TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

Improving the Academic Learning Environment

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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

LCME®

LIAISON COMMITTEE ON
MEDICAL EDUCATION

**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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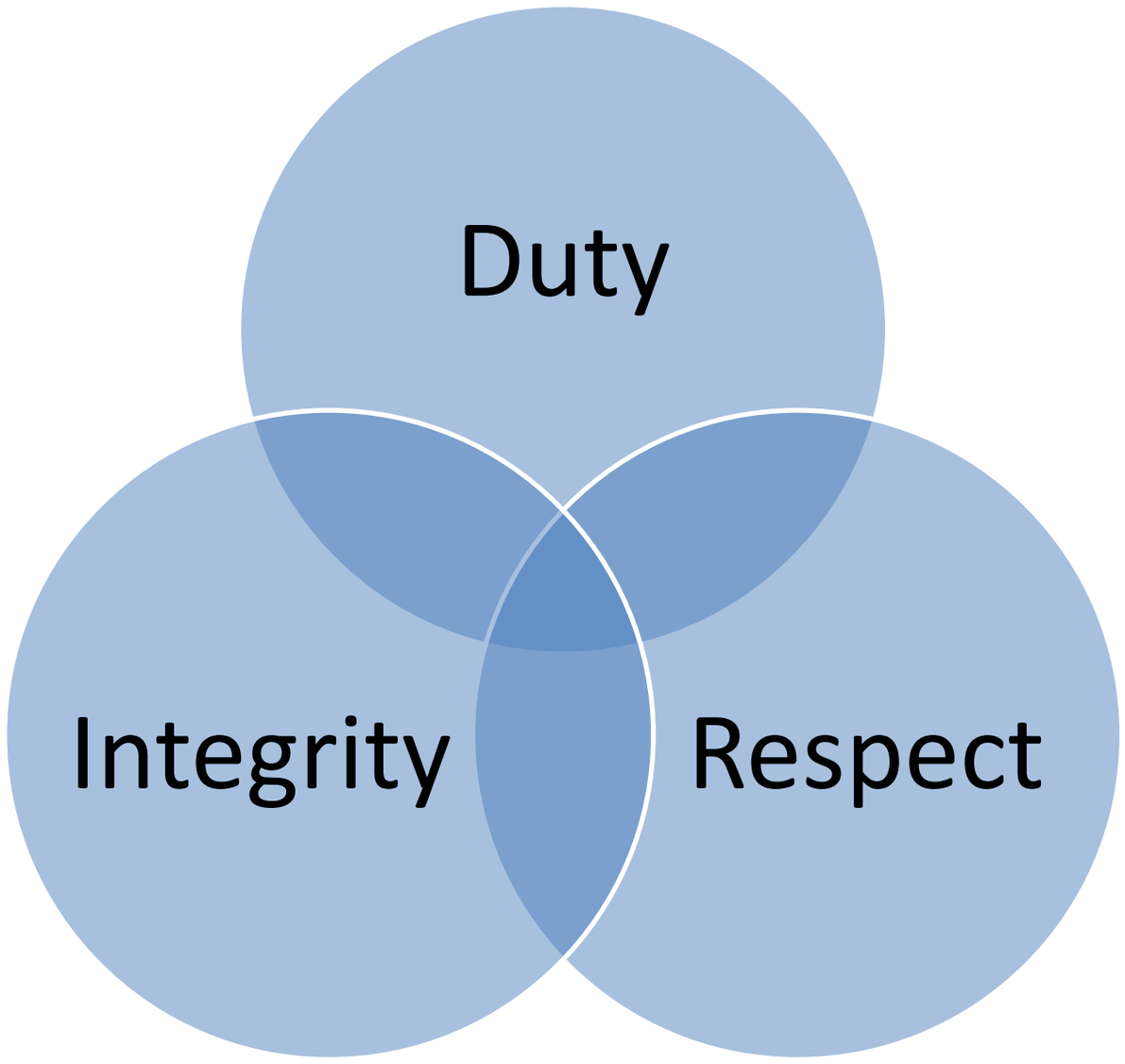
AAMC Compact Between Teachers and Learners of Medicine

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

Guiding Principles



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?
Malicious intent
Intimidation on purpose
Sexual Harassment
Threatening behavior
Racism
Excessive or unrealistic expectations
Abusive favors
Trading for favors

MISTREAT
S. Reddy, V. Arora
V 2.0 Revised 1/2013

Did the following occur?		Mistreatment is not…	Mistreatment is…
M	Malicious intent	On the first day of third year, the **ward clerk** says to the student, "you guys are green," then offers to help the students find a computer station.	A resident purposely gives student misinformation before rounds. Student overhears resident laughing about messing him over.
I	Intimidation on purpose	A student working with the chairman of surgery says he feels nervous about operating with him since the chairman can "make or break" his career.	Resident tells a student that they intend to make them cry before the rotation is over.
S	Sexual harassment	Male student asked not to go into a room because a female patient only wants a female to examine her.	A male attending tells a female student, "I can tell you know how to grab it like you mean it" while she is inserting an indwelling Foley catheter.
T	Threatening verbal or physical behavior	A student is yelled at to "get the XXX out of the way" by a **nurse** as a patient is about to be shocked during a code.	An attending grabs the student's finger with a clamp in the OR tells the student they are an idiot after they could not answer a "pimp" question.
R	Racism or other discrimination	Attending gives student feedback on how to improve performance.	A resident tells a Hispanic student that their "people" (assuming illegal immigrants) are responsible for high healthcare costs.
E	Excessive or unrealistic expectations	Student asked to review an article and present it on rounds to the team.	A resident tells a student that it is their job to perform rectal exams (necessary or not) on all the patients admitted to the service.
A	Abusive favors	A student is asked to get coffee for themselves and for the team **prior** to rounds. The resident did it yesterday. The team gives the student money.	A student is asked to pick up an attending's dry cleaning.
T	Trading for grades	A resident tells a student that they can review and present a topic to the team as an opportunity to enhance their grade.	A student is told that if they help a resident move, they will get honors.

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]

1. Ende J. Feedback in clinical medical education. JAMA. 1983;250:777–81.
2. Branch WT. Feedback and reflection. Academic Medicine 2004; 77(12): 1185-1188.

Feedback

- Learners desire feedback
- Feedback is often omitted or handled improperly in clinical training[1]
- Feedback is rarely given in the clinic[2] or at the bedside[3]

1.Elnicki et al. Oral v. Written Feedback in Medical Clinic. JGIM. 1998;13:155-8.

2.Keman WN et. al. Assessing the teaching behaviors of ambulatory care preceptors. Academic Medicine 2004; 79(11): 1088-1094.

3.Beckman TJ Lessons learned from a peer review of bedside teaching. Academic Medicine. 79(4):343-6, 2004 Apr.

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

Ende J. Feedback in clinical medical education. JAMA. 1983;250:777–81.

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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A Feedback Model

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

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

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MODEL

for Residents and Faculty

M	**M**odel professional behavior
O	**O**ffer feedback
D	**D**elineate expectations
E	**E**valuate fairly
L	Prioritize **L**earning

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