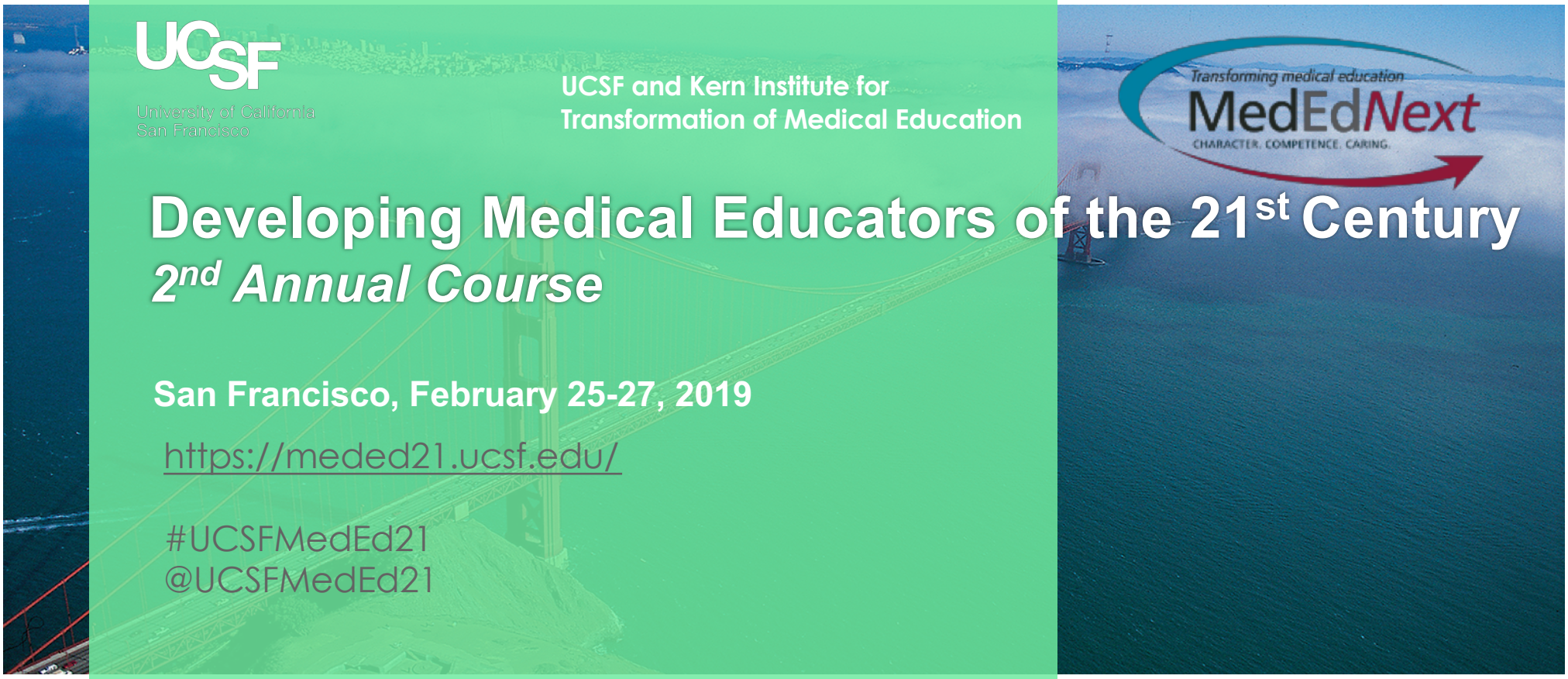

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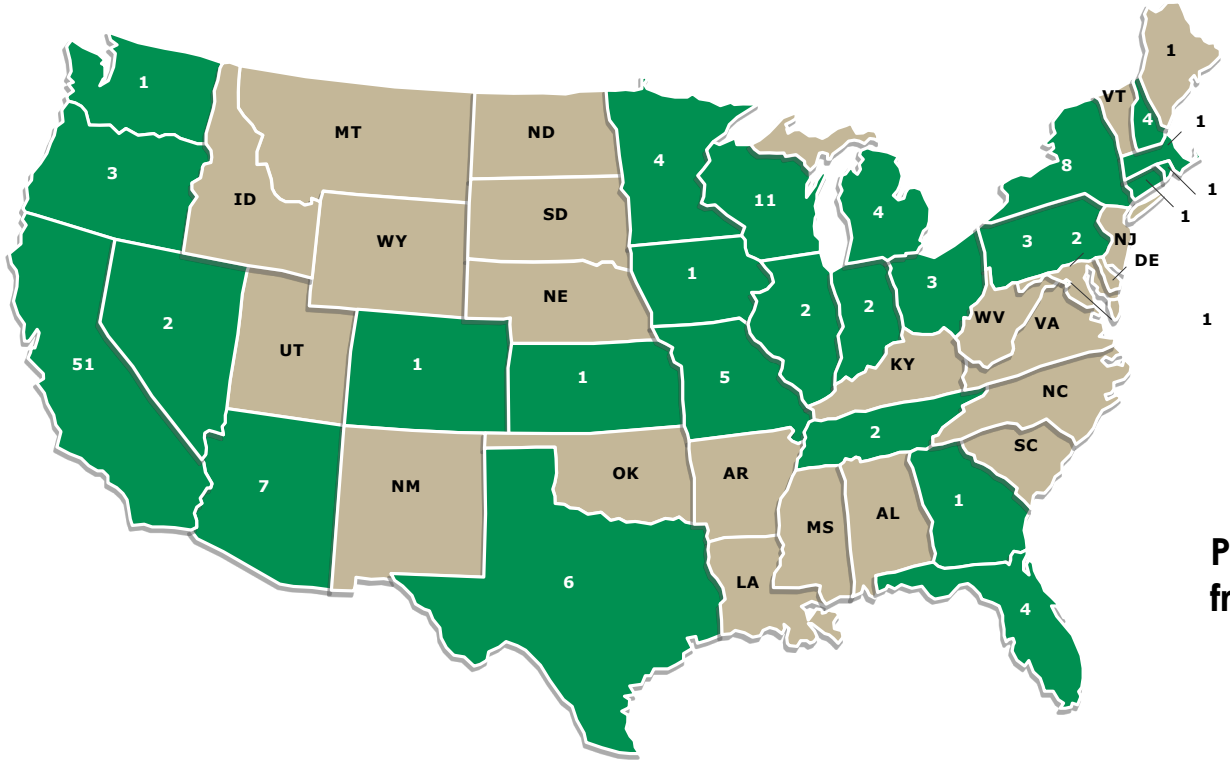
Participants: 134 total pre-registered



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

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.

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 21st 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?

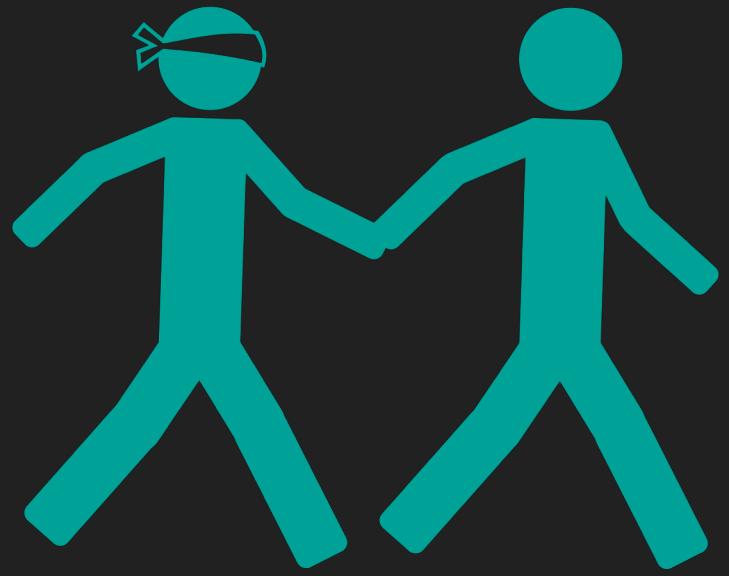
- In a world where truth is under scrutiny, the Professions must carefully steward their roles as trustworthy sources of information
- Challenges and opportunities in the ways we work together:
  - Interprofessional Teamwork
  - Diversity
  - Technology
  - Transient and asynchronous teams

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

Mayer RC. Academy of Management Review. 1995; 20(3)209-234
Hall MA et al. Milbank Quarterly 2001; 79(4): 613-639
Nys T. Journal of Medicine and Philosophy. 2016; 41: 10-24
Holland S and Stocks D. Health Care Anal. 2017; 25:260-274

Antecedents to Trust

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

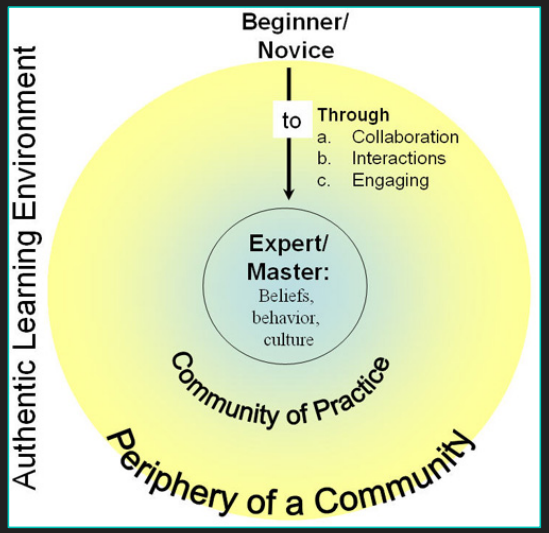
Hall MA et al. Milbank Quarterly 2001; 79(4): 613-639
Nys T. Journal of Medicine and Philosophy. 2016; 41: 10-24

Deciding to Trust is a Deeply Emotional Decision

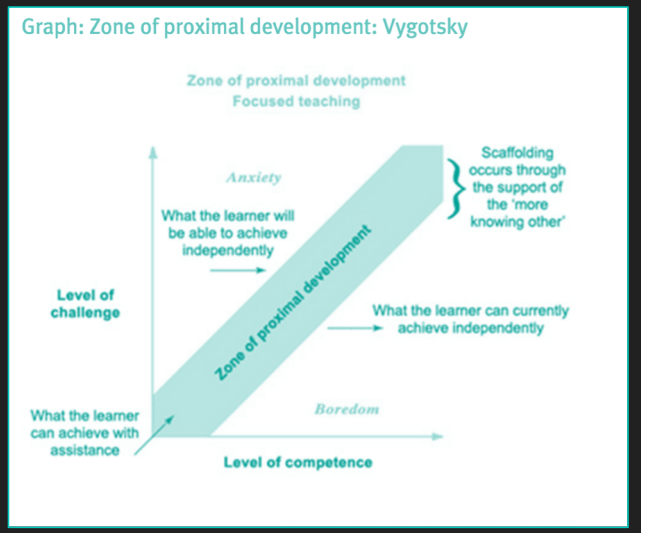
- Decision about a trustee's character and caring often overshadow knowledge of competence
- Violation of Trust → Moral Outrage/Betrayal: *you were not the person I thought you were..*
- Whereas poor outcome w/ trust maintained → Forgiveness: *you didn't accomplish what I hoped you would…*

Trust in Medical Education

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



Lave J & Wenger E
Situated Learning: Legitimate Peripheral Participation. 1991.
Cambridge University Press



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 w/a trustworthiness scale
  - To effectively accomplished, requires multiple competencies
- Faculty Development: a greater focus on crosswalk to the competencies

	ACGME Competencies					
Illustrative EPAs	**MK**	**PC**	**ISC**	**P**	**PBLI**	**SBP**
Performing an appendectomy	•	•				
Executing a patient handover	•	•	•			•
Designing a therapy protocol	•				•	

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.

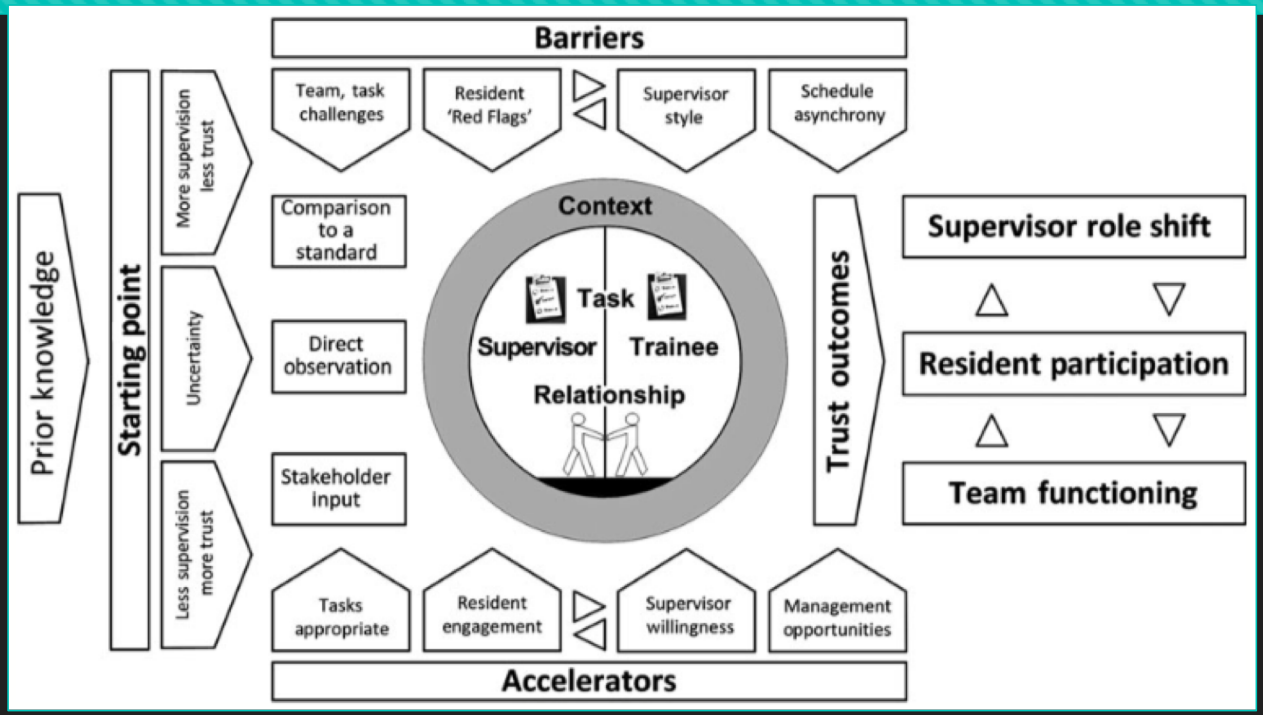
Table 2

Current Graduate Medical Education and Proposed Undergraduate Medical Education Entrustment and Supervision Scale

GME entrustment and supervision scale[15] (five levels)	Proposed UME entrustment and supervision scale (expanded to nine levels)	Example: CEPAER—perform general procedures of physician[1] (e.g., intravenous line insertion)
1. Not allowed to practice EPA	1. Not allowed to practice EPA a. Inadequate knowledge/skill (e.g., does not know how to preserve sterile field); not allowed to observe b. Adequate knowledge, some skill; allowed to observe	1a. Student needs training in patient confidentiality and universal precautions 1b. Student observes supervisor insert IV line
2. Allowed to practice EPA only under proactive, full supervision	2. Allowed to practice EPA only under proactive, full supervision a. As coactivity with supervisor b. With supervisor in room ready to step in as needed	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 2b. Student inserts and secures IV alone with supervisor observing closely and ready to step in and assist if necessary;
3. Allowed to practice EPA only under reactive/on-demand supervision	3. Allowed to practice EPA only under reactive/on-demand supervision a. With supervisor immediately available, all findings double checked b. With supervisor immediately available, key findings double checked c. With supervisor distantly available (e.g., by phone), findings reviewed	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 3b. Student inserts and secures IV with supervisor outside room; supervisor takes quick look at IV before or as IV is used 3c. Student inserts and secures IV with supervisor not on ward and reports completion of task to supervisor; supervisor only checks IV before IV is used if difficulty or problem is reported
4. Allowed to practice EPA unsupervised	4. Allowed to practice EPA unsupervised	4. Student independently inserts, secures, and begins use of IV without contact with supervisor (may not be achievable or allowed at some institutions)
5. Allowed to supervise others in practice of EPA	5. Allowed to supervise others in practice of EPA	5. Student supervises junior students in basic steps of IV insertion (may not be achievable or allowed at some institutions)

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

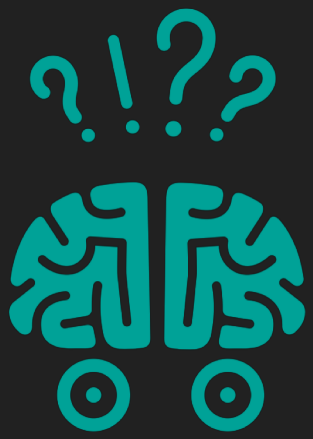
Moving from a focus on faculty trust of learners to one of learner's trust of faculty

- 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

	Trustworthy Actions	Actions Engendering Distrust
Competence	Evidence Based Practice Thinking out loud Professionalism	Idiosyncratic or Evidence Shunning Hidden Curriculum Short Cuts in Clinical Care
Character	Integrity: honest, predictable Discernment: takes time to decide Fidelity: no exploitation Humility: models uncertainty Conscientiousness: makes time for important activities (like teaching)	Assessment without Observation Judgment without Assessment Exploitation or Mistreatment Dismissive of teaching roles
Caring	Welcoming Engaging Concern for wellbeing	Indifference Exclusionary behaviors

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 an 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.
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