



Clinical Teaching Certificate Learning Climate Session Worksheet

Adelaide McClintock, MD

Session objectives

1. Recognize the importance of the learning climate in optimizing trainee learning, sense of belonging and well-being
2. Use continual, deliberate self-reflection to improve the learning climate
3. Identify and employ actions, words and behaviors which positively impact the learning climate

Activity #1: Reflect - 2 minutes

Goal: Reflect on your own experiences in the learning climate.

When you had a positive experience during your own training

When you had a negative learning experience during your training

Activity #2: Small Group Breakout- 7 minutes

Goal: Describe how team dynamics impact trainee experience and learning.

In your groups: (Remember your group number)

- Introduce yourselves, go in alphabetical order by first name (cameras on please!)
- Where you work
- What level/type of learners you work with

Discuss with group

Thinking about your “positive or negative” experience above, discuss:

- What role did your supervisors play in creating the positive or negative experience?
- How did those experiences impact your learning?

Plan to report back the “discuss” portion to the larger group

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Activity #3: Reflect. 2 minutes

Goal: Reflection and planning values-based behavior (change?)

What do you want the experience of trainees in your learning climate to be?

Are there values that you hold as care provider that you want to uphold as an educator? What are they?

Activity #4: Small Group Breakout - 5 minutes

Goal: Identifying and decoding meta-messages

Think back on your positive or negative experience from Activities #1 and 2:

- What role did meta-messages play in the positive or negative interactions?
- What were the meta-messages at play?

Activity #5: Small Group Breakout session

Goal: Practice and Apply!

In your groups, choose one of these scenarios below and discuss how you might handle these as a team leader.

We will ask for a representative from your team to share your group's "favorite pearl" in a large group debrief when we come back together.

If you forget everything else, just remember to: *be kind, be transparent, provide autonomy as able, model humility and curiosity*

Scenario 1: Meet the team

You are starting on an inpatient clinical service in which one trainee (resident) has known the patients for a few days. It is the first day on the service for another trainee (student). You are about to introduce yourself when the resident's pager goes off. They read the message and say, "Looks like we should start rounds, are you ready to head upstairs?" The student says, "That reminds me, I need to go get my pager." Then they both stand and look at you...

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Our learning environments are full of distractions and sometimes urgent issues. How can we uphold our goals of getting to know one another and setting expectations in the face of those?

What would you say in the scenario above? If time was not an issue, what would you say or do to welcome learners to the clinical environment and set expectations for your time together?

Meeting trainees for the first time is the BEST opportunity you have to set the tone for the learning climate you intend to foster. Trainees make QUICK decisions about the learning climate around them, and these decisions can be durable. Some things to consider:

- Identify yourself and your role, how you want to be addressed [do you prefer a formal or an informal address from trainees? If you have a preference, why is that your preference?]
- Describe your teaching style, how you give feedback, that it's OK if they don't know things
- Ask for their names and use them! Ask for first and last name and how they prefer to be addressed (you don't want to be in the room with a patient and not seem to know the name of the trainee helping to taking care of them)
- Always share about yourself **before** asking others to share - "I would be happy to hear something about you to whatever extent you'd like share."
- Consider asking questions that don't seek details about identity or status, such as "what is the most fun thing you did recently?" rather than where they went to school, residency etc.
- Make an explicit statement to invite trainees to ask questions
- Work with the learner to establish goals and expectation – more Clinical Teaching Certificate sessions coming!
- Ask about how learners would like microaggressions addressed in the learning environment. (ie, address in the moment at the bedside or later outside the room? You address it? Let trainees address?)

Scenario 2: Providing autonomy

You are attending in the ED, working with a trainee who has been on the service for over two weeks. You have heard that the trainee feels like they are not getting enough autonomy. A patient comes in after having wiped out on their dirt bike on a surface covered with tiny, sharp rock shards. Multiple shards are imbedded under their skin. You and the trainee are assessing the patient when the nurse pulls you away to attend to a decompensating patient. The student says, "I can take care of this – I'll numb them up and take the rocks out. I've done it before."

What would you do in the scenario above?

What challenges do you have in your clinical setting in providing autonomy to learners?

What strategies do you currently have for how you can include trainees in the work or provide choice, even if they cannot do certain tasks or are not ready to make decisions independently?

Learners highly value autonomy, and provision of autonomy has a very positive effect on the learning climate. However, “autonomy” means different things in different situations, and must vary based on the imperative of patient safety and the learner’s level of competence. Some considerations:

- You can ask a trainee “what would you do here” (you don’t need to actually let them do that thing if it's unsafe). Before doing this, set the stage that it is a safe place to “take a wild guess”-- we won’t let anything bad happen to patients. Ideally this should not be done in front of patients or at the bedside. You can also ask or allow them to make lower stakes decisions (which med would you choose, how to adjust a med, which antibiotic to use, what instrument to use, what order to do things in).
- When asking questions, work “up” the level of expertise- don’t ever go “down” the level of expertise. For example, if you are not sure of the trainees level of knowledge, rather than asking “which isoform of PPAR do thiazolidinediones activate,” start with, “what are some options for treating diabetes.”
- When things are too busy/fast paced/high stakes and is not safe to give autonomy in a particular clinical situation, describe what you are doing as you are doing it or use a debrief later. Don’t forget the trainee or allow them to feel forgotten.
- Allow for differences in style- something may not be EXACTLY how you would do it. If it isn’t UNSAFE, or leading to an unacceptable variation in care, let them do it that way.
- Some great examples from our message boards last year:
 - “In emergency radiology, we check the initial images on the CT scanner for every trauma scan to look for serious injuries which need immediate attention and to evaluate whether delayed phase images are needed. Instead of just sending the resident to do it and assume they were competent, I started by going to the scanner along with the resident so that I could explicitly state my search pattern and what pathology I am looking out for. The next time I let the resident take control and had them say out loud what they were looking for and why. Then by the third time I asked the resident if he felt comfortable

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going to the scanner alone and reassured him that I was right around the corner if he felt unsure about anything.” -Michael Flowers

- “Be transparent: at the beginning of each surgical procedure for which I have a trainee, discuss two points. #1 ask them what they want to get out of the case and what they feel the most important part is for them to participate in and #2 specifically discuss what portions of the case they will do and which I expect to do. Then after the case, provide just in time feedback and ask for feedback from them.” - Clare Richardson
- “I work with medical students on their newborn medicine rotation. The goal is for them to become proficient at performing this examination. My intervention aimed at improving transparency was to explicitly state how we would achieve this proficiency:(1) the first few examinations, I will go first, performing parts of the newborn exam and then having the student follow, (2) then, for the next few examinations, I will have the student go first, performing parts of the examination, followed by me, 3) and finally, I will have the student perform a complete newborn examination independently, and then I will confirm/repeat the exam afterwards.” - Jim O'Callaghan

Scenario 3: Responding to error

A patient is admitted to your team with a GI bleed, but it is very challenging to draw their blood. A trainee is unsuccessful even after using ultrasound guidance. The patient's vitals are stable and at 5:00 pm the trainee signs the patient out to the night team, requesting that they perform the blood draw “if they have time.” The trainee does not inform you of the lack of a hematocrit check prior to leaving for the night. In the middle of the night, a rapid response is called for hypotension and tachycardia. The patient's hematocrit is finally resulted at 12.

What would you do and say in the scenario above?

What challenges have you had with errors in the clinical training environment, and what have you already done or want to do going forward to maintain a safe and welcoming learning climate?

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Trainee errors (or suspected errors) can be challenging to respond to. It can be tempting to want to assign blame in these situations, feel anger, fear, or sometimes guilt. Even in these emotional situations, it is important to consider ways in which to maintain a positive learning climate. General ideas for a constructive response include:

- Support the trainee with debriefing, considering next steps, learning from this event
- Start with an attitude of inquiry and curiosity about what happened
- Focus on “what” happened rather than “why” during initial debriefing
- Give specific, forward-focused feedback for trainee based on debriefing
- Use the opportunity to emphasize team learning focus and value of teamwork and the interconnected nature of our work
- Consider what you might have done in this situation in terms of the learning climate: Create a learning focused environment to reduce the fear of asking for help or calling to help trouble-shoot, discuss next steps

Scenario 4: Modeling humility

You are working with a trainee in clinic during a particularly busy day. The trainee has a lot of questions and doesn't hesitate to ask them. Earlier in the day you saw a post-discharge follow-up patient together, and the trainee had looked at you quizzically when you didn't know when the patient's newly implanted CardioMEMS device would need to be removed. You are now seeing a patient together for diabetes follow-up – the trainee says, “I can never remember, which isoform of peroxisome proliferator-activated receptors do thiazolidinediones activate?”

What do you do when faced with scenarios in which you do not have the answer?

Are you comfortable telling trainee's “I don't know”? What beliefs (if any) do you have about the interplay of humility and credibility? How about authenticity in team members? Can you think of a time you did not model humility or a growth mindset that you wish you could do differently now? How could you approach the scenario differently to model humility?

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Take home project:

*Reflect on teaching opportunities ahead of you. **What are one or more new ways that you will foster a safe and welcoming learning climate learning for all learners you work with?***

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Looking for some scripting? Try these:

TABLE 1 Creating Psychological Safety in Medicine: Guiding Principles and Suggested Language Using Case Examples

Psychological Safety Leadership Task #1: Setting the Stage	
Case Example 1: New student joins the clinical team for a month-long rotation	
Guiding Principles and Conveyed Messages	Suggested Language
<p>Frame the Work:</p> <ul style="list-style-type: none"> • Frame the student's role and specific tasks within the team. • Review the learning objectives specific to the clinical learning environment. • Encourage students to identify related, individual learning goals. <p>Emphasize the Purpose:</p> <ul style="list-style-type: none"> • Share the teaching intent behind your actions as an educator. • Explain that it is important to identify and recognize knowledge gaps to learn. • Explicitly state the importance of learning for all team members. 	<p>I think this setting is a good place for students to learn the skills of A, B, and C.</p> <p>Your role on the team will be X, Y, and Z, and my goal for you at the end of the rotation is [expected level of understanding or competency]. What specific goals do you have for the rotation, and how can I help you achieve these?</p> <p>I ask a lot of questions and give a lot of feedback to everyone on the team. This is so I know what I can teach you while you are here. It's always OK if you don't know an answer. Everyone is here to learn, including me.</p> <p>The feedback I give is to support growth towards independence for learners at every level. My main goal is for everyone to learn as much as possible and to enjoy their time here, even if you aren't going into pediatrics.</p>
Psychological Safety Leadership Task #2: Inviting Participation	
Case Example 2: A student asks you a question to which you don't know the answer	
Guiding Principles and Conveyed Messages	Suggested Language
<p>Model Humility and a Growth Mindset:</p> <ul style="list-style-type: none"> • Acknowledge gaps in one's own learning and highlight the role of practice for building competency. • Actively seek input from group members. <p>Provide Autonomy:</p> <ul style="list-style-type: none"> • Make intentional choices about patient care opportunities so that students can demonstrate skills and autonomy. • Allow opportunities for varying degrees of autonomy that are in line with their stage of development. <p>Use Inquiry to Build Knowledge, Not Highlight Gaps:</p> <ul style="list-style-type: none"> • Show curiosity and ask "why" questions to promote critical thinking. • Refrain from asking questions based on knowledge recall. • To avoid placing a student in a position where they may feel humiliated for not knowing an answer, consider directing questions to the group. 	<p>I don't know the answer to that question. Do any of you have ideas? Let's look it up together.</p> <p>What has been the experience of other team members? Learning X took me a long time, and after 10 years as a pediatrician, I'm still working on it.</p> <p>Patient A's exam has several common findings associated with illness B. Let's have you see that patient today. Do what you can based on what you know, and I will help to finalize the plan.</p> <p>Now that you have seen the patient, what are your recommendations? If you don't know, that's okay. Let's start with concerns that you have identified. You go first, and I can add some tips based on other cases that I have seen.</p> <p>Can anybody tell us why we see these exam findings in a patient with disease C? [rather than asking an individual student: What are the 3 classic exam findings in patients with disease C?]</p> <p>Tell me why you think medication Y may be useful in treating this patient's symptoms?</p>
Psychological Safety Leadership Task #3: Responding Productively	
Case Example 3: A student proposes a treatment plan you think is not clinically indicated	
Guiding Principles and Conveyed Messages	Suggested Language
<p>Express Appreciation:</p> <ul style="list-style-type: none"> • Acknowledge what is "right" about the answer. • Work towards understanding where the suggested plan diverged from a more appropriate plan by asking questions. • Provide a decision-making framework and clinical rationale for the preferred plan. <p>Destigmatize Failure:</p> <ul style="list-style-type: none"> • Offer feedback and recommendations that are based on direct observation and oriented toward next steps. 	<p>Nice presentation and good work committing to a plan.</p> <p>I know it can be hard when there are so many issues going on. I think you are right; we need to treat X with Y intervention.</p> <p>Can you tell me more about how you chose Y intervention?</p> <p>I can see how you chose Y intervention. I would usually choose Z intervention here because [provide your own clinical reasoning and decisionmaking framework].</p> <p>One resource I find helpful for X is [point towards specific reading or skill practice opportunity].</p>

From McClintock, AH; Kim, S; Chung, E. Bridging the gap between educator and learner: the role of psychological safety in medical education. Pediatrics. 149 (1)

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Please fill out an evaluation before you leave the workshop today:

https://uwsom.sjc1.qualtrics.com/jfe/form/SV_0djV0cbQsPuRf9k

