Promoting an Optimal Clinical Learning Environment for Residency Education and Patient Care

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Background

- Jennings and Slavin (2015) pointed that programs such as "Clinical Learning Environment Review" (CLER) of the Accreditation Council for Graduate Medical Education in the U.S.A. (ACGME) should suggest to the institutions to design and implement quality initiatives to improve the wellness of residents and increase their commitment, educating them on exhaustion, burnout and its relationship with the professionalism.

- Programs leaders and managers as well as individual institutions should consider introducing wellness initiatives and supporting research in this area (Fargen, Drolet and Philibert, 2016)

  (a) To identify and address sub-optimal aspects of the learning environment and
  (b) To teach resilience skills to the residents to overcome the six categories of stress at work:

  (1) the workload, (2) control, (3) the balance between effort and reward, (4) community, (5) equity, and (6) values.
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Background

- In 2014, the Board of the Association of American Medical Colleges (AAMC) shared its "Statement on the Learning Environment" which exposes the shared responsibility of creating optimal learning environments for medical education in which provide quality care and ensure patient safety remain as the main objectives.

- The attention, analysis, discussion and proposals in recent decades are focused on the characteristics of these clinical training environments and their impact on the professionalism of medical residents and students.
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• The Scholar Role in the CanMEDS 2015 highlights physicians’ lifelong commitment to excellence in practice through continuous learning, by teaching others, and promoting a safe learning environment

• Three initiatives developed for the Medical Residency Programs at the Tecnológico de Monterrey School of Medicine:

  (1) Strategy for an Optimal Clinical Learning Environment
  (2) Strategy for Promoting Professionalism through Remediation in Residency Education
  (3) Professionalism and Wellness Program for Medical Residents
Adapting the AAMC *Statement on the Learning Environment* (2014) to address the shared accountability for creating optimal learning environments for medical education, we developed a *pilot 3-phase strategy* to strengthen residency education and impact patient care.

In 2015, the pilot strategy was designed and implemented with the *Surgery Medical Residency*.
Strategy for an Optimal Clinical Learning Environment in the Medical Residency Programs

Phase 1
Diagnosis and Research

- Initial review of international medical education literature and initiatives regarding the clinical learning environment

Phase 2
Residents’ Workshop

- 2-hour discussion session with 1st to 5th year residents
- Each group was programmed in a different day to promote peer-discussion
- Interactive online educational resource (TedEd Lesson) was used for guided reflection and recommendations about the characteristics of the learning clinical environment

Phase 3
Next Steps

- With the information obtained in the previous phases, the next strategies were identified:
  - the development of a policy to promote a favorable environment for clinical training
  - an online system for reporting critical incidents
Conclusions

• In 2015, as a result of the implementation of workshop with groups of Surgery Residents, strengths and opportunity areas were identified in their clinical training environment, particularly they identified as a challenge to **PROMOTE A RESPECTFUL ENVIRONMENT BETWEEN RESIDENTS AND THEIR SUPERVISORS**

• The strategy allowed us to identify and discuss trends in medical education in residency programs at international and national levels related to clinical learning environments

• Also, created opportunities to analyze, discuss and propose initiatives on the current status and trends of programs of medical specialties in Mexico regarding the characteristics and conditions of learning environments and clinical training, its impact on the well-being of residents, quality of care and patient safety

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