



IMPACT OF LEARNING COMMUNITIES ON MEDICAL STUDENTS THROUGHOUT YEARS OF MEDICAL EDUCATION

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BACKGROUND

- Medical school involves transitions from didactic-based learning (M1-M2) to clinical rotations (M3-M4) and eventual residency applications (M4)
- The implementation of learning communities in medical schools has emphasized these different needs, including curriculum delivery, advising/mentoring, student wellness, and community, and proven to have positive outcomes for students (Osterberg et al., 2016).
- These communities are longitudinal, often fostering long-lasting connections with specific faculty and peers (Ferguson et al., 2009).
- Wayne State University School of Medicine began implementing Learning Communities in 2018.
- Better understanding the changing needs of medical students over the course of their education may enhance the ability of LCs to support students' professional and personal development
- LCs aim to build community, provide mentorship, foster professional development, etc.
- The variety of opportunities for LCs to serve our students prompts a better understanding each class's individual and evolving needs.

METHODS

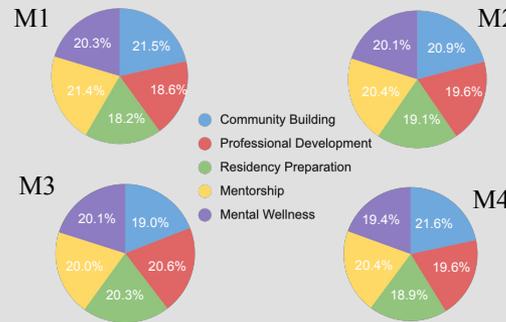
- A survey was developed addressing participation in learning community events, rankings on the benefits of learning communities, and free responses regarding what students' needs were specific to their year in school.
- 239 responses were collected across all classes (M1-M4) at Wayne State University School of Medicine, with 77 M1s, 58 M2s, 57 M3s, and 47 M4s.
- Data was collected and analyzed with respect to the students' year in medical school.
- WordCounter.net was used to analyze student's free responses to identify commonly used phrases.

RESULTS

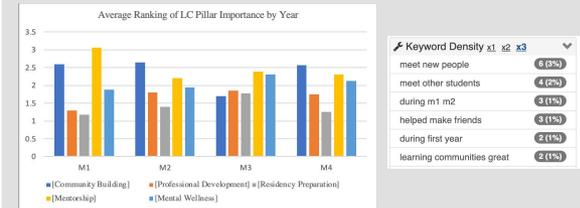
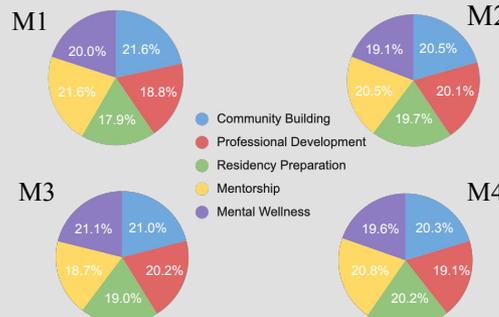
How Many Learning Community Events Have You Attended in the Past Year?



Based On Attended Events, What Aspect of Learning Communities Has Been Most Beneficial?



What Aspect of Learning Communities Would Benefit You Most this Year?



- On average, M1s and M2s attended more events than their M3 and M4 counterparts. M1s and M2s averaged 1.64 and 1.67 events per year, respectively, compared to M3s and M4s who averaged 0.81 and 0.62 events respectively.
- In contrast to our hypothesis of medical students' valuing different aspects of learning communities throughout the years, it appears that these values did not change throughout the years.
- Additionally, what students find currently most beneficial in our program is not very different from what would benefit them.
- Interestingly, when responses are filtered for repeated answers, there is more variability in learning community values by year.
- Finally, "meeting new people" and "during early years" were most common topics in free response answers.

DISCUSSION + CONCLUSION

Our results suggest that medical students place relatively equal importance on each aspect of LC evaluated, regardless of stage in their medical education. However, when filtered for data that chooses rank without repetition, data shows more differences in medical student priorities by year. The similarity of results and difference in event attendance among medical classes warrants future study into how learning communities can better serve our students.

REFERENCES

1. Ferguson, K. J., Wolter, E. M., Yarbrough, D. B., Carline, J. D., & Krupat, E. (2009). Defining and describing medical learning communities: Results of a national survey. *Academic Medicine*, 84(11), 1549–1556. <https://doi.org/10.1097/acm.0b013e3181bf5163>
2. Osterberg, L. G., Goldstein, E., Hatem, D. S., Moynahan, K., & Shochet, R. (2016). Back to the future: What learning communities offer to medical education. *Journal of Medical Education and Curricular Development*. 3. <https://doi.org/10.4137/jme.cd.s39420>