Creating A Positive Learning Environment & Avoiding Learner Mistreatment

Health Professions Educator Series
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The three speakers today (Drs. Knight, Adams-Vanke, Musick) have no disclosures of any relevant commercial relationships or affiliations.
Objectives

• By the end of this learning session, you will be able to:
  – Explain the concept of the learning environment and why it is important in health professions education.
  – Discuss case scenarios that illustrate issues sometimes seen in the learning environment.
  – Recognize methods for reporting issues related to the learning environment.
Video Clip

Patient hides recording device in hair, captures surgeon's offensive comments in surgery (April 7, 2016)

https://www.youtube.com/watch?v=twMrpJa95jU
What is the Learning Environment?
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• Carilion Clinic as a growing academic institution has many learners and strives to achieve a learning environment that is respectful, cooperative, and professional for our students, faculty, and staff in all educational and clinical sites.

• The “learning environment” (LE), similar to the “work environment” must be free from mistreatment, coercion, undue influence, and other unacceptable behaviors that negatively influence the ability of students, residents, faculty, nurses, and staff to perform their best.
What is the Learning Environment?

- The learning environment can impact learners’ achievement in a variety of ways, either positively or negatively.
- Other terms you may hear include “learning climate,” “educational environment,” or “organizational culture.”
- Mistreatment and other unprofessional behaviors are the primary behaviors that create a toxic environment for our learners and affects the ability of students, residents, nurses, staff, and physicians to learn and to provide the best care for patients.
3 Components of Culture

1) Behaviors
2) Underlying Assumptions
3) Organizational Values/Norms

“It’s how we do things around here”
Scenario 1

It was the first day of a new rotation for Ann, a 3rd year medical student. Dr. Handley, the supervising resident physician who is charged with teaching and evaluating Ann during the rotation, came up to her, put his face about six inches away from hers, stared at her, sneered, and said, "I've been told on my past evaluations that I don't do a good job of expressing myself clearly, especially to female medical students. How do you think I am doing so far?"

How should Ann respond to Dr. Handley’s behavior?
Responses to Scenario 1

• How should the medical student respond to Dr. Handley’s behavior?
  – Do nothing
  – Say something immediately to Dr. Handley, such as “I feel intimidated when I’m talked to that way”
  – Talk privately to Dr. Handley about the incident later
  – Talk about the incident with classmates
  – Write about the incident on the end of clerkship evaluation form
  – Talk to the Chief Resident who supervises Dr. Handley
  – Talk to the Clerkship Director
Why Does a Healthy Learning Environment Matter?

• At Carilion Clinic, VTC School of Medicine and Jefferson College, we want to make sure our students, residents, physician, nurses and staff have a positive environment to learn and work free from mistreatment of any type! It’s the right thing to do!

• In order to monitor the learning environment and assess the effects of unprofessional behavior, students, residents, and other health professions learners are surveyed frequently to gauge their perceptions of the environment where they are learning.
Why Does a Healthy Learning Environment Matter?

• National accrediting bodies have developed standards that medical schools, residency programs, nursing schools and other health professions education programs are expected to meet so that the learners have a healthy, positive environment in which to learn and work.

• Mistreatment and other unprofessional behaviors are considered symptoms of an unhealthy learning environment and contribute to burnout among learners and providers, which in turn impacts patient care.
Bill, a third-year medical student, was a little nervous. He had just been sent to get ready to go into the operating room for the first time. Several residents were standing nearby. He went up to the head scrub nurse and introduced himself as the new medical student on the service. The nurse, Ms. Randolph, turned away and rested her head on her arm against the wall. "Oh no," she said loudly, "not another medical student! The last one was such a disaster!" She then turned toward Bill and said, "I hope you at least know how to scrub correctly."

How should Bill respond to Nurse Randolph’s behavior?
Responses to Scenario 2

• How should the medical student respond to Ms. Randolph’s behavior?
  – Do nothing
  – Say something immediately to Ms. Randolph and explain that, since she is “only a nurse,” she cannot talk to you in that manner (NOTE: not an acceptable response!)
  – Talk privately to Ms. Randolph about the incident later
  – Talk about the incident with classmates
  – Write about the incident on the end of clerkship evaluation form
  – Talk to the Clerkship Director
What is Mistreatment?

- Mistreatment arises when behavior shows disrespect for the dignity of others and interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and/or discrimination based on race, religion, ethnicity, gender, age or sexual orientation. **Examples of mistreatment** include but are not limited to the following:
  - Threatening and abusive language, profanity or language that can be perceived as rude, threatening, demeaning, sarcastic, loud or offensive
  - Belittling or humiliation
  - Intentional neglect or being left out of important communication
  - Offensive sexist remarks or names
  - Racist or ethically offensive remarks or names
  - Requiring personal services to be performed (i.e. babysitting, shopping)
  - Threatening with physical harm (e.g. hit, slapped, kicked)
Procedures for dealing with mistreatment must have...

• A non-threatening, easily accessible mechanism available to learners, so they can submit reports of mistreatment
• A means to review all such reports and determine if further investigation is warranted
• Equitable methods to investigate & adjudicate complaints
• Guaranteed rights of due process
• Appropriate protection of complainant and accused
Scenario 3

Cindy, a third year medical student rotating through pediatrics, was assigned to present a patient for morning report. She did not admit the patient herself and was told about this task ten minutes before rounds began. She walked into the pediatric library to find that the chairman, Dr. Barker, was sitting in for rounds that day. Cindy presented the case with the limited information provided by the resident's history and physical. The chairman asked her questions that escalated from historical questions to more probing questions that she clearly did not know the answers to. He continued to push her until she began to cry. Dr. Barker said to her after rounds that in medicine “Don’t be such an emotional female. We learn by feeling stupid sometimes. That's the way it is.“

How should Cindy respond to Dr. Handley’s behavior?
Responses to Scenario 3

• How should the medical student respond to Dr. Barker’s behavior?
  – Do nothing
  – Say something immediately to Dr. Barker, such as “I don’t learn well when I’m embarrassed in front of the team”
  – Talk privately to Dr. Barker about the incident later
  – Write about the incident on the end of clerkship evaluation form
  – Talk to the Clerkship Director
Gender Bias

• A medical school does not discriminate on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation (LCME Element 3.4)

• Examples:
  – Inappropriate complementing
  – Having a bias toward "the aggressive female" and/or the "non-aggressive male"
  – Attributing certain emotions and responses to a particular gender
  – Assuming women are in certain jobs and men in others (particularly common in medicine)
Dr. Smith, a senior resident physician, was conducting the orientation for two new medical students on the clerkship, Amy Smith and John Chan, a second generation Asian American. Dr. Smith began by asking Amy to tell something about her background and interests. When she had finished, Dr. Smith turned to John and said, "Where are you from and will you be going back to your country to practice medicine?"

How should Amy and John respond to Dr. Smith’s behavior?
Responses to Scenario 4

• How should the medical students respond to Dr. Smith’s behavior?
  – Do nothing
  – John Chan should say something immediately to Dr. Smith, such as “I was born in Philadelphia and this is my country too.”
  – Talk about the incident with classmates
  – Write about the incident on the end of clerkship evaluation form
  – Talk to the Chief Resident on the service
  – Talk to the Clerkship Director
Cultural Bias & Cultural Humility

• A medical school does not discriminate on the basis of age, creed, gender identity, **national origin, race**, sex, or sexual orientation (LCME Element 3.4)

• We all have biases; we’re human!!

• Cultural biases contribute to healthcare disparities

• Examples:
  – Assuming learners or patients are more or less competent based on race or cultural background
  – Prioritizing holidays of a dominant culture and not accommodating holidays important to different groups
  – Telling jokes that are culturally or racially themed
Scenario 5

Mary is a Physician Assistant student and was on call with a first year resident physician (intern) and a senior resident physician. During the course of the day Mary and the two residents were in the work area writing up their H&P. Mary heard the intern talking badly about one of the nurses and one of the other interns. The resident and intern also spoke badly about the patients they had just admitted. They were speaking loudly enough that others in the area could easily hear them.

How should Mary respond to the behavior she witnessed?
Responses to Scenario 5

• How should the physician assistant student respond to the behavior she witnessed?
  – Do nothing
  – Confront the residents immediately and tell them that their behavior is unprofessional
  – Write about the incident on the end of rotation evaluation form
  – Talk to the rotation Director in person
  – Report the incident through 7-SAFE
Medical Professionalism

• Prominent in accreditation standards
• “Manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population” (ACGME).
• Includes ethical behavior but so much more!
• Must be taught (formally and informally) and assessed.
How Can we Improve the Learning Environment?
How to Deal with This Issue?

- **Recognition**: this issue is important!!
  - Our own internal survey data indicates that we are not exempt from this problem.
  - Likely impacts learners across the academic training spectrum (i.e., medical students, residents, other health professions learners).
  - Impact on patient care hard to measure, but it likely is substantial.
How to Deal with This Issue?

• “When signals of problems involving student mental health arise, the reaction in medical education has commonly been failure to recognize that the main problem is often the environment, not the student. The response has often been limited, such as advising students to eat well, exercise, do yoga, meditate, and participate in narrative medicine activities. These approaches may allow educators to feel comforted by their efforts but also distract educators from recognizing that the learning environment is at the core of the problem, and more must be done to improve it.“

• Slavin SJ, JAMA 2016; 316 (21): 2195-6
How to Deal with This Issue?

• **Resolve**: we’re all in this together!
  • We must work together to ensure that we have a positive learning environment wherever our students happen to be.
  • Education about the learning environment will help raise awareness about the issue.
How to Deal with This Issue?

• **Reporting**: through several methods
  – In person to designated faculty, staff or administrative unit directors
  – Online (medical students via LEAC anonymous web site)
  – Telephone (7-SAFE)
  – Email
  – Confidentiality is protected
Review

1. Agree that treating others professionally is important; to do otherwise is unacceptable.
2. Focus on mutual respect for the teacher and learner roles.
3. Speak up about any real or perceived mistreatment, either experienced or observed.
4. Talk about this issue in your circle of influence.
5. Work together to maintain a positive learning environment.
Video Clip

Excellence (Carilion Clinic)

https://www.youtube.com/watch?v=NH1dKuZcbAA