

# Changing the Culture to Enhance the Competencies

*ABSAME Annual Meeting  
Developing and Assessing Core Behavioral  
Competencies  
October 18, 2008*

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**Brenda Bursch, PhD**  
**Hannah Zackson, MD**  
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## UCLA Task Force on Professionalism

- **Margaret Stuber, M.D., Chair**  
Director, Medical Student Education, Department of Psychiatry  
Jane and Marc Nathanson Professor of Psychiatry
- **Susan Baillie, Ph.D. (not presenting today)**  
Director, Graduate Medical Education, DGSOM  
Associate Professor of Medicine
- **Brenda Bursch, Ph.D.**  
Clinical Director, Pediatric Consultation & Liaison Service  
Professor of Psychiatry and Biobehavioral Sciences
- **Ian A. Cook, M.D.**  
Past Chair, UCLA Psychiatry Residency Curriculum Committee  
Joanne and George Miller and Family Professor of Psychiatry
- **Hannah Zackson, M.D.**  
Assistant Clinical Professor of Medicine



## Changing The Culture

- Culture of medicine is fluid
- Explicit *and* implicit (“hidden”) curricula
- No “one size fits all” way to influence beliefs, behaviors, philosophies being taught/modeled
- Broad-based approach to change
  - didactics for medical students, residents, fellows
  - “teach the teachers” to reach faculty
  - assess/measure to identify concrete areas for change



## Today's Agenda

- Dr. Brenda Bursch - assessing an aspect of the culture
- Dr. Hannah Zackson - tools for self-reflection and self-assessment
- Dr. Margaret Stuber - teaching systems based care through an integrated multi-disciplinary course
- Discussion and Q&A



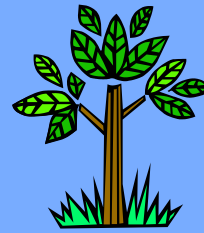
## Acknowledgements

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*Materials online at  
[www . MedicalProfessionalism . org](http://www.MedicalProfessionalism.org)*



# Well-being/ Abuse Sensitivity Survey



Brenda Bursch, Ph.D.

Clinical Professor

Psychiatry & Biobehavioral Sciences, and Pediatrics

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Additional slides not available at this time

For a copy of our Abuse Sensitivity Survey,  
please visit

[www.MedicalProfessionalism.org](http://www.MedicalProfessionalism.org)

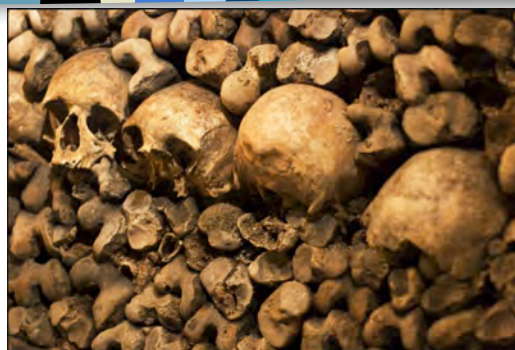
# Narrative Writing:

**An innovative method to enhance  
practice-based learning skills**

**Hannah Zackson M.D.  
David Geffen School of Medicine at UCLA**

“Science sans conscience  
n’est que ruine de l’âme.”

Francois  
Rabelais,  
1532





## Why? The Essence of PBL

- Foster a better understanding of our students' actions, and reactions to their clinical experiences
- Help identify challenges to their own professional growth and decision making skills
- Serve as a catalyst for discussion among their peers



## What do we do?

- Small groups meet regularly
- Each session has a "dharana"
- Assignments include writing and reading
- Writings and readings are shared within the group
- Connections are drawn between the personal experience and the universality of the themes



## Ground rules:

- The Las Vegas Principle
- No SOAP needed
- NOT graded, not Shakespeare
- Everyone has something to say
- Insight comes from shared experiences



## Dharana: focus of attention

- Teams and roles
- Health care disparities
- Medical error
- Sex, medicine and the law
- Conflict of interest
- Career choices
- Implicit associations


## Writing Assignment:

- “Write a paragraph about a medical error which has impacted you. You could have committed the error, witnessed it, experienced it as a patient or family member, or heard about it in a M&M conference. What happened? What was the patient told? How did the team deal with it? Was someone blamed for the mistake? Would you consider it just a mistake, an adverse event, or malpractice?”


## Writing examples









“I feel that the pharmaceutical industry has a very large influence on what doctors prescribe and the kind of medicine they practice. Physicians are constantly being bombarded by advertisements and pharm reps. One time I saw a pharm rep approach a private practice doctor and say, “You haven’t been prescribing enough testosterone patches recently, get to it!” I was taken aback at that statement since unnecessary prescriptions...can lead to many adverse side effects and although the physician is under no obligation to prescribe testosterone patches, he nevertheless will be somewhat influenced by the presence of the pharm rep.




I’ve also been to a physician dinner sponsored by a drug company. We had a four course dinner with unlimited champagne, and amazing food, and then had a speaker talk about certain chemotherapeutic drugs that are effective at treating cancer. It was a very educational talk for sure, but I’m sure there’s a lot of subtle advertising in it. I feel that this marketing makes it very difficult to be objective and somewhat clouds up the truth. People get confused and eventually don’t realize what is true and what is not true anymore unfortunately. Handing out pharm pens and pads also influences what you prescribe since you see the name of the drug or drug company all the time when you use it. In the end, I feel like it is a free market, but may not be the best for the medical community.”



“I feel that growing up, people are exposed to a lot of implicit prejudices from their background. Many people end up thinking very similarly to the way their parents think, or the way their neighbors and the people they grew up with think. .... As a physician, implicit associations can really impact the way we practice medicine. If we see a homeless person, or someone we characterize as a “drug seeker” we may not give them the proper medical care and these people can end up becoming marginalized.




This past week on OB/GYN, a pregnant African American woman came into the ER with severe abdominal pain. Through various interactions, she was characterized as a chronic drug seeker and was given a total of 16 mg of morphine overnight. Although fetal heart recordings were present at admission, in the morning, she was diagnosed with interuterine fetal demise, had a ruptured uterus, and while repair of that ruptured uterus was going on, her appendix came off and stool poured into her peritoneal cavity. I feel that having implicit associations is very dangerous because it caused people to become careless and to not take things as serious such as pain, and end up delivering very poor healthcare.”



## Great Expectations: beginnings and ends:

- A letter to self
- A letter to the next generation



## Benefits of Narrative Writing

- Illuminates the commonalities
- Helps navigate the transition from student to professional
- Gives a sense of progress
- Builds trust among peers
- Encourages the habit of learning from each other

Serves as a mirror, to reflect



## Integrating Advanced Practice Nursing Students with Third Year Medical Students

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Margaret L Stuber, M.D.  
David Geffen School of Medicine at UCLA  
October 2008

## This project supported by

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- A grant from the National Institutes of Health through the National Center for Complementary and Alternative Medicine
  
  - Margaret Stuber, M.D. Principal Investigator
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## Project conceived and created by

- LuAnn Wilkerson, EdD
- Adeline Nyamathi, ANP, PhD, FAAN
- Maggie Dewan, MSN, RN, NP
- Aurelia Macabasco-O'Connell, PhD, RN, ACNP, BC, FAHA
- Colleen Keenan, PhD, FNP-C, WHNP-C
- Neil Parker, MD

## Background

- The School of Medicine and School of Nursing spent two years planning a joint education project
- Goals were to
  - foster interdisciplinary understanding of the roles and perspectives
  - establish pedagogical collaboration
  - teach systems-based practice

## Institutional Challenges

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- ❑ Medicine on semester system, nursing on quarter system
  - ❑ Medicine gives credit by Blocks or clerkships, nursing by course
  - ❑ Faculty getting credit and time for teaching in another school
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## Opportunities

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- ❑ Small group sessions for medical students
  - ❑ Focus on Professionalism, Systems-based care, and Practiced-based learning
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## Decisions

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- Advanced practice nursing students
  - Participate as a 2 credit "theory" elective course
  - Join as integrated members of small groups in third year Doctoring course
  - Measure changes in comfort with interdisciplinary education
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## Concerns

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- Will enough nursing students sign up, given that the course starts before their quarter starts?
  - Will medical students feel comfortable with nursing students in groups?
  - Will tutors be able to work with mixed groups?
  - Will this be beneficial to both groups of students?
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## Methods

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- Medical students given overview on advanced practice nursing
  - 1 or 2 nursing students joined with 2 tutors and 7 medical students
  - Two groups had one nursing professor as a tutor
  - Half of the groups had no nursing students
  - All students completed survey
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## Readiness for Interprofessional Learning Scale (RIPLS)

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**This is a survey of your feeling about learning in a setting with other health care professionals. We will be surveying you at the start of the year and again at the end of the year.**

Learning with other health care professionals will help me be a more effective member of a health care team.

For small group learning to work, health care professionals need to trust and respect each other.

Team-working skills are essential for all health care professionals to learn

Shared learning will help me understand my own limitations

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## Results

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- ❑ First groups met in September 2008
  - ❑ Two group meetings conducted so far
  - ❑ 13 nursing students signed up, and two withdrew within first 2 weeks
  - ❑ One nursing student is male
  - ❑ Nurses have 3+ years of clinical experience
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## Initial responses

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- ❑ Medical students guarded at first
  - ❑ Nursing students informed them they will not take comments about other nurses personally
  - ❑ All have found common ground
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## Responses from nursing students

- "I didn't know that medical students were this open and thoughtful"
- "I love this class! We don't have anywhere to explore and discuss these topics".
- " I feel like this helps me get ready to work as an NP, when I am working more with doctors than with nurses."

## Observations in groups

- Nurses initially quieter, but contributed as it became clear what they had to offer to the groups
- All the students find more similarities between nursing and medical experiences than they anticipated
- The nurses' clinical experience adds richness to group discussion of topics such as medical error

## Topics to be covered together

- Teamwork and roles
- Medical Error
- Health Care Delivery Systems
- Sexuality, harassment and the law
- Schemas and bias
- Individual traits and career choices

## So far, so good!

- Feasible
- Acceptable
- Some perceived benefit
  
- We will know more next year!