

Tools for Students for a Positive Learning Environment in the Clinical Setting

Our early clinical years are when we build the foundation of who we want to be as doctors. We expand our knowledge, gain critical skills, and begin to experience the impact we have on other people's lives as physicians. Not surprisingly, the road to clinical competency is filled with challenges, successes, and failures. However, our attitudes and actions can affect our learning environment, and thus our educational experience. These "Tools," organized into four pillars, are strategies for contributing to a positive learning environment.

DEVELOP NUANCED PERSPECTIVES

1. Develop greater awareness of the "big picture": you are training to become an outstanding clinician, and you are part of the team to learn and help deliver excellent care to your patients.
2. Foster a growth-mindset. Place emphasis on doing better each day rather than comparing yourself to your peers.
3. Remind yourself daily that the clinical team's first priority is the patient. Your education is important, but it is also not the team's primary responsibility.
4. Broaden your definition of "learning moments" to reflect your transition from student to trainee. Direct teaching will compose only a fraction of your learning; factual knowledge, practical skills, and personal awareness are also learned through independent reading, close observation, hands-on experience, and self-reflection.
 - I. Independent reading: Read about your patient's diagnosis, diagnoses in their past medical history, mechanisms of their medications, approaches to their chief complaint (see *Harrison's*), etc.
 - II. Close observation: How does the attending or resident approach the patient? What questions do they ask and in what order? What organ is the surgeon working on? What important landmarks are nearby? What behaviors do I see and want to emulate? To avoid?
 - III. Hands-on experience: How do I maintain sterility? Perform phlebotomy? Place a Foley catheter? Change a wound VAC? How do I perform a proper physical? Place an IV? Help during a code?
 - IV. Self-reflection: How do I respond to not having time to prepare? To uncertainty? To unexpected requests of me? To a patient who is angry or upset? What can I do differently the next time that I have a similar experience?
5. Recognize that moments of your own performance that seem critical to you may not be as important to your team. This is especially important to consider when you feel a task or presentation did not go as well as you would have liked, or when you are not explicitly praised for something that did go well.

BE AN ACTIVE AGENT AND ROLE MODEL IN YOUR LEARNING ENVIRONMENT

6. Model respectful relationships with patients, peers, and your team.
7. Do not initiate jokes about anyone's gender, race, ethnicity, religion, age, sexual orientation, or size. Do not belittle anyone, especially patients.
8. Recognize that residents and attending physicians may use humor as a way to diffuse tension and stress, and most jokes will be benign. However, if you overhear something that bothers you, discuss the incident with Jane Bogart (jb925) or an Avatar.
9. Be team-oriented, collaborative, and have your classmates' backs. Your team will recognize and appreciate this, and everyone will learn more because of it. Conversely, do not depreciate others or attempt to make them look bad to make yourself look good. It's unkind, and it's transparent to your team and peers when you are doing it.
10. Share resources with your peers, as you did during your pre-clinical years. Consider creating a space on Facebook or other social media to populate with resources for the group.

11. Do not partake in activity that violates the Honor Code, including spreading or seeking out information about specific test questions. This is cheating. It's unfair to your colleagues, all of whom are working hard and deserve to have the same resources to prepare for a formal evaluation as you do.
12. Recognize three fundamental kinds of feedback. Respectfully seek out coaching whenever possible, and strive to show genuine appreciation to your patients, peers, and team.
 - I. Appreciation: Positive comments that typically recognize contributions or effort. (*For example, if your resident says, "Thank you for your help with getting those records."*)
 - II. Coaching: Feedback that is given on how to do something with even greater proficiency, regardless of how performance compares to any external markers. (*For example, an attending internist or surgeon can be coached by their colleague on how to do a procedure more effectively.*)
 - III. Evaluation: An assessment that often involves external markers, and may involve direct comparison to a standard or average. (*For example, your score on a standardized exam, or an evaluation that states whether you are above, at, or below an expected level of skill.*)
13. Recognize that as a trainee it is normal to do things poorly sometimes. When you feel a presentation or another moment of evaluation went badly, learn what you can from it and don't dwell on it. Consider using these moments as opportunities to seek additional coaching. (*See "scripts" below.*)

BOLSTER YOUR INTERPERSONAL SKILLS

14. Make it a habit to initiate a "Day 1 Conversation," in which you ask what your resident expects of you and how you can best help the team and maximize your learning. Throughout the rotation, actively pursue clarifications when expectations are unclear, including a repeat "Day 1 Conversation" if a new team comes on service. (*See Day One Conversation addendum.*)
15. Take actions at face value, and assume that the team (including your peers) wants you to grow and succeed. If something occurs that makes you truly question someone's intentions, respectfully and privately discuss with them your perception of what happened. (*See "scripts" below.*)
16. Develop heightened awareness of stress levels and help to minimize them. If during a high-stress moment you do something you wish you had not, apologize for it. Similarly, consider accepting apologies from your team for things they said or did while under high-pressure or exhausted.
17. Respect that the team is busy. Find appropriate moments to request feedback and ask questions. If it is unclear whether now is a good time, simply ask, "Do you have a moment to discuss something with me?" – you may have to ask again later.
18. Address conflict in real-time. If there is a problem, talk to someone early on about it and do not let it fester.

BETTER UNDERSTAND AND VALUE YOUR OWN WELLNESS

19. Maintain a sense of your own well-being. Find moments to relax and rest, and consider visiting Wellness or using your free Student Mental Health Services appointments if you're feeling overwhelmed.
20. Reflect on your responses to having restrictions on preparation time, feeling tired, and working under high pressure. Learn about your own triggers, and explore methods for lowering your own stress and putting day-to-day events in perspective.
21. Address mistreatment in real-time. Jane Bogart (jb925) is a confidential resource and available to debrief, offer advice, and discuss reporting options (if you decide to report). The Avatars are also available as a confidential resource for advising and support.

SCRIPTS

22. Consider using the scripts below to start conversations that might feel difficult to begin:

- I. Following what you perceive to be a poor performance
 - i. Ask for coaching only if you genuinely want it, and avoid excuses or excessive self-deprecation while asking: *"When you have a moment, could we talk about my presentation today? I felt like it could have gone better, but I can't put my finger on exactly what to change."*
- II. Addressing tension with a peer
 - i. Ask permission for the conversation: *"Do you have a minute to chat?"*
 - ii. Start with an "I felt statement" and draw attention to the mistake indirectly: *"I felt sort of embarrassed on rounds today when I wasn't the one to answer the question Dr. Jones asked about my patient Mrs. Smith."*
 - iii. Ask permission to make a plan together for how to proceed: *"Could we talk about that and maybe come up with a plan for how to handle questions in the future?"*
- III. Admitting you've made an error
 - i. Fire a warning shot: *"I have to discuss something important with you."*
 - ii. Be honest and avoid excuses: *"I removed Ms. Smith's staples this morning, and I think I was supposed to wait until tomorrow."*
 - iii. Offer to be part of the solution: *"What can I do to fix the situation?"*
- IV. Seeking feedback from a resident
 - i. Ask about the best time to talk: *"I was wondering if today or the next few days we could sit down for some feedback."*
 - ii. Gently remind the team member if they forget: *"Do you think we could still do feedback today? Or would another time be better?"*
- V. Seeking clearer feedback after getting general praise
 - i. Have an idea of some specific areas you'd like coaching about: *"Thanks, I appreciate that. Do you have any pointers about [topic of interest] specifically? I'm trying to work on that this rotation."*
- VI. A moment you are with the team but they are busy (e.g., writing orders, notes, etc.) and you want to go study or read
 - i. Ask permission to do what you want to do: *"Hey, would it be all right if I went and read about diabetes for a bit?"*
 - ii. Establish that you'll still be available: *"I'll keep my phone nearby in case something comes up that I can help with!"*

DAY ONE CONVERSATION ADDENDUM

A Day One Conversation is a 3-5 minute conversation where you can set expectations with your resident. This includes but is not limited to the time you should arrive, the timing and location of rounds, the number of patients you should aim to pick up, the structure you should use for your presentations (which may be attending-specific), and the ways you can best help out the team.

You will often be introduced to your team at the end or middle of the orientation day. When you arrive to the floor, the team may be very busy, and you may have to wait a bit to discuss expectations. However, bringing up the idea of a conversation will allow them to look forward and make time later that day or the next morning.

It is important to make a habit of requesting a Day One Conversation. When this is still unfamiliar and difficult, it may be helpful to mention that “the school recommends we sit down and talk about expectations on our first day” as a way to break the ice.

An Example of a Day One Conversation:

| | Part of conversation | Suggestions for how to begin |
|---|--|--|
| Introduce yourself & Request Conversation | 1. Introduce yourself | <i>“Hi my name is _____, and I will be the 2nd/3rd year medical student on service for the next X weeks.”</i> |
| | 2. Determine if now is the right time for a full conversation | <i>“I was wondering if now would be a good time to discuss some expectations and how things work?”</i> |
| | If it is not a good time to have the full conversation, proceed to #3; if now is a good time for the conversation, then skip to #4. | |
| Content of the Day One Conversation | 3. Request the conversation later | <i>“Things seem busy now. Do you think later or tomorrow we might be able to discuss expectations for a few minutes?”</i> |
| | 4. Begin with an <u>open-ended</u> question about expectations | <i>“Do you have any expectations or tips for me regarding this service?”</i> |
| | You may get all the necessary information from #5. However, consider asking the questions below if important points are missing. | |
| | 5. Ask about your <u>role</u> on the team and how you can be helpful | <i>“What kinds of things do medical students usually do to help out? Do you have any specific expectations?”</i> |
| | 6. Ask if there are any ground <u>rules</u> to know about | <i>“Are there any ground rules I should know about?” (e.g. when to arrive, how to structure presentations, etc.)</i> |
| | 7. Ask when to solicit <u>feedback</u> and how you’ll be <u>evaluated</u> | <i>“I’d love to get feedback formally a couple times during the rotation. Would that be doable while I’m on service?”</i> |
| | 8. Consider sharing specific clinical skills or learning opportunities <u>you are seeking</u> and <u>recognize the time</u> that was taken to speak with you | <i>“Thank you so much for taking some time to discuss all this. I’m excited about this rotation – I think it will be a really great chance to work on [e.g. presentations, skills, history-taking].”</i> |

The Day One Conversation has several parts. The mnemonic **OR5** can be a helpful checklist: **O**pen, **R**ole, **R**ules, **R**eviews (feedback/evaluation), **R**esolutions (your goals), **R**ecognition (say “thank you”).