



Using the Appreciative Advising Model to Design an Advising Treatment Plan for Medical Students

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Learning Objectives

1. Identify current advising practices of osteopathic medical schools in the country as reported in presented study.
2. Identify advising perceptions of faculty advisors in osteopathic medical schools in the country as reported in presented study.
3. Recognize advising needs of medical students as reported from one medical school in the country.
4. Understand the Appreciative Advising Model and how expert researchers in Appreciative Advising feel that Appreciative Advising should be used in medical education.

Research Questions

- ▶ What are the current advising practices of osteopathic medical schools in the country?
- ▶ What are the advising perceptions of faculty advisors in osteopathic medical schools in the country?
- ▶ What are advising needs of medical students?
- ▶ Will there be a difference in students' survey results based on variables of gender, age, ethnicity, or previous degrees held?
- ▶ How do expert researchers in Appreciative Advising research feel that Appreciative Advising should be used in medical education?

Literature Review

- ▶ Academic advising is often neglected
- ▶ Clear need for quality advising in medical schools
- ▶ Stress in medical students is a very common and debilitating problem
- ▶ Students often have idealized expectations of medical school
- ▶ Appreciative Advising success in a wide variety of settings

Appreciative Advising Defined

- ▶ “Appreciative Advising is the intentional collaborative practice of asking positive, open ended questions that help students optimize their educational experiences and achieve their dreams, goals and potentials.”



APPRECIATIVE ADVISING

Aim for mastery!
Keep raising the bar

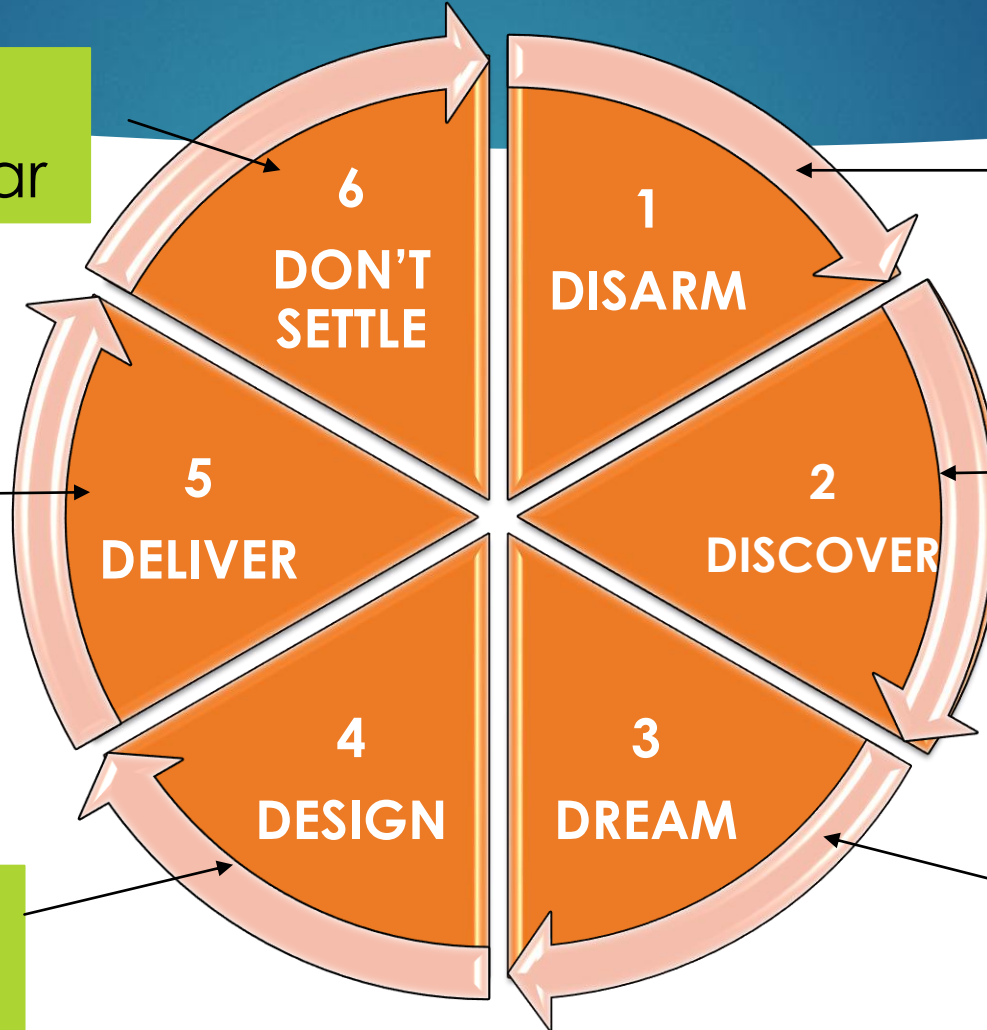
Build rapport – safe,
welcoming

Implement plan,
support learner

Draw out
strengths, needs,
difficulties

Develop a
plan!

Formulate a vision,
maximize potential



Methodology: Participants & Protection

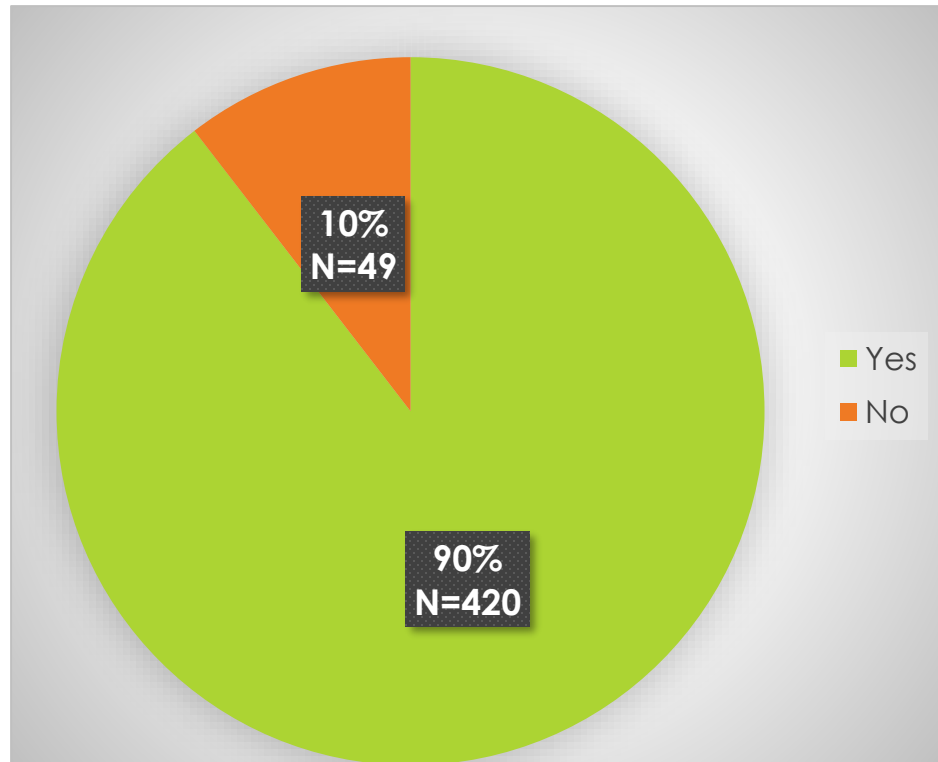
- ▶ Faculty Advisors at osteopathic medical schools in US
 - ▶ Descriptive/Survey (*Anonymous*)
- ▶ Students enrolled in one medical school in an osteopathic medical school
 - ▶ Descriptive/Survey & Quasi-Experimental (*Anonymous*)
- ▶ Ten experts in Appreciative Advising
 - ▶ Qualitative (*Signed letter of informed consent*)

Methodology: Instruments & Data Collection

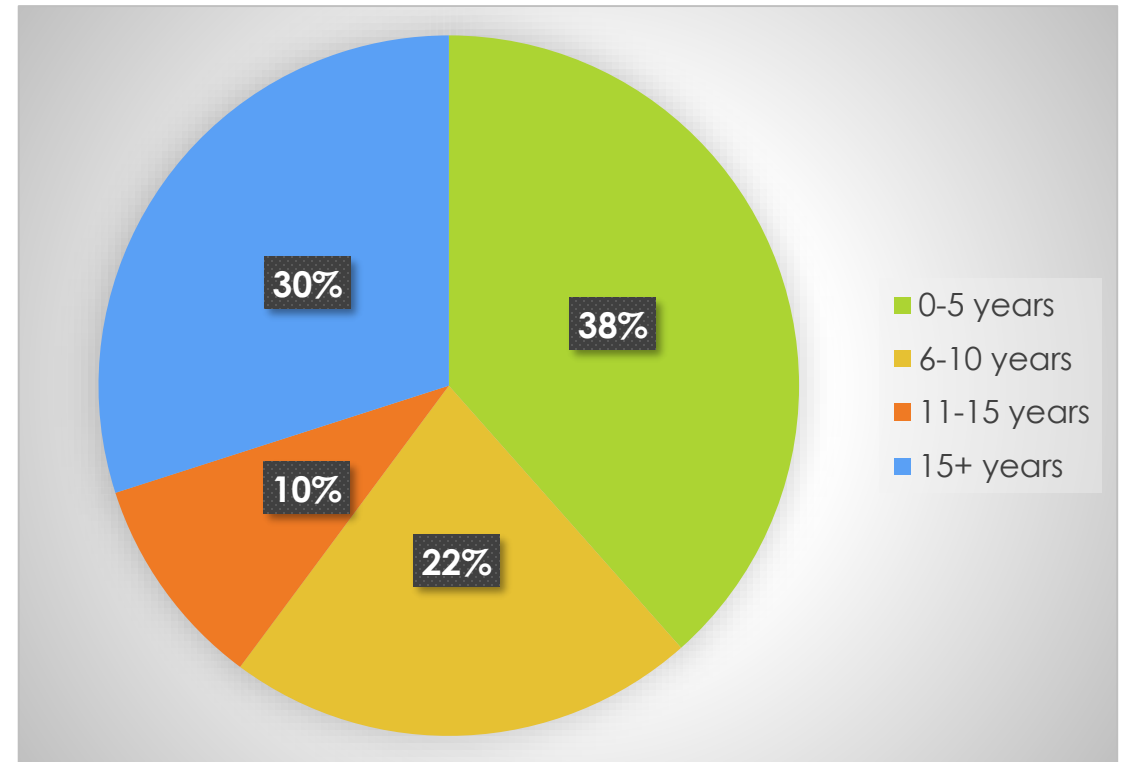
- ▶ **Descriptive/Survey & Quasi-experimental** – electronic survey
- ▶ **Qualitative** – informed consent of 10 experts in Appreciative Advising
 - ▶ Phone interviews lasting 30 – 60 minutes
 - ▶ Recorded/transcribed

Results: Quantitative *Faculty Advisor Participants*

▶ 469/1284 (36.5% response rate)



▶ Advising Experience

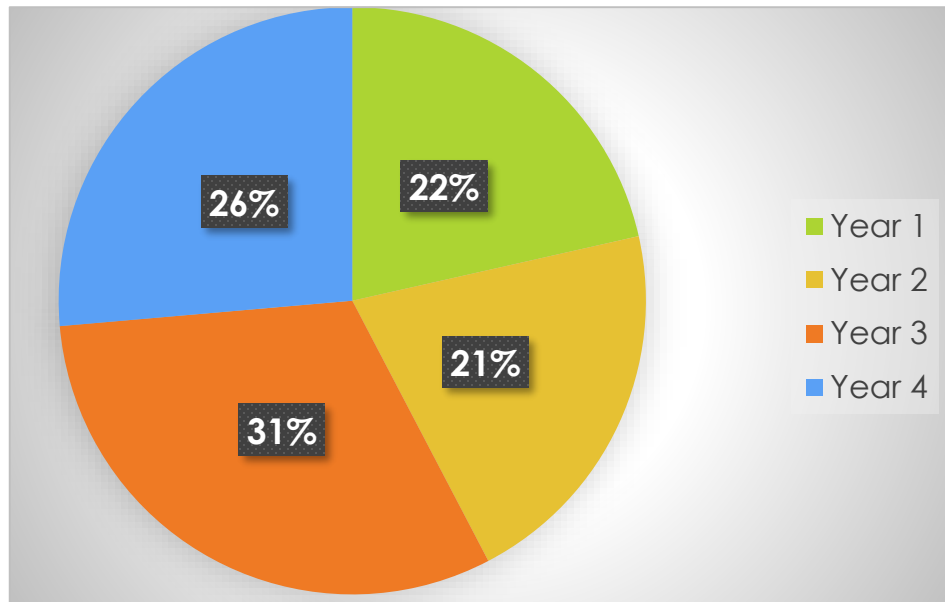


Results: Quantitative *Student Participants*

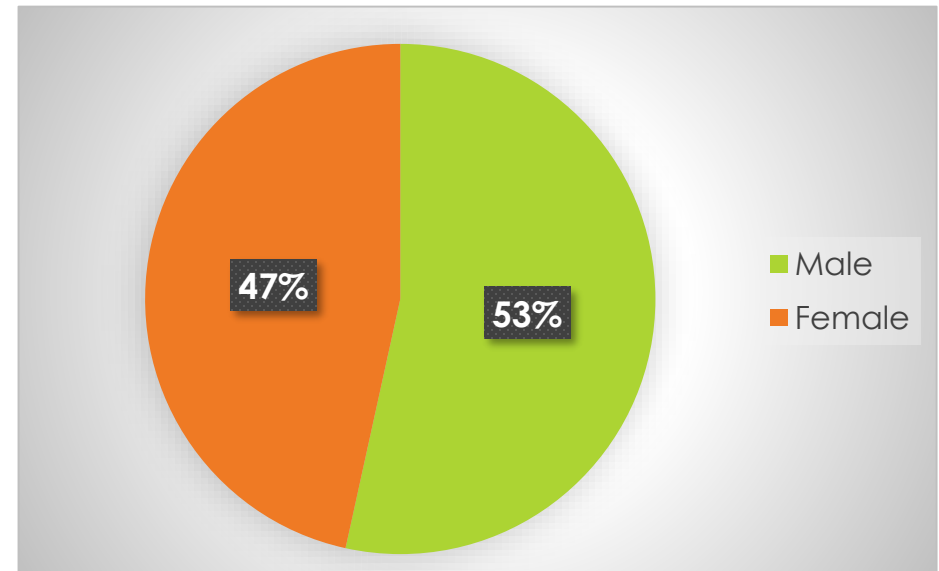
▶ 163/394 (41.4% response rate)

▶ Mean Age = 28 years

▶ Year in Medical School

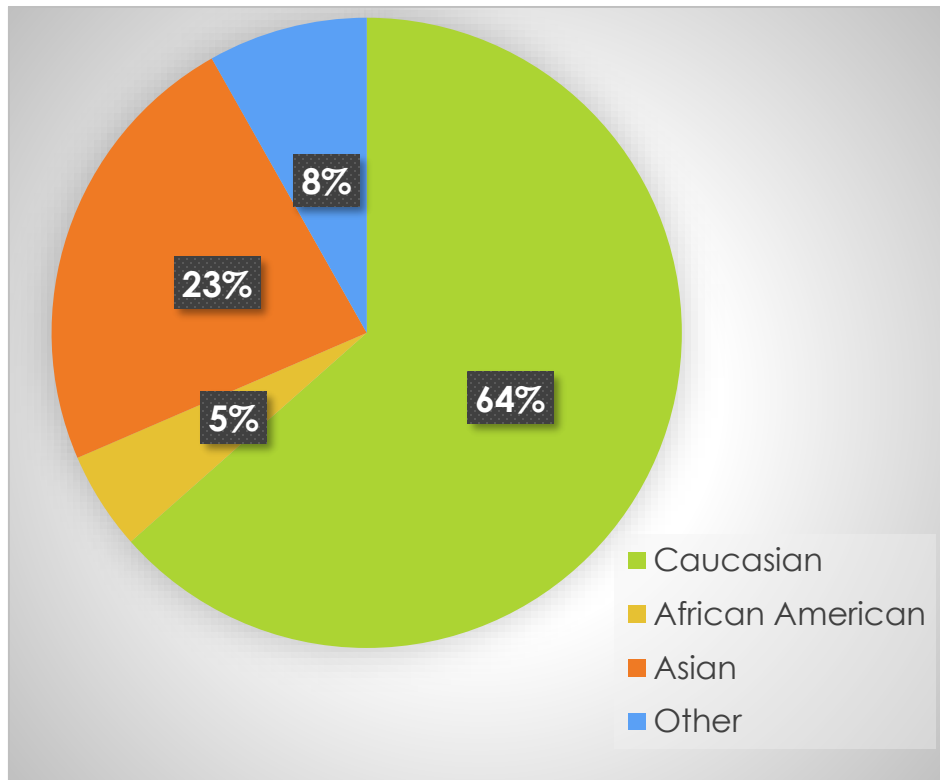


▶ Gender



Results: Quantitative Student Participants

▶ Race/Ethnicity



▶ Highest Degree Held

- ▶ Undergraduate: 58.02%
 - ▶ Liberal Arts: 9.57%
 - ▶ Science: 90.43%
- ▶ Graduate: 67.00%
 - ▶ Liberal Arts: 1.52%
 - ▶ Science: 98.48%

Discussion

Participant Profile

- ▶ Demographic and student profile information evenly distributed or representative of the student population at this school:
 - ▶ Year in Medical School
 - ▶ Gender
 - ▶ Age
 - ▶ Race/Ethnicity
 - ▶ Previous degree held

Results: Quantitative *Research Question 1*

► Advisee Year in Medical School

Advisee Year	%
Year 1	92.56
Year 2	85.12
Year 3	59.23
Year 4	51.79

► Year Advisee Assigned

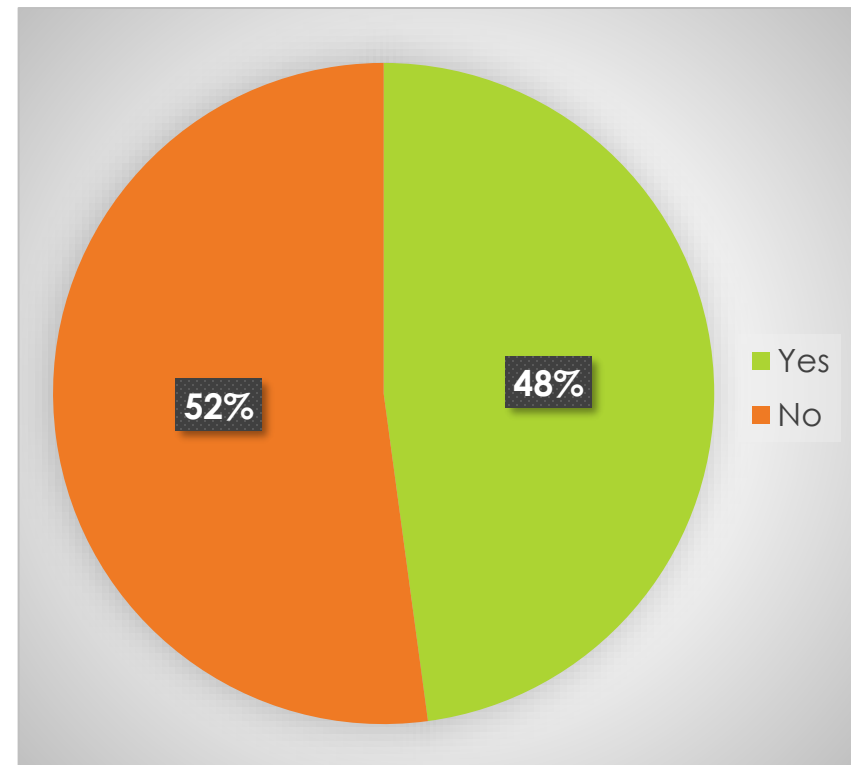
Year Assigned	%
Year 1	77.01
Year 2	2.49
Year 3	0.83
Year 4	0.28
Never Formally	19.39

Results: Quantitative *Research Question 1*

▶ Number of Assigned Advisees

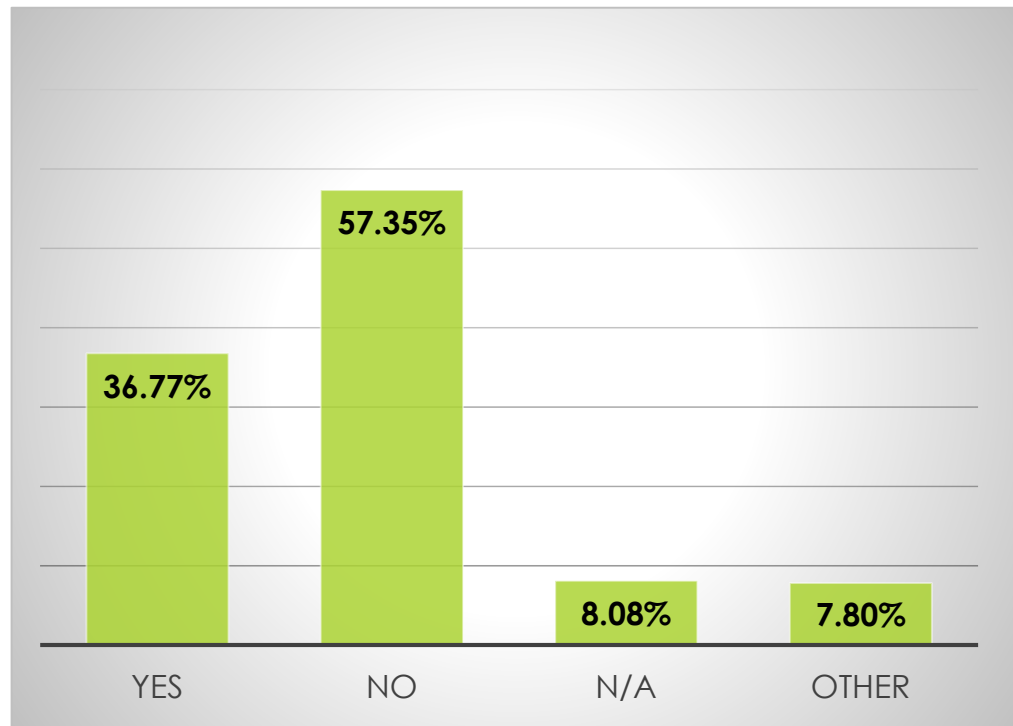
Advisee #	%
Less than 10	44.88
11-20	31.02
21-30	11.45
31-40	6.33
41-50	2.71
50+	3.61

• Are advisors trained?

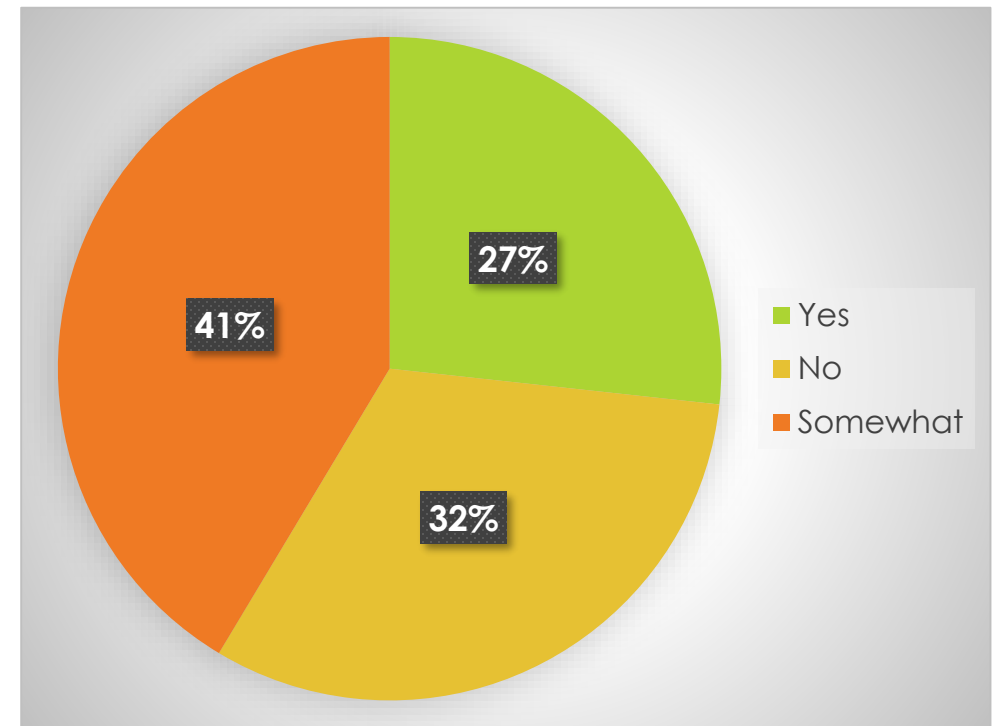


Results: Quantitative Research Question 1

► School Advising Parameters



► Student Utilization of Advising Services



Results: Quantitative Research Question 1

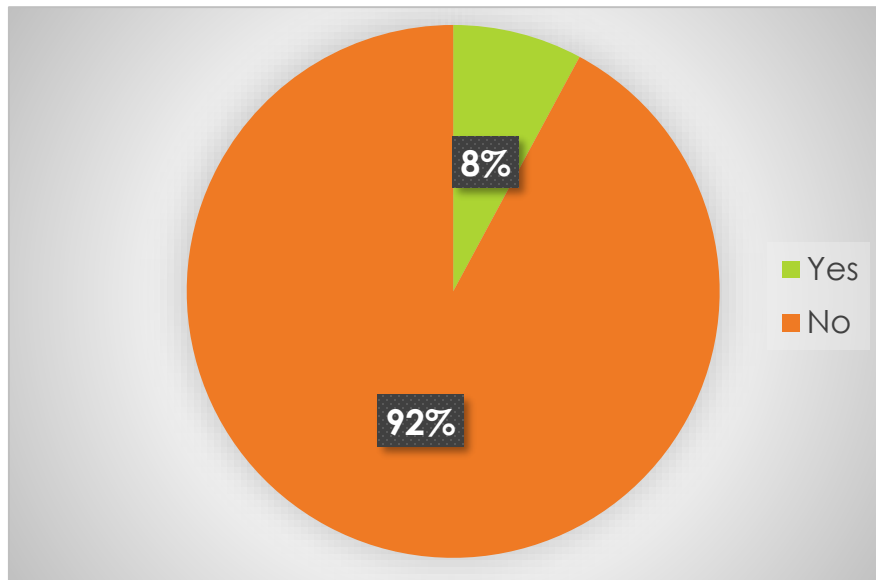
Open-ended Responses 3

- Topics that Students Utilize Advisor For (N = 356)

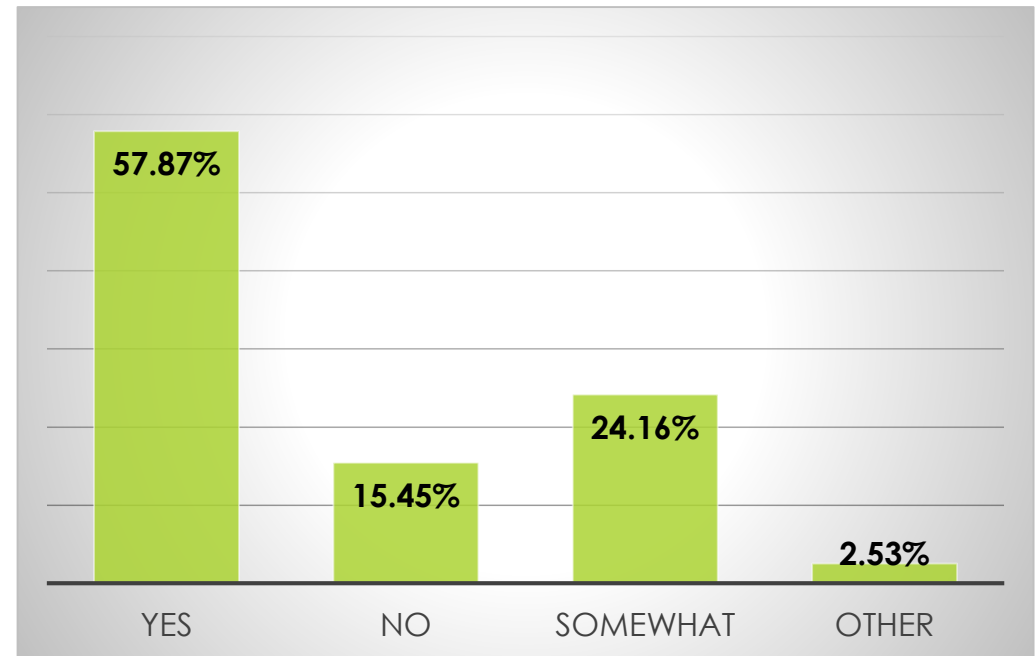
Topic	%
Exam Tutoring	38.20
Study Skills	73.31
Stress Management	64.61
Personal Problems	68.26
Research Opportunities	58.43
Clinical Skills Assistance	26.97
Match Preparation	40.73
Specialty Choice	48.60
Board Prep Assistance	50.84
Other	14.33

Results: Quantitative *Research Question 1*

- ▶ Does your school use a specific advising model?



- ▶ Would you be interested in learning about new advising models?



Discussion – RQ1

Current Advising Practices

- ▶ Most advisees from years 1 and 2
- ▶ $\frac{3}{4}$ advisors have less than 20 advisees
- ▶ Most indicated they have no training
- ▶ $\frac{1}{2}$ said no parameters were placed for advising
- ▶ Responses very distributed about whether student utilized advising resources – consistent with literature
- ▶ Majority noted no advising training – Over half interested in learning about new advising models

Results: Quantitative *Research Question 2*

- ▶ Highest Mean = 4.09

“I feel that the advisors at my school ensure that their advisees feel that their advisor is approachable.”

- ▶ Lowest Mean = 3.31

“I feel that the advising services at my school are satisfactory for our students.”

Results: Quantitative *Research Question 2*

- ▶ Highest Standard Deviation = 0.97

“I feel that the advising services at my school are satisfactory for our students.”

- ▶ Lowest Standard Deviation = 0.65

“I feel that the advisors at my school encourage student confidence in reaching their academic goals.”

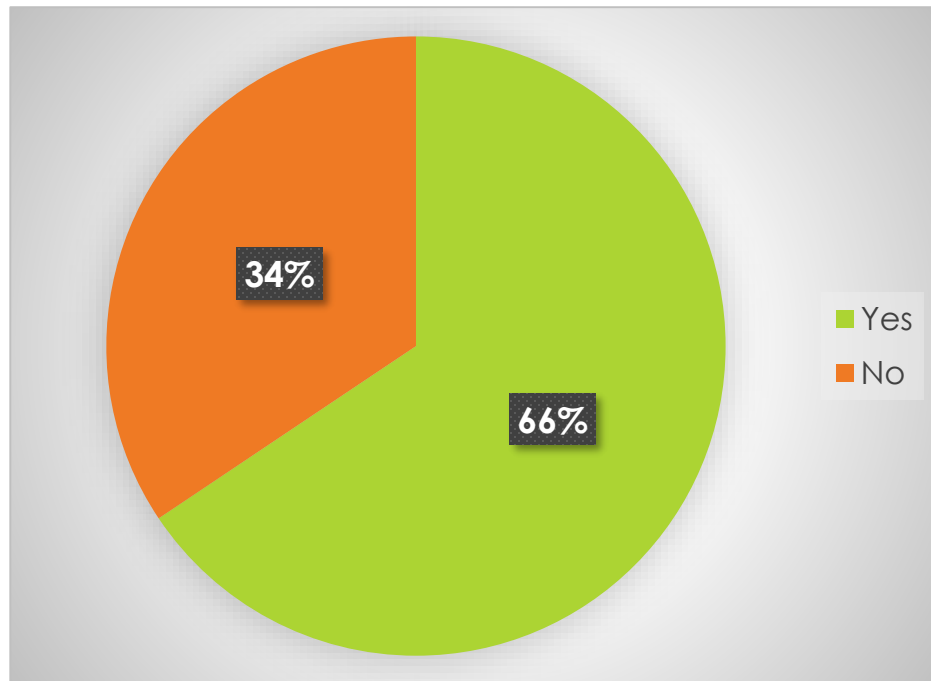
Discussion – RQ2

Faculty Perceptions (nationwide)

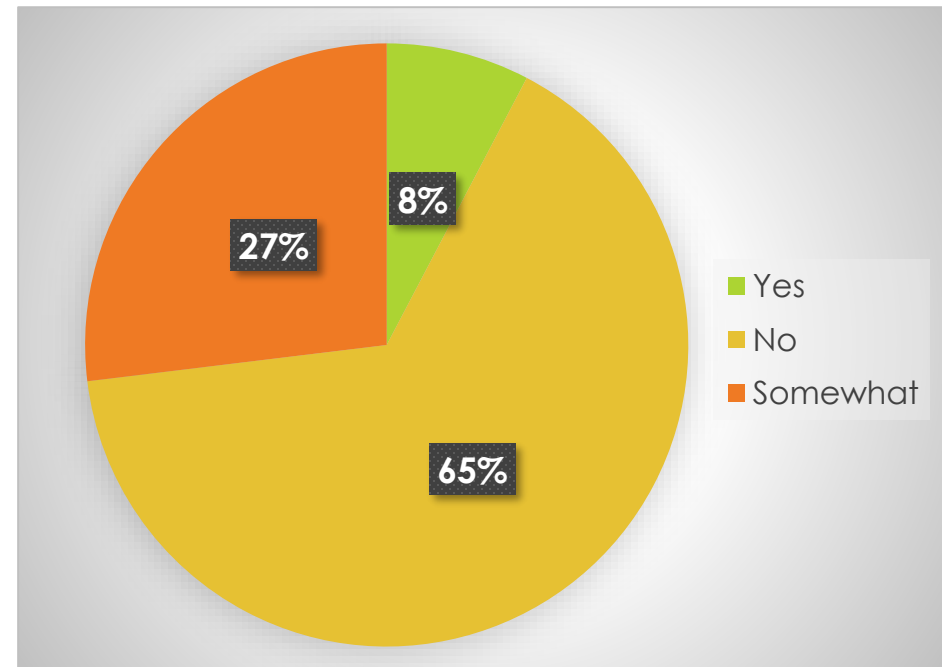
- ▶ Overall means pretty high and standard deviations pretty low
- ▶ *“I feel that the advising services at my school are satisfactory for students.”* (lowest mean/highest standard deviation)

Results: Quantitative *Research Question 3*

► Knows Assigned Advisor



► Feels that they utilize school advising services



Results: Quantitative Research Question 3

Topics Students Use and Want to Use Advisor For: Open-ended

Topic	Current %	Want %
Exam Tutoring	7.37	11.85
Study Skills*	12.63	30.37
Stress Management*	11.58	25.93
Personal Problems*	11.58	17.78
Research Opportunities	11.58	46.67
Clinical Skills Assistance	3.16	37.04
Match Preparation	20.00	80.74
Specialty Choice	9.47	63.70
Board Prep Assistance	16.84	51.85
Other	48.42	11.11
	N = 95	N = 135

Results: Quantitative

Research Question 3

- ▶ Meetings with Advisor during 2015-2016 School Year
 - ▶ Range = 0 - 20
 - ▶ Mean = 0.74
 - ▶ Median = 0
 - ▶ Mode = 0

Results: Quantitative *Research Question 3*

- ▶ Highest Mean = 4.48

“I want my advisor to be approachable.”

- ▶ Lowest Mean = 2.54

“I feel that the advising services at my school are satisfactory.”

Results: Quantitative *Research Question 3*

- ▶ Highest Standard Deviation = 1.16

“I feel that the advising services at my school are satisfactory.”

- ▶ Lowest Standard Deviation = 0.62

“I want my advisor to be approachable.”

Discussion – RQ3

Student Perceptions (one school)

- ▶ List of topics current vs. want to have indicate students want to use their advisor more and for more reasons
- ▶ Overall means low and overall standard deviations are high for “current” questions – high degree of variability
- ▶ Overall means much higher and overall standard deviations much lower for “want” questions – better consensus
- ▶ Students would like to see improvement in advisor characteristics and advising experiences

Results: Quantitative *Research Question 4*

- ▶ Student Responses Separated into 2 Groups:
 - ▶ Current Advising Practices
 - ▶ Advising Students Would Like to Have

Results: Quantitative

Research Question 4 - H_0 1

No Statistically
Significant
Differences

- ▶ Independent samples t-test, $\alpha = 0.05$
 - ▶ Males vs Females
- ▶ Current advising: No statistically significant differences based on gender, $t(146) = .798, p = .426$.
- ▶ Advising students would like to have: No statistically significant differences based on gender, $t(146) = .333, p = .740$.

Results: Quantitative

Research Question 4 - H_0 2

No Statistically
Significant
Differences

- ▶ Pearson's Correlation, $\alpha = 0.05$
- ▶ Current advising: No statistically significant differences based on age, $r(144) = .119$, $p = .153$
- ▶ Advising students would like to have: No statistically significant differences based on age, $r(144) = -0.99$, $p = .232$

Results: Quantitative

Research Question 4 - H_0 3

No Statistically
Significant
Differences

- ▶ Ethnicity was recoded into 2 groups: Caucasian and Non-Caucasian
- ▶ Independent samples t test, alpha = 0.05
- ▶ Current advising: No statistically significant differences based on ethnicity, $t(148) = -1.301$, $p = .195$
- ▶ Advising students would like to have: No statistically significant differences based on ethnicity, $t(148) = .742$, $p = .459$

Results: Quantitative

Research Question 4 - H_0 4

- ▶ Independent samples t test, $\alpha = 0.05$
 - ▶ Graduate degrees vs. Undergraduate Degrees
- ▶ Current advising: No statistically significant differences based on collegiate degrees obtained prior to entering medical school, $t(147) = -.157, p = .875$.
- ▶ Advising students would like to have: There was a statistically significant difference based on collegiate degrees obtained prior to entering medical school, $t(147) = 2.08, p = 0.039$.

Statistically Significant
Difference

Discussion – RQ4

Student Variable Comparisons

- ▶ The only statistically significant difference found was based on previous degree held for what students would like to have in an advisor
 - ▶ Students who have previously been through another graduate degree program expect/want more out of their advisement experience than those students who have not been through a graduate degree program

Results: Qualitative Research Question 5

- ▶ Purposive sample – 10 Appreciative Advising Experts
- ▶ Interviews ranged from 32 – 58 minutes in length
- ▶ Interviews were transcribed and analyzed for common themes across all interviews
- ▶ Expert Experience: Ranging from 3 – 10 years
- ▶ All experts wished to be identified by name

Results: Qualitative Research Question 5

- ▶ Four Identified Categories of Topics:
 - ▶ Strengths of the Appreciative Advising model
 - ▶ Weaknesses of the Appreciative Advising model
 - ▶ Implementation of Appreciative Advising
 - ▶ Considerations in the six phases of Appreciative Advising for medical students

Results: Qualitative Research Question 5

Strengths of the Appreciative Advising model

► Two themes:

“positive, simple, and has good theoretical foundation”

and

“develops institutional culture and a shared language”

Results: Qualitative Research Question 5

Weaknesses of the Appreciative Advising model

► Theme:

*“too much time, not realistic, and faculty resistance”
[perceived]*

Implementation of Appreciative Advising

► Theme:

“adequate training, faculty buy-in, participation in AA online course and Institute, and hosting an AA speaker”

Results: Qualitative Research Question 5

Considerations in the six phases of Appreciative Advising for medical students

- ▶ Theme:

“importance of the disarm phase and phases are not linear”

- ▶ Do you think the AA model will work for medical students? *All Experts - YES*

Discussion – RQ5

Appreciative Advising Experts

- ▶ Tips provided gave a comprehensive view of the Appreciative Advising model and also a variety of things to consider for implementation
- ▶ Strengths and weaknesses emerged throughout entire interview.
- ▶ Most weaknesses were “perceived” – experts offered strategies to overcome
- ▶ More success when implemented institutionally

Discussion *Summary*

- ▶ Problems Encountered
 - ▶ Faculty Emails
- ▶ Implications
 - ▶ Formulate a plan for advising implementation
- ▶ Future Research
 - ▶ Compare faculty and student perceptions
 - ▶ Analyze impact of implementation of AA model
 - ▶ Look at special student populations
 - ▶ Involve other colleges of osteopathic medicine

What are we doing?

- ▶ Faculty development for 2016-2017 school year to introduce Appreciative Advising framework
- ▶ Faculty learning materials distributed
- ▶ Adapting current materials to be specific to Medical Education
- ▶ Grant submission for additional resources:
 - ▶ Expert speakers for training
 - ▶ Monthly Appreciative Advising Luncheons for Faculty Advisors
 - ▶ Additional training material
- ▶ More research to compare – include other medical schools



Questions?

REFERENCES **AVAILABLE** UPON REQUEST