Professionalism and Leadership in Practice

SEL in Action in the Clinical Learning Environment

AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Presenter

- Dr. Meaghan Ruddy, MA, PhD
- Board Certified Coach, CCE
- Associate Certified Coach, ICF
- Professional focus
  - Redefining professionalism and integrating leadership development

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Disclosure

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Objectives

- **Describe** the value of a professionalism and leadership in practice training program.
- **Appraise** the challenges and action planning involved in bringing such a program into your clinical learning environments.
- **Assess** your needs and strengths for social, emotional, and conversational intelligence development.

Practice Gap Equation

Informed perspectives professionalism

+

<u>expecting leadership in CLEs</u>

!= systemic and explicit engagements on these topics

!= social, emotional, and conversational IQ

Recommended Practice Changes

1. Explicitly incorporate Professionalism and Leadership in Practice training into existing meeting structures.
2. Cultivate champions (trainers and coaches) for social, emotional, and conversational intelligence at all levels of practice in your organization.
3. Make explicit organizational commitment to these practices by consistently making the time to engage in training and continuous coaching.
4. Close that gap in a way that also addresses the ACGME CLER pathways.

Ok cool, but how?

- CLER Pathways
- Embodiment
- MAT-C
- Practice, practice, practice
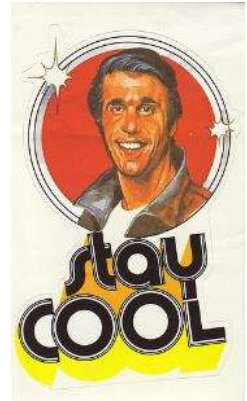
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What now?

Professionalism and Leadership in Practice
- How power, biology, and interaction impact the effectiveness of the clinical learning environment.
  - Team organization
  - Team dynamics
  - Team work
- Active learning
- Participants discuss feedback on the training project
- How best to bring their learnings back into their program environments including the drafting of short-, mid-, and long-term action steps.

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Active Learning

- Polleverywhere
  - Polleverywhere.com
- Kahoot
  - Kahoot.it
  - Create.Kahoot.it

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In one word, how should we engage with this session and with one another?

Poll Everywhere

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Relationship of PLP to ACGME/IPEC Competency Domains and ACGME CLER

Competency	PLP Section
ACGME	
Professionalism	All
Interpersonal and Communication Skills	All
Systems-based Practice	All
Practice-based Learning and Improvement	All
Patient Care	2B, 3B
Medical Knowledge	None
IPEC	
Interprofessional Communication	All
Values/ Ethics	All
Team and Teamwork	All
Roles/ Responsibilities	All
CLER Focus/ Pathways	
Patient Safety	Metric Dependent
Health Care Quality/ All	All
Care Transitions	Metric dependent
Supervision	None
Duty Hours; Fatigue Management and Mitigation	None
Professionalism/ ALL	All

How familiar are you with the CLER Pathways? (pre)

0

1

2

3

4

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How important are interpersonal dynamics to a clinical learning environment?

0

1

2

3

4

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3 Modules

Team Work
- Navigating the nexus
- MAT-C
- Action steps

Team Dynamics
- Power
- Trust
- SEC-IQ

Team Organization
- I-WE
- Roles
- Responsibilities

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Team Organization

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Team Organization

Roles and Responsibilities

Team Charter
- Context
- Mission and Objectives
- Composition and Roles
- Authority & Boundaries
- Resources and Support
- Operations
- Negotiation and Agreement

https://www.mindtools.com/pages/article/newTMM_95.htm

CLE Team Charter
- Context = Clinic
- M and O = CLE and metric

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Slide 17

PS Pathway 1: Reporting of adverse events, near misses/ close calls, and unsafe conditions

Reporting is an important mechanism to identify patient safety vulnerabilities. A robust reporting system is essential for the success of any patient safety program.

PROPERTIES INCLUDE:

- Residents, fellows, faculty members, and other clinical staff members (nurses, pharmacists, etc.) know how to report patient safety events at the clinical site.

  The focus will be on the proportion of individuals who know how to report.

- Residents, fellows, faculty members, and other clinical staff members know their roles and responsibilities in reporting patient safety events at the clinical site.

  The focus will be on the proportion of individuals who know their roles and responsibilities in reporting.

- Faculty members report patient safety events via the clinical site's preferred system.

  The focus will be on the proportion of faculty members who report safety events.

- Residents/fellows report patient safety events via the clinical site's preferred system.

  The focus will be on the proportion of residents/fellows who report safety events toward the goal of disseminating best practices and lessons learned across nearly all residency programs.

- Patient safety events reported by faculty members and residents/fellows are aggregated into the clinical site's central repository for event reporting.

  The focus will be on whether safety events, reported via any mechanism (e.g., online, telephone calls, reports to the department chain of command, morbidity and mortality reviews, claims committee), are captured in the site's central repository.

CLER Alignment

Supervision

S Pathway 1: Education on supervision

Formal educational activities that create a shared mental model with regard to supervision are necessary for residents/fellows to work consistently in a safe manner.

PROPERTIES INCLUDE:

- The clinical site educates residents/fellows and faculty members on their expectations for supervision and progressive autonomy throughout the residency/fellowship experience at the clinical site.

  The focus will be on the clinical site providing basic education on its expectations for resident/fellow supervision, including use of simulation/ team training, and involvement of staff members other than physicians in these educational activities.

- The clinical site provides education to residents/fellows and faculty members on how to provide effective supervision.

  The focus will be on the proportion of individuals taught to provide effective supervision at the clinical site.
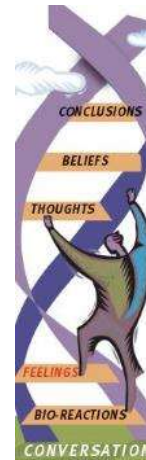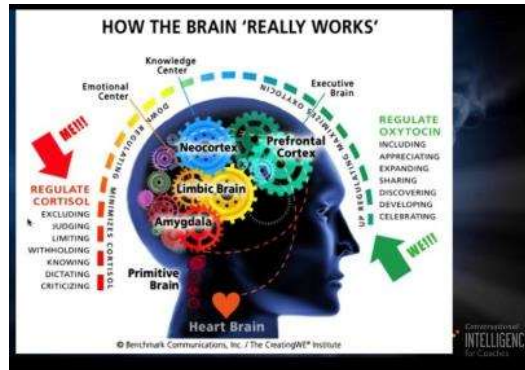
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Slide 18

Team Dynamics: POWER

POWER
Positional
Charismatic
Hard
Soft

Power changes the brain (mirror neurons)
Atlantic article on the topic

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Team Dynamics: SEC-IQ and Trust

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CLER Alignment

CT Pathway 1: Education on care transitions

Formal educational activities that create a shared mental model with regard to care transitions are necessary in order for residents/fellows to work in a consistently well-coordinated manner.

Properties include:

- Residents/fellows and faculty members know the clinical site's transitions of care policies and procedures.
  The focus will be on the degree to which individuals are aware of the clinical site's policies on transitions of care.

- Residents/fellows participate in simulated or real-time interprofessional training on communication to optimize transitions of care at the clinical site.
  The focus will be on the proportion of and frequency in which residents/fellows participate in training as described above.

- Faculty members participate in simulated or real-time interprofessional training on transitions of care at the clinical site.
  The focus will be on the proportion of and frequency in which faculty members participate in training as described above.

S Pathway 2: Resident/fellow perception of the adequacy of supervision

It is important to elicit resident/fellow perceptions as one indicator of the adequacy of supervision.

Properties include:

- Residents/fellows perceive that they are receiving adequate supervision at the clinical site.
  The focus will be on the proportion of residents/fellows who perceive adequate supervision.

- Residents/fellows perceive that the clinical site provides a supportive culture for requesting assistance.
  The focus will be on the proportion of residents/fellows who perceive a supportive culture for requesting assistance.

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Strictly Professional

Person A	Person B
• Ambitious	• Ambitious
• Energetic	• Energetic
• Punctual	• Punctual
• Cold	• Warm
• Self-directed	• Self-directed
• Motivated	• Motivated
• Quiet	• Quiet

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Which person is more trustworthy?

A

B

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Strictly Professional

Person A	Person B
• Ambitious	• Ambitious
• Energetic	• Energetic
• Punctual	• Punctual
• Cold	• Warm
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Team Work: Navigating the nexus
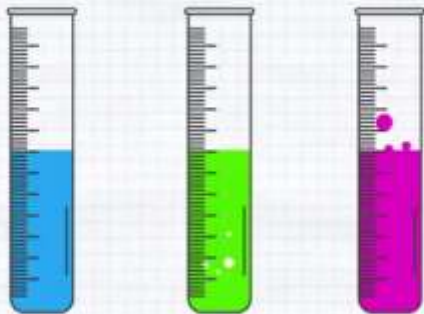
DOPAMINE   SEROTONIN   OXYTOCIN

Team Work: MAT-C

Mentors are sought after or offer to provide occasional modeling and advice to someone who is less experienced in the mentor's field.

Advisors:
• are assigned to learners and required to meet with them about their performance,
• can be held partially accountable for a learner's performance if the requirements of advising have not been met,
• give advice on what should or needs to be done to improve performance.

Teachers:
• provide direct instruction on specific topics in specific disciplines
• hold learners accountable with formative and summative assessments and examinations, and
• are not always beholden to advising or mentoring.

Coaches:
• ask open-ended questions about their client's goals and the action steps the client thinks s/he needs to take to reach those goals.
• Coaches are tested and credentialed by the International Coach Federation (ICF) and the Center for Credentialing and Education (CCE).
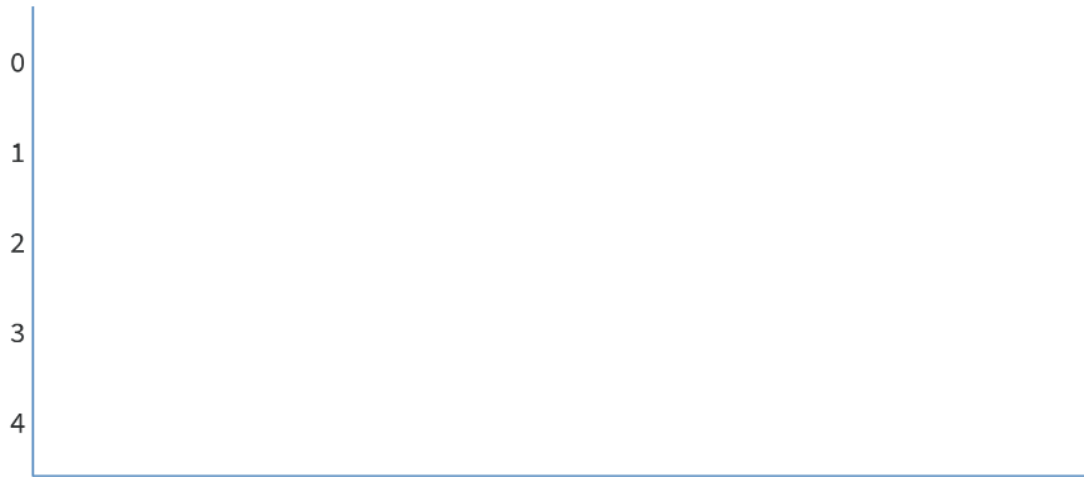 – If you want a credentialed coach, look for designations such as BCC, ACC, PCC and MCC.

CLER Alignment

Clinical Learning **ENVIRONMENT**

• Communication – 9 mentions

• Interprofessional – 11 mentions

• Team – 14 mentions

How familiar are you with the CLER Pathways? (post)

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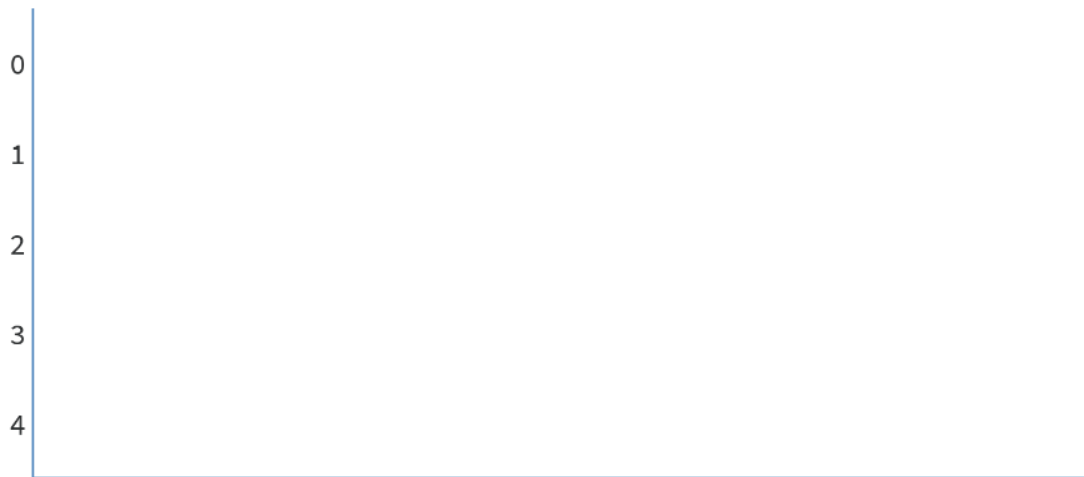2
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How important are interpersonal dynamics to a clinical learning environment? (pre)

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Want More Info?

See our project website

- www.serveteachlearn.org
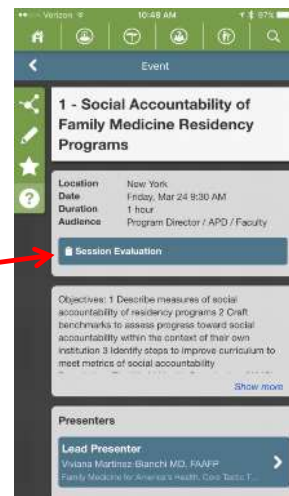 - Program guide, ppts with tools and notes

Email me

- ruddym@thewrightcenter.org

Please

complete the

session evaluation.

Thank you.

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