Changing the Culture: Returning Humanity to the Healing Professions

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May 29, 2019

Disclosure

I have no conflicts to disclose.

Learning Objectives

At the conclusion of this presentation, participants will:

1. Recognize that the cultures in our learning environments are powerful

2. Understand culture through three frameworks

3. Identify how teachers can support learners in the learning environment, using case studies

4. Discuss recommendations for changing the culture and returning humanity to the healing professions

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Outline

I.   Background
      Definitions

II.   Frameworks
      NAM
      CLER
      Learning Environment

III. How Adults Learn

IV. A Way Forward

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Definition of "Culture"

The cumulative effect of *what* people do and *how* they do it

McKinsey & Company

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A Modern Version of the Hippocratic Oath

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

CULTURE EATS **STRATEGY** FOR BREAKFAST

Peter Drucker

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Organizational culture eats strategy for breakfast, lunch and dinner

Culture — Strategy

Definition of Humanity

- noun

- compassionate, sympathetic, or generous behavior or disposition
- the quality or state of being humane
- humaneness; benevolence
- the quality or state of being human
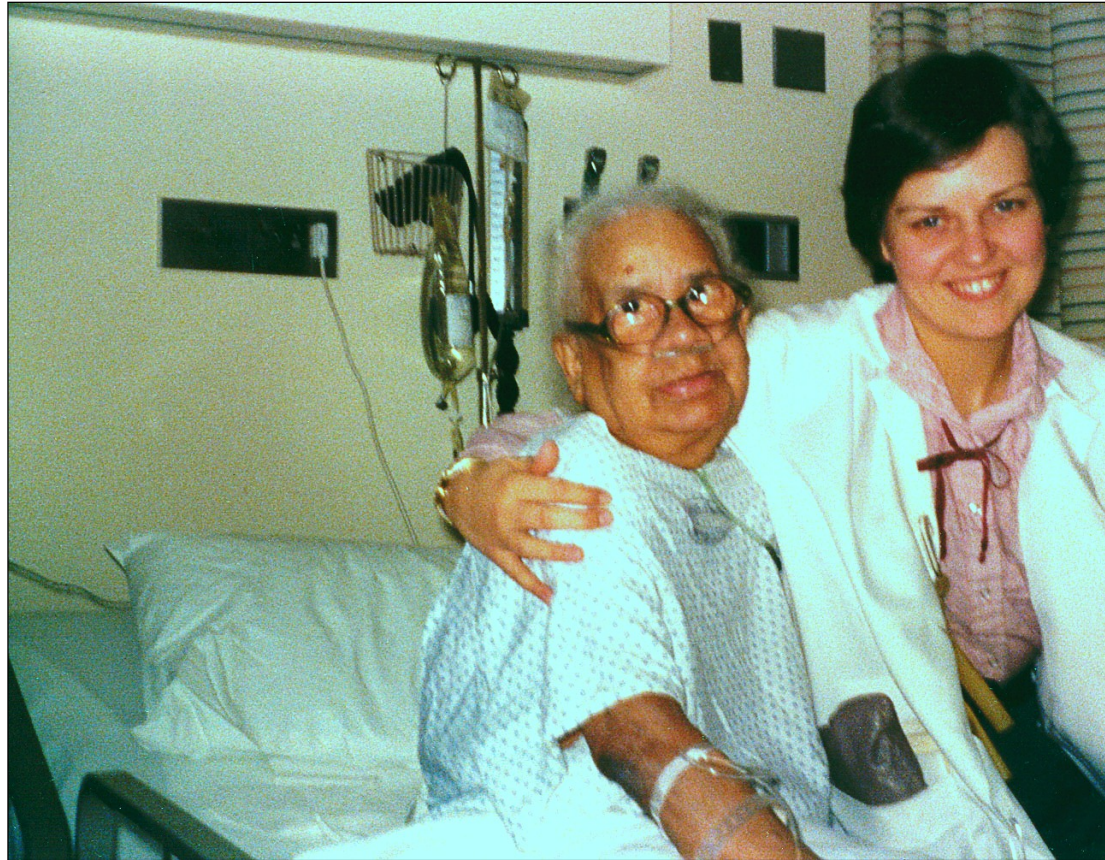- joined together by their common humanity

Merriam-Webster

"Doctor, do you have a polaroid camera?"

Definition of Learning Environment

"The social interactions, organizational culture and structures, and physical and virtual spaces that surround and shape the learners' experiences, perceptions and learning."

Josiah Macy Jr. Foundation

Definition of "Burnout"

"**Burnout** at its deepest level is not the result of some train wreck of examinations, long call shifts, or poor clinical evaluations. It is the sum total of hundreds and thousands of tiny betrayals of purpose, each one so minute that it hardly attracts notice."

R. Gunderman, The Atlantic, *2014*

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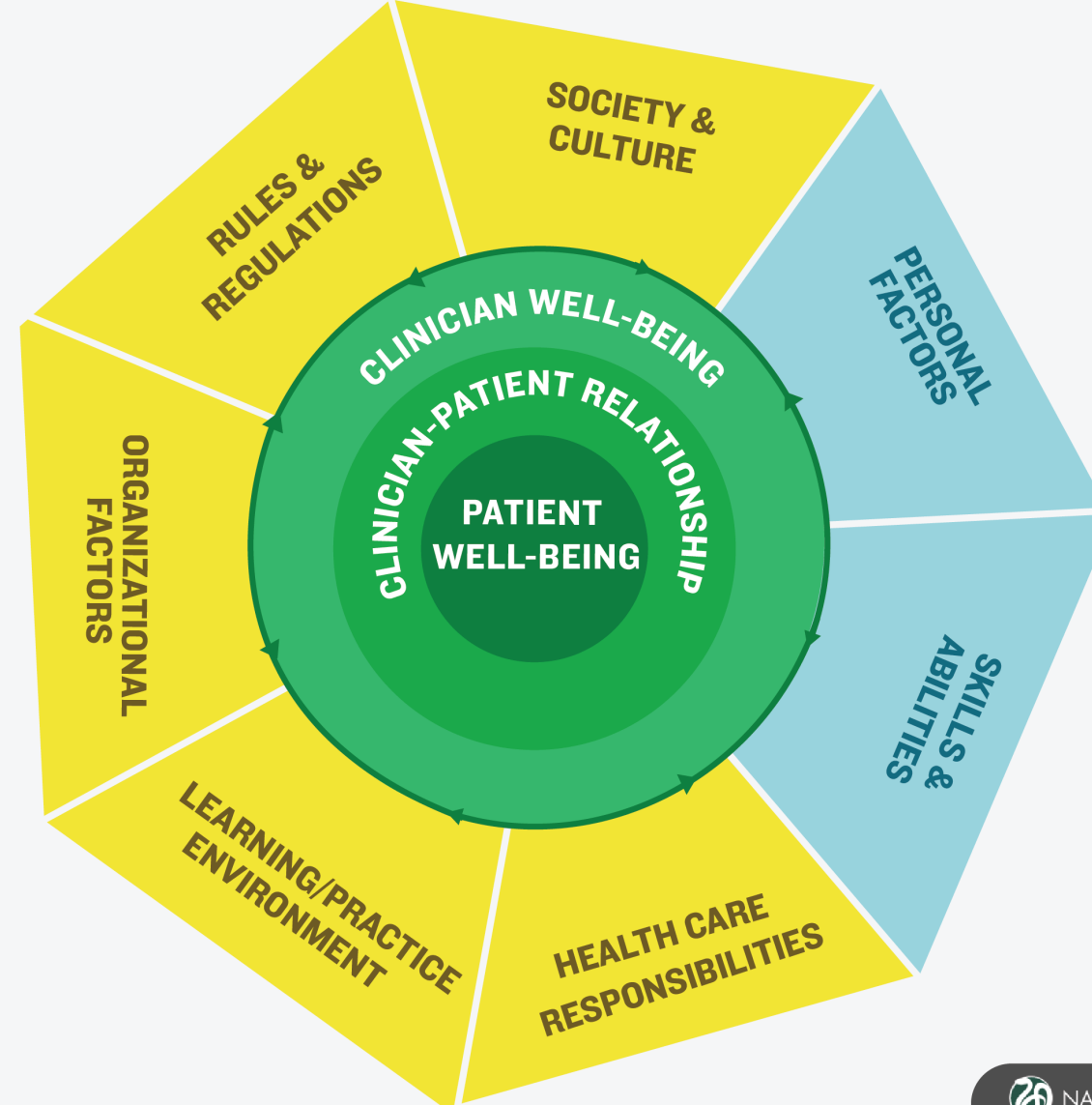
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NATIONAL ACADEMY OF MEDICINE

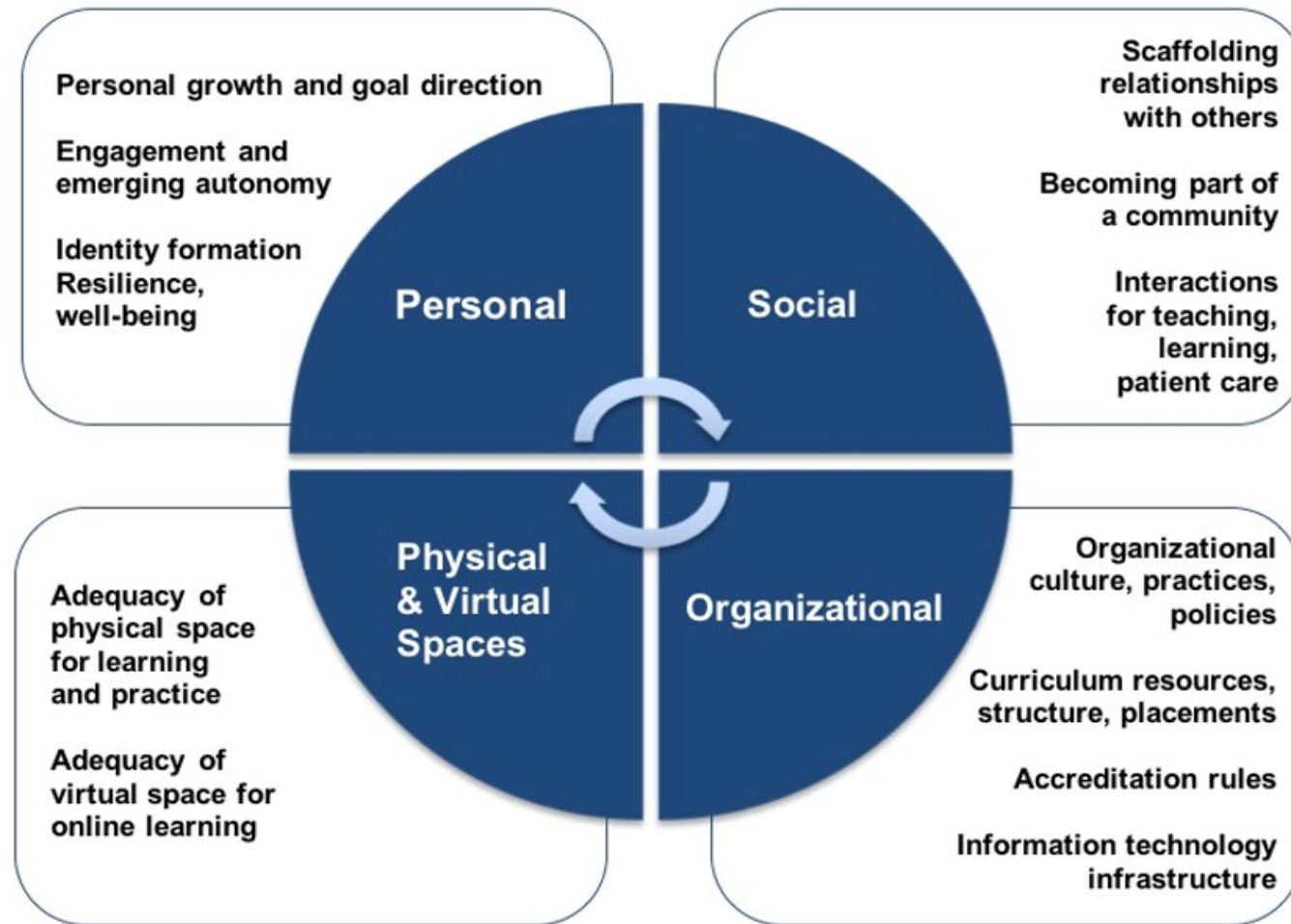Learn more at *nam.edu/ClinicianWellBeing*

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ACGME CLER

- Patient Safety
- Health Care Quality
- Care Transitions
- Supervision
- Well-Being
- Professionalism

Interactive Components of LEs

Personal
- Personal growth and goal direction
- Engagement and emerging autonomy
- Identity formation Resilience, well-being

Social
- Scaffolding relationships with others
- Becoming part of a community
- Interactions for teaching, learning, patient care

Physical & Virtual Spaces
- Adequacy of physical space for learning and practice
- Adequacy of virtual space for online learning

Organizational
- Organizational culture, practices, policies
- Curriculum resources, structure, placements
- Accreditation rules
- Information technology infrastructure

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Intrinsic challenge of health professions education

Educational needs of learners who require increasing independence

Safety needs of patients who benefit when being cared for by the most experienced physician available
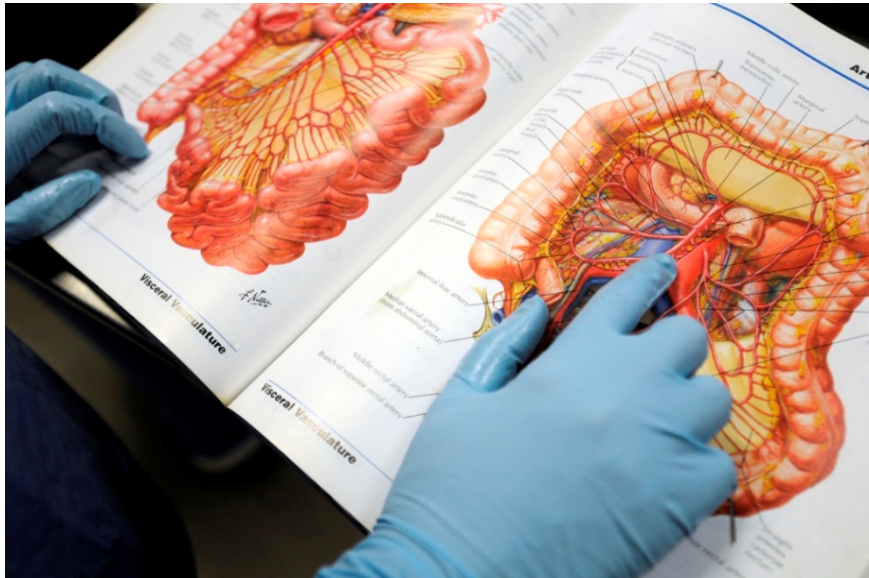
Building Clinical Memory

- Experience with patients:

  - essential for establishing new connections in memory

  - increases ability to reason flexibly

Bowen JL. *Educational strategies to promote clinical diagnostic reasoning*. <u>New Eng J Med</u>, 2006.

Skin in the Game

- Sharing the risk and the reward makes memory more powerful

Memory Strength

1. Related to how many times the original stimulus is experienced

2. A function of how much we care (skin in the game)

3. Neurochemical tags associated with memories mark them for importance

4. We code as important things that carry emotion
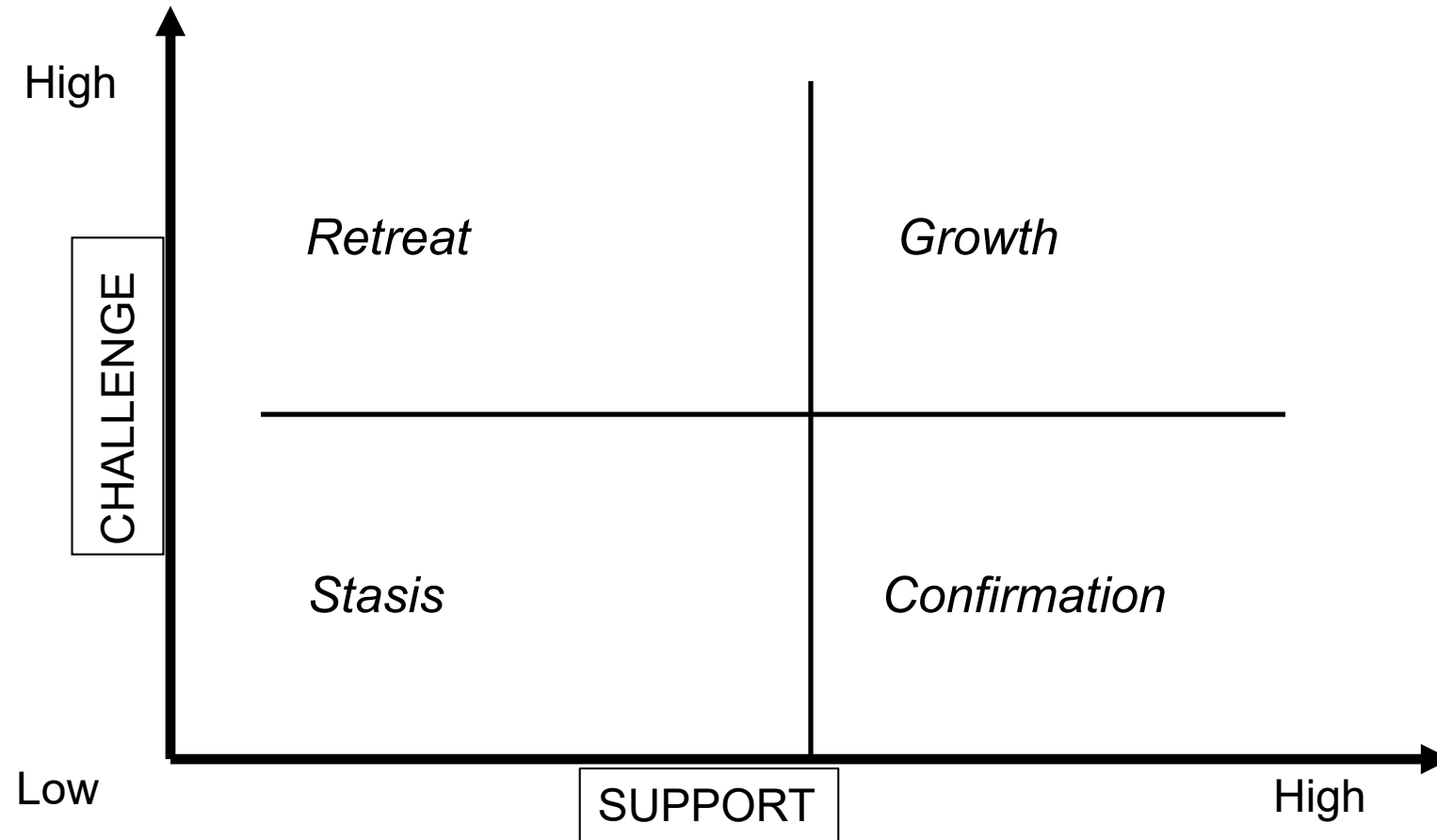
Levitin DJ. This Is Your Brain, 2006.

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Skin in the Game

How Adults Learn

Daloz L, Mentor: Guiding the Journey of Adult Learners, 1999

A View from the Front Lines

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"We are learning when you least expect it."

Anonymous medical student

*Educating for Professionalism
Creating a Culture of Humanism in
Medical Education
Wear and Bickel 2000*

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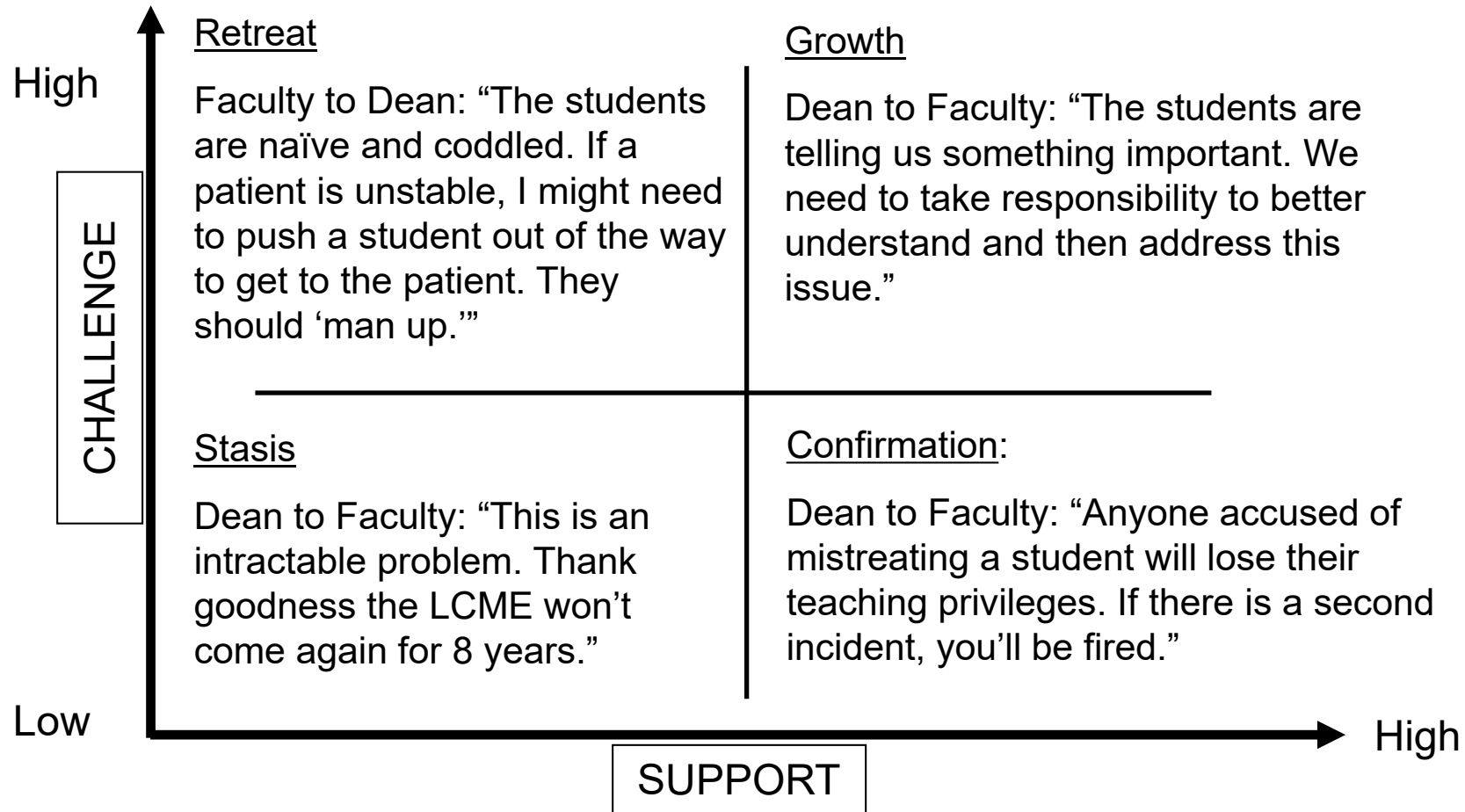
Case Study 1: Teaching the Next Generation

Medical Student Mistreatment

- Over a period of four years, the number of students reporting mistreatment on the AAMC GQ and in school surveys was well above national averages and increasing

- While most related to incidents of public humiliation, there was also an increase in reports of (1) being subjected to racially or ethnically offensive and/or sexist remarks and (2) receiving lower evaluations or grades because of gender, race or ethnicity, and/or sexual orientation

- Mistreatment was most often reported as coming from faculty, residents, and clinical staff

- Mistreatment reports were clustered in two of the seven required clerkships

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Case Study 1: Teaching the Next Generation

How should the dean and the faculty respond to student reports of mistreatment?

Retreat

Faculty to Dean: "The students are naïve and coddled. If a patient is unstable, I might need to push a student out of the way to get to the patient. They should 'man up.'"

Growth

Dean to Faculty: "The students are telling us something important. We need to take responsibility to better understand and then address this issue."

Stasis

Dean to Faculty: "This is an intractable problem. Thank goodness the LCME won't come again for 8 years."

Confirmation:

Dean to Faculty: "Anyone accused of mistreating a student will lose their teaching privileges. If there is a second incident, you'll be fired."

CHALLENGE — High / Low

SUPPORT — Low / High

Case Study 1: Teaching the Next Generation

Medical Student Mistreatment

What did the medical school's dean and faculty actually do?

- Highlighted the issue at the highest level of the organization.

- Shared aggregated, department specific, data at departmental grand rounds.

- Held focus groups of students, clerkship directors, and program directors.

- Defined mistreatment (MISTREAT and MODEL rubrics).

- Introduced ombudsman program.

- Created institutional professionalism committee.

- Introduced annual peer role model awards to faculty and students.

- Share testimonials at all-class meetings of students and at department grand rounds.

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Case Study 1: Teaching the Next Generation

Medical Student Mistreatment

MISTREAT Rubric

- **M**alicious intent

- **I**ntimidation on purpose

- **S**exual harassment

- **T**hreatening behavior

- **R**acism

- **E**xcessive or unrealistic expectations

- **A**busive favors

- **T**rading for favors

Reddy S, Ogden P, Arora V, et al. Is it mistreatment? Mistreatment education for medical students entering clinical training. MedEdPORTAL Publications. 2013;9:9569. http://dx.doi.org/10.15766/mep_2374-8265.9569

Case Study 1: Teaching the Next Generation
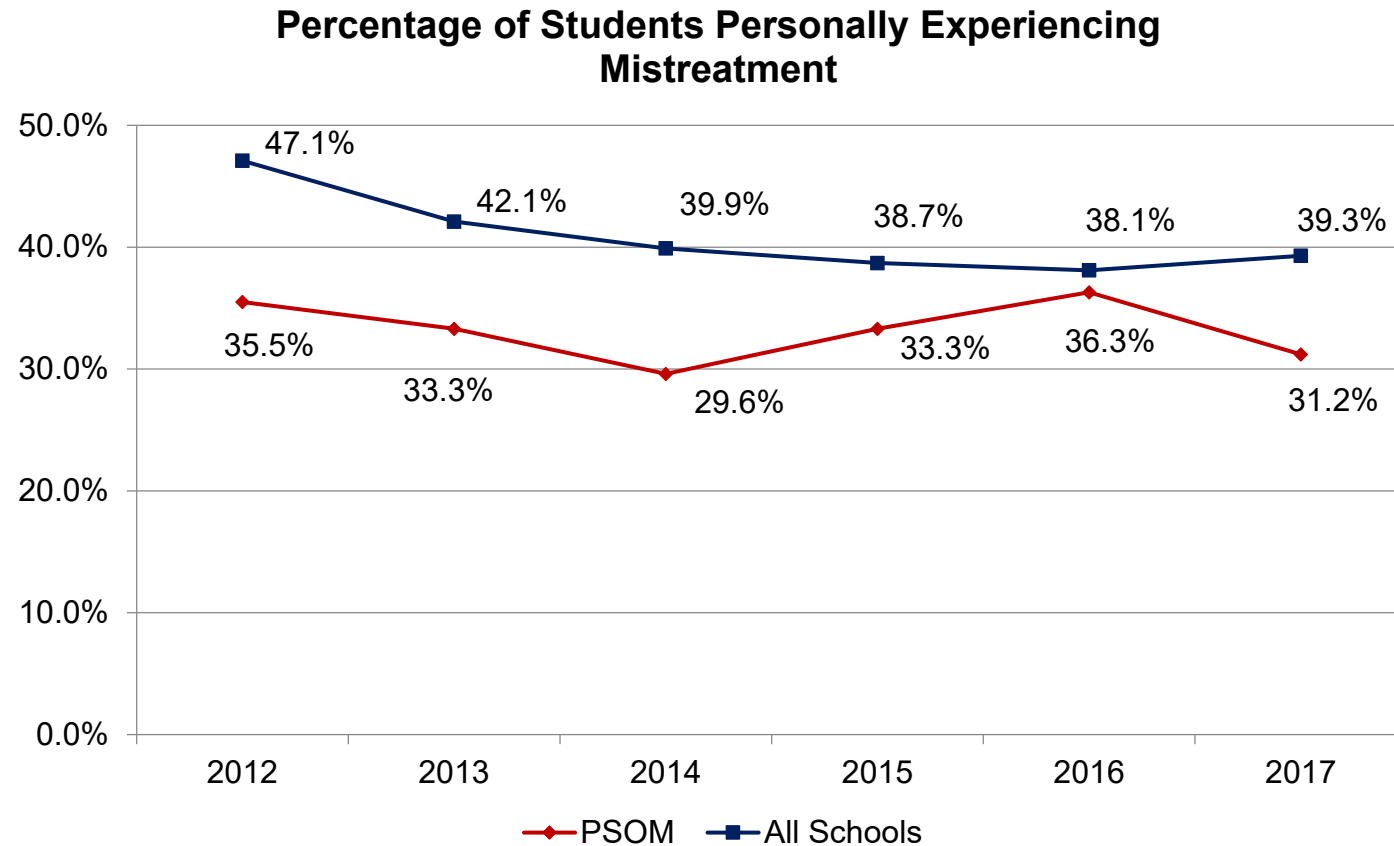
Medical Student Mistreatment

MODEL Rubric

- **M**odel Professional Behavior

- **O**ffer Feedback

- **D**elineate Expectations

- **E**valuate Fairly

- **L**earning is a priority

Reddy S, Ogden P, Arora V, et al. Is it mistreatment? Mistreatment education for medical students entering clinical training. MedEdPORTAL Publications. 2013;9:9569. http://dx.doi.org/10.15766/mep_2374-8265.9569

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Case Study 1: Teaching the Next Generation

Percentage of Students Personally Experiencing Mistreatment

Legend: PSOM, All Schools

PSOM values: 35.5%, 33.3%, 29.6%, 33.3%, 36.3%, 31.2%

All Schools values: 47.1%, 42.1%, 39.9%, 38.7%, 38.1%, 39.3%

Years: 2012, 2013, 2014, 2015, 2016, 2017

AAMC Graduating Student Questionnaire, 2012-2017

Case Study 1: Teaching the Next Generation

Case Study 2: Valuing and Promoting Interprofessional Teams

- Third year student in OR during Surgery Clerkship

- Surgical nurse believed student became contaminated and asked the student to step out of the OR and scrub in again

- Student disagreed but the nurse insisted

- Student gave the nurse "the finger" in the OR and was then asked to leave the OR by the attending

- Other factors

  - Multiple other students had complained of mistreatment (bullying) by this nurse in the past
  - Earlier in the rotation this student had reported this nurse for making disparaging comments regarding the student's religion

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Case Study 2: Valuing and Promoting Interprofessional Teams

Student vs. Nurse

How should the medical school respond to this incident, holding the student accountable to the highest standards of professional behavior…..

…while considering mitigating factors and the impact of institutional action on her future career?

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Case Study 2: Valuing and Promoting Interprofessional Teams
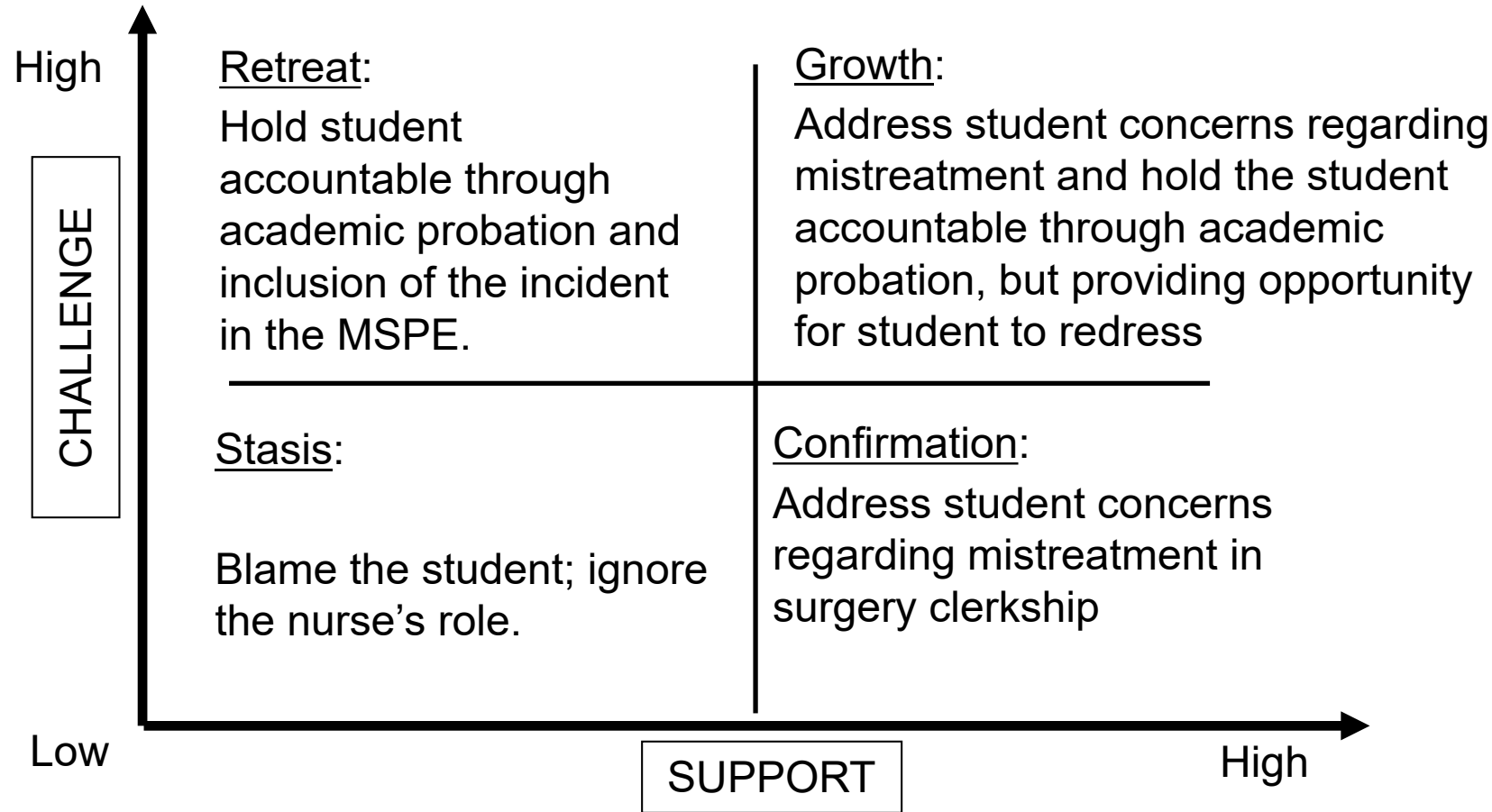
Student vs. Nurse

The Medical Student Performance Evaluation (MSPE) is a comprehensive assessment, composed on behalf of the medical school faculty regarding a student's performance, as compared to his/her peers, in achieving the educational objectives of the medical school curriculum. The MSPE is neither a letter of recommendation nor the school's prediction of the student's future performance in a residency program.

- Recommended component: *Was this student the recipient of any adverse action(s) by the medical school or its parent institution?*

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Case Study 2: Valuing and Promoting Interprofessional Teams

How should the medical school respond to the student incident in the Surgery Clerkship?

CHALLENGE (vertical axis: Low to High)

SUPPORT (horizontal axis: Low to High)

Retreat:
Hold student accountable through academic probation and inclusion of the incident in the MSPE.

Growth:
Address student concerns regarding mistreatment and hold the student accountable through academic probation, but providing opportunity for student to redress

Stasis:

Blame the student; ignore the nurse's role.

Confirmation:
Address student concerns regarding mistreatment in surgery clerkship

Case Study 2: Valuing and Promoting Interprofessional Teams

Student vs. Nurse

What did the medical school actually do?

- Committee on Promotions placed the medical student on academic probation for 3 quarters (winter, spring, summer)

- The student was removed from Academic Probation at the end of summer quarter (before the MSPE was released based on no further incidents of unprofessional behavior)

- A medical school dean met with the surgery department chair to discuss concerns related to the surgical nurse

- The surgery department chair and clerkship director implemented a mistreatment intervention in the department for faculty, residents, and clinical staff

- Feedback to Chief Nursing Officer and nursing administration to manage current and future situation

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Valuing and Promoting Interprofessional Teams

IGNITE:
Improving **G**ME **N**ursing **I**nterprofessional **T**eam **E**xperiences

Case Study # 3   Supporting Faculty

A young woman recently returned from part-time work as a Clinical Associate following maternity leave and is interested in jump-starting her career on the clinician-educator track.

For the past two years, she has been closely involved with the Clinical Skills Class for 2nd year students

Although she has only been working on a part-time basis, she is known among other faculty members as an innovative and enthusiastic faculty member.
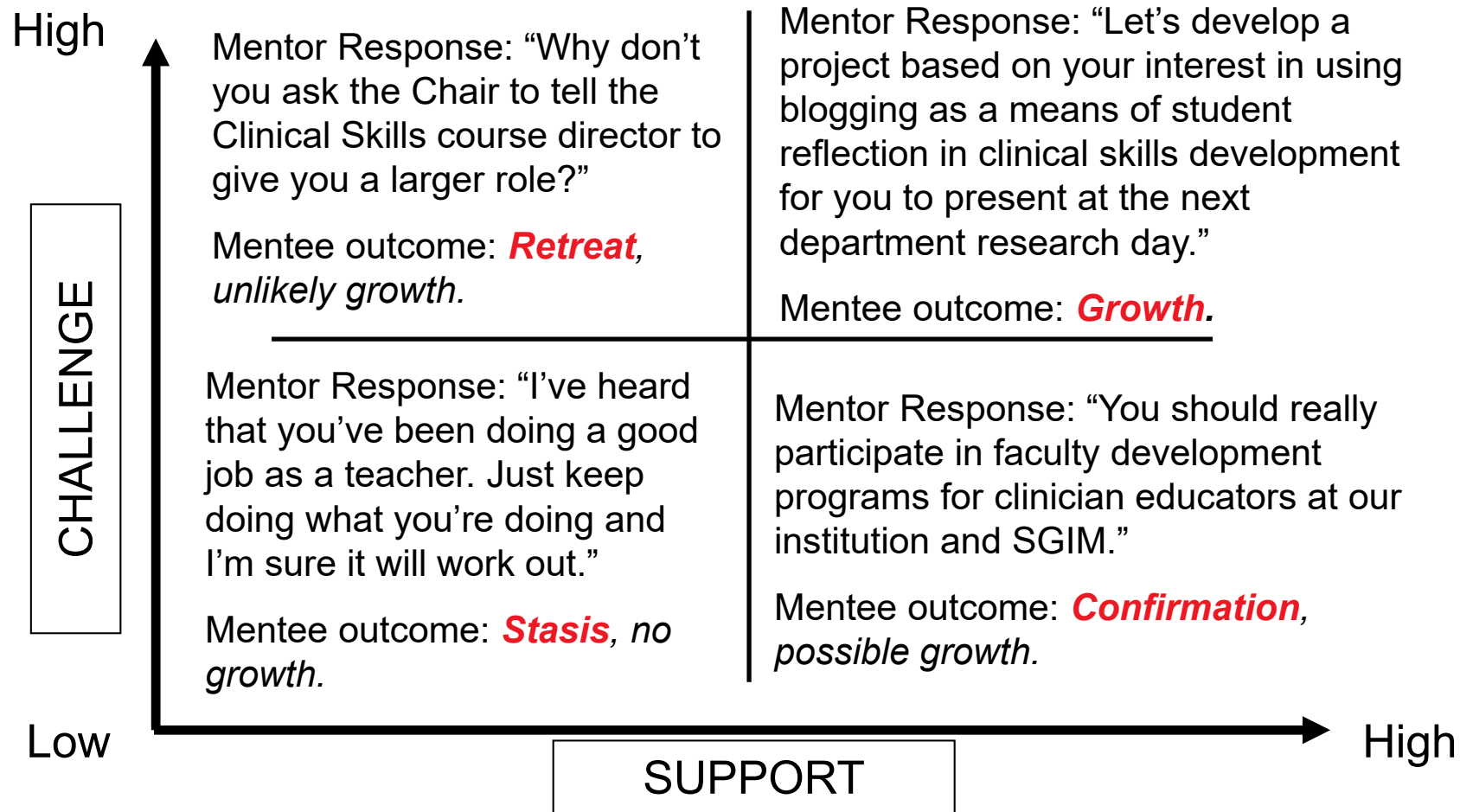
She is unclear about what steps she should take to translate her teaching and education experience into an academic career and scholarly publications.

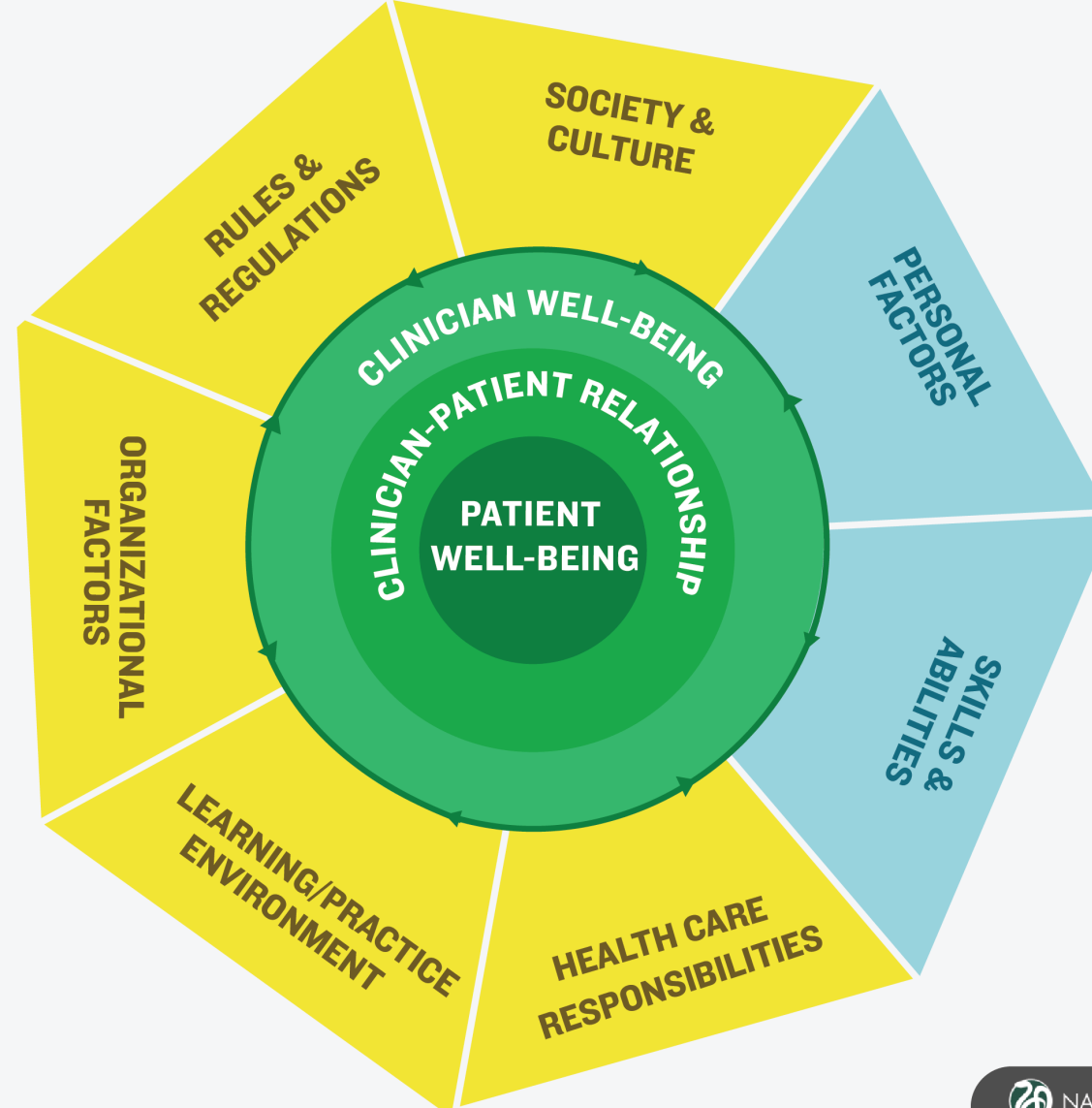Viggiano TR. *Mentoring of faculty in academic medicine*. Mentoring in Academic Medicine, ACP, 2010

Mentee to Mentor: "What are my next steps in translating my teaching interests into an academic career?

High

CHALLENGE

Mentor Response: "Why don't you ask the Chair to tell the Clinical Skills course director to give you a larger role?"

Mentee outcome: *Retreat, unlikely growth.*

Mentor Response: "Let's develop a project based on your interest in using blogging as a means of student reflection in clinical skills development for you to present at the next department research day."

Mentee outcome: *Growth.*

Mentor Response: "I've heard that you've been doing a good job as a teacher. Just keep doing what you're doing and I'm sure it will work out."

Mentee outcome: *Stasis, no growth.*

Mentor Response: "You should really participate in faculty development programs for clinician educators at our institution and SGIM."

Mentee outcome: *Confirmation, possible growth.*

Low

High

SUPPORT

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CASE STUDY # 4

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SOCIETY & CULTURE

- Alignment of societal expectations and clinician's role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

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NEWS

NEWS

'They Put a Price on My Life': Cost of Cystic Fibrosis Drugs Is Sky-High

Oct. 7, 2015, 7:17 PM EDT / Updated Oct. 7, 2015, 7:19 PM EDT

By Anne Thompson, Elizabeth Chuck and Michael Cappetta

A. Thompson, E. Chuck, & M. Cappetta, NBC News, *October 2015*

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A Modern Version of the Hippocratic Oath

I swear to fulfill, to the best of my ability and judgment, this covenant:

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those twin traps of overtreatment and therapeutic nihilism.

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I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

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my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

Moral Distress

- When the morally **correct action is known** but the professional is **constrained** from taking the correct action.

Moral residue

- When moral distress is recurrent and long-lasting it is integrated into one's thoughts and views of self.

- The residue that remains can be damaging to the self and one's career, particularly when morally distressing episodes repeat over time.

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   Adult Learning

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The Accreditation Lever

LCME Standards: Learning Environment

Standard 3: Academic and Learning Environments

_____

3.5   Learning Environment/Professionalism

A medical school ensures that the learning environment of its medical education program 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 **identify and promptly correct violations of professional standards**.

CCNE Standards for Accreditation

Standard II
Program Quality: Institutional Commitment and Resources

II-G. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

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CCNE Standards for Accreditation

Standard III

Program Quality: Curriculum and Teaching-Learning Practices

…The environment for teaching-learning fosters achievement of expected student outcomes.

ACGME Institutional Requirements

Standard: Common Program Requirements

_____

VI. Residency education must occur in the context of a learning and working environment that emphasizes the following principles:

- *Excellence in the **safety and quality** of care rendered to patients*

- *Excellence in professionalism through faculty modeling of:*

  - *the effacement of self-interest in a **humanistic environment** that supports the professional development of physicians*
  - *the joy of curiosity, problem-solving, intellectual rigor, and discovery*

- ***Commitment to the well-being** of the students, residents, faculty members, and all members of the health care team*

The CLER Lever

ACGME Standards for the Clinical Learning Environment

CLINICAL LEARNING ENVIRONMENTS VARY IN…

- approach to addressing patient safety and quality and the **degree to which they involve residents and fellows**

- approach to **implementing GME**—in many CLEs, GME is largely developed and implemented **independently** of the organization's other areas of strategy planning and focus

- extent of **investment in continually educating, training, and integrating** faculty members and program directors in health care quality, patient safety, and other systems-based initiatives

- degree to which they coordinate and implement educational **resources across the health care professions**

Co JPT, Bagian JP, and Weiss KB. The overarching themes from the CLER National Report of Findings 2018. JGME Supp, August 2018

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ACGME Standards for the Clinical Learning Environment

FUTURE DIRECTIONS

- Nurses, residents, and fellows often **work in parallel** rather than in an integrated fashion

- Evolving a CLER Focus Area from **care transitions to "teaming"**

- Teaming is an important attribute of a high-performing learning health system

- Explore how CLEs invest in, design, and monitor new models to promote learning and performance within clinical care teams — thereby **strengthening the association between the quality of GME experience and the quality of health care**

Co JPT, Bagian JP, and Weiss KB. The overarching themes from the CLER National Report of Findings 2018. JGME Supp, August 2018

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Josiah Macy Jr. Foundation Recommendations as a Lever

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Recommendation I

Engaging Academic and Health Care Organization Governance

Governance bodies and executive leadership…. should ensure positive learning and work environments and be held accountable for allocating the resources to achieve this.

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Recommendation II

Engaging Executive Leadership to Provide Organizational Support

Executive leaders of health professions education and health care organizations should create cultures in which resources, policies, and processes support optimal learning environments across the continuum of health professions education.

Recommendation III

Creating Physical and Virtual Spaces for Learning

Those in positions of responsibility for learning environments in health professions education and health care organizations should ensure appropriate, flexible, and safe spaces (physical and virtual) for learning.

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Recommendation IV

Providing Faculty and Staff Development

Leaders of health professions education and health care organizations should ensure continuous learning and development opportunities for their faculty and staff to improve learning environments.

Recommendation V

Promoting Research and Scholarship
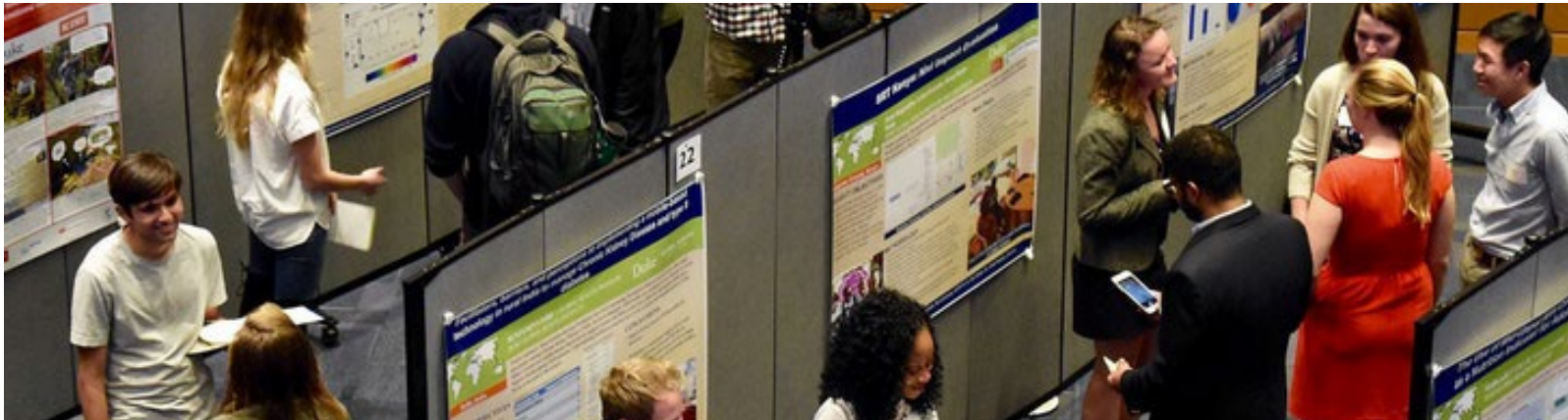
Those in positions of responsibility for learning environments should be committed to continuously evaluating, improving, and conducting research on those learning environments.

Recommendation VI

Setting Policy

Health professions education and health care organization leaders and accreditors should engage in policy advocacy for improvements in health professions learning environments.

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A New Tomorrow

A New Tomorrow

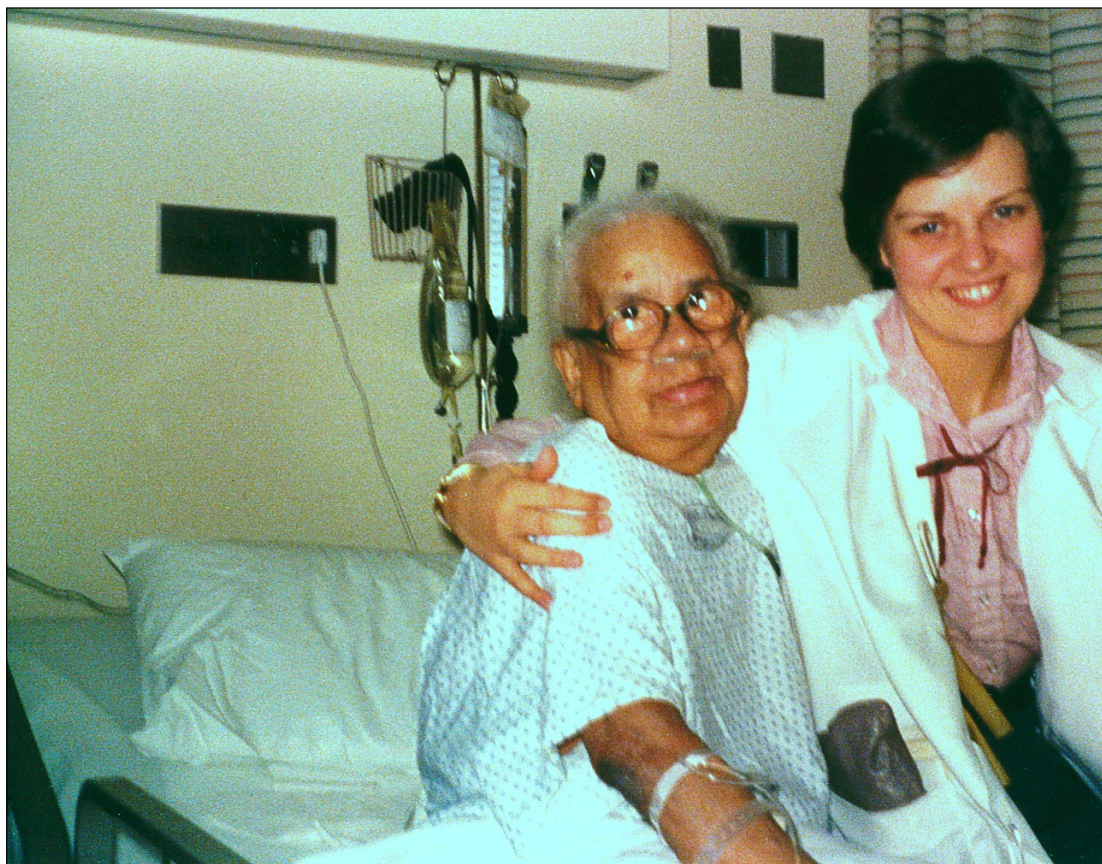JOSIAH MACY JR. FOUNDATION

A New Tomorrow

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A New Tomorrow

I was leaving the South

To fling myself into the unknown…..

I was taking a part of the South

To transplant in alien soil,

To see if it could grown differently….

Respond to the warmth of other suns

And, perhaps, to bloom

Richard Wright

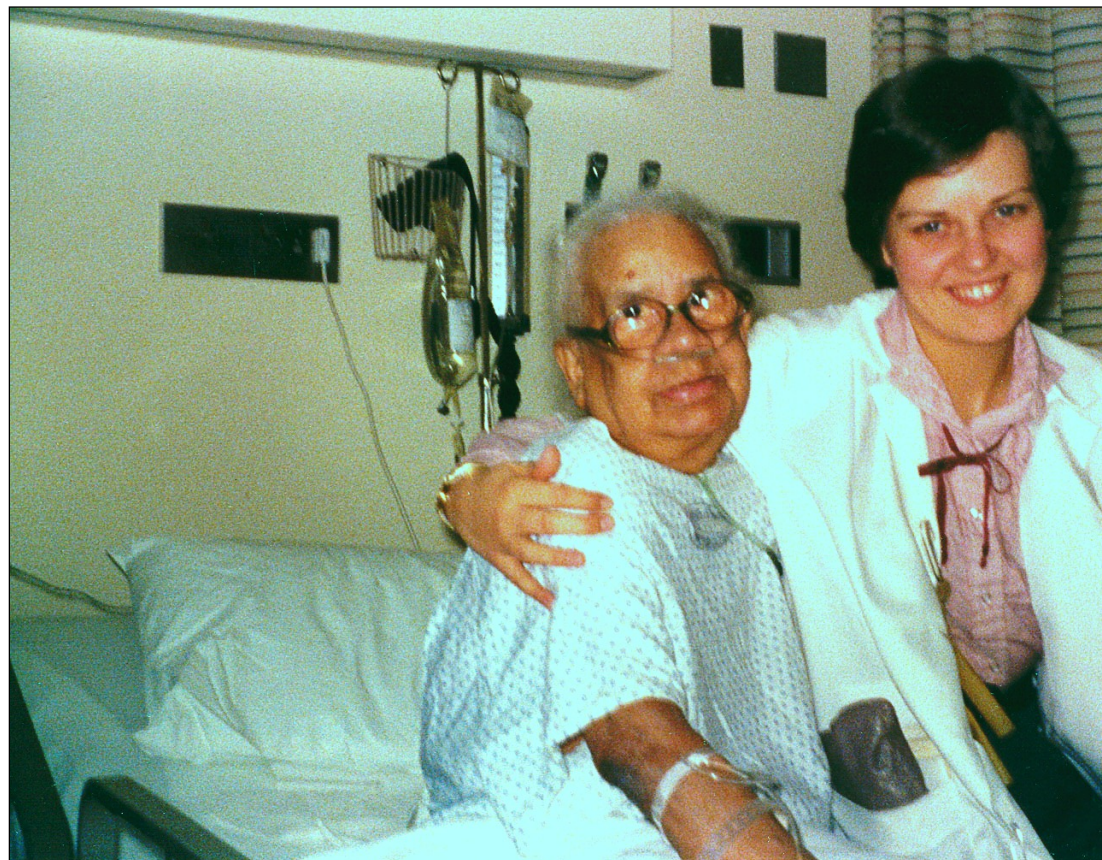*The Warmth of Other Suns*
Isabel Wilkerson   2010

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….Soon afterward, she performed a ritual of arrival that just about every migrant did almost without thinking: **she got her picture taken in the New World**. *It would prove that she had arrived. It was the migrant's version of a passport.*

The Warmth of Other Suns
The Epic Story of America's Great Migration
Isabel Wilkerson

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