Dutch Residency Educational Climate Test (D-RECT)

Work is adapted to resident's competence	The work I am doing is commensurate with my level of experience
	The work I am doing aligns with my learning objectives at this stage of my training
	It is possible for me to do follow up care with patients
Accessibility of supervisors	When I need an attending I can always contact one
	When I need to consult an attending they are readily available
	It is clear which attending is responsible for supervising me
	Patient sign-out is used as a teaching opportunity
	Attending encourage residents to join in discussion during sign-out
Coaching & assessment	My attendings take the initiative to evaluate my performance
	My attendings take the initiative to evaluate difficult situations I have been involved in
	My attendings evaluate whether my performance in patient care is commensurate with my level of training
	My attendings observe me taking a history and performing a patient assessment
	My attendings assess not only my medical expertise but also other skills such as teamwork, organization and professional behavior
	My attendings provide regular feedback on my strengths and weaknesses

Formal education	Attendings contribute actively to the delivery of high-quality formal education
	Formal education and training activities are appropriate to my needs and level of training
Teamwork	Attendings, nursing staff, other allied health professionals & residents work together as a team
	Nursing staff and other allied health professionals make a positive contribution to my training
	Nursing staff and other allied health professionals are willing to reflect with me on the delivery of patient care
Resident & peer collaboration	Residents work well together
	Residents, as a group make sure the day's work gets done
	Within our group of residents it is easy to find someone to change schedules if necessary
Educational atmosphere	Differences of opinion between attendings about patient care are discussed in a manner that is instructive to others present
	Differences of opinion do not have a negative impact on the work climate
	There are no attending physicians who have a negative impact on the educational climate
	My attendings treat me with respect

Silkens ME, Smirnova A, Stalmeijer RE, Arah OA, Scherpbier AJ, Van Der Vleuten CP, Lombarts KM. Revisiting the D-RECT tool: Validation of an instrument measuring residents' learning climate perceptions. Med Teach. 2016 May;38(5):476-81

Activity 2

Instructions:

15 minutes (Small Groups): Read the case assigned to you. In small groups, please discuss the discussion questions below as they relate to the case.

10 minutes (Large Group): Be prepared to share your thoughts with the larger group.

Discussion Questions

1. Use one word to describe how you feel hearing this story. Why did you choose that word?

2. How do you think the learner felt during this interaction?

3. As an educational leader, what are your greatest fears/anxieties about addressing this situation?

4. As an educational leader, what would you like to be able to do in response to this scenario?

Case 1

While working in the hospital one night a resident hears one of the nurses venting about the trainees, including her, to other staff. Worse, the nurse was not deterred from continuing her rant despite realizing the resident could hear her. The nurse mentions that people from a particular country are known for being lazy and are practicing here only because of affirmative action, unaware that the resident is from the area mentioned.

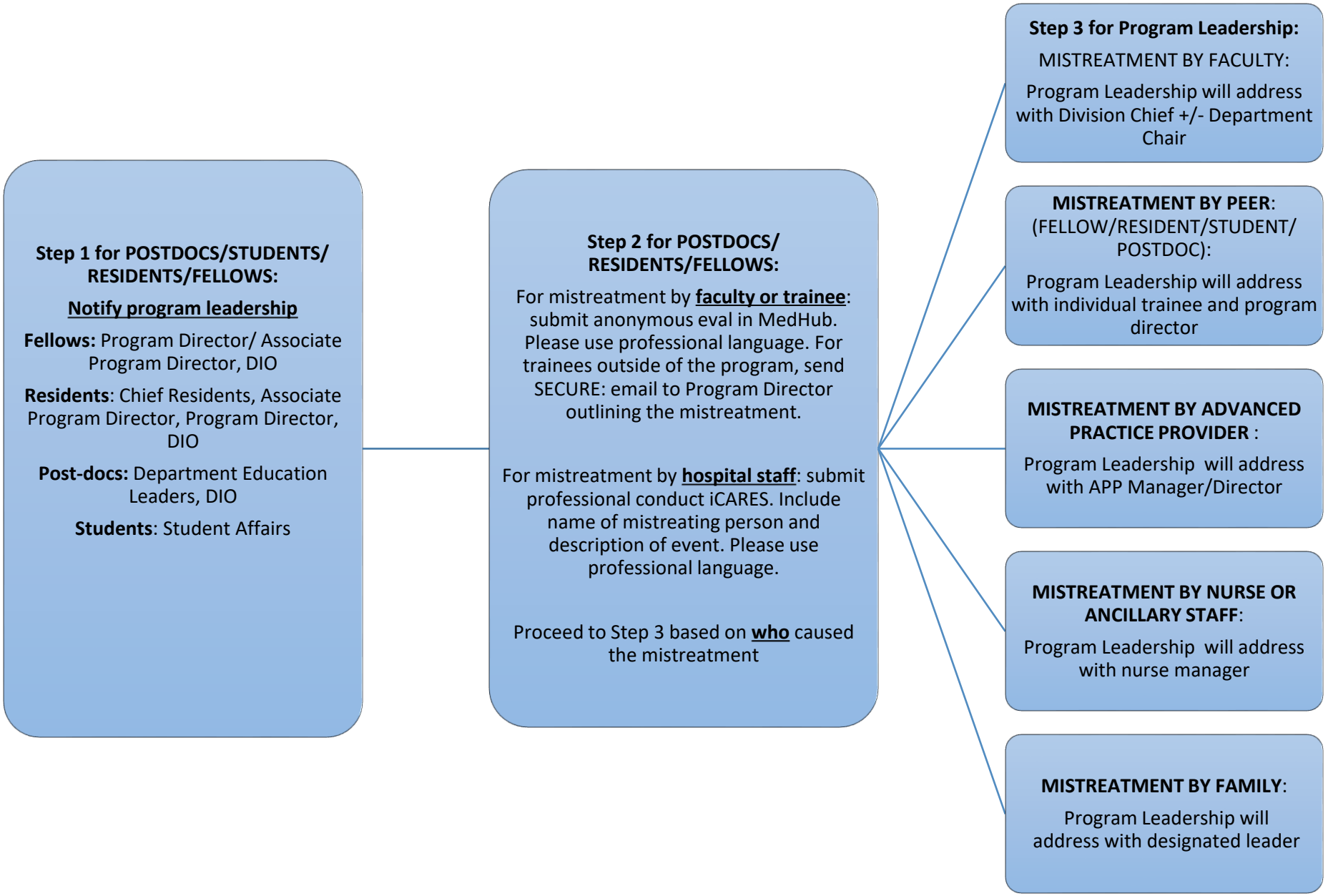
Case 2

The ward team is rounding on a Latina adolescent girl who presented with abdominal pain and is now found to have Pelvic Inflammatory Disease (PID). Upon leaving the patient's room, one of the residents says: "I bet money this morning during sign-out it was going to be PID. Any teenager from that neighborhood comes in with a complaint of belly pain and you already know what the deal is..."

Case 3

A Muslim intern goes to admit a new patient. The mom blocks the path to the baby and says: "I don't want your kind taking care of her."

Algorithm: What to do if a Department of Pediatrics Trainee (Postdoc/Student/Resident/Fellow) is Mistreated



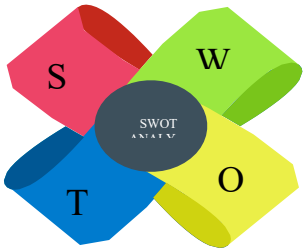
What You Can Do

1. **Understand your role in the learning climate**. What we all need to face is that we have participated in these behaviors and therefore we must acknowledge this and make appropriate changes.
a. Mistreatment: Role modeling respectful behaviors is critical. Public humiliation in any form is not acceptable. Criticizing colleagues in public is not appropriate. Think carefully about teaching style, while instilling knowledge and providing feedback on performance are vital teaching goals, are "pimping" and pointing out communication flaws on rounds helpful? Rather, fostering a judge-free environment promotes questioning and deeper learning.
b. Microaggressions: It is important to appreciate your own biases and how this impact your interactions with others.
• Please educate yourself by taking: a) **An implicit assessment test (IAT)**. Here is a link to one of many, https://implicit.harvard.edu/implicit/takeatest.html. What is important to realize is that we ALL have biases and we cannot know how these influence others, so be open to someone telling you that a statement or joke you made is not appropriate to them. Apologize and move on.
b). **A privilege quiz:** Understanding your privilege is an important part of understanding what you and others face or have faced to get where we are,
http://www.playbuzz.com/gloriahooks10/how-much-privilege-do-you-have#fourty-fifth:
2. **Act:** If you witness an incident it is crucial to make an immediate public acknowledgement of the incident with a no acceptance policy. For instance, "that joke was biased towards one's political affiliations and is inappropriate".
3. **Debrief:** It is important to follow public responses with a private debrief for both the "aggressor" and "receiver. Not discussing incidents was listed as one of the most common aspects of an "unsafe" learning climate and an important driver of low morale. Everyone realizes that incidents will happen despite the best prevention strategies, therefore allowing those involved to process the incident and move on is viewed as one of the most important strategies in the reaction. Be a good listener and follow up.
4. **Report:** It is EVERYONE's responsibility to report an incident. If a learner is involved please contact Becky Blankenburg (rblanke@stanford.edu) , Hayley Gans (Hagans@stanford.edu), or Carrie Rassbach (crassbac@stanford.edu). For faculty mistreatment please contact Eric Sibley (erc@stanford.edu) or Mary Leonard (leonard5@stanford.edu).
5. **Create a culture that allows for inquiry without judgment.** As learners mature in their medical reasoning skills and knowledge it is important to encourage exploration of ideas that highlights thought deficiencies as opportunities to learn without making the learner feel deficient themselves. Become familiar and teach 'growth mindset". Provide formative feedback which is appropriate to level of training.
6. **Appreciate/value the people you work with.** Acknowledge the work of others: acts of appreciation and kindness are simple and impactful.
7. **Do not** berate others or make jokes about any personal characteristics or affiliations such as gender, race, ethnicity, age, or sexual orientation, or political and religious affiliation. Do not ask trainees to run errands/pick up food/coffee, etc (SOM policy).
8. **Educate your faculty and other personnel.** During a meeting, share information or invite leaders to present on the topic at a variety of meetings such as for teams, faculty, staff and programs to share information and discuss strategies for handling incidents.

Institutional Strategies

- Develop Assessment Tool to identify strengths and areas for improvement
    - Could use institutional model or validated tool such as the Dutch Educational Climate Test
- Develop Programs to report and discuss the issue
    - Open forums such as town halls, program/team/faculty/staff meetings
    - Confidential meetings with trainees such as Food4Thought
- Develop and distribute reporting infrastructure
    - Algorithm for reporting
- Create programs to positively act on the reports/incidents
    - Cup of coffee, civility programs, caring for each other program
- Professional Development;
    - Topics could include: Implicit bias training, Professional role modeling, Mitigating discrimination in the workplace, Debriefing after negative events, Identifying and alleviating barriers to reporting mistreatment, Assessment, formative feedback and “growth mindset, Creating a culture of gratitude and appreciation
- Develop a handout to share
    - Could include ways to respond, tools to access bias/privilege, suggested actions to handle incidents at the time (debriefing), dos and donts

Learning Environment SWOT ANALYSIS Examples



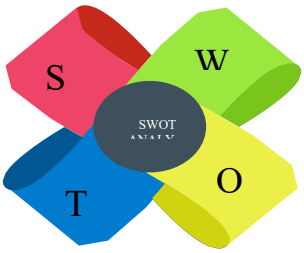
Strengths

Program has long-standing history of collegial, supportive interactions between residents and fellows and faculty.
Many core faculty within the program are highly engaged in teaching and in creating a learning environment that supports questioning and exchange of differing perspectives.
Both residency and fellowship programs include trainees from a wide diversity of backgrounds.
Medical center's GME leadership (DIO, GME staff) have already begun to implement initiatives designed to improve the learning environment.
Residency and Fellowship leadership are committed to identifying problems within the learning climate and finding solutions
Residents and Fellows report a non-punitive environment

Weaknesses

Some recent observations and survey data indicate that some faculty seem disengaged/disinterested in teaching and/or enhancing the learning environment.
Pressures external to the program (clinical productivity pressures, EMR issues, requirement to see patients at multiple sites, time pressures, etc.) impact faculty levels of stress/well-being and can adversely affect the learning environment
At times, trainees are involved in caring for patients/families who become verbally abusive toward one another and sometimes toward health care professionals
Microaggressions often go unnoticed or at least not being openly discussed
Resident-nurse relationships can be strained at times

Learning Environment SWOT ANALYSIS



Opportunities

Opportunity to provide guidance for trainees (as well as faculty) on how to navigate and report instances involving an unsupportive learning environment
Need for learning climate “champions” across divisions/units
Medical school’s Diversity Office provides training focused on *“Advancing diversity through inclusive thinking, mindful learning and transformative dialogue.”*
Wellness initiatives: Improved technology, physician autonomy

Threats

Hierarchy remains in medicine
Conflict avoiders or conflict initiators
Personal belief systems can be in conflict with the program
Weaknesses may be unrecognized due to under-reporting, under-recognition

LEARNING ENVIRONMENT ACTION PLAN TEMPLATE

S.M.A.R.T. Goals:	**SWOT Highlights** (Consider assets, potential barriers, and strategies to overcome)	**Who is responsible?** **Key partners & stakeholders?**	**What resources are required?**	**Timeline for implementation?**	**Outcome measures** (How will you determine success and refine?)
Goal #1 Incorporate a brief educational session on the learning environment and what to do/how to report negative encounters in the learning environment into orientation for incoming trainees.	Strengths: committed program leadership, Weakness/opportunities—all trainees not familiar with how to navigate uncomfortable situations and/or how to report. Potential barrier—time, information "overload" during orientation, could also provide handout/information on program website/badge card?, need to identify faculty champion to lead, also need to make faculty aware.	Residency/fellowship program leadership. Chief residents, faculty, incoming trainees	Faculty member to develop and lead session, time incorporated into orientation	By June/July 2019 (June for residents, July for fellows)	Implementation of session during orientation would be the outcome. Could refine/utilize this same session to train faculty across various divisions as well as nursing colleagues.
Goal #2 Observe the learning climate for a microaggression and write a reflective essay including if you believe person speaking was aware and how you would communicate "like our own" to them before intern retreat	Strength: Residents and Fellows report a non-punitive environment Weakness: Microaggressions often go unnoticed or at least not being openly discussed Opportunities: Health Sciences Curriculum: Leadership: *self-awareness, communication, managing conflict* Threat: Conflict avoiders or conflict initiators	Resident for writing essay Program leadership for providing feedback on essay	Nothing specific	By intern retreat in October Providing feedback on essay during semiannual	Did resident identify an effective way to communicate "like our own" to the *microaggressor?*
Goal #3					
Goal #4					

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