

Fostering a climate of respect and inclusion

Quarterly Report

April - June 2022

OVERVIEW

In June 2019, the UNM School of Medicine (SOM) launched the Learning Environment Office (LEO) to enhance institutional efforts to prevent, reduce, and address mistreatment, and simultaneously, improve learning environments.

In an effort to promote transparency while preserving confidentiality, LEO is producing quarterly reports that share aggregated data to enhance the overall understanding of learning environments as well as protect anonymity. The data will remain aggregated until we have enough data to not be identifiable. These reports also contain data on exemplary teachers and mistreatment incidents as well as information about LEO's activities.

WHAT'S NEW IN LEO'S QUARTERLY REPORTS

LEO's reports now include case studies and/or trend analyses with accompanying discussion prompts. We invite you to engage in deep thinking, critical analysis, and open discussions within your colleagues, programs, divisions, and departments about these cases and focus areas.

We see each of you as a partner with responsibility for ensuring respectful, positive, and inclusive environments. LEO seeks to help build such skills through our education portfolio, which includes our trainings and workshops, and now these cases studies. Thus, LEO hopes to increase individual skills *and* a sense of responsibility as "upstanders" for inclusion.

REPORT CONTENTS

LEO Turns 3

Read a message from LEO's Director, Diana Martínez, reflecting on three years of learning through LEO

Challenges in Medical & Research Education

LEO & OPW are pleased to offer our next Speaker Series: Challenges in Medical & Research Education

Changes in Federal Policies Impacting SOM Learning Environments

Updates from the NIH and Title IX

Building Inclusive Leadership Program Evaluation

Check out the evaluation results from the our pilot cohort program

Data Dive: What is the Prevalence of Learner Mistreatment at the SOM?

An in-depth look at our best guesses at prevalence data

iTeach Data

Learn about updated data related to exemplary teaching and behavior across the SOM

Mistreatment Data

Learn about updated data related to mistreatment and mistreatment response across the SOM

Thank you Dr. Pang!

Check out the wonderful work Dr. Joyce Pang has done as our Learning Environment Fellow

REFLECTING ON 3 YEARS OF LEO

A message from LEO's Director, Diana Martínez

The work of LEO has grown tremendously over just three years. We continue to learn about how to best design and maintain safe, supportive, respectful, and inclusive learning environments.

We are aware that learner mistreatment does not happen in a vacuum. It is a microcosm of society and its interlocking systems of power and oppression. Unfortunately, in these three short years, we have endured a global pandemic, continued reckoning with racial injustices, climate change, mass shootings, religious persecution, an insurrection, targeted attacks on trans children and people, and the erosion of fundamental rights. Mistreatment within medical and research education is connected to what is happening around us locally, nationally, and globally. Learning environments can be shaped either positively or negatively by how we as an institution and we as individuals respond or remain silent.

Moving forward together toward inclusive, respectful, and supportive learning and working environments is directly related to the success of our institution, our health system, patient care, and each of us.

Please take a moment to re-read <u>this message</u> I wrote last year reflecting on two years of LEO. The message still resonates with us today.

We also recognize that ensuring supportive and inclusive learning environments is not the sole work of LEO. Rather we emphasize that this is the responsibility of each and every one of us. Thus, we are asking for your commitment. Please see us as technical assistants and consultants available to you in this shared work.

We've learned that change cannot come directly from LEO, that it must come from within specific learning environments. We are here to support, guide, and share lessons about emerging practices. We believe UNM can become known for its work around these emerging practices and their intersections with DEI and wellness.

We believe UNM can be a model for supportive and inclusive learning environments. And we believe this takes all of us.

LEO + OFFICE OF PROFESSIONAL WELL-BEING SPEAKER SERIES

CHALLENGES IN MEDICAL & RESEARCH EDUCATION

Join us on the first working Monday of the month from 12-1pm on zoom

04.04.22 Creating Fair & Consistent Remediation Processes & Procedures

Presented by Joanna Fair, MD, PhD

Session recording available on <u>LEO's moodle</u>

05.02.22 Real Talk: Acknowledging & Understanding Retaliation

Presented by Martha McGrew, MD

Session recording available on LEO's moodle

06.06.22 Centering Disability: Identifying & Implementing Structural, Curricular, and Interpersonal Interventions

Presented by Brittnee Meitzenheimer, MA Session recording available on LEO's moodle

07.11.22 Improving Performance Through Evaluation & Feedback

Presented by Sally Fortner, MD

Session recording available on <u>LEO's moodle</u>

08.01.22 You Know It When You See It: Engaging with Unprofessionalism

Presented by Diana Martínez, MPH, and Lanier Lopez, MD



09.09.22 Using Your Power to Create a Culture of Well-being

This is the second Monday of the month due to the Labor Day holiday

Click here to RSVP

Open to all HSC faculty, staff, and learners.

The University of New Mexico School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The University of New Mexico School of Medicine designates this live activity for a maximum of 5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CHANGES IN FEDERAL POLICIES IMPACTING LEARNING ENVIRONMENTS AT THE SOM

1

National Institute of Health:

As of July 2022, NIH recipient institutions are required to inform the NIH when individuals identified as PD/PI or other senior/key personnel in an NIH notice of award are removed from their position or are otherwise disciplined by their recipient institution due to concerns about harassment, bulling, retaliation, or hostile working conditions.

2

Title IX:

The Biden Administration has produced new proposed Title IX regulations. Through September 12, 2022, the federal government is seeking public comment on these proposed changes. You can **click here** to make a comment and to learn more (the document is 700 pages so settle in with a cup of tea). A few highlights are:

- Increased protections for pregnant students and employees
- Protection of LGBTQ+ students from discrimination based on sexual orientation, gender identity, and sex characteristics
- Clarifies and confirms protection against retaliation
- Updates the definition of sex-based harassment to the pre-2016 standard of behavior that is "severe **or** pervasive" rather than 2020's "severe **and** pervasive" and "objectively offensive."

BUILDING INCLUSIVE LEADERSHIP: PILOT PROGRAM EVALUATION

We have concluded the pilot of Building Inclusive Leadership, our cohort program for SOM learners. Our cohort of 20 amazing students and trainees spent 6 months together learning about and discussing issues of inclusion and equity. Check out the results from our pre- and post-program evaluations, and keep an eye out for when applications open for the next cohort!

Pre-Program survey n = 20 | Post-Program survey n = 14



of participants' goals

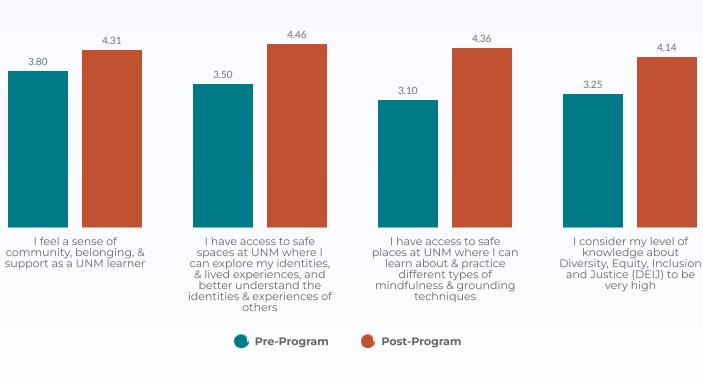


Selected quotes from participants:

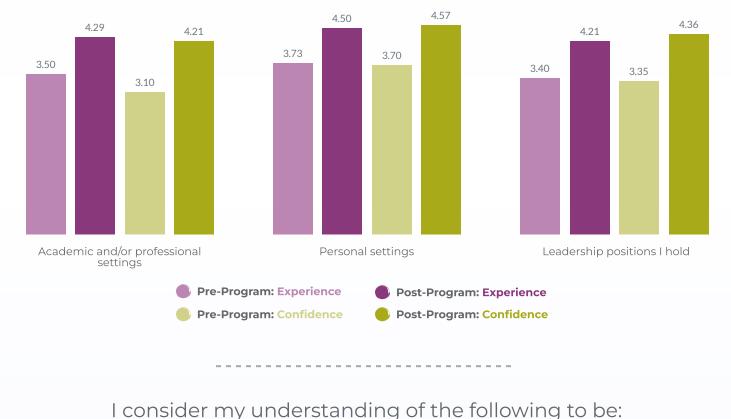
- This program was a highlight of my UNM education thus far.
- I learned a lot from the program. All the topics taught me something new. Also knowing others face similar worries and challenges like me was refreshing. I learned how to look at social issues from many viewpoints and understood that social issues may affect different people of same race and ethnicity differently.
- This will forever be a highlight in my medical school journey. It has opened my mind and curiosity to topics I hadn't explored before that I am now actively learning more about. I was able to get in touch with my thoughts and experiences in a way that I don't make the time to do in a regular week of studying, so THANK YOU!
- This program is something I never thought I needed. I definitely needed this, and I'm so grateful I got the opportunity to join. I benefited greatly from the program, and as I plan to implement some of the new experiences and lessons learned, I believe my future patients will also benefit.

General Questions about Experiences at the SOM

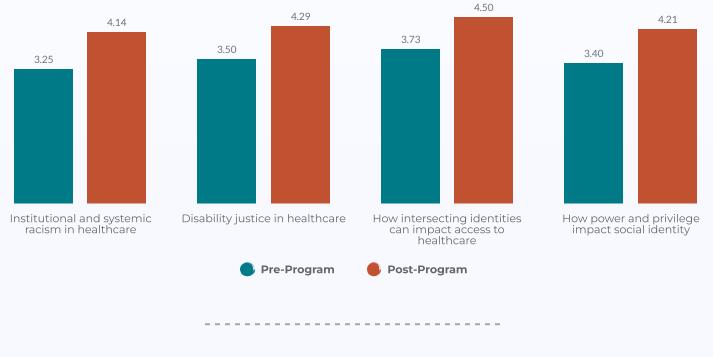
scale of 1 (strongly disagree) to 5 (strongly agree)



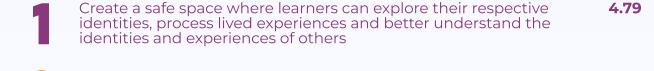
I have experience / confidence in my ability applying DEIJ knowledge in the following areas: scale of 1 (strongly disagree) to 5 (strongly agree)



scale of 1 (very low) to 5 (very high)



BIL Program Goals Average participant rating of the extent to which BIL met its goals. Scale of 1 (strongly disagree) to 5 (strongly agree)





4.86

Provide informal learning opportunities and connection to

Mobilize culturally relevant and socially engaged champions and 4.86 advocates across learners

JOIN US FOR OUR LEO CHAT

What are the latest trends in the learning environment? What is LEO noticing?

Come join the LEO team to discuss the most updated data and trends in the learning environment.





- Check out the prevalence data on the next page that we'll be discussing!
- Bring your questions!
- Invite your colleagues and learners



Our next chat will be held on Tuesday August 16th from 12-1pm



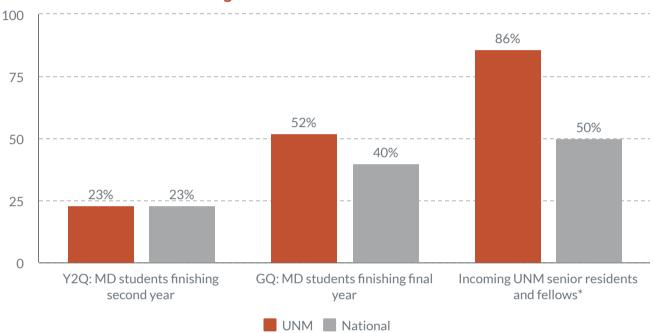
Click here to RSVP

DATA DIVE:

What is the actual prevalence of learner mistreatment at the SOM?

We don't really know. We only know about the incidents that are reported to us. But here are some results from school-wide and national surveys that can help us make some guesses. These data are only for MD-track learners and trainees, but we look forward to collecting more data regarding research education and health professions learners in the future.

Percent of learners who report being mistreated at least once during their time in medical education



What are the data sources?

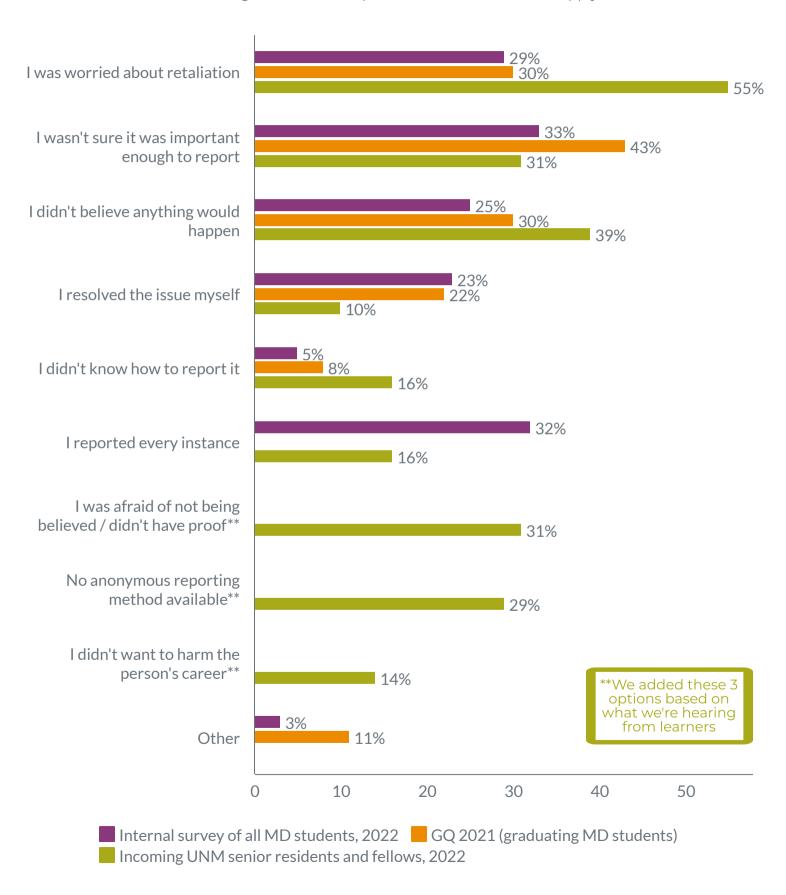
- Y2Q: Year 2 Questionnaire. Sent to all MD students completing their second year of medical school. These data are from Spring 2021.
- **GQ: Graduation Questionnaire.** Sent to all graduating MD students at the end of their final year of medical school. These data are from Spring 2021.
- Incoming UNM senior residents and fellows: An informal survey conducted by LEO at the 2022 orientation for incoming senior residents and fellows.

What does this mean?

- We know most mistreatment happens in the clinical setting. This is why we see a big jump in UNM and national numbers from Y2Q (students are pre-clinical) to GQ (students have spent two years in the clinical environment).
- **52% versus 40%:** UNM rates of medical student mistreatment remains much higher than the national average.
- Mistreatment rates of residents and fellows remains under-studied. We don't have a good sense of national prevalence or UNM prevalence. We were surprised and concerned by how high the 86% number is. These were incoming trainees from across the world, as well as those continuing on at UNM after finishing a residency here, so the mistreatment did not necessarily occur at UNM.
- Nearly half of the fellows and senior residents surveyed (45%) said they were mistreated **more than twice** in their medical education.

Why is mistreatment so underreported?

National surveys and internal data help us understand some of the reasons learners don't report after being mistreated. Respondents can select all that apply.

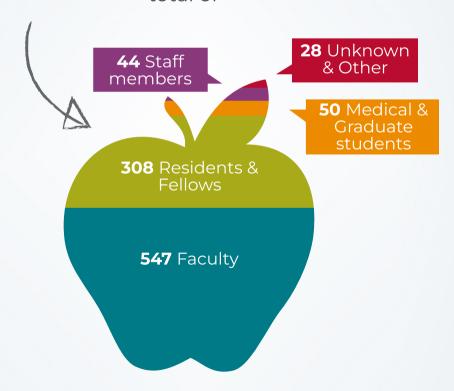


iTeach: Recognizing Exemplary Teachers

977
TEACHERS

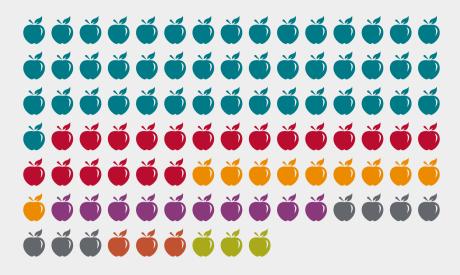
have been recognized for exemplary teaching by a total of

3,891LEARNERS



<u>Click here</u> to send an iTeach recognition to a teacher today!

How many learners have recognized each of those teachers?

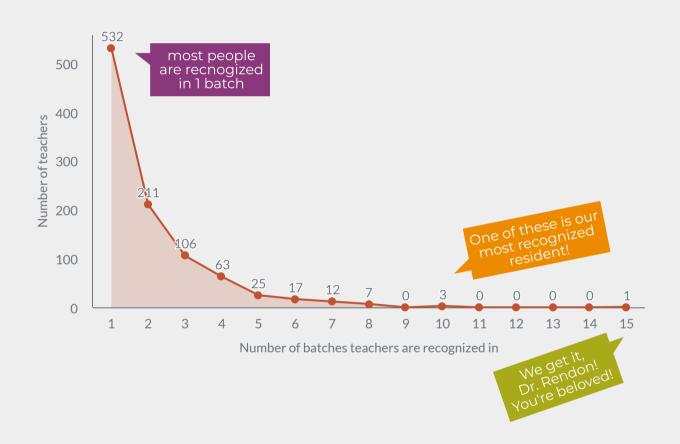


46% recognized by one learner 20% two learners 10% three learners 10% 4-5 learners 7% 6-10 learners 3% 11-20 learners 3% 21-130 learners!

Why are some people recognized by so many more learners than others? Are they **that** much more exemplary?

Well, they're certainly exemplary! But medical student course instructors tend to be recognized by more learners than others, because they work with large groups of students, and iTeach questions are asked on mandatory course evaluations.

To compensate for this, we measure in batches. We send out iTeach notifications in batches, every 1-2 months. So we can ask, how many batches (**out of 20 possible**) have our teachers been recognized in? The more batches, the most consistently they are being recognized—whether that's once or 92 times. This still favors teachers who show up on course evaluations, but it's more balanced than other measures.



Meet our 15 most frequently recognized teachers!

Teacher

Dr. Janet Veesart

Dr. Douglas Binder

Dr. Saverio Sava

Dr. Patrick Rendon

Dr. Jens Langsjoen
Dr. Leonard Noronha

Dr. Doonti Doo

Dr. Deepti Rao

Dr. David Clanon

Dr. Ann Morrison

Dr. Blavir Rukov

Dr. John Alan Mason

Dr. Fernando Valenzuela

Dr. Brenna Mcguire

Dr. Eve Espey

Dr. Alfonso Belmonte

Department

Emergency Medicine

Emergency Medicine

Family & Community Medicine

Internal Medicine Internal Medicine

Internal Medicine
Internal Medicine

Internal Medicine
Internal Medicine

Internal Medicine

Internal Medicine

Neurology

Neurosciences

Obstetrics & Gynecology

Obstetrics & Gynecology

Pediatrics



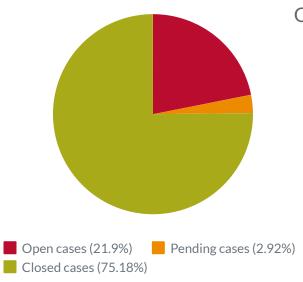
ADDRESSING MISTREATMENT: Data Review

July 24, 2019 - June 30, 2022

Since LEO began collecting reports of mistreatment in late July of 2019, we have received 483 reports of mistreatment.

After removing duplicate reports and those that do not rise to the level of mistreatment, we are left with **411 unique incidents of mistreatment.**

LEO shares these data to create greater transparency in the UNM SOM community about mistreatment. We use these data to inform our work to reduce and prevent mistreatment, and to most effectively respond to incidents that occur.



Of those 411:

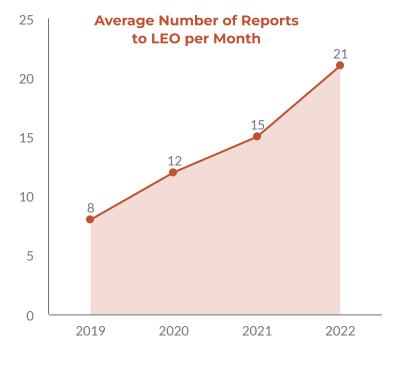
22% of cases are open. Open cases may be:

- In active fact finding
- Scheduling meetings with relevant stakeholders
- Awaiting response from impacted learners
- Waiting for delayed action (on request of learners)
- Writing and sending recommendation memos
- Awaiting decisions from the Mistreatment Response Committee

Another 3% are pending. Pending cases may be:

- Awaiting monitoring periods
- Waiting for stakeholders to report back on feedback conversations

How many reports are coming to LEO each month?



You can see that the average number of reports per month has increased every year, from 8 in 2019 to 21 so far in 2022.



FAQ: Does this mean that rates of mistreatment are increasing?

We don't think so. Mistreatment remains chronically underreported, so we believe this increase is due to greater awareness of LEO and trust in our process, not an increase in incidents of mistreatment themselves.

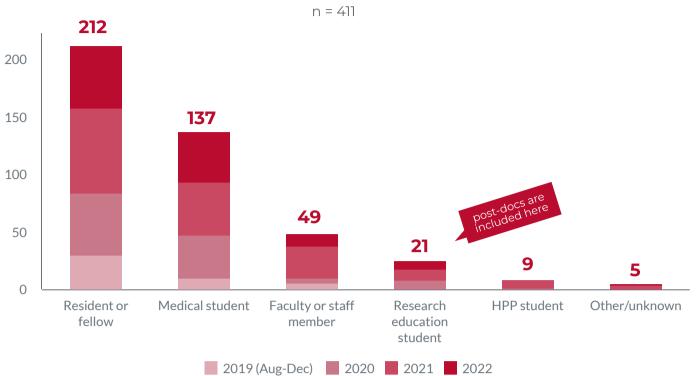
Check out our best guesses at prevalence above, and to learn more, come to our LEO Chat!

Data within this section are disaggregated by year. As you can see below, 2022 already has more reports than all of 2020.

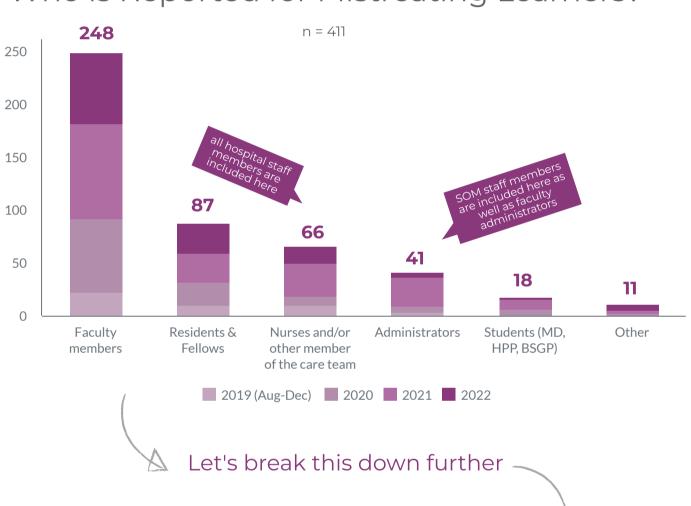
2019: 45 reports (Reporting system launched in late July)

2020: 104 reports 2021: 150 reports 2022: 112 reports (through June 30)

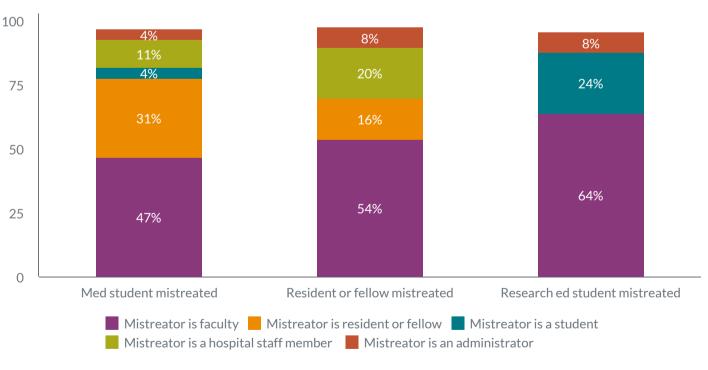




Who is Reported for Mistreating Learners?



Who is reported for mistreating each type of learner?



What does this mean? According to reports to LEO:

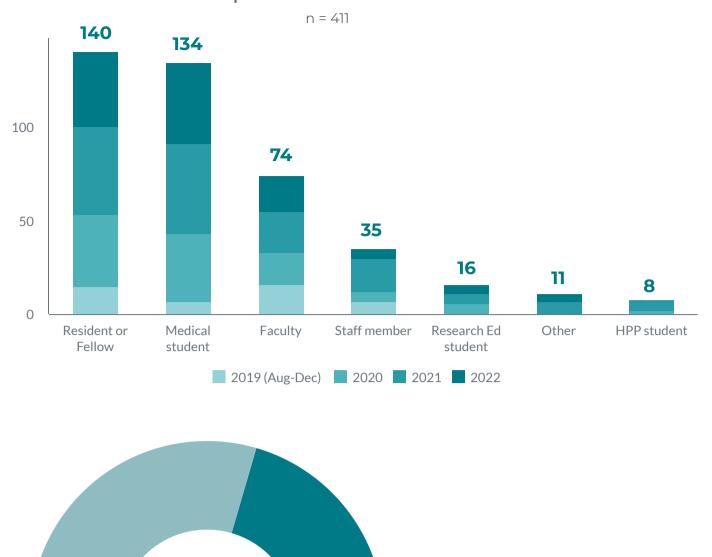
- **Medical students** are primarily mistreated by faculty members and residents/fellows.
- Residents and fellows are primarily mistreated by faculty and hospital staff members.
- Research education students are primarily mistreated by faculty members and their peers.



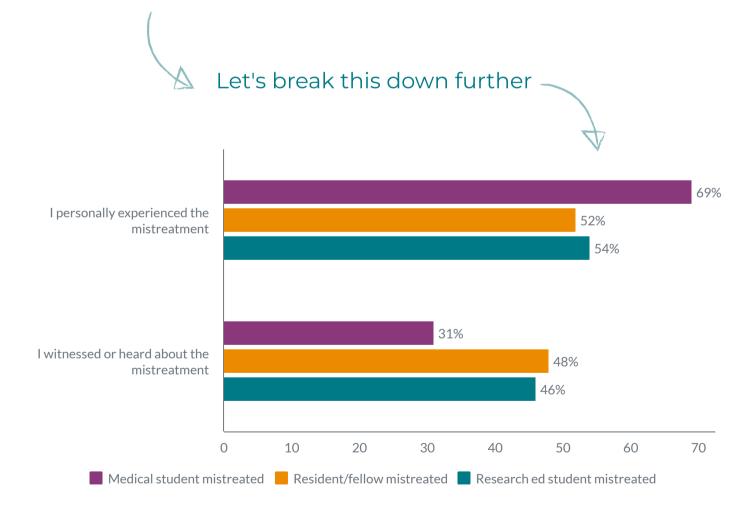
FAQ: What about health professions students?

Our number of reports is currently too small to analyze. Once our sample size is larger, look for HPP learners to be included in these breakdowns.

Who Reports to LEO and How?







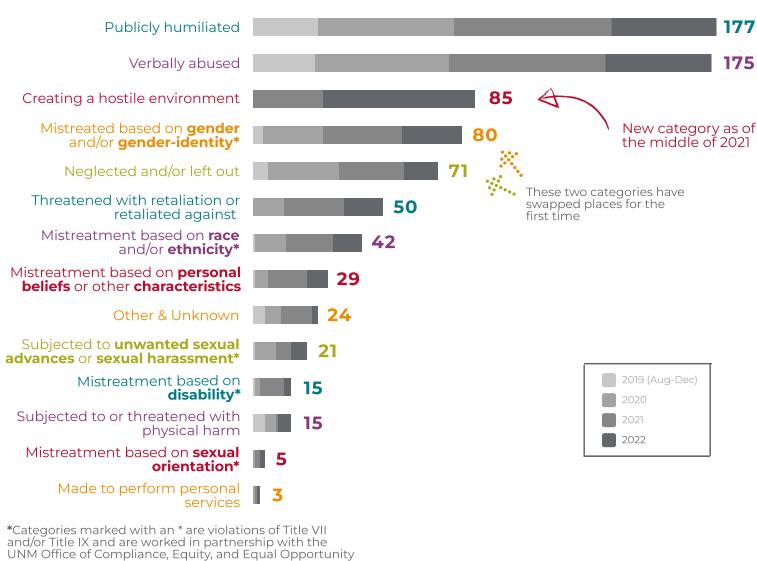
What do we learn from this?

Most **medical students** have to rely on themselves to report mistreatment, while **residents**, **fellows**, and **research education students** are as likely to have someone else report on their behalf as to report themselves.

Remember: reporting witnessed or heard about mistreatment is a trauma-informed approach because it removes the burden of reporting from the person who has been harmed, and allows us to offer resources to that person quickly, efficiently, and confidentially, even they don't want LEO to move forward on the report.

Types of Mistreatment

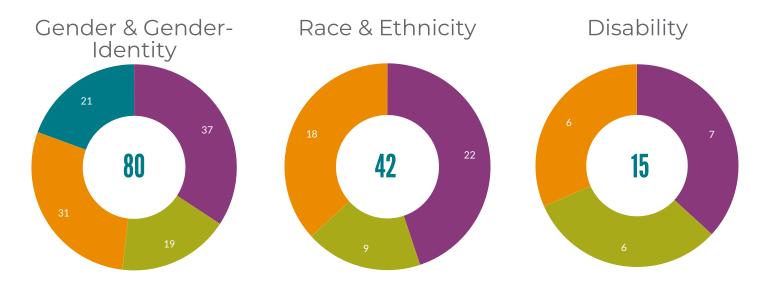
Each incident can include multiple types of mistreatment n = 411





FAQ: What kinds of identity-based mistreatment are being reported?

Answer: Primarily offensive language, as well as differential treatment based on identity (for example, a provider who is generally kinder to residents who are men than to residents who are women). Check out the breakdown below, and remember that incidents may fall in multiple categories.



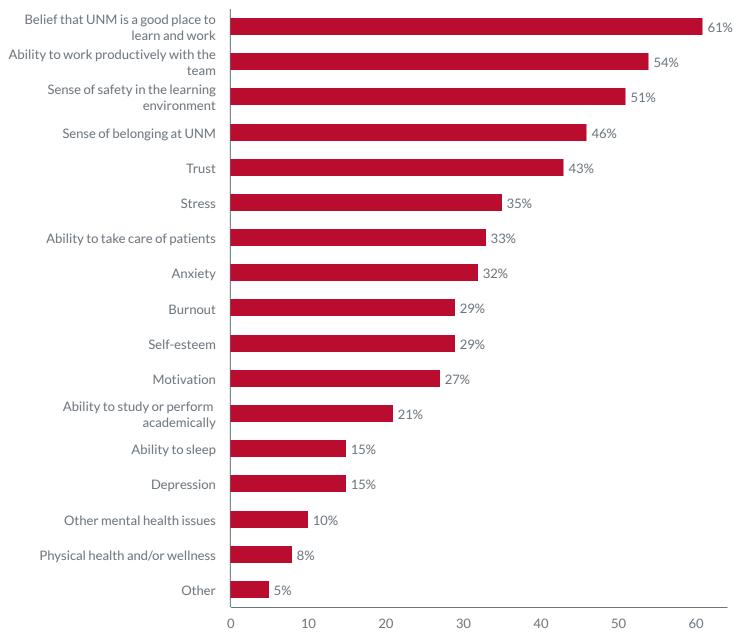
- O Subjected to offensive remarks or names about identity
- Denied opportunities and/or received lower grades/evaluations due to identity rather than performance
- Other offensive behaviors related to identity
- O Subjected to unwanted sexual advances

How Does Mistreatment Impact Learners?

Beginning June 2020, LEO added a question to the reporting form that asks how this behavior has negatively impacted them. The question offers drop-down options, as well as write-in options.

So far, **215** of the incidents included in this report have provided this information. Reporters can select as many of the options as they would like.

"This behavior negatively impacted my:"



How are Incidents Classified on the Mistreatment Response Pyramid?

n = 121 classifiable incidents

Note: LEO classifies each applicable incident using the Mistreatment Response Pyramid. The pyramid takes into account both **severity** of the incident and **patterns** of behavior. Level 1 incidents are first-time offenses that are not severe. Level 4's, in contrast, are the most severe of incidents.



Note: We are changing the way we're reporting out data on level and actions taken to be more accurate. Here's why:

Imagine one person is reported for 15 incidents within a month, and LEO designates all of those reports as "Level 3," and creates one set of recommendations. It wouldn't be accurate to report that as 15 Level 3's, or 15 recommendations for XYZ. We're now reporting out on sets of recommendations and designations, so that person would count as **one** Level 3 and **one** recommendation for XYZ. Of course, if that person were to be reported next year, that would count as a new designation and a new recommendation



Outcomes of Closed Cases

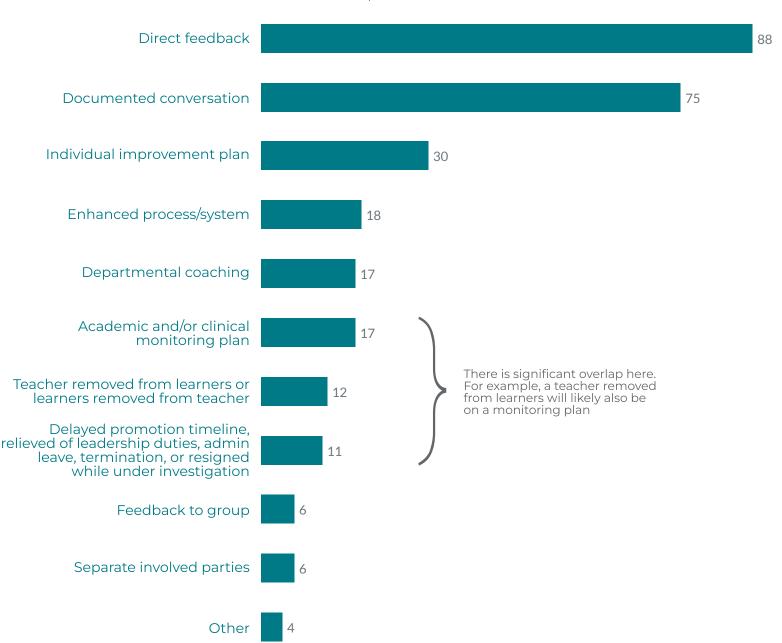
n = 291 cases that have reached this stage



Note: LEO team members do not take action themselves. LEO recommends appropriate actions to department chairs, division chiefs, program and clerkship directors, and others, based on the incident level. This partnership between LEO and leadership ensures consistency and standardization across the SOM.

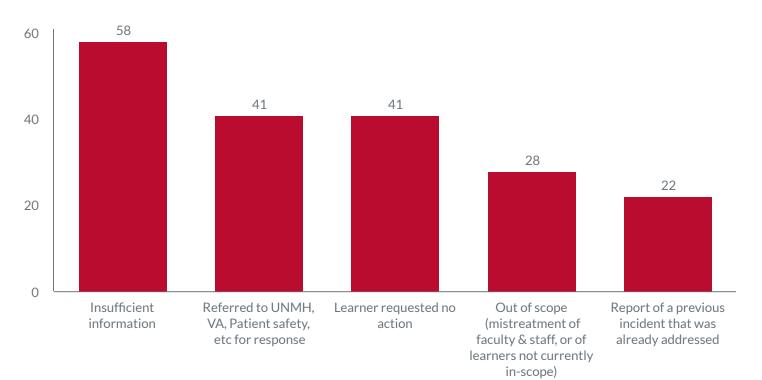
Actions Recommended

Multiple actions can be recommended for each incident



Reasons LEO has Not Recommended Action

LEO doesn't recommend action for every incident. Some of the reasons for that are:



Thank you, Dr. Joyce Pang!



Dr. Pang has completed her two year Learning Environment Education Fellowship with LEO, and has returned to her general surgery residency full-time. We are so grateful for all of her research and work on the learning environment and mistreatment in the GME space, and her particular focus on gender-based mistreatment and mistreatment in surgical environments.

We are going to miss her immensely at LEO. You can take a look at her publications and research below, and keep an eye out for more to come!

Mistreatment Experiences of GME Trainees

- Created workshop on tool to empower trainees to respond directly to mistreatment.
- Published in MedEdPORTAL: Pang J, Navejar N, Sánchez JP. Mistreatment in residency: intervening with the REWIND communication tool. MedEdPORTAL. 2022;18:11245.
 https://doi.org/10.15766/mep_2374-8265.11245

Evaluation of Virtual Clerkships During COVID-19 Pandemic

- Study comparing NBME Shelf exam performance in the traditional versus virtual curriculums and qualitative exploration of medical student experiences with the virtual curriculum.
- Presented at the Western Surgical Association 129th Scientific Session.
- **Pang, J.**, Kano, M., Esguerra, S., Nguyen, F., Pickett, B., Wang, M.L. Medical Student Perspectives and Shelf Performance on Virtual Clerkships During the COVID-19 Pandemic. Western Surgical Association 129th Scientific Session. Indian Wells, CA 2021. *Mini Oral Podium Presentation*

Teaching Informed Consent in a Virtual Clerkship

- Evaluated the self-rated competency of informed consent curriculum during the virtual surgical clerkship.
- Published in the Journal of the American College of Surgeons
- Pang, J.H., Finlay, E., Fortner, S., Pickett, B., Wang, M.L. Teaching Effective Informed Consent Communication Skills in the Virtual Surgical Clerkship. J Am Coll Surg. 2021; 233(1): 64-72.e2.

Qualitative Exploration of Male Surgeons' Perspectives on Gender Bias

- Qualitative study to explore the perspectives of male surgeons on the gender bias female surgeons experience.
- Accepted for oral presentation at the American College of Surgeons 108th Annual Clinical Congress, Scientific Forum, San Diego, CA, October 2022.

Operating Room Staff Experiences with Gender Bias

- Qualitative interviews with operating room staff to explore their experiences with gender bias.
- Submitted abstract to the Western Surgical Association 130th Scientific Session.

PART TIME STAFF

GET TO KNOW THE LEO TEAM!



Diana V. Martínez, MPH Director deemb@salud she/her/ella



Emma Naliboff Pettit, MA
Assistant Director
ecpettit@salud
she/her/ella



Brenda L. Loya Case Management Specialist blloya@salud she/her/ella



Joanna Fair, MD, PhD Senior Associate Dean of Graduate Medical Ed & DIO jfair@salud she/her/hers



Janet Veesart, MD Assistant Dean for Clinical Education jveesart@salud she/her/hers



Shelly McLaughlin, MS, EMT-I Associate Dean of HPP sjmclaughlin@salud she/her/hers



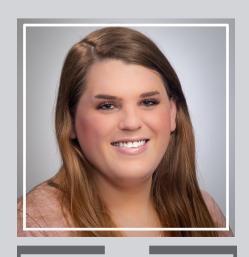
Laura Gonzalez Bosc, PhD Director of BSGP Igonzalezbosc@salud she/her/hers



Elizabeth Lawrence, MD Asst. Dean for Professional Well-being elawrence@salud she/her/hers



Susana Perez-Martinez
Program Coordinator
sperezmartinez@salud
she/her/hers



Maria Joy Oliver-Chavez Administrative Assistant moliverchavez@salud she/her/hers