Development of Student Academies at Alpert Medical School

Emily P. Green, MA

The design of the new Alpert Medical School (AMS) building provides an opportunity to address issues that have arisen as a result of recent changes in the institution. These changes, including the establishment of a "standard" admissions route, changes in administrative structure and leadership, curriculum reform, and the on-going increase in class size, require us to reexamine our medical school identity and the way in which we define ourselves as a community. An additional change, the move of the medical school away from College Hill will have a profound impact on the environment and culture in which our students are educated.

Many medical schools in the United States divide their students into smaller groupings upon matriculation. Harvard established their society structure in the 1980s, the University of Iowa in 1999, UCLA in 2002, Case in 2003, and Johns Hopkins in 2006, to name a few. While there are many potential models for student communities, the shared purpose is to create smaller networks of faculty and students within the larger institution. These networks are thought to provide a more supportive educational experience through increased contact with a reduced number of peers and a small number of involved faculty and staff.

A system of student communities serves to model teamwork and team learning. It can foster habits of mind that are essential for the training of physicians, and yet are not explicitly taught. It provides an administrative structure through which the institution can provide individualized personal, academic and career advising. Finally, such a system potentially provides the medical school with a formal means by which to bring much that we value about the current Brown community along with us to the new building.

A Brown Academy Model

In order for an academy system to function here at AMS, it will need to be tailored to the particular needs and educational goals of our institution. One such need is for an increased focus on student wellness.

Student Wellness as a Professionalism Issue

The current medical curriculum brings our students into contact with patients much earlier than was traditionally the case. The "third year" of medical school now actually begins in May of Year II. And the new Doctoring course brings students into regular contact with patients early in Year I. While these changes help bridge the emotional and intellectual gap between the preclinical and clinical years, they also require high degree of professionalism and wellness on the part of students. "Professionalism" requires students to be emotionally and physically healthy enough to put patient wellbeing first and foremost. In the current system students must make the transition from an undergraduate to a professional mindset at a very early stage.

Student wellness should not be an after-thought in our educational system. Self-care is a professionalism issue in so much as it affects a student's ability to appropriately provide for patients. As such, student wellness is an integral part of our mission to send responsible and compassionate physicians out into the world. Additionally, there is some evidence that a focus on student wellness in medical school can foster a focus on prevention and health promotion for patients once those students become clinicians.[1] The Still-Well Wellness Program at the Kirksville College of Osteopathic Medicine makes that link in its program philosophy, "I am my own first patient."[2] When viewed through this lens, student wellness becomes a central curricular issue—we need to educate students about caring for themselves in order to appropriately prepare them to practice preventative care with their patients.

Creation of Community

Formal groupings of students and faculty can help alleviate some of the emotional and academic issues experienced by medical students. A Brown academy system could provide a safety net of connections and attention that would not otherwise exist.

A variety of programs have been put in place to increase longitudinal learning and mentorship opportunities for students. The Doctoring course is a prime example of the administration's commitment to longitudinal relationships between students and faculty. Doctoring has as its core a two-year curriculum in which students are taught increasingly complex skills and ideas by a core group of faculty. Additionally, Doctoring provides students with year-long experiences with community mentors. **The Scholarly Concentrations (SC)** Program also emphasizes multi-year inquiry and longitudinal faculty mentorship, and the new **Careers in Medicine (CIM)** Program brings career advising, and potential mentorship opportunities, to the preclinical years. However, a consolidation of student services (general advising, career advising, mentorship, counseling, etc.) is still needed to reduce the physical and mental distance between students and faculty, and between students and the administration. Such a consolidation could be implemented through a system of student academies.

> "There is an 'activation barrier' to approaching faculty members. If you already have an established relationship with a professor, it lowers that initial barrier and makes it easier to come to them with a question or problem. Right now, I think students feel like they need to have a really good reason in order to reach out to a faculty member. And in an environment where it seems like everyone has it together, it's a big step to admit having problems at all. It seems a lot easier to minimize or hide any problems as much as possible. "
>
> – Year I Medical Student

A sense of "community" at Brown is important to our dedicated faculty as well as to medical students, and could be an incentive to the recruitment of like-minded colleagues to become more involved in medical education. Education is a relational process- our students learn through the formal and informal communication with faculty, and with their peers, on a daily basis. It is through these relationships that students learn not only the biomedical content necessary to practice medicine, but the curiosity, analytical skills and critical habits of mind that physicians use every day.

Planning Overview

A committee consisting of the Associate Dean for Medical Education, faculty, staff and medical students has been meeting to plan for AMS' student communities. A system of three communities called "academies" will be implemented concurrently with the move into the new medical school building at 222 Richmond Street.

The goals of the academy system will be to deliver personal, academic and career advising, to ensure that student progress is adequately monitored, and to create a sense of community for students and faculty across the four years of medical school. The academies will increase the amount of student contact with faculty, foster peer mentoring, and promote student wellness. Additionally, the academies will strive to provide students in the clinical years with a physical and emotional home-base.

Students will be assigned to an academy upon matriculation in a random manner with subsequent modification that assures consistent diversity among academies with regard to gender, ethnicity and route of admission. Students will have the option of switching academies only under extraordinary circumstances. These situations will be addressed by the administration on a case-by-case basis. Upon moving into the new medical school building, all students then in Years I-IV will be assigned to an academy.

The administrative structure of the academies will include one Director and one administrative assistant. The Director of each academy will be the primary individual responsible for personal and academic advising. This individual will be charged with understanding and implementing school policies, counseling students experiencing personal or academic difficulties (often experienced in tandem), and monitoring student academic progress. Together, the Director and assistant will be responsible for managing the day to day functions of the academy including the implementation of programming to promote student wellness, facilitate peer mentoring and create a sense of community within the academy.

Four to five faculty members will be involved in each academy. The primary role of faculty will be general (non-specialty specific) career advising, using the AAMC's CIM program as a model. CIM has an extremely well developed web site,[3] advisor training sessions and materials, and is widely used by medical schools across the country to provide medical students with the tools and resources they need to make informed specialty area choices. General career advising will include individualized review of CIM self-assessment tool results, career decision making consultations, and specialty area choice guidance. CIM Faculty will also refer students to faculty in specialty areas of particular interest to the student for more specific career advising. CIM Faculty will not be responsible for Dean's Letter writing.

The nature and organization of student involvement in the administration of academies will be determined through a process for which the Student Senate will have responsibility. Planning for the student governance component of the academies is on-going.

A Home for AMS' Academies

Our Academies will be on the second floor of our new medical school building (see accompanying article). Each academy will have its own lounge/study space, meeting rooms (3 per academy), student lockers, kitchen/pantry area and offices for the Director, administrative assistant and faculty. A single faculty office will be utilized as "hotel" space to provide for the four to five faculty members involved in each academy. The kitchen space will include a counter that will be open to the lounge area. The lounge/study space will include a variety of furniture types providing for comfortable seating, use of laptops and mealtimes. In designing the space, the overall goal was to create a sense of home for students so as to bring students back to the building during their clinical years.

Naming the Academies

At other institutions, student communities are often named after famous physicians, scientists or alums, local landmarks, or some other category meaningful to the particular medical school. The AMS Student Senate will be asked for nominations for naming categories or specific naming ideas. Once nominations have been made, the planning committee will undertake a (TBD) process by which choices are narrowed down by medical school leadership and faculty. If the readers of this article would like to suggest names, or naming categories, for the three student academies please email Emily_Green@Brown.edu.

References

1. Frank E, Rothenberg R, et al. Correlates of physicians' prevention-related practices. *Arch Fam Med* 2000;9:359-67.
2. Gaber RR, Martin DM. Still-Well osteopathic medical student wellness program. *JAOA* 2002;102:289-92.
3. http://www.aamc.org/students/cim/

Emily P. Green is Assistant Director of Student Affairs and Director of the Scholarly Concentrations Program at the Warren Alpert Medical School of Brown University

Correspondence

Emily P. Green
Brown University, Box G-B203
Providence, RI 02912
Phone: (401) 863-9139
Email: Emily_Green@Brown.edu