

Creating A Supportive Learning Environment

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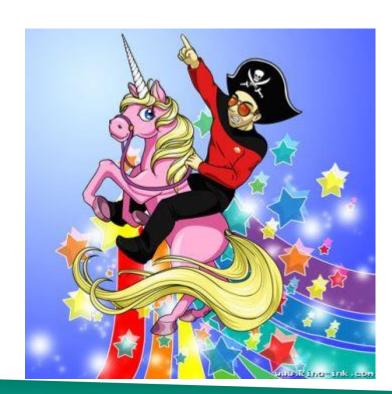
NEW OPLEANS MARCH 16 - 18 2019

So..... What's Your Approach as Program Director or Core Faculty?

A. B.







Why?

AAMC Statement on the Learning Environment

We believe that the learning environment for medical education shapes the patient care environment. The highest quality of safe and effective care for patients and the highest quality of effective and appropriate education are rooted in human dignity.

We embrace our responsibility to create, support, and facilitate the learning environment shared by our patients, learners, and teachers. In this environment, our patients witness, experience, and expect a pervasive sense of respect, collegiality, kindness, and cooperation among health care team members. This includes all professionals, administrators, staff, and beginning and advanced learners from all health professions. This includes research as well as patient care environments.

We affirm our responsibility to create, support, and facilitate a learning environment that fosters resilience in all participants. It is our responsibility to create an atmosphere in which our learners and teachers are willing to engage with learning processes that can be inherently uncomfortable and challenging.

We affirm our commitment to shaping a culture of teaching and learning that is rooted in respect for all. Fostering resilience, excellence, compassion, and integrity allows us to create patient care, research, and learning environments that are built upon constructive collaboration, mutual respect, and human dignity.

For more information and to view a library of resources, visit aamc.org/learningenvironment.





deOliverira GS, Jr., Chang R, Fitzgerald PC, et al. The prevalence of burnout and depression and their association with adherence to safety and practice standards: A survery of United States anesthesiology trainees. Anesth Analg. 2013;117:182-193.

Fahrenkopf AM, Sectish TC, Barger LK, et al. Rates of medication errors among depressed and burnt out residents: Prospective corhort study. BMJ. 2008;336:488-491

West CP, Tan AD, Habermann TM, sloan JA, Shanafelt TD. Association of resident fatigue and distress with perceived medical errors. JAMA. 2009:302:1294-1300.



Physician Supply and Demand Through 2030: Key Findings



In April 2018, the economic modeling and forecasting firm IHS Inc. released the 2018 update of The Complexities of Physician Supply and Demand: Projections from 2016 to 2030, a study commissioned by the AAMC. Projections for individual specialties were aggregated for reporting into four broad categories: primary care, medical specialties, surgical specialties, and other specialties. To reflect future uncertainties in health policy and patterns in care use and delivery, the study presents ranges for the projected shortages of physicians rather than specific shortage numbers.



Demand for physicians continues to grow faster than supply. Although physician supply is projected to increase modestly between 2016 and 2030, demand will grow more steeply.

- delivery patterns subsequent to the rapid growth retirement by currently practicing physicians.
- Total shortages in 2030 vary by specialty grouping and include:
- A shortfall of between 14 800 and 49 300 primary care physicians
- A shortfall of between 33,800 and 72,700 nonprimary care physicians, including 20,700 to 30,500 surgical specialists
- . Population growth and aging continue to be the primary drivers of increasing physician demand. By 2030, the U.S. population under age 18 is projected to grow by only 3%, while the population age 65 and over is projected to grow by 50%. Because seniors have much higher per capita consumption of health care, the demand for physicians-especially specialty physicians—is projected to increase.

. By 2030, demand for physicians will exceed supply by . The total projected physician shortage persists under a range of 42,600 and 121,300. The lower estimate most likely scenarios: a moderate increase in the use would represent more aggressive changes in care of advanced practice nurses (APRNs) and physician assistants (PAs), greater use of alternate settings such in nonphysician clinicians and widespread delayed as retail clinics, delayed physician retirement, and rapid changes in payment and delivery (e.g., accountable care organizations, or ACOs).



American Medical College



Wednesday, April 11, 2018

New research shows increasing physician shortages in both primary and specialty care

-United States could see a shortage of up to 120,000 physicians by 2030



Ako - Māori

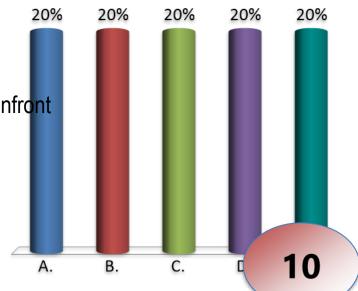
"learners among learners"





How do you address inappropriate behavior or unprofessional conduct from your faculty in your fellowship?

- A. Assistance thru an intermediary
- B. Reward model behavior as means to change culture
- C. Monitor evaluations and identify problem makers and confront
- D. Restorative justice
- E. Other



The cultural expectation is that "...'good doctors' do not complain, do not show pain, do not shirk work, and, above all, do not ever show signs or symptoms of mental illness, especially depression".

Moutier C, Norcross W, Jong P, et al. The suicide prevention and depression awareness program at the University of California, San Diego School of Medicine. *Acad Med.* 2012; 87(3): 320–326.



Burnout in Cardiology

- Cardiologists have similar rates of burnout as radiologists, urologists, and emergency medicine
- Rates range from 27% to 46%, 29% more likely in women
- Cardiologists were the LEAST likely to seek Help

Slide courtesy of Katie Berlacher, MD



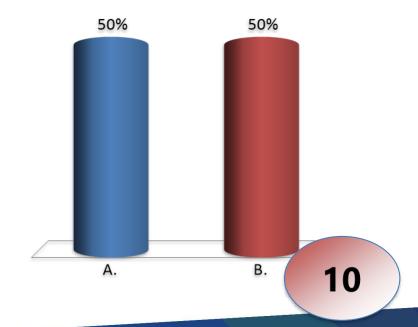
Creating an Environment that promotes Resiliency:

- Shared Accountability
- Conscientiousness
- Respect
- Trust
- Encouragement

Does your Fellowship Program have a purposeful resilience training curriculum?

A. Yes

B. No



What Does Fostering Resilience Look Like for our Cardiology Fellows?



Cardiology Fellow



What my friends think I do.



What my family thinks I do



What society thinks I do.



What I wish I did



What I think I do.



What I actually do.

