

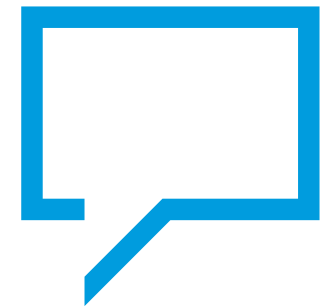


FLOURISHING VIA SOCIAL RELATIONSHIPS

BIAS, BURNOUT, & BELONGING

Andrea N. Leep Hunderfund, MD, MHPE

UCSF Medical Educators of the 21st Century
February 14, 2023





Context:
Political
Cultural
Historical



<https://www.mededpublish.org/manuscripts/1944>



KERN NATIONAL NETWORK
FOR FLOURISHING IN MEDICINE
Character. Caring. Practical Wisdom.



Research presented in this talk was made possible with support from the KNN through an investment through the Kern Family Trust and Kern Family Foundation



-
- People are inherently social beings
 - Social relationships are essential to human flourishing

- Physical & Mental health
- Happiness & Life Satisfaction
- Meaning & Purpose
- Character & Virtue
- Close Social Relationships

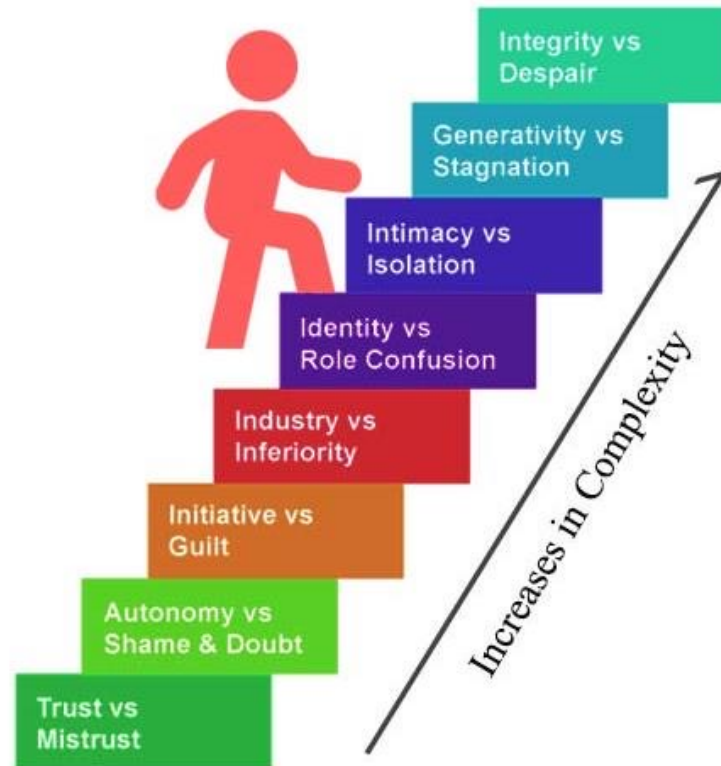


Domains of Flourishing included in Harvard Flourishing Program Flourish Index
<https://hfh.fas.harvard.edu/measuring-flourishing>



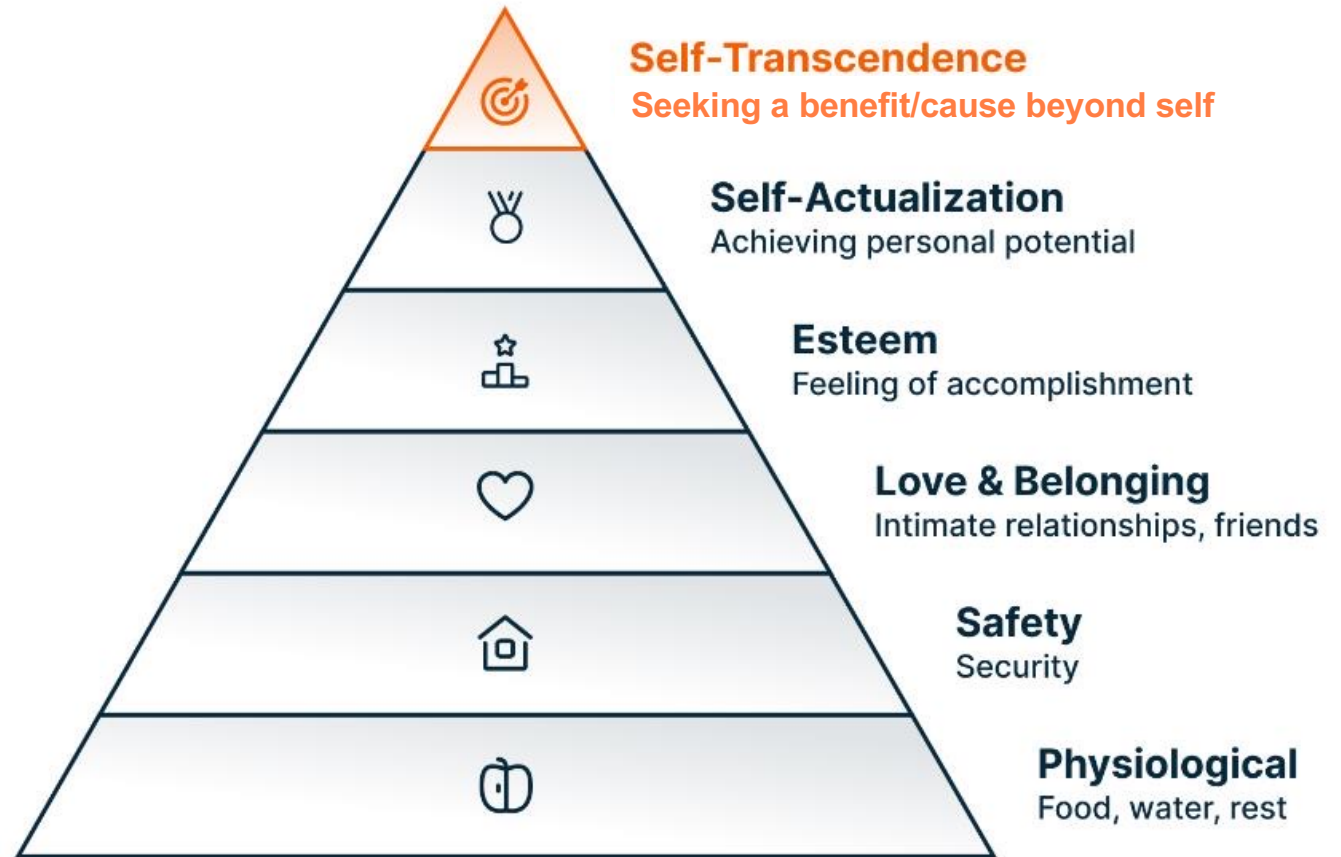
Attachment Theory

- Infant
- Toddler
- Pre-Schooler
- Grade-schooler
- Teenager
- Young Adult
- Middle-age Adult
- Older Adult



Erik Erikson: 8 stages of psychosocial development

Young Adults: Intimacy vs. Isolation

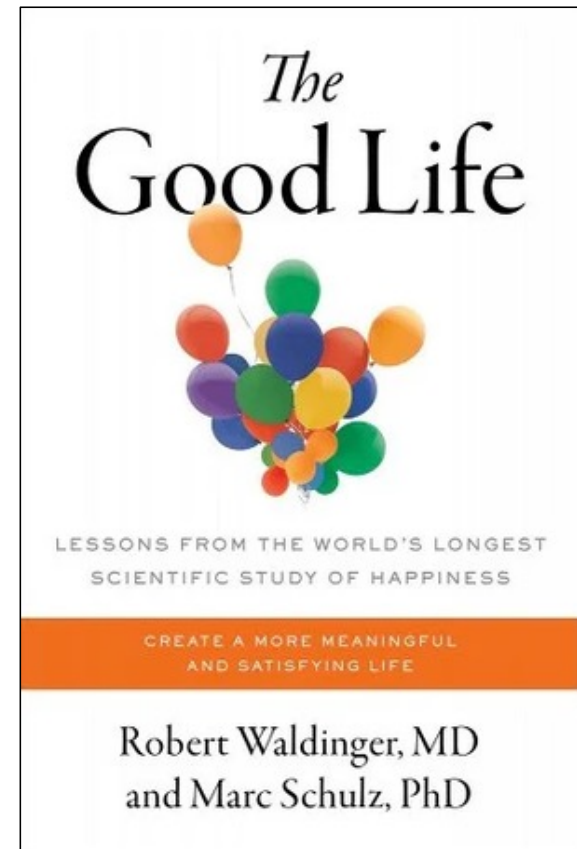


Abraham Maslow's Hierarchy of Needs
(adapted to include self-transcendence)

“Since 1938, the **Harvard Study of Adult Development** has been investigating what makes people flourish. After starting with **724 participants**—boys from disadvantaged and troubled families in Boston, and Harvard undergraduates [+ spouses/descendants].

Researchers periodically interview participants, ask them to fill out questionnaires, and collect information about their physical health. It’s the **longest in-depth longitudinal study on human life ever done**, and it’s brought us to a simple and profound conclusion:

Good relationships lead to health and happiness.”



“The key to healthy aging is **relationships, relationships, relationships**... Loneliness kills... it’s as powerful as smoking or alcoholism” – *Harvard Study of Adult Development*



slido



I have a best friend at work.

ⓘ Start presenting to display the poll results on this slide.

IF YOU STRONGLY AGREED WITH THAT STATEMENT, GALLUP POLL DATA PREDICT YOU ARE...

- More likely to recommend your organization as a great place to work
- Less likely to be looking for a different job
- More satisfied with your organization

<https://www.gallup.com/workplace/397058/increasing-importance-best-friend-work.aspx>



WHY DO WE NEED TO ATTEND TO THIS DIMENSION OF OUR LEARNERS' EXPERIENCE?

- Destabilizing effects of transitions
- Sense of transience
- Culture of sacrifice now for gain later can lead to relational trade-offs
- Numerous & shifting contexts for work & learning
- Demanding work can reduce opportunities / energy for relationships

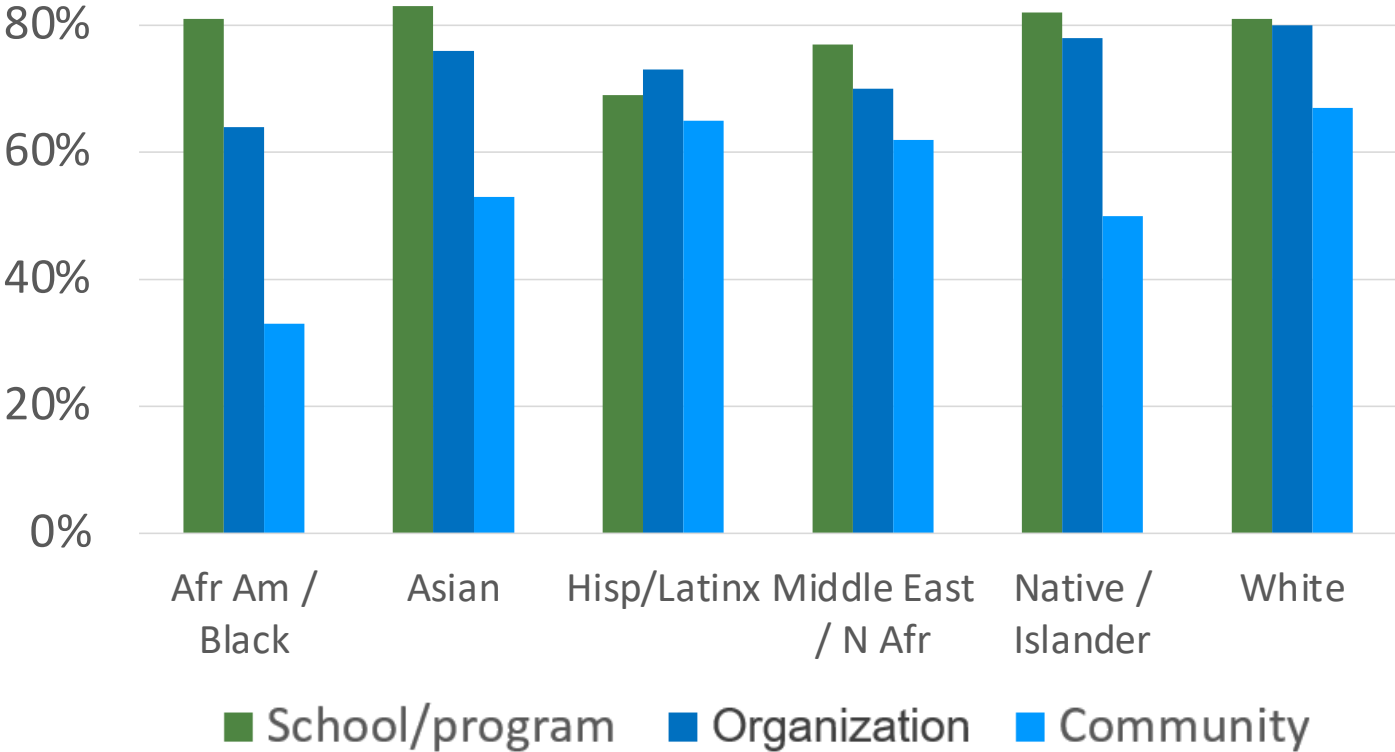


WHY DO WE NEED TO ATTEND TO THIS DIMENSION OF OUR LEARNERS' EXPERIENCE?

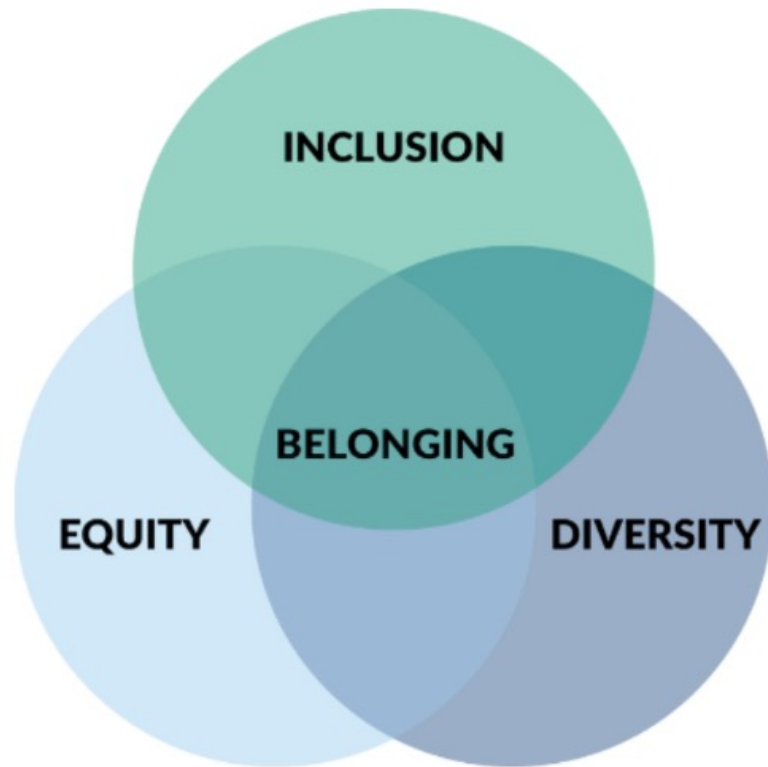
- Linked to social identities (imputed / embraced)
- Affected by power dynamics & power hierarchies
- Can contribute to disparate experiences in our learning & work environments & surrounding communities



PERCENTAGE OF LEARNERS WITH A STRONG SENSE OF BELONGING



SENSE OF BELONGING



DIVERSITY
is a fact.

EQUITY
is a choice.

INCLUSION
is an action.

BELONGING
is an outcome.

— Arthur Chan



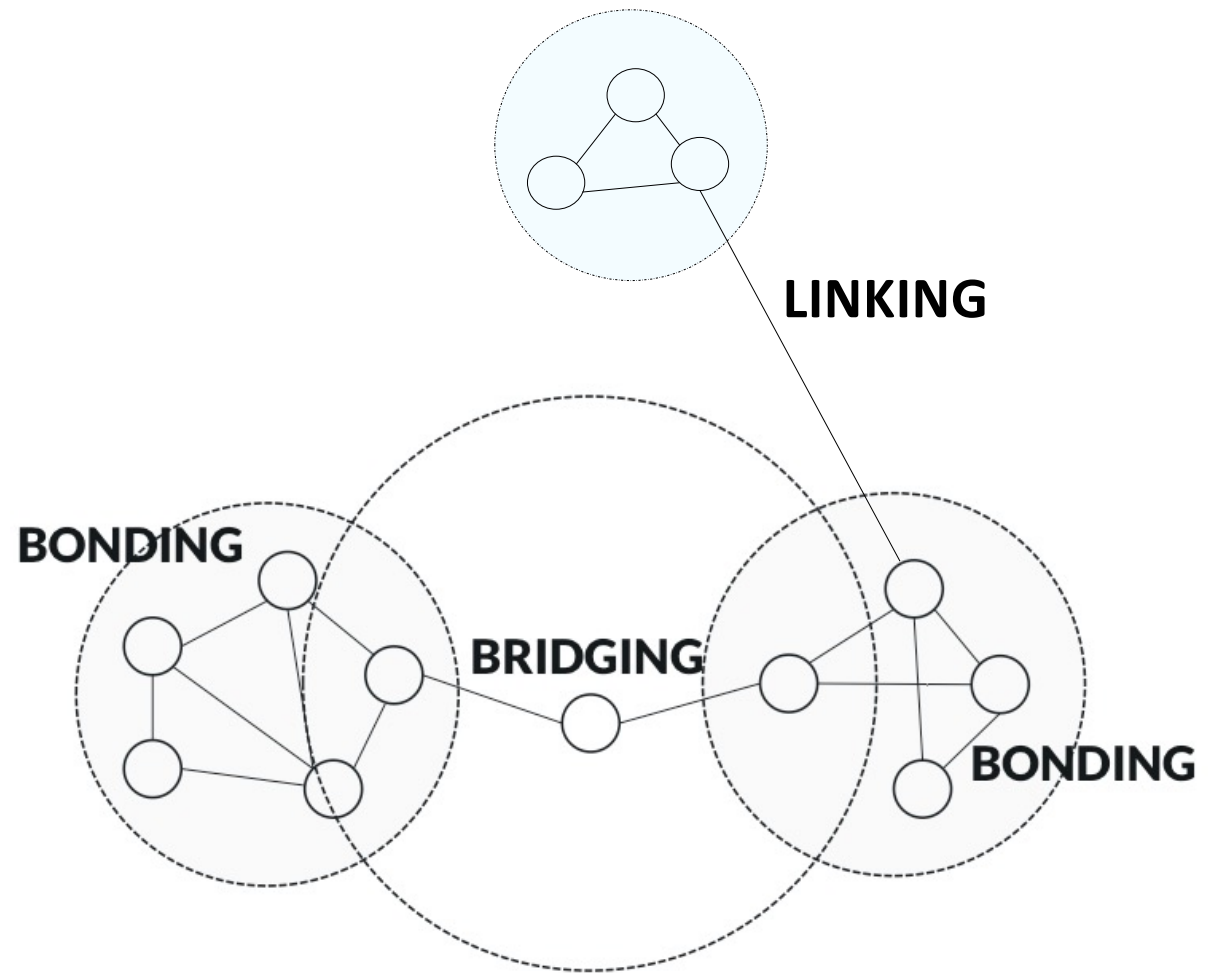
LEARNING OBJECTIVES

1. Recognize the **importance of social relationships** to human flourishing
2. Discuss **structural, functional, & psychological approaches** to understanding social dimensions of our learning & work environments
3. **Apply insights** to your own context

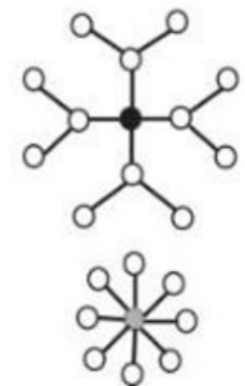
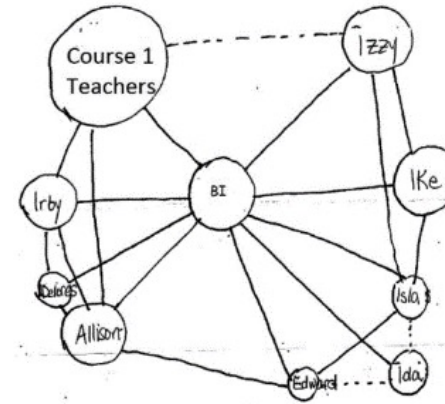
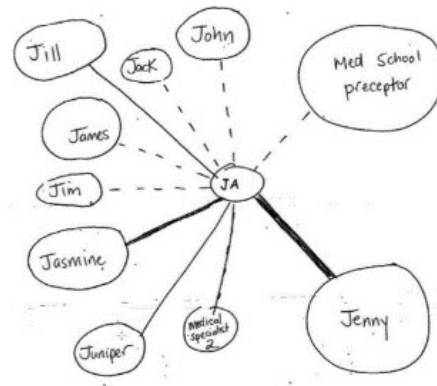
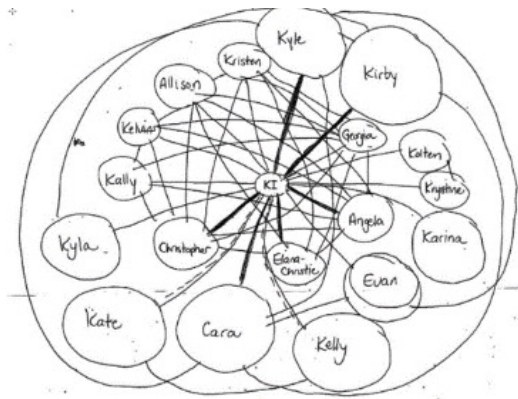
Who we are in relationship with...



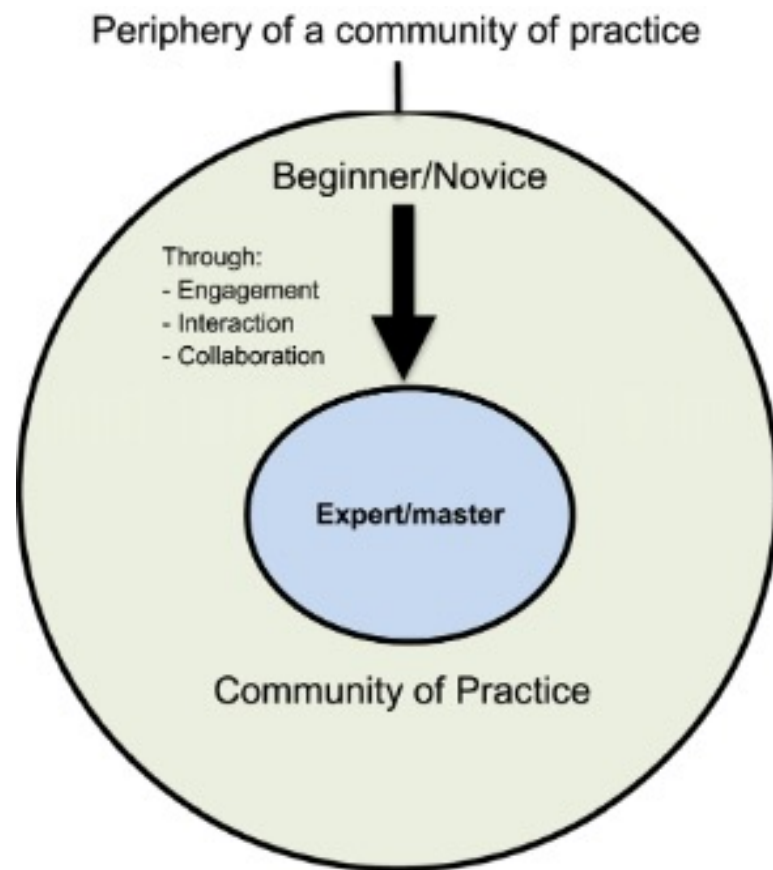
What type(s)
of relational
connections
we have



Putnam Social Capital



- How many, how strong, how interconnected, & how well connected our relationships are



- How central we are within our social networks
- Example: moving from legitimate peripheral participation to expert status within a community of practice



Shapiro, et al. JGME (2015)

Internal Medicine residents 95/124 (77%) from 1 program

Calculated **number of strong connections + social network centrality**, considering only co-residents.

‘Strong’ was defined as...

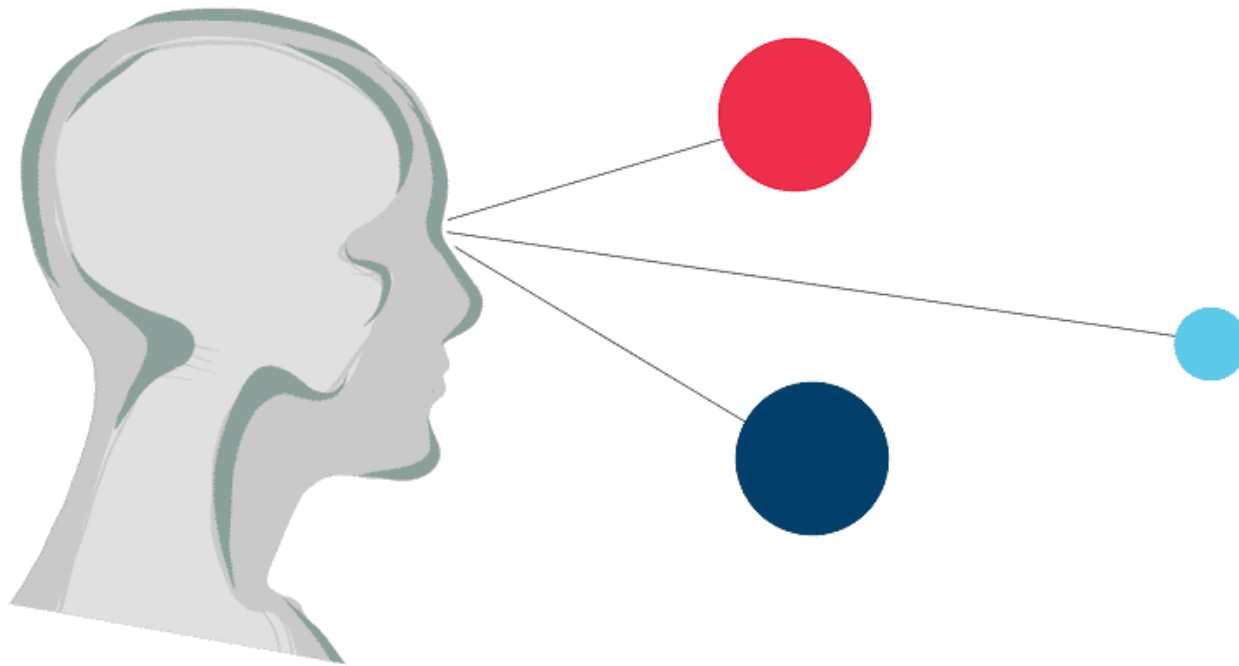
- Have had many conversations
- Would go to for support

No associations with emotional exhaustion or depersonalization

Greater centrality associated with
↑ personal accomplishment



Functions of social relationships (positive or negative)



- Functions & meaning of our relationships (e.g., positive vs. negative)
- Psychological appraisals of our relationships (e.g., loneliness, belonging)

1

SOCIAL SUPPORT & ISOLATION



Take out your phone
& find a photo of
someone(s) who
make you smile!



slido



What types of social support do you receive from / give to the person(s) in your photo?

ⓘ Start presenting to display the poll results on this slide.

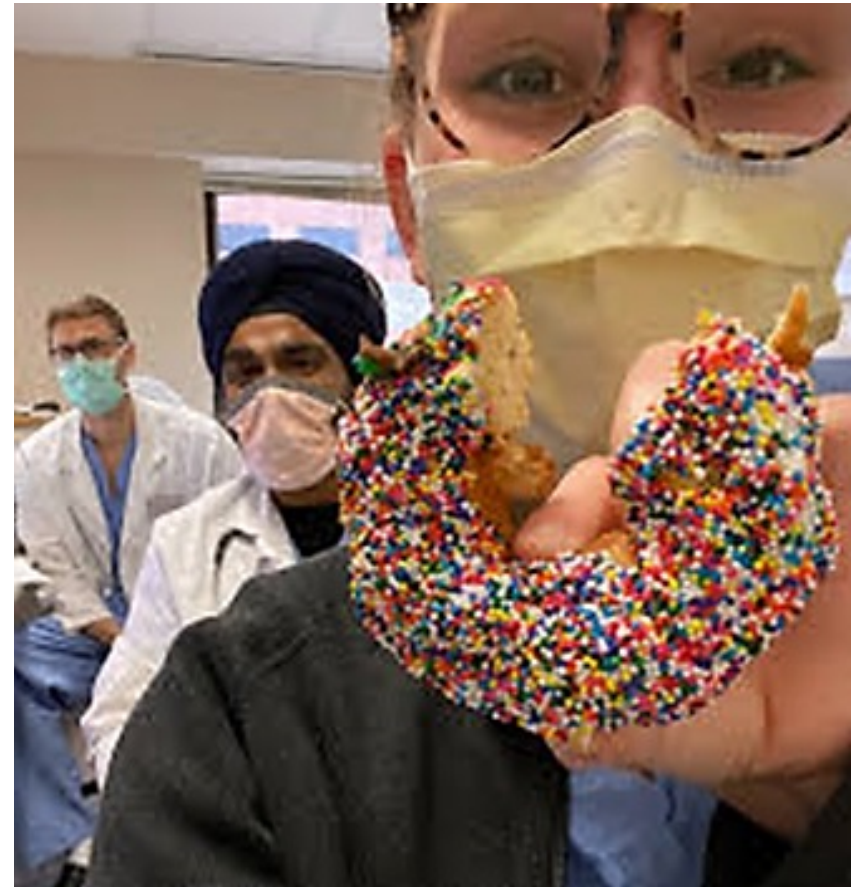
WHAT IS SOCIAL SUPPORT?

Resources “arising from social ties” or “accessible in the context of interpersonal contacts”

Can be classified in terms of...

- Type of support
- Source of support

Often measured as perceived availability of social support, should it be needed (vs. actual support)



TYPES OF SOCIAL SUPPORT

- Reliable alliance
- Attachment
- Nurturance
- Social integration
- Reassurance of worth
- Guidance
- Emotional support
- Informational support
- Tangible support
- Affectionate support
- Positive social interaction

Weiss (1974) Social Provisions Theory; Orpana, et al (2019) Social Provisions Scale 5; https://www.rand.org/health-care/surveys_tools/mos/social-support.html

QUALITATIVE STUDY OF RESIDENTS...

- Functions of social support in the workplace identified in qualitative analysis of 120 essays written by residents (ranging from 3 to 7 pages long)
 - **Reliable Alliance / Guidance**
 - Situational aid
 - Sharing information/tips
 - Discussing problems
 - Asking for & giving 2nd opinions
 - Sharing emotions
 - **Social integration**
 - Sharing on a personal level
 - Creating a positive work environment
 - Building team spirit
 - **Reassurance of worth**
 - Appreciated ▪ Treated as worthy, almost 'as equals' ▪ Trusted

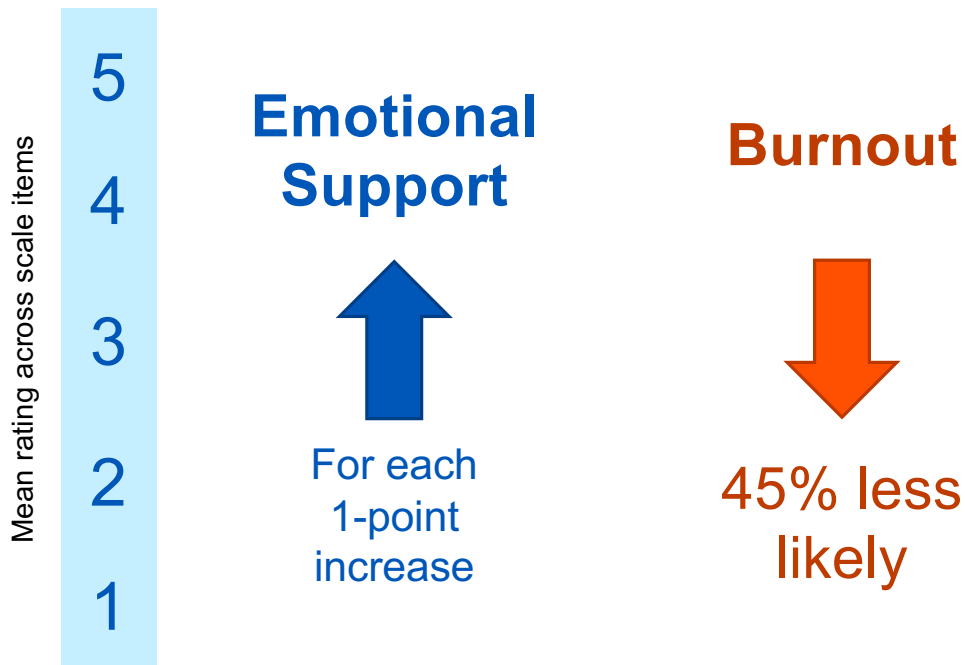
	None of the time (1)	A little of the time (2)	Some of the time (3)	Most of the time (4)	All of the time (5)	
Someone you can count on to listen to you when you need to talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Emotional & Informational Support
Someone to give you information to help you understand a situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Someone to give you good advice about a crisis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Someone to confide in or talk to about yourself or your problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Someone whose advice you really want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Someone to share your most private worries and fears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Someone to turn to for suggestions about how to deal with a personal problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Someone who understands your problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Someone to help you if you were confined to bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tangible Support
Someone to take you to the doctor if you needed it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Someone to prepare your meals if you were unable to do it yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Someone to help with daily chores if you were sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

SOCIAL SUPPORT IS ASSOCIATED WITH...

- Improved physical & mental health
- Reduced job stress & burnout
- Increased work satisfaction
- Higher academic achievement
- More health-promoting behaviors
- Decreased mortality
- Specialty choice

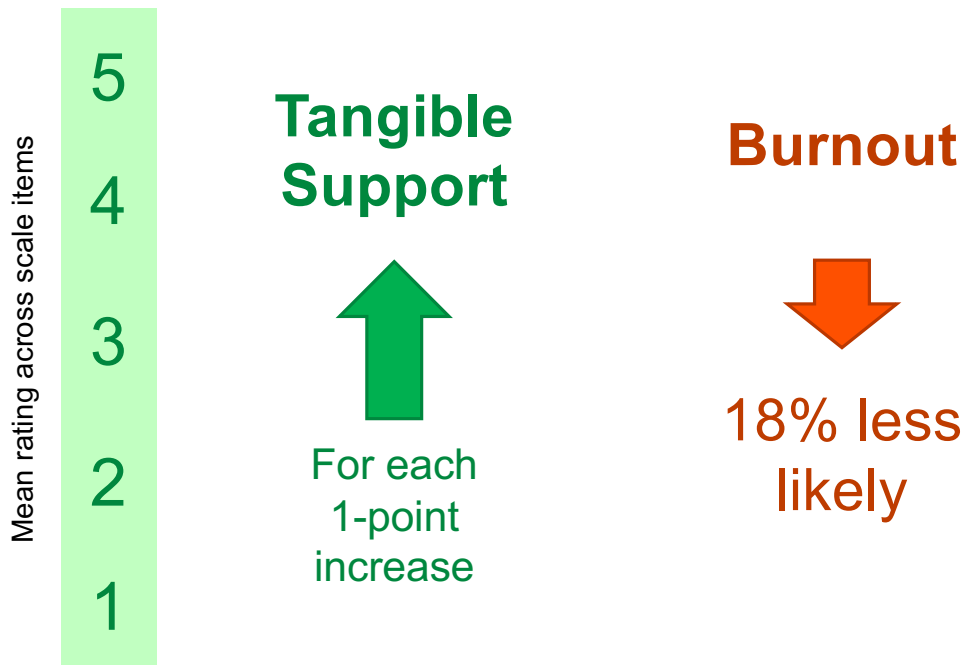


SOCIAL SUPPORT AMONG RESIDENTS/FELLOWS



Survey: 762 of 1,146 residents (66.5%) from 58 programs responded;
Medical Outcomes Study – Emotional Support Subscale OR 0.55, $P < 0.001$
Data are adjusted for age, gender, race/ethnicity, specialty, PGY, & site

SOCIAL SUPPORT AMONG RESIDENTS/FELLOWS



Survey: 762 of 1,146 residents (66.5%) from 58 programs responded;
Medical Outcomes Study – Tangible Support Subscale; OR 0.82, $P < 0.001$
Data are adjusted for age, gender, race/ethnicity, specialty, PGY, & site

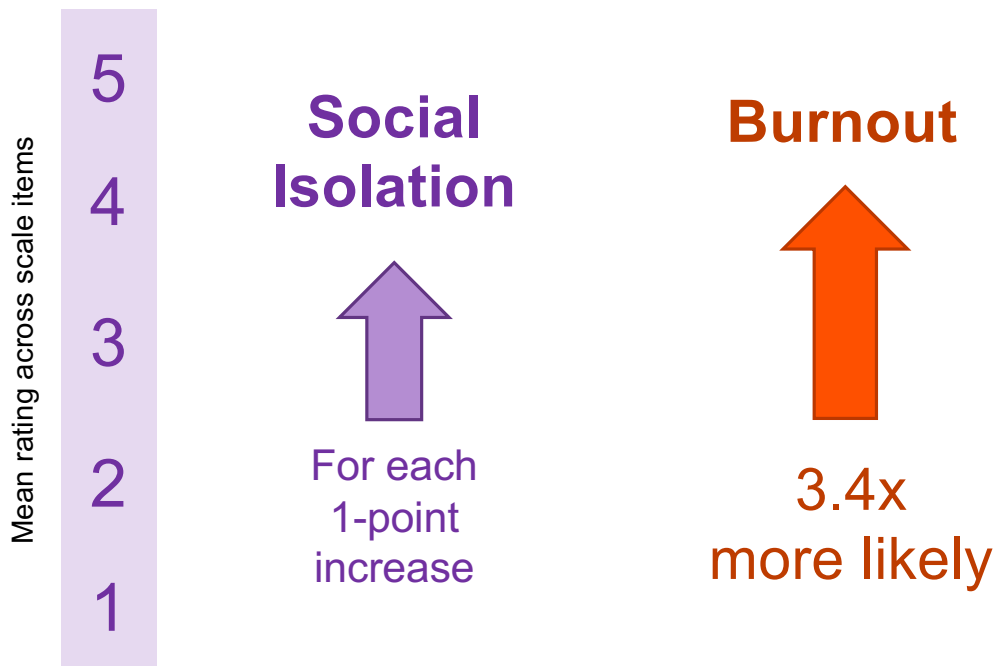
SOCIAL ISOLATION

- Feeling left out
- Barely known
- Isolated
- Alone in a crowd



https://staging.healthmeasures.net/images/promis/manuals/PROMIS_Social_Isolation_Scoring_Manual.pdf

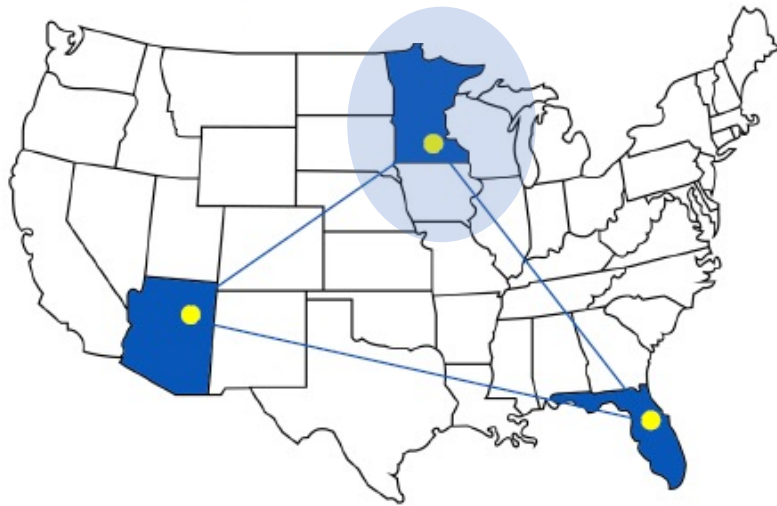
SOCIAL ISOLATION AMONG RESIDENTS/FELLOWS



Survey: 762 of 1,146 residents (66.5%) from 58 programs responded;
PROMIS Social Isolation Scale OR 3.44, $P < 0.001$
Data are adjusted for age, gender, race/ethnicity, specialty, PGY, & site

Are there features of the residency program that are associated with ↑ social support & ↓ social isolation among residents?

INVENTORY PROGRAM, & WORK-RELATED FACTORS



- 300+ training programs
- 1,700+ trainees
- 3 geographic sites
- Rural health system



Inventoried features of the 58 programs represented among survey respondents via administrative records & PD / program coordinator interviews

WHICH FACTORS WERE ASSOCIATED WITH SOCIAL SUPPORT / ISOLATION?

- Program size, length, type
 - # of current PDs, ratio of residents per PD
 - Prelim year requirement
 - Well-being committee w/ resident representation
 - Duty hours per week
 - Call burden (24- to 30-hour shifts, night float shifts, overnight home call shifts)
 - Weeks with only 1 day off
 - Required rotations where vacation was prohibited or restricted
 - Rate of approved leaves
 - For fellowship/job interviews
 - For other reasons – e.g., parental, bereavement, medical
 - Elective time
 - Required off-campus rotations
 - Same city, same state, out of state
- **Vacation days** used during current academic year prior to survey administration

EFFECTS OF RESIDENCY TRAINING ON PERSONAL RELATIONSHIPS

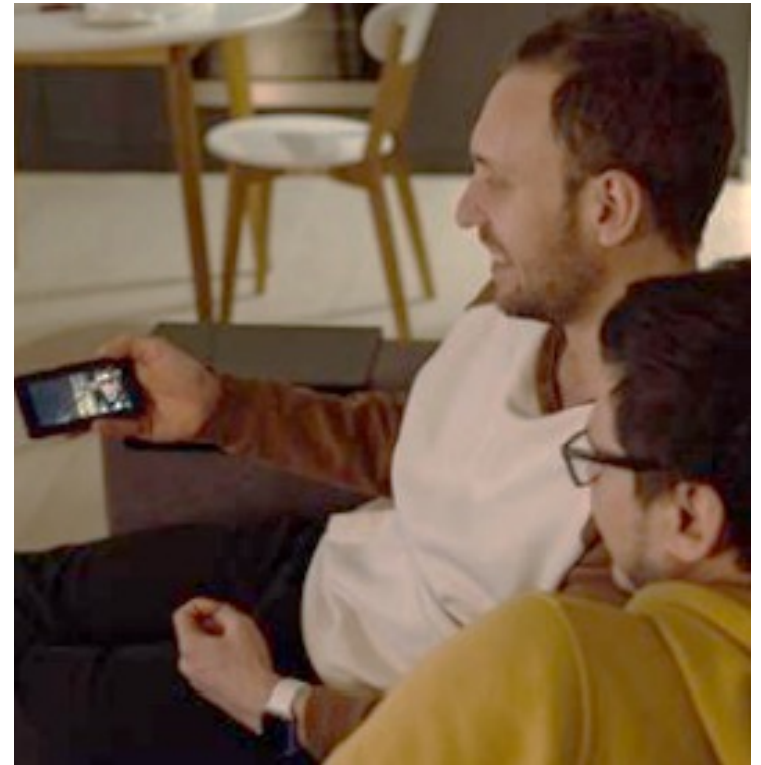


Mikkola, et al. Med Educ Online (2018)

- Interviews with 16 residents from various specialties and training levels
- Being a doctor often superseded personal relationships due to work-life imbalance imposed by training
- Could strain or erode personal relationships & undermine resident well-being

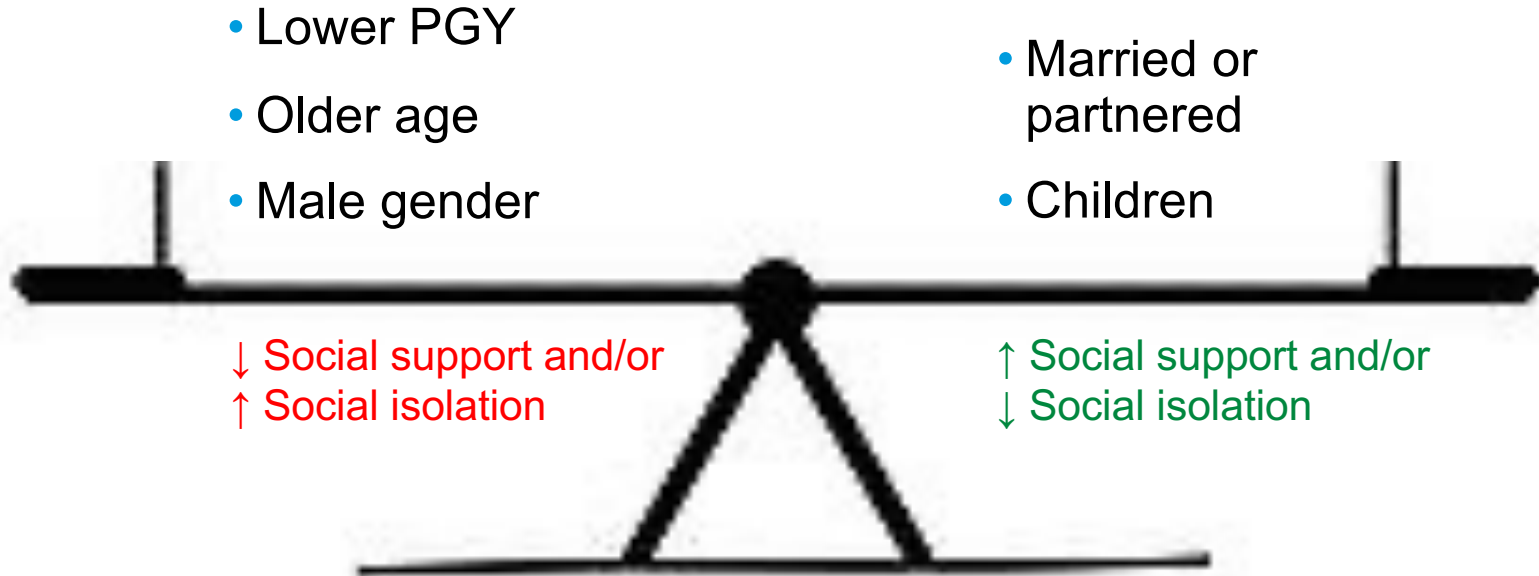
HOW DO RESIDENTS NAVIGATE THIS STRAIN?

- Managing expectations of others
- Creating relational hierarchies (prioritizing most valued/cherished)
- Adjusting plans when possible
- Compromising when not possible
- Using technology
- Gravitating toward others in medicine (like-minded people going through the same thing)
- Comparing to others ('It could be worse')



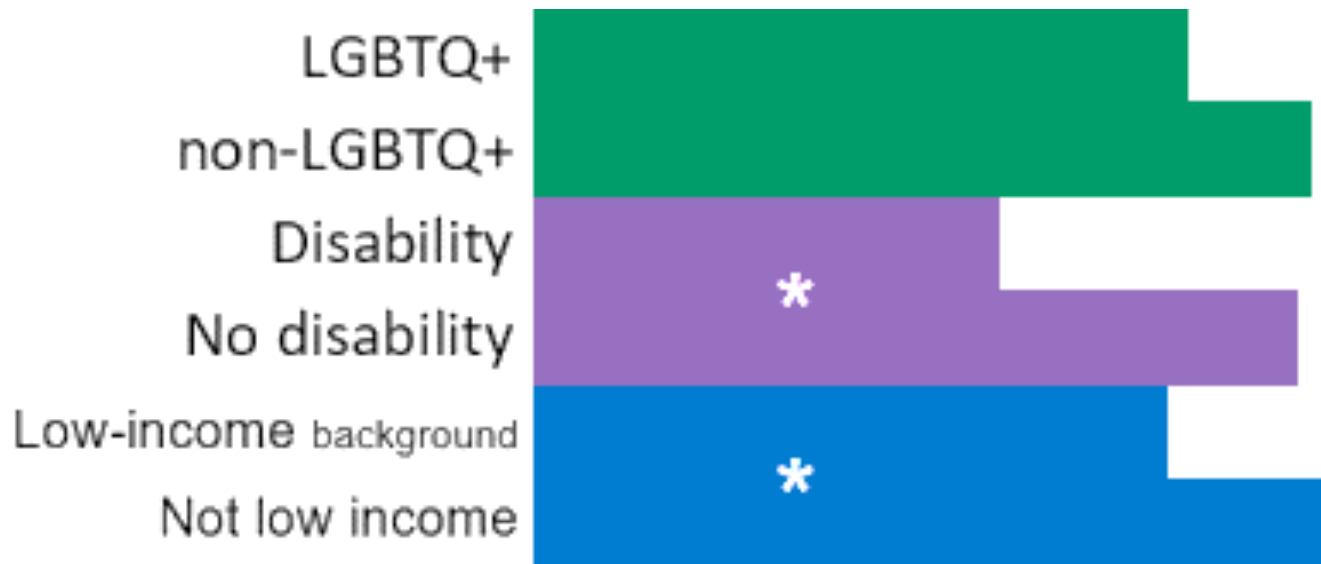
Mikkola, et al. Med Educ Online (2018)

WHAT DEMOGRAPHIC FACTORS WERE ASSOCIATED WITH SOCIAL SUPPORT / ISOLATION?



Leep Hunderfund, et al. Acad Med (2022)
Race/ethnicity was not an independent correlate of social support or isolation in this cohort

DISPARATE SOCIAL SUPPORT BY DEMOGRAPHIC GROUPS*



*Follow-up survey in late 2020 using Social Provisions Scale 5, which includes more types of social support beyond just emotional & tangible support

What strategies do you use or could you use to boost social support for your learners?

PROMISING STRATEGIES

- Affinity groups or a “buddy” system
- Sponsoring social events
- Providing time and space for residents to congregate
- Facilitating near-peer mentorship and peer support

- Augment residents’ personal support networks
 - Providing access to counseling or coaching services
 - Assisting with tangible support needs
 - Facilitating connections with community groups/resources

RESIDENCY PROGRAM COORDINATORS

- Survey of 316 of 459 (69%) Family Medicine residency program coordinators
- Reported spending **~6 hours per week (.14 FTE)** providing social support to residents
 - Solving personal & professional problems
 - Providing opportunities to express feelings
 - Emotional support
 - Conduit of information to & from PD

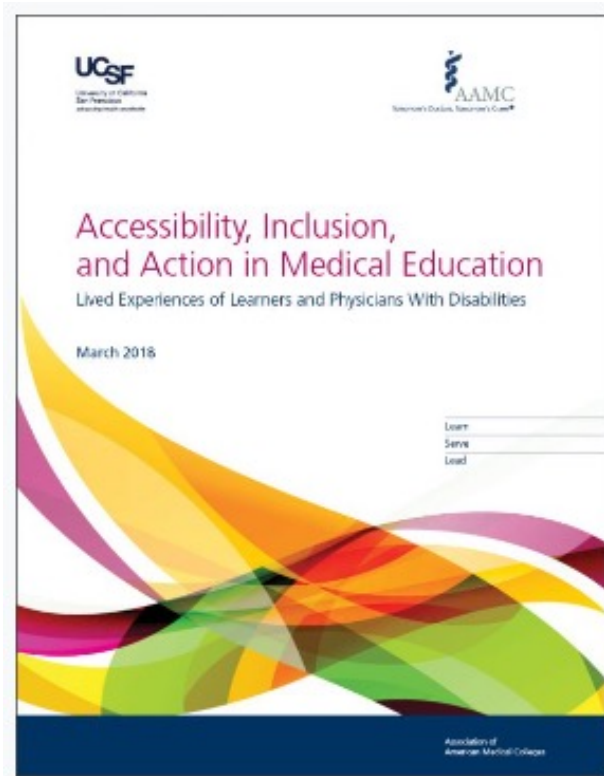


PROMISING STRATEGIES

- Equipping individuals from residents' personal social networks to recognize signs of burnout and distress;
- Facilitating opportunities to build and nurture social connections outside of work
- Developing programming for resident spouses, partners, and/or families
- Implementing policies to support resident parents



PROMISING STRATEGIES



- Attention to accessibility of learning & work environments
- Support for arranging accommodations
- Free or low-cost activities (financial stress & differential access to housing, transportation, etc. can contribute to social isolation)
- Guidance re: how to navigate medical and medical education systems

How do program director & faculty relationships/behaviors relate to social support & isolation among residents?

SOURCES OF WORKPLACE SOCIAL SUPPORT FOR RESIDENTS

- Program leaders
 - *Most mentioned relationship in this study*
- Faculty
- Fellow residents
- Allied health staff

Included in our survey



Mikkola, et al. Med Educ Online (2018)

MAYO CLINIC LEADERSHIP SCALE: PROGRAM DIRECTOR & ASSOCIATE PD BEHAVIORS

- Holds career development conversations with me
- Empowers me to do my job
- Encourages me to suggest ideas for improvement
- Treats me with respect & dignity
- Provides helpful feedback & coaching on my performance
- Recognizes me for a job well done
- Keeps me informed of changes taking place
- Encourages me to develop my talents & skills
- Responds appropriately to issues or concerns



Dyrbye LN, Leep Hunderfund AN, et al. Acad Med (2020)

FACULTY RELATIONSHIPS & SATISFACTION WITH AUTONOMY

Faculty Relationships Subscale of John Hopkins Learning Environment Survey* (6 items, 5-point Likert scale, potential scores range from 6 to 30)

Satisfaction with Autonomy

- Outpatient
- Inpatient
- ICU
- Procedural areas



*Shochet, et al. Acad Med (2015)

Dyrbye LN, Leep Hunderfund AN, et al. Acad Med (2020)

FACULTY PROFESSIONAL BEHAVIORS

1. Being respectful of residents & other physicians
2. Being on time & managing a schedule well
3. Providing direction & constructive feedback
4. Role-modeling wellness/self-care behaviors
5. Finding resources in the moment to provide patient care
6. Encouraging free & open discussion of viewpoints, ideas, & beliefs



Dyrbye LN, Leep Hunderfund AN, et al. Acad Med (2020)

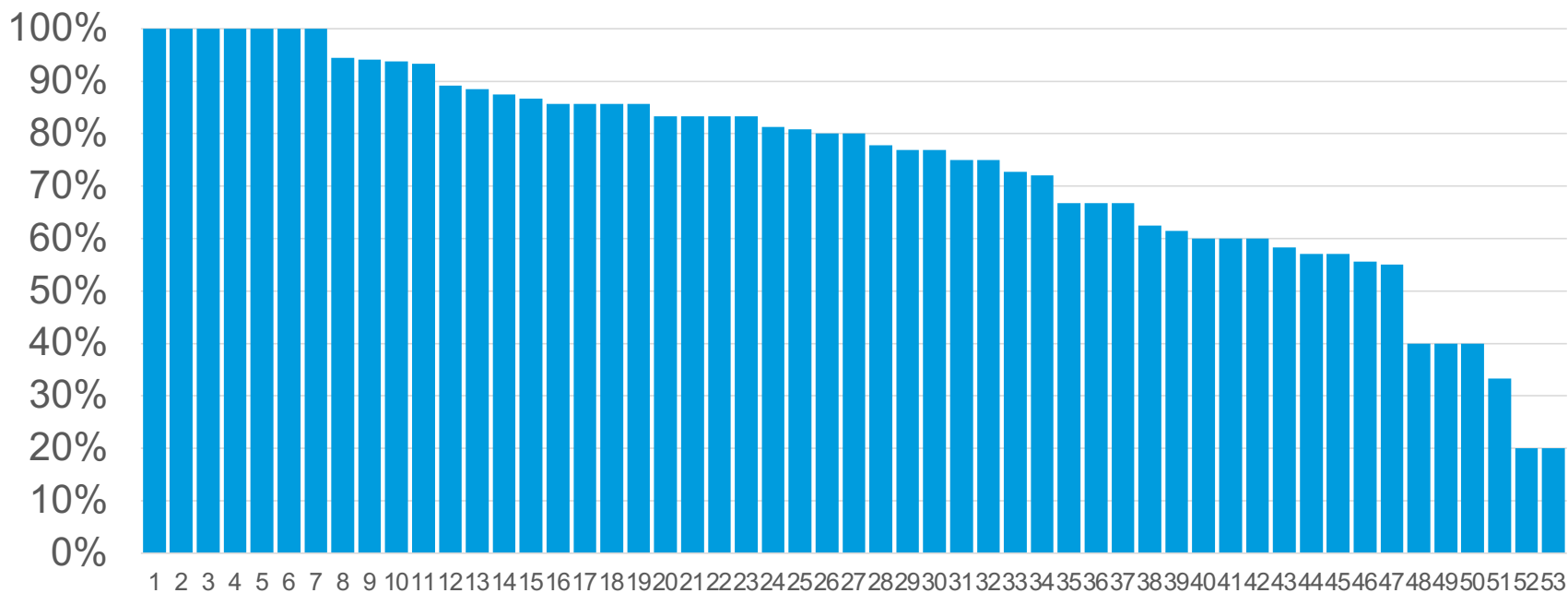
ALL OF THESE WORKPLACE RELATIONSHIP MEASURES WERE ASSOCIATED WITH ↑ SOCIAL SUPPORT / ↓ ISOLATION AMONG RESIDENTS

- Program Leadership Team Behaviors
- Faculty Relationships
- Faculty Professional Behaviors
- Satisfaction with Autonomy



Leep Hunderfund, et al. Acad Med (2022)

RATINGS VARIED SUBSTANTIALLY ACROSS GME PROGRAMS



MCSGME Climate Survey, Data are from 53 GME programs with 5+ respondents;
Mean program-level Faculty Relationships subscale Scores

TAKING A DEEPER DIVE: PROGRAM LEADERS

- Identified the program leadership teams rated most favorably by residents
 - 2 surgical
 - 3 primary care
 - 2 medical specialties
 - Program size ranged from 15 to 49 trainees
- Interviewed 16 of 22 PDs or APDs from these 7 programs

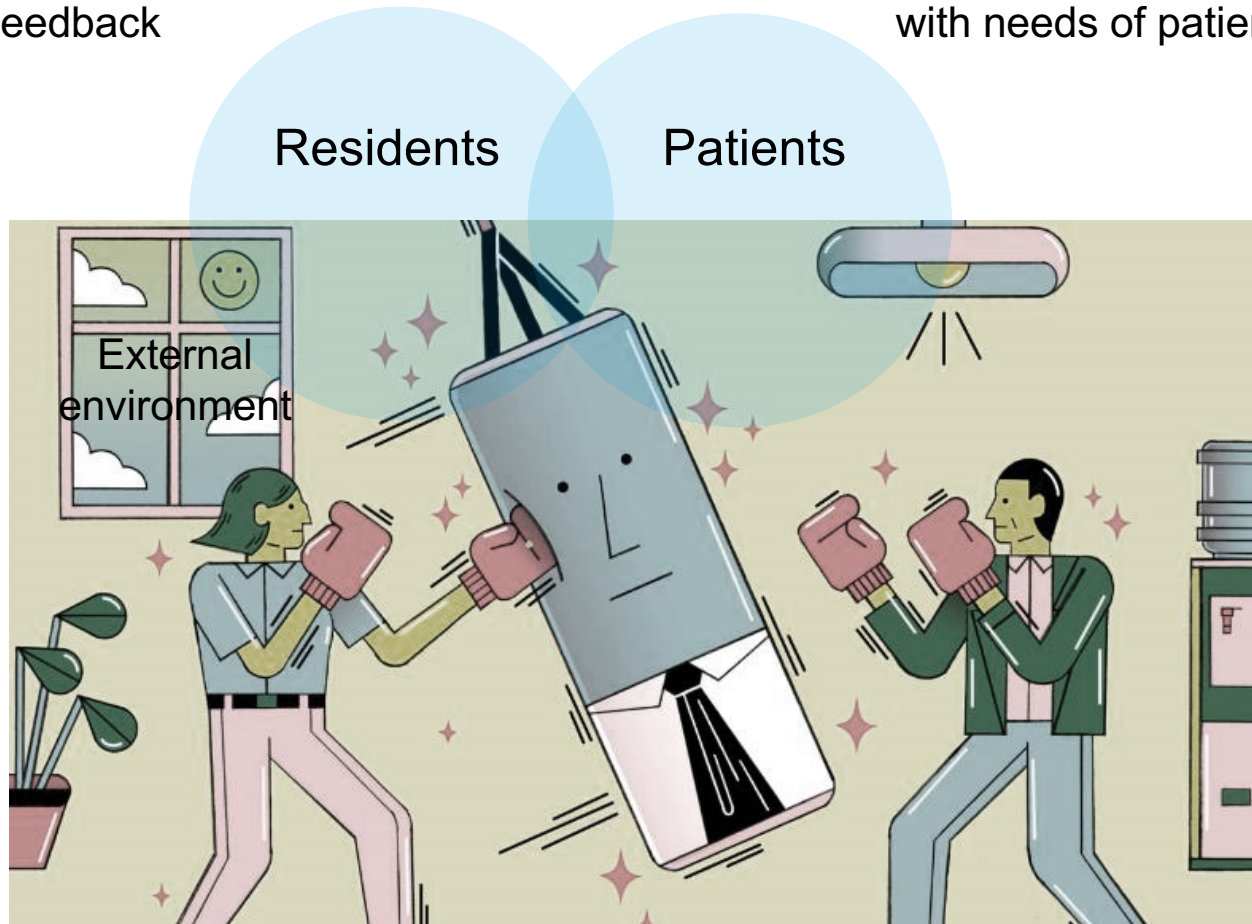


Rackley, et al. Forthcoming

Caring: personal & professional
Accountability/Feedback
Role modeling
Empowerment
Recognition
Supervision
Fairness
Selection

Department:
Support for PD
Support for education
Autonomy

Balancing resident needs
with needs of patients



Faculty:
Engagement
Accountability
Conflict management
Faculty development
Advocacy

Organizational environment, Other Learners, Allied Health

TAKING A DEEPER DIVE: FACULTY RELATIONSHIPS

- Identified residency & fellowship programs near or below the national mean on ACGME trainee survey items related to faculty relationships or a low trainee survey response rate
- Invited programs to participate in a QI project as part of their response to ACGME survey results. Aim: Improve resident-faculty relationships at work

Faculty members act professionally when teaching

Faculty members act professionally when providing care

Able to raise concerns without fear or intimidation

Faculty members interested in education

Faculty effectively creates environment of inquiry

https://www.acgme.org/globalassets/ResidentSurvey_ContentAreas.pdf

TAKING A DEEPER DIVE...

- Surveyed core faculty within participation programs to explore how relationships with residents affect different drivers of burnout
- Conducted focus-groups with residents & core faculty (separately)
- Constructing fishbone diagrams for each program based on resident & core faculty feedback
- These will inform both program- and school-level suggestions for improvement





**WHAT KIND OF INTERACTIONS
WITH FACULTY HELP YOU FEEL
MOST CONNECTED?**

#1 – INVESTED IN RESIDENTS' LEARNING & GROWTH

“When faculty invest in our learning and show genuine interest in our development both personally and as new physicians.”

“Most consultants are great and willing to teach - which provides a sense of closeness to the consultant when it comes to asking questions and establishing a relationship with consultants/mentors.”

“Building a community where we feel like the faculty are invested in our growth and development.”



#2 – BEING TREATED LIKE A COLLEAGUE

“We appreciate being treated like colleagues and adult learners, makes it feel more collegial.”

“Desire for treatment more like a colleague and less hierarchical”

“I really enjoy my day better when my faculty treats me as a colleague and friend, and we're launching the case TOGETHER rather than them pimping me on things or only giving feedback on my performance when talking to me.”



#3 – CONNECTING ON A HUMAN / PERSONAL LEVEL

“Personal conversations about home life, career goals, adjusting to new changes/rotations.”

“Take the time to get to know me”

“Talking about weekend plans, family, etc. These conversations are important but infrequent.”

“It is important for us to feel supported and cared for as people rather than being an expendable resource whose function is to get work done.”



#3 – CONNECTING ON A HUMAN / PERSONAL LEVEL

“Discussing work-life balance, how they reached where they are professionally today.”

“Our attendings on certain rotation sit in same work room with us and they involve us in conversations about things frustrating them. This gives me a sense of ‘they are human too’ and makes them look more available to me.”

“Seeing the faculty taking time out of their day to meet with us, check in.”



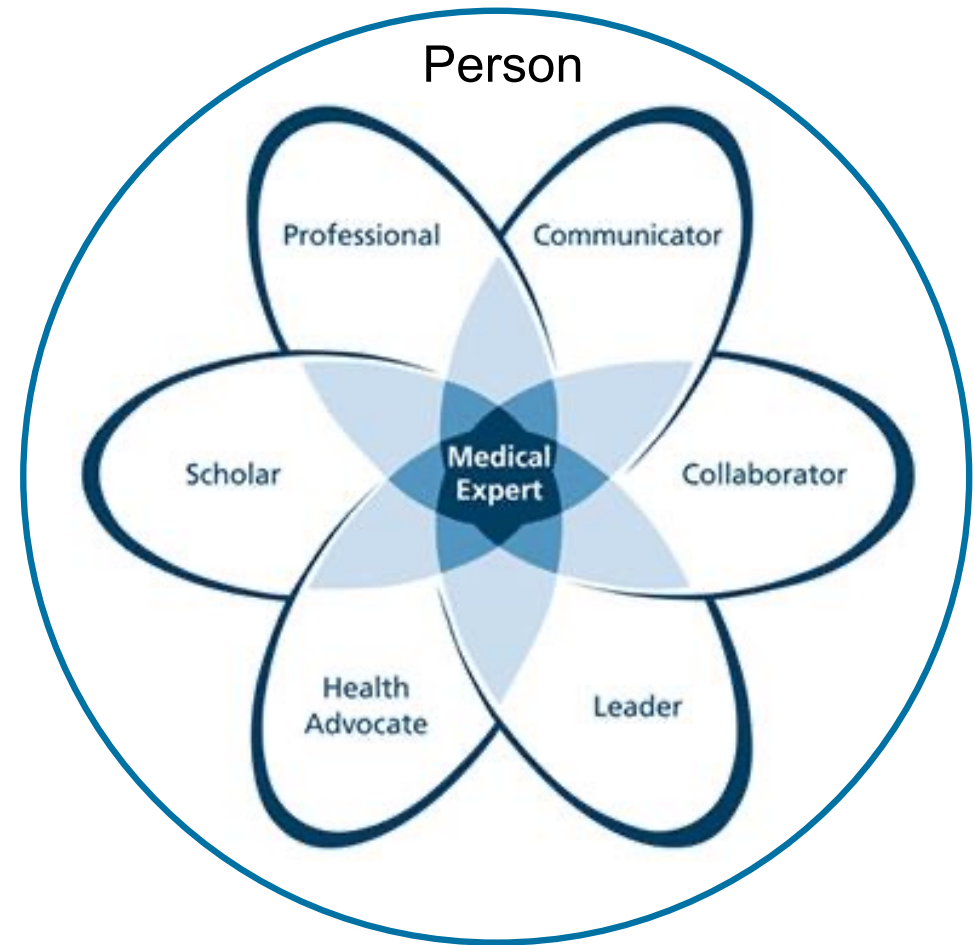
slido



Which of these examples do you think was cited most often as helping residents feel connected?

ⓘ Start presenting to display the poll results on this slide.

“The faculty are dedicated to education and helping me work on my professional goals. [But] I have not met many faculty who are **actually interested in who I am as a person or my life outside of work** other than faculty directly responsible for my well-being (program director, assistant PD, program coordinator).”



WHAT ABOUT THE FACULTY PERSPECTIVE?

“Faculty seem burned out...”



“Working with trainees is one of the things that gives my medical vocation meaning. I have found this meaning in my work to be protective during some very difficult times.”

“Working with residents and trainees **makes me extremely happy and brings purpose to my work.**”

“These questions are hard to answer, because **the current environment is not good.** It used to be very good and a big source of joy. This is one of the most important parts of our job and brings the most joy. **Much of that joy is not here today.**”

BARRIERS & CHALLENGES REPORTED BY FACULTY

System-related

- Lack of time / FTE for teaching
- High clinical demands
- Short assignments without continuity
- Teaching activities not highly valued
- Good teachers attract more teaching & mentorship responsibilities without increased support
- Attention to resident well-being without commensurate consideration of faculty well-being



BARRIERS & CHALLENGES REPORTED BY FACULTY

Faculty-Related

- **Difficulty giving negative feedback**, concern re: how residents will respond emotionally
- **Desire to maintain personal-professional boundaries**: “Want more connection with the residents as people, but also want to make sure that these relationships stay professional (not chummy)”
- **Not wanting to ‘lead trainees on’** in terms of expecting a job offer



BARRIERS & CHALLENGES REPORTED BY FACULTY

Resident-Related

- **Lack of preparation** for patient care activities / procedures
- **Lack of receptivity** to feedback
- **Underperforming residents increase workload** (e.g., double-checking or duplicating the resident's work) & consume a lot of time/energy
- **Generational differences**
- **Less respect for certain faculty** (who are more junior, women, or URiM race/ethnicity)



“Relationships between trainee and faculty have a high impact on my joy at work, **both positively and negatively** depending on how things are in the relationship.”

- Trainee Participant

“It is very hard to generalize faculty-trainee relationships. **Many are neutral. A few are mutually beneficial** in increasing joy, productivity, and enhancing patient care. **A few are detrimental** to work-flow, produce difficult communication, and a sense of frustration.”

- Faculty Participant

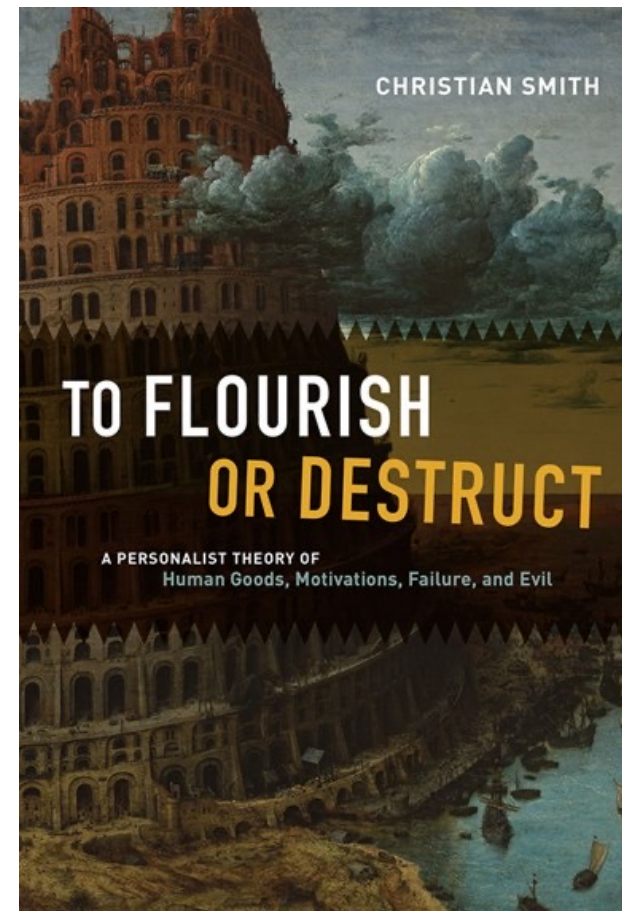
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**RELATIONSHIPS
AREN'T ALL
POSITIVE...**



Flourishing is compromised when social relationships are...

- Lacking
- Limited
- Harmful
- Destructive



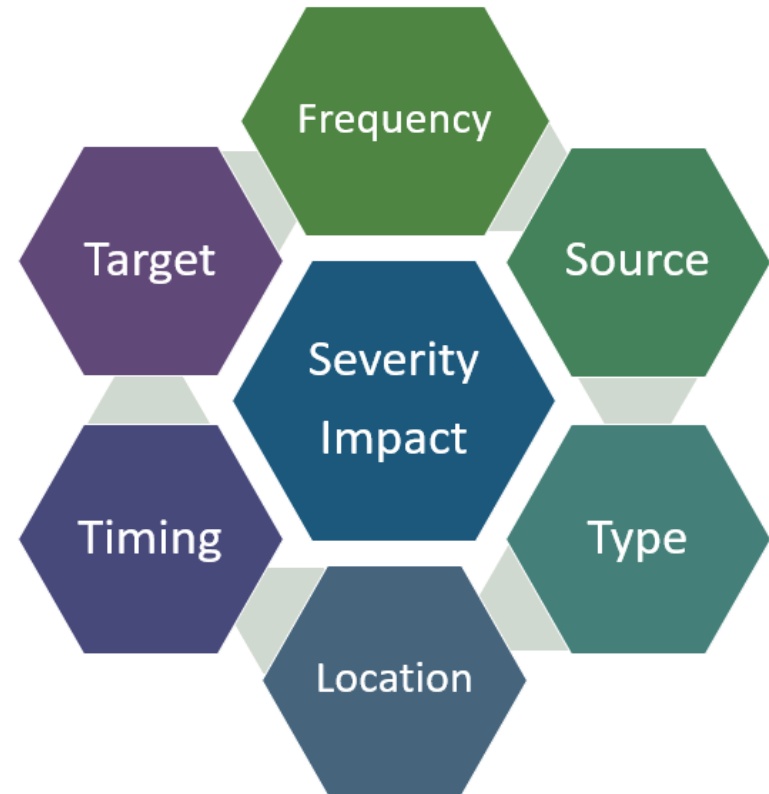
EXAMPLES OF RELATIONAL HARMS

- Abuse
- Bias / Discrimination
- Bullying
- Exclusion
- Harassment
- Mistreatment
- Neglect
- Offensive comments
- Violence



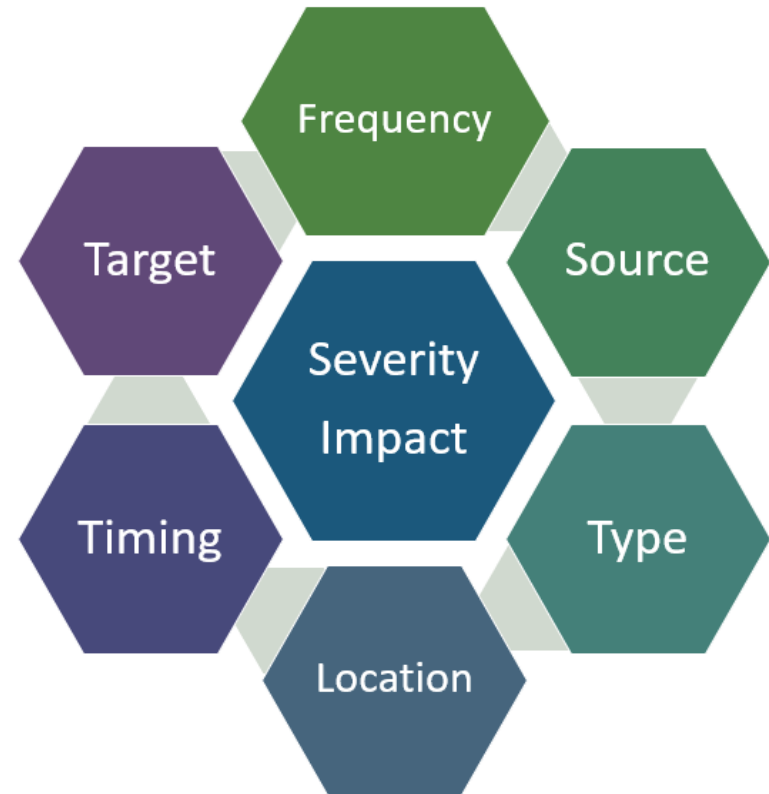
DIMENSIONS OF BIAS EXPERIENCES

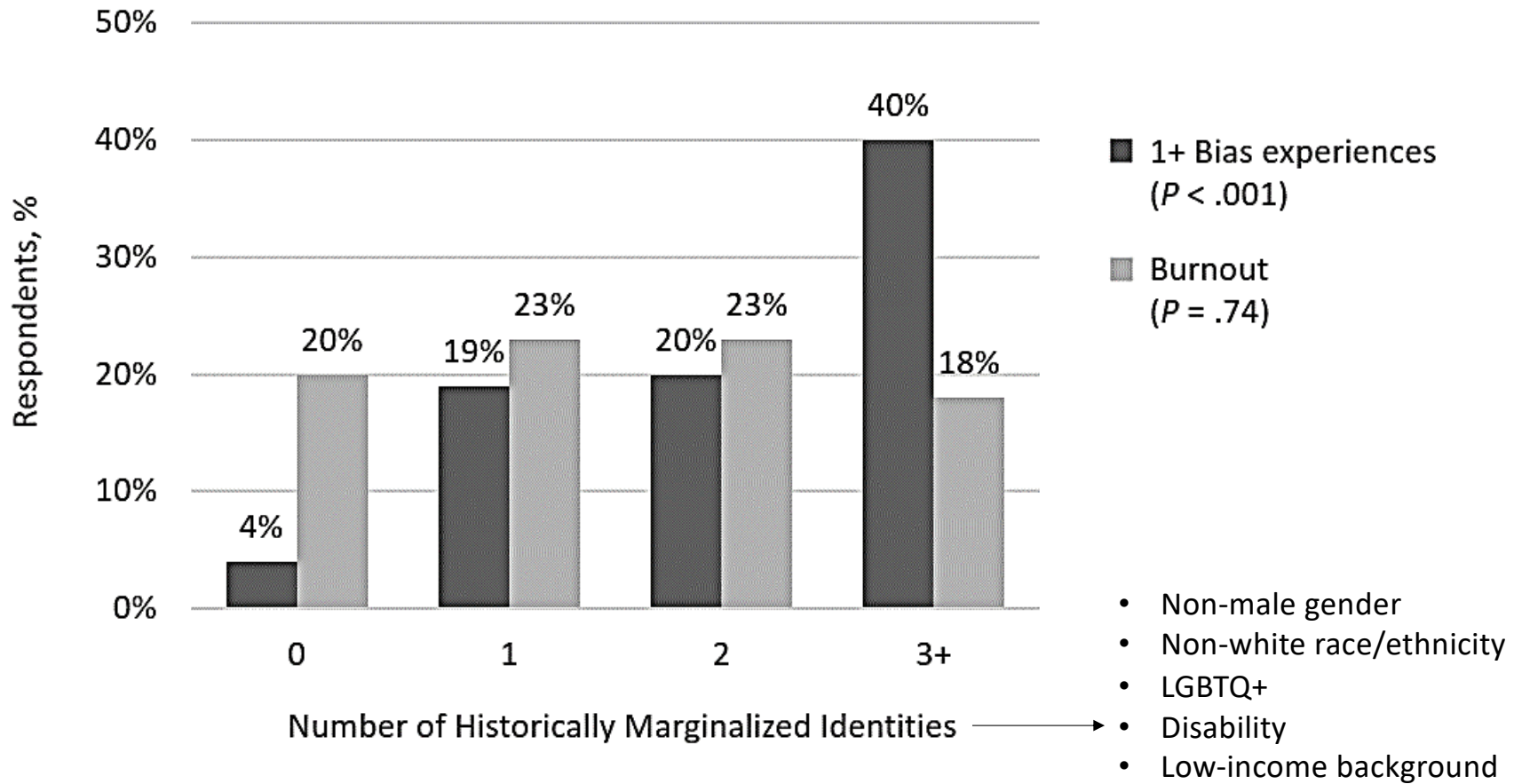
- **Frequency**
- **Source:**
Fellow learners, faculty, education leaders/staff, other staff/ employee, patient/companion, other
- **Type:**
Age, gender, race/ethnicity, sexual orientation, parental status / lactation needs, political views / religious beliefs, other
- **Location:** At institution

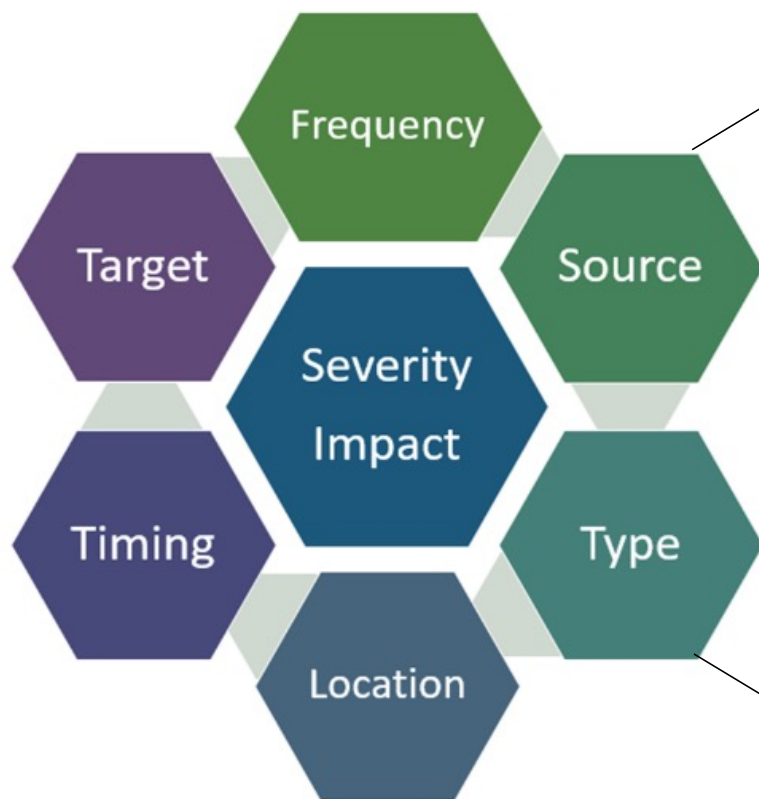


DIMENSIONS OF BIAS EXPERIENCES

- **Timing:** As a learner at institution
- **Target:** Personal experiences (not witnessed)
- **Severity/Impact:**
That made it more difficult than it would have been otherwise to learn, work, or achieve your professional goals

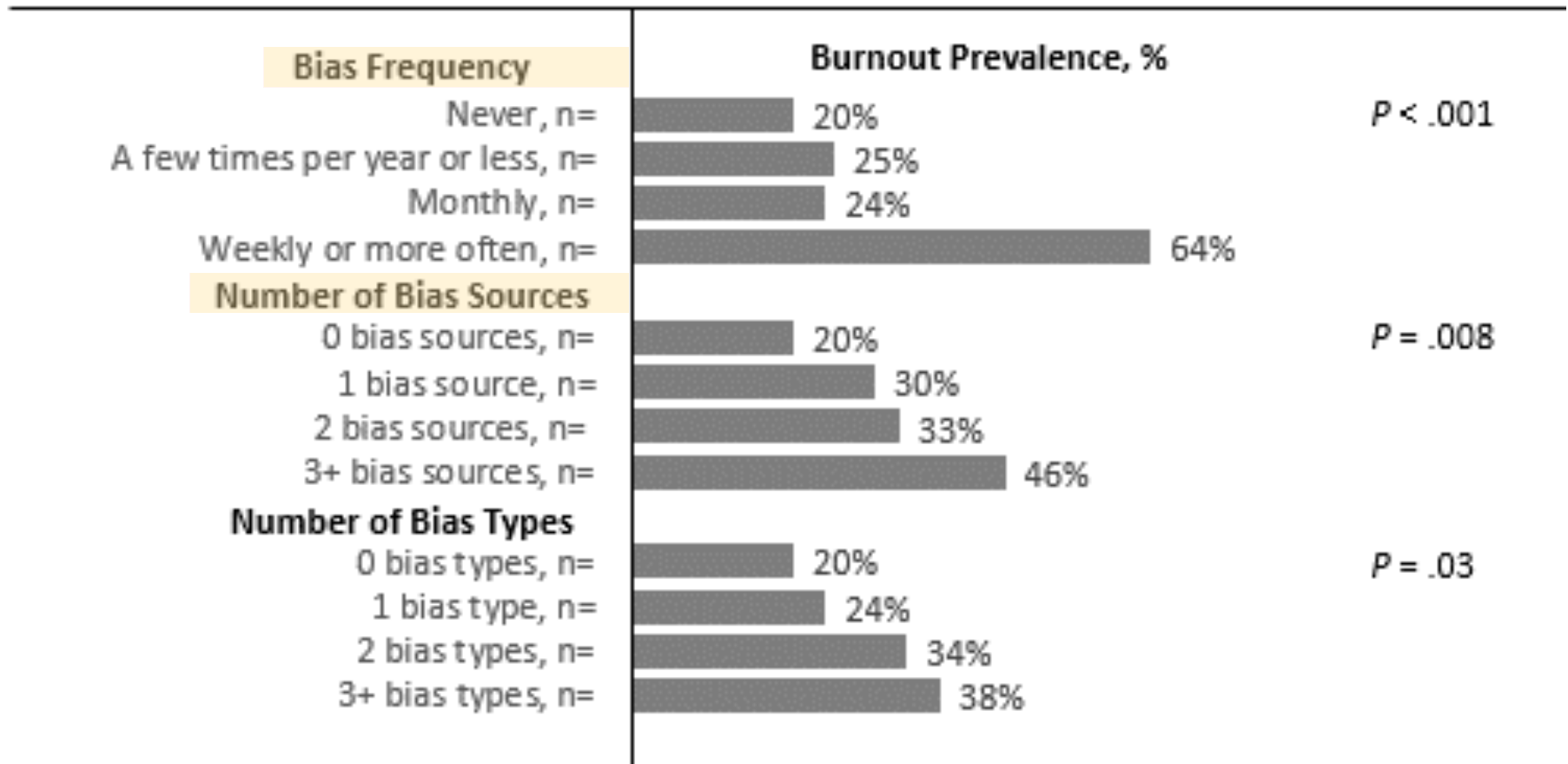






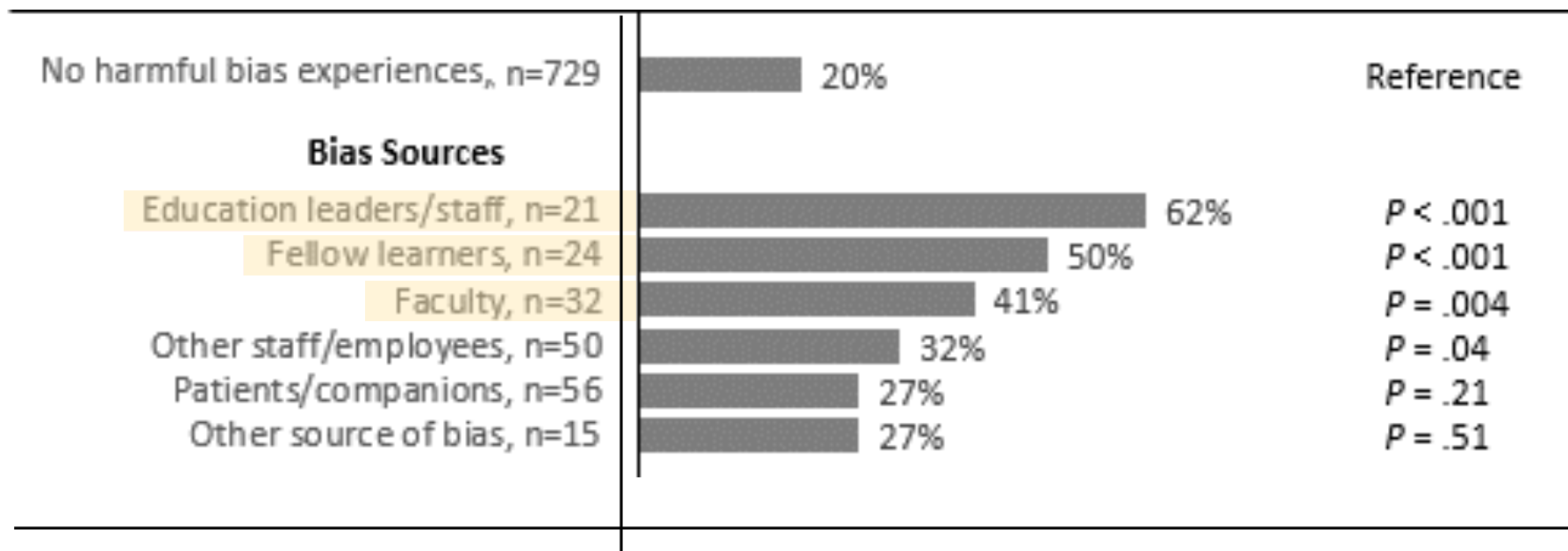
Bias Sources	
Education leaders/staff, n=21	3%
Fellow learners, n=24	3%
Faculty, n=32	4%
Other staff/employees, n=50	6%
Patients/companions, n=56	7%
Other source of bias, n=15	2%
Bias Types	
Parental status/lactation needs, n=13	2%
Political views/religious beliefs, n=17	2%
Age, n=34	4%
Gender identity, n=64	8%
Other type of bias, n=33	4%
Race/ethnicity, n=41	5%
Sexual orientation, n=7	1%

Leep Hunderfund, et al. Forthcoming; Survey of 1,825 residents & fellows across multiple specialties from Mayo Clinic sites; 942 responded (52%)



Leep Hunderfund, et al. Forthcoming; Highlighted associations remained statistically significant after adjusting for demographic factors, years in school, and specialty

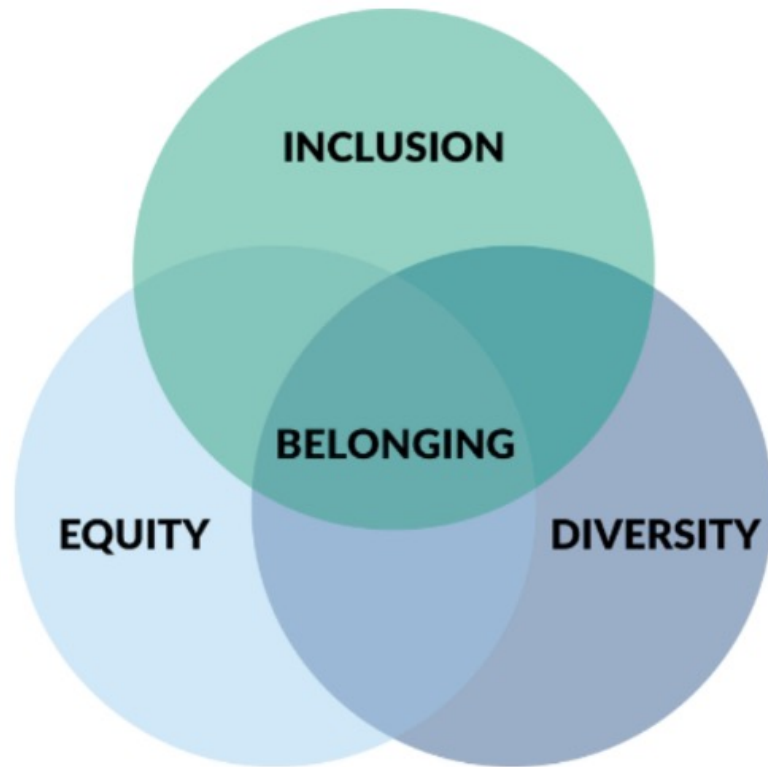
Burnout Prevalence, %



Leep Hunderfund, et al. Forthcoming; Highlighted associations remained statistically significant after adjusting for demographic factors, years in school, and specialty

Why might burnout rates be higher among residents who report bias from education leaders/staff, fellow learners, & faculty than bias from other sources (e.g., patients)?

SENSE OF BELONGING



DIVERSITY
is a fact.

EQUITY
is a choice.

INCLUSION
is an action.

BELONGING
is an outcome.

— Arthur Chan

3

**SENSE OF
BELONGING**

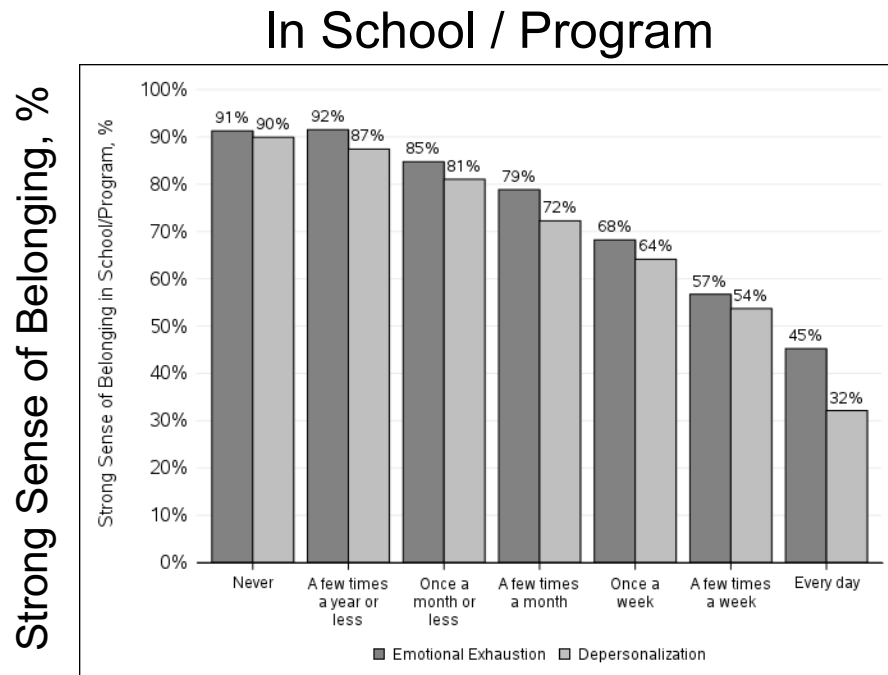


STUDENTS WHO FEEL LIKE THEY BELONG ARE MORE LIKELY TO...

- Excel, thrive, & persist in school (York & Fernandez, 2014)
- Fewer behavior problems, less absenteeism, more academically motivated (Nunez, 2009, Ribera, 2017, Strayhorn, 2019)
- Be involved in clubs, organizations, activities, leadership roles (Asher & Weeks, 2012)



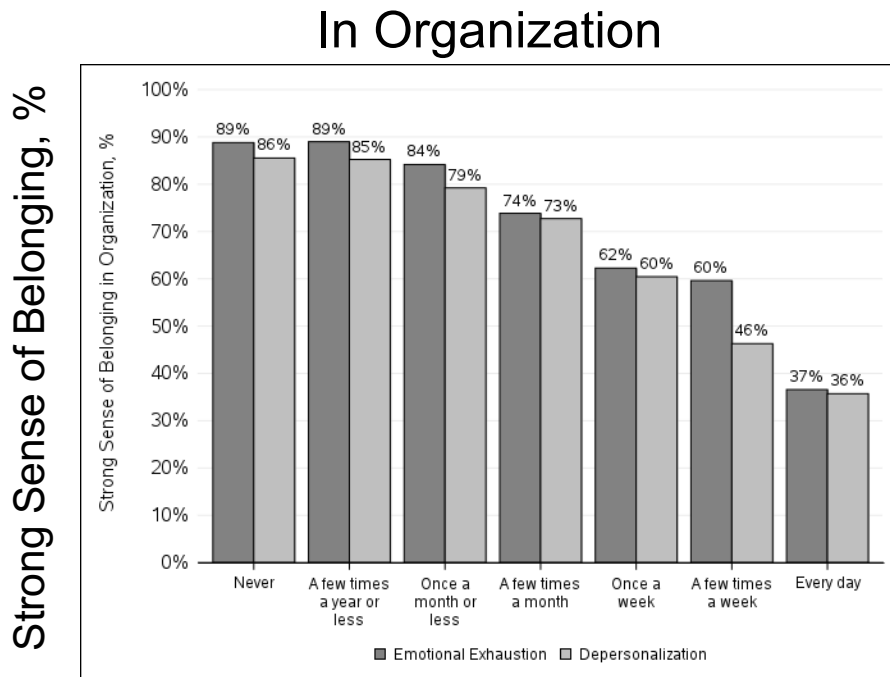
LEARNERS WHO FEEL LIKE THEY BELONG ARE LESS LIKELY TO ENDORSE BURNOUT SYMPTOMS



More frequent burnout symptoms →



LEARNERS WHO FEEL LIKE THEY BELONG ARE LESS LIKELY TO ENDORSE BURNOUT SYMPTOMS

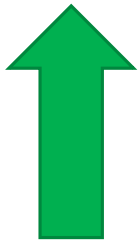


More frequent burnout symptoms →



RESIDENTS WITH A VERY STRONG SENSE OF BELONGING IN THE ORGANIZATION ARE...

Recommend
the Organization



505x
more likely

Accept a
Job Offer



39x
more likely

Survey of medical students, residents, & fellows: 1,261 of 2,257 learners (56%) responded; data are 'very strong' sense of belonging vs. 'very weak' sense of belonging, adjusted for age, gender, race/ethnicity, LGBTQ+, disability, low-income background, years in school, and school/program



slido



In a single word, what does belonging mean & feel like to you?

ⓘ Start presenting to display the poll results on this slide.

“Freedom to contribute outweighs pressure to conform”

– Alida Miranda-Wolff



<https://tiescenter.org/topics/peer-engagement/creating-communities-of-belonging-for-students-with-significant-cognitive-disabilities>



At your table are pages illustrating different ‘uses’ of the word ‘belonging’ in popular speech/media.

Each take a page and reflect as a group on

1. What **aspect(s) of ‘belonging’** are illustrated?
2. What **questions, insights, or tensions** do these images raise for how we think about belonging in medical education?



PUT THINGS
BACK WHERE
THEY BELONG



Feels like home



**YOU
BELONG
IN THE
ROOM**

I belong to a gym now...
well, let me rephrase that:
I don't belong there at all,
but I go.

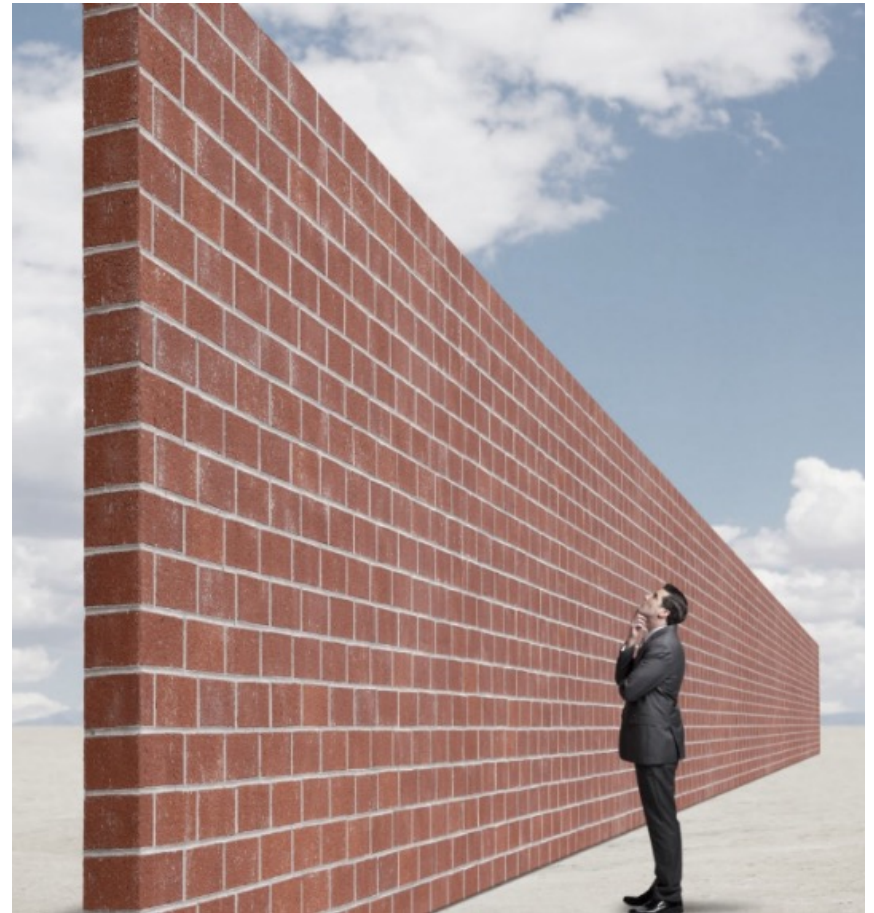
Ted Alexandro

PICTUREQUOTES.COM

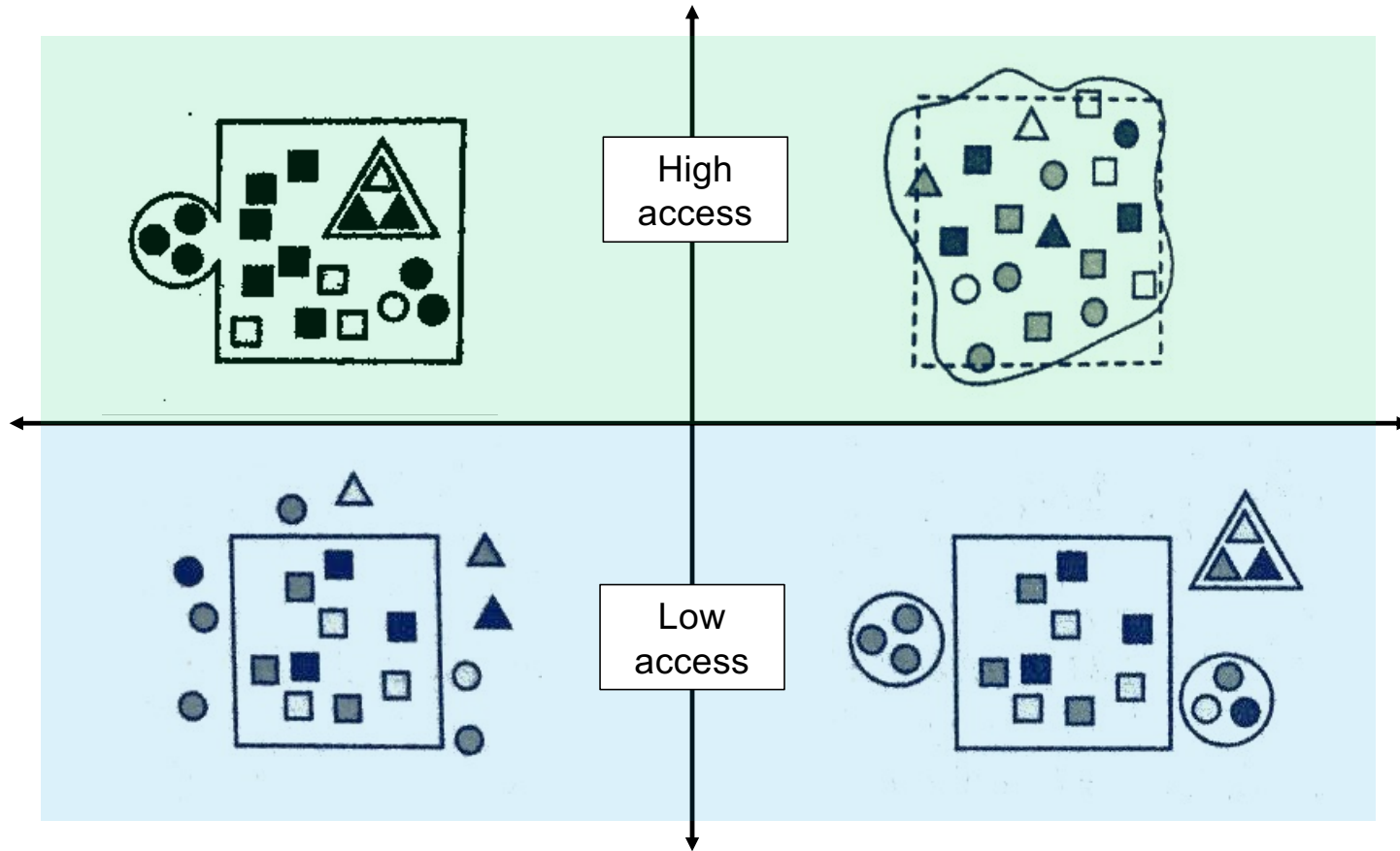




TENSION #1: BOUNDARIES

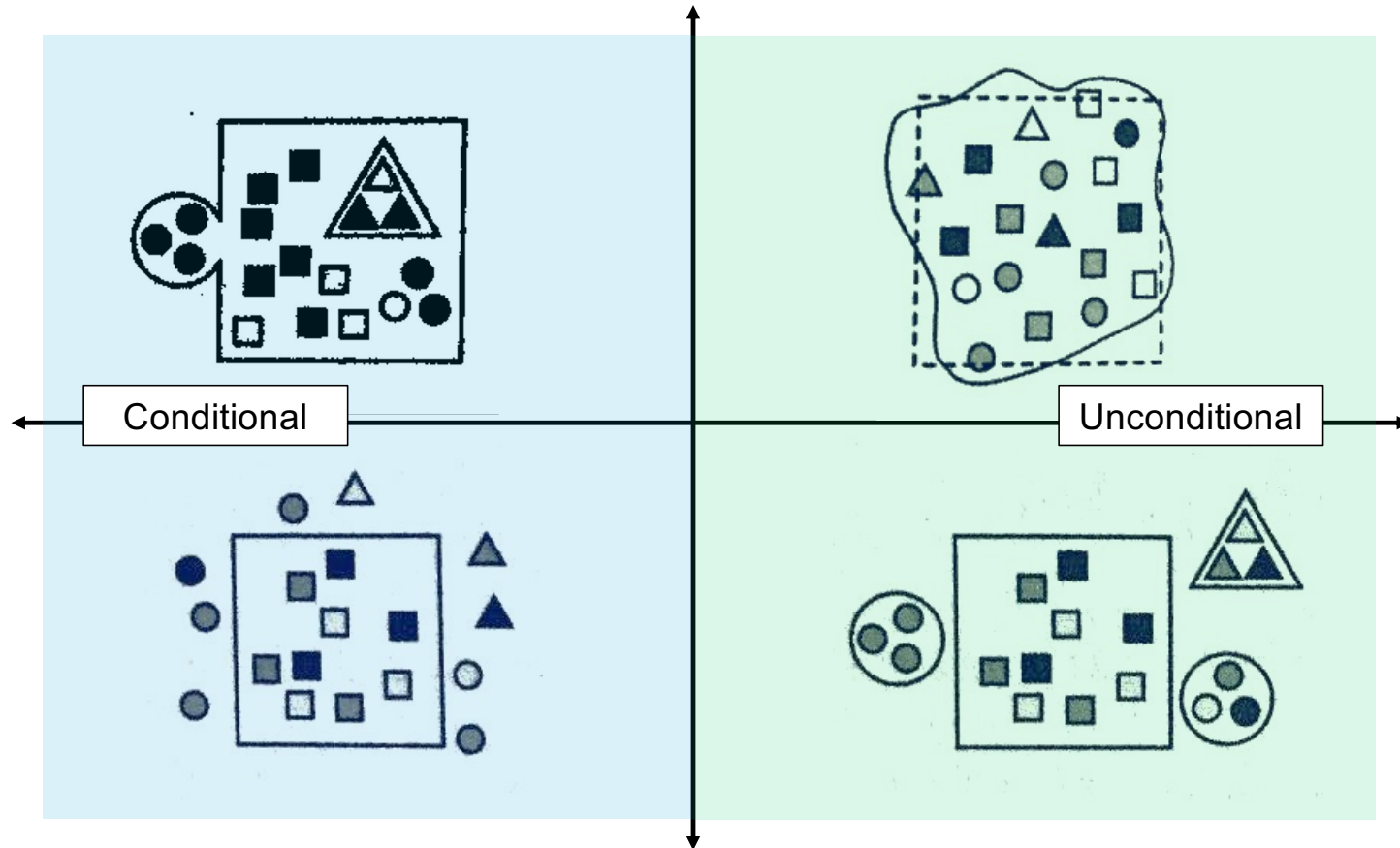


TENSION #2: ACCESS



Adapted from Cobb & Krownapple, *Belonging through a Culture of Dignity*

TENSION #3: CONDITIONS



Adapted from Cobb & Krownapple, *Belonging through a Culture of Dignity*

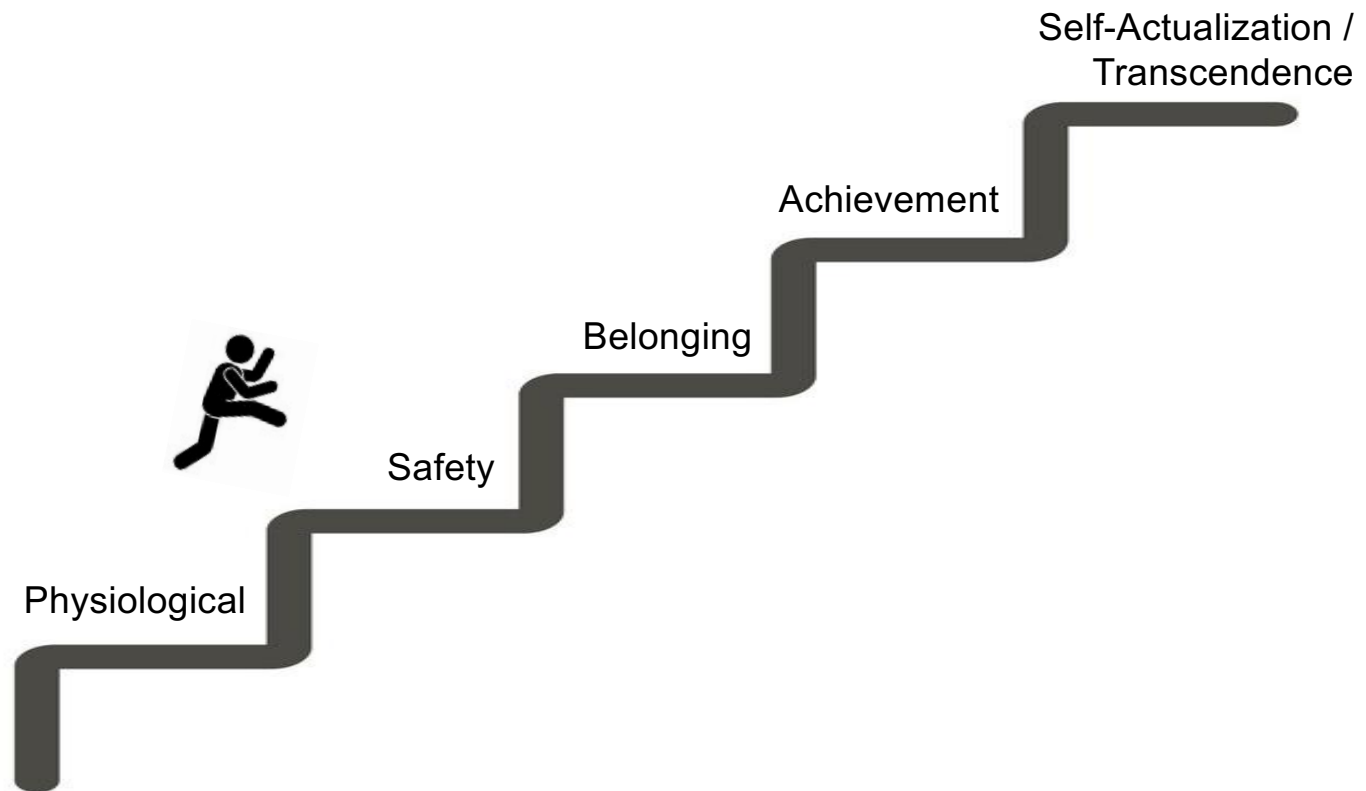
Belonging is actually both process and outcome. From the perspective of a given individual, belonging may be experienced as an outcome. From the perspective of the dominant culture, it is a process. The process is one of collaborative creation of “new space” by acknowledging historic inequities; reforming institutional processes, cultural norms and practices; and inviting genuine co-habitation. This must proceed from a debt or asset perspective, and perspective matters a great deal.

↓
(vs. a deficit perspective)

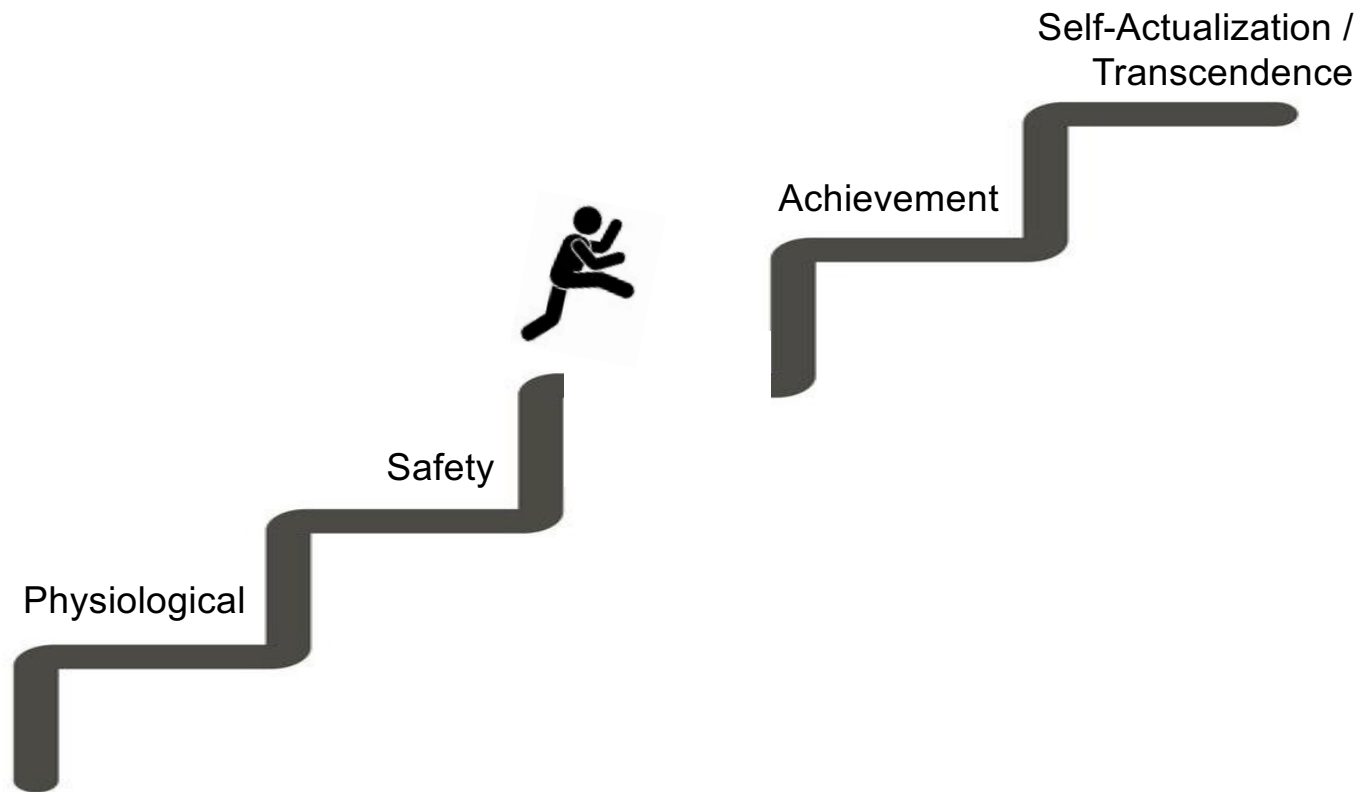


David Henderson, MD

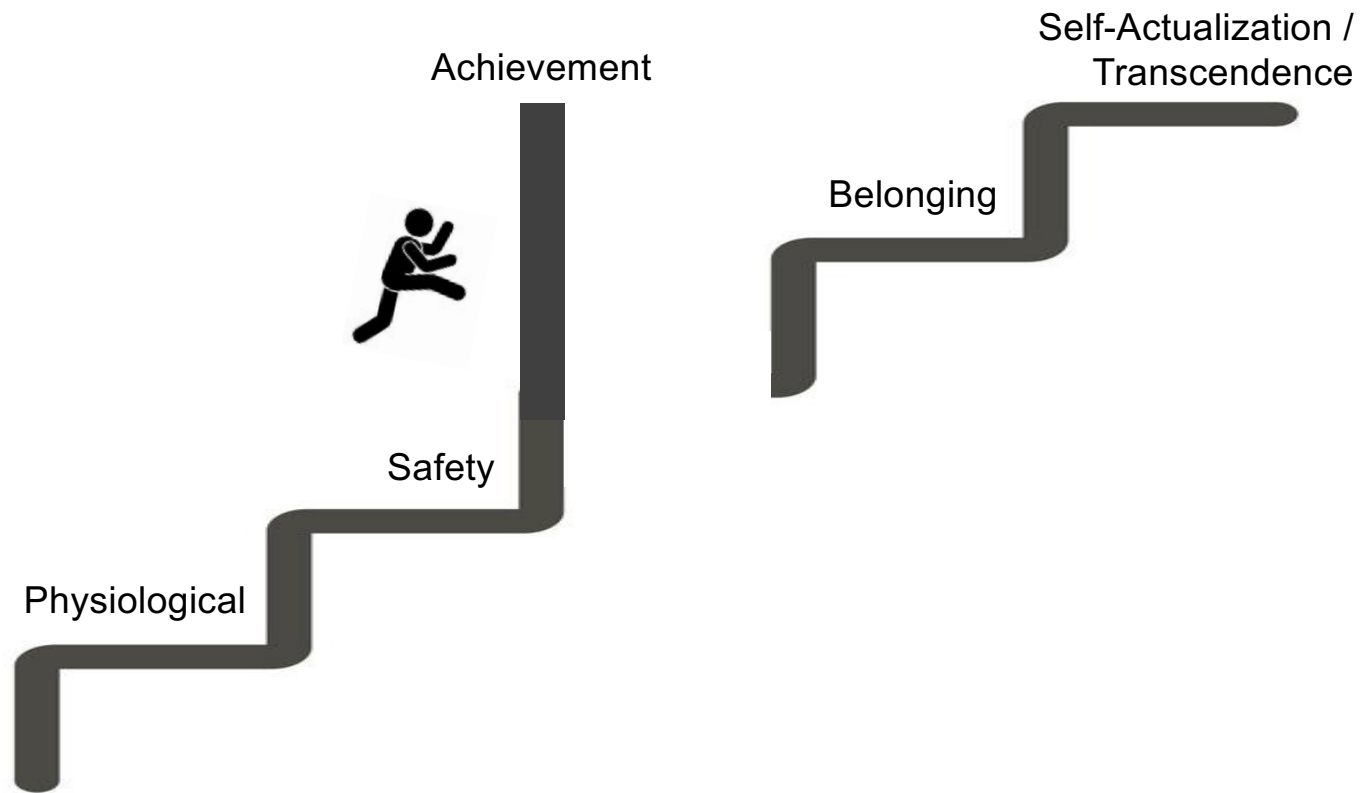
AMA Vice President for Equity,
Diversity and Belonging in the
Medical Education Department



Adapted from Cobb & Krownapple, *Belonging through a Culture of Dignity*



Adapted from Cobb & Krownapple, *Belonging through a Culture of Dignity*



Adapted from Cobb & Krownapple, *Belonging through a Culture of Dignity*

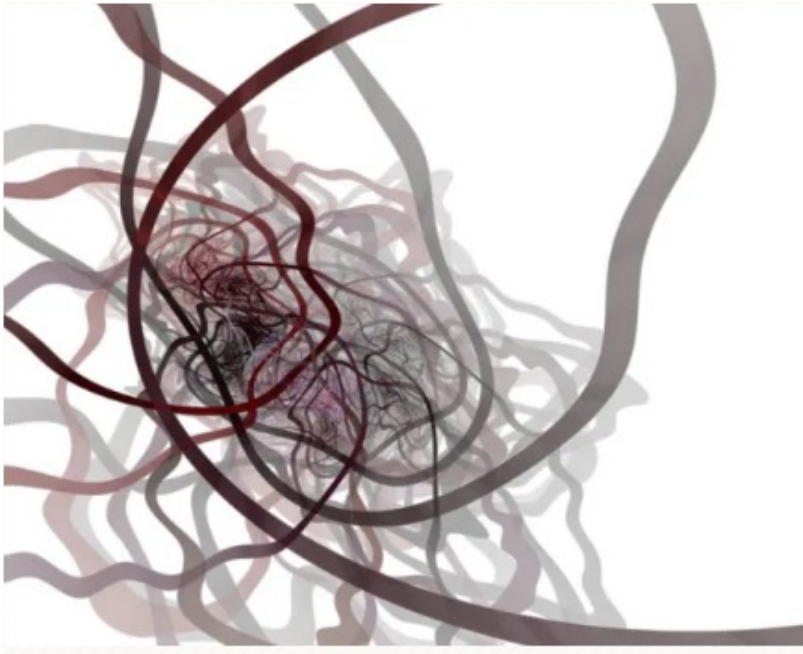
TENSION #4: WHO OR WHAT WE BELONG TO



"I belong to myself... I feel I belong everywhere I go, no matter where it is or who I'm with as long as I never betray myself. And the minute I become who you want me to be in order to fit in and make sure people like me is the moment I no longer belong anywhere."

- Brené Brown

TENSION #4: ENTANGLEMENTS



TENSION #5: DISTANCE

Distance
without belonging
isolates

Belonging
without distance
destroys

HOW TO PROMOTE A SENSE OF BELONGING?



-
- **Appraising:** is belonging possible?
 - **Joining:** portal, threshold, welcome, entry
 - **Participating:** as part of the group
 - **Contributing:** input, ideas, feedback, autonomy
 - **Dissenting:** pushback, disagreement, questions, criticism
 - **Repairing:** after conflict, hurt, disagreement
 - **Diverging:** parting ways
 - **Departing:** endings, exits, transitions

Adapted from Susie Wise, *Design for Belonging: How to Build Inclusion & Collaboration in your Communities*

-
- **Invitations:** to potential new members
 - **Boundaries:** what defines membership explicitly?
Cues: what defines membership implicitly?
 - **Rituals:** things we do that have meaning
 - **Places/Spaces:** set aside to find our community
 - **Stories:** how we know & share our values
 - **Symbols:** things that represent what's important to us
 - **Inner rings:** path to grow as we participate in a community

Adapted from Charles Vogl, *The Art of Community: 7 Principles for Belonging*

PARTING THOUGHT

As we consider how to promote a sense of belonging among our learners, let's not lose sight of the equally important charge of making our schools, programs, institutions, and systems **worth belonging to.**

Kristen Renn, Foreward to *The Impact of a Sense of Belonging in College*



THANK YOU!

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