Learning societies are intentional groups of faculty and students engaged in learning from one another. Though relatively recent in UME, they have been part of higher education for over 30 years.

Learning societies promote active, student-centered learning, and provide a natural model for integrated interdisciplinary education. Proponents report better student outcomes in terms of academic, social, and personal metrics. The rationale is that through intentional small groups, long-term relationships between faculty and students are possible. These relationships can be used to:

- facilitate learning,
- establish mentoring and coaching,
- enhance role-modeling, and
- maintain educational continuity for students and faculty.

Sixty-six (52%) U.S. medical schools have established learning societies and another 29 are considering them, according to survey results published in 2014 (Smith et al., 2014). Other findings from the survey are presented below:

**What Are Learning Societies?**

**CHM Learning Societies**

In most medical schools, learning societies are the focus of social and wellness activities; in some, learning societies provide development related to professionalism, career advising and leadership. Relatively few schools use them as the delivery model for clinical skills education.

In many medical schools, students have the same advising faculty members for all four years; the learning societies provide a means of vertically integrating students across years. They also provide an infrastructure for horizontal integration across sites.

**Faculty Roles and Faculty Development**

Each week, a small group leader would be involved in:

- 2 two-hour Early Clinical Experience groups
- 1 two-hour Middle Clinical Experience group
- 1 hour for small group leaders orientation/feedback meeting
- 2 hours for individual preparation time

Additional group leader activities, for approximately 5 hours per week and varying from week to week:

- Rotational group meetings
- Mentoring or portfolio review
- Clinical skills/simulation instruction

**Basic and Social Science Faculty would be involved in:**

- 6-8 hours meeting with Early and/or Middle clinical experience groups assessing necessary science content
- 4 hours developing small group (PBL) and/or large group (TBL or ICC) content
- Curriculum Development Group (CDG) participation
- Developing learning/study resources for students
- Content questions for summative & formative assessment
- “Course” director for ECE, MCE or intersessions
- ECE, MCE or Intersession teaching assigned by departments

**Preparatory Faculty Development**

- Small group facilitation skills
- Small group teaching skills
- Coaching skills
- Portfolio review
- Competence Committee reviews
- Curriculum design

**On-going faculty development**

- Content orientation and review
- Review of expected student performance standards
- Monthly Balint-like activities to promote reflection, support and collaboration
- Concept mapping
- Writing test questions
- Academic support resources
- Understanding different types of adult learning styles
- Approaches to effective mentoring
- Giving feedback and constructive comments
- Handling conflict
- Leadership skills (in general)
- Other needs as identified by faculty

**What happens in the learning societies?**

- Post-clinic debriefing
- Small-group instruction
- Portfolio and personal learning plan review
- Professional socialization and career development

**Major Emphases of Learning Societies (N=56)**

- Mentoring: 85%
- Advising: 75%
- Social: 74%
- Curricular: 72%
- Community Service: 58%

**Curricular Elements Taught in Learning Societies (N=51)**

- Doctoring/clinical skills: 49%
- PBL or case-based instruction: 28%
- Electives: 4%
- Other areas of core curriculum: 51%
- None: 24%

**How Schools Have Named Their Learning Societies (N=54)**

- Student well-being: 87%
- Professionalism: 81%
- Career advising: 77%
- Social: 75%
- Leadership development: 57%
- Clinical skills: 47%
- Cultural competency: 45%
- Service-learning: 42%
- Humanities: 42%
- Periodic academic reviews: 40%
- Health disparities: 32%
- Problem-based learning: 26%
- Peer study sessions: 26%
- Research: 13%
- Patient-centered medical home: 8%

**Major Professional Development Areas Addressed in Learning Societies (N=53)**

- Student well-being: 87%
- Professionalism: 81%
- Career advising: 77%
- Social activities: 75%
- Leadership development: 57%
- Clinical skills: 47%
- Cultural competency: 45%
- Service-learning: 42%
- Humanities: 42%
- Periodic academic reviews: 40%
- Health disparities: 32%
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**References**