Constructing a Learning Community: One Medical Schools Needs Assessment

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Background
Based on research from Ferguson, et al., medical school learning communities are designed to enhance student learning by supporting students academically and socially (2006) utilizing various structures. These learning communities (LC) have been implemented for various reasons, including student well-being, curriculum reform, and advisement/mentoring among others. Therefore, the goals of LCs vary across programs depending on the individualized incorporation within their institution. This individualization also allows the members of LC to have an impact on their design and application.

Recent efforts have been focused on gathering data to better characterize LCs to lay groundwork for outcome studies. Even with the variety, studies have shown that there is benefit to students and faculty that are involved in their LC (2013). However, there is a lack of information describing how to evaluate a programs needs for a LC and what structure would work best. The goal of this study is to develop a needs assessment that can be utilized by other programs to implement LCs. It will also provide a method for programs that already have a LC to evaluate if those participating in the LC are reaching goals.

While it is known that faculty report job satisfaction associated with LC, there is little information provided about their role in implementation. In addition to evaluating what the needs of students are for LCs, this study will also obtain information from faculty involved to see how their ideals parallel student as well as what they deem important in creating an adequate LC. This will allow LC directors to align goals between faculty and students to hopefully provide a collaborative environment for everyone involved.

The University of Nebraska Medical Center (UNMC) recently trialed the LC design as a House system to replace the prior advisory structure as well as provide enhanced support that LC have demonstrated in other programs. The alteration of advisory structures changed along with implementation of a new curriculum. However, the needs of students weren’t met resulting in the dissolution of this first medical LC attempt. The results of this study will help guide UNMC, as well as other institutions, to LC implementation.

Methods

This is a mixed methods study utilizing focus groups and surveys. Eligible participants included medical students from the Class of 2021 (average class size 130) and Class of 2022 (average class size 130) as well as faculty (17) that participated in the implementation of the House system in 2018, for a total of 277 eligible participants. Faculty and students were separated from each other to compare ideas regarding the needs from different perspectives.

As eligible participants were contacted via e-mail to volunteer for two separate focus groups. One focus group was composed of medical students while the other was comprised of faculty. Each group was moderated by an impartial individual who was not involved in planning or implementation of the House system. Transcripts of each focus group were evaluated by the principal investigator and then used to create two surveys: one for medical students and one for faculty.

The surveys were created using Microsoft Forms and links were sent via e-mail to all eligible participants. Response was voluntary and no identifying information was collected. The surveys were composed of 51 (student) or 53 (faculty) Likert scale questions were converted to numerical values, 1-5, corresponding to strongly disagree through strongly agree to calculate median values. Median values between the cohorts were analyzed using a Mann Whitney U test. Each question was individually analyzed in each cohort by separating responses into either agree (values 4 and 5) or disagree (values 1 and 2) and performing a Chi Square test of independence.

Identified Themes

Transcripts were evaluated for recurring themes that were consistent between the two cohorts. These themes were then used to guide development of Likert scale questions.

Discussion

Faculty response rate was 71% with 12/17 responses. Faculty identified that they are an advisor, coach, and mentor is important to them and that they would be comfortable being assigned in any of these roles. Faculty identified that a learning community needs funding with funding of a hybrid model that includes academics, social, service, and wellness events. Also identified was that time should be built into the schedule without being part of a formal curriculum.

Faculty are interested in being a member of a medical LC at UNMC. There was no significance in identifying students to mentor or student needs being met for advising, coaching, mentoring, and peer mentoring. Students do agree that having an advisor, mentor, coach, and peer mentor is important to them, but would not want a coach assigned. Students agree that there should be a designated space with funding of a hybrid model with time to participate but into their schedule without being a formal part of curriculum. Students are interested in being members of a medical LC at UNMC.

In comparing the two cohorts, both agree that advising, coaching, mentoring, and peer mentoring are important aspects of a medical LC within a hybrid model as evidenced by no significant difference between median responses. There is also agreement in members including clinical faculty, residents, and all years of medical school. Both cohorts also agree on being interested in a medical LC at UNMC with potential of meeting needs that were identified as not being met in other ways.

There is disagreement on how participation time should be decided. In the future, this needs assessment could be provided to future classes as well as faculty to gauge interest and goals for implementing a new LC.

Conclusion

This needs assessment can be utilized in future implementation of a medical learning community (LC) at UNMC. Both cohorts identified key aspects of membership, funding, time, and goals that can help guide design. It is also important to note that both focus groups felt strongly that “buy-in” from the university was important.

This study had a low student response rate and was limited to faculty and students that had experienced a trial of a medical LC. In the future, this needs assessment could be provided to future classes as well as faculty to gauge interest and goals for implementing a new LC.

References

5. Osterberg, L. G., Goldstein, E., Hatem, D. S., Moynahan, K., & Shochet, R. (2016). Back to the future: What learning communities offer to medical students that had experienced a trial of a medical LC. In the future, this needs assessment could be provided to future classes as well as faculty to gauge interest and goals for implementing a new LC.