

Commentary: Using Medical Student Case Presentations to Help Faculty Learn to be Better Advisers

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Abstract

The case presentation is a time-honored tradition in clinical medicine, and medical journals and national conferences have provided a forum for this type of scholarship for more than a century. Case presentations can also be used by educators as a means to understand challenging learner experiences, and by doing so, lead to advances in the practice of medical education. Medical school faculty are asked to serve in student advisor roles, yet best practices for student advising are not known. Unlike clinicians, who often discuss difficult patient cases, medical educators do not typically have opportunities to discuss

challenging student cases to learn how best to support trainees. In this commentary, the authors—from the Johns Hopkins University School of Medicine Colleges Advisory Program (CAP), a longitudinal advising program with the goal of promoting personal and professional development of students—describe the novel quarterly Advisory Case Conference, where medical student cases can be confidentially presented and discussed by faculty advisors, along with relevant literature reviews, to enhance faculty advising skills for students. As medical student advising needs often vary, CAP advisors employ adult learning

principles and emphasize shared responsibility between advisor and advisee as keys to successful advising. Unlike traditional clinical case conferences, the Advising Case Conference format encourages advisors to share perspectives about the cases by working in small groups to exchange ideas and role-play solutions. This model may be applicable to other schools or training programs wishing to enhance faculty advising skills.

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stimulus for significant discovery and advances in clinical medicine.^{1,2} In recognition of its importance, medical journals and national conferences have provided a forum for this type of scholarship for more than a century. At teaching institutions, physicians use this method on a daily basis to educate learners about clinical medicine.³ Case presentations give physicians insights into new diseases, diagnostic approaches, responses to therapy, prognosis, pathology, and potential clinical associations.^{1,2} All clinical educators encounter “memorable cases” in their teaching roles. The case presentation can also be used by educators as a means to more deeply appreciate unique or challenging learner experiences, and by doing so, enhance teaching expertise. Dissemination of these cases may lead to discoveries and advances in the practice of medical education.

Increasingly, at many schools of medicine, faculty are being asked to serve as dedicated advisors to assist students along their journeys through medical school.^{4–6} These faculty have to rely on instinct and personal experience, as best practices for advising medical students are not known. Few reports in the

medical literature specifically use individual educational scenarios to disseminate information about advising and mentoring medical trainees. For example, descriptions of meaningful situations that have had a powerful impact on the personal or professional development of medical learners or faculty physicians have not found their way into the published literature as case reports or reviews. Unlike clinicians, who often discuss difficult patient cases, physician-teachers do not typically have the opportunity to engage in dialogue about how best to support trainees—apart from discussions that are embedded within intensive faculty development programs.^{7,8} Yet educators, too, can expand their expertise from reviewing cases that describe a teaching or learning scenario in medicine.

In this essay, we describe how our school's Colleges Advisory Program (CAP) has used a staple in medicine, the case presentation, in a novel and experiential way to enhance faculty skills and efficacy as medical student advisors. In our companion article in this issue of *Academic Medicine* (“Case Study: A Mid-Clerkship Crisis—Lessons Learned from Advising a Medical Student with

Career Indecision”), we present a specific case to highlight our methods and to give specific content about advising medical students.

In 2005, the Johns Hopkins University School of Medicine created the CAP in response to students’ requests for increased student-faculty interactions, particularly around career planning. The primary goal of the CAP is to promote the personal and professional development of medical students. Twenty-four faculty members from nine clinical departments serve as longitudinal advisors. One-on-one advising relationships between faculty and students are the focal point of the CAP as each student is paired with an advisor and assigned to one of four advisory colleges within the program. Students meet their advisor on the first day of medical school and meet quarterly thereafter and as needed. Faculty also precept their student advisees in the Introduction to Clinical Skills course and interact in community activities such as medical school milestone events and social functions sponsored by CAP. The CAP faculty quickly recognized that the advising needs of medical students were varied and complex. In response, guided by adult learning paradigms, the faculty advisors developed a set of advising principles. These emphasize that successful advising requires that both advisors and advisees must recognize and fulfill certain responsibilities. For a list of these principles and how they were applied in a specific case, see Table 1 in our companion article in this issue, referred to above.

Presentations of clinical cases or vignettes enhance clinical learning by bringing together multiple physicians who contribute their unique perspectives and expertise. We envisioned that sharing a challenging teaching experience would

accomplish similar goals for medical educators and advisors. Therefore, as part of CAP, we created a series of quarterly meetings, the Advising Case Conference series, to confidentially discuss challenging advising scenarios. Each Advising Case Conference allows our faculty to share their collective experience and expertise although, unlike a traditional clinical case conference, participants often break into small groups to share perspectives, brainstorm ideas and occasionally role-play solutions specifically created to enhance advising skills. A succinct review of any relevant literature is included in the presentation. Our companion article in this issue of the journal, referred to above, synthesizes the highlights from a recent Advising Case Conference and adds supportive documentation based on our notes during the conference and during the debriefing about the session afterwards. The structure of the write-up of the conference featured in that article began as a clinical case report and evolved, based on the format of the session and the educational context. In that article’s case report, we refer to the key advising principles that are germane to the scenario using case-specific examples.

In developing the Advising Case Conference series, we have elected to follow general guidelines for writing case reports.^{9,10} For each case, we obtain consent from the student to present details of his or her dilemmas that are the focus of the faculty members’ advising in the case. We also adhere to suggestions from the International Committee of Journal Editors¹¹ to omit identifying details if they are not essential to the presentation of the case but to not alter or falsify information specifically to maintain anonymity.

We hope that educators reading this essay and the companion article will find the

advising principles and scenarios to be generalizable to many different types of advising and mentoring situations with medical trainees.

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