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Where Teaching and Patient Care Collide: Creating a Highly Effective Clinical Learning Environment

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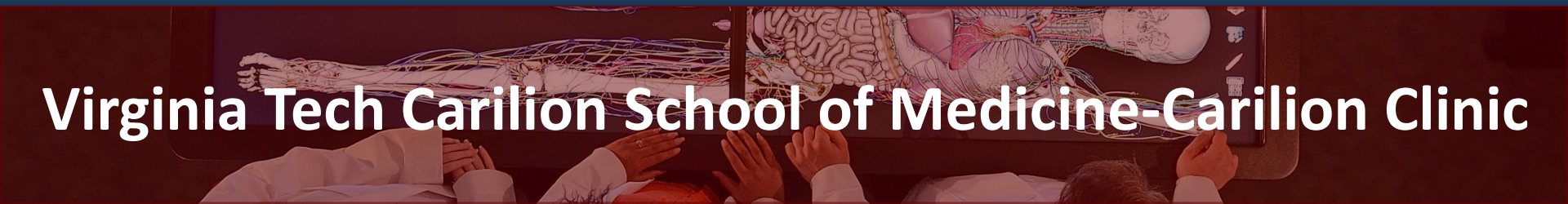
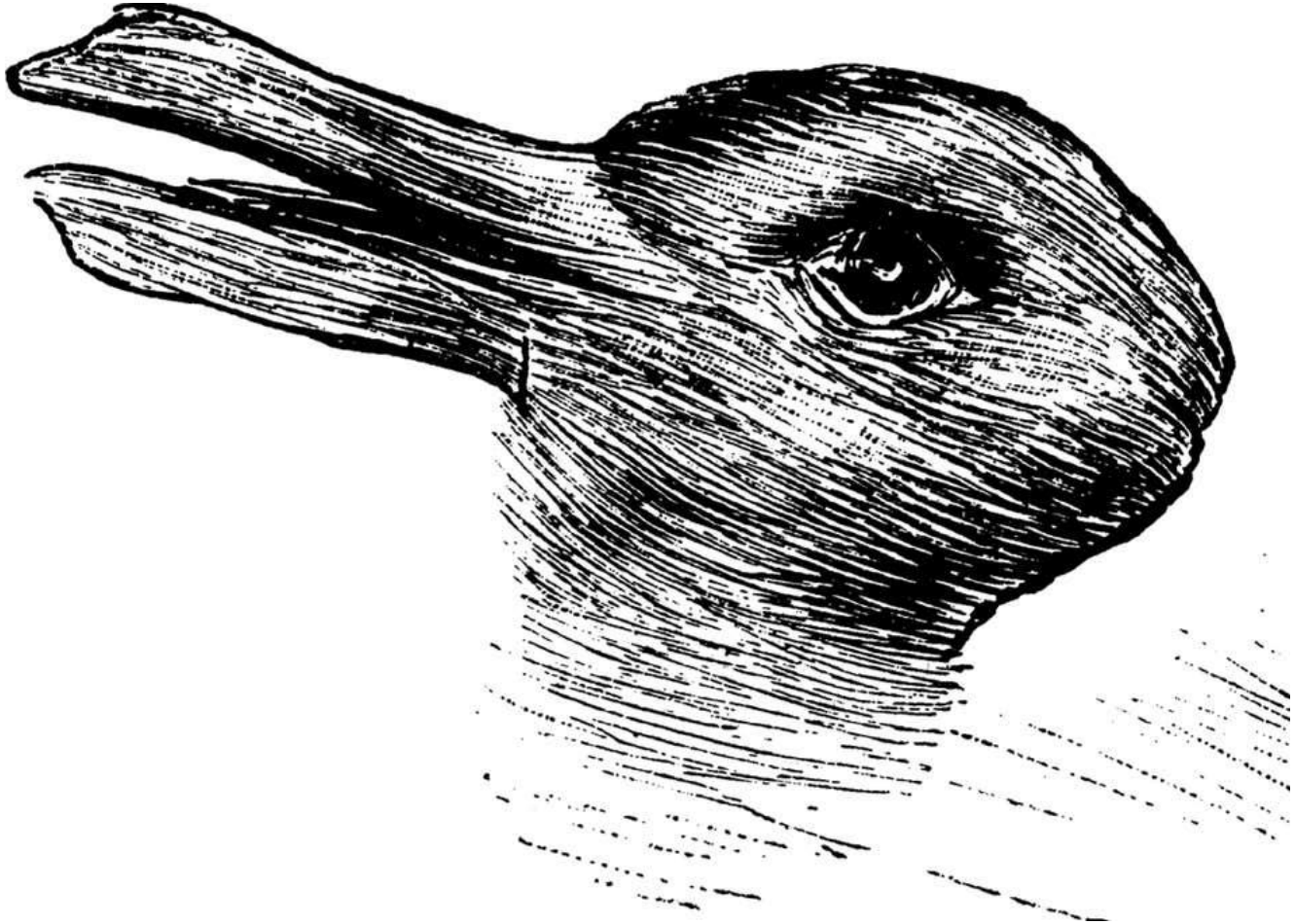
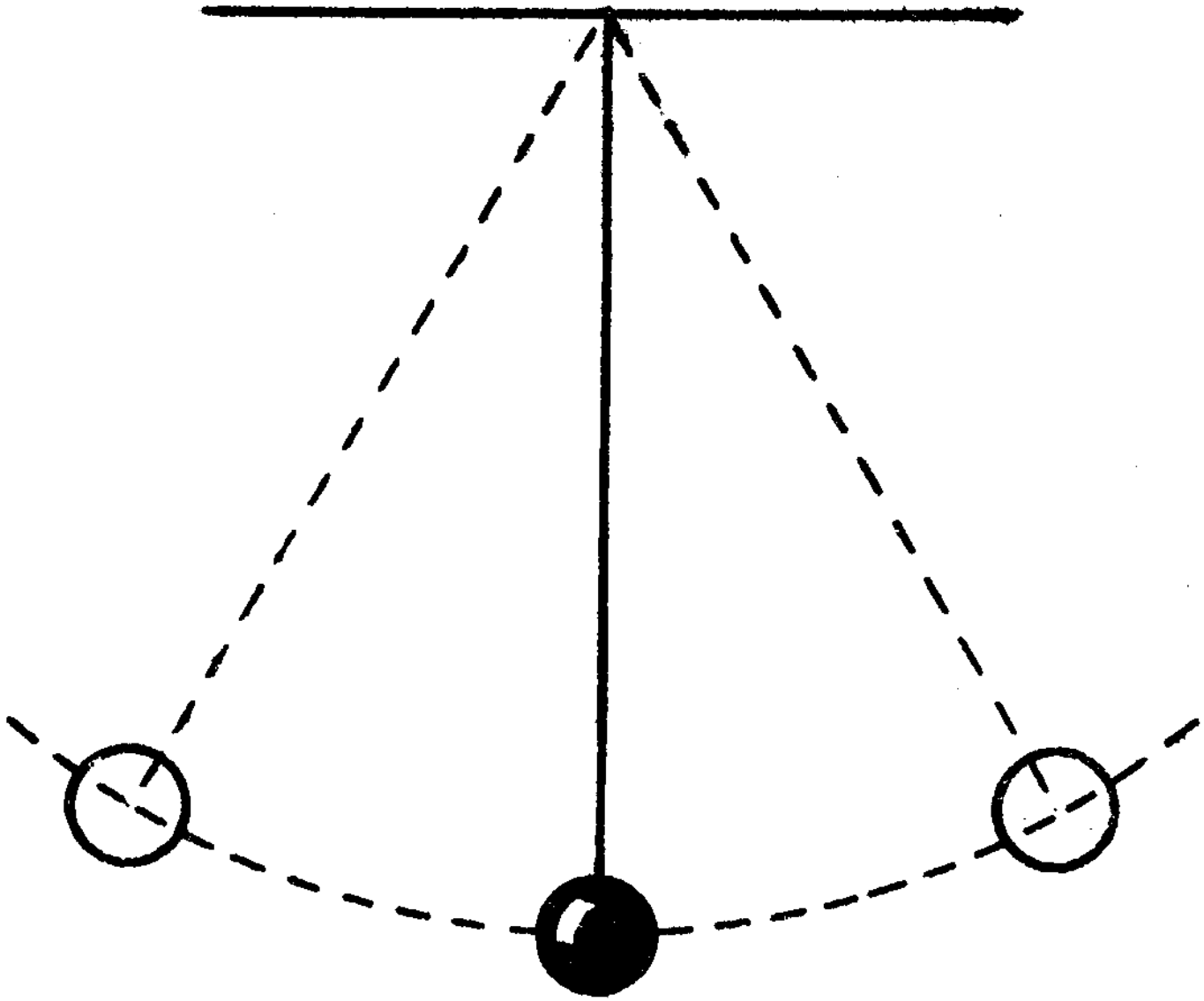




Disclosure

- I have no relevant financial relationship with any of the products, manufacturers or providers of services that may be discussed in this presentation.

- I do have an abiding desire to help create a culture wherein our teachers can feel free to teach in an environment that our learners consider positive and safe.



Objectives

- Explain the concept of the learning environment and why it is important in health professions education.
- Identify means of engaging learners in the clinical setting.
- Discuss case scenarios that illustrate issues sometimes seen in the clinical learning environment.

What is the Clinical Learning Environment (CLE)

- Locations where clinical care and formal education are concurrently provided.
- The clinical learning environment is at the forefront of discussions by educators, accreditors, educational organizations, and health care professionals and has long been a focus of research and improvement efforts in medical education.
- A suboptimal CLE has been associated with adverse patient care and contributed to higher levels of stress, burnout, depersonalization, and emotional exhaustion in medical trainees and in their teachers.

Intro to ACP Position Paper- Hidden Curricula, Ethics, and Professionalism: Optimizing Clinical Learning Environments in Becoming and Being a Physician

- "Much of what is formally taught in medicine is about the knowledge, skills, and behaviors required of a physician, including how to express compassion and respect for patients at the bedside. What is learned, however, includes not only admirable qualities but also behaviors and qualities that are inconsistent with ethics and professionalism. Positive role models may reinforce the character and values the profession seeks to cultivate; negative ones directly contradict classroom lessons and expectations of patients, society, and medical educators."

https://annals.org/aim/fullarticle/2673507/hidden-curricula-ethics-professionalism-optimizing-clinical-learning-environments-becoming-being

Why does a healthy Learning Environment matter?

- 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.
- We have professionalism expectations for our students. To witness unprofessional behavior by faculty undermines this ("Hidden Curriculum")
- We are mentors. Unprofessional behaviors on our part undermines this important role.
- 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.

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VTCSOM Attributes of Professionalism

- Commitment to engaged learning
- Compassion
- Conscientiousness
- Respect
- Self-awareness
- Self-care
- Sense of duty
- Social responsibility
- Teamwork
- Trustworthiness


Motivation
Direction
Success
Coaching
Training
Advice
MENTORING

LCME Element 3.4

- “A medical school does not discriminate on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation.”

LCME Element 3.5

- "A medical school ensures that the learning environment of its medical education is **conducive to the ongoing development of explicit and appropriate professional behaviors** in its medical students, faculty, and staff at all locations and is one in which **all individuals are treated with respect**. The medical school and its clinical affiliates share the responsibility for **periodic evaluation of the learning environment in order to identify positive and negative influences** on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and promptly correct violations of professional standards."

LCME Element 3.6

- "A medical school defines and publicizes its code of professional conduct for relationships between medical students, including visiting medical students, and those individuals with whom students interact during the medical education program. A medical school develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and **supports educational activities aimed at preventing inappropriate behavior**. Mechanisms for reporting violations of the code of professional conduct are understood by medical students, including visiting medical students, and **ensure that any violation can be registered and investigated without fear of retaliation**."

ACGME- Common Program Requirements- I.E.1.

- "The clinical learning environment has become increasingly complex and often includes care providers, students, and post-graduate residents and fellows from multiple disciplines. The presence of these practitioners and their learners enriches the learning environment. Programs have a **responsibility to monitor the learning environment** to ensure that residents' education is not compromised by the presence of other providers and learners."

ACGME- Common Program Requirements- VI.C.

- "The ACGME is committed to addressing physician well-being for individuals and as it relates to the learning and working environment. The creation of a learning and working environment with a **culture of respect and accountability for physician well-being** is crucial to physicians' ability to deliver the safest, best possible care to patients. The ACGME is leveraging its resources in four key areas to support the ongoing focus on physician well-being: education, influence, research, and collaboration."

The Teacher-Learner relationship

- In medical education, the teacher-learner relationship is one that:
  - Is special and unique;
  - Involves specialized knowledge and skills; and
  - Has an inherent imbalance of power. Teachers have coercive influences beyond our intentions or awareness.
- There may be additional external factors that further contribute to vulnerability, including:
  - Financial stresses
  - Excessive demands (time pressures, sense of competition)

VTC Teacher-Learner Compact

- *The responsibilities for faculty will include:*
  - Treat learners with respect.
  - Treat learners and colleagues equally without regard to gender, race, disability, cultural origins, age, or religious beliefs.
  - Treat colleagues and patients in a professional manner.
- *The commitments of faculty include:*
  - As mentors for our student colleagues, we maintain high professional standards in all of our interactions with patients, colleagues, and staff.
  - We respect all students as individuals, without regard to gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any student.
  - We do not tolerate any abuse or exploitation of students.

General categories of mistreatment

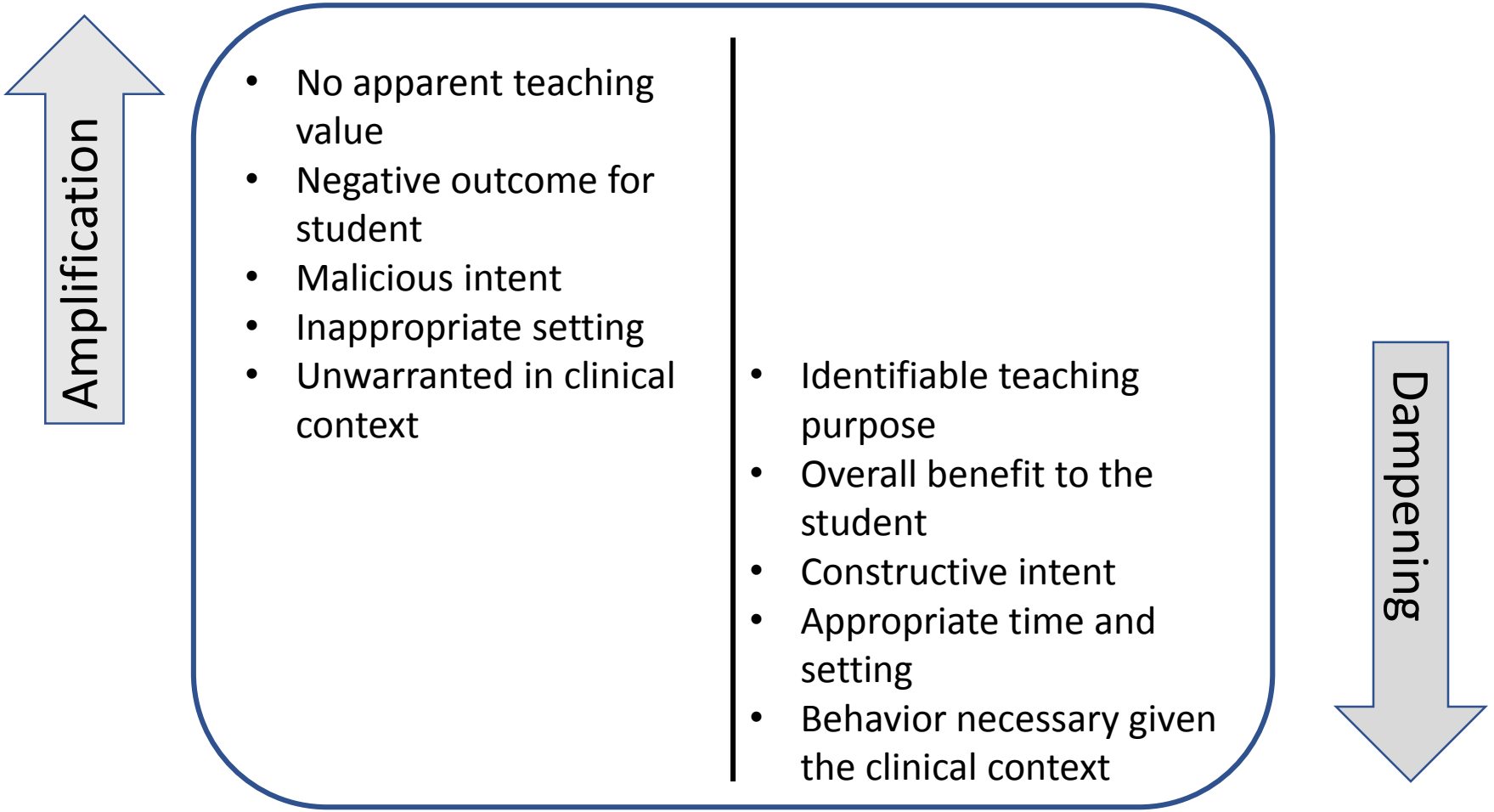
- Faculty member or resident abuse of power
  - Inequity with grading or providing learning opportunities
  - Asking to do personal services
  - Harassment
- Name-calling
- Inappropriate comments or actions
  - Profanity
  - Those that have racial, gender, or homophobic basis

Themes

- Obstruction of student learning
  - Disrespectful feedback
  - Limiting learning opportunities
- Exploitation of student vulnerability
  - Personal errands
  - Dismissing legitimate ideas
- Exclusion from the medical team
- Contextual modifiers
  - Malicious intent

American Journal of Surgery 2018; 215: 227-232

Mistreatment- a conceptual framework



American Journal of Surgery 2018; 215: 227-232

VTCSOM- Graduate Questionnaire 2019

- Aware of school's policies on mistreatment?- 100% yes
- Indicate frequency with which you have personally experienced any listed behavior (excluding "publically embarrassed") – **22.9% yes**
  - Been publicly humiliated – 5.7% (once)
  - Been publicly embarrassed – 22.8% (once or occasionally)
  - Subjected to offensive sexist remarks – 11.4% (once or occasionally)
  - Subjected to unwanted sexual advances- 2.9% (once)
  - Denied opportunities based on race or ethnicity - 2.8% (frequently)
  - Denied opportunities based on gender – 5.7% (occasionally)
  - Subjected to offensive racial or ethnic remarks – 11.4% (once)
  - Received lower grades based solely on gender- 8.6% (once or occasionally)

What about residents?

- Witnessed favoritism- 31.9%
- Made to feel uncomfortable due to violation in personal space- 30.8%
- Faculty member dating another trainee- 25.9%
- Made to feel uncomfortable by asking details of personal life- 24.2%
- Faculty member touching a trainee inappropriately- 12.1%
- Faculty member asking a trainee on a date- 7.7%

Medical Teacher 2005; 27: 484-488

2018-19 VTCSOM Learning Environment survey

- Generally, very positive across all groups.
- Medical students were near unanimous in saying that they have mentors who are positive role models.
- There are been a decline over time with students feeling they have a healthy work-life balance.
- There seems to be a trend in students describing uncalled for competition from classmates.
- Faculty are less satisfied that medical student complaints are responded to in an appropriate fashion.

2018-19 VTCSOM Learning Environment survey- student comments

- “There is no way to truly report anonymously or without potential retribution.”
- “Student concerns are met with skepticism from faculty, blame placed on students from faculty, and with threats of retaliation.”
- “I consider myself very blessed and fortunate to have attended VTCSOM. The learning environment here is one of flexibility and availability.”

2018-19 VTCSOM Learning Environment survey- faculty comments

- “The biggest issue is the school and the LEAC have empowered students to report issues that they do not have the maturity or experience to understand as a normal part of healthcare dynamics.”
- “Medical students are over-protected.”
- “The learning environment and development of life-ling learners is vibrant and continues to mature.”

The eye of the beholder

Variability in student perceptions of mistreatment

- 3rd year students given 21 cases and asked if they would label as mistreatment.
- There was remarkable variability in many cases.
- Seven cases with a general agreement on being labeled mistreatment:
  - Resident wrongly blaming the M3 for a missed lab report
  - Student asked by a senior resident to pick up dry cleaning
  - Disparaging racial comment made by a patient
  - Nurse calling a student an 'expletive'
  - A senior resident demonstrating favoritism to students
  - Being asked to work 36 consecutive hours
  - A faculty member making homophobic comments

The Clinical Teacher 2019; 16:142-146.

Cases- questions to ask

- Is this ever appropriate?
- Is this mistreatment?
- Are age, gender, race, or other personal factors at play?
- What actions should be taken?

Cases

- The surgery clerkship director invites the male students on the clerkship to join him for a round of golf. The female students are excluded.
- A female medical student is on a rotation with a male resident who shares pornographic material with the student and asks highly personal questions.
- 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?”

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)

Cases

- 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."
- During the 1st Monday of the block, the attending asks each student to introduce themselves and tell their hometown. Jennifer, an Asian-American student indicates that her hometown is Baltimore. To which the attending asks, "Where are you really from?"

Cultural 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)
- 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

Cases

- Dr. F. is a well-known physician-scientist and respected leader. His teaching style includes questioning students beyond their educational level. He is known to use a sarcastic tone, with such comments as, “I can’t believe they let you into medical school.” One day, Dr. F. was questioning a student about minutiae from an article from assigned reading and laughed at him when he couldn’t answer the questions.

What do we do?

- Recognize (the potential impact)
- Reinforce (the importance)
- Report
- Restore
- Raise the bar

Recognize (the potential impact)

- 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**

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Carilion Clinic/VTCSOM 2019 Well-being survey response rates

	Surveys Completed 2016	Response Rate 2016	Surveys Completed 2019	Response Rate 2019
Medical Students	105	67%	88	52%
Residents/Fellows	137	53%	154	53%
Attending Physicians	259	40%	367	51%
Advanced Care Ps	166	67%	327	63%
Nurses	1394	39%	1964	64%
Overall	2061	53.2%	2900	56.5%

2019 Survey: open from April 29th to July 8th

Maslach Burnout Inventory

"At Risk for Burnout"

	2016	2019
Medical Students	48%	60%

Carilion Clinic/VTCSOM 2019 Well-being survey- Student comments

- Factors the contribute to student burnout (3rd year student comments):
  - “Lack of meaningful role in team”
  - “Feeling as if you will never know as much as the doctors that are teaching you know”
  - “Stress from hours spend not contributing”
  - “Mistreatment by residents and attendings”
  - “Tasks that feel futile, seeing work students have done not go anywhere or be used for anything”
  - “Let us breath. I am suffocating. It is destroying me from the inside out. I don’t like medicine anymore.”

Reinforce (the importance)

- Acknowledge that the issue is important!
  - Our own internal survey data indicates that we are not exempt from this problem and its impact on learners and teachers.
  - Impact on patient care hard to measure, but it likely is substantial.
- Continue to educate on unconscious bias, cultural sensitivity, and communication skills.
- Help learners to understand that the successful creation of safe spaces for learning and growth does not mean that they will not experience discomfort or anxiety or feel challenged in the clinical learning environment.

Report

- Several ways:
  - In person to designated faculty, staff or administrative unit directors
  - Online (medical students via LEAC anonymous web site; residents vis anonymous means)
  - Telephone (7-SAFE)
  - Email
  - Confidentiality is protected

Procedures for dealing with learning environment allegations 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

Restore

- We need to not only take ownership of the learning environment but also use our roles as leaders, mentors, and faculty members to walk with learners who have been subject to perceived mistreatment.
- This is not to imply that we simply validate but that we assist them in developing resilience to better deal with challenges they might face.
- We also must support faculty when they face allegations to understand how their actions

Raise the bar

- We must work together to ensure that we have a positive learning environment wherever our learners happen to be.
- Education about the learning environment will help raise awareness about the issue.

IF YOU WANT
SOMETHING YOU'VE
NEVER HAD,
THEN YOU'VE
GOT TO DO
SOMETHING YOU'VE
NEVER DONE.

CARILION CLINIC

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