

Capstone for Impact Submission | GY2020

Project Title: Longitudinal Clerkship Advisors (LCA) Program: Peer-to-Peer Mentorship in the Clinical Years

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Branch: PBC

Path of Excellence: Scientific Discovery

If this project can be continued by another UMMS student, please include your contact information or any other details you would like to share here:

Summary: We designed and are in the process of implementing a peer-to-peer mentorship program in which senior level (M3/M4) medical students act as advisors to students undergoing their core clinical clerkships. Advisors meet with the same cohort of clerkship students throughout the year and provide their unique perspective on how to succeed as a clinical student academically, professionally, and personally.

Methodology: We identified senior students able to act them as mentors and matched them with a clinical track. As a group, we then developed centralized educational content to be later distributed to clerkship students. We then planned for groups to schedule regular advising sessions throughout the clerkship year. Feedback on the educational content and structure of the program was to be collected at regular intervals for continued improvement.

Results: We recruited 92 students in their M3 or M4 year to mentor students in 16 clinical tracks. Each track was assigned 5-7 senior students as mentors. Each track met once at the beginning of each clerkship to provide an overview of the rotation and once more halfway through the rotation in order to tackle any issues that arose. Additionally, mentors for each group divided themselves up in a “call schedule” to answer student concerns via email or phone after hours. Student feedback was collected for the previous clerkship at the initial meeting at the start of the next clerkship.

Conclusion: Senior clinical students, having very recently completed their clerkships, are able to provide a unique perspective on success in the clinical trunk. Issues most commonly addressed in groups include understanding the role of the clinical student, shelf exam study techniques, and developing an understanding of logistical areas such as MiChart usage and note-writing. This program remains in its infancy, and we are as yet unable to demonstrate a significant difference either qualitatively or quantitatively in performance and confidence between students who actively participated in the program and those who did not. It is our belief that the added peer-to-peer educational component fulfills an as yet unmet need in clerkship education.

Reflection/Impact Statement:

The inspiration for this project began as Brian and I were reflecting on our experiences at the end of our core clinical year. We had learned so much, had grown both personally and as medical professionals, and felt several steps closer to our goal of becoming competent, compassionate physicians. However, in many ways the process of navigating how to succeed on our rotations still felt harder than it needed to be. There were so many things, both large and small, about which I thought, “Why hadn’t someone just told me it worked this way?” It was little moment of embarrassment, moments of feeling lost, and moments of feeling like I wasn’t good enough. We realized these were things we *could* share with the class below us in order to make their lives just a little bit easier. That’s when we slowly started developing the Longitudinal Clerkship Advisor (LCA) Program.

Throughout the process of developing LCA, the most difficult obstacles we encountered centered around how to bring together a large number of busy people within a massive healthcare system. Everyone we talked to seemed intrigued by and interested in our idea; however, it was quite challenging working around clerkship schedules, USMLE test dates, interviews, and at times faculty availability. We learned that we had to be flexible and find new ways to bring information to the clerkship students. We adapted by creating an “on call” system for after-hours issues, by providing alternative dates for mentorship meetings, and by offering multiple sessions on different topics. We are still in the process of determining how to best assess the impact of the program given that student usage and attendance has varied quite a bit from session to session and from clerkship to clerkship. Our suspicion is that all students involved could benefit from participation in the program in various ways. The educational content and advice delivered by advisors will likely fill gaps in the Transition to Clerkships content delivered by faculty and residents. Our goal is to improve the confidence, preparedness, and wellbeing of all students on their core rotations. Learning how to provide effective mentorship will also be a valuable experience for senior students and will push them to reflect on their own growth, areas of improvement, and successes.

We are constantly seeking feedback from both mentors and mentees involved in the program. We strive to add to and modify the educational content delivered to students, as well as optimize the structure of meetings and the media through which the content is presented. In the future, we hope to pass on leadership of the program to rising M4s so that LCA can continue to develop and grow. We plan to begin recruiting new directors early this spring with a transitional period in April/May to pass over leadership.

If I could talk to students contemplating their CFI, I would advise them to think hard about the things that are important to them. What are their passions? What makes them want to get up and moving in the morning? Just as importantly, what do they want to see change? What have they struggled with? If they could do it over again, what would be different. The branches are an incredible and rare opportunity when students have both the time and access to resources they need in order to pursue projects meaningful to them and make an impact. I think it’s easy to see the CFI as a box to check off on the way to graduation, but if they pick the right project it really becomes a labor of love. Start early, ask questions often, and get help. Michigan Medicine is an enormous network, and we had no idea how many people were out there who wanted to help and see us succeed. It’s certainly possible to work in a vacuum; however, I think if students build new relationships and find ways to collaborate, their work will be all the richer for it. My capstone project has taught me a great deal about what it takes to bring a project from conception to completion, and about how I might expand my career beyond the practice of clinical medicine to create a broader impact.