

Learning Communities at the Medical College of Wisconsin: Past, Present & Future

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The new academic year is upon us. New medical students arriving in Milwaukee will find a campus that looks very different from the one they saw on interview day. Orientation will be mostly virtual. Those unscripted moments and chance encounters that allow students to make connections with new people in the first few weeks of school will be few and far between. Everyone will be wearing masks and sitting at least 6 feet apart in classrooms. There won't be the option to wander the hallways or find that perfect place to study. It all must be scheduled in advance.

These changes to medical education necessitated by COVID-19 pandemic are layered upon the preexisting challenges of rapidly expanding biomedical knowledge and increasing time and fiscally constrained clinical environment. These challenges may have compounding consequences, including burnout and increasing rates of depression, anxiety, and suicidality. To better support our students and to help promote a sense of connection and community amidst social isolation, the MCW School of Medicine (SOM) is implementing learning communities (LCs).

LCs were first developed on undergraduate campuses to foster professional growth of students with similar academic interests. LCs partner faculty members with groups of students longitudinally to promote community-building, academic and personal support, professional development, and curricular activities. LCs transform the medical school curriculum from course-structured to learner-centered; putting the student-embedded in cohesive communities, at the center of the curriculum.

Since the early 2000s, many medical schools have implemented LCs, and a 2012 survey showed that 52.4% had LCs and 48.3% of those without them indicated that they were considering creating them.¹ Studies of LCs have demonstrated substantial improvements in faculty engagement, student well-being, and professional development.² 2018 surveys of MCW students and faculty conducted by the Kern Institute confirmed strong support for the implementation of LCs.

With implementation of a pass/fail course grading system for the first two years at MCW, a strong system of mentorship for students is imperative not only to identify students who would benefit from additional support and intervention, but also to encourage students who are already successful to develop goals in the pursuit of excellence. LCs can promote inclusive behaviors and ensure effective transitions for all students. Finally, as the COVID crisis persists and social distancing limits interactions between students and faculty, LCs are an excellent means of assuring support for students and development of student-faculty relationships.

Current State of Learning Communities at MCW

REACH Well-Being Curriculum

As referenced above, LCs can positively impact student well-being. Growing evidence detailed in the National Academy of Medicine's 2019 report on professional well-being indicates that learner burnout may negatively impact the quality and safety of patient care, the adequacy of the workforce, and the professionalism and personal health of learners.³ While system factors are the major contributors to burnout, attention to well-being in the learning environment may mitigate their effects.

In Fall 2019 at the MCW SOM with much support from Academic Affairs and the Office of the Dean, the Kern Institute Student Pillar implemented a well-being curriculum aimed at teaching well-being skills and providing opportunities to talk with and learn from peers and faculty members. The REACH (Recognize,

¹ Smith S. *Acad Med*. 2014 Jun;89(6):928-33.

² Eagleton S. *Adv Physiol Educ*. 2015;39(3):158-66. Smith SD et al. *Acad Med*. 2016;91(9):1263-9. Rosenbaum ME et al. *Acad Med*. 2007;82(5):508-15. Wagner JM et al. *Med Teach*. 2015;37(5):476-81.

³ <https://nam.edu/systems-approaches-to-improve-patient-care-by-supporting-clinician-well-being/>

Empathize, Allow, Care, Hold each other up) curriculum, which is intentionally structured as longitudinal groups of faculty, staff, and students, uses an LC model.

Designed and directed, by Dr. Cassie Ferguson, Director of the Kern Institute Student Pillar, The objectives of the REACH curriculum are to describe how the well-being of medical students, trainees, and physicians is integral to becoming caring and competent physicians; and, to identify characteristics and practice the skills that will help students thrive in medicine. The curriculum is designed around research-based best practices across several disciplines, including psychiatry, positive psychology, and mindfulness; pilot program data; and, interviews with students. The content emphasizes the importance of several fundamental concepts: storytelling, embracing vulnerability, nurturing self-compassion, creating space and opportunity to examine one's thinking patterns, developing emotional health, and fostering community. These concepts are woven into discussion of core topics including seeking behavioral health help, community building, creating boundaries, mindfulness, meditation, suicide prevention, imposter syndrome, productive generosity, beginner's mind, digital minimalism, and looking for joy in the learning and practice of medicine.

REACH consists of four didactic sessions and three facilitated small-group sessions in the first year, and three didactic sessions and three facilitated small-group sessions in the second year. Each small group comprises 10 medical students and two volunteer facilitators– a clinical faculty member and either a behavioral health expert (some of whom are also clinical faculty members) or a student support staff member. Facilitators receive detailed session guidelines with learning objectives, suggested discussion questions, activities, and links to related resources (e.g., didactic session videos, podcasts, articles, books).

Evaluation of the curriculum was accomplished through a 17-question survey made up of Likert scale and open-ended questions completed by 62 students at MCW-Milwaukee (30%). 85% of respondents believed that what they were asked to learn in REACH was important; 70% would recommend that other medical schools adopt REACH. The REACH small group sessions played a significant role (>70%) in building relationships with peers and faculty.

Students commented on the benefits of getting to know their peers, realizing they were “not alone” in how they felt, and feeling faculty were genuine and cared about them.

4C Coaching Program

The Kern Institute at MCW identified LCs as also having great potential for pursuing innovations supporting character and caring in medical education. After exploration of LC-related components and features with Kern National Network partners and MCW students and faculty, the Coaching for Character, Caring, and Competence (4C) program was launched in August 2019. 4C is structured around the core concept of LCs – groups of students and faculty in a longitudinal relationship to cultivate professional growth. Within this framework, multiple different components can be implemented to meet specific objectives (Figure 1). Roughly 50 students volunteered for the program during AY2019. 13 volunteer faculty were grouped with 3–4 students each, and these groups meet monthly covering character and professional development topics. In addition, faculty meet individually with each of their students every other month. The program is directed by Kurt Pfeifer, a faculty member in the Student and Curriculum Pillars of the Kern Institute.

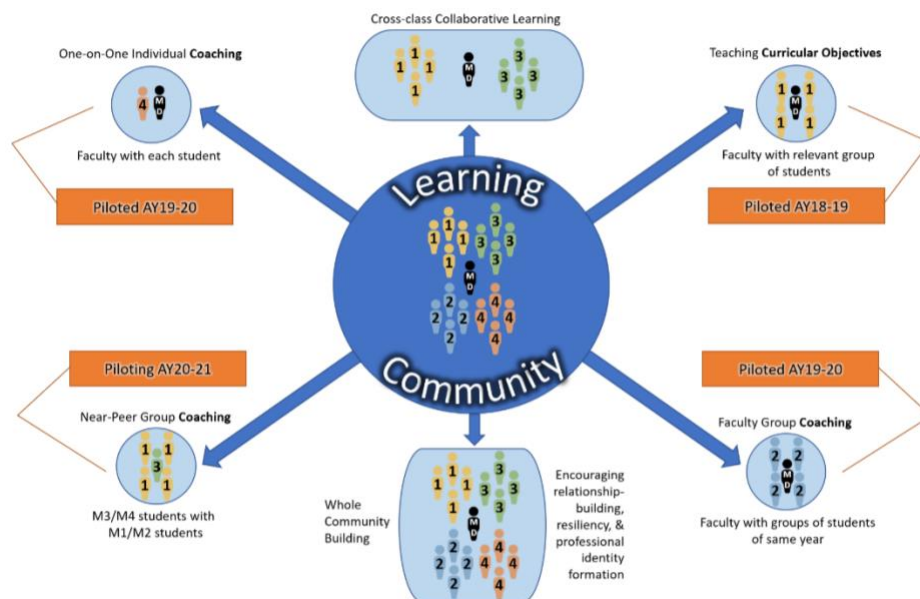


Figure 1: Coaching model and learning communities.

With its initial launch, 4C centered on longitudinal coaching at the Milwaukee campus, but in AY2020, near-peer mentorship will also be piloted, and activities will be extended to the Central Wisconsin campus.

Initial data show great support for the program as a whole and strong impact on development of mentorship and support for students and sense of faculty engagement. Students in the program were less likely to have feelings of isolation and reported strengthening of several character traits, including perspective, self-regulation, perseverance, and social intelligence.

Incorporating Learning Communities into Curriculum for Fall 2021

The Office of the Dean identified a pressing need to intentionally and thoughtfully expand on the existing LC structures at the MCW Milwaukee campus this fall. As detailed above, LCs can mitigate the potential consequences of social distancing rules by providing a “home” for every student and built-in opportunities for connection with peers, faculty, and support staff.

Based on discussions between Academic Affairs, Kern Institute faculty, Dr. Lisa Cirillo, Jennifer Hinrichs, Mary Heim, and Dean Kerschner, a proposal was created for a longitudinal, tiered structure of LCs, where smaller groups of students roll up into larger groups of students allowing for intimate discussions without missing out on interacting with a variety of people. The objectives, activities, and facilitation of each group will be appropriate for their size and will enhance students’ experience and learning at MCW.

Class of 2024 will be broken into 5 “On-Campus Learning Groups” each of which will be broken into three Orientation Groups of approximately 16 students each (again, depending on the size of the class). These groups will be established during the Orientation week. The Orientation Groups will be broken into two REACH Groups. The REACH curriculum is currently a mandatory part of the Clinical Apprenticeship course (conducted in the spring of M1 and fall of M2 years). Dr. Ferguson, Director of REACH, is engaging in discussions with Academic Affairs and Dr. Cirillo about incorporation of REACH into the Foundations of Clinical Medicine and Foundational Capstone courses as well.

Students will additionally have the option to sign up for the 4C coaching program, which has groups of 4 students led by a volunteer faculty coach and a near-peer coach (M3 student). Current plans are for two 4C coaching groups to

combine to form a REACH group, with the 4C faculty coaches also serving as those students' REACH facilitators. Because the 4C Coaching Program is optional, not all students will receive this content.

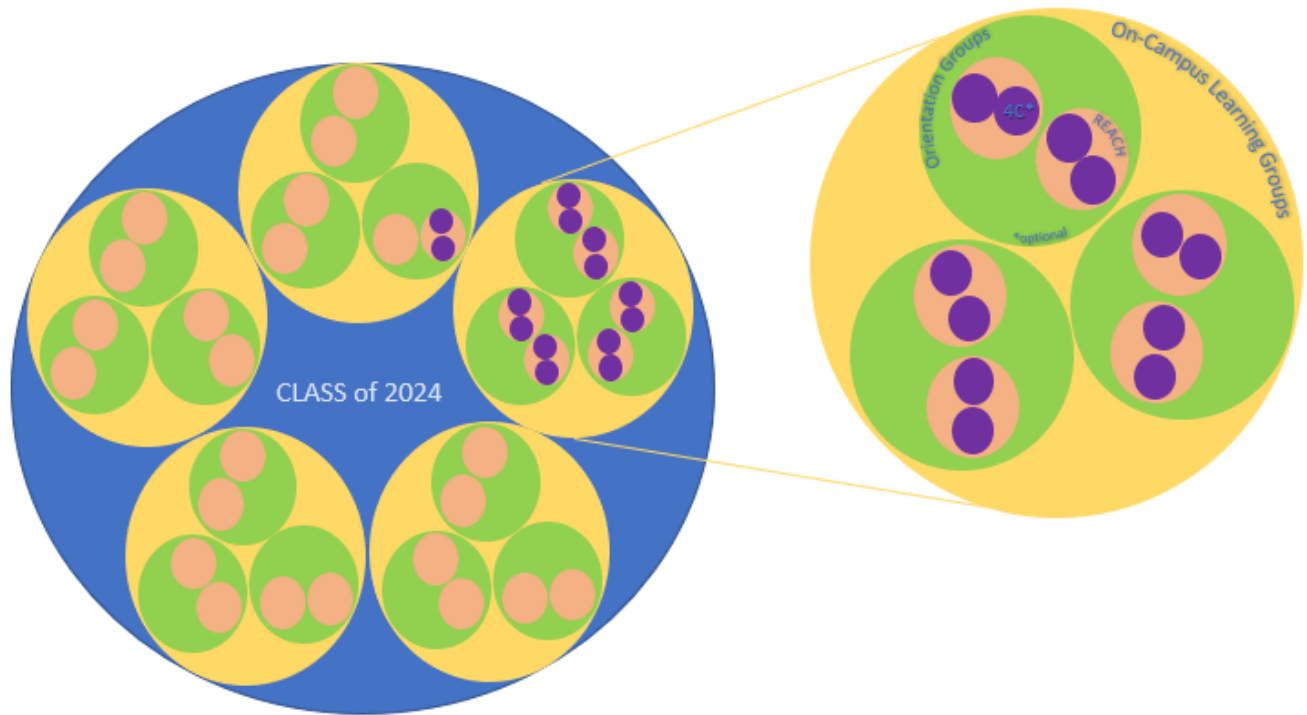


Figure 2. Schematic of the proposed learning community structure at MCW-Milwaukee SOM.

Vision for the Future of LCs at MCW

We envision LCs evolving to provide a longitudinal structure that both supports and challenges each student as they achieve required competencies and develop and pursue individual goals at MCW. Students will be welcomed into an intentionally created group of peers, faculty and staff that will provide a sense of belonging from Day 1 at MCW – with LC faculty leading small group activities during Orientation and presenting the coats to their group at the White Coat Ceremony. With consistent expert faculty and staff guidance, LCs will provide meaningful opportunities for shared learning, peer teaching, and social connectedness through the challenges and joys of medical school that we are currently unable to guarantee given our large class size and reliance on a traditional curricular and advising model. LCs will also enable MCW to more fully transform to a competency-based education model of learning and assessment, as each student and their LC faculty share responsibility in

ensuring that progress toward competence and excellence is consistently pursued. The bond among LC members will grow with time and shared experiences, culminating with the opportunity for LC facilitators to meaningfully participate in the Hooding Ceremony and Commencement. Both faculty and students desire and would greatly benefit from the realization of the community described in this vision statement.

Cassie Ferguson, MD, Kurt Pfeifer, MD, Marty Muntz, MD, Cassidy Berns, Kaicey von Stockhausen, and Adina Kalet, MD, MPH are working on the rapid evolution of Learning Communities through their work at the Kern Institute, Medical College of Wisconsin.