



Associate Director's Corner

Harnessing the Power of Community in Medical Education

By Devarati Syam, PhD and Cassie Ferguson, MD

Every year since Dr. Ferguson graduated from the Medical College of Wisconsin in May of 2004 (except for 2020—*Thank you, pandemic...*), she and six of her former classmates travel from Oregon, California, Wisconsin, Connecticut, and Massachusetts to gather, catch up, and be together. These are the women that helped her pass biochemistry and who listened when she couldn't imagine facing another day on the trauma surgery rotation. But, more importantly, they were the first people she called when she got engaged, when she experienced a miscarriage, when she got promoted, and when her grant wasn't funded. Dr. Ferguson's relationships with these amazing women were the reason she thrived in medical school.

It is a gross understatement to say that medical school is intellectually and emotionally challenging. Spending sixty to eighty hours a week studying or learning in the clinical environment is isolating, exhausting, and often feels interminable. Meaningful peer-to-peer interaction and opportunities to learn alongside colleagues going through the same thing have been shown to help learners to thrive despite the challenges. Why is this? Why is our learning experience enhanced when we engage with our peers through meaningful interactions? What is the nature of this phenomenon?

There is a constellation of terms in the literature that point to an overlapping set of ideas linking learning with group membership. Cohort-based learning, group learning, collaborative learning, learning communities, and communities of practice are terms that capture the notion of learning within a collective, in contrast to individual learning. The concept of learning in a collective can be traced back to the works of early cognitive theorists including psychologist Lev Vygotsky, who wrote about the co-construction of knowledge and described human development as a socially mediated process. His theories emphasize the fundamental role of social interaction in the development of cognition, as he believed that community plays a central role in the process of making meaning.

Institutions of higher education began to explore the academic and social advantages of learning in cohorts in the 1980s. Structural innovations around educational formats (accelerated classes, learning communities, collaborative learning, team learning) were

introduced to promote group interactions among adult learners. While there are differences between these formats, each of them can be used within a cohort-based model (Saltiel & Russo, 2001).

What is cohort-based learning?

It is important to recognize that cohort learning or cohort-based learning is more than simply grouping learners together. A cohort is a group of learners who begin a program of study together, proceed together through a series of developmental experiences in the context of that program of study, and end the program at approximately the same time (Barnett & Muse, 1993). In a cohort-based model, much of the learning happens peer-to-peer, and learners can share what they are learning and encourage one another to keep going. Additionally, cohorts:

- Have a defined, long-term membership who commence and complete together
- Share a common goal that can best be achieved when members are academically and emotionally supportive of each other
- Engage in a common series of learning experiences
- Follow a highly structured and intense meeting schedule
- Form a network of synergistic learning relationships that are developed and shared among members (Imel, 2002)

Cohort-based learning models are not new to medical education. At MCW, Dr. Kurt Pfeifer and Kaicey vonStockhausen implemented the [4C Coaching Program](#) in 2019 in an effort to capitalize on the benefits of a cohort model to enhance professional growth and development. The [REACH](#) (Recognize, Empathize, Allow, Care, Hold each other up) Curriculum, implemented in 2018, is aimed at using aspects of a cohort-based model to improve student well-being. There has been a well-concerted effort to ensure learning communities are incorporated meaningfully into the new curriculum.

The central tenets of cohort models

Group affiliation, emotional ties and emotional bonding are central to the cohort model of education, and this feeling of relatedness constitutes a substantial means by which learning communities (cohorts) improve learning outcomes in higher education (Beachboard, M.R., Beachboard, J.C., Li, W. et al. 2011). The role of group membership is to foster emotional and social support that creates important scaffolds for the learners. Positive outcomes associated with cohort-based learning include increased learning and retention rates, but also enhanced feelings of belonging and cohesion (Norris & Barnett, 1994).

To leverage the most positive aspects of this model, we must emphasize the communal aspects of cohort-based learning. In a demanding and often isolating environment like medical school, a cohort or community within that environment can give rise to all kinds of supportive relationships: learners can find mentors, research collaborators, study partners, and even

lifelong friends and colleagues. And while community cannot be fully planned or predicted, we can thoughtfully and intentionally create the conditions for community to emerge.

At the Kern Institute, we are exploring innovative approaches to leveraging the benefits of cohort-based learning models in our mission to transform medical education, including how these models could help foster a more equitable and inclusive learning environment.

For further reading:

Barnett, B.G., & Muse, I.D. (1993). Cohort groups in educational administration: Promises and challenges. *Journal of School Leadership*, i(July), 400-407

Beachboard, M.R., Beachboard, J.C., Li, W. et al. Cohorts and Relatedness: Self-Determination Theory as an Explanation of How Learning Communities Affect Educational Outcomes. *Res High Educ* 52, 853–874 (2011). <https://doi.org/10.1007/s11162-011-9221-8>

Goldman, C. A. (2012). A Cohort-based Learning Community Enhances Academic Success and Satisfaction with University Experience for First-Year Students. *The Canadian Journal for the Scholarship of Teaching and Learning*, 3(2). <https://doi.org/10.5206/cjsotl-rcacea.2012.2.3>

Imel, S. (2002). Adult learning in cohort groups. Washington, DC: Office of Educational Research and Improvement. Retrieved from <https://files.eric.ed.gov/fulltext/ED472604.pdf>

Norris, C. J., & Barnett, B. (1994). Cultivating a new leadership paradigm: From cohorts to communities. Paper presented at the University Council for Educational Administration Convention, Philadelphia, PA

Saltiel, I. M., & Russo, C. S. (2001). Cohort programming and learning: Improving educational experiences for adult learners. Malabar, FL: Krieger.

Yerkes, D.M., Basom, M.R., Norris, C. & Barnett, B. (1995). Using cohorts in the development of educational leaders. (ERIC Document Reproduction Service No. ED 387 858).

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