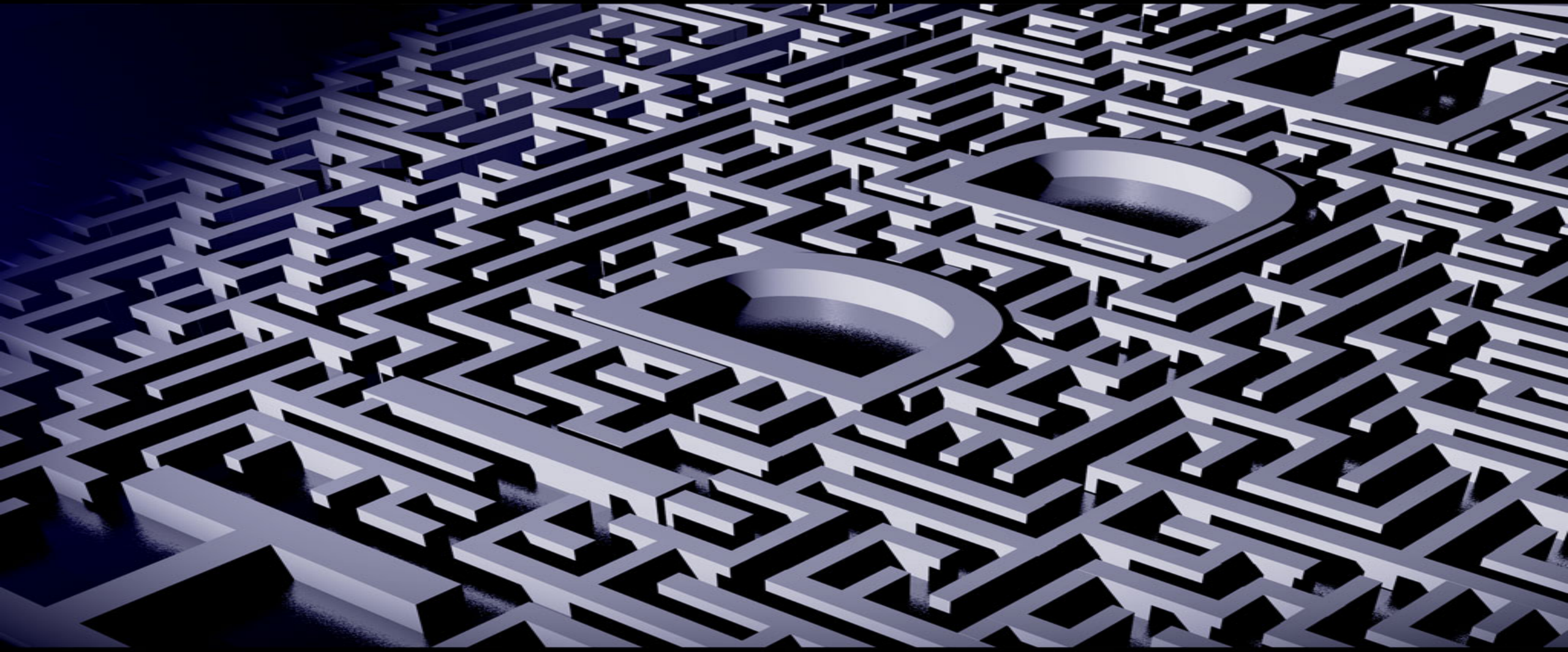
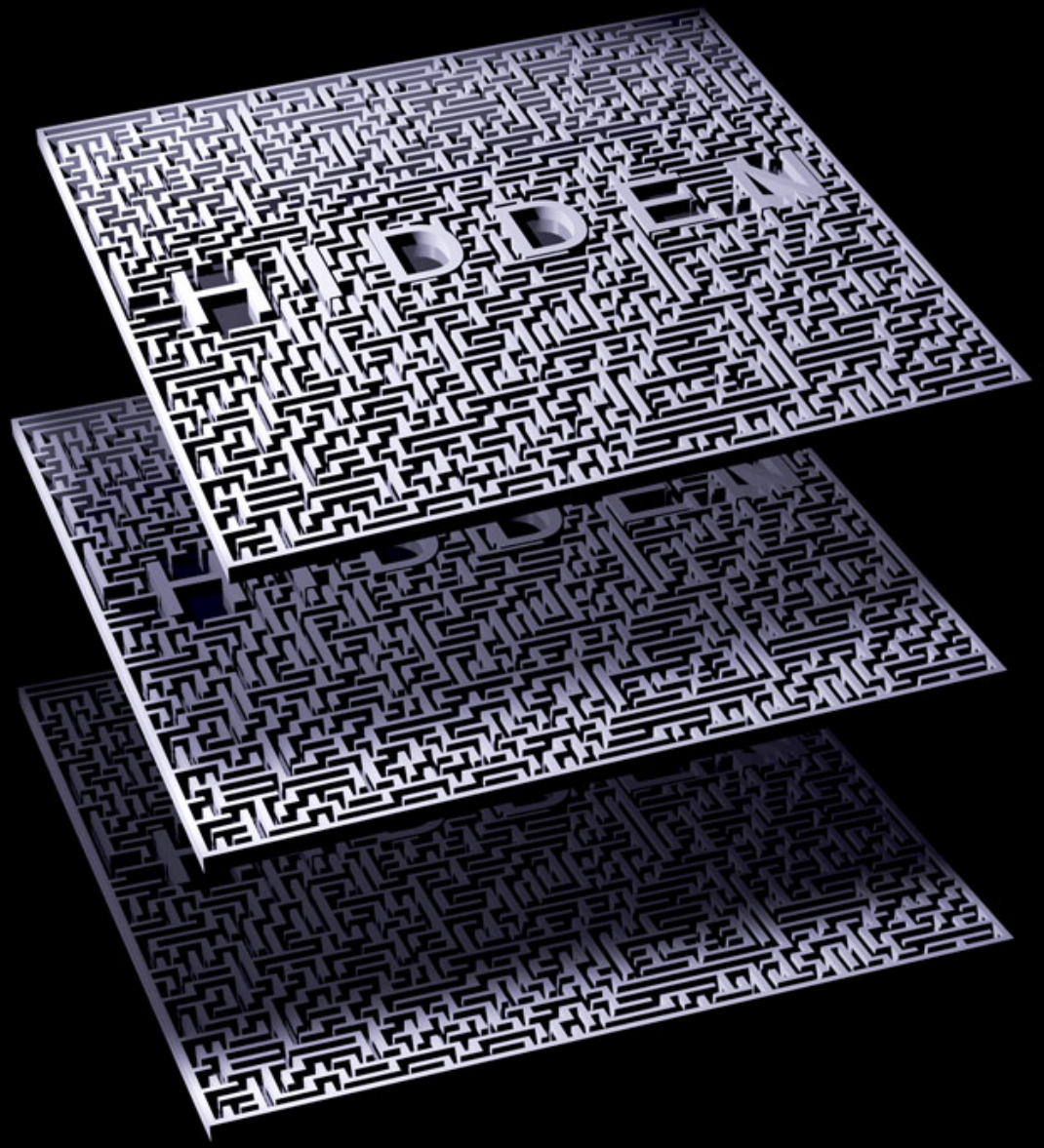


Linda Probyn - Heather Flett - Tina Martimianakis, UofT
Faculty of Medicine, UofT



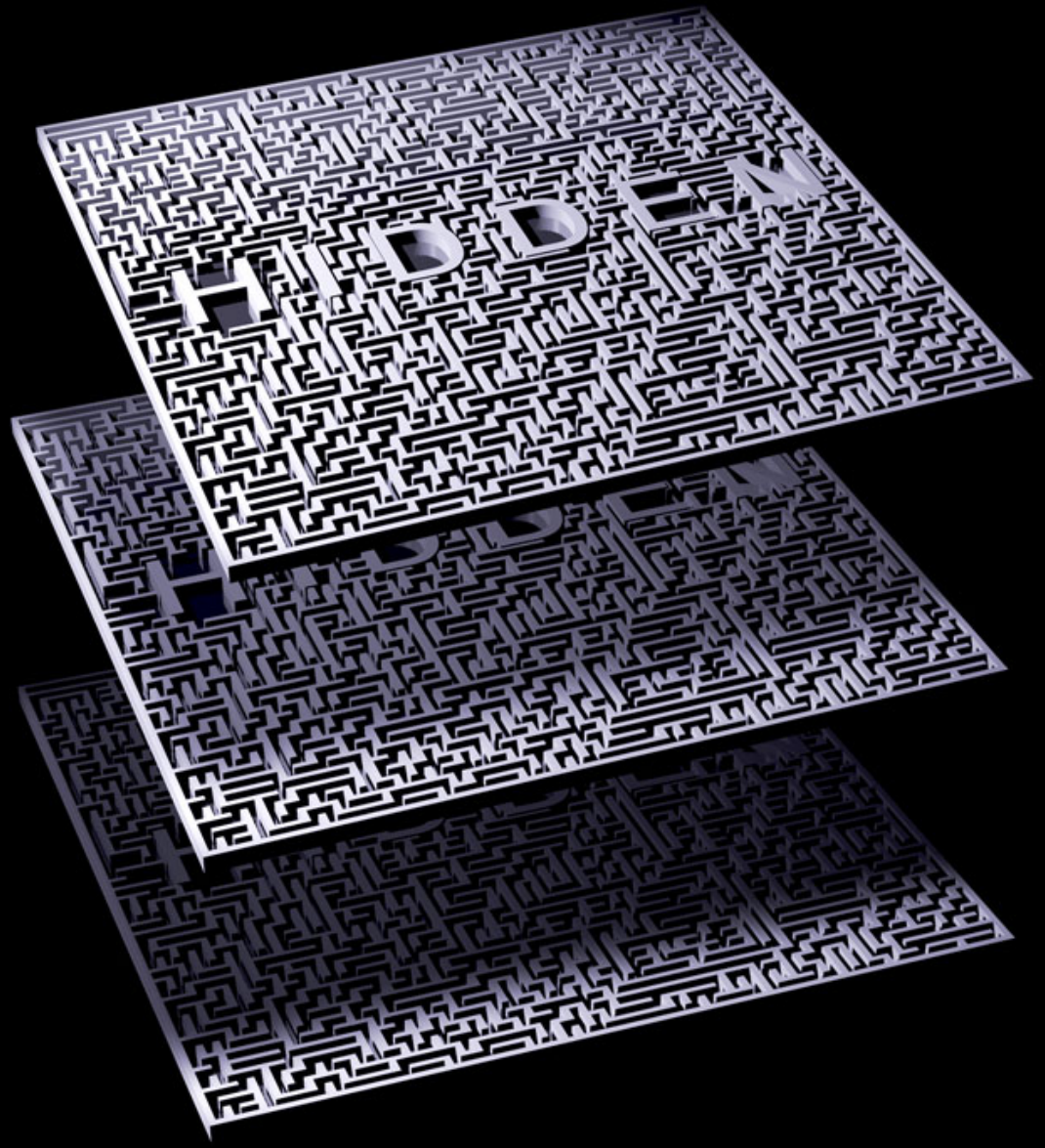
Expectations

Mute your mic

Use the Chat Box for questions and comments to the presenters

Turn off all notifications

There might be technological difficulties



Respect for session participants

The University of Toronto is committed to equity, human rights and respect for diversity. All members of the learning environment in this session should strive to create an atmosphere of mutual respect where all members of our community can express themselves, engage with each other, and respect one another's differences. U of T does not condone discrimination or harassment against any persons or communities.

Learning Environment and Wellness Resources

Postgraduate Wellness Office, PGME

The Postgraduate Wellness Office has two Directors and two personal counsellors that offer free, confidential support to all currently registered PG trainees. **416-946-3074,** pgwellness@utoronto.ca

Postgraduate Wellness Team:	
Charlie Guiang Interim Director	**Shaheen Darani** Interim Associate Director
Anita Gupta (*on leave*) Wellness Consultant	**Jaylin Bradbury** Wellness Consultant
Amy Babcock Wellness Consultant	**Marina Mammon** Wellness Consultant
Rebecca Norlock Wellness Consultant	Diana Nuss Wellness Office Coordinator

PHP – Physician Health Program, OMA

This helpline offers free, confidential support, Monday – Friday, 8:45 – 5pm

1-800-851-6606

Php.oma.org

PARO 24-hour Helpline

This toll-free helpline is accessible anywhere in Ontario, 24 hours a day, 7 days a week

1-866-HELP-DOC (1-866-435-7362)

www.myparo.ca/helpline/

Reena Pattani

Director of Learner Experience, Faculty of Medicine

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Office of Diversity and Inclusion

Anita Balakrishna

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Anita.balakrishna@utoronto.ca

Christina Stevancec

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https://medicine.utoronto.ca/office-inclusion-and-diversity-contacts

Office of Health Professions and Student Affairs

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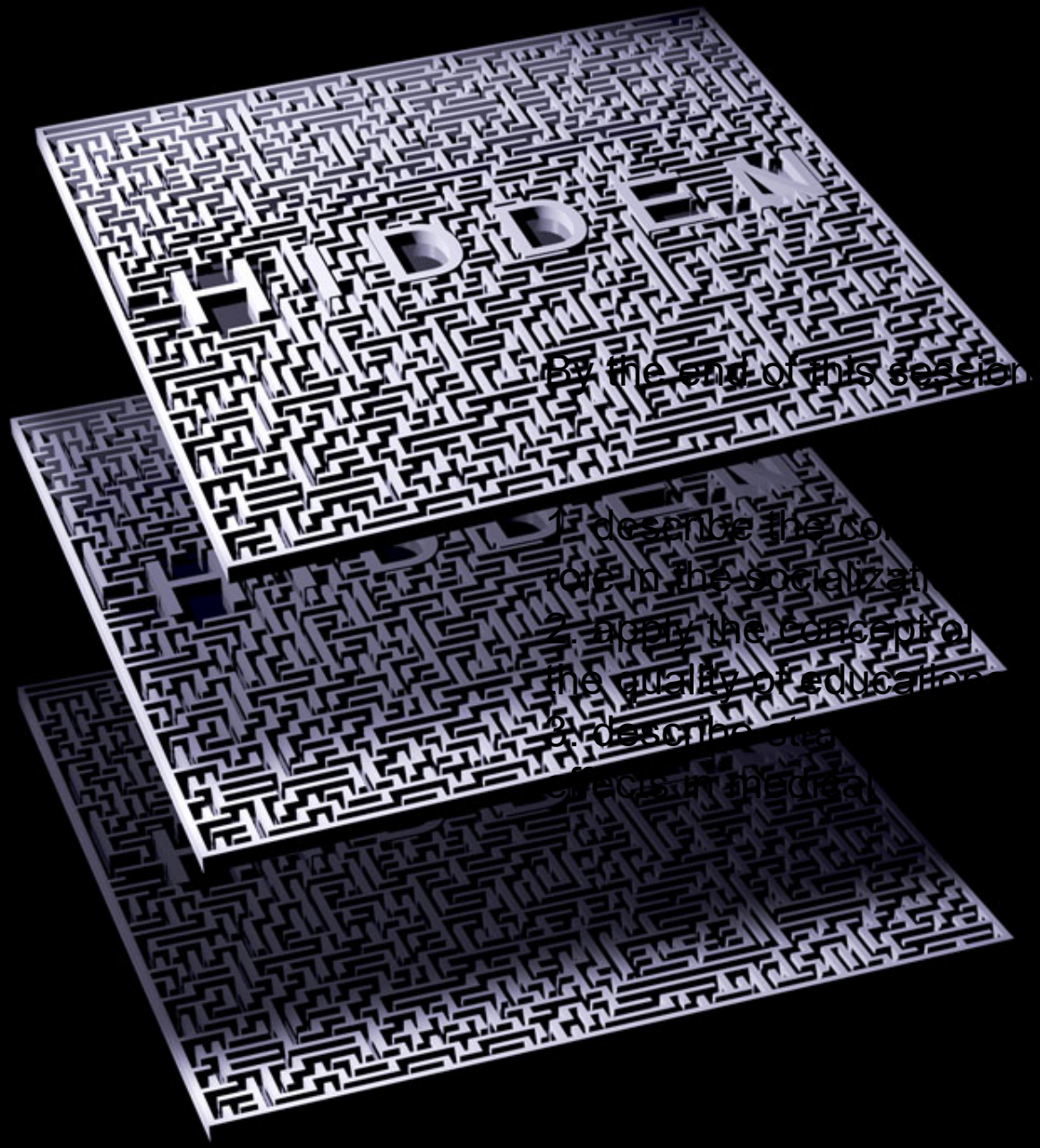


LEARNING OBJECTIVES

1. describe the concept of the HC and how it relates to education and the Faculty of Medicine

2. develop strategies for keeping track of HC effects for learning environment quality improvement

CONTEXT

CACMS Standards and Elements

Standard 3.5: Learning Environment

3.5 b The medical school and its clinical affiliates have implemented appropriate strategies to a) enhance the positive influences and b) mitigate the negative influences of the learning environment on the professional development of medical students.

Respecting MD Students: It's Not a Choice

Trevor Young MD, PhD, FRCPC, FCAHS
Dean, Faculty of Medicine
Vice Provost, Relations with Health Care Institutions
University of Toronto

When you were in training did your supervisor or attending physician ever ask you to run an errand, maybe pick up dinner when it was busy? Perhaps a senior resident commented on how you looked or put you in your place in front of others? Or maybe you saw a colleague receive an inappropriate gender- or race-related comment.

The optimistic among us may think those days are over but our learners are telling us – in bracing detail – they're most definitely not.

My message to you today is singular: it's 2019, and this is simply unacceptable. Going forward, it is our shared responsibility to move the needle on outdated and damaging behaviour that persists in certain clinical learning environments.

Humiliating trainees – with words, deeds or denial of opportunities – not only causes individual harm and breeds resentment, it's bad for our profession. We must all take responsibility and accept the need to work harder to change our culture.

Humiliation, personal services, sexist and racist remarks

Firstly, you need to know the scale of the issue. Among 2019 MD graduates nationally, 41% say they have been publicly humiliated during their training; at some of our academies that number was more than 10 percentage points higher.

Our MD students tell us that they are asked to perform inappropriate personal services at rates higher than the national average; they are also subject to offensive sexist, racial and ethnic remarks. Our students should ***never*** have these experiences.

Element 3.3: Teachers facilitate residents' attainment of competencies and or objectives

3.3.1.4: Teachers reflect on the potential impacts of the hidden curriculum on the learning experience.

Element 9.1: The residency program committee reviews and improves the quality of the residency program

9.1.1.3: The process includes reflection on the potential impact of the hidden curriculum on the residency program.

CanRAC General Standards of Accreditation for Residency Programs Version 1.1

Element 3.3: Teachers facilitate residents' attainment of competencies and or objectives

3.3.1.4: Teachers reflect on the potential impacts of the hidden curriculum on the learning experience.

Are we training residents and fellows to function like the doctors we want them to be?

Element 9.1: The residency program committee reviews and improves the quality of the residency program

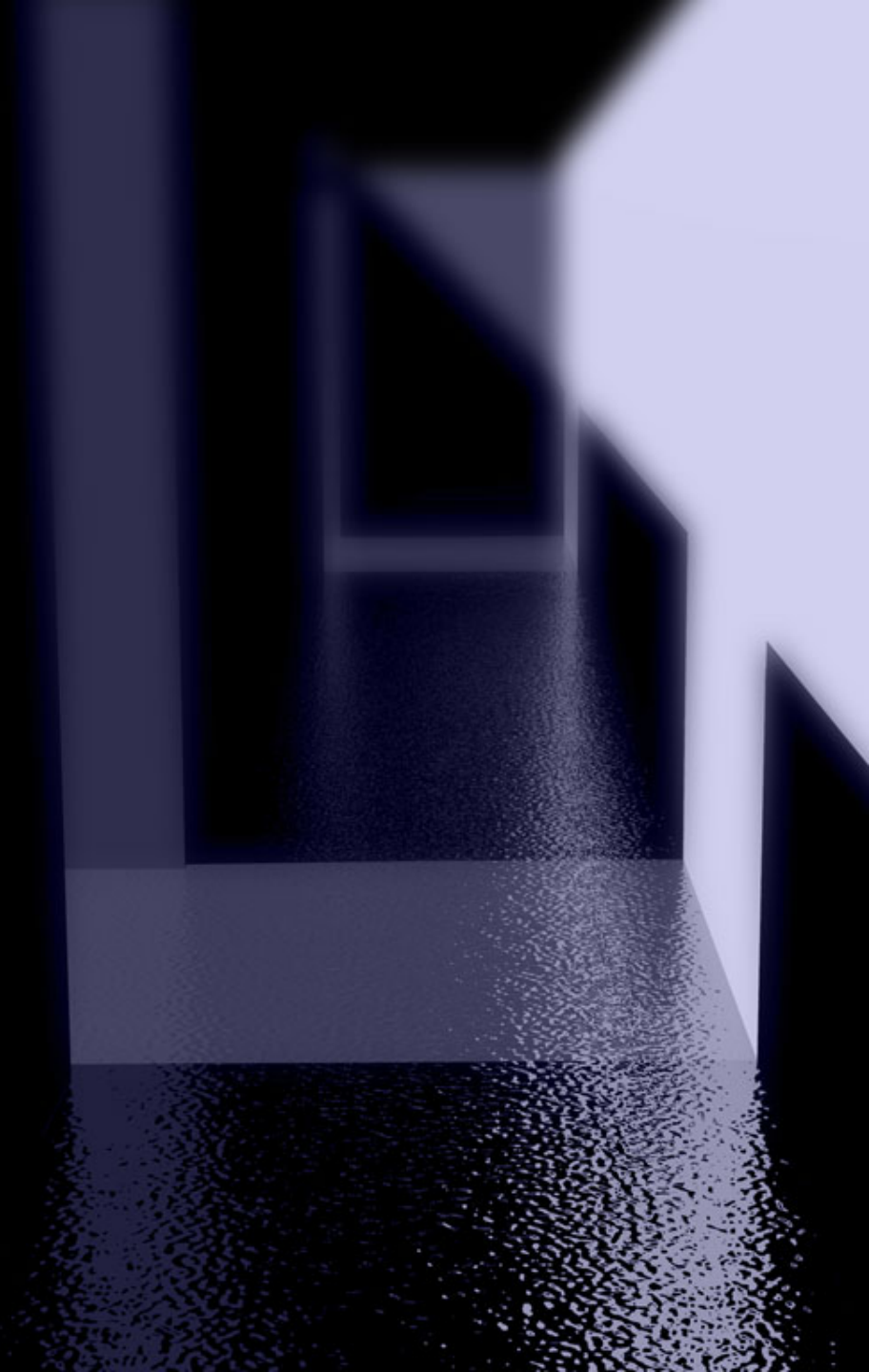
9.1.1.3: The process includes reflection on the potential impact of the hidden curriculum on the residency program.

What changes or enhancements to our educational practices, culture, structure do we need to make to ensure we are meeting our training objectives?

CanRAC General Standards of Accreditation for Residency Programs Version 1.1

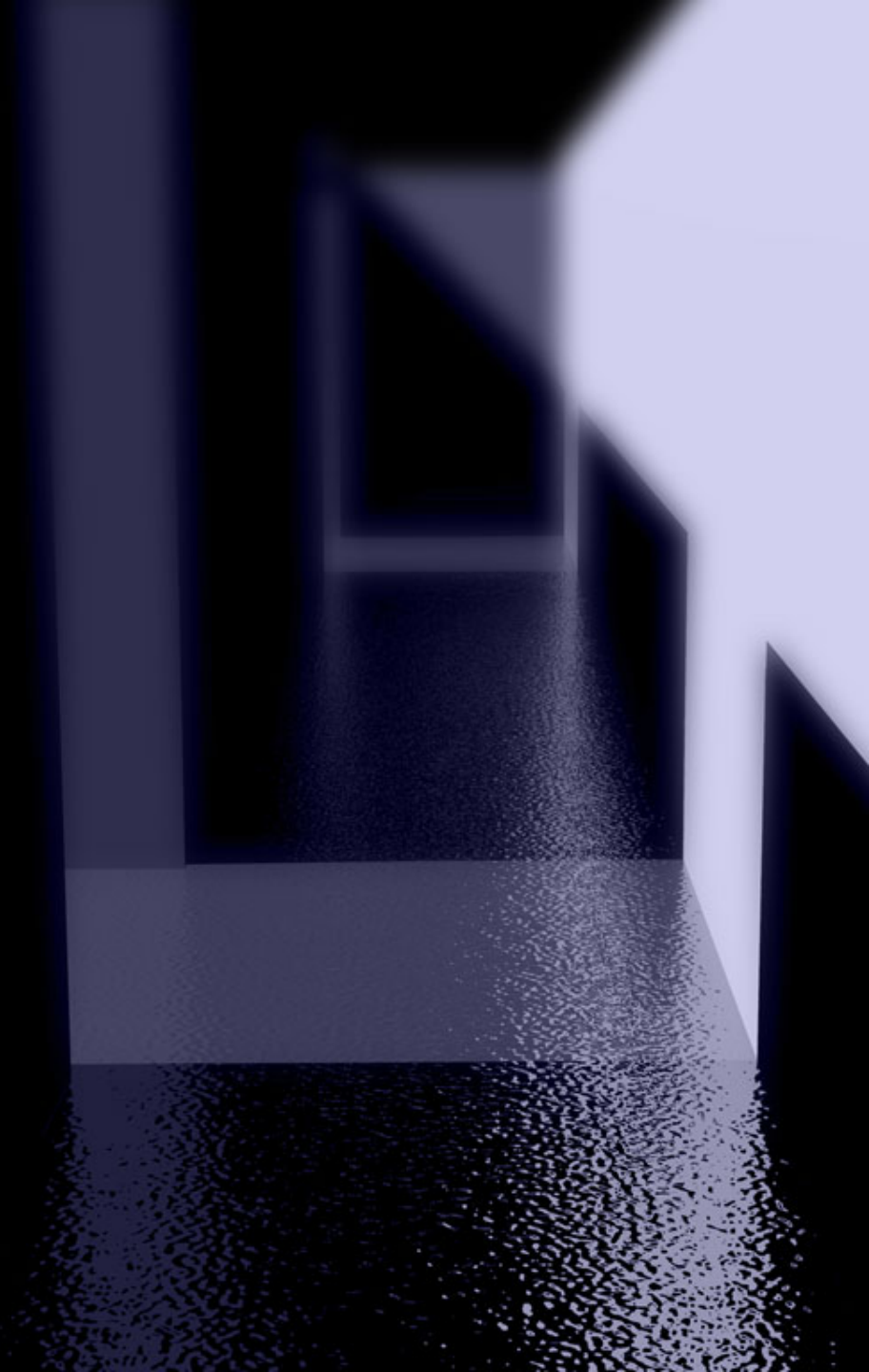
The Hidden Curriculum is a set of influences that function at the level of organizational structure and culture, affecting the nature of learning, professional interactions, and clinical practice

[As defined in the FMEC MD Education Project Collective Vision]



It refers to the learning students derive from the nature of organizational design, institutional culture and the behaviors and attitudes of teachers and administrators

Longstreet & Shane, 1993
Hafferty, 1998



The HC is understood to socialize students to what is “actually” valued in medical education and practice through socialization to professional norms and rituals

Karnieli-Miller et. al., 2010 (p 124)

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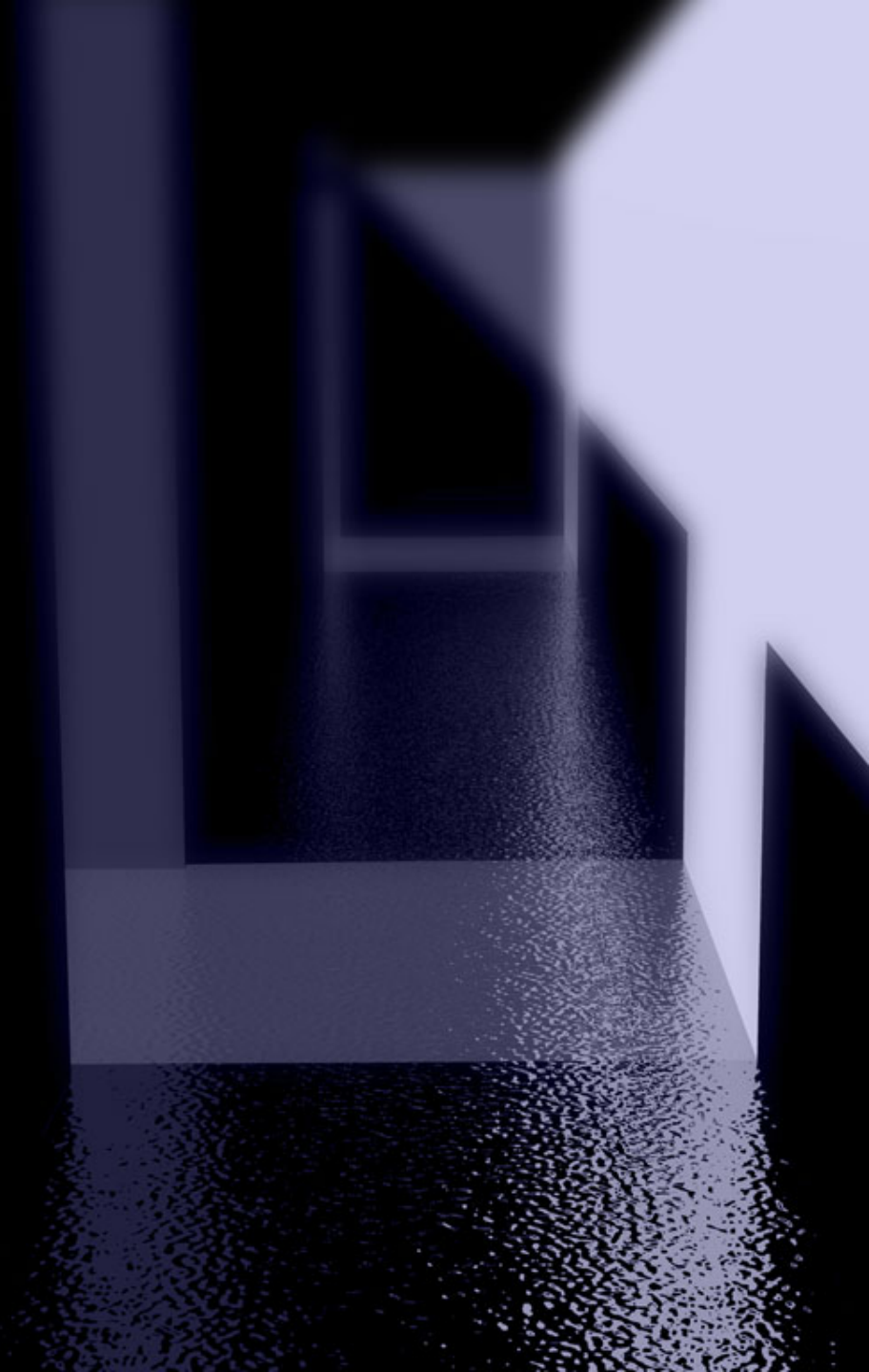
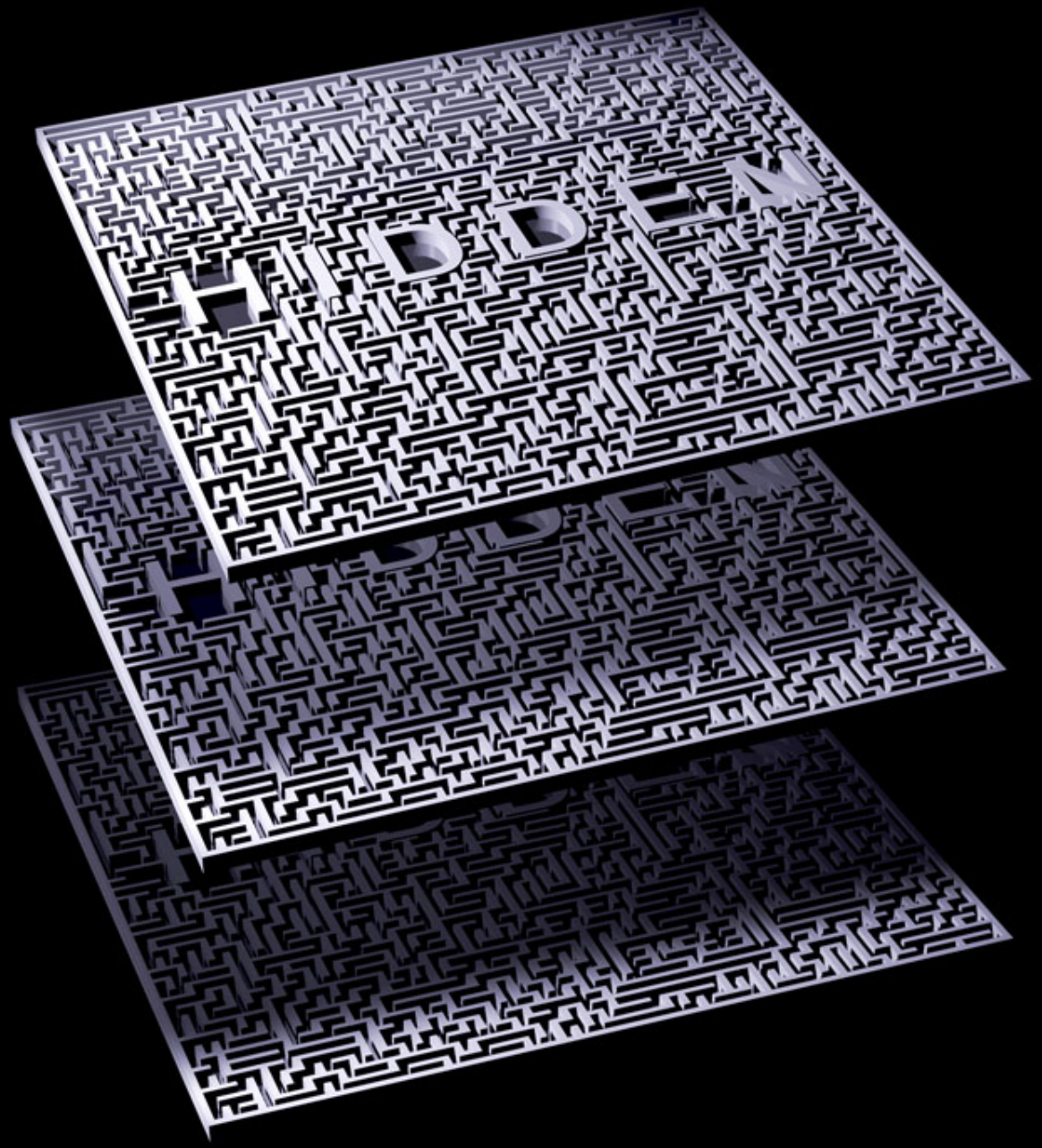
Learning environment can be broadly conceptualized as the physical, social, and psychological context in which learning and socialization takes place

(Shochet, Colbert-Getz, Levine, & Wright, 2013)



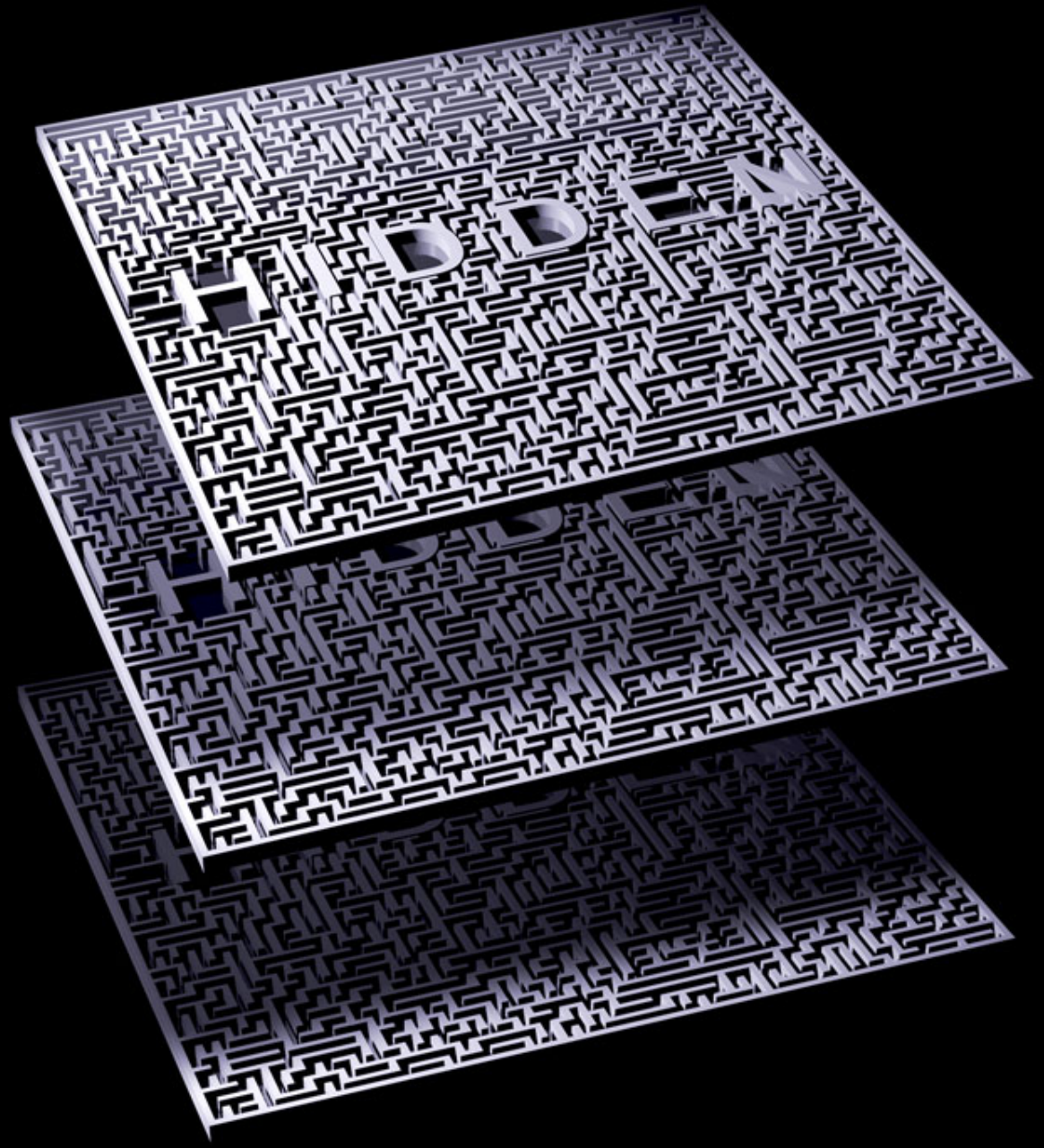


1) Learners are encouraged/supported to take post call day after a busy night
HC message – the department values wellness

2) A fellow from each year sits on the education committee.
HC message - the department values the voice of trainees

3) Trainees on service receive feedback on how to be a better manager and leader.
HC message – how we go about putting our expertise to work matters

Positive HC Effects



1) Faculty show in body language or words that leaving post call is not well received when work has not been completed
HC message – the unit values work ethic over wellness

2) There is no formal agenda item dedicated to learner representatives on committees
HC message - the committee structurally does not reinforce the voice of trainees

3) Learner discloses that they are thinking about going into psychiatry and a faculty member in a different subspeciality says “You can do better than that”
HC message – psychiatry is not as rigorous/difficult career pathway as other subspecialty

Negative HC Effects

Structure: refers to the formal organization of education. It relates to where educational activities take place (classroom, hospitals, on campus, in the community), course expectations, time-tables, the curricular and assessment materials used.

Culture: refers to the beliefs, perceptions, attitudes, written and unwritten rules that shape and influence how a school functions. It also refers to normalized ways in engaging with curriculum expectations, the material and symbolic ways we value or critique learner progress and teacher effectiveness.

Process/Practice: The routines and day to day activities and tasks that are associated with educating

REAL EXAMPLE

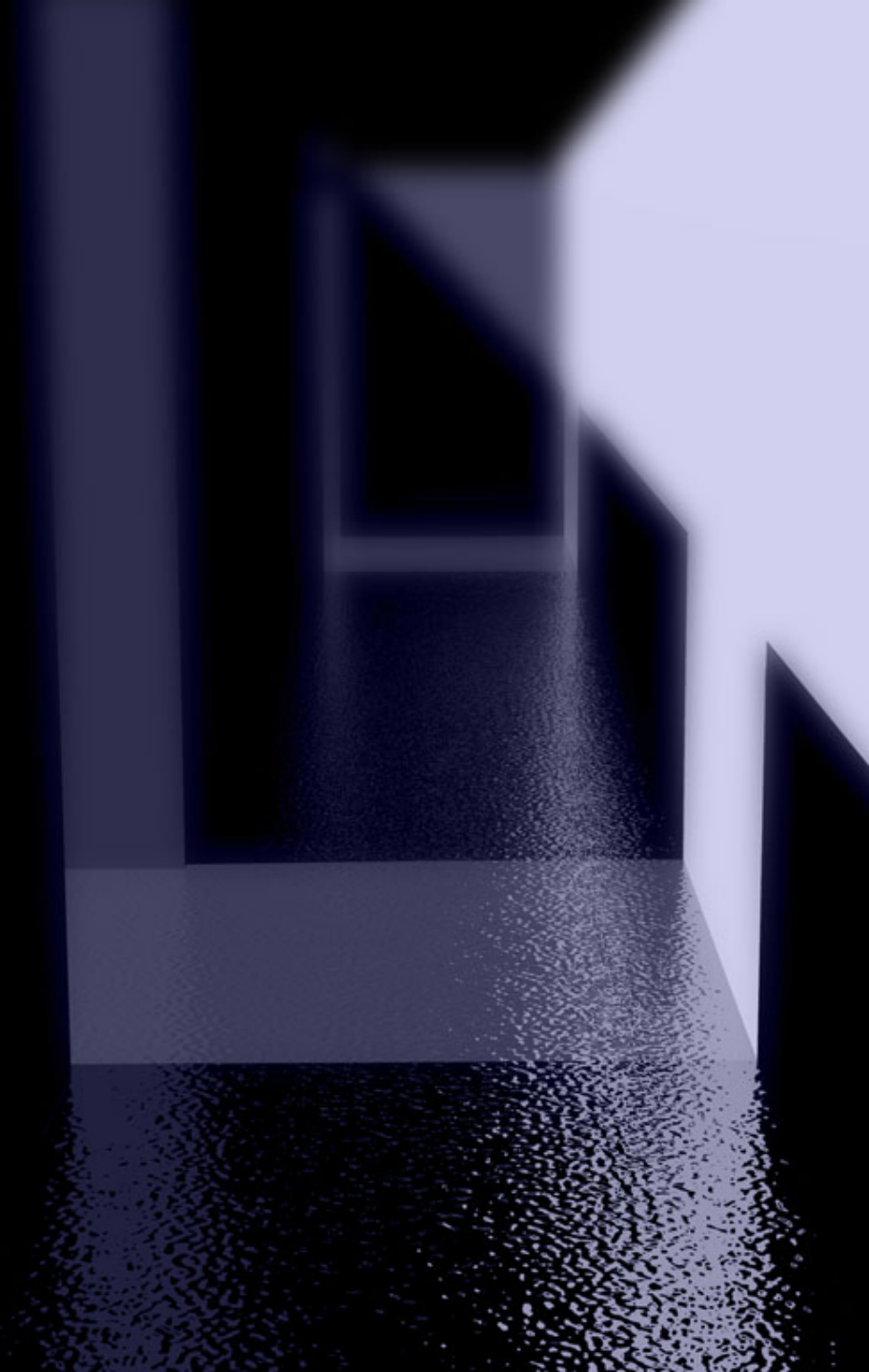
UME in support of learner wellness organized a session on burnout. It was scheduled as an evening session. The panel consisted of leaders in the Faculty demonstrating the values behind organizing this day. However, students did not show up except for student leads or those who were obliged to.

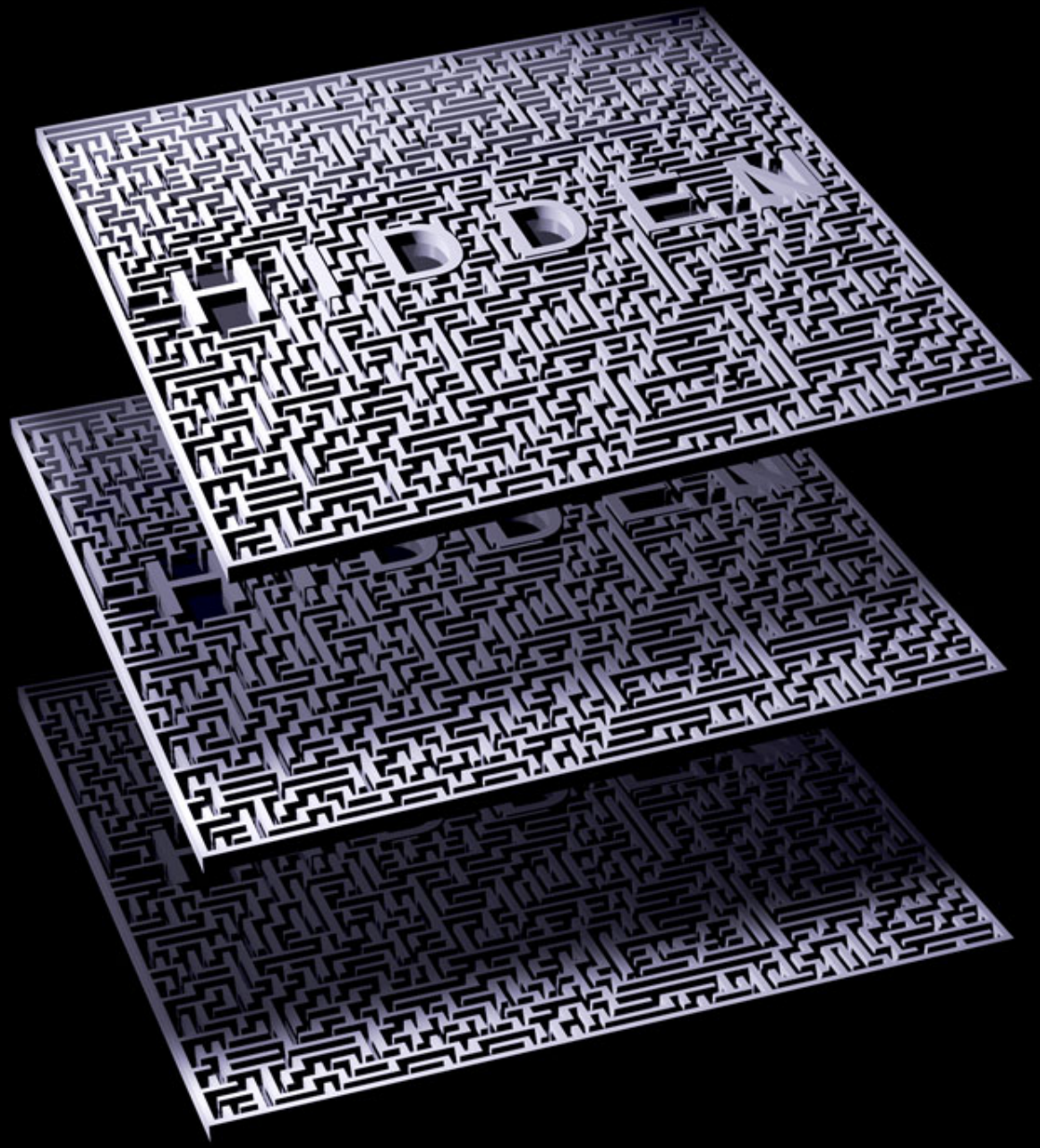
Student feedback indicated that learners found it inconvenient and perhaps inappropriate for a session on burnout to be organized during off hours.

Program responded with the creation of formal TRANSITION EDUCATION DAYS – topic is now addressed as core learning with devoted day time sessions and other resources committed to learning about burnout and also practicing wellness

Where can we find HC effects?

1. curricular implementation,
2. everyday educational practice,
3. policy and procedures,
4. evaluation approaches,
5. allocation of rewards and resources,
6. handling of patient expectations and complaints
7. institutional "slang" or nomenclature.





CASE 1

In the on-call lounge late one evening, two residents compare notes on their respective rotations, with four medical students listening in:

“I am totally fried,” said Jane, a second-year resident in general surgery. “We spent three hours in the hole digging for an appendix on a 22-year-old woman.”

“Why did it take so long?” asked Mike, a resident in internal medicine.

“Let’s just say she was a bit fluffy,” said Jane. “Exactly three clinic units fluffy. She has a Milwaukee goiter so huge it took two of my students to keep it from getting in the way. We’ve got her on megadose vitamin C. The over-under on her bounceback for wound infection is six days.”

“Sounds like a horrendoma,” said Mike supportively.

“Be glad you aren’t a surgeon,” said Jane.

“IM has its charms,” said Mike sarcastically. “I’ve already admitted three walkers to the floor. Two dyscopias and a selfie who keeps yanking on his food snorkel. The latter is full code, by the way.”

“Can’t you slow-code him?” Jane asks.

“Nope,” answers Mike. “His kids are there 24/7 in shifts.”

“You make me feel glad I only have epic goiters to deal with,” says Jane.

Goldman, Brian Derogatory Slang in the Hospital Setting, AMA Journal of Ethics, 7 (2) (2015), pp. 167-171

the hole: used by surgeons to describe the appearance of the operative field in an obese patient undergoing abdominal surgery, when fat has to be moved to the sides to view abdominal structures

fluffy: fat

clinic unit: 200 pounds—"three clinic units" means the patient weighs 600 pounds

Milwaukee goiter: protruding abdominal fat

vitamin C: the antibiotic ceftriaxone

bounceback: readmission

horrendoma: patient or situation fraught with many complications and often associated with a bad outcome

walker: ironic term for elderly patient with dementia and a poor quality of life, often bedridden

dyscopia: difficulty coping at home; often used by internists to imply that the patient requires admission to hospital despite having no obvious acute illness

selfie: a person with a self-induced injury or illness

food snorkel: feeding tube

full code: full cardiac resuscitation according to Advanced Cardiac Life Support (ACLS) guidelines

slow code: slow-motion or half-hearted attempt to resuscitate a patient in cardiac arrest

Can you share some unofficial medical jargon used in your context?

“FLK”

“Sickkids Special”

“Positive Diaper Sign”

“Frequent Flyer”

Socio-material effects of Language

“10 y/o Male presenting with edema”

“10 y/o Sam presenting with edema”

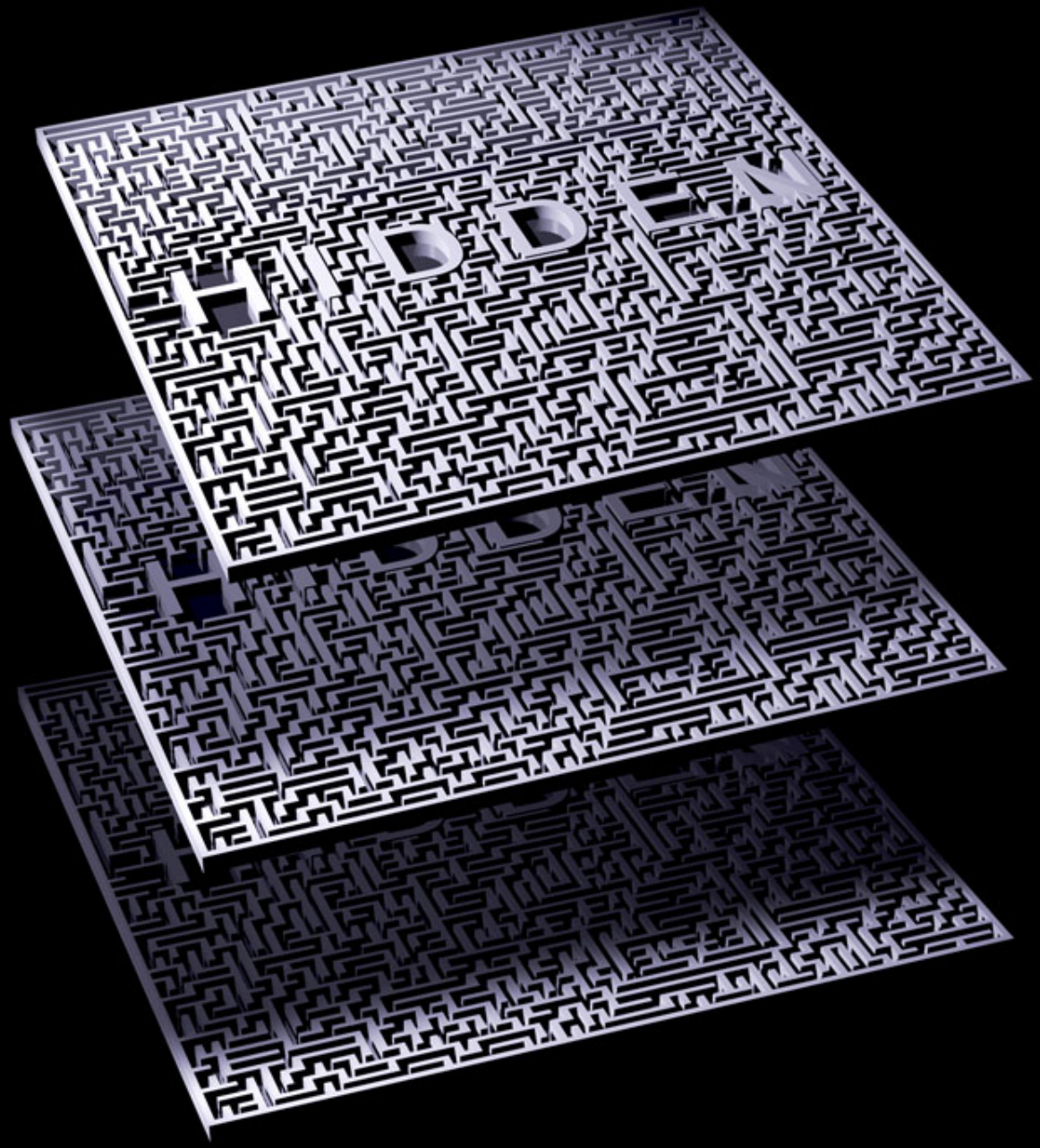
“10 y/o Edema”

Socio-material effects of Language

"PGY2 with a complaint"

"Sam Parker, PGY2 Superstar"

"A PGY2, 4th Year Clerk, My Resident/My Student"



Curriculum, institutions and individuals are not always in

ALIGNMENT


WE ARE ALL CONTRIBUTORS

Ongoing Issues

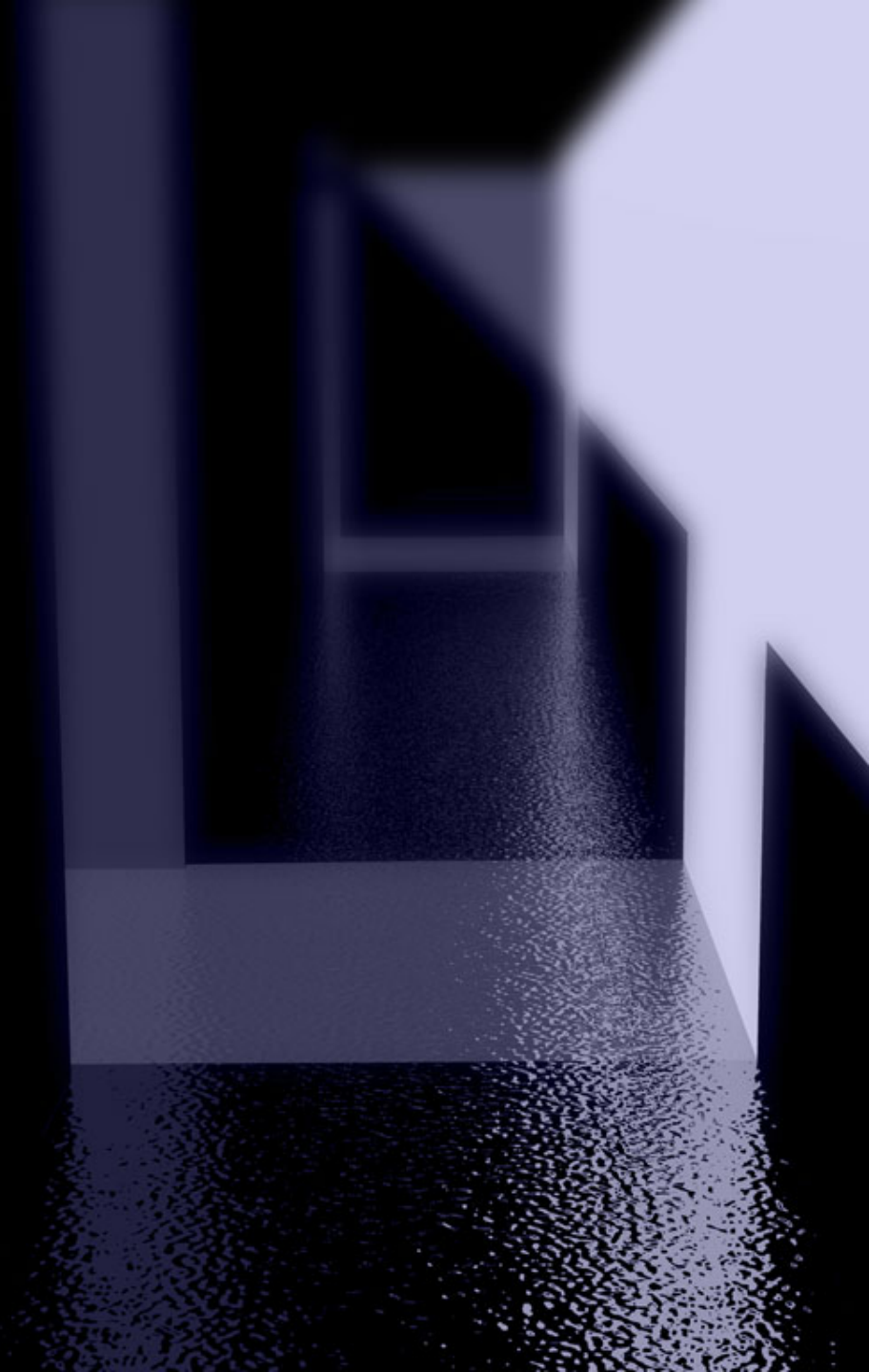
Cultures that make it difficult to ask for help, or seek out advice about a patient – *having to manage one's image in a way that interferes with good care*

Structures that are not always aligned – *feeling forced to attend to clinical work at the expense of learning/education because of the reality of clinical and institutional pressures*

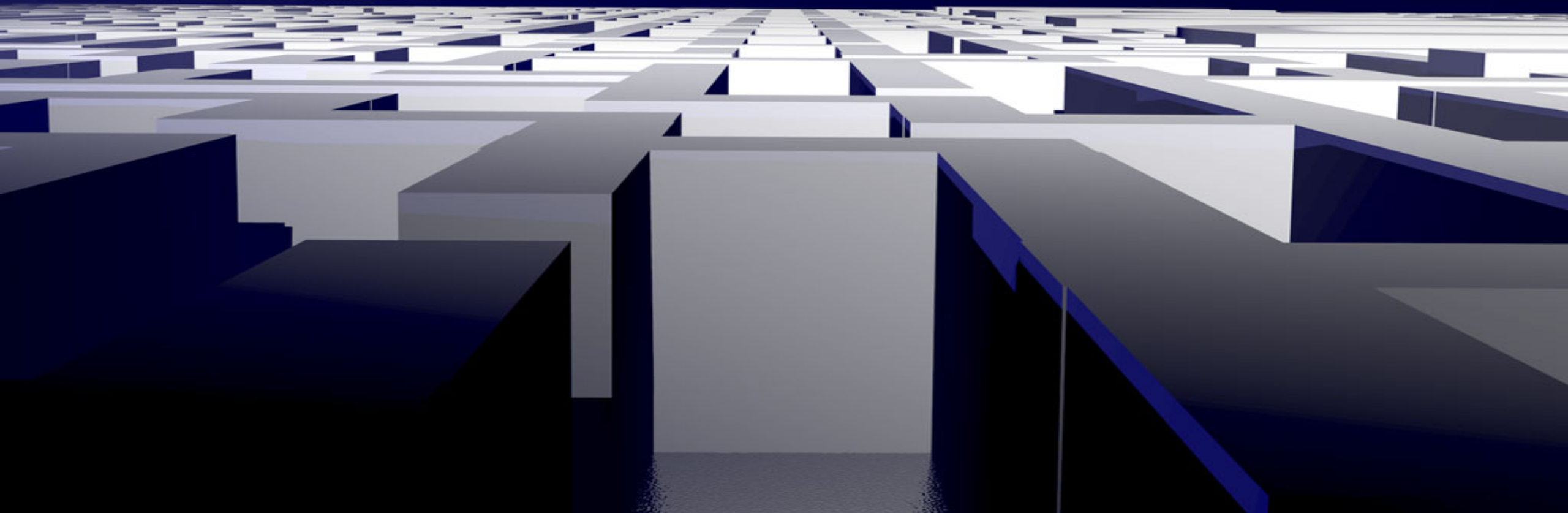
“Every time we make a choice—react or don’t, repeat unprofessional [or unhelpful] behaviors or seek out more admirable ones—we are feeding something back into medical culture.”

Gaufberg et. al., 2010 (p1715)

Rusticus et. al., 2019(p3)



Monitoring the Learning Environment



Develop a system for learners to report practices that make it difficult for them to fulfil formal learning objectives

Consider including questions on program evaluations that capture HC effects and the timing of evaluations

Create safe forums that respect learner and teacher privacy for discussing and addressing HC effects

QUESTIONS?