Perspective/Opinion

Learning Communities at MCW—A Vision for the Future

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Within the next decade, we envision Learning Communities (LCs) being an integral part of the continuum of medical education, spanning from undergraduate (pre-medical) schooling through graduate medical education (residency & fellowship), and encompassing all healthcare professions (including, for example, nurses, physician assistants, nurse practitioners, pharmacists, physical therapists, and social workers). LCs will target multiple critical objectives, both social and academic, and will greatly improve students' preparedness for their careers in medicine by providing accessible, essential, and longitudinal relationships in the form of mentorship, coaching, support, and advice with faculty, senior colleagues, and/or peers. Moreover, LCs will provide an essential forum for development of character and caring by serving as a "safer space" for individuals to come together and provide multiple different perspectives as each student forms their professional identity.

In this essay, we outline what a comprehensive LC program could look like at MCW.

General Structure

Learning Communities would include students from each year of education to provide networks of peer support that span the breadth of the medical school experience (Figure 1). Previous experience from the REACH Curriculum indicates that groups of eight peers provide an optimal group dynamic.

To enhance the network of support and learning, interprofessional education would be coordinated by having groups of learners from other professions work with medical students within their LCs. Broadening the inclusion further would also allow for resident physicians -

perhaps even LC graduates if they stay at MCW for residency - to be part of an "extended family" that can participate sporadically in LC activities and serve as mentors. Lastly, students can participate in supporting the development of future medical students by engaging in mentorship activities with pre-medical/undergraduate students, especially underrepresented in medicine (URM) individuals.

Each LC would have two faculty facilitators as well as two student facilitators. The faculty facilitators would share responsibilities for leading group activities and would divide the responsibilities for individual student coaching. At least one faculty facilitator would be a clinical faculty and, if both are clinical faculty, the LC would also include a foundational science faculty member or course coordinator to provide their valuable perspective. One M3 and one M4 from within the LC would be nominated to serve as student facilitators. They would join select small group meetings and serve as the student leaders of the LC.

The LC is the basic unit of the LCs program, but higher levels of structure facilitate other aspects of medical education. Given the number of MCW students, six LCs will be collected into a House. The House will provide a format for larger learning activities, including coordination of cohorts in the event of restricted in-person coursework and social events.

The House structure also incorporates mechanisms for remediation and behavioral health support. We propose that a Continuous Professional Development course directors could be assigned to each house and serve as a resource to faculty and students in their LCs to develop and implement remediation plans and provide additional career planning advice. To encourage students' willingness to discuss behavioral health and reach out for assistance, we propose having a behavioral health clinician assigned to each House. This individual could come to House and LC meetings and therefore encourage students to get behavioral health assistance by connecting with an individual in their personal network rather than an unknown clinician.

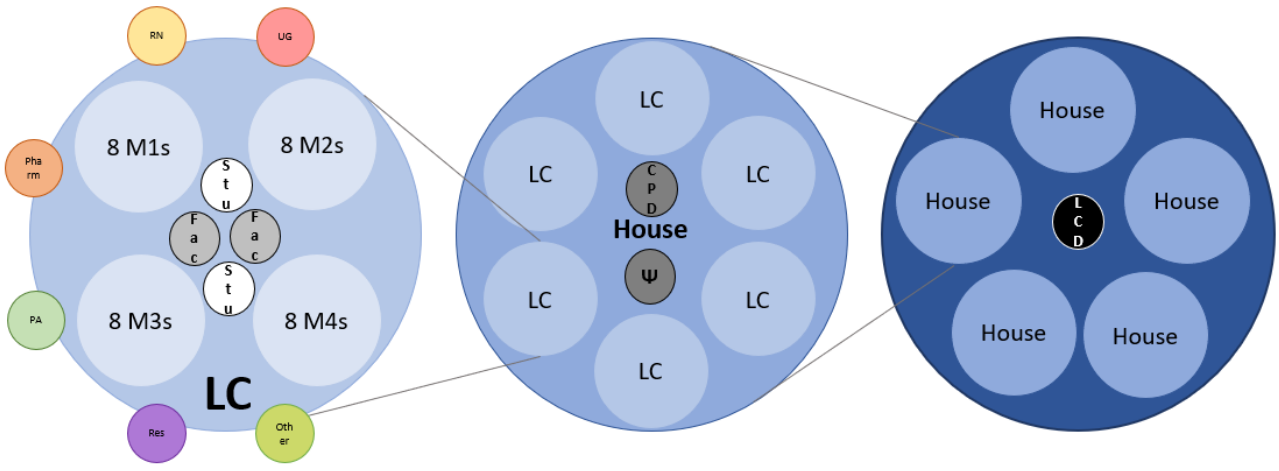

Figure 1. General Learning Community Structure

Key: Undergraduates [UG], Nursing [RN], Pharmacy [Pharm], Physician assistant [PA], Resident [Res], Other health professionals [Other], Faculty facilitators [Fac], Student facilitators [Stu], Continuous Professional Development director [CPD], Behavioral Health professional [Ψ], Learning Community directors [LCD]

Activities in LCs

LCs would not have their own curricula but would be a venue utilized to achieve the objectives of key curricular threads – foundational science, clinical science, and personal/professional development. By their nature, they would be most heavily used for achieving objectives of the latter, including well-being, professional identity development, and empathy/character enhancement. These could be achieved through different combinations of LC individuals (Figure 2). However, the LCs could pursue foundational and clinical science objectives by maintaining group continuity for activities such as team-based learning exercises, physical exam education, and medical ethics discussions.

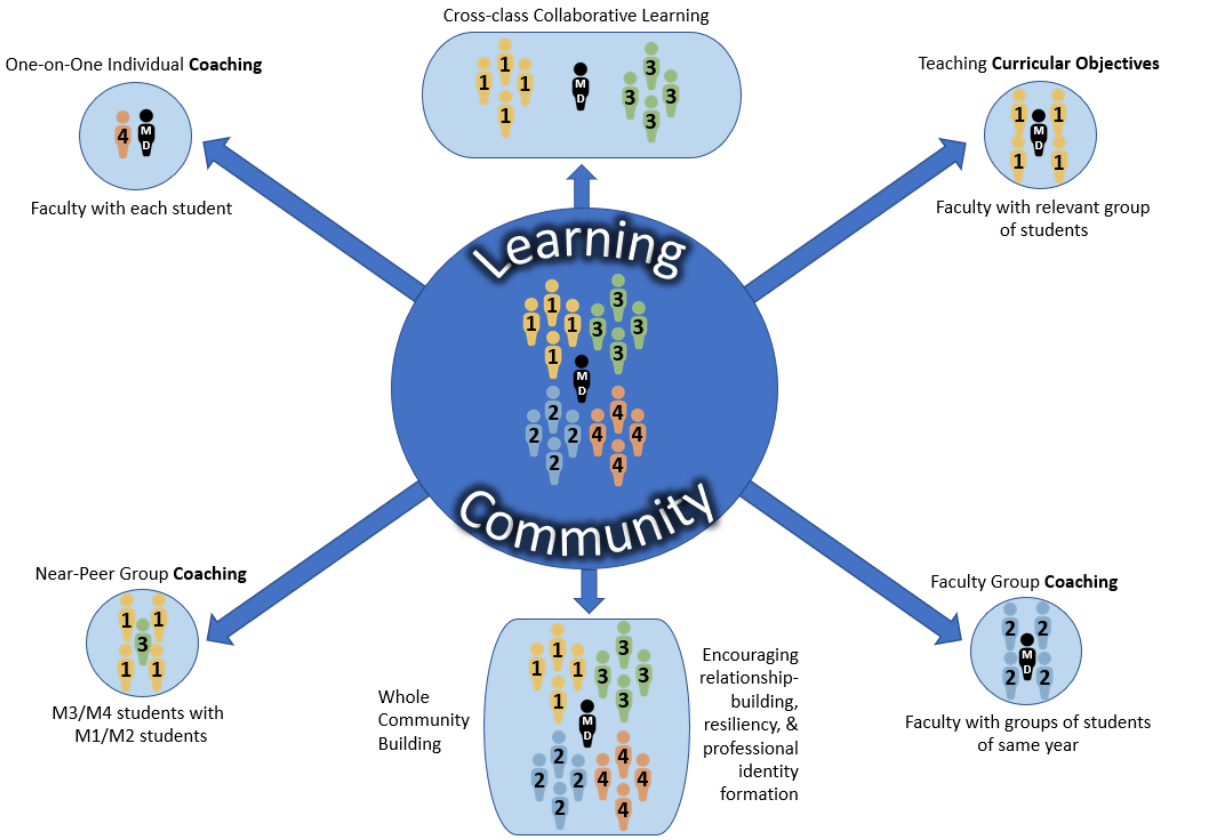

Figure 2. Different learning activity formats within LCs

Concluding Thoughts

LCs have developed a prominent role in modern medical education for good reason. Groups of students and faculty maintain continuity over the span of education, developing longitudinal faculty and near-peer mentorships and a "safer space," where a growth mindset can be fostered. Such groups are even more important at large medical schools like MCW. LCs will allow us to place the learner at the center of the educational process around which we weave the comprehensive threads of medical education (Figure 3).

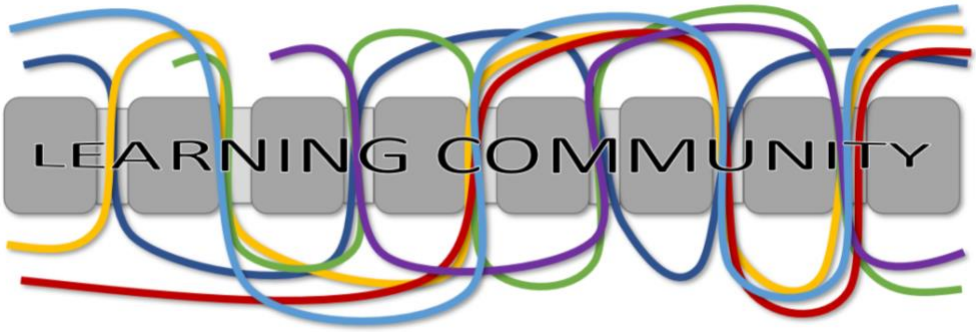

Figure 3. Learning Communities as the Framework for the Many "Threads" of Medical Education

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