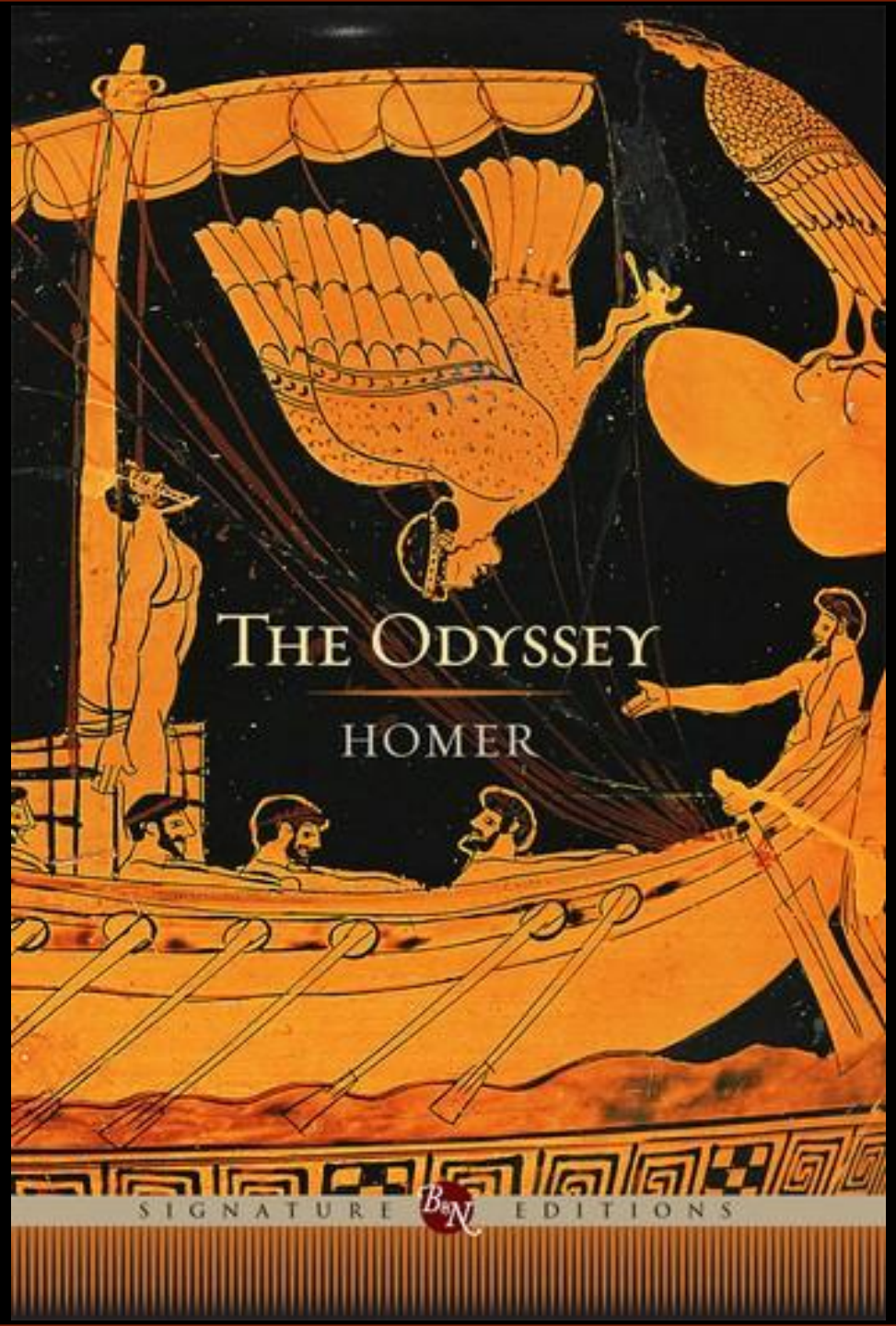
Nick Pfeifer, EdM, ATC | Boston University

Fostering a Positive Clinical Learning Environment

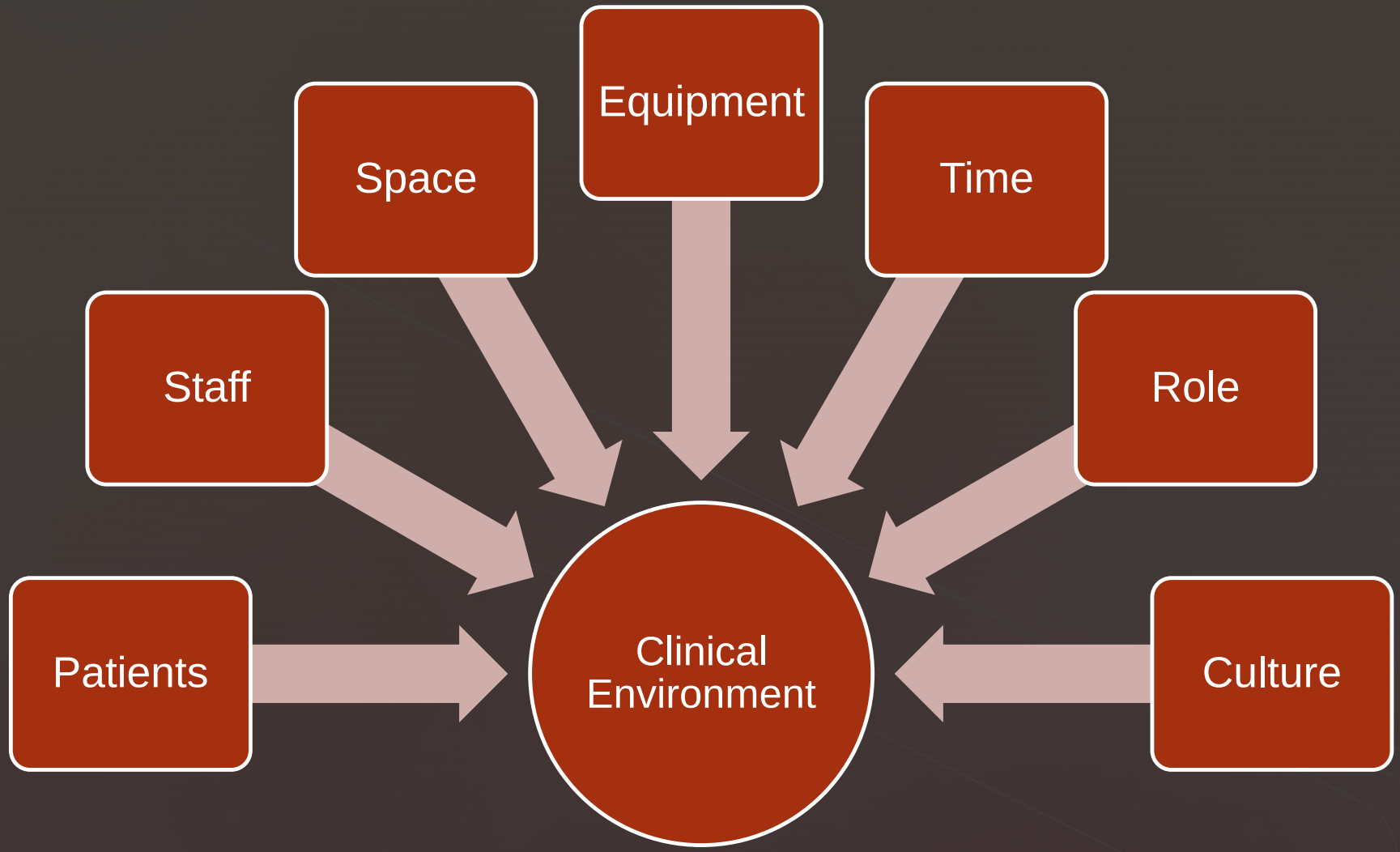

THE ODYSSEY
HOMER
SIGNATURE EDITIONS

PALADI
VOTVM

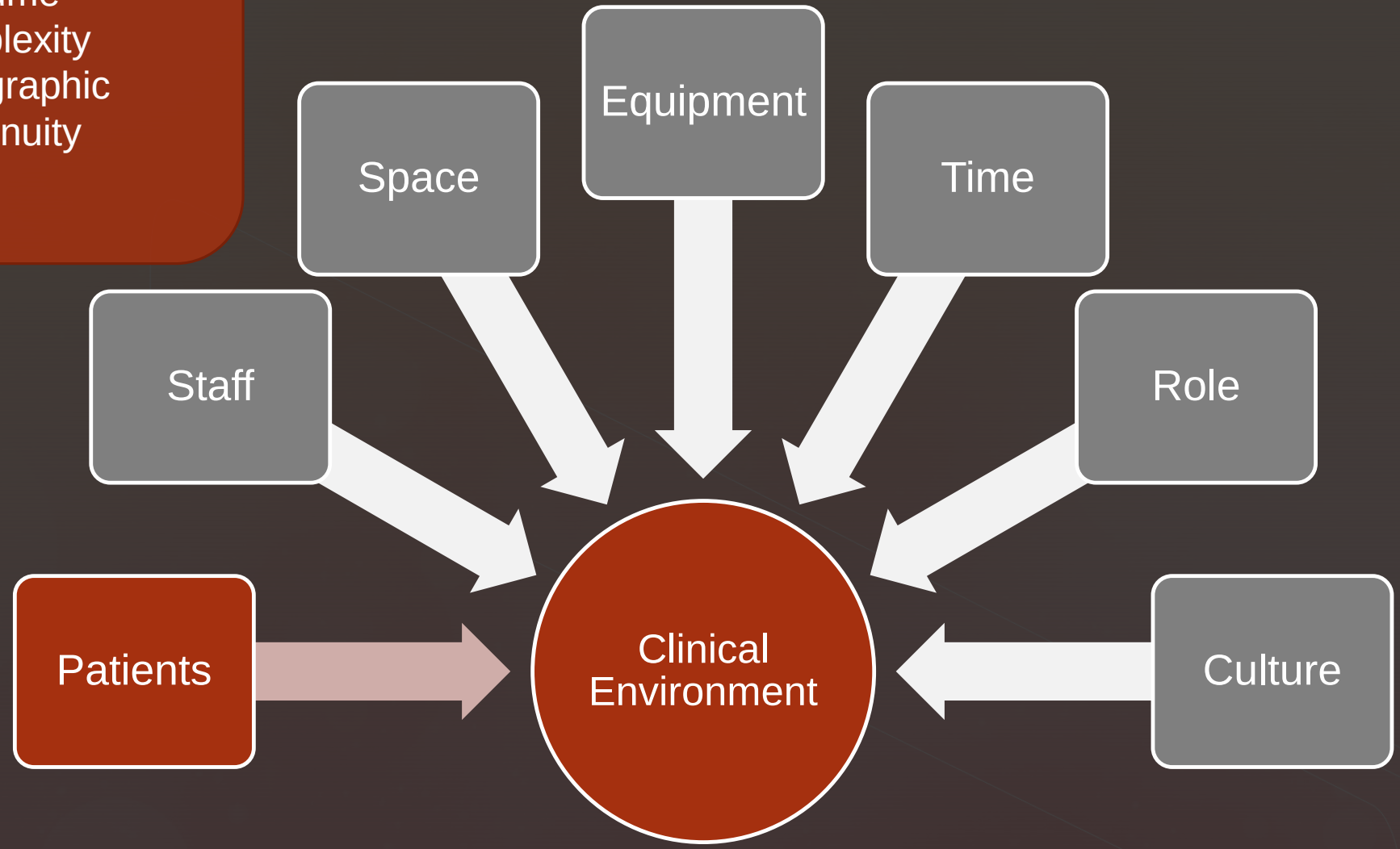
Objectives

- Describe the multifactorial sources of influence on the clinical learning environment
- Discuss learner preferences in mentorship qualities across various healthcare professions to articulate an effective mentor characteristic profile
- Illustrate developmental arcs of learners to highlight the need for adaptive mentorship
- Provide insight on relevant standards and simplified action steps to address them

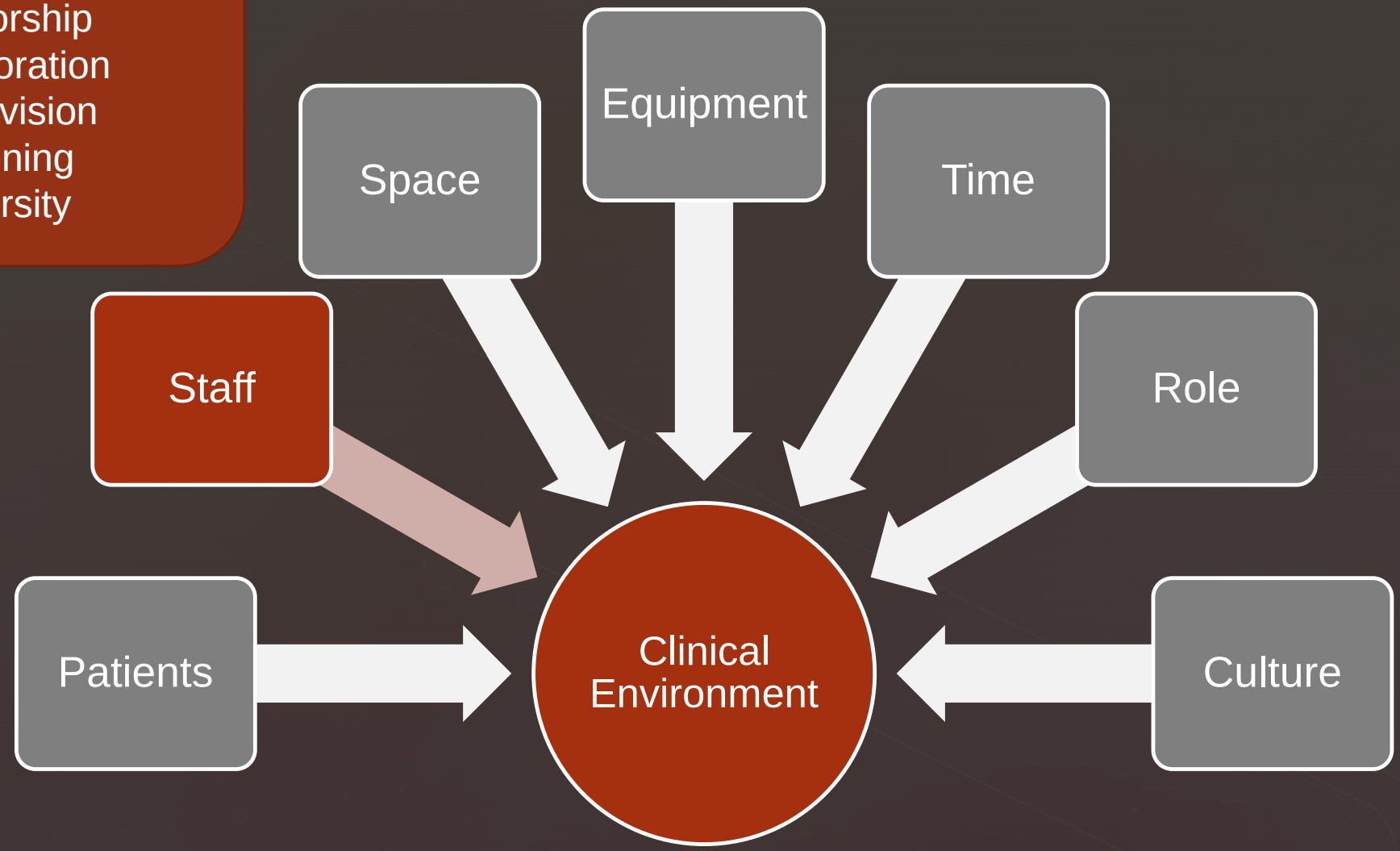
Clinical
Environment


Equipment
Space
Time
Staff
Role
Patients
Clinical Environment
Culture

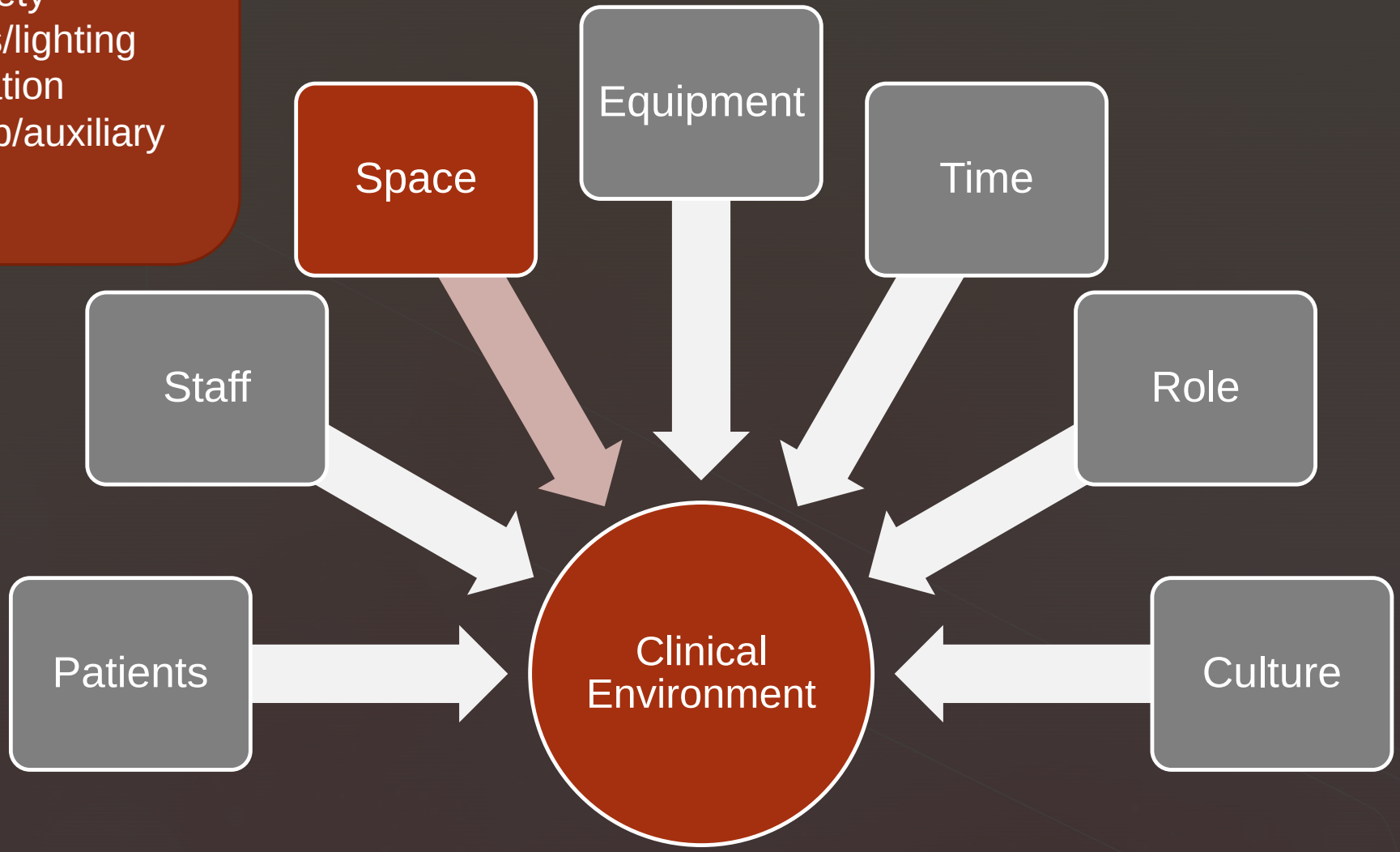
- Volume
- Complexity
- Demographic
- Continuity



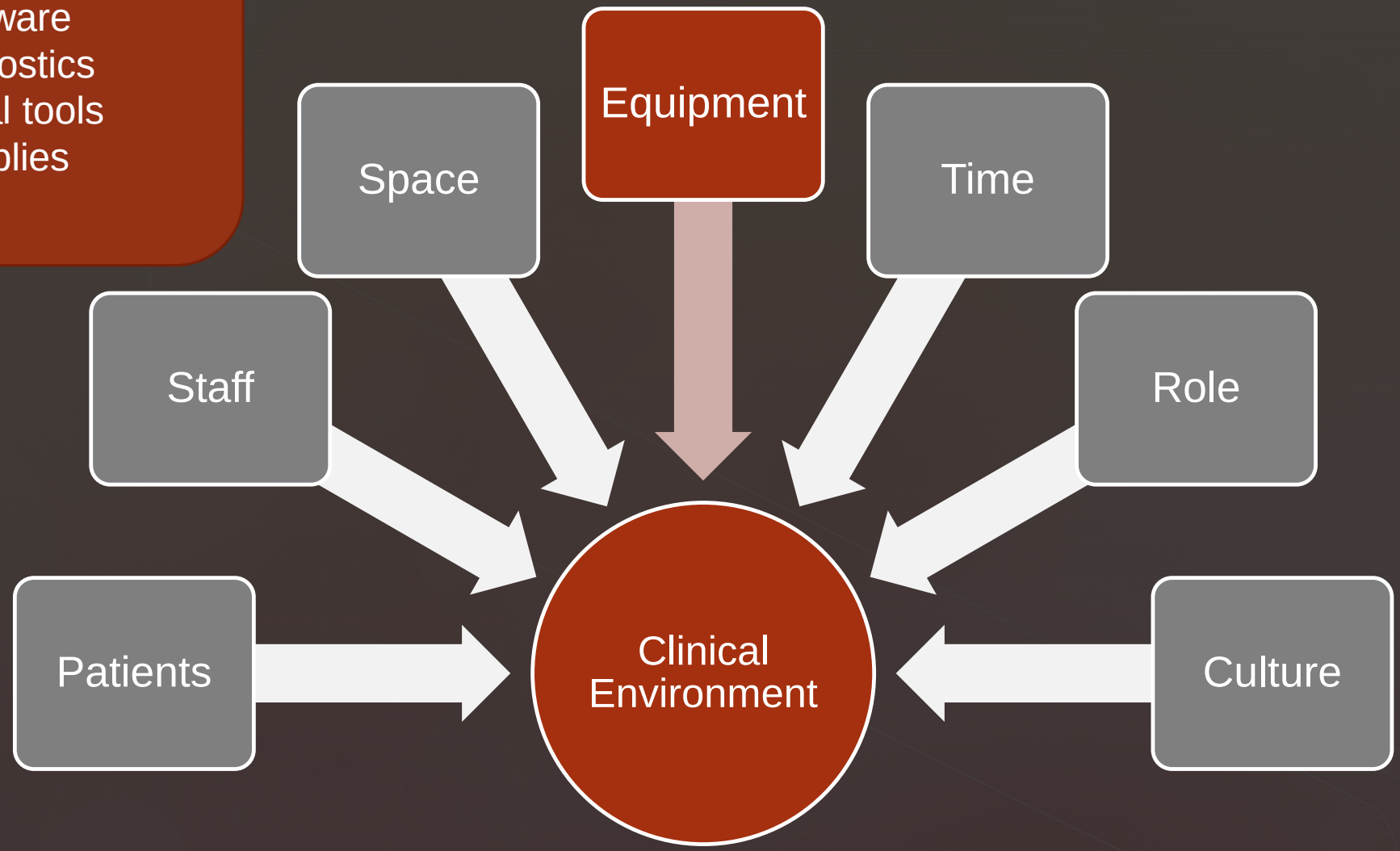
- Engagement
- Behavior modelling
- Mentorship
- Collaboration
- Supervision
- Listening
- Diversity



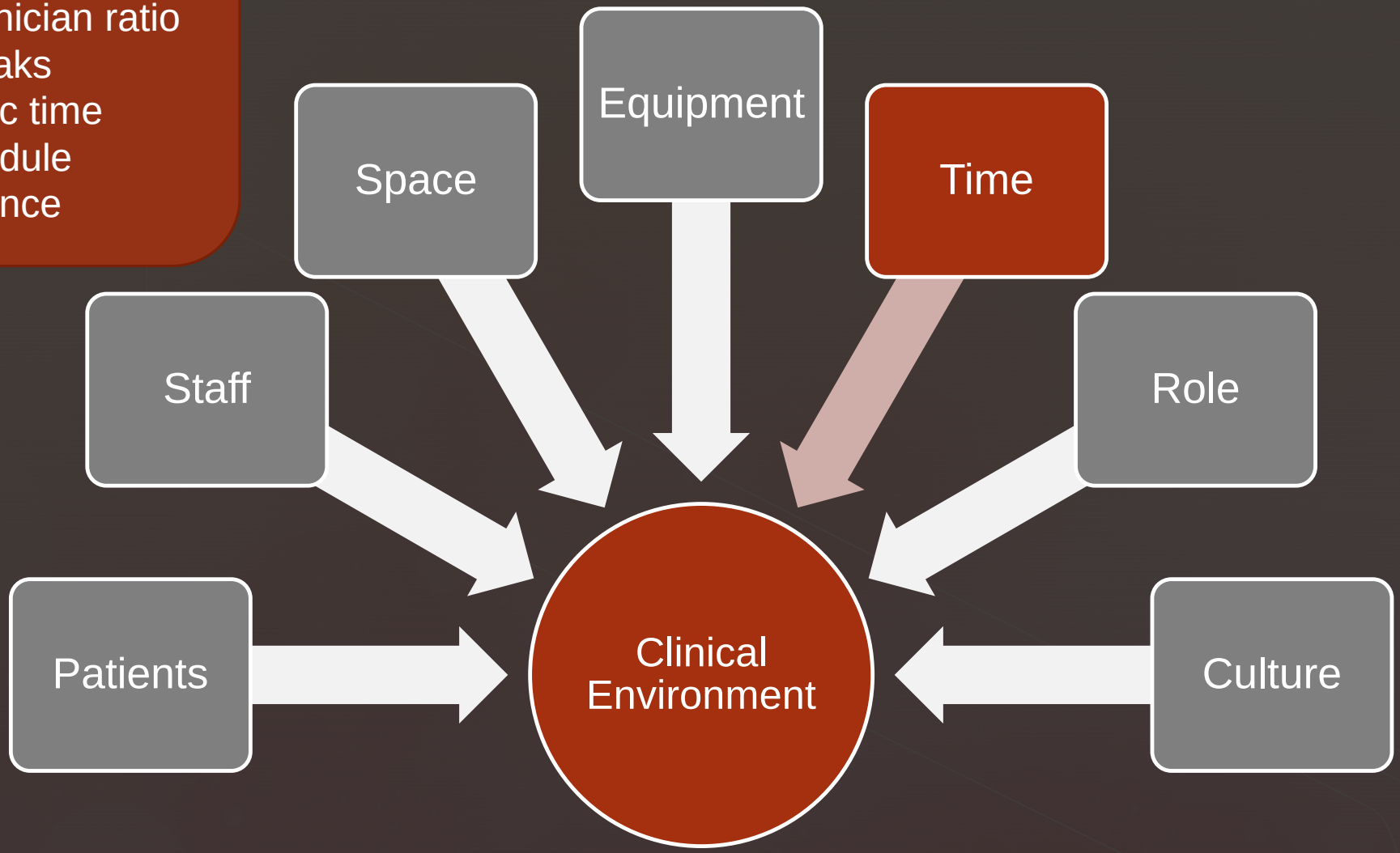
- Safety
- Windows/lighting
- Location
- Base camp/auxiliary



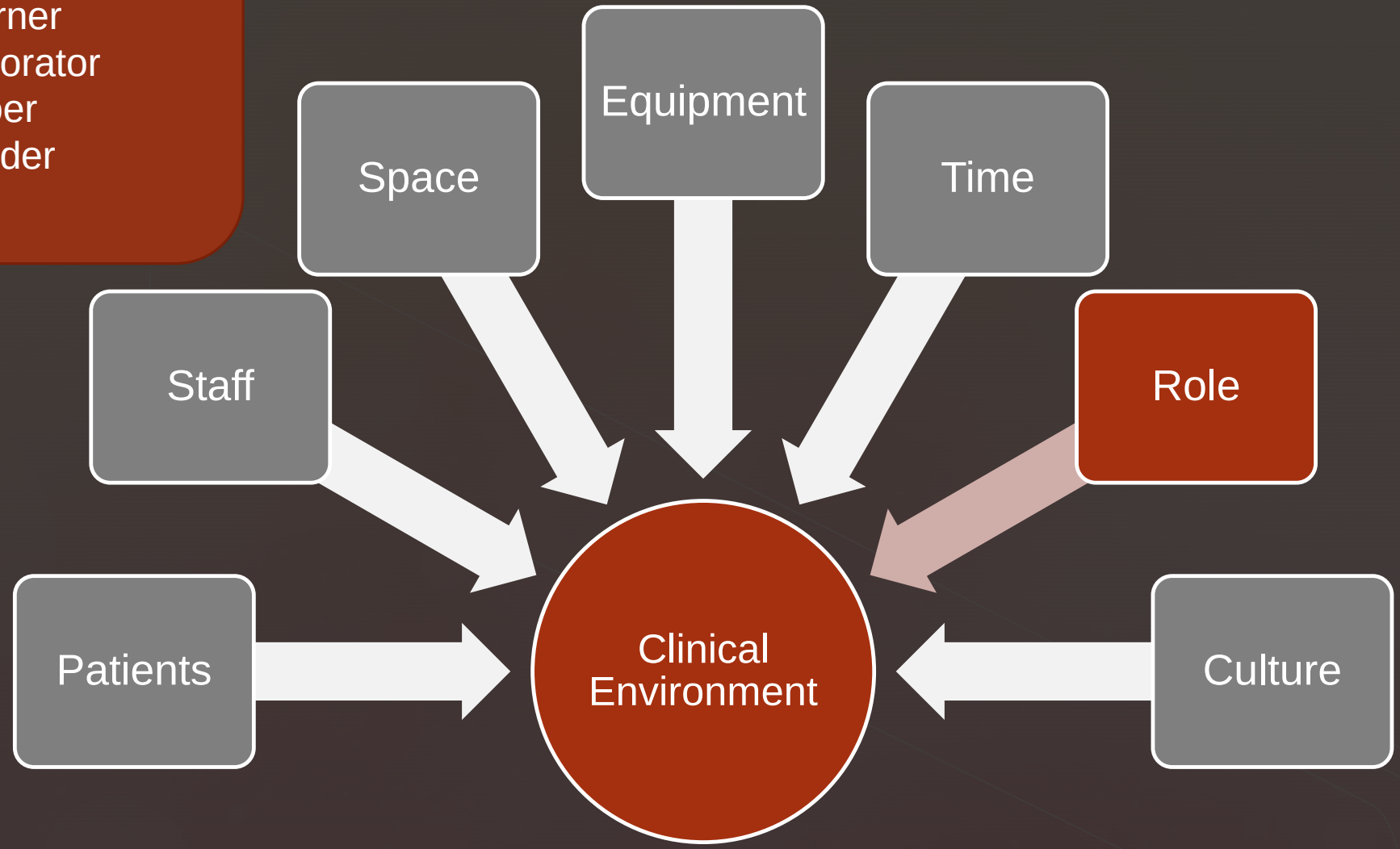
- Hardware
- Software
- Diagnostics
- Clinical tools
- Supplies



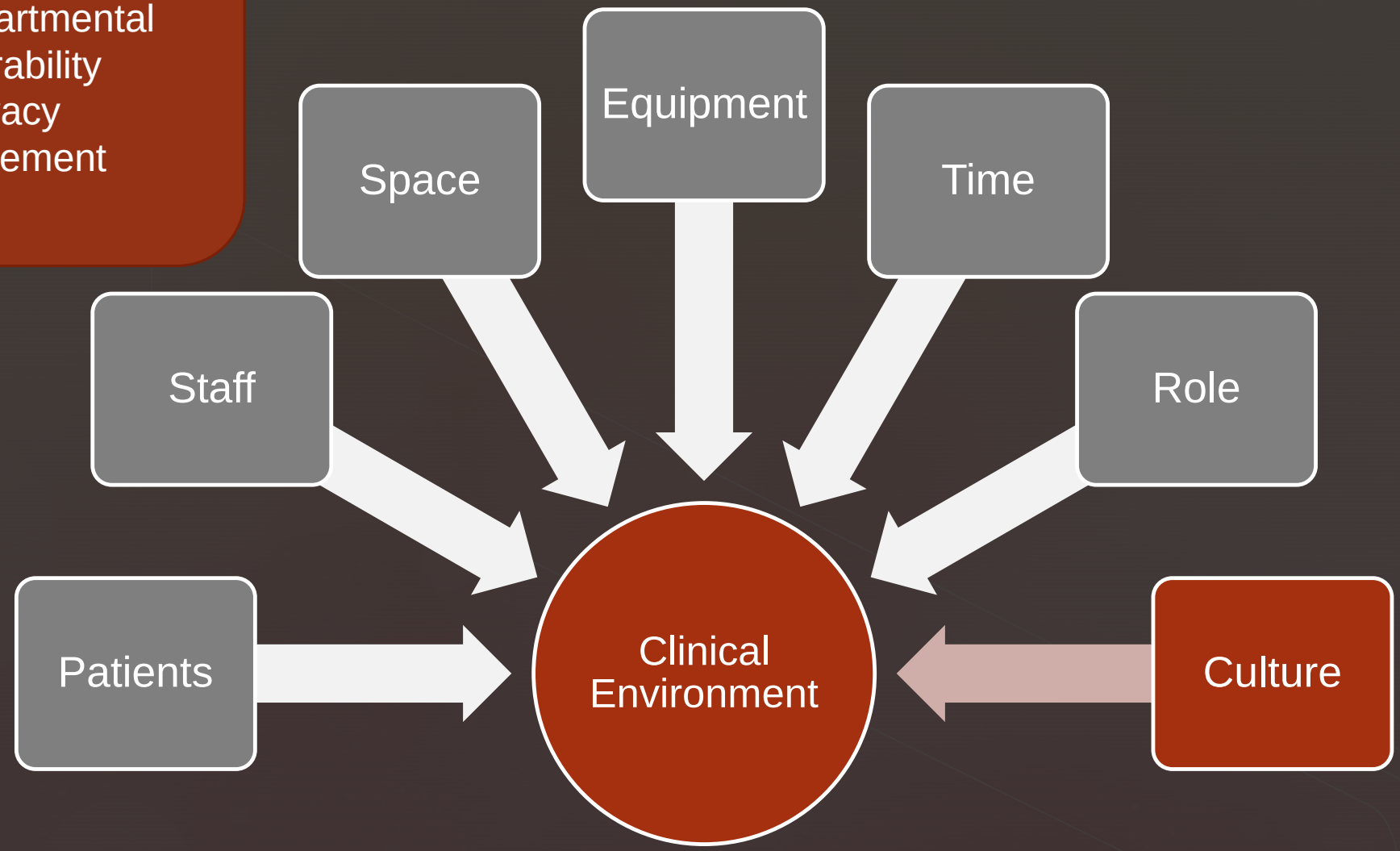
- Hours of operation
- Administrative time
- Patient : clinician ratio
- Breaks
- Didactic time
- Schedule
- Balance

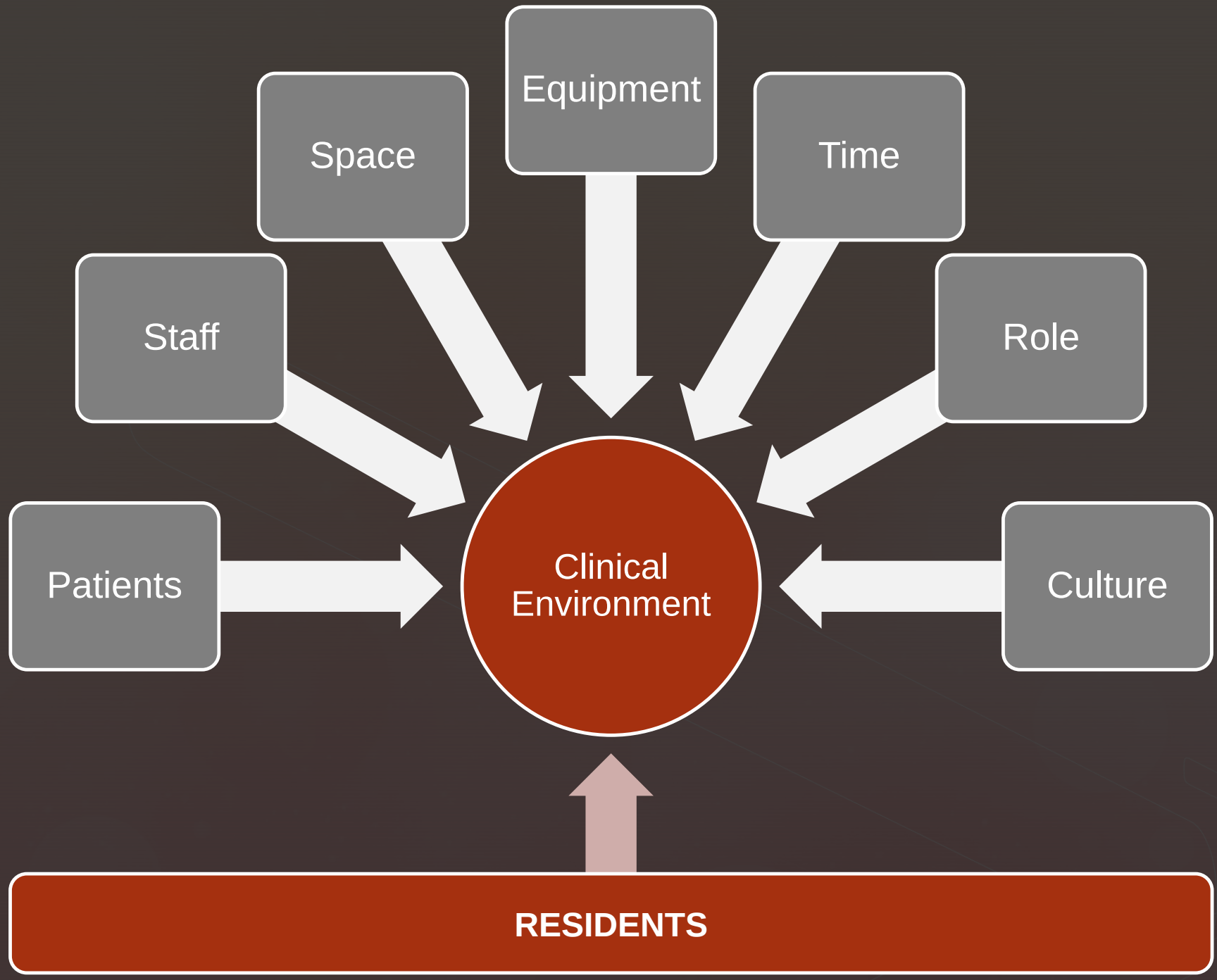


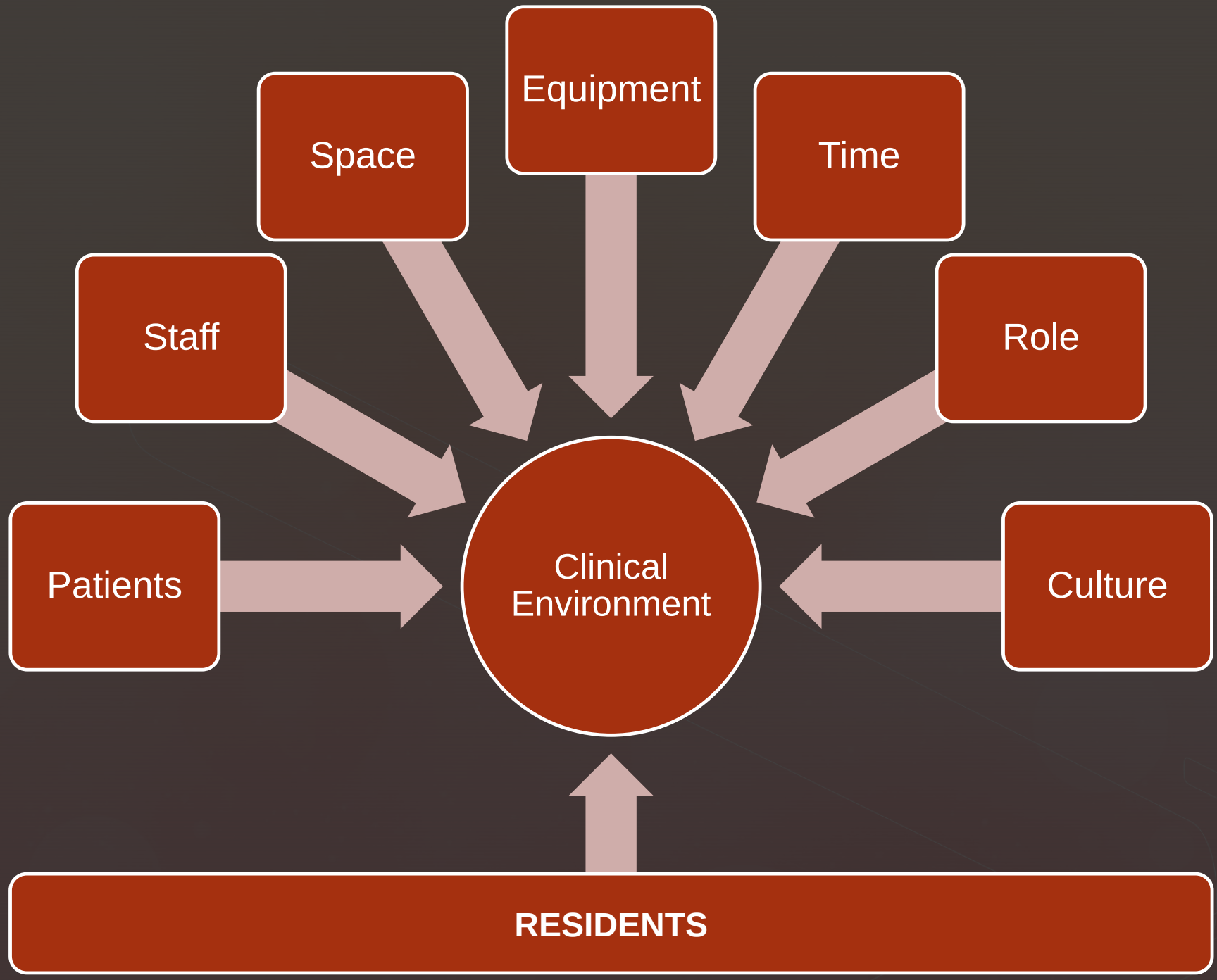
- Observer
- Learner
- Collaborator
- Doer
- Leader



- Inter-departmental
- Intra-departmental
  - Vulnerability
    - Privacy
  - Engagement




Equipment
Space
Time
Staff
Role
Patients
Clinical Environment
Culture
RESIDENTS


Equipment
Space
Time
Staff
Role
Patients
Clinical Environment
Culture
RESIDENTS

athletic training students

N E E D

ACCESSIBLE // APPROACHABLE

SUPPORTIVE // CONSTRUCTIVE

TRUSTING // GUIDING

MENTORS

(Mazerolle, et al, 2016)

nursing students

N E E D

ENGAGED // COMMUNICATOR

AVAILABLE // TRUSTWORTHY

GUIDING // FEEDBACK

MENTORS

(Stiltner, 2019)

internal medical residents

N E E D

AVAILABLE // GUIDING

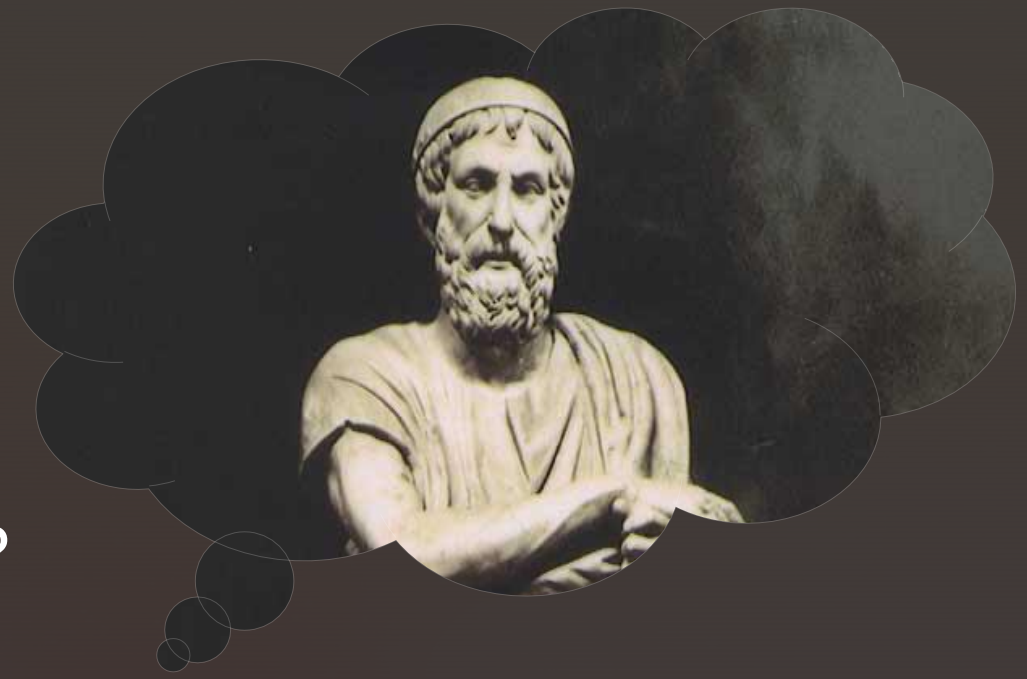
SUPPORTIVE // THOUGHTFULL

MENTORS

(Ramanan, 2005)

Question

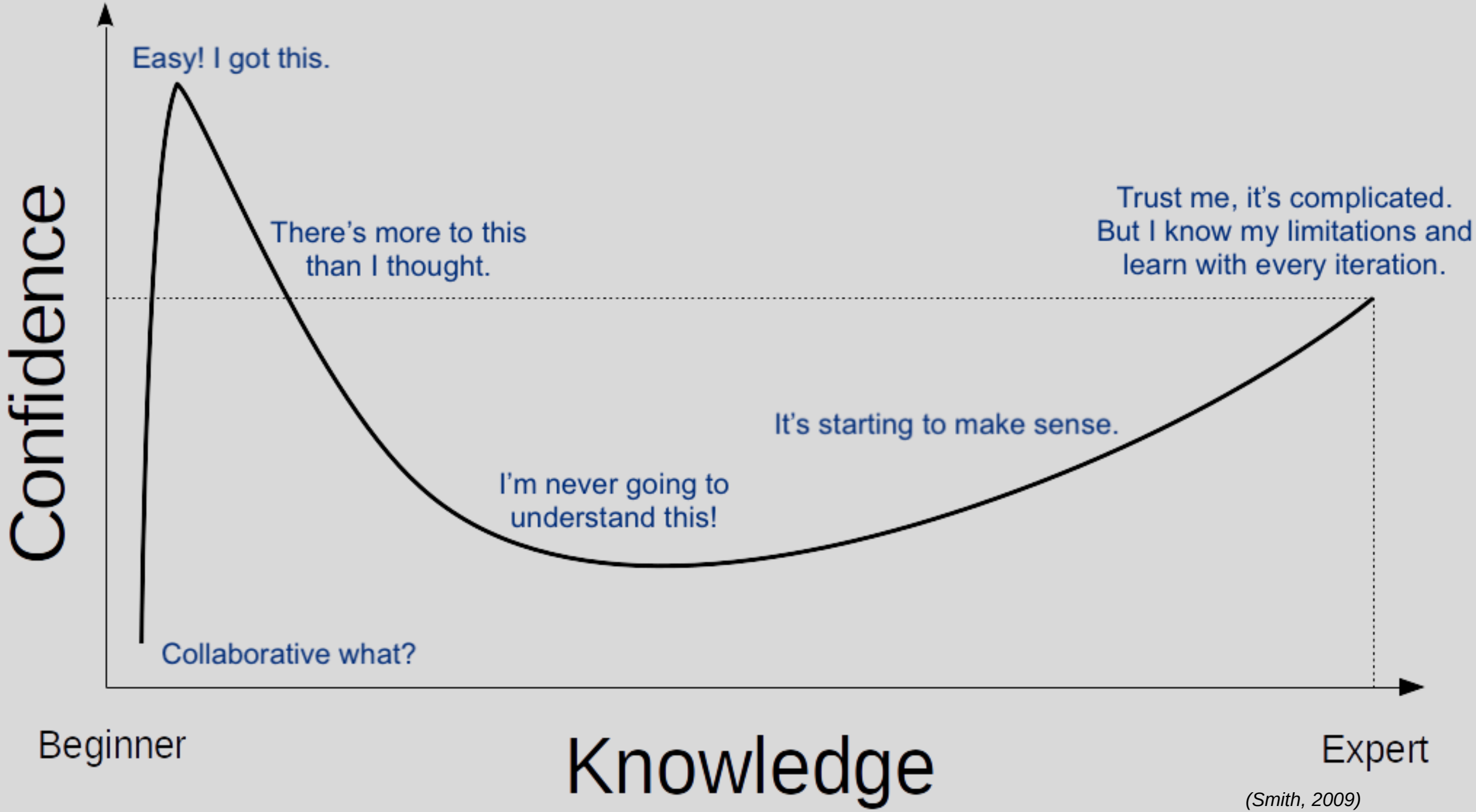
What makes a good mentor?



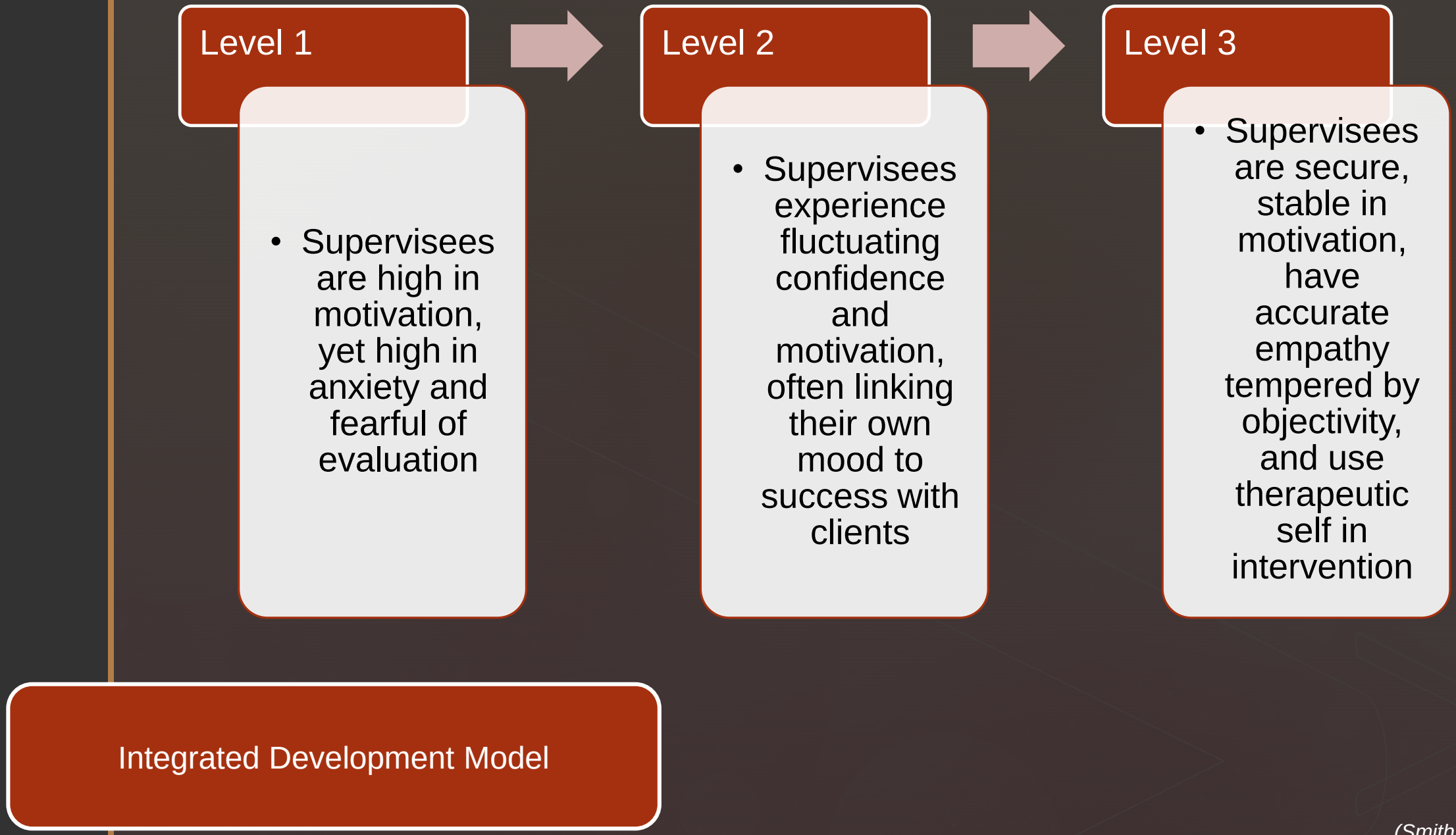
Answer

What does the mentee need?

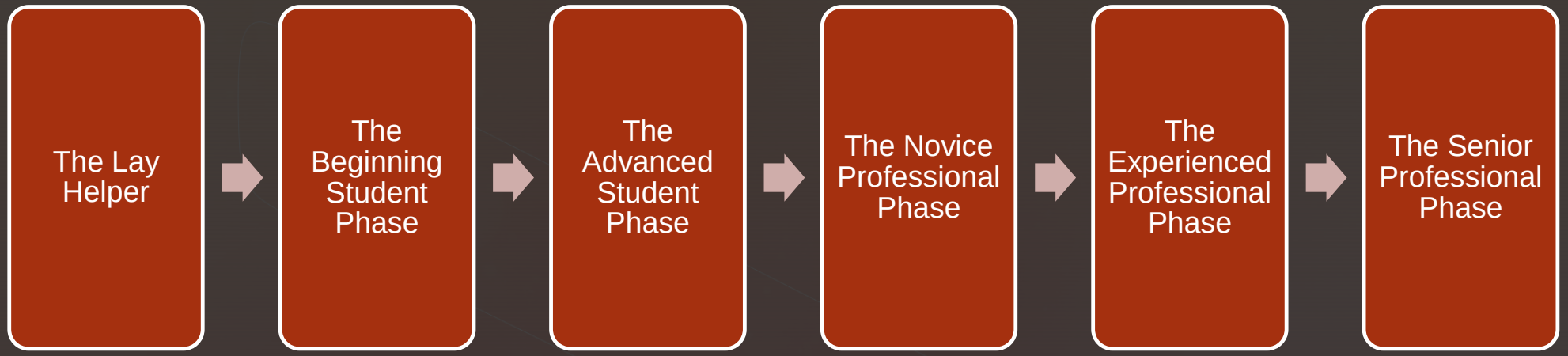
(Walker et al, 2020)


Confidence
Easy! I got this.
There's more to this than I thought.
I'm never going to understand this!
It's starting to make sense.
Trust me, it's complicated. But I know my limitations and learn with every iteration.
Collaborative what?
Beginner
Knowledge
Expert

(Smith, 2009)


Level 1
• Supervisees are high in motivation, yet high in anxiety and fearful of evaluation
Level 2
• Supervisees experience fluctuating confidence and motivation, often linking their own mood to success with clients
Level 3
• Supervisees are secure, stable in motivation, have accurate empathy tempered by objectivity, and use therapeutic self in intervention
Integrated Development Model

(Smith, 2009)

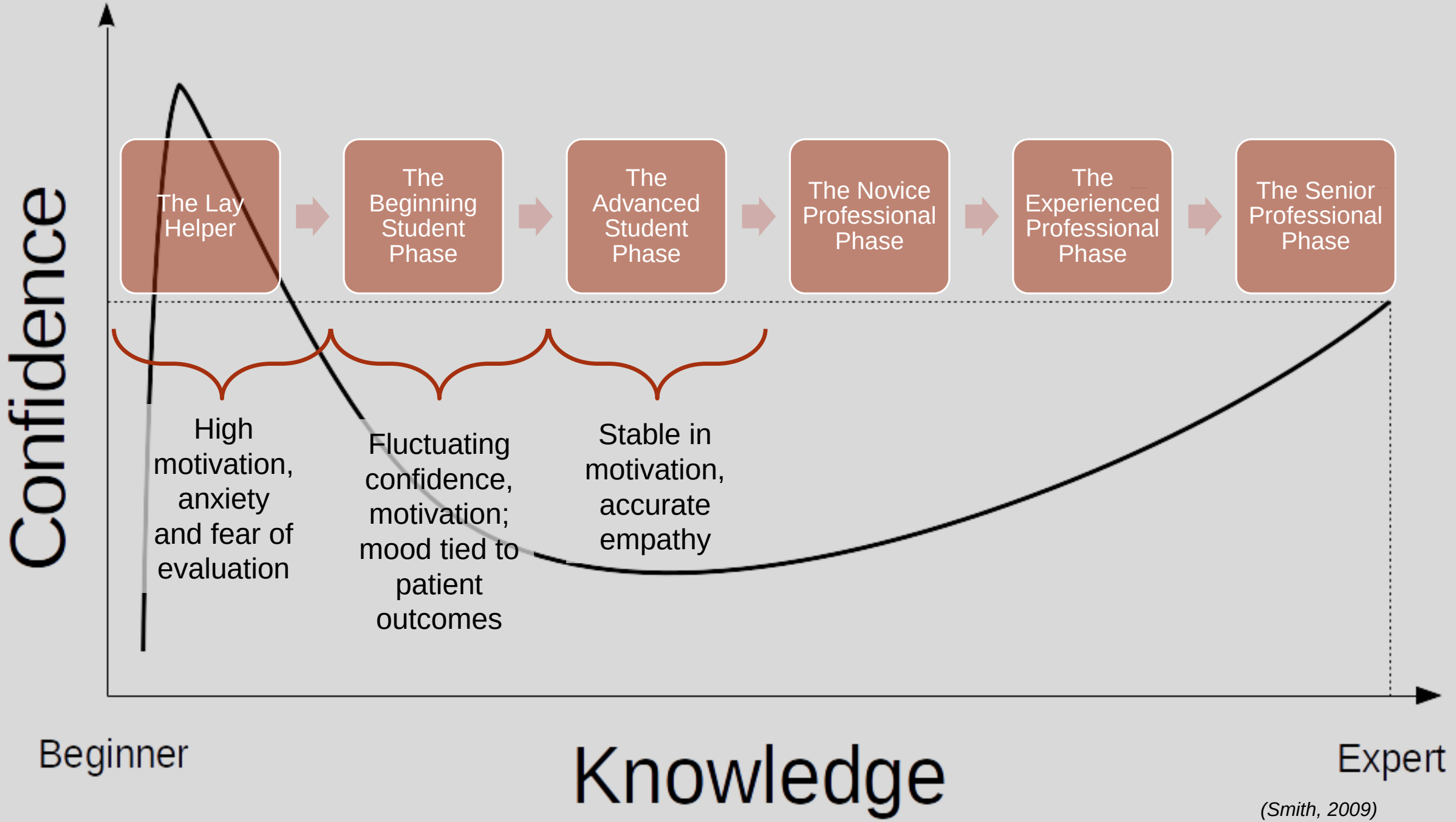


Ronnestad and Skovholt's Model

(Smith, 2009)

1. Professional development involves an increasing higher-order integration of the professional self and the personal self
2. The focus of functioning shifts dramatically over time from internal to external to internal
3. Continuous reflection is a prerequisite for optimal learning and professional development at all levels of experience
4. An intense commitment of learning propels the development process
5. The cognitive map changes: beginning practitioners rely on external expertise, seasoned practitioners rely on internal expertise
6. Professional development is long, slow, continuous process that can also be erratic
7. Professional development is a life-long process
8. Many beginning practitioners experience much anxiety in their professional work. Over time, anxiety is mastered by most
9. Clients serve as a major source of influence and serve as primary teachers
10. Personal life influences professional functioning and development throughout the professional life span
11. Interpersonal sources of influence propel professional development more than "impersonal" sources of influence
12. New members of the field view professional elders and graduate training with strong affective reactions
13. Extensive experience with suffering contributes to heightened recognition, acceptance and appreciate of human variability
14. For the practitioner there is a realignment from self as hero to client as hero

(Smith, 2009)


Confidence
The Lay Helper
The Beginning Student Phase
The Advanced Student Phase
The Novice Professional Phase
The Experienced Professional Phase
The Senior Professional Phase
High motivation, anxiety and fear of evaluation
Fluctuating confidence, motivation; mood tied to patient outcomes
Stable in motivation, accurate empathy
Beginner
Knowledge
Expert

(Smith, 2009)

Do provide constructive feedback

Do make yourself accessible to the mentee

Do maintain clear, distinct boundaries with the mentee

Do model professional behavior

Don't gossip about the mentee

Don’t micromanage the mentee

Don’t treat the mentee as free labor

(Fox and Corrice, 2010)

CONVENIENCE
OPPORTUNITY
?!?

Section 1: Program Design and Quality - 4
TAKE HOME POINT – Develop an assessment plan to measure program delivery effectiveness

Section 2: Program Delivery - 10, 11
TAKE HOME POINT – Develop a clinical plan for resident exposure to sufficient patient volume across the full spectrum of the specialty area with progressive autonomy

Section 3: Institutional Organization & Administration - 21, 22, 25, 28
TAKE HOME POINT – Assemble a core (and affiliate) faculty that possesses contemporary expertise in the specialty area and ensure they have protected time to dedicate to their role in the residency

Section 4: Outcomes - 32, 33, 34, 35, 38, 39
TAKE HOME POINT – Develop assessment tools to measure resident progress towards advanced clinical practice

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5. Fox S, Corrice A. Mentoring in Academic Medicine: The Current State of Practice and Evidence-based Alternatives. *Association of American Medical Colleges.* 2010.
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7. Walker S, Mazerolle Singe S, Cavallario J. The Role Mentoring Plays in the Transition of Practice of Newly Credentialed Athletic Trainers. *Journal of Athletic Training.* 22pp.

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