The Role of the Academic Advisor

One of the safest assumptions you can make about a student that has failed an exam is that the remedy is already in the student, but they need someone to help them find it. As an academic advisor, your most effective role is to help the student find that remedy by becoming more aware of “how” they are learning compared to their present awareness of “what” they are learning. This new awareness of how they are learning puts them in a position to understand deficiencies in their learning practices, often called “studying,” thus helping them become more self-directed. Students who are brought to understand how their learning needs to improve will spontaneously remedy any future setbacks. Unfortunately, your task is made more difficult by the general obsession that students have over “what” they are learning. A student’s typical expectation is that they need a better gimmick or method that will help them master the material – without knowing what that even means. It is important while trying to focus on learning issues that you should always be aware that some students can be underperforming due to a mental health problem that requires a referral to a professional counselor.

The Guidelines

The guidelines below are designed to help students learn about “how” they learn. They are organized in stages that gradually move the counseling relationship from teacher-directed to student-directed.

- Stage 1: The First Encounter helps you get past the student’s fear and anxiety.
- Stage 2: The Acquisition of Awareness helps you to teach the student about themselves and how they are OK.
- Stage 3: Bringing Hope helps the student to see that their own actions can lead to permanent improvements.
- Stage 4: The Demonstration of Awareness by the student helps you (and other willing teachers) to provide feedback and support.
- Stage 5: The Demonstration of Competence helps you to transition the student into a self-directed role in their learning.

Stage 1: The First Encounter
Just as in any new encounter, a level of trust needs to be established. The entire intervention depends on a trusting, cooperative student because an alienated student will be more inclined to go it alone.

- If the student is cooperative, then a special agreement needs to be reached. The student must agree to give you an opportunity to educate him/her about *how they can solve their own* academic problem.
- If the student is not cooperative then they need to know that this will be taken into account during the promotions procedure in the event of any future academic failures. Take care to communicate that while this appears threatening, it is not nearly as threatening as going it on their own. Also, it is a normal academic function of the medical school to take attitude into account when the student is at risk.

Stage 2: Acquisition of Awareness

The Acquisition of Awareness step can also begin during the first encounter if time permits but it must follow the agreement to accept responsibility. Once the student has agreed to take responsibility, the goal is to help them become aware of *their own level* of skill development. This section contains too much material to cover in depth in one session. You will need to summarize concepts and refer the student to the online videos as a follow-up activity. This gets better with experience.

A. Begin with the student’s description of the problem.

- **Listen for locus of control:** a) *external locus* of control - the problem is due to forces outside of “me.” I am not responsible, it is their fault, I couldn’t help it, etc., or b) *internal locus* of control – I could have handled things differently, I wish I understood how this happened, etc. External locus of control will take more work to manage while internal locus of control will have built-in cooperation.

- **Description of events:** a) *without interpretation* – this happened and then that happened, here is what I did, etc., or b) with *interpretation* – why a study method was used and/or interpretation of the results, an attempt to understand. The student exhibiting No interpretation will take more work to manage while the presence of interpretation provides an opening for education about skill development.

- **Use reflection** as much as possible, but don’t let it be obvious. Either repeat back what the student has said, usually as a paraphrase. This indicates that you are trying to be clear in the communication. If repeating back is becoming too awkward, try
to ask a paraphrased question, or a related question, that accomplishes the same thing.

B. Follow with feedback. The timing of feedback takes some experience, so don’t be discouraged at first. Just review what was said afterwards and note areas to improve.

- If the student demonstrates external locus of control, point it out and show that this leads to becoming a victim. It only exists because the skills to handle the situation are lacking.
- If the student demonstrates internal locus of control, point it out as a positive that needs to be maintained.
- If the student provides no interpretation, it likely indicates a sensing preference. Pursue other indicators to confirm if the student is sensing. They can take the LSTI, or they can just talk about how they take exams. Sensing students want to see material that matches their notes verbatim. If this is the case, they need initial support to know that the sensing preference is normal and not a liability. The problem is not with the preference but with the lack of balance with the intuitive preference. This step may be the most challenging.
- If the student indicates a desire to understand what the problem is or has made an attempt to understand, they likely have an intuitive preference. The desire to understand is a step in the right direction foretelling a successful outcome.
- Prepare the student for a transition to the next stage, 3. Bringing Hope, by teaching the Growth Mindset. By presenting the evidence that intelligence can be changed by understanding learning, you will create the conditions that help the student accept the need for them to change. The Growth Mindset is introduced in the video, The Growth Mindset and Increasing Intelligence and this can be viewed as a follow-up from the counseling session.

C. Unless the student has significant personal life issues that lengthen the visit, the First Encounter should only take about 30 minutes. If an entire hour is used then the student should leave with something to do so they can discuss the experience when they return. At this point, a simple change might be for them to make an overview outline of everything studied up to the next session. Specifically, the student needs to place their estimate of the major topics in the first rank of the outline and the main topics under each of those in the second rank. They should choose the topics by how well they group the other topics,
e.g. humerus, and ulna would be grouped under Upper Extremity. The directions for discussing the results are found below in Section 4. Demonstrating Awareness.

Stage 3: Bringing Hope

Once the student has been shown that there is a specific path to follow, you can begin to inform them about the skill areas of the brain. This immediately takes the focus away from “smart/dumb” and places it on “skilled/unskilled.” Thus, they can change their brain with the actions they choose.

A. The skill areas of the brain are introduced in the video, Clinical Skill Areas of the Cortex. If time does not permit, then viewing of the video can be delayed in lieu of a brief summary.

- Help the student understand that the back of the brain only deals with memory and is not enough for performance in medical school. It is still needed but mainly to support the decision making function of the front brain.
- Compare for the student that the process for learning any topic properly uses the brain the same way that clinical reasoning does.
- The primary emphasis for the student is to have a learning plan that involves making decisions about the material. Compare the decisions they are currently making (usually none) with those used in the ESP (both concept mapping and question analysis).

D. The concept of learning style is introduced in the video, Learning Style, Personality Type, and Specialty Choice. If time does not permit, then viewing of the video can be delayed in lieu of a brief summary.

- Help connect the functional areas of the cortex to preferences in their use. The back of the brain deals with facts and details as a memory storage area. The front of the brain deals with possibilities and relationships as an information processing and decision making area.
- The preferential use of one area does not prevent the use of the other areas. Instead, the non-preferred area can be developed with focused practice. This fulfills the Growth Mindset.
- The major emphasis should be on sensing vs intuitive preferences. This is a key insight that the student must maintain continually as they study. They should know that it is normal to be uncomfortable with the non-preferred way of thinking and that only focused, hard work will treat the problem.
• The majority of academic problems concerning multiple choice examinations will be experienced by sensing types, so they must be encouraged that this does not reflect their intelligence. Instead, it reflects a skill not yet developed!

• The purpose of including specialty choice is to show that the area that is underdeveloped early in medical school will play an important role in the practice of a student’s specialty later. This removes much of the stigma from the student’s preferred way of learning.

• This topic is also covered in the SuccessTypes book in the first five chapters.

E. The concept of changing the brain also contributes to the effectiveness of the Growth Mindset. This topic is introduced in the video Changing Your Brain to Improve Learning Skills. If time does not permit, then viewing of the video can be delayed in lieu of a brief summary.

• This is the last of the critical concepts that help the student develop an awareness that will help them become self-directed. Knowing how the brain changes in response to a learning method helps the student to employ the method wisely.

• The primary concepts to summarize here are that the requirements for the brain to learn include:
  a) Forming neuron networks in both the front and back of the brain, and
  b) Forming stronger connections in those networks during sleep.

• When the student clearly understands that the front of the brain is crucial to learning in medical school and that this is impossible without engaging the front of the brain, he/she is ready to begin using the front-brain methods that demonstrate this awareness:
  a) Concept mapping, and
  b) Question analysis.

• It may take more than one session before the student acquires this awareness. If this is the case, it is important to give the student something more specific to do with ongoing course material to help prevent a demoralizing anxiety. The next stage, Demonstration of Awareness includes introductory guidelines that can help bridge the overlap between learning the ESP skills and using them soon enough to experience improvement.

F. Although you will only be summarizing the main points in this visit it is still important to give an assignment so that the student begins his/her
transformation. You can give the same assignment as described above. This exercise is deceptively simple but it will help you get started with the application of the concepts. Tell the student that it is critical to organize any new material in a way that it can be retrieved from memory faster and easier. It will often be surprising to the student how many different ways the organization can be developed and that it is not obvious the same way to everyone. This is the beginning of awareness.

Stage 4: Demonstration of Awareness

This section on the Demonstration of Awareness is where the student learns how to apply the ESP principles to become more skilled. It can extend as long as needed, but it will rarely last more than three months. In general, the student will learn how to organize the material in a way that they can easily retrieve the information they need selectively. It needs to be selective because non-selective retrieval is robotic and not useful in the medical profession.

A. If you have assigned the outlining exercise described above, you can use that to start the instruction on skilled learning. Review the student’s work as follows:

- Have the student show you the source material, usually a textbook or course notes.
- Choose several of the terms from the first rank at random and ask the student if there are any other terms, either on the list or not included on their list, that would contain them. If this is the case, then the newly identified term replaces the originals which will now be relegated to the secondary rank. After reviewing the overview list this way, it will become obvious whether the student has past learning habits that have never included developing their own hierarchy. This will be most often true for sensing types.
- Have the student review the remainder of a section of notes to gain a little practice, but this will be an easy adjustment to make in the normal study routine.

B. If you had not assigned the above overview outline task, then you can do it now in real time. Just have the student scan their book or notes for major headings. This is a quick way to illustrate a first level topic and they can be encouraged to start this way until they feel comfortable doing it differently. This saves them time and anxiety wondering if they are doing it correctly. Now have them identify the
secondary topics for you by looking over each major topic. Here you likely need to emphasize the importance of doing this since students generally won’t show the patience to do something that doesn’t get directly to the facts. It will help to explain that they are creating file drawers for the facts and that will come next. Ask them if, on a test, the facts were made available to them in a stack or in a subdivided, organized file drawer. This exercise breaks the linear learning style of the sensing type into more manageable pieces and they only appreciate this after a little experience.

C. The next step is to use the time remaining to work with the student to complete a beginning concept map. This is a relative criterion since any concept map is a work in progress as learning increases. Refer the student to the detailed directions for mapping [link] Concept Mapping in Medical School – Step-by-step and ensure that they take away the fundamental approach by repeating the List-Group-Compare sequence at strategic points.

D. Aside from providing feedback for concept maps it is also important to encourage the use of question analysis. While it is preferable for students to use the method in the video The Power of Us – Question Analysis Groups (QuAGs), they can also employ the method during individual study. The directions for groups are found at the link Instructions for Year 1 Step 1 Prep and can be useful to help guide a new group, but this process is so natural that students use it effectively within the first two sessions. Chapter 8, in the SuccessTypes book, “Question analysis develops intuitive skills in sensing types,” is a concise description of using this method individually and it has examples from gross anatomy, biochemistry, and histology.

E. The most significant aspects of question analysis are that the questions should be selected based on the coverage in the answer choices and that an understanding of each answer choice is critical. An understanding can only be reached by providing a rationale and that should be done out loud. Even when studying alone, the verbalization of thinking is processed in Broca’s area in the frontal cortex. The student needs to realize that if they can’t verbalize it, then something is wrong. The greatest danger is in mistaking recognition for understanding. Always emphasize that understanding what you are reading doesn’t always translate into an ability to explain. If the student is relying heavily on memorization, then their attempt to verbalize will reveal that. If you can have the student try to repeat their understanding, it will help to convince them that extra work is needed to organize the material in a concept map.
F. This step will likely take less time with an intuitive type than a sensing type. Intuitive types instinctively seek understanding and the main challenge for them is to see that organizing and constructing concept maps not only expands the relationships they naturally look for, but it provides attachment points for the details that are hard for them to learn. Sensing types, on the other hand, will have greater difficulty in breaking a life-time habit of confusing recognition with learning. No amount of explanation can achieve this, but activities such as concept mapping will help because it will provide a tangible outcome that can be used for feedback.

Stage 5: Demonstration of Competence

The acquisition of new skills occurs at different rates for different individuals. Depending on the spacing of examinations, most students will show some improvement in performance that is due to the development of their learning skills. However, a continual improvement in performance is likely to take place since each course in the curriculum will have its own uniqueness. It is important to be available, even by arranging widely spaced update visits.

A. An update visit is not necessarily aimed at solving a learning problem as much as in reinforcing the growth and development in the student of a new awareness of learning skills.

B. The student, by sharing experiences in different courses, will contribute to their own continued growth through “teaching” others about their experience. They will also contribute back to the academic advisor an experience base that will be useful for future counseling.