

WELCOME TO THE VIRTUAL FACULTY DEVELOPMENT SERIES

OFFICE OF FACULTY DEVELOPMENT
MD PROGRAM, UNIVERSITY OF TORONTO

We will be starting shortly.



Please mute your microphones when you are not speaking as this cuts down on background noise.

*Please **rename** yourself on ZOOM for attendance purposes.
(click right on bottom left of your video picture)*



MD Program
UNIVERSITY OF TORONTO

Office of Faculty
Development

Teaching History Taking and Communication Skills

September 7th and 12th

Chris Gilchrist, Associate Director Clinical Skills, MD Program

Jana Lazor, Director of Faculty Development, MD Program

OUR CURRENT
CONTEXT is shifting...



Disclosures

We have nothing to disclose

... except that we are constantly adapting to changing environment

Learning outcomes

This faculty development session will help tutors prepare to teach the Strategies for History Taking and Communication Skills' sessions. By the end of the session, you will be able to:

- Describe how the sessions on History Taking and Communication Skills will work
- Describe what is new this year (including Trauma-Informed Care) and discuss rationale for changes and how to prepare to incorporate these changes
- Discuss common challenges and potential strategies that can be used as we aim to create an effective, inclusive, and safe inclusive teaching and learning environment

A white pen is positioned diagonally across the upper right portion of the image, resting on a sheet of white paper with faint blue horizontal lines. The background is filled with blurred blue ink handwriting, suggesting a notebook or document. A solid orange horizontal bar is located above the main text.

Introduce yourself in the Chat

Teaching Year 1 or 2

New or returning tutor

Zoom features: Basics

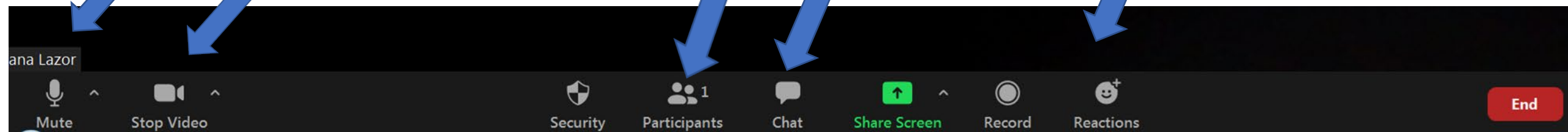
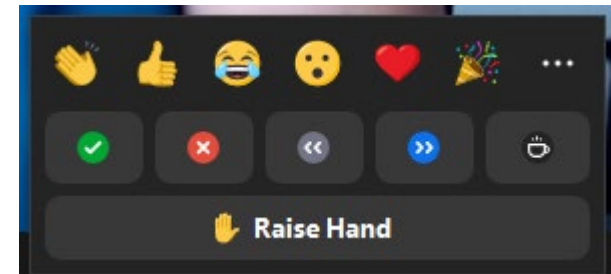
Mute

Stop video

Participants – see who is here

Chat

Reactions



A BIG
thank
you


Learning Outcomes:

- Describe how the sessions on History Taking and Communication Skills will work
- Discuss what is new this year (including Trauma-Informed Care), discuss rationale for changes and how to prepare to incorporate these changes
- Share and discuss common challenges associated with teaching this material including strategies to create and maintain an effective, safe, and inclusive teaching and learning environment

Curriculum Delivery

- 90% will be in-person
- 10% virtually



What is your role and expectations as a tutor?

- Review the syllabus AND tutor guide for the session
- Use the agenda to keep the session on track
- Preserve curricular content
- Stimulate critical thinking and participation
 - Facilitate discussion more than lecture
 - Use your experiences as examples for students to consider
 - Explain pathophysiology and links to history taking
- Provide ongoing feedback on students' skills
- Facilitate Q&A



Typical Agenda

DISCUSSION

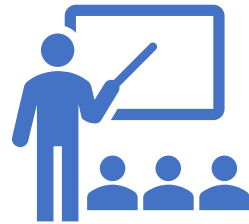
EXPERIENTIAL LEARNING

DEBRIEF AND GROUP FEEDBACK

Facilitating Discussion



Utilize the Student Guide to inform the content

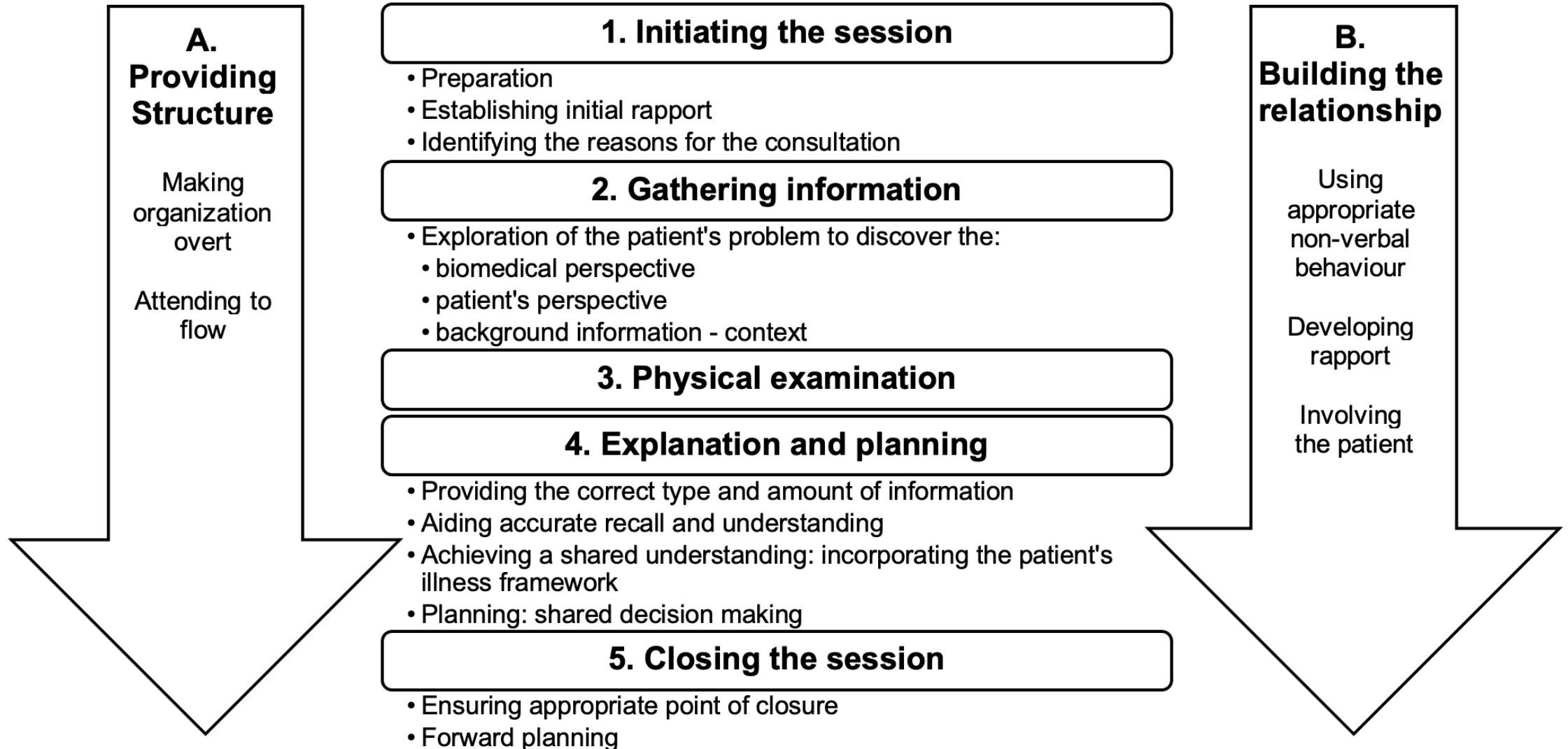


Tutor Guide will have specific tips for each session



Many sessions have homework questions for discussion

Calgary-Cambridge Model



Role Plays (Peer to peer)

Student Guide contains stems. Tutor materials contain further details

In-Person

- Typically facilitated in groups of 2 (or 3)
- Patient role; Med Student role; (Observer Role)

Virtual

- may need to use breakout rooms to allow students to practice

Standardized Patients

- Will be used both in-person and virtually over the year
- SPs are organized by the hospital.
- SP Facilitation Techniques
 - Time outs/Time ins
 - Re-do's
 - Group 'shout-outs'
 - Student swap
 - SP Feedback



Real Patients

- Patient recruitment varies by site
- Consent must be done
 - Students typically divided into pairs for interviews



CULTURE OF
CONTINUAL
FEEDBACK



MAKE IT TIMELY



START WITH
LEARNER SELF-
ASSESSMENT



POSITIVE AND
CONSTRUCTIVE
FEEDBACK



TARGET A
SPECIFIC DETAIL



CHECK-IN WITH
THE LEARNER

Feedback

Resources

- Website – U of T Faculty Development: Clinical skills
<https://meded.temertymedicine.utoronto.ca/clinical-skills-tutors>
- Resources available to support your professional development
 - Video
 - Audio
 - Slides
 - FD – new system Benefits link to create account

Objectives:

- Describe how the sessions on History Taking and Communication Skills will work
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What is Trauma Informed Care?

- There is an increasing appreciation of the number of patients who have experiences trauma in their lives.
- The goal of trauma informed care is not the disclosure or healing of this trauma but instead to:
 - recognize the possibility of trauma in ANY patient,
 - employ UNIVERSAL precautions to deliver optimal healthcare,
 - while reducing the risk of traumatizing or retraumatizing a patient during a healthcare visit

With this understanding we can shift our clinical mindset and move from saying,

‘What is wrong with you?’

to

‘What has happened to you in your life and how can we support you?’

Trauma Informed Care Curriculum

- Will build upon the core communication skills taught in Weeks 1-4
 - FIFE, Empathy, Active Listening, Validation, Non-judgmental language, etc
 - Bringing these skills together into a unified approach known as Trauma Informed Care
- Then revisit the approach over the year during advanced interviewing sessions and SP interactions
 - Cultural History
 - Intellectual and Developmental Disabilities
 - Sexual History

Trauma Informed Care Principles

1. Trauma awareness and acknowledgement
2. Safety and trustworthiness
3. Choice, control, and collaboration
4. Strengths-based and skill-building care
5. Cultural, historical, and gender issues



Trauma Informed Care Vignettes

In seeing a 59yo woman in the ER who is presenting for chest pain, looks disheveled, and discloses using cocaine.

- Being aware that people who use drugs often experience mistreatment and discrimination in healthcare settings. So reflect on this to ensure you are acting non-judgmentally.
 - Recognizing ahead of time that the way you treat this patient will greatly impact their future care-seeking behaviour.
- Indicating to the patient that you need to know about their drug use only for the benefit of their health and safety,
- Acknowledging that you want their participation in creating the management plan.

Trauma Informed Care Vignettes

In seeing a 35yo transgendered man for a pap test.

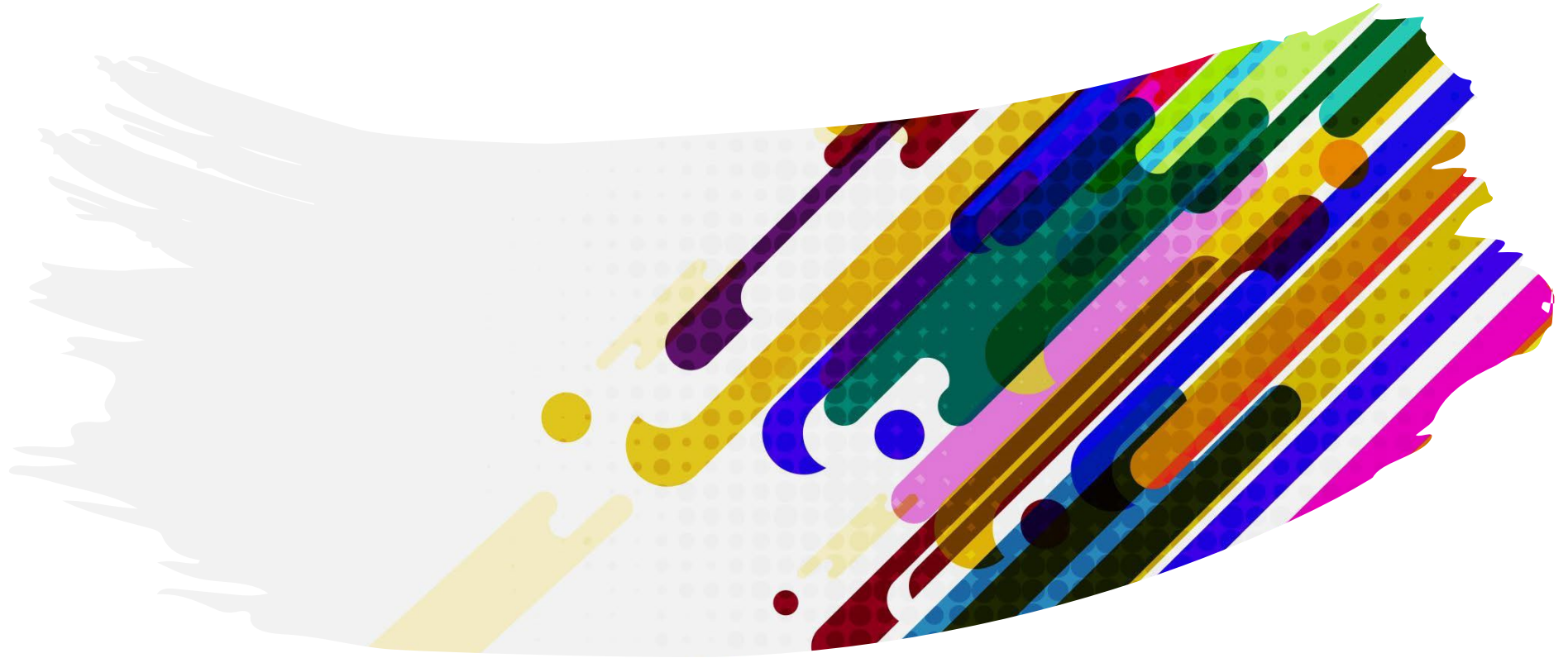
- You recognize that they may experience a lot of gender dysphoria pertaining to their genitals, so you use gender-neutral language when referring to body parts (like genitals instead of vagina),
- Explaining things in detail upfront, communicating throughout the examination and checking in with the patient,
- Ensuring the patient knows you can stop at any time.
- This all signal that you understand this may be a difficult experience, but that you can support them through this.

QUESTIONS



Objectives:

- Describe how the sessions on History Taking and Communication Skills will work
- Discuss what is new this year (including Trauma-Informed Care), discuss rationale for changes and how to prepare to incorporate these changes
- Share and discuss common challenges associated with teaching this material including strategies to create and maintain an effective, safe, and inclusive teaching and learning environment while applying a trauma-informed lens.



Learning and Teaching Environment

Effective – Inclusive - Safe

A blurred background image showing several people clapping their hands, suggesting a celebratory or supportive atmosphere. The focus is on the hands and the overall motion of clapping, with the individuals themselves being out of focus.

Student evaluation of tutor

*"The tutor supported a safe and inclusive environment
(non-threatening, supportive,
encouraging)"*

What is a psychologically safe learning environment?^{1,2}

Do not fear that if:

- do not understand - others on team will not think less of you
- Make mistake, offer different point of view, ask for help – others will not react badly (punitive behaviour, embarrassed, humiliated, shamed, ridiculed, their ideas picked apart)

Comfortable

- Speak up,
- Offer ideas,
- Ask questions,
- Take interpersonal risks,
- Make mistakes,
- Asking for help.

Respected - Efforts and skills are valued



We do not
command
learning we
invite it (p 46)

The climate we
create feeds the
desire and
motivation to
learn (page 46)

The 4 stages of psychological safety. Defining the path to Inclusion and Innovation. Timothy R Clark. 2020

We all have different sensitivities to what we perceive as psychologically threatening. This can be a feeling that there has been an attack on our⁵:

Self-esteem

Sense of belonging

Freedom

Sense of fairness

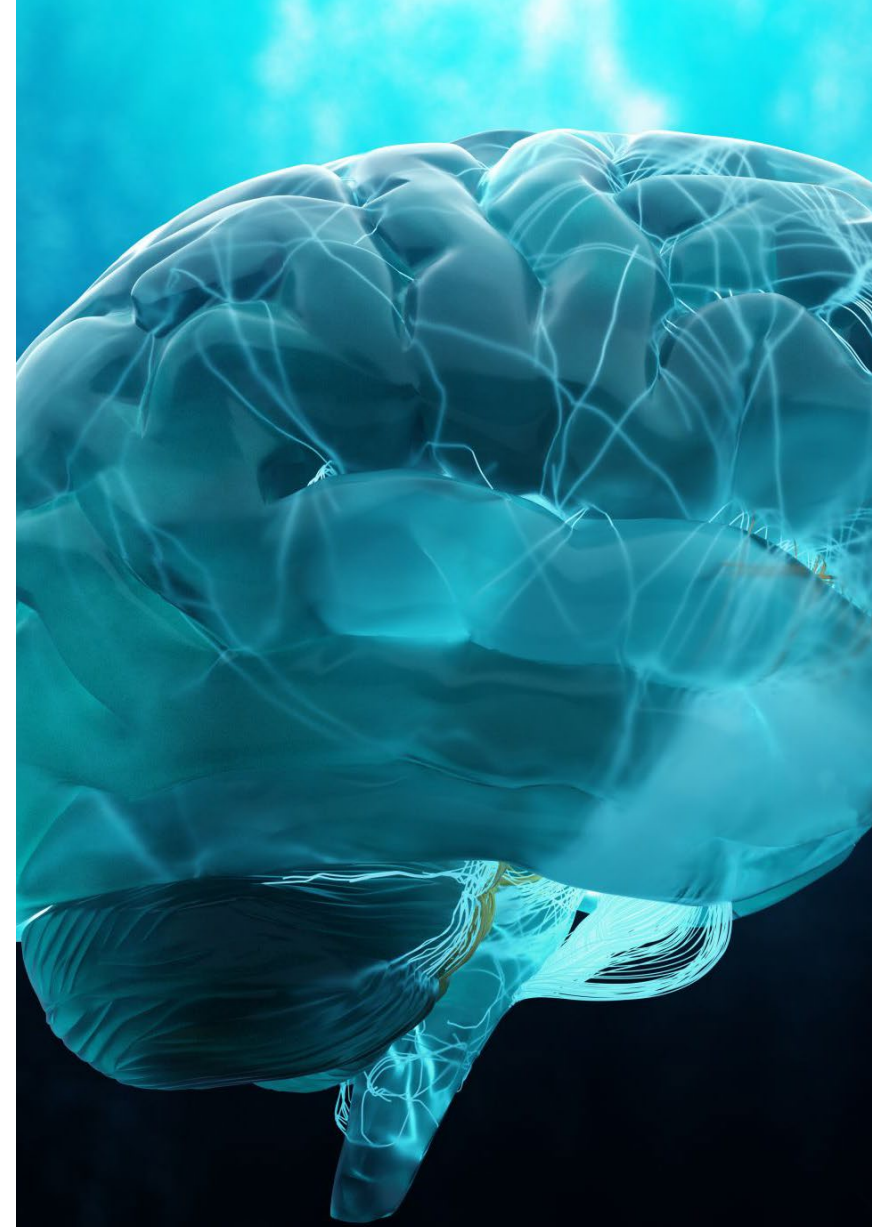
Certainty of something

What is the relationship between fear and learning?²

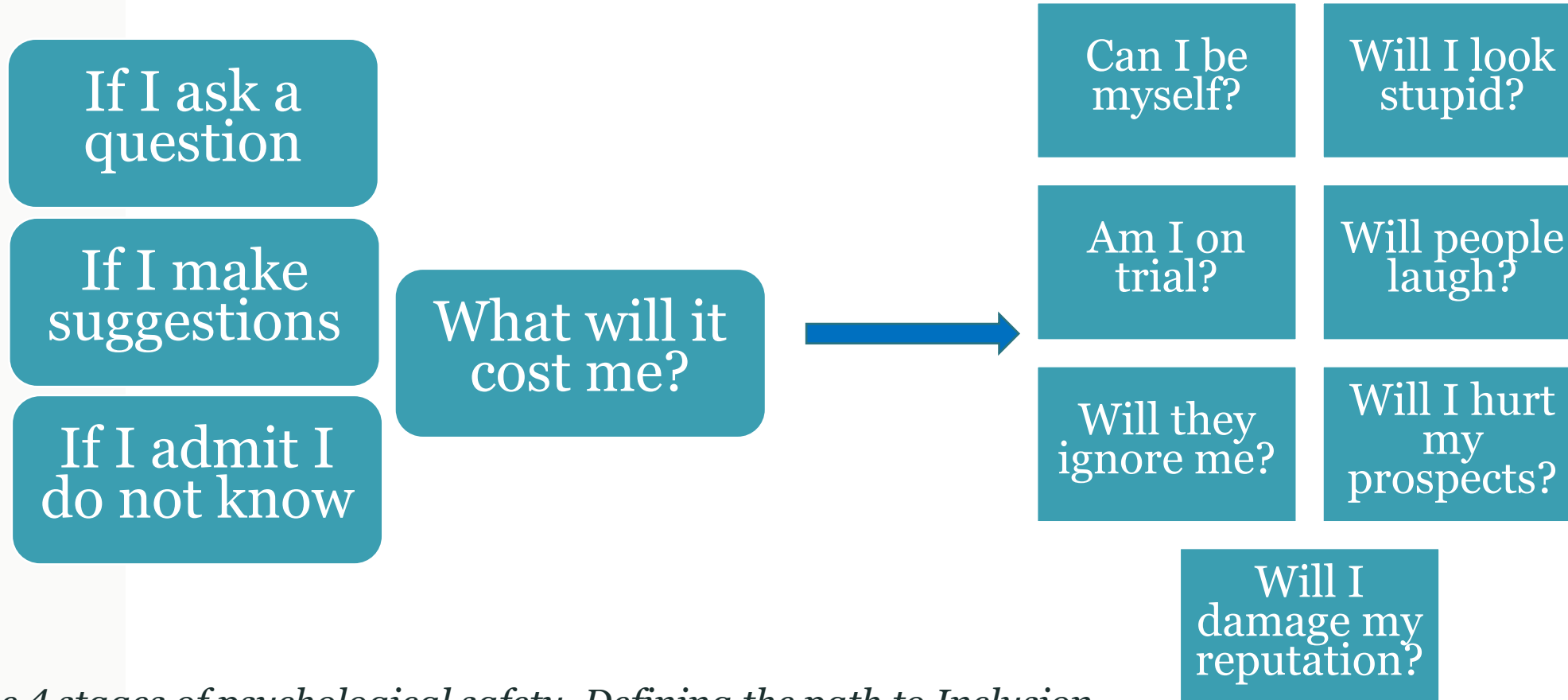
Fear inhibits learning and cooperation

- Fear consumes psychological resources, diverting them from parts of the brain that manage working memory and processing information
- This impairs cognitive abilities (analytical thinking), ability to create insight and problem solving

This occurs more often than most leaders realize

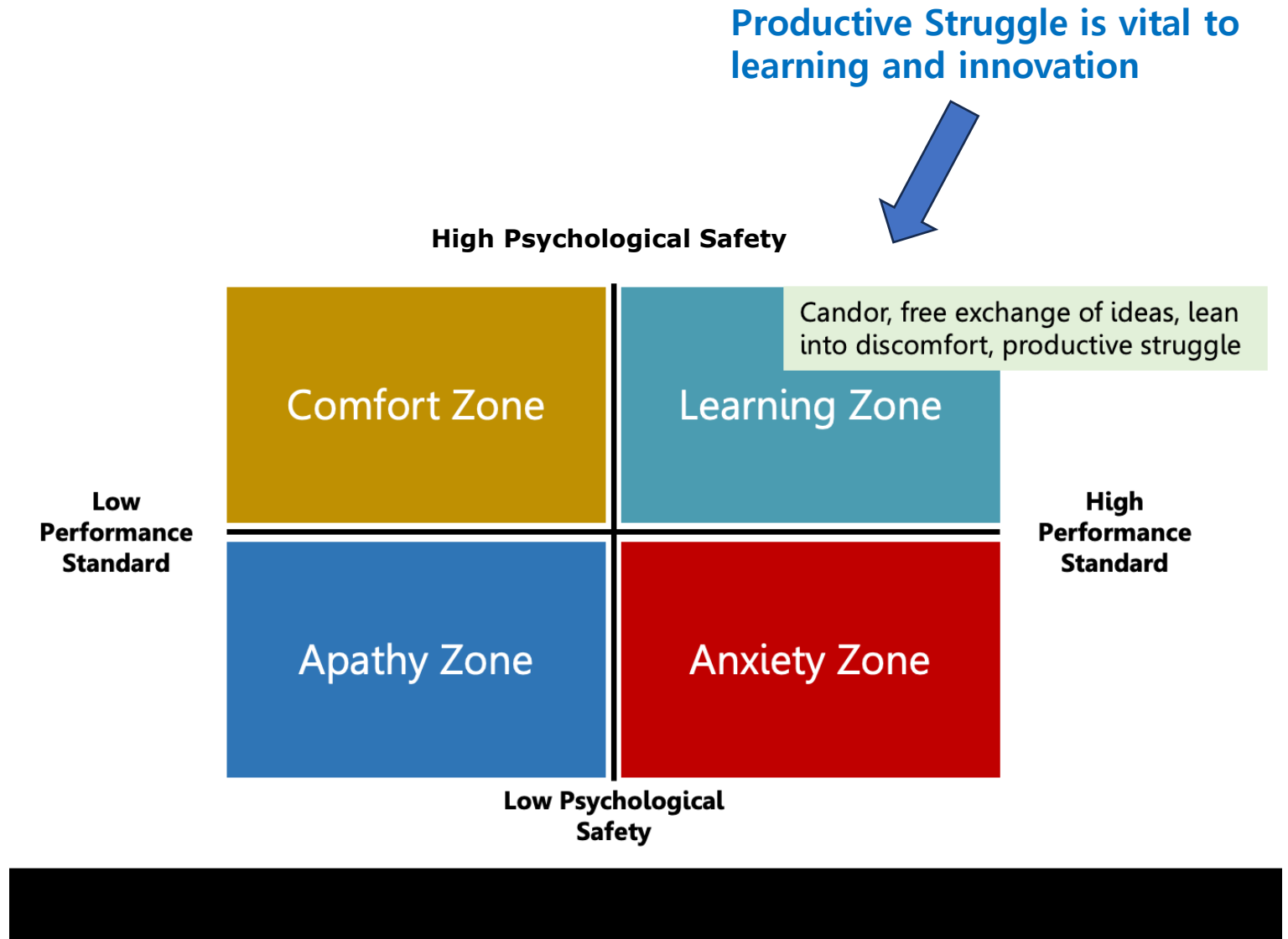


Risk/Reward Calculation in our head



The 4 stages of psychological safety. Defining the path to Inclusion and Innovation. Timothy R Clark. 2020

Impact of Psychological Safety and Performance Standards



Re-framing the notion of failure

APPENDIX B: Destigmatizing Failure for Psychological Safety²

	Traditional Frame	Destigmatizing Reframe
Concept of Failure	Failure is not acceptable	Failure is a natural by-product of experimentation
Belief about effective performance	Effective performers don't fail	Effective performers produce, learn from, and share the lessons from intelligent failures
The Goal	Prevent failure	Promotes fast learning
The Frame's Impact	People hide failures to protect themselves	Open discussion, fast learning and innovation

Trauma-informed lens when considering your teaching and learning environment

- Knowledge
- Predictability
- Physical and Psychological safety
- Non-judgmental space
- Self-awareness



Before your session

KNOWLEDGEABLE

- Many students may carry trauma histories and are at risk of being negatively affected by traditional educational practices.
- In a study of 98 medical students found that 51% reported experiencing at least 1 adverse childhood experiences (ACEs), while 12% reported greater than 4 ACEs
- What is available to students in terms of support ? (OLA)

SELF AWARE

- Reflect on your personal history and experience. Our personal experiences show up in how we relate to the world.
- Replace judgment with compassionate curiosity

SITUATIONALLY AWARE

- What may be triggering /difficulty in the content being covered

Trauma-Informed Medical Education (TIME): Advancing Curricular Content and Educational Context

Taylor Brown, Sarah Berman, Katherine McDaniel, MSc, Caitlin Radford, Pooja Mehta, MD, Jennifer Pottier, MD, and David A. Hirsh, MD

Start of session

Setting the Stage

Frame the Work

- Set expectations about failure, uncertainty, and interdependence to clarify the need for voice

Emphasize Purpose

- Identify what's at stake, why it matters, and for whom

Shared expectations and meaning



PREDICTABILITY

- Prepare students for strong emotions that may come up

During the session

Inviting Participation

Demonstrate Situational Humility

- Acknowledge gaps

Practice Inquiry

- Ask good questions
- Model intense listening

Set up Structures and Processes

- Create forums for input
- Provide guidelines for discussion

Confidence that voice is welcome



NON-JUDGEMENTAL SPACE

- Feel supported
- Strive to understand vs judging or condemning

In the
moment

Responding Productively
Express Appreciation <ul style="list-style-type: none">• Listen• Acknowledge and thank
Destigmatize Failure <ul style="list-style-type: none">• Look forward• Offer help• Discuss, consider, and brainstorm next steps
Sanction Clear Violations
Orientation toward continuous learning



**NON-
JUDGEMENTAL
SPACE**



Graphic Recording by @jessamy_draws from www.criticalconversations.com event

Responding in Unsafe Situations

- **Acknowledge that some language and behavior is not appropriate and clearly offensive**
 - I.e. Racial slurs, any form of humiliation or harassment, etc.
- **Depending on the context, bring people IN vs calling them OUT**
 - *“We began by prioritizing safety, what was just said is offensive and threatens safety. Let’s stop and talk about why it’s offensive even if it wasn’t meant to be....”*
 - *“Thank you for taking risks and speaking up, even if you’re unsure of how to say it”*
- **RESPOND with humility**
 - “I recently learned that....” or “It was brought to my attention...”
- Ask yourself, "**Whose safety is being prioritized?**"

How to Respond as an Ally

“Thank you. I really learned something today. I had no idea how that came out. What you said has helped me understand it better.”

“I didn’t realize what I said was discriminatory or offensive. Thank you for letting me know.”



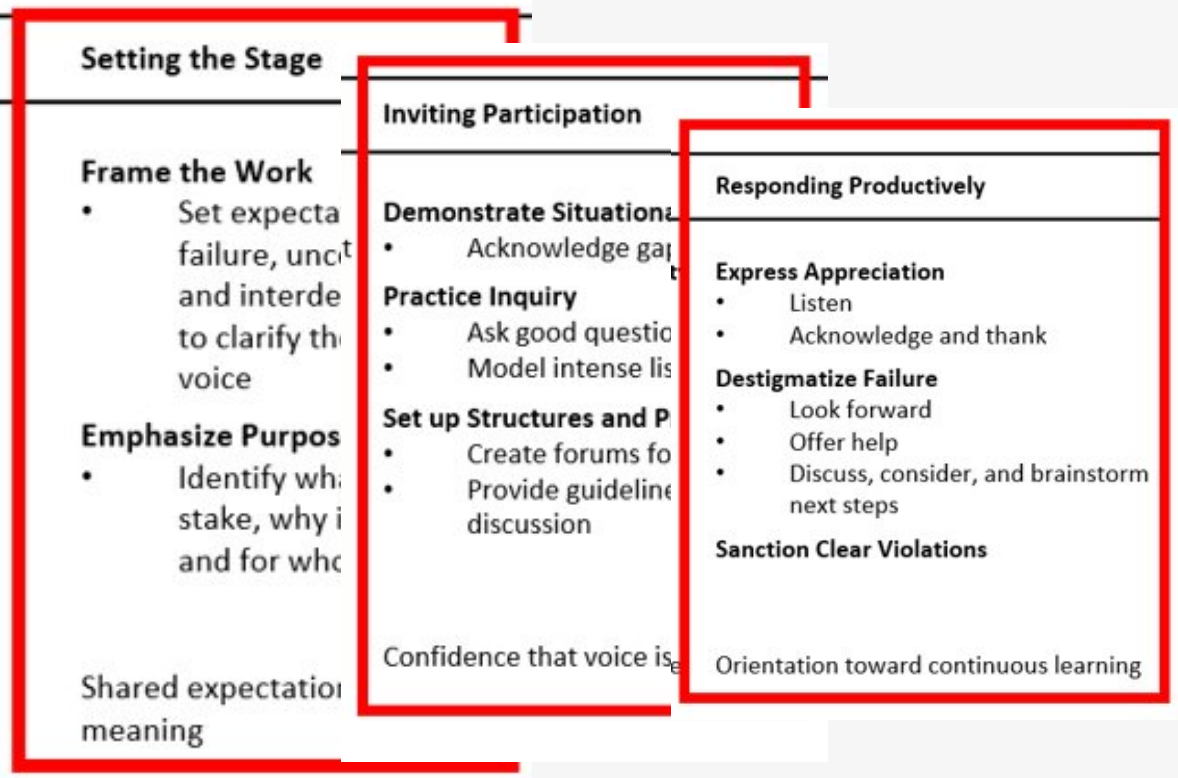
“Thank you for speaking up. I know it may not have been easy. I didn’t intend to sound like that and had no idea that’s how I came across. I’ll be more careful in future.”

This slide is based on teaching materials from the Human Rights & Health Equity Office at Mount Sinai Hospital



In the moment - spiraling

- What do you?



After the session -

Is there anything you may wish to talk about with any of the students?

- To bring to their attention
- Support if something transpired in session

Is there anything you may wish to speak to the group about in next session?

Is there anything you may need to speak to course director about?



How do you feel about certain students?

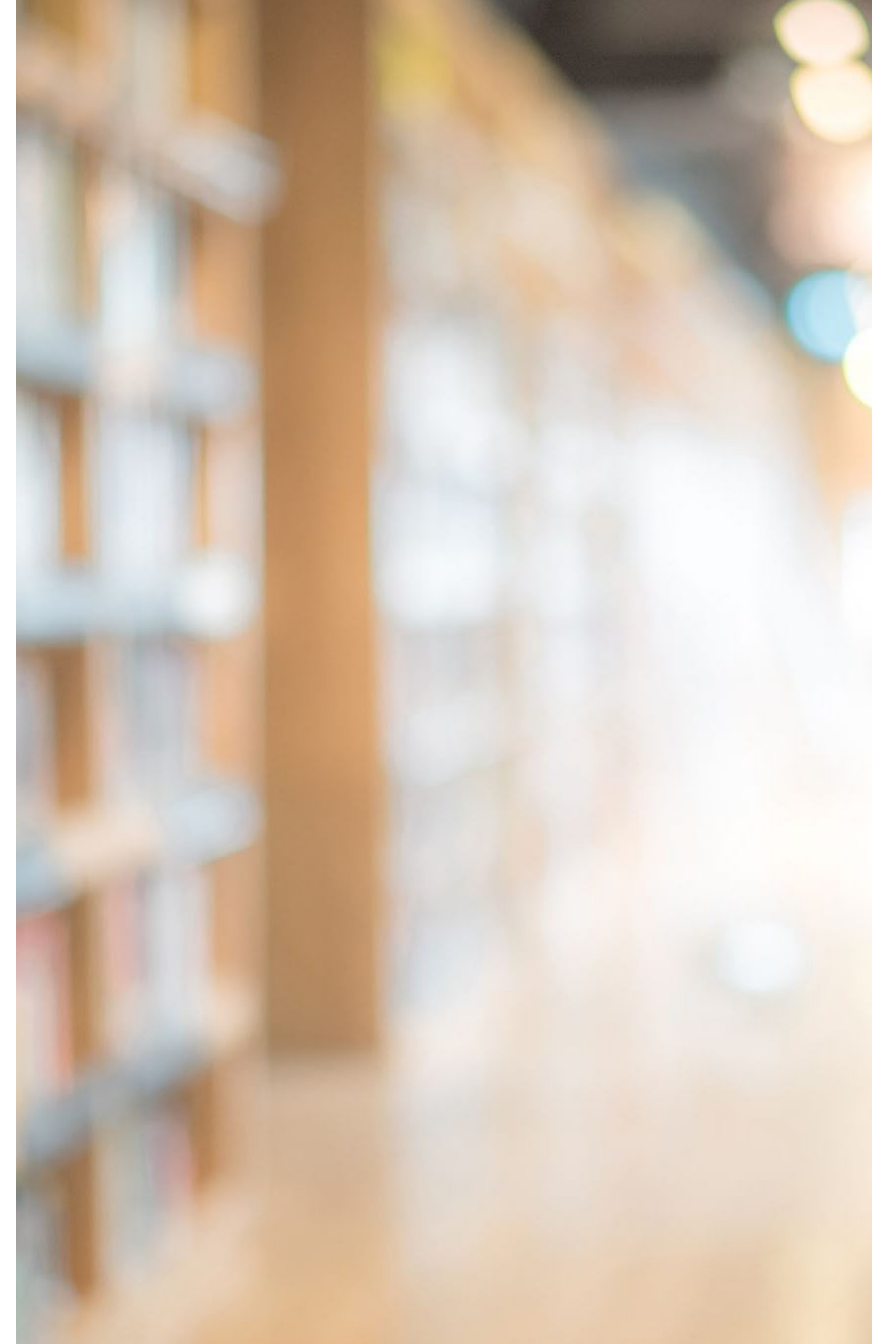
Some students may be more difficult and triggering for you than others.

Aware of our own actions

Dr. Marcus Law, Associate Dean MD Program

Has asked that all MD Program teachers become familiar with these two primers as they prepare for their teaching roles.

- Psychological Safety
- Learner Mistreatment
- *Find these on the HSR FD Website page and we will email them with the slide deck and recording*



OPTIMIZING THE TEACHING AND LEARNING ENVIRONMENT BY CREATING PSYCHOLOGICAL SAFETY

A Guide for Faculty

What is psychological safety?

A psychologically safe learning environment is one where learners and teachers feel comfortable asking questions, taking risks, making mistakes, and asking for help. In an environment that strives for psychological safety, learners feel respected, and that their efforts and skills are valued.¹ When psychological safety exists, learners do not fear that others will think less of them for admitting they do not understand something. Nor do they believe that if they make a mistake, offer a different point of view, or ask for help, others will react negatively (i.e. subject them to punitive behaviours, embarrassment, humiliation, be shamed, ridiculed, or have ideas picked apart).²

We all have different sensitivities to what we perceive as psychologically threatening. This can be a feeling that there has been an attack on our: (a) self-esteem; (b) sense of belonging; (c) freedom; (d) sense of fairness; and/or (e) certainty of something.³

Why is it important?

A supportive and safe environment MUST be created to allow students to feel comfortable participating. How psychologically safe a person feels affects how and to what extent they engage in learning behaviours such as information sharing, asking for help or taking risks by experimenting. If the learning environment is set up such that it creates anxiety and fear, it will inhibit learning and cooperation: "Fear consumes psychological resources, diverting them from parts of the brain that manage working memory and processing information. This impairs analytical thinking, creation of insight and problem solving".² Leaders and teachers, more often than not, fail to recognize that this type of fear exists in learning environments. Around 40% of undergraduate and postgraduate learners report that they have experienced discrimination or harassment at least once in the prior academic year.⁴

OUR COLLECTIVE GOAL IS TO CREATE LEARNING-CENTERED ENVIRONMENTS WHERE MEDICAL LEARNERS CAN EFFECTIVELY LEARN. WE MUST WORK TOGETHER AS TEACHERS AND LEARNERS TO CREATE, MAINTAIN, AND REGAIN PSYCHOLOGICALLY SAFE ENVIRONMENTS.


What a psychologically safe teaching and learning environment is NOT

Creating psychological safety does not mean that people *always* need to agree with one another or feel comfortable. It is not one where standards and deadlines are not prioritized. It is about allowing and promoting candor, making it possible for productive disagreement and free exchange of ideas, without compromising the rights and safety of others. Learning from different points of view is vital to learning and innovation. Psychological safety and high-performance standard are needed to create high performing learning environments, as illustrated in the table below².

Table 1: Impact of Psychological Safety and Performance Standards²




PRIMER – LEARNER MISTREATMENT




How to Navigate Learner Mistreatment → Primer for teachers

How to Navigate Learner Mistreatment
→ Primer for Teachers




Who is this for?

Frontline learner-facing teachers (faculty, senior medical students, residents, and fellows teaching or supervising a medical learner in various environments) when they witness mistreatment or are approached by a learner with a disclosure about mistreatment.



Why is this important?

Around 40% of undergraduates and postgraduate learners report that they have experienced discrimination or harassment at least once in the prior academic year.



How can we create a space that is safe for learners to seek or receive support from frontline faculty and learner-facing teachers in instances where they experience mistreatment?

- Proactively discussing learner experience and mistreatment as part of learner orientation
- Proactively reaching out to learners to change structures to better support them
- Be aware of scenarios that constitute learner mistreatment
- Scheduling check-ins to allow learners to provide feedback and being prepared to receive constructive feedback on the conduct of colleagues and self in this regard

What do we mean when we say Learner Mistreatment?

Learner mistreatment refers to intentional or unintentional behaviours that show disrespect for the dignity of others. This can be further categorized as:

- Unprofessional Behaviour
- Discrimination and Discriminatory Harassment
- Sexual Harassment or Violence

For a list of examples that are by no means exhaustive, please see the [learner mistreatment webpage](#). However the bottom line is, if you feel unsettled by something you witnessed or something a learner told you, please don't hesitate to reach out to the [Learner Experience Team](#) in the Office of Learner Affairs.

What can I do to support a learner?

This primer covers two common situations experienced by frontline faculty and learner-facing teachers:

- When you witness learner mistreatment**
If appropriate, end the encounter where learner mistreatment is occurring (for e.g., if learner mistreatment by patient or family in clinical encounter), or if it is safer for the learner, wait and check-in afterwards with the learner.
- When a learner comes to you wishing to discuss a mistreatment incident**
It was likely a difficult decision for the learner to bring this up to you. It is important to actively listen, acknowledge, and validate.

Possible steps you may consider

Assess which elements may align with the context within which you are working with the learner. Keep the encounters education centred with the goal of building an educational alliance.

Ask permission to explore the learners' experience

Helpful phrases might include:

"You can share none, some or all of what happened – and whatever you are comfortable with, and whatever will help me to know how best to support you"

The focus is on support, not investigating at this stage. Other questions/statements might include:

"How can I best support you? I'm really sorry you had to experience that. That sounds very difficult/hard/challenging."

"You have a right to be safe and respected."

"You deserve to learn and train in a safe and supportive environment."

"Mistreatment is never ok."

Avoid phrases that relate to investigating and adjudicating:
**"Who also was there?"; "Has this happened before?";
 "I'm sure they did not mean it in this way."**

Support the learner by validating their experiences

Inform the learner how you can help, and who you can refer them to. Maintain boundaries and avoid a clinician therapy centred approach – you are there to support, not to treat.

"I am able to help by doing x, y, z but for more support I would need to recommend other resources or support from other individuals in our program who are trained and better equipped to assist you more, if that is what you would wish."

Consider the importance of transparency

Reassure learner about ensuring privacy

Unless concerned about safety or there is a mandatory reporting requirement, let them know that you will take direction from them and can share options of what they can do.

"I understand the importance of respect and ensuring your privacy in this matter and I would like to assure you that I will uphold this. I will take my direction from you and we can discuss options of what you can do. However, I have a responsibility to bring this forward if there are concerns about your safety or if there are institutional requirements to report."

Ask for permission at the end of the meeting to follow up

If permitted, check-in to ensure they have been connected with appropriate resources. Following up with a learner who has experienced mistreatment can have a positive impact in the aftermath.

At any time before, during, or after the interaction

- If emergent (imminent risk of harm to self or others, or significant change in learner's wellness or function) – **call 911** or refer to local Emergency Department
- **Reach out for support for yourself:** if you are not sure if you are facing a mandatory reporting requirement or if this is a high-risk situation, you should immediately contact the Director of Learner Experience
- If needed, recommend resources or sources of additional support (see below)

Resources (links) and Next Steps

- [Learner Experience Team, Office of Learner Affairs](#) (if looking for direction on how to proceed)
- [Office of Learner Affairs](#) (for additional supports around wellness, accommodations, leaves of absence)
- [MO Learner Mistreatment Protocol and PCME Guidelines for Managing Disclosures Link](#)
- [To disclose or report learner mistreatment](#)
- [Office of Inclusion and Diversity | Temerty Faculty of Medicine \(utoronto.ca\)](#)
- [Garstein Centre \(24-hr crisis phone service\) 416-920-5200; garsteincentre.org](#)
- [Health & Wellness Centre \(St. George\): 214 College St., 2nd Floor, Suite #232 - 416 978 8030; studentife.utoronto.ca/hwc](#)
- [Health & Wellness Centre \(UTM\): 1123A-3350 Mississauga Rd., Davis Bldg. \(around the corner from the Bookstore\) 905-828-5255; utm.utoronto.ca/health/wellness](#)
- [What's Up Walk-in Clinic](#) (for urgent but not emergent psychotherapy needs): 416-395-0660 (downtown) 416-394-2424 (west) whatsupwalkin.ca

Developed by Temerty Medicine Learner Mistreatment Faculty Development Working Group (December 2022)

<https://meded.temertymedicine.utoronto.ca/learning-and-teaching-environment>

Learner mistreatment

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“I am able to help by doing x, y, z but for more support I would need to recommend other resources or support from other individuals in our program who are trained and better equipped to assist you more, if that is what you would wish.”

How to Navigate Learner Mistreatment
→ **Primer for Teachers**

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Thank
You

For sharing your Expertise, Time, & Dedication

QUESTIONS



References

1. Edmondson, Amy. Psychological Safety and Learning Behaviour in Work Team, 1999
[http://web.mit.edu/curhan/www/docs/Articles/15341_Readings/Group_Performance/Edmonds on%20Psychological%20safety.pdf](http://web.mit.edu/curhan/www/docs/Articles/15341_Readings/Group_Performance/Edmonds%20on%20Psychological%20safety.pdf)
2. Edmondson, Amy . (2019) The fearless organization. John Wiley and Sons Inc. Hobohen, New Jersey.
3. Creating Psychological Safety in the Learning Environment: Straightforward Answers to a Longstanding Challenge Adelaide H. McClintock, MD, Tyra L. Fainstad, MD, and Joshua Jauregui, MD. Academic Medicine, Vol. 96, No. 11S / November 2021 Supplement
4. Timothy R Clark. (2020). The 4 stages of psychological safety. Defining the path to Inclusion and Innovation.