



College life for med students



For nearly a decade, the medical school faculty at UC Davis has pondered ways to better support its 400 students — academically, emotionally and socially. With the recent reorganization of the UC Davis School of Medicine into four distinct “colleges,” they’re hopeful they’ve finally succeeded.

“We felt medical students need to be mentored — and simply giving them access to faculty wasn’t enough,” says Michael S. Wilkes, vice dean of medical education, who suggested the college model, and sought support for the idea within the dean’s office and among medical school faculty.

Students also are intrigued by the new system — launched in January — and believe it will make it easier to get faculty advice. “It can be intimidating to call a professor,” says Fatema Mawjee, a third-year student. “But if you know you’re supposed to phone them — that they’re waiting to hear from you — you don’t feel so bad.”

Each college — which students are assigned to on a random basis in their first year — is headed by one of four School of Medicine physicians: Amerish Bera, Constance Bowe, Ernie Lewis or Daniel C. West. “We’re lucky to have four outstanding college directors,” says Wilkes. “They each represent different aspects of campus, and they are uniformly excellent.”

Bera, assistant dean of admissions and outreach, is enthusiastic about the new college system, which he believes will help students reach their greatest potential, both professionally and personally. “Each student has unique goals and passions,” he says. “I like to tell my students that I am giving them the ‘tools in a toolbox’ that they need to reach those goals.”

Each college also has a group of faculty advisers from a range of medical specialties, each of whom will advise students on a one-on-one basis throughout their medical school careers. “The faculty response has been very positive,” says Bowe, associate professor of pediatric neurology. Some 120 faculty members have signed on to be advisers so far. “I think they’re eager to have longitudinal experiences with students.”

In fact, it’s possible the faculty will gain as much from the new structure as the students. “We hope this will be a plus — that it will give faculty a home, as well as make them feel more involved in medical school training,” says West, assistant professor of pediatric hematology/oncology.

Wilkes agrees, suggesting the deepening ties to students is a job perk. “There is really nothing better than having longitudinal relationship,” he says, “and not only during medical school. Some of my advisees write me letters for years. It’s one of the very best things about teaching.”

The college model offers medical students more peer interaction as well, with formal and informal activities bringing all four years into close and frequent contact. “We’re all very busy,” says Mawjee, “and this is a good way to connect the classes.” She also believes



Vice Dean of Medical Education Michael S. Wilkes introduced the college system to the UC Davis School of Medicine.



peer relationships are crucial: "It's a very different connection. If you go to a faculty member, they give you official guidance, but you need other medical students to fill in the gaps." Mawjee says there is actually a long history of students helping students, from the Big Sib/Little Sib program to the tradition of passing down textbooks and papers. "We've had all of this built in, it's just been extremely hard to do," she says.

Students and faculty alike believe the college system will also help mitigate the issues surrounding the split medical school campus with classroom work for the first- and second-year students in Davis and clinical work for the third- and fourth-year students in Sacramento.

"There is a sense the third-year students disappear off the face of the earth into the hospital in Sacramento," she says, adding the first- and second-year students are extremely curious about clinical work and would revel in listening to the third-years' experiences with patients.

Indeed, the colleges are meant to form a sense of connectedness, a family if you will. "It creates a community of students that goes across different levels of training," says West. "And you need that peer support, that idea of 'been there, done that.'" In West's college, for example, there are a number of regularly scheduled activities where all students get together. "There's a student governing committee that sets priorities and goals," he says. "And our college has already identified a number of areas to develop academic resources and

Amerish Bera, left, assistant dean of admissions and outreach, leads one of the school's four new colleges. The colleges bring together smaller groups of students from all four years of medical school to provide support, encouragement and socializing.

support for students. But we also plan to offer social support — to work hard in medical school, but also to play hard."

These simple human connections may in the end be the most meaningful part of medical school education. "Professional training is, of course, knowledge-based, but we're also trying to build professionals with compassion, a sense of responsibility," says Bowe. "And if we are training them in that kind of atmosphere, transmitting these values, they may end up then treating patients the same way."

Wilkes agrees, suggesting medicine is an increasingly complicated field. "Anything we can do to keep medicine humane is important — because it's not about test tubes, or scans; it's about human relationships," he says. "And it needs to start at home, so to speak, in relationships with your colleagues. It's easy to test a student on knowledge — and we should — but we also need to focus on human interaction. It's really about getting people together." **UC**