

Promoting a Positive Learning Environment

Teaching Academy
Essentials of Teaching 2023

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Objectives



Review how medical student mistreatment is defined and measured by the AAMC and experienced by our students



Gain a greater understanding of the *nuances* of mistreatment and the challenges inherent in addressing it



Better understand both learner and faculty perspectives on challenges encountered in the learning/work environment



Develop and review tools that may help bridge generational divides and improve the learning environment

Mistreatment Defined- AAMC

“Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.”



Association of American Medical Colleges: Graduation Questionnaire 2001

Background

- The culture of medicine has long been known to involve hierarchical intimidation (Frank 2006)
 - Bullying dynamics thrive in hierarchical environments of low self-reflection, little opportunity for dialogue, and limited external oversight (Johnson, 2009)
 - Students and trainees are on the lowest tier (Johnson, 2009)
- 1982: Pediatrician Henry K. Silver MD first raised the concern in a JAMA commentary

JAMA
THE JOURNAL of the
American Medical Association
Jan 15, 1982 Vol 247, No. 3

Commentary

Medical Students and Medical School

ON A BRIGHT morning in late August in the early 1980s, a senior member of a medical school faculty attended an orientation session being held for incoming freshmen medical students. It made him feel good when he looked around the large lecture hall and saw the eager, alert, enthusiastic, and excited men and women from various walks of life and a variety of educational backgrounds. When the dean of the medical school spoke to the new freshmen students and indicated that they would have to be dejected, depressed, frightened, and frustrated after being placed in foster homes for a period of a few months, I would be concerned that something terrible had been done to them. I would feel morally and legally bound to report the foster parents to the appropriate authorities because the foster parents might have been guilty of having caused these changes in the children.

He knew that parents and foster parents sometimes abused children and he wondered whether some (or

“Maybe my suspicions are unfounded. Maybe none of the students are being abused. Maybe I’m just allowing my imagination to run wild. Maybe what medical students experience and how they respond is a necessary part of becoming a doctor. Maybe it is actually good for them to go through what they do. Maybe I am wrong. Maybe I should just forget about it. . . .”

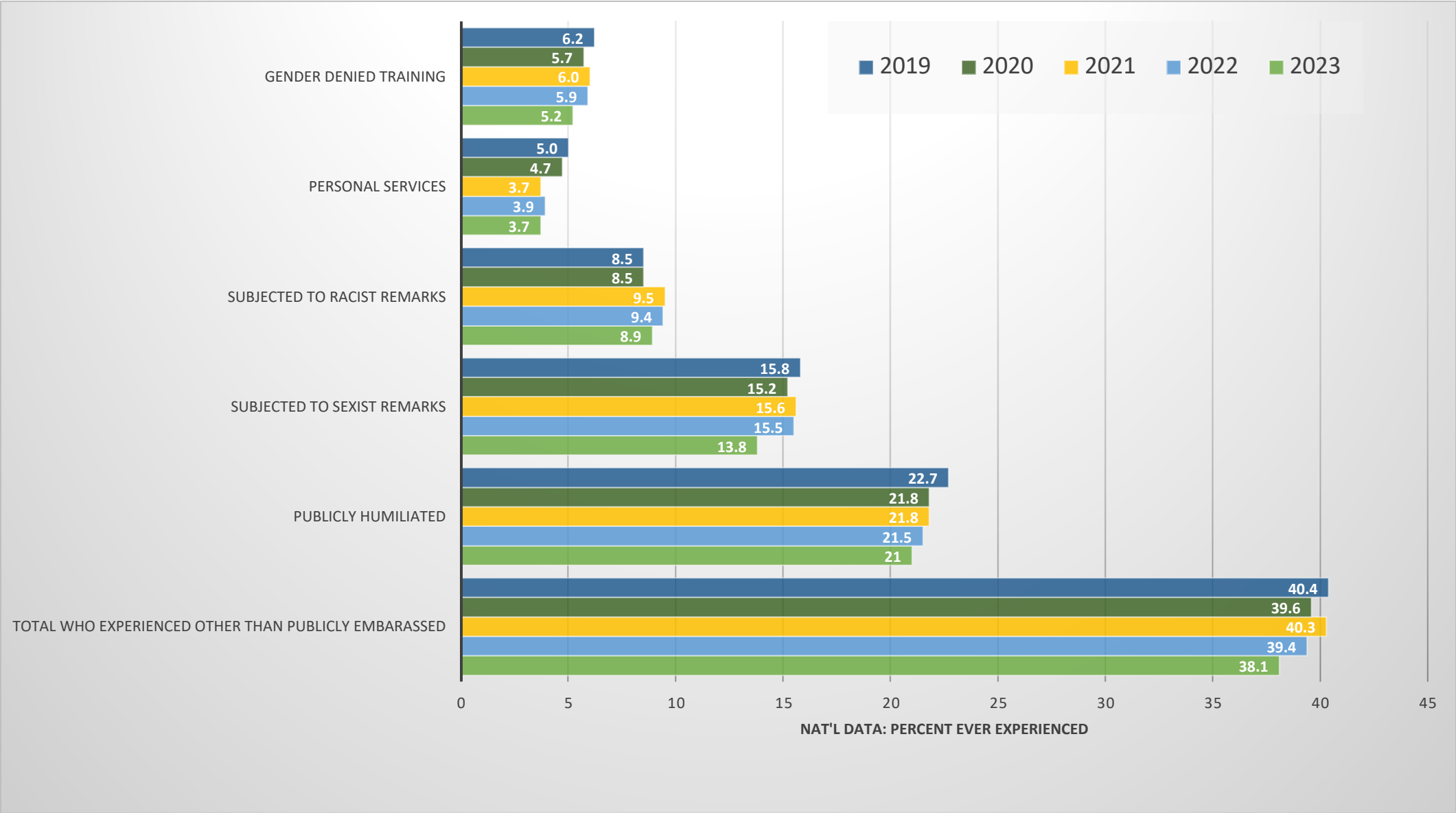
Or maybe the Faculty Member is right. And if he is, what are we going to do about it?

HENRY K. SILVER, MD

Content for GQ Mistreatment Questions

- Publicly embarrassed/humiliated
- Threatened with physical harm or physically harmed
- Required to perform personal services
- Subjected to offensive sexist, racial, ethnic, or sexual orientation remarks
- Based solely on gender, race, ethnicity, or sexual orientation
 - Denied opportunities for training or rewards
 - Received lower evaluations or grades
- Subjected to unwanted sexual advances
- Asked to exchange sexual favors for grades or other rewards

Prevalence (%) of selected mistreatment reported on AAMC GQ





Wide Implications



Developed a Film Based Curriculum

- Script created from focus groups and student reports at UVM
- Themes universal
- 8 minutes long; contains 4 vignettes



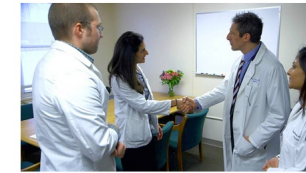
On-Line Module

- Required for onboarding of faculty
- Required for medical students and incoming housestaff unable to attend the presentation
- Defines mistreatment
- Explores factors that contribute to and mitigate mistreatment
- Links to policies and reporting routes w/ attestation function
- Available for your use!

Mistreatment Prevention Policy Module

- Instructions
- Module Goals
- Introduction
- Film
- Scenario 1
- Scenario 2
- Scenario 3
- Scenario 4
- Policies
- Attestation

Discussion: Scenario 3



Is this mistreatment?
If so, what type(s)?



Previous ◀ ▶ Next

Positive Learning Environment and Mistreatment Prevention Module



[Start Module](#)

Mistreatment Prevention Policy Module

- Instructions
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Attestation

After viewing this module, please attest to the following on COMET:

- 1) I attest that I am aware that the University of Vermont College of Medicine and the University of Vermont Medical Center and its affiliates have a Positive Learning Environment and Mistreatment Prevention Policy.
- 2) I attest that I am aware of what to do if I feel I have been mistreated or I have observed another member of this community being mistreated.
- 3) I attest that I am aware of the resources available to me if I have concerns about the UVMCOM/UVMCC and affiliates learning environment.



Previous ◀ ▶ Next



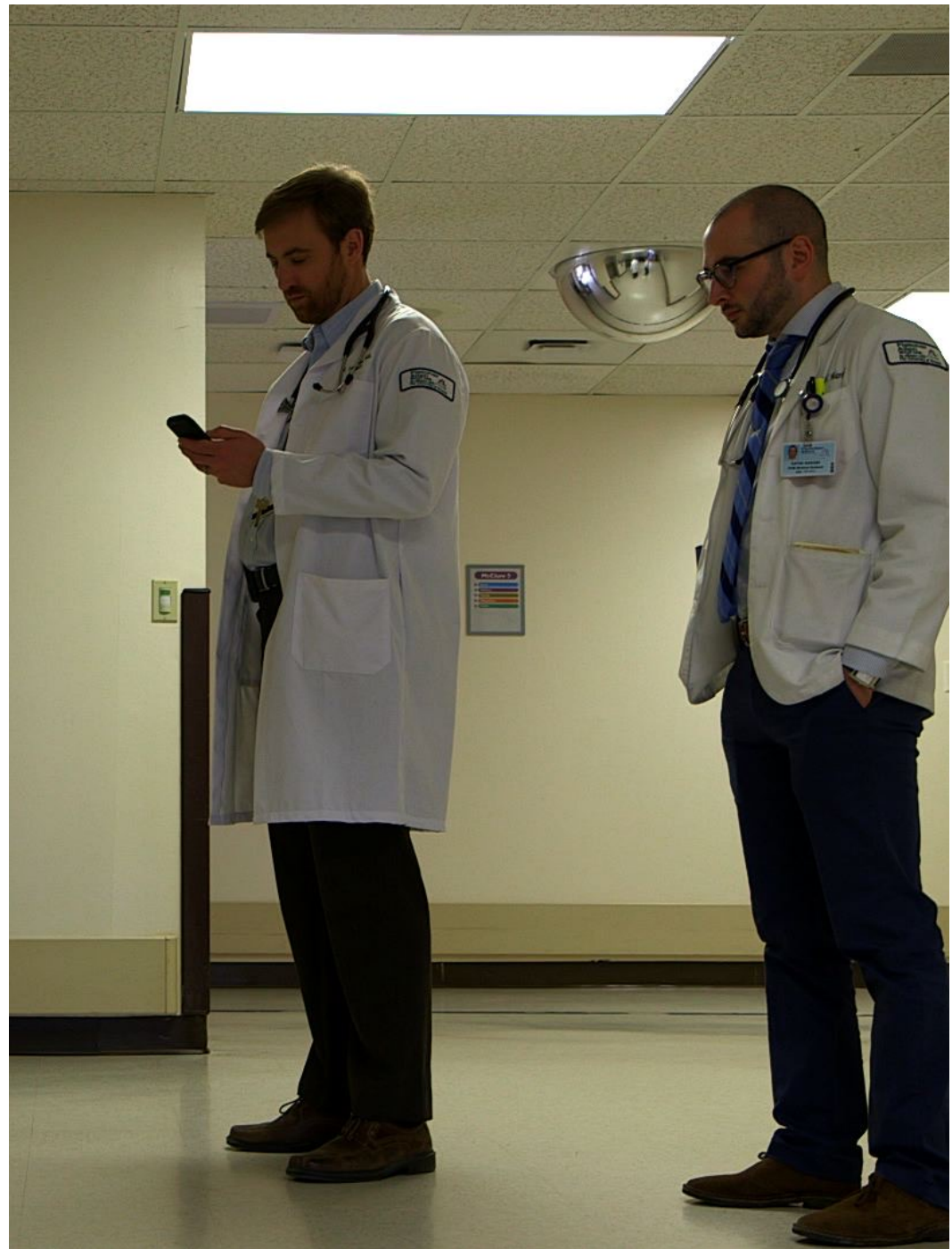
Film

Recent concerns reported:
Misgendering
Mispronunciation of names



Scenario 1: Does this constitute mistreatment?

- A. Yes
- B. No
- C. Not sure



Scenario 2: Does this constitute mistreatment?

- A. Yes
- B. No
- C. Not sure



Scenario 3:
Is there mistreatment here?

- A. Yes
- B. No
- C. Not sure



Scenario 4: Does this constitute mistreatment?

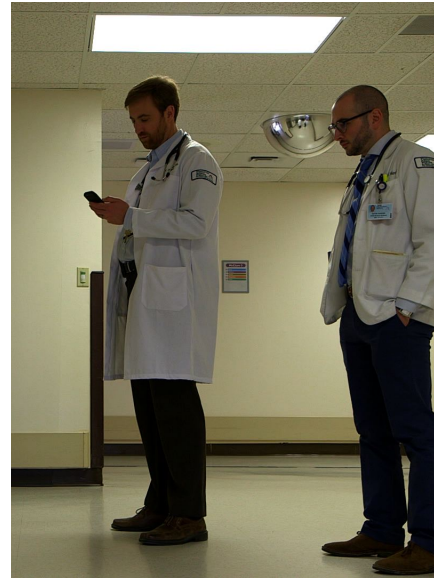
- A. Yes
- B. No
- C. Not sure



Break Out Group Instructions

Please discuss each of the four scenarios with the following questions in mind:

- Is this mistreatment?
- Do the behaviors illustrated in this scenario foster a sense of belonging?
- What could the faculty member have done to create a more welcoming learning environment?



Scenario 1



Scenario 2



Scenario 3



Scenario 4

Debrief

- Is this mistreatment?
- Do the behaviors illustrated in this scenario foster a sense of belonging?
- What could the faculty member have done to create a more welcoming learning environment?





What We Learned

- Feedback from film discussions led us to discover that the issue is more complicated!
- Perspective of faculty, staff, residents and nurses important to consider and relay to students

Film #2: Educator & staff perspectives on challenges encountered in the learning environment



Lack of situational awareness

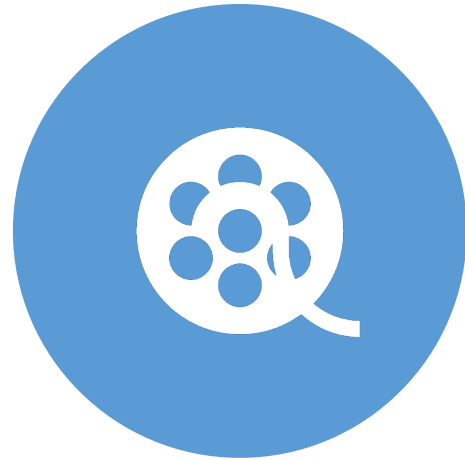


Disinterest, absorbed in technology

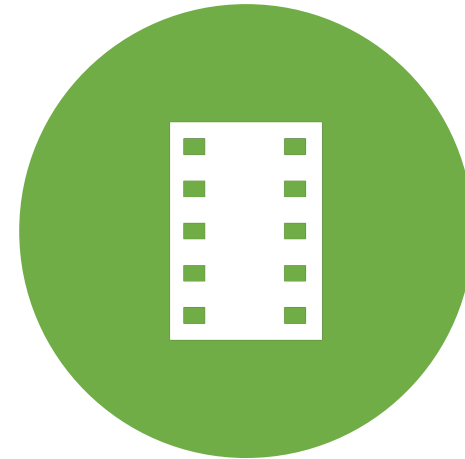


Tardiness or Truancy
Inappropriate feedback

Bridging the Gap Through Film and Dialogue...



FIRST FILM HELPS
FACULTY/RESIDENTS/STAFF BECOME
MORE AWARE OF STUDENT
CONCERNS



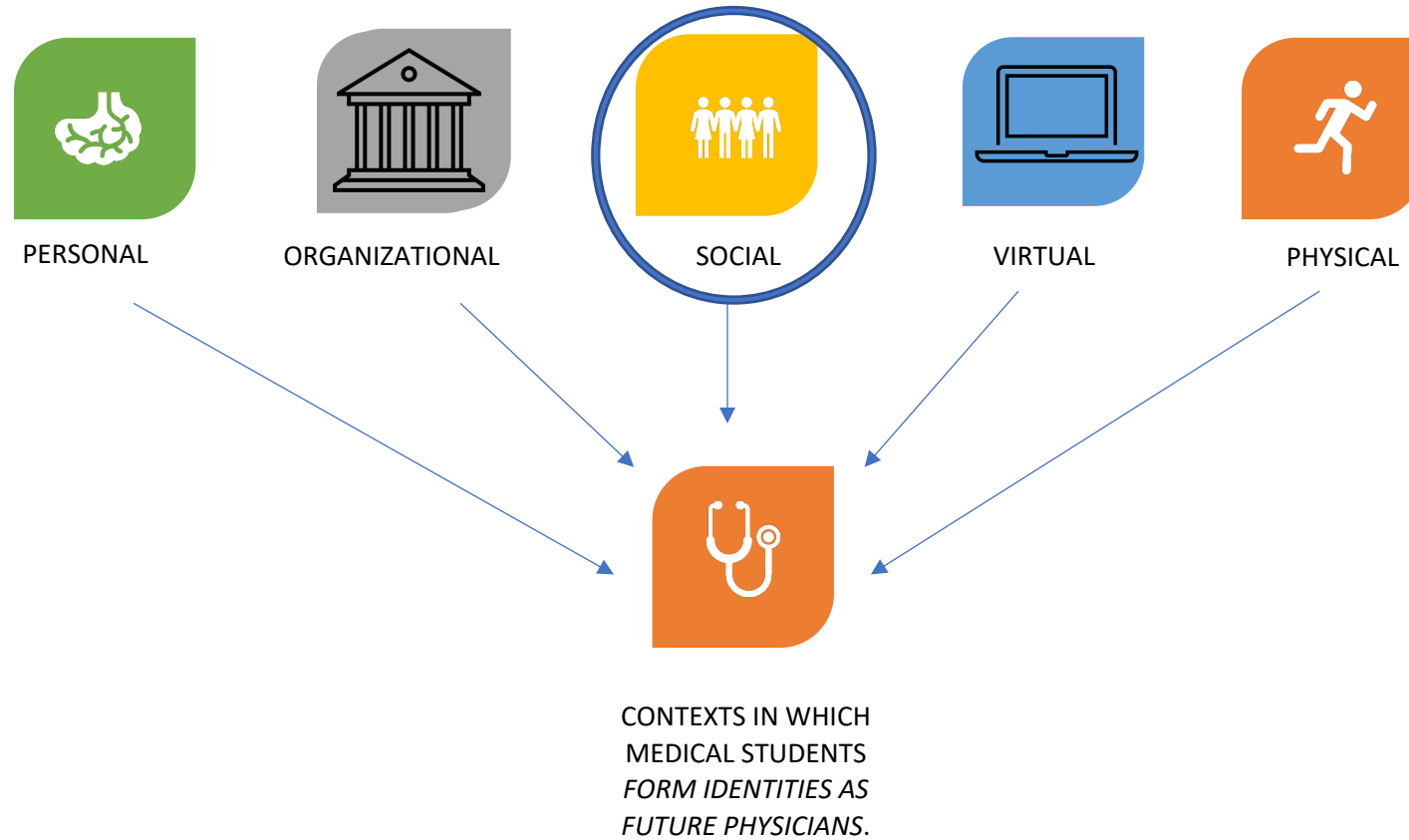
SECOND FILM HELPS STUDENTS
BECOME MORE AWARE OF
FACULTY/RESIDENT/STAFF
PERSPECTIVE

Dialogue leads to additional learning environment initiatives

- Student education on providing constructive, professional feedback to faculty (Clerkship and Foundations level)
- Nurse shadow/orientation at beginning of clerkship
- Nurse education on navigating the operating room before first surgical clerkship
- Equity and justice initiatives in collaboration with ODEI, OME, LEAP, Teaching Academy, UVM
- “Cup of Coffee” conversations supporting professionalism



Learning Environment



Faculty Resources

Positive Learning Environment and Mistreatment Prevention Module




[Start Module](#)

Mistreatment Prevention
Policy Module

- Instructions
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Discussion: Scenario 3



Is this mistreatment?
If so, what type(s)? 

http://www.med.uvm.edu/mededucation/learningenvironment/faculty_resources

LCOM [Teaching Academy Faculty Development Events](#)

[Faculty Development Series for Clinical Teachers](#),
(monthly Zoom sessions)

Creating a Positive Learning Environment (and avoiding mistreatment)



A Faculty Guide

Kindness, respect and cultural humility are among the tenets that help inform our University Larner College of Medicine [Professionalism Statement](#). As we strive to embody these tenets interactions, our learning environment inevitably improves. In that spirit, we have compiled strategies, i.e., things to say – and not to say – that we hope can be helpful as we all work to create and maintain a positive learning environment, free of mistreatment, for all our trainees.

6 EASY THINGS WE CAN DO TO HELP CREATE A POSITIVE LEARNING ENVIRONMENT

Example term	Suggested Replacement	Additional Notes
Chairman, manpower, etc.	Chairperson, people power	
“Hey guys” / “Ladies and gentlemen”	Folks / y’all / colleagues / friends / attendees / everyone	Gender neutrality in common phrases can increase inclusivity and validate the presence of cisgender women, transgender, and nonbinary individuals.
“Boys and girls”	Children / kiddos	
“Husband” / “wife”	Spouse / Partner	
“Mom and dad” or “mother and father”	Parents / Guardians	
“Women’s care”	Gynecologic Care / Obstetric Care / Breast care	Adding specificity provides organ/system-based, rather than gender-based, language and is inclusive of trans or nonbinary people with those organs.
“Preferred pronouns”	“Personal pronouns” / “pronouns”	Pronouns reflect gender identity, utilizing “preference” insinuates choice.

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