

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 4-A-11

Subject: Progress in Transforming the Medical Education Learning Environment

Presented by: Baretta R. Casey, MD, MPH, Chair

1 Paragraph 4 of Policy D-295.324 (AMA Policy Database), “Transforming the Medical Education
2 Learning Environment,” asks that our American Medical Association (AMA) report back to the
3 House of Delegates at its 2011 Annual Meeting on the outcomes of efforts to bring about learning
4 environment change.

5
6 This informational report will summarize the activities of the Liaison Committee on Medical
7 Education (LCME) and the AMA related to the medical education learning environment during the
8 past several years.

10 ACTIVITIES OF THE LCME

11
12 The LCME approved a new accreditation standard on the medical education learning environment
13 that went into effect in July 2009 (see the Attachment for the wording of standard MS-31-A and its
14 explanatory annotation). In summary, the intent of the standard is for a medical school to:

- 15
- 16 1) Define the professional attributes that medical students are expected to develop;
- 17 17 2) Include education and student assessment related to these attributes as part of the
18 educational program;
- 19 19 3) Evaluate the learning environment to identify positive and negative influences; and
- 20 20 4) Work with its partners to mitigate negative influences on medical students’ development of
21 the desired professional attributes.
- 22

23 To assist medical schools in identifying approaches to achieve compliance with this standard, the
24 LCME sponsored a session during the 2009 Annual Meeting of the Association of American
25 Medical Colleges (AAMC). Attended by about 250 medical school faculty members and
26 administrators, the session included presentations by several medical schools that had successfully
27 addressed the expectations in the standard.

28
29 The LCME has had an additional standard that expects medical schools to define and publicize the
30 standards for the teacher-learner relationship and to develop written policies for addressing
31 violations (see the Attachment for the wording of standard MS-32 and its annotation). The LCME
32 monitors compliance with this standard in part through responses to the AAMC Annual Medical
33 School Graduation Questionnaire (AAMC GQ), which is completed by fourth-year medical
34 students in MD-granting schools. In 2010, about 13,100 fourth-year medical students completed
35 the survey. Of these, 16.9% indicated that they had been personally mistreated during medical
36 school and 17.8 % reported that they witnessed another student being mistreated.¹

37
38 The most frequent category of mistreatment reported was being publicly belittled or humiliated. Of
39 the 2,226 students who reported mistreatment in the questionnaire, 50% noted that this type of
40 mistreatment occurred occasionally and 5% that it occurred frequently.¹ While the AAMC GQ is

1 the most-commonly cited source of information about medical student mistreatment, some
2 concerns have been expressed about the precision of the questions and the resulting validity of the
3 data.

4
5 There is no doubt, however, about the need to address the issue of medical student and resident
6 mistreatment. In response to this need, the LCME co-chairs wrote to the AMA and the AAMC to
7 ask for assistance.

8 9 ACTIVITIES OF THE AMA

10
11 The AMA has been engaging in a number of activities related to promoting a positive learning
12 environment.

13 14 *Response to the Request from the LCME*

15
16 In response to the request from the LCME to participate in addressing problems relating to medical
17 student mistreatment, the AMA Council on Medical Education, the Section on Medical Schools,
18 and the Medical Student Section will be holding a joint education session during the 2011 Annual
19 Meeting of the AMA House of Delegates. It is planned that the session will result in some ideas
20 and strategies for positive action.

21 22 *The ISTEP Collaborative Study of the Learning Environment*

23
24 Innovative Strategies for Transforming the Education of Physicians (ISTEP) is a multi-institutional
25 consortium that is organizationally housed within the Center for Transforming Medical Education.
26 In 2010, ISTEP initiated a longitudinal, multi-school study of the learning environment. Using a
27 variety of measures, data were collected from over 2,000 entering medical students at 14 sites.
28 This cohort of students will be followed throughout their medical education to identify factors that
29 promote or inhibit the development of professional behaviors. New institutions will be added in
30 the following years.

31 32 *Follow-Up to the Initiative to Transform Medical Education (ITME) Recommendations on the* 33 *Learning Environment*

34
35 The following was one of the recommendations of the planning phase of ITME:

36
37 Ensure that the learning environment throughout the medical education continuum is
38 conducive to the development of appropriate attitudes, behaviors, and values, as well as
39 knowledge and skills.

40
41 In its implementation phase, ITME held two invitational conferences on the learning environment.
42 ITME defined the learning environment as follows:

43
44 At any point in time, the learning environment is a social system that includes the learner
45 (including the external relationships and other factors affecting the learner), the individuals
46 with whom the learner interacts, the setting(s) and purpose(s) of the interaction, and the formal
47 and informal rules/policies/norms governing the interaction.

1 Discussions during these meetings led to an action plan that is based on the importance to the
2 learning environment of several related elements:

3
4 Institutional culture: The values and norms of the institution as embodied in formal policies
5 and in organizational procedures and policies.

6
7 Curriculum (Formal): The objectives and/or competencies of the educational program and the
8 explicit learning experiences and methods of assessment designed to assure learners'
9 attainment of the objectives.

10
11 Curriculum (Informal/Hidden): The actions, behaviors, and expressed or implied attitudes and
12 values of faculty, supervisors, peers, and others with whom the learner interacts.

13
14 Educational climate: The perceptions of learners (students) about what it means to be and how
15 to behave as a medical student and, most importantly, as a physician.

16
17 The new LCME standard addresses the element of curriculum, both formal and informal (hidden).
18 The ISTEP activities are grounded in the element of the educational climate. To address
19 institutional culture, a qualitative research study was carried out in the summer and fall of 2010.
20 Since leadership is an important component of the institutional culture, 10 interviews were
21 conducted with medical school deans or senior associate deans. During each 30-minute interview,
22 respondents were asked the same questions:

- 23
24 1) What is a positive learning environment for medical students in the preclinical
25 and clinical years?
26 2) What is the role of institutional leadership in creating this positive environment?
27 3) What barriers exist to a positive learning environment? How can leadership, directly or
28 indirectly play a role in overcoming these barriers?
29

30 The interviews resulted in a series of concrete recommendations for what medical school leaders
31 should do to contribute to a positive learning environment.

32 33 AMA POLICY ON THE LEARNING ENVIRONMENT

34
35 The actions described previously are highly consistent with existing AMA policy and directives for
36 action. AMA policy states that medical schools should develop and implement policies that
37 address sexual harassment and exploitation in the medical education environment. (Policy
38 H-295.970, [1] "Sexual Harassment and Exploitation Between Medical Supervisors and Trainees.")

39
40 Policy H-295.886 "Progress in Medical Education: Evaluation of Medical Students' and Resident
41 Physicians' Professional Behavior," supports medical schools regular evaluation of students'
42 professional behavior. There also are several directives for action related to teaching and
43 evaluating professionalism in medical schools: D-295.954 "Teaching and Evaluating
44 Professionalism in Medical Schools," D-295.998 "Teaching Professionalism Across the Continuum
45 of Medical Education," and D-295.983 "Fostering Professionalism During Medical School and
46 Residency Training."

1 FUTURE ACTIONS

2

3 Through the AMA's Center for Transforming Medical Education and other partners, work on the
4 medical education learning environment will continue.

5

6 • Through a review of the literature and the collection of expert opinion, the AMA Center for
7 Transforming Medical Education will collaborate with the Association of American
8 Medical Colleges to: a) develop a working definition of medical student and resident
9 mistreatment; b) identify tools that can be used to determine if mistreatment is occurring;
10 and c) develop proactive strategies that can be used to prevent and address mistreatment.

11

12 • The AMA's Innovative Strategies for Transforming the Education of Physicians the
13 collaborative will continue to follow the first cohort of medical students throughout their
14 medical education program to determine how the learning environment affects their
15 professional development and will add at least one additional cohort of students.

16

17 • The AMA Center for Transforming Medical Education will summarize and share the views
18 of institutional leadership on their roles in promoting a positive learning environment.

19

20 • A summary of the deliberations and any recommendations from the AMA Council on
21 Medical Education, Section on Medical Schools, and Medical Student Section joint session
22 on medical student mistreatment will be distributed to relevant groups.

ATTACHMENT

LCME ACCREDITATION STANDARDS RELATED TO THE
MEDICAL EDUCATION LEARNING ENVIRONMENT

STANDARD MS-31-A: A medical education program must ensure that its learning environment promotes the development of explicit and appropriate professional attributes in its medical students (i.e., attitudes, behaviors, and identity).

Explanatory Annotation:

The medical education program, including its faculty, staff, medical students, residents, and affiliated instructional sites, shares responsibility for creating an appropriate learning environment. The learning environment includes both formal learning activities and the attitudes, values, and informal "lessons" conveyed by individuals who interact with the medical student. These mutual obligations should be reflected in agreements (e.g., affiliation agreements) at the institutional and/or departmental levels.

It is expected that a medical education program will define the professional attributes it wishes its medical students to develop in the context of the program's mission and the community in which it operates. Such attributes should also be promulgated to the faculty and staff of the medical education program. As part of their formal training, medical students should learn the importance of demonstrating the attributes of a professional and understand the balance of privileges and obligations that the public and the profession expect of a physician. Examples of professional attributes are available from such resources as the American Board of Internal Medicine's Project Professionalism or the AAMC's Medical School Objectives Project.

The medical education program and its faculty, staff, medical students, and residents should also regularly evaluate the learning environment to identify positive and negative influences on the maintenance of professional standards and conduct and develop appropriate strategies to enhance the positive and mitigate the negative influences. The program should have suitable mechanisms available to identify and promptly correct recurring violations of professional standards.

STANDARD MS-32: A medical education program must define and publicize the standards of conduct for the faculty-student relationship and develop written policies for addressing violations of those standards.

Explanatory Annotation:

The standards of conduct need not be unique to the medical education program; they may originate from other sources (e.g., the parent institution). Mechanisms for reporting violations of these standards (e.g., incidents of harassment or abuse) should ensure that the violations can be registered and investigated without fear of retaliation.

The medical education program's policies also should specify mechanisms for the prompt handling of such complaints and support educational activities aimed at preventing inappropriate behavior.

Source: *Functions and Structure of a Medical School*, June 2010 edition. Available on the LCME Web site (www.lcme.org).

REFERENCE

1. AAMC. 2010 GQ Medical School Graduation Questionnaire: All Schools Summary Report - Final. Available at www.aamc.org.