Improving the Academic Learning Environment

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Associate Dean for Student Affairs
TTUHSC El Paso Paul L. Foster SOM
Introduction
Goals and Objectives

1. Identify accreditation expectations and PLFSOM policies that address learning environment
2. Identify methods for monitoring sites and sources of student mistreatment
3. Review Graduation Questionnaire responses for Paul L. Foster SOM
4. Discuss appropriate questioning and feedback in creating a positive learning environment
5. Apply “Model” behaviors to reduce student mistreatment
Liaison Committee on Medical Education

• The Liaison Committee on Medical Education is recognized by the U.S. Department of Education as the reliable authority for the accreditation of medical education programs leading to the MD degree.

• Reviews every medical school in US and Canada on approximately 8 year cycles
Meeting LCME Standards

FUNCTIONS AND STRUCTURE
OF A MEDICAL SCHOOL

Standards for Accreditation of
Medical Education Programs Leading to the MD Degree
3.6 Student Mistreatment

A medical school defines and publicizes its code of professional conduct for faculty-student relationships in its medical education program, 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 (e.g., incidents of harassment or abuse) are well understood by students and ensure that any violations can be registered and investigated without fear of retaliation.
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Paul L. Foster Pertinent Policies

• Appropriate Treatment of Medical Students
• Standards of Behavior in the Learning Environment (based on AAMC Compact between Teachers and Learners)
  – Both in Student Affairs Handbook
  – On Faculty Handbook webpage also
• Declaration of Faculty Professional Responsibility
Appropriate Treatment of Medical Students

- Definition: Mistreatment is behavior that adversely affects the learning environment and negatively impacts the learner/teacher relationship. Inappropriate and unacceptable behaviors promote an atmosphere in which abuse is accepted and perpetuated in the learning environment. In general, actions taken in good faith by faculty or residents to correct unacceptable performance is not considered mistreatment. Pointing out during rounds, conferences, operating rooms, or other settings that a learner is not adequately prepared for his/her assignments or required learning material is not mistreatment unless it is done in an inappropriate manner.
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AAMC Compact Between Teachers and Learners of Medicine

- Guiding Principles
- Commitments of Faculty
- Commitments of Students and Residents
Guiding Principles

Duty

Integrity

Respect

AAMC Compact Between Teachers and Learners of Medicine
Commitments of Faculty

- High quality educational program
- High professional standards ourselves
- Respect for all students without regard to gender, race, national origin, religion, sexual orientation
- Commitment to allow students sufficient time to fulfill personal and family obligations
- Celebrate expressions of professional attitudes and behaviors
- No tolerance for any abuse or exploitation of students
- Encourage students to report unprofessional behavior or mistreatment

AAMC Compact Between Teachers and Learners of Medicine
Commitments of Students and Residents

- Best effort to acquire needed knowledge, skills, attitudes and behaviors
- Cherish professional virtues of honesty, compassion, integrity, fidelity and dependability
- Respect faculty, residents and fellow students without regard to gender, race, national origin, religion, sexual orientation
- Embrace the high standard of professional conduct and pledge to act accordingly in ALL actions with patients, colleagues and staff
- Assist our fellow students and residents in meeting their professional obligations

AAMC Compact Between Teachers and Learners of Medicine
Declaration of Faculty Professional Responsibility

In the education of all learners we commit:

1. To model, maintain, and mentor professional behavior at all levels of training.

2. To continuously evaluate academic offerings and address professional responsibilities throughout the curriculum.
How do we assess our learning environment?

• Student Feedback at the school level
  – End of clerkship evaluations
  – Faculty evaluations
• Independent Student Survey for LCME
• Annual AAMC Graduation Questionnaire
Types of Mistreatment (from GQ)

- Public Embarrassment
- Public Humiliation
- Threatened with physical harm
- Required to perform personal services
- Subject to offensive sexist remarks
- Subject to unwanted sexual advances
- Exchange of sexual favors for grades or other awards
- Denied opportunities/lower evaluations based on gender, race/ethnicity, sexual orientation
- Subject to racially or ethnically offensive remarks
- Subject to offensive remarks based on sexual orientation
Sources of reported Mistreatment
(from 2016 PLFSOM GQ)

1. Nurse 1.6%
2. Resident/Intern 7.9%
3. Clerkship faculty (in classroom setting) 3.2%
4. Clerkship faculty (in clinical setting) 12.7%
5. Other institution personnel 0%
6. Student 0%
7. Pre-clerkship faculty 0%
8. Administrator 0%
Most frequent reported mistreatment On PLFSOM GQ 2016

- Public Embarrassment (33% vs 42% nationally)
- Public Humiliation (16% vs 21% nationally)
- Denied opportunities for training based on gender (7% vs 6% nationally)
- Required to perform Personal Services (8% vs 6% nationally)
- Subject to offensive sexist remarks (14% vs 13% nationally)
- Been subject to racially or ethnically offensive remarks/names (5% vs 7% nationally)
Definitions
## What is Mistreatment?

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Questioning/Pimping
“Pimping” Background

• Term with wide vernacular in clinical medicine Generally defined as a clinical practice where “persons in power ask questions of junior colleagues”

• Age-old “interactive form of learning” (Socratic questioning)

• Some have referred to this as a negative phenomenon-aggressive forms that lead to embarrassment or humiliation

Wear, D, et al, Teaching & Learning in Medicine, 17(2), 184-191
Students’ Definition of Pimping

- Hierarchical nature
- “Malignant or benign”
- A tool to assess knowledge gaps

Wear, D, et al, Teaching & Learning in Medicine, 17(2), 184-191
Benign Pimping
Motives for “Benign” Pimping

• Assess knowledge base
• Identify knowledge gaps to provide directed, impromptu teaching
• Promote active learning, logical thinking, quick recall
• Adds an element of healthy pressure

Wear, D, et al, *Teaching & Learning in Medicine*, 17(2), 184-191
Malignant Pimping
Motives for “Malignant” Pimping

• An “ego” thing
• To show medical students they are “not as smart as they think”
• Assert power and reinforce hierarchy

Wear, D, et al, *Teaching & Learning in Medicine*, 17(2), 184-191
Can Pimping Be An Effective Pedagogical Tool?
Take Home Points

1. Pimping, in some form, is likely here to stay
2. Pimping continues to be hierarchical
3. If done in a sensitive, nurturing, non-threatening manner, it can:
   • Stimulate critical thinking
   • Assess learners’ knowledge and skills
   • Encourage interactive, active learning
Feedback
Feedback

“The goal of clinical training is expertise in the care of patients. Without feedback, mistakes go uncorrected, good performance is not reinforced, and clinical competence is achieved empirically at best, or not at all.”¹

“Feedback is the heart of medical education.”²

Feedback

- Learners desire feedback
- Feedback is often omitted or handled improperly in clinical training
- Feedback is rarely given in the clinic or at the bedside

Feedback vs. Evaluation

- Informal
- Formative
- Not part of grade
- Two-way
- Comparison to self

- Formal
- Summative
- Your grade
- One way
- Comparison to others
Going beyond “nice job!”

- Negative feedback can be dysfunctionally critical
- Positive feedback can make students feel good,
- but may not be specific enough for student to learn

Instead, give

Reinforcing Feedback and

Corrective Feedback

Blatt, B. (2005). *Virtual Mentor-Vignette 7: Resident to Student Communication*
Feedback should be:

- Undertaken with teacher and trainee working as allies with common goals
- Well-timed and expected
- Based on first-hand data
- Regulated in quantity and limited to behaviors that are remediable
- Phrased in descriptive nonevaluative language
- Deal with specific performance not generalizations
- Offer subjective data, labeled as such
- Based on decisions/actions, not interpretations

Principles of Giving Feedback

- Work as an ally of the student
- Set a conducive time and place - no surprises
- Have students assess their performance first
- Use well-defined, mutually agreeable goals
- Base on observations and modifiable behaviors
- Be specific, don’t generalize
- Give feedback on decisions/actions, not interpretations of student’s motives
- Give feedback in small, digestible quantities

Use nonjudgmental language

Adapted from Ende and Brach
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<tr>
<th>Intention</th>
<th>Technique</th>
<th>Example</th>
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<td>Orientation and Climate</td>
<td>Set appropriate time/location, safe environment, negotiate agenda</td>
<td>“Let’s make an appointment..” “What are your goals..”</td>
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<td>Elicitation: Ask for self-assessment</td>
<td>Ask what went well/could be improved, and how person felt</td>
<td>“How do you think it went?” “What was done well?”</td>
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<td>Diagnosis and Feedback</td>
<td>Respond to observations of specific behaviors/style. Give reasons</td>
<td>“When you did/said…I was pleased/concerned…because…”</td>
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<td>Improvement Plan</td>
<td>Invite learner suggestions Suggest articles/teach</td>
<td>“What could you do next time?” “I would suggest..”</td>
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<td>Application</td>
<td>Apply improvement to current or future problems</td>
<td>“What will you do next time?” “Show me..”</td>
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<td>Review</td>
<td>Check for understanding Specify consequences</td>
<td>“What should you continue to do/ change?”</td>
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Adapted from Hewson and Little
Take Home Messages

- Feedback is a desired and necessary part of medical education, though often lacking
- Public humiliation and belittlement are misguided efforts to reinforce learning
- Effective feedback should be corrective or reinforcing; be specific; and given at the right time, setting, and in proper amount
- Many avenues exist for students who feel they have been improperly treated
MODEL
for Residents and Faculty
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• Brancati, FL. The art of pimping. JAMA 1989; 262:89.