What is the Learning and Working Environment, anyway?

Understanding and applying a “global” conceptual model of the clinical Learning and Working Environment

Date: Sept 27th, 2019
WHO WE ARE?

Members of AAIM LWE Collaborative Workgroup

Speakers:
- Rebecca Jaffe, MD, Thomas Jefferson University
- Beth Gentilesco, MD, Warren Alpert Medical School of Brown University
- Brian Uthlaut, MD, University of Virginia
- Lawrence Loo, MD, Loma Linda University School of Medicine

Additional members: Emily Fondahn MD, Susan Glod MD, Karen Hamad MD, Alyssa McManamon MD, Katherine Walsh MD, Sara Wallach MD, Simran Singh MD, Christina Bergin MD
I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
WHAT IS THIS WORKSHOP ABOUT?

Learning Objectives:

1. Appreciate that the Learning and Working Environment (LWE) is a system
2. Explain a novel LWE conceptual model
3. Identify three use cases for the LWE conceptual model
4. Apply the conceptual model to exemplar LWE challenges
WORKSHOP TIMELINE

5 min Pair and Share: Case
15 min Introduction of LWE Conceptual Model
10 min Table Exercise: Case and group learning
15 min Question and Answer
20 min Case discussion: Proactive use case
20 min Breakout: Holistic use case
WORKSHOP LOGISTICS

We will use slido to collect and organize questions.

Please go to slido.com (computer, mobile device, conference app)

Use event code #1330

Enter any questions

Use the “like” icon to emphasize shared questions
• PGY2 admits patient with cellulitis
• Patient initially appears stable but condition worsens
• Resident considers Nec Fasc but decides to observe
• Attending and surgery not informed until next morning
• Patient goes emergently to OR
PAIR AND SHARE

How would you go about addressing a situation like this at home?

Who would be involved?

Is this a clinical issue? Educational issue?

Is there a standard process for dealing with this kind of event?
OPTIMIZING THE CLINICAL LWE

What is there to optimize?
INPATIENT

EDUCATIONAL

AMBULATORY

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INPATIENT
- Work Compression
- Length Of Stay
- Observation Status
- EMR/Documentation
- Increased Acuity
- Burnout
- Work Hours
- New Content Areas
- Service vs Learning

AMBULATORY
- EHR/Documentation
- Provider turnover
- Fee for Service
- Productivity Pressure
- Panel volume
- GME Funding
- X+Y Scheduling
- Increased team size
- Decreasing Autonomy

EDUCATIONAL
## OPTIMIZING THE CLINICAL LWE

**What is there to optimize?**

<table>
<thead>
<tr>
<th>Supervision</th>
<th>Fatigue management</th>
<th>Direct observation</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical knowledge acquisition</td>
<td>Mentoring</td>
<td>Continuity clinic</td>
<td>Staffing</td>
</tr>
<tr>
<td>Handoffs/transitions</td>
<td>Professionalism</td>
<td>Geographic admitting</td>
<td>Admitting</td>
</tr>
<tr>
<td>Clinical integration of EHR</td>
<td>Safety culture</td>
<td>Teamwork</td>
<td>Teaching</td>
</tr>
<tr>
<td>Workload limits</td>
<td>Assessment</td>
<td>Simulation</td>
<td>Technology for learning</td>
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<tr>
<td>Interprofessional practice</td>
<td>Cultural Competency</td>
<td>Workspaces</td>
<td>Implicit biases</td>
</tr>
<tr>
<td>Event reporting</td>
<td>Empathy</td>
<td>Faculty development</td>
<td>SI leaders</td>
</tr>
<tr>
<td>Clinical reasoning</td>
<td>Scholarship</td>
<td>Accreditation</td>
<td>Feedback</td>
</tr>
<tr>
<td>Wellness</td>
<td>Informatics</td>
<td>Bedside rounding</td>
<td>Autonomy</td>
</tr>
<tr>
<td>Health Equity</td>
<td>Hidden curriculum</td>
<td>Quality improvement teams</td>
<td>Procedural</td>
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</tbody>
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OPTIMIZING THE CLINICAL LWE

What is there to optimize?
OPTIMIZING THE CLINICAL LWE

What is there to optimize?

Better questions:
OPTIMIZING THE CLINICAL LWE

What is there to optimize?

Better question:

Is there a broadly applicable approach to LWE optimization?
OPTIMIZING THE CLINICAL LWE

What is there to optimize?

Better question:

Is there a broadly applicable approach to LWE optimization?

What is the LWE anyway?
THE CLINICAL LWE IS A SYSTEM

**Definition:** A system is a whole that cannot be divided into independent parts.

**Implication:** “In any system, when one improves the performance of the parts taken separately, the performance of the whole does not necessarily improve…”

- Russel Ackoff
THE CLINICAL LWE IS A SYSTEM
“The Learning and Working Environment is the nesting of personal, relational, curricular, and structural domains as traversed by multiple learners, centered on the needs of individual or populations of patients, and influenced by the sociocultural context.”
Let’s use the LWE Conceptual Model in a Reactive fashion

- Approach to analyzing and understanding a recent event of the current state

Return to the case:

Using a modified ishikawa diagram (fishbone), identify factors in the four domains of the LWE that could have contributed to the event
HOW TO APPLY THE CONCEPTUAL MODEL

Reactive

- Understand and analyze a recent event or the current state
- EX: adverse event, poor survey result
REFLECTION

What was different about using the domains and conceptual model?

What did it add?

What did you find difficult?
Q & A BREAK
HOW TO APPLY THE CONCEPTUAL MODEL

Proactive

- Design new program or a new improvement strategy
- EX: redesign feedback and evaluations
PROACTIVE CASE STUDY

Diversity and Inclusion efforts
meet
the Sociocultural Context
Negative track record as a university and community in terms of racial equity and social justice

Dept of Medicine and GME set out to improve housestaff diversity

Led to robust implicit bias training of med ed in DOM and later to all faculty

Led institution-wide push to develop Housestaff Council on Diversity and GME resources for recruitment
Convergence of white supremacy and extreme right wing groups on community to protest removal of statues of Confederate era figures

Prior increase in microaggressions from patients noted since 2016 US Presidential campaign

What do we do to move forward the mission of growing diversity and inclusion in our CLE with the new sociocultural context?

Greatest concern around clinical care settings
STAKEHOLDERS AND PRIORITIES/CONCERNS

Clinic / ward staff (RN, PT, SW, etc)
Attending Physicians
Resident Physicians
Medical Students
School of Medicine Leadership
Health System Leadership
Community of Patients

Am I safe?
Who sticks up for me?
What do I do if I see this happen?
Financial bottom line
Reputation (recruit, retain)
What are the core values?
## PROACTIVE WORK TO PROTECT OUR CLE

<table>
<thead>
<tr>
<th>Domain</th>
<th>Action</th>
</tr>
</thead>
</table>
| Personal | Reflections for housestaff within program and within GME  
Townhall for students and faculty  
Townhall with staff |
| Relational | PD hands-on to support residents who were recipients; validating feelings and trying to increase safe space and model for others how to address  
Small group level training on microaggression response, policy education |
| Curricular | Small group level training with residents on microaggression training, policy education  
Attendings trained on leadership response  
Training at nursing unit and clinic levels  
Series of Grand Rounds on diversity and training in microaggressions  
School of Medicine developed training videos and sessions with students |
| Structural | Institutional policy on patient behavior developed AND publicized  
Signage everywhere of what UVA stands for  
Planned Housestaff Council on Diversity and Inclusion finalized more quickly |
THE PREPARED CLE... IN ACTION

- Nurse manager and nurses repair the signage ripped down by patient
- Along with clinic translator, they encourage and reassure patients in waiting room

- Clinic director and resident physician see patient
- They provide compassionate care for his medical needs ...
- ...AFTER boundaries are clearly established and agreed upon by patient

- White patient arrives to clinic and finds doctor is running behind
- Frustrated, he acts out in front of mostly Hispanic immigrant patients
- Resident physician is only staff present

- Resident physician recognizes complexity and unsure what to do
- He happens to find PD down the hall
- PD mobilizes clinic director and nurse manager into action
OUR CLE...A YEAR LATER!
REFLECTION

What surprised you about the application of the model in a proactive fashion?

What did this add?

What seemed difficult?

How might you apply this at home?
HOW TO APPLY THE CONCEPTUAL MODEL

Holistic

- Achieve alignment with stakeholders or establish a shared mental model
- EX: bringing new clinical site into established model or curriculum
BREAKOUT

Let’s use the LWE Conceptual Model in a **Holistic** fashion

- Framework for developing a shared mental model of the LWE, and identifying/understanding competing priorities

Role play:

You will be given a situation and a role

The “Program Director” role will be leading a meeting. An observer role will take notes.

In role, explore the scenario for 5-10 minutes, followed by discussion/debrief
“You are a program director. Your chair is suggesting that your institution increase your training program from 30 residents to 45. You have mixed feeling about this, and you know your interprofessional colleagues have strong feelings, both in favor and against. You call a meeting in order to try to establish a shared vision for this initiative.”

** Remember, the goal of the holistic application of the model is NOT to design a new program, but rather to achieve a shared understanding
ROLE PLAY: “GROWING PAINS”

Program Director

Head – ID Division

Associate PD

Observer #1 Recorder & Reporter

Head – Hospitalist Division

CFO

Observer #2 - Recorder & Reporter
## Worksheet: Holistic Use Case

Role play the described situation, with the program director chairing the meeting. The observer should take notes in this sheet for the group to deliberate/discuss after the role play. Consider **how using the LWE model in this manner might help you manage conflict and complex change.**

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>View, Idea or Concern Raised</th>
<th>View/Idea/Concern primarily involved which of the 4 domains?</th>
<th>How might any of the other 4 domains be affected by this view/idea/concern?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director</td>
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<tr>
<td>Division Director, Hospital Med</td>
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<tr>
<td>Division Director, Infectious Disease</td>
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<tr>
<td>Associate Program Director</td>
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<td>Chief Financial Officer</td>
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<tr>
<td>Other</td>
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</tbody>
</table>
What surprised you about using the model in a proactive fashion?

What did this add?

What was difficult?
CONCLUSIONS

The Clinical LWE a complex system, and must remain the heart of medical education

This conceptual model of the LWE is a novel and useful tool for front line educators tasked with LWE optimization

The model can be utilized in reactive, proactive and holistic fashions

Improving the conceptual clarity around the clinical LWE will allow educators to adapt optimization strategies to local patient, clinical, and educational microsystems with sufficient safeguards to ensure learner wellness
“GOODY BAG”

Model Schematic

Reactive, proactive, and holistic exercises

Annotated bibliography with QR links
WE WELCOME FEEDBACK AND DISCOURSE!

Rebecca.Jaffe@Jefferson.edu
bethany_gentilesco@brown.edu
cbergin@email.arizona.edu
BU3M@hscmail.mcc.virginia.edu
simran.singh@va.gov
SWallach@stfrancismedical.org

lkloo@llu.edu
efondahn@dom.wustl.edu
katherine.walsh@osumc.edu
sglod@pennstatehealth.psu.edu
Karen-Hamad@smh.com
alyssa.c.mcmanamon.mil@mail.mil
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