHIP

- having that college community really did, um, kind of, it was the first place where I kind of started being able to do a little bit advising and realized that I really enjoyed talking to other students about kind of my experiences and trying to understand, you know, where, where they're at and how I can help with them as they're moving forward, moving through their experience (JH5)

- We have like a government type structure where in each community has like a service chair, a leadership chair, like president. And I actually served on the service committee, and helped with our charity that my learning community was responsible for the last one's really great ways to get involved. (Carver2)
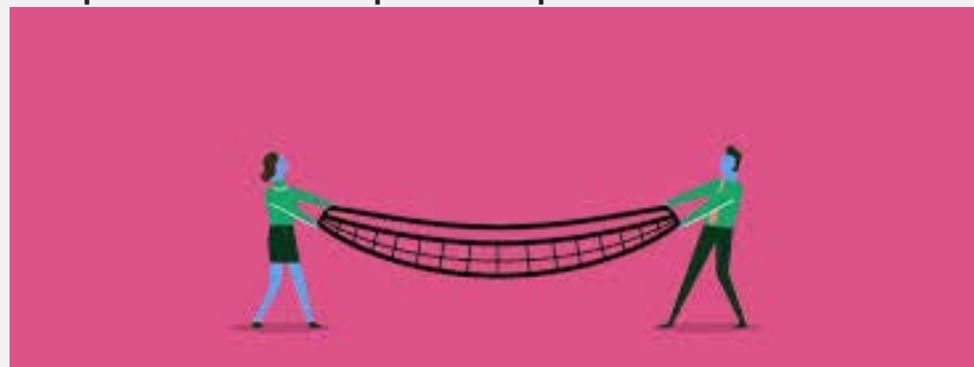
LIMITATIONS

- The current report is based on a limited set of interviews, and only the LC a portion of the interview transcript

- Perspectives are limited to final year student views

- Need for earlier, real time perspectives, not entirely retrospective views at the end of medical school.

CONCLUSIONS

- Learning communities lay a foundation through physical and social structures to promote Professional Identity formation in 4 geographically distributed medical schools

- LC's promote PIF by providing venues to process a range of experience, promoting reflection on those experiences, constructing a safe space that allows students to be vulnerable with each other, creating the possibility of personal and professional growth.

- LC's offer opportunities for leadership and leadership development

THANK YOU!