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2018

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Improving the clinical learning environment: A collaborative workshop for students, residents, and faculty



VCU HealthTM
VCU School of Medicine

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Abstract

The AAMC Graduation Questionnaire (AAMC GQ) surveys the students at the completion of their training. Results from this survey show that students report mistreatment and unprofessional behavior during their training. The results of this survey, both locally and nationally, motivated faculty in the school of medicine to develop a workshop that would introduce the learning climate to students, and allow the students to interact with faculty to understand mistreatment and professionalism in the learning environment. We developed a workshop where we highlighted the need for educating students about the learning climate, professionalism and mistreatment; provide attendees with the definition of mistreatment; and illustrate the ambiguity involved in defining incidents of mistreatment. A need has been identified, both due to the results of the AAMC GQ survey and by the hundreds of peer-reviewed articles on the topic of professionalism in medical education, and this workshop was an attempt to fill that need at VCU.

Learning Climate Workshop

An interactive, case-based 2-hour workshop was developed by the Assistant Dean for Clinical Medical Education and two organizational psychologists. Previously published educational modules were utilized to provide a framework for developing the workshop. The learning objectives of the workshop consisted of: 1.) define mistreatment; 2.) explain how the clinical and learning environments influence one another; 3.) recognize ambiguity in defining incidents of mistreatment; and 4.) evaluate case-based scenarios to assess the quality of the learning environment. Faculty and residents from diverse programs were recruited to participate as table facilitators. Students were assigned to tables consisting of 6-7 medical students and 1-2 clinical faculty and/or residents. A total of 192 medical students, 29 clinical faculty, and 14 residents from 10 departments (e.g., Internal Medicine, Psychiatry, Pediatrics, OBGYN, Emergency Medicine, Surgery, Orthopedic Surgery, Psychical Medicine and Rehabilitation, Family Medicine and Critical Care Medicine) participated in the workshop. A 5-item retrospective pretest-posttest survey was designed to assess how participant knowledge changed due to participation in the workshop.

Mistreatment

Mistreatment includes sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, sexual orientation, physical handicap or age; humiliation, psychological or physical punishment and the use of grading and other forms of assessment in a punitive manner. The occurrence, either intentional or unintentional, of such incidents results in a disruption of the spirit of learning and a breach in the integrity and trust between teacher and learner.

Results

Paper-based surveys were completed by 181 medical students (94% response rate), 23 clinical faculty (RR = 79%), and 13 residents (RR = 93%). Overall, results of pair-samples t-tests indicated attendees reported having statistically significant changes in knowledge after completing the workshop on each learning objective. 98% of participants agreed that they would recommend the workshop to colleagues, and 96% intended to report incidents of mistreatment towards medical students post-workshop. Open ended responses from students highlighted the impact that having these discussions with faculty members had on their learning and preparation for the clinical rotations.



Conclusions

This workshop provided an interactive forum for students, faculty, and residents to discuss their expectations and perceptions of the learning environment in clinical medicine. Students and faculty alike received the activities and the content of the workshop positively. An unanticipated benefit of this experience was the opportunity for learners to gain perspective from faculty and residents on how they navigate the competing needs of learners with patient care priorities. The AAMC GQ reports that mistreatment is prevalent and faculty and residents or interns are the most frequent sources of mistreatment. A workshop which provides stakeholders with an opportunity to discuss the learning environment and perceptions of mistreatment is an example of an effort to change the culture and perceptions of mistreatment. Further study will be needed to determine the impact of such a curriculum on rates of mistreatment.

References
Available upon request