Developing Medical Educators of the 21st Century

2nd Annual Course

San Francisco, February 25-27, 2019

https://meded21.ucsf.edu/

#UCSFMedEd21
@UCSFMedEd21
Course Directors

Patricia O’Sullivan, EdD
Director, Education Research and Development
UCSF Center for Faculty Educators

Sandrijn van Schaik, MD, PhD
Professor of Pediatrics
Baum Family Presidential Chair for Experiential Learning
Director of Faculty Development, UCSF SOM Bridges Curriculum

Course Manager

Joey Bernal, MA
Program Manager
UCSF Office of Continuing Medical Education
Planning Committee

William B. Cutrer, MD, MEd
Associate Dean for Undergraduate Medical Education
Associate Professor of Pediatrics, Critical Care Medicine
Vanderbilt University School of Medicine

José Franco, MD
Professor of Medicine
Associate Director, Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education, Medical College of Wisconsin

Stephanie Starr, MD
Associate Professor of Pediatrics
Director, Science of Healthcare Delivery
Mayo Clinic School of Medicine

Diane M. Wilke-Zemanovic, MS
Program Director Medical Education
Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education, Medical College of Wisconsin
Participants: 134 total pre-registered

Plus 3 from Canada and 2 from Qatar
(Re) Building Trust in Medical Education: An Imperative for 21st Century Educators

Catherine R Lucey MD
Professor of Medicine
Roles and Disclaimers

- Internist, Zuckerberg San Francisco General Hospital
- UCSF School of Medicine: Executive Vice Dean and Vice Dean for Education
- The Faustino and Martha Molina Bernadett Presidential Chair in Medical Education
- Site PI: Kern National Transformation Network Grant 2017-2023
Trust is needed in any relationship where one party is vulnerable– with something important that can be lost. While health professionals commonly think of trust in clinical relationships, trust is essential in learning and teaching. Medical Education must take on the many challenges to building trust if we are to educate trustworthy professionals. The literature on trust can provide us with new insights into this important work.
Society trusts the health professions to

- Build a workforce that meets the needs of our communities and our nation
- Prepare Citizens who contribute to society: economically, educationally, politically
Are we in a post-trust era?

- Science no longer rules the day
- Government is out of touch
- Politicians lie with impunity
- Social media doesn’t differentiate truth from lies
- The internet empowers everyone to believe they know as much as experts
Trust Issues in Medical Education

- Residency program directors don’t trust MSPE information.
- UME deans don’t trust residency program directors to use information fairly.
- Students don’t trust clinical faculty to assess and grade them fairly.
- Faculty don’t trust students to evaluate them accurately.
Actually, there is plenty of trust to go around

People trust the untrustworthy because they don’t have relationships with those who are truly trustworthy
The Challenge for 21\textsuperscript{st} Century Educators

- Embrace Trustworthiness as a unifying construct for both learner development and faculty development, thus
  - Preparing the trustworthy medical workforce
  - Being trustworthy for our students
What Have We Been Doing Thus Far?
Why Now?

- In a world where truth is under scrutiny, the Professions must carefully steward their roles as trustworthy sources of information.

- Challenges and opportunities in the ways we work together:
  - Interprofessional Teamwork
  - Diversity
  - Technology
  - Transient and asynchronous teams
Trust has Intrinsic and Instrumental Value

- **Intrinsic**: Trust is the defining characteristic of the Doctor-Patient relationship, giving it meaning and purpose

- **Instrumental**: High Trust improves outcomes
  - Patients: adherence, satisfaction, long term relationships
  - Teams: better performance, satisfaction, attitudes
  - Learners: performance, motivation, empowerment, mental health

---

Hall MA et al. Milbank Quarterly 2001.79(4): 613-639
What is Trust?

The belief by an individual that the person they trust has the right intentions and the ability to help them when they are in a vulnerable or risky situation.
Critical Elements of Trust

- Vulnerability is an essential precursor
- Forward Thinking, unlike satisfaction
- Optimistic, unlike expectations
- Open-ended, unlike task completion
- Contextual, unlike traits

Hall MA et al. Milbank Quarterly 2001; 79(4): 613-639
Antecedents to Trust

- Trust Propensity of the trustor
  - In the face of risk, uncertainty
- Trustworthiness of the Trustee
  - Ability (Competence)
  - Integrity (Character)
  - Beneficence (Caring)

Hall MA et al. Milbank Quarterly 2001; 79(4): 613-639
Deciding to Trust is a Deeply Emotional Decision

- Decision about a trustee’s character and caring often overshadow knowledge of competence
- Violation of Trust → Moral Outrage/Betrayal: you were not the person I thought you were...
- Whereas poor outcome w/ trust maintained → Forgiveness: you didn’t accomplish what I hoped you would...
Trust in Medical Education

- Critical in all venues, but imperative in the Clinical Learning Environment

Lave J & Wenger E

Vygotsky L. 1999
Routledge Press
Entrustable Professional Activities: A Case Study in Trust

- EPAs: an element of physician work
  - A means to translate competencies into clinical practice
  - Can be observed as a discrete task
  - Assessed with a trustworthiness scale
  - To effectively accomplished, requires multiple competencies

- Faculty Development: a greater focus on crosswalk to the competencies

---

**ACGME Competencies**

<table>
<thead>
<tr>
<th>Illustrative EPAs</th>
<th>MK</th>
<th>PC</th>
<th>ISC</th>
<th>P</th>
<th>PBLI</th>
<th>SBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performing an appendectomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executing a patient handover</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designing a therapy protocol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

ten Cate O. JGME. 2013; 5(1): 1557-158
Focusing on the Trust part of EPAs

- Faculty is the Trustor: Where is the vulnerability?
  - Personal and proxy (for patients)
- Requires not only observation of skills/abilities but judgment about character and caring
A concrete example

- Doing: Competency
- Being:
  - Character and Caring
  - Prudence, Fidelity
  - Discernment, Fidelity, Conscientiousness, Confidentiality, Humility and more...

Chen HC et al Academic Medicine, 90(4), 431-436.

<table>
<thead>
<tr>
<th>GME entrustment and supervision scale&lt;sup&gt;14&lt;/sup&gt; (five levels)</th>
<th>Proposed UME entrustment and supervision scale (expanded to nine levels)</th>
<th>Example: CEPAER—perform general procedures of physician&lt;sup&gt;1&lt;/sup&gt; (e.g., intravenous line insertion)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Not allowed to practice EPA&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1. Not allowed to practice EPA&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1a. Student needs training in patient confidentiality and universal precautions</td>
</tr>
<tr>
<td>a. Inadequate knowledge (e.g., does not know how to preserve sterile field); not allowed to observe</td>
<td>a. Adequate knowledge, some skill; allowed to observe</td>
<td></td>
</tr>
<tr>
<td>2. Allowed to practice EPA only under proactive, full supervision</td>
<td>2. Allowed to practice EPA only under proactive, full supervision</td>
<td>2a. Student and supervisor work together to insert IV: student applies tourniquet and inserts IV with active verbal guidance from supervisor who points out target vein, hands over equipment, and secures IV with tape</td>
</tr>
<tr>
<td>a. As coactivity with supervisor</td>
<td>a. With supervisor immediately available, all findings double checked</td>
<td></td>
</tr>
<tr>
<td>b. With supervisor immediately available, key findings double checked</td>
<td>b. With supervisor distant, easily available (e.g., by phone), findings reviewed</td>
<td></td>
</tr>
<tr>
<td>3. Allowed to practice EPA only under reactive/on-demand supervision</td>
<td>3. Allowed to practice EPA only under reactive/on-demand supervision</td>
<td>3a. Student inserts and secures IV with supervisor outside room; supervisor closely double checks IV site for position, function, security, and any complications before IV is used</td>
</tr>
<tr>
<td>a. With supervisor immediately available, all findings double checked</td>
<td>a. With supervisor immediately available, all findings double checked</td>
<td></td>
</tr>
<tr>
<td>b. With supervisor immediately available, key findings double checked</td>
<td>b. With supervisor distant, easily available (e.g., by phone), findings reviewed</td>
<td></td>
</tr>
<tr>
<td>4. Allowed to practice EPA unsupervised</td>
<td>4. Allowed to practice EPA unsupervised</td>
<td>4a. Student independently inserts, secures, and begins use of IV without contact with supervisor (may not be achievable or allowed at some institutions)</td>
</tr>
<tr>
<td>5. Allowed to supervise others in practice of EPA</td>
<td>5. Allowed to supervise others in practice of EPA</td>
<td>5a. Student supervises junior students in basic steps of IV insertion (may not be achievable or allowed at some institutions)</td>
</tr>
</tbody>
</table>
Phenomenographic Work on How Entrustment Decisions are Made

- Critical Factors:
  - Supervisor
  - Trainee
  - Relationship
  - Task
  - Context

Hauer K et al. Medical Education 2015: 49: 783–795
Hauer K et al. Advances in Health Sciences Education. 2014; 19(3): 435-456
Moving from a focus on faculty trust of learners to one of learner’s trust of faculty

- Learners are in a continuous state of vulnerability
  - Careers, Competence, Confidence, Wellbeing
- They must trust their faculty
  - Assign the right patient, supervise appropriately, assess fairly, provide guidance and coaching, correct without humiliating
- Consequences of Distrust or Betrayal of Trust
  - Lack of learning, performance rather than growth mindset, burnout, cynicism, moral distress
- Diminished Propensity to Trust in the future
## Trustworthiness or Distrust

<table>
<thead>
<tr>
<th></th>
<th>Trustworthy Actions</th>
<th>Actions Engendering Distrust</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competence</strong></td>
<td>Evidence Based Practice</td>
<td>Idiosyncratic or Evidence Shunning Hidden Curriculum Short Cuts in Clinical Care</td>
</tr>
<tr>
<td></td>
<td>Thinking out loud</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Professionalism</td>
<td></td>
</tr>
<tr>
<td><strong>Character</strong></td>
<td>Integrity: honest, predictable</td>
<td>Assessment without Observation</td>
</tr>
<tr>
<td></td>
<td>Discernment: takes time to decide</td>
<td>Judgment without Assessment</td>
</tr>
<tr>
<td></td>
<td>Fidelity: no exploitation</td>
<td>Exploitation or Mistreatment</td>
</tr>
<tr>
<td></td>
<td>Humility: models uncertainty</td>
<td>Dismissive of teaching roles</td>
</tr>
<tr>
<td></td>
<td>Conscientiousness: makes time for important activities (like teaching)</td>
<td></td>
</tr>
<tr>
<td><strong>Caring</strong></td>
<td>Welcoming</td>
<td>Indifference</td>
</tr>
<tr>
<td></td>
<td>Engaging</td>
<td>Exclusionary behaviors</td>
</tr>
<tr>
<td></td>
<td>Concern for wellbeing</td>
<td></td>
</tr>
</tbody>
</table>
Trust and Trustworthiness as a Unifying Construct in Learner and Faculty Development

- Daunting!
- Emotional aspects/ethics and philosophy constructs raise questions about how best to teach and assess
- Concern about ability to forge trustworthy relationships in a learning and caring ecosystem that is highly dynamic
  - Our personal experiences with trusting relationships generally involve long term relationships
Swift Trust is Relevant

- Affective Trust: arises from familiarity, shared experience, reciprocal disclosure, fulfilled promises, nonexploitation
- Cognitive Trust: shared goals, recognition of expertise
- Swift Trust: a form of Cognitive Trust
  - Informed leap of faith
  - Reinforced through frequent interactions, social connections, engagement
  - Face Validity: Hauer et al Med Educ 2015

Blomqvist K et al. 2018. from The Routledge Companion to Trust.
Actions that Faculty Can Take to Demonstrate Trustworthiness

- Explicitly discuss trust and trustworthiness
  - Set the stage for trusting behavior with each new learner/team
  - Explain the role of trust in EPAs
- Don’t just observe, explore! Use exploratory questions to investigate competence, character and caring
- Recognize and demonstrate behaviors that are proxies for trustworthiness (from Lee, T. Press Ganey)
  - Respect, Teamwork, Courteousness, Listen Carefully, Show Concern
- Coach >>>> Judge
Commitments that Faculty Can Make to Demonstrate Trustworthiness

- **Understand me:** know where I am and where I need to go
- **Invite me:** to join your team, to do important work, to try new things
- **Show me:** how you think through things, manage difficult situations, maintain wellness, navigate uncertainty
- **Watch me:** analyze my work and identify my strengths and weaknesses
- **Challenge me:** help me grow but be there to correct me when I make a mistake
- **Tell me:** how to improve, how to succeed, how to endure
- **Advise me:** help me make good decisions about how I will contribute
Actions that Students Can Take to Demonstrate Trustworthiness

- Accept the challenge of demonstrating trustworthiness in all activities: including timeliness, task completion without excuses.
- Initiate conversations about improvement
- Accept feedback and follow through
- Be gracious when trusted
The Role of Educational Leaders in Setting an Environment of Trustworthiness

- Model trustworthiness in administration, curricular design, assessments: use transparency and continuous improvement
- Prioritize faculty roles in building trust; use committees to do the heavy lifting of high stakes decisions.
- Avoid demanding high stakes judgments from transient relationships; Focus on narratives rather than numbers
- Establish strategies for assessing and rewarding faculty for behaviors that foster trustworthiness
The Role of the Collective of Educators

- Consider the value of a compact between learners and faculty – and let the learners take the first draft.
Conclusions

- Trust is needed in any relationship where one party is vulnerable— with something important that can be lost.
- While health professionals commonly think of trust in clinical relationships, trust is essential in learning and teaching.
- Medical Education must take on the many challenges to building trust if we are to educate trustworthy professionals.
- The literature on trust can provide us with new insights into this important work.