Enhancing the Eureka Effect

Creating a positive learning climate across the continuum of pediatric residency and subspecialty fellowships

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Brown University Medical Center, Case Western Reserve University, Duke University Medical Center, Stanford University Medical Center

Please set up your cell phone for polling

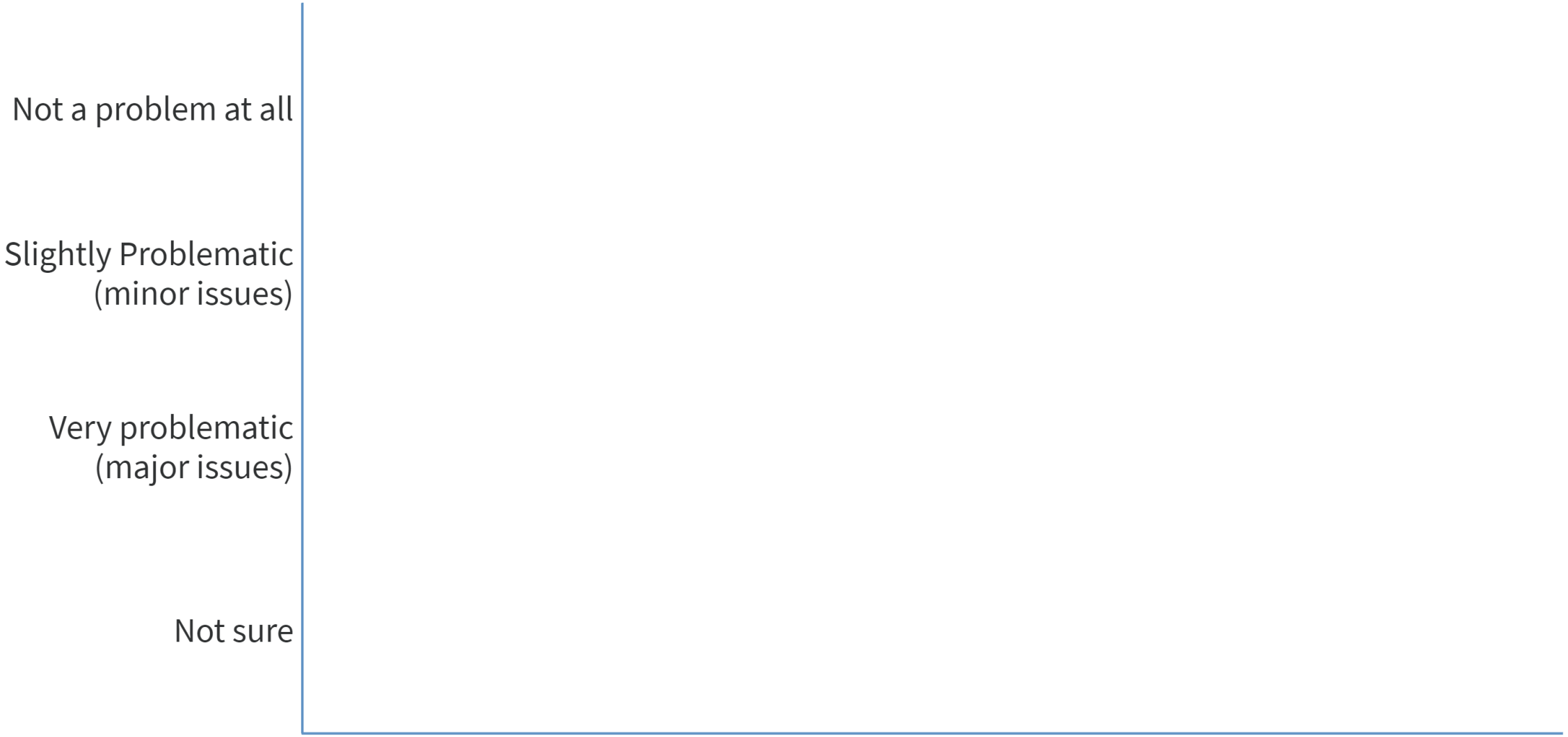
Text hayleygans730 to 22333

Conflict Of Interest

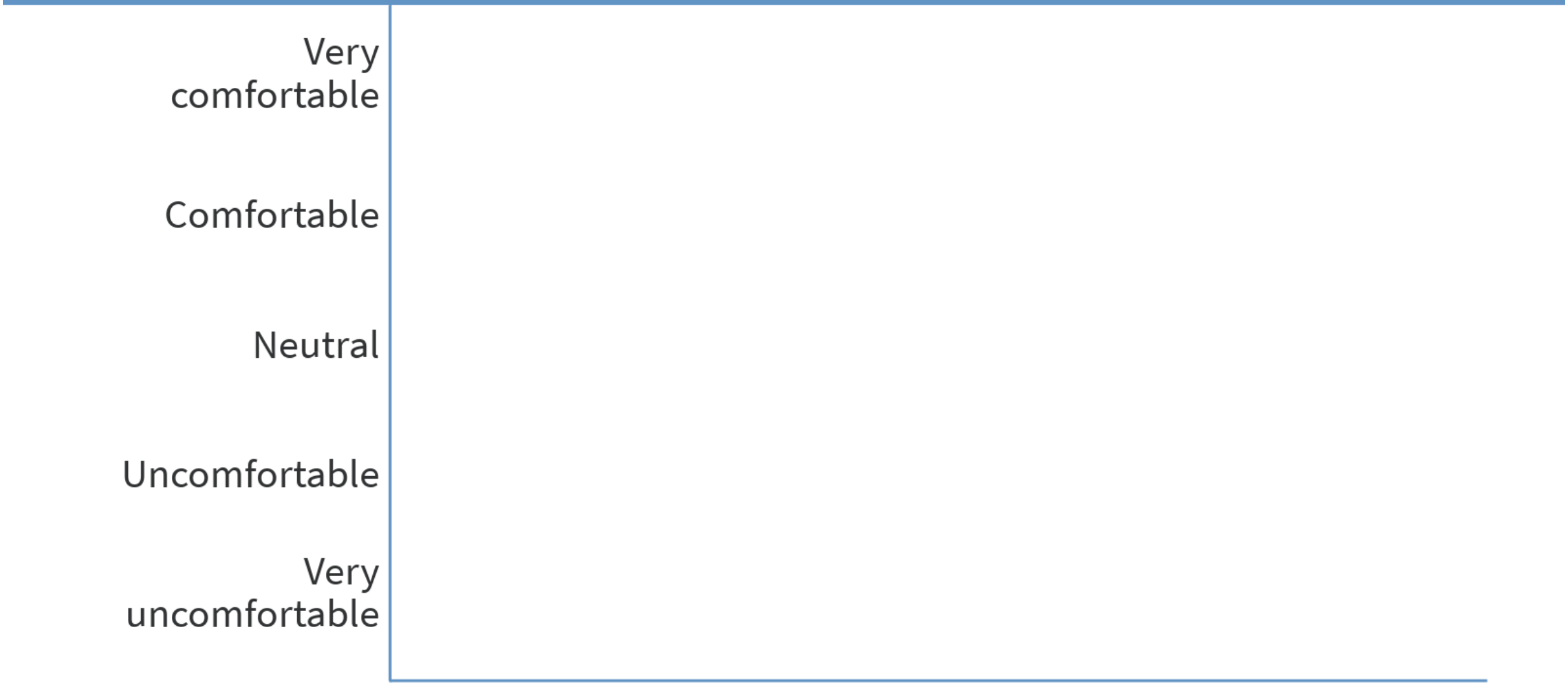
- There are no conflicts to report

How big a problem is the learning climate at your institution?

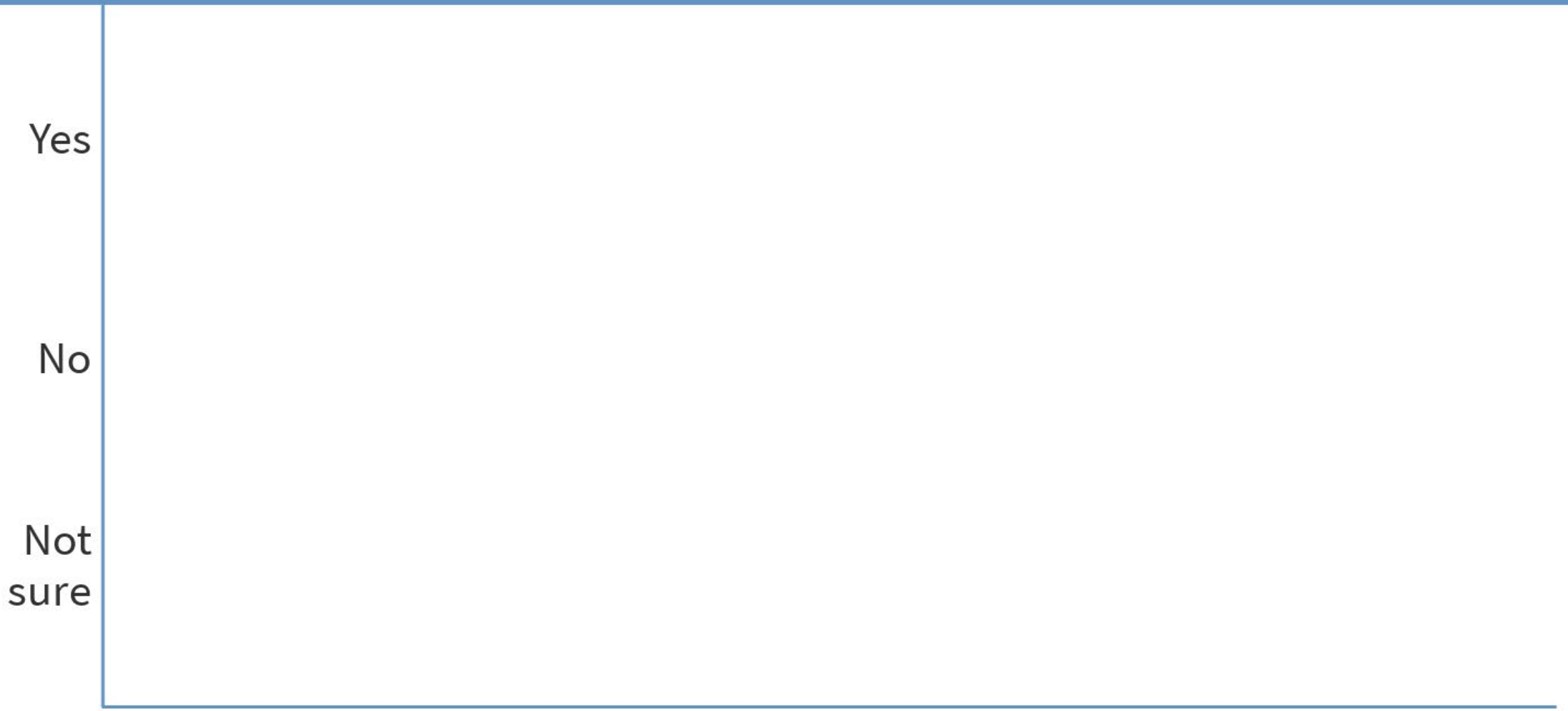
When poll is active, respond at **PollEv.com/hayleygans730** Text **HAYLEYGANS730** to **22333** once to join



How comfortable are you with addressing issues in the learning climate?



Does your institution have resources available to address issues as they arise in the learning climate?



Objectives

- Describe the requirements for and value of an optimal learning climate for residents and fellows.
- Identify different institutional issues regarding learning climate and potential solutions.
- Create an action plan for implementing initiatives to improve and support optimal learning climates.
- Introduce methods to longitudinally study the learning climate

Current State of Affairs

What is the Learning Climate/Culture

- climate, atmosphere, ethos, tone, ambience, culture or personality of the institution
- formal and informal aspects of education
- policies, practices, and procedures within the institution
- Multi-dimensional issues
  - Diversity of the learners
    - Age, life experience, generational (learner and faculty/staff)
    - Different learning levels
    - Different settings

Roff S, Med Teach. 23:333–334, 2001

Why its important…The learning climate

- Affects patient safety
- Influences professional development
- Affects physician wellness and burnout
- Mistreatment remains pervasive despite attention, regulation, and institutional efforts
  - Understanding of the issues has progressed over time
- Institutional combined with individual initiatives can improve environment

Dyrbye, Acad Med. 2014;89:443–451; *Baldwin, West J Med. 1991;155:140–5; Fnais, Acad Med. 2014;89:817–27; Fleit,* BMC Med Educ. 2017 Mar 23;17(1):63

ACGME Pediatric Residency and Subspecialty Program Requirements

- Programs must be committed to and responsible for promoting patient safety and **resident/fellow well-being in a supportive educational environment**.
- Programs must provide a professional, respectful, and civil environment that is **free from mistreatment, abuse, or coercion of students, residents, faculty, and staff.**
- Programs should have a process for education of residents and faculty regarding unprofessional behavior and a **confidential process for reporting, investigating, and addressing such concerns**.

What we know…..

AAMC General Questionnaire

- Predominant behaviors
  - incidents of public humiliation and belittlement
  - sexual and racial harassment
- The individuals primarily responsible for these behaviors
  - attending
  - nursing

Data on Pediatric Resident Mistreatment by Patients

Frequency of Pediatrics Residents' Exposure to Discriminatory Comments[a]

Frequency	Witnessed, n (%); N = 45	Experienced, n (%); N = 48
Never	13 (29)	21 (44)
Once	8 (18)	11 (23)
2–3 times	16 (36)	15 (31)
4–5 times	7 (16)	1 (2)
> 5 times	1 (2)	0 (0)

[a] Responses to survey prompt, "How frequently have you been a witness to or the direct recipient of a discriminatory comment expressed by a patient or family member?" Total N = 48 (3 participants did not respond to the question about witnessed comments).

directly received or witnessed discriminatory comments from patients or families during residency.

The University of Pittsburgh Institutional Review Board declared this study exempt.

Types of Discriminatory Comments Reported by Pediatrics Residents[a]

Type	Witnessed, n (%)	Experienced, n (%)
Gender	27 (56)	24 (50)
Race	20 (42)	7 (15)
Ethnicity	18 (38)	4 (8)
Religion	10 (21)	4 (8)
Nationality	5 (10)	0 (0)
Sexual orientation	3 (6)	1 (2)
Age	1 (2)	6 (13)
Appearance	0 (0)	2 (4)
Physical disability	0 (0)	1 (2)
Family status	0 (0)	1 (2)

[a] Responses to survey prompt, "What types of discrimination have you experienced or witnessed during an interaction with a patient or family member?" Values are combined responses from PGY-2 precourse and PGY-3 participants (N = 48).

March et al. *JGME*, June 2018

Institutional themes

- Learning climate
  - is challenging but not supportive
  - Aggressive Socratic method- pimping
  - Behaviors reported: condescending, use of foul language, disruptive, dismissive
- Disengagement/disinterest in teaching
  - Younger learners feeling neglected
- Respect from faculty and staff reported to be an issue
  - Can be towards others: inappropriate comments about others (eg other team members, other doctors, patients, families...)
  - Respect is highly correlated to a positive and supportive learning climate

Institutional themes

- Microaggressions
  - Are experienced frequency and are seen as an issue by many learners
  - More frequent by nursing staff, followed by faculty
- Mistreatment
  - Most often reported as public humiliation/intimidation
  - More frequent by faculty, followed by nursing staff and families
- Not showing learners value
  - Diminishing or neglecting to recognize role in clinical and research settings

Institutional themes

- Despite frequent occurrences, mistreatment in all forms is not reported frequently by trainees
  - Fear of reprisal
  - Lacked confidence in their ability to impart change
  - Lacked knowledge of reporting mechanisms and if viewed positively by the institution

Dutch Residency Educational Climate Test (D-RECT)

- One of the best studied tools for evaluating learning climate
  - Started in Netherlands, has been used widely in Europe
- Has been validated and shortened since initial introduction
- Current tool includes 9 domains: educational atmosphere, teamwork, role of specialty tutor, coaching and assessment, formal education, resident peer collaboration, work is adapted to residents' competence, accessibility of supervisors and patient sign-out
- Overall score has been shown to measure learning climate
- Recent efforts to detect learning groups, contextual environments, and subgroup importance

Silkens ME, Med Teach. 2016 May;38(5):476-81: Silkens ME, *Med Teach.* Mar 2018;40(3):237-243

Dutch Residency Educational Climate Test (D-RECT)

Table 3. Regression coefficients (95% confidence intervals) and *p* values derived from multilevel models of the predictors of learning climate scores.

	Random intercept multilevel model	
	Regression coefficient (95% CI)	*p* value
Type of hospital		
A		
G		
Ty		
N		
Ratio juniors/seniors	−0.00 (−0.00 to 0.00)	0.42
Ratio residents/nonresidents	0.00 (−0.00 to 0.00)	0.22
Ratio of male/female residents	−0.00 (−0.00 to 0.00)	0.72
Ratio male/female faculty	0.00 (−0.00 to 0.00)	0.56
Average age of faculty	−0.00 (−0.01 to 0.01)	0.64
Average percentage of time spent on educational activities by faculty	−0.01 (−0.02 to −0.00)	0.03
Faculty teaching performance score	0.70 (0.51 to 0.90)	<0.001

Results indicate that faculty commitment to teaching is highly associated with positive learning climate

Silkens ME, *Med Teach.* Mar 2018;40(3):237-243

Conclusions

- The learning climate is not consistently supportive and does not optimize excellence in learners
- Microaggressions and public humiliation are prominent forms of trainee mistreatment by faculty and nursing staff but several nuanced behaviors are present
  - We are all part of the problem *and the solution*
- Respect and commitment to teaching are highly associated with a positive learning climate.
- Recognizing learner's value (and all team members) is not necessarily routine and may actually be overlooked entirely

Conclusion

- Most incidents are not reported and thus not addressed
  - Trainees sense that inappropriate behaviors, including public humiliation, mistreatment and microaggressions are tolerated and normalized
  - Importantly, they cite retaliation as a reason not to report (ECHOED on ACGME surveys)
  - They lack the knowledge of how to report
- Complacency allows behaviors to continue
- Validated tools highlight potential areas of focus to improve climate

Break out I
Case Discussions

Small Group Discussions (15 minutes)

Discussion Questions

- Use one word to describe how you feel hearing this story. Why did you choose that word?
- How do you think the learner felt during this interaction?
- As an educational leader, what are your greatest fears/anxieties about addressing this situation?
- As an educational leader, what would you like to be able to do in response to this scenario?

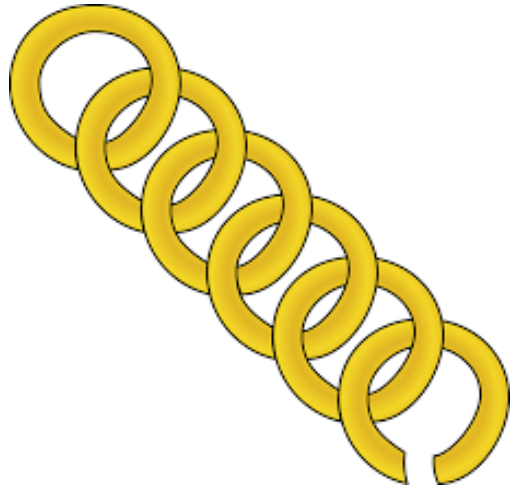
Large Group Discussion (10 minutes)

Please share your thoughts with the larger group.

Strategies and Initiatives

Integrated Reporting System

- Comprehensive across the continuum: UME/GME/Faculty
- Supportive rather than punitive
- Ultimate use leadership structures



Championing Civility

- Initiative out of Duke Department of Internal Medicine
- Trainee/faculty Civility Champions
  - Bystander responsiveness
  - Listening ear
  - Lead debriefings/discussions
- https://medicine.duke.edu/about-department/diversity-and-inclusion/championing-civility

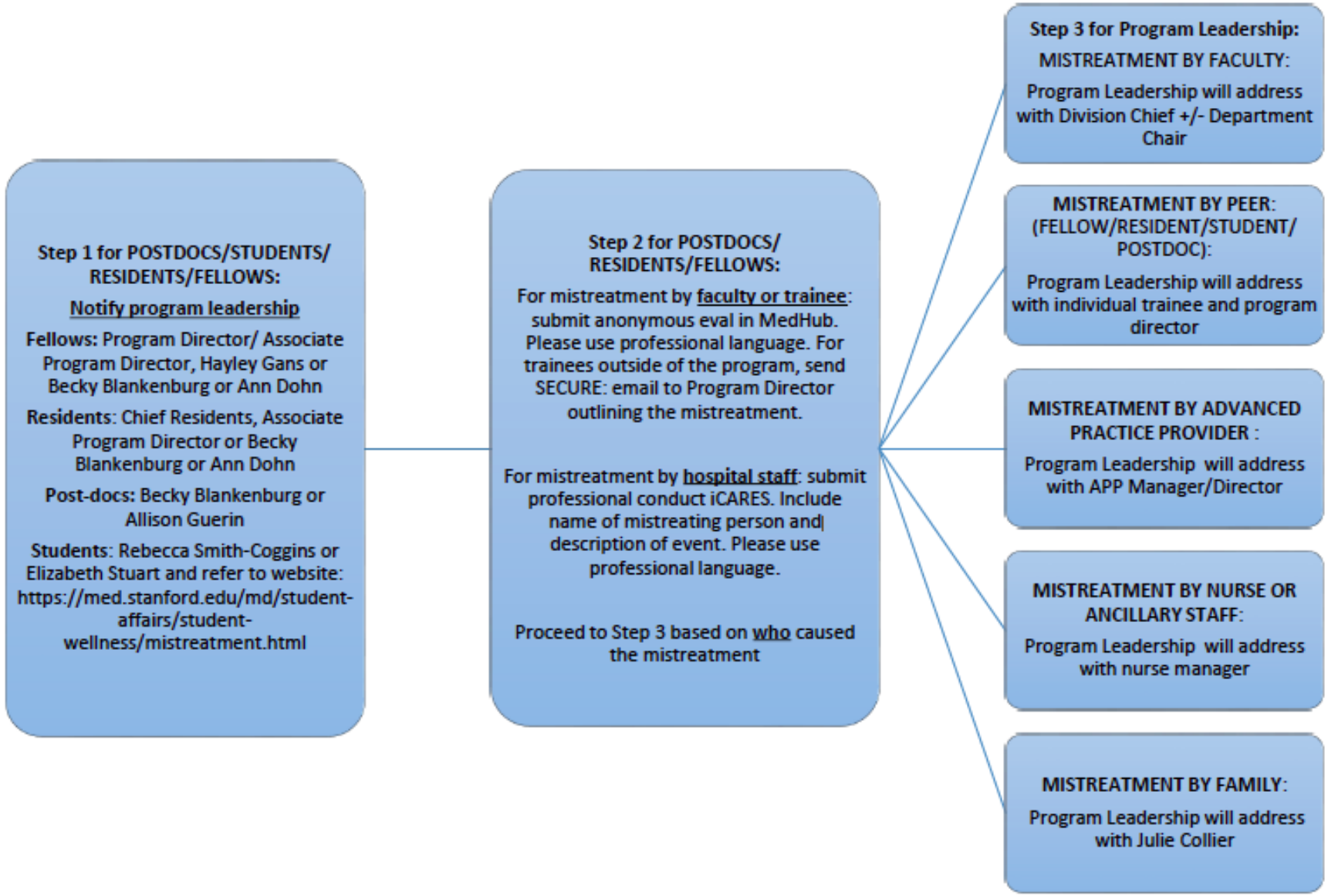
Learning Environment Interventions

- Education walk rounds
- Caring for each other initiative

Institutional Efforts

- Learning climate surveys
- Mistreatment Reporting System*
- Respectful Educator and Mistreatment Committee (REMC)
- Townhall Discussions
- “Food for thought” program → Confidential meeting for fellows to discuss these issues

Algorithm: What to do if a Department of Pediatrics Trainee (Postdoc/Student/Resident/Fellow) is Mistreated—January 2018



Trainee Led Initiatives

- LEAD Program
  - Leadership curriculum on diversity and inclusion, to address various topics, including the impact of bias and micro-aggressions through workshops
- Fellows Council
  - Peer Mentoring program
- Pediatrics Diversity Committee and GME Diversity Committee

Handout Example

- Say something: speak up when you witness an unprofessional behavior
- Model respectful relationships
- Appreciate/value the people you work with, including peers, trainees and nurses , and thank them for their hard work
- Create a culture that allows for inquiry without judgment using formative, stage appropriate feedback and encouraging a growth mindset
- Do not
  - make jokes about gender, race, ethnicity, age, or sexual orientation
  - ask trainees to run errands
- Be proactive in debriefing with a trainee after he/she is mistreated
  - Listen and try to understand the issue
  - Be respectful if the mistreated person is hesitant to play an active role in the solution
- Coach the person to respond appropriately, if they would like to address it themselves
  - Often, trainees would like to learn how to respond to these situations themselves, rather than have faculty/fellows “rescue” them from the situation
- Following a report of mistreatment: check in periodically to see how things are going

Surveys/tools for professional development

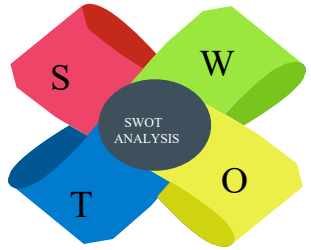
- Implicit assessment test (IAT). Here is a link to one of many https://implicit.harvard.edu/implicit/takeatest.html
- How much privilege do you have http://www.playbuzz.com/gloriahooks10/how-much- privilege-do-you-have#fourty-fifth

Lessons Learned

- Faculty often feel unskilled or uncomfortable to address mistreatment
- Need to develop program to empower faculty to help facilitate difficult conversations
- Trainees “safe spaces” to report mistreatment without repercussions
- Needs to better assess more vulnerable and underrepresented trainee groups (ie *UIM, women, LGBTQIA, disability*)
- Any solution must be multi-faceted involving faculty, trainees, medical staff

Break out II
Build an Action Plan

SWOT Analysis



- What is the “current state” of *your* program’s learning environment?
  - STRENGTHS
  - WEAKNESSES
  - OPPORTUNITIES
  - THREATS

- Take a few minutes to complete a S-W-O-T for your program

(*Examples available to “jump start” your analysis, if needed)*

Building an Action Plan

- What steps will *you* take to impact your program's learning environment?
- Use your SWOT analysis to develop an initial action plan for your program using the "SMART" goal framework
- SMART Goals are:
  - Specific
  - Measurable
  - Achievable/attainable
  - Relevant
  - Time-bound

Share your institutional interventions!

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

Institutional Strategies

- 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


Large Group Share

Conclusions

- Learning climate/culture is vital to the academic mission
- There are validated tools to measure the learning climate
  - Solutions for improvement will need to be variable to fit the situation/group
- When embarking on changes to this culture, collaborative effort is important to engage all levels in the work to improve the learning climate
- It is crucial to have reporting mechanisms to identify and respond to incidents
  - It is also a valuable tool to identify themes to address with the broader community
- Learning climate/culture change must go beyond reporting to promote real and sustainable changes
- Response to issues/incidents is most successful when supportive and not punitive
- Often the act of responding is more powerful for healing than the damage of the incident
- We all play a role in both the problem and the solution.
- As leaders we have a responsibility to promote change.

Please fill out the evaluation forms

Brown University Medical Center
Hasbro Children's Hospital

Thanks

Stanford University Medical Center
Lucile Packard Children's Hospital

Case Western Reserve University
Rainbow Babies and Children's Hospital

Duke University Medical Center
Duke Children's Hospital