Clinical Learning Environments Consensus Conference
ICRE 1018
Dr Jonas Nordquist & Dr Jena Hall
OPENING THE CASE
## Program Overview – Day One

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30-9:30</td>
<td>Opening Remarks</td>
</tr>
<tr>
<td>9:30-10:00</td>
<td>Creativity Exercise</td>
</tr>
<tr>
<td><strong>BREAK</strong></td>
<td></td>
</tr>
<tr>
<td>10:30-12:00</td>
<td>Workshops - digital, inclusivity</td>
</tr>
<tr>
<td><strong>LUNCH</strong></td>
<td></td>
</tr>
<tr>
<td>13:00-14:30</td>
<td>Workshops – psychological, educational, architectural</td>
</tr>
<tr>
<td>14:30-16:00</td>
<td>Workshops – psychological, educational, socio-cultural</td>
</tr>
<tr>
<td>16:00 – 17:30</td>
<td>Refreshments and Gallery</td>
</tr>
</tbody>
</table>
# Program Overview – Day Two

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15-9:00</td>
<td>Breakfast</td>
</tr>
<tr>
<td>9:00-9:30</td>
<td>Review of Day One</td>
</tr>
<tr>
<td>9:30-11:00</td>
<td>Synthesis Activity</td>
</tr>
<tr>
<td>BREAK</td>
<td></td>
</tr>
<tr>
<td>11:30-12:30</td>
<td>Closing Panel and Reflections</td>
</tr>
<tr>
<td>12:30-13:00</td>
<td>Lunch and Gallery</td>
</tr>
</tbody>
</table>
A personal reflection...
1. GOMERS don't die.
2. GOMERS go to ground.
3. At a cardiac arrest, the first procedure is to take your own pulse.
4. The patient is the one with the disease.
5. Placement comes first.
6. There is no body cavity that cannot be reached with a #14G needle and a good strong arm.
7. Age + BUN = dose.
8. They can always hurt you more.
9. The only good admission is a dead admission.
10. If you don't take a temperature, you can't find a fever.
11. Show me a BMS (Best Medical Student, a student at The Best Medical School) who only triples my work and I will kiss his feet.
12. If the radiology resident and the medical student both see a lesion on the chest x-ray, there can be no lesion there.
13. The delivery of good medical care is to do as much nothing as possible.
Learning: Individual level
- Informal
- Formal
- On-the job / studying / simulations
- Clinical / non-clinical

Education: organisational level
- Formal curriculum (informal / hidden)
- Rotations
- Assessment

Palmgren, 2016; Knebel & Greiner, 2003
Overarching messages

1. Be nice to students
2. Do not squash students
3. Engage students
4. Focus on essential skills
5. Create an environment that are apt for learning
DREEM

• 50 item response (closed statements)
• 5 subscales:
  • Perception of learning
  • Perception of teaching
  • Academic self-perception
  • Perception of atmosphere
  • Social self-perception

Roff et al, 2005
DREEM usability

- Profile a particular educational institution’s strengths and weakness
- Make comparative analyses both within an educational institution, between them or between different cohorts
- Determine correlations with academic results
- Explore students who are likely to be academic achievers and those at risk of poor academic performance
PHEEM (UK)

- Created by Literature Review and Delphi + validation process
- 40 item response scale
- Perceptions of role of autonomy
- Perceptions of teaching
- Perceptions of social support

Roff et al, 2005
SPEED (Netherlands)

- Created by literature review + Delphi (experts and residents) + validation process
- Goal to shorten instruments for practical use
- 15 item instrument, 3 domains

- **Content** (personal development/goal orientation)
- **Atmosphere** (relationships – people, support)
- **Organization of education** (clarity in expectations, responsiveness to change, degree of order)

Schönroch-Adema, Visscher, Raat, Brand, 2015
CLER, 2013 – Public Trust?

• Patient safety – IOM, 2000
• Quality of Care, IOM, 2000
• Handovers, IOM 2000

• Professionalism

• Assumption: What’s being measured is focused on; agenda;
"The Clinical Learning Environment (CLE) has been described as ‘the foundation of graduate medical education’ and refers to the social, cultural and material context in which residents learn while they work”

- National expert consensus group
- Barriers and facilitators of learning in CLE
- Priority areas for improvement

Kilty et al. BMC Medical Education (2017) 17:226
1. Organisation and conditions of work
2. Time to learn with senior doctors during patient care
3. Management and facilities
4. Workplace culture
5. Trainer skill and support
6. Interaction and feedback in clinical teams
7. Content, assessment and continuity of training
8. Motivation and morale
9. Trainee support
10. The role of patients in doctors learning
The UK General Medical Council (GMC)

‘Patient safety is inseparable from a good learning environment and culture that values and supports learners and educators’.

Definition of “Learning Environment”

Learning environment refers to the social interactions, organizational cultures and structures, and physical and virtual spaces that surround and shape participants’ experiences, perceptions, and learning.
Clinical

- Increased demands to improve clinical productivity
- Improve patient safety
- Improve quality of care

Health professionals

- Emotional exhaustion
- Increased rates of burnout
- Distress, depression
- De-personalization

Macy Conference Recommendations: Improving Environments for Learning in the Health Professions, 2018
“… now faced with an urgent need to dramatically improve the environments in which current and future health professionals learn and work and we all receive care.”
<table>
<thead>
<tr>
<th>Personal</th>
<th>Psychology and Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social</td>
<td>Sociology and Education</td>
</tr>
<tr>
<td>Organizational</td>
<td>Anthropology and Sociology</td>
</tr>
<tr>
<td>Physical and Virtual</td>
<td>Sociology and Education</td>
</tr>
</tbody>
</table>
Social
Organizational
Physical and Virtual
Personal
Organizational
Physical and Virtual
Social
Personal
Vision

“Exemplary learning environments prepare, support, and inspire all involved in health professions education and health care to work toward optimal health of individuals, populations, and communities.”

Macy Conference Recommendations: Improving Environments for Learning in the Health Professions, 2018
Six recommendations

1) Engaging academic and health care organizations governance
2) Engage executive leadership to provide organizational support
3) Create physical and virtual learning spaces for learning
4) Providing faculty and staff development
5) Promoting research and scholarship
6) Setting policy

Macy Conference Recommendations: Improving Environments for Learning in the Health Professions, 2018
Other actors involved improving learning environments

National Centre for Interprofessional Practice and Education (NCIPE)

ACGME – CLER

National Collaboration for Improving Clinical Learning Environments (NCICLE)

Macy Conference Recommendations: Improving Environments for Learning in the Health Professions, 2018
Gender
Power
Discrimination
#MeToo

Socio-material theory of learning

• Learner – “things” (tangible and intangible)

• New materialistic approach
  • Performative
  • Relational
  • Non-deterministic

Fenwick, 2010
• Foregrounds the ways in which things are brought into being

• Space is a practice, always in a process of being made
  • Affection
  • Social
  • Material

• Account for support OR challenge in order to implement a new idea

• Learning spaces something we DO (stage, perform, enact), rather than something we have (infrastructure)

The consensus conference - Design

- The studio / atelier - Molding a sculpture: Concurrent sessions
- The Gallery: Display of ideas, critique and inspiration next steps
“Molding a sculpture”: Concurrent sessions
The Gallery

Provides the space where different “molded objects” can be put at display; being admired, critiqued and further built upon.
Gallery Spaces
Taking the Learning Environment to Dinner

An exercise in creativity
Activity Background
Activity Part 1
Set the stage
Put *thought* into your selections
Activity Part 2: Record the Conversation
Next Steps…

BREAK until 10:30
Gallery – reflect and contribute

Workshops (10:30-12:00)

Digital → rm 612
Inclusivity → rm 613
<table>
<thead>
<tr>
<th>Time</th>
<th>Subject</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:00-14:30</td>
<td>Psychological</td>
<td>612</td>
</tr>
<tr>
<td>13:00-14:30</td>
<td>Educational</td>
<td>613</td>
</tr>
<tr>
<td>13:00-14:30</td>
<td>Architectural</td>
<td>605</td>
</tr>
<tr>
<td>14:30-16:00</td>
<td>Psychological</td>
<td>612</td>
</tr>
<tr>
<td>14:30-16:00</td>
<td>Educational</td>
<td>613</td>
</tr>
<tr>
<td>14:30-16:00</td>
<td>Socio-cultural</td>
<td>605</td>
</tr>
</tbody>
</table>
For now... enjoy your refreshments and the gallery

October 18th

Breakfast  8:15-9:00

&

Synthesis