Enhancing the Interprofessional Learning Environment: An Orientation of ICU Nurses to Effective Team Building and Their Impact on the Professional Development of the Young Physician

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Purpose: Effective interprofessional teams are critical to resident physicians’ learning and patient safety.1 How medical trainees function in the clinical learning environment is impacted by interaction with colleagues who may feel they have no “official” role in education, and as a result, often do not recognize their important role in the professional development of the medical trainee. Through a brief educational intervention for ICU nurses orienting to our institution targeted at effective teamwork and acknowledging the role of nurses as educators, we aim to improve the learning environment in this targeted setting. We chose to focus on the ICU as it has historically been a challenging, high-acuity working and learning environment and one that may not as readily espouse a learning culture for a trainee underperforming relative to peers. We elected to implement this intervention for new nurses with the hypothesis that they are still developing their style as regards interprofessional relationships and teamwork and may not recognize the importance of their role in the learning environment.

Approach/Methods: In this pilot study, we enrolled 8 nurses participating in an established nurse residency program at Massachusetts General Hospital designed to prepare them for becoming independent ICU nurses. These nurses were surveyed using a Team Assessment tool,2 followed by two 45- to 60-minute educational sessions roughly 4 months apart centered on elements of effective teamwork, the important role of nurses in physician trainee education, and the approach to a struggling trainee. One “booster” was sent by email summarizing the content of the first session. They were subsequently surveyed again using the same Team Assessment tool at the start of the second session.

Results/Outcomes: These educational interventions were easy to incorporate into a previously established ICU nurse orientation program. The program was well received by both nursing leadership and participants. When surveyed, the nurse trainees reported that their teams were functioning moderately well (7–8/10). There was no significant difference in Team Assessment scores after this intervention, as anticipated. However, the nurses-in-training responded positively to the elements of the intervention that emphasized their role in medical trainee education, particularly with the struggling trainee.

Discussion: Support for this educational intervention among nursing leadership and participants demonstrates interprofessional interest in improving teamwork and the learning environment in our ICUs. Many institutions have internship/orientation programs for new nurses; these forums are well suited to this type of educational intervention. We discovered that in this pilot program, orienting ICU nurses at our institution felt that teams function moderately well at baseline. However, nurses involved in our intervention did report benefit from clear discussion regarding their potential impact in their role as educators and techniques for managing a trainee who may be underperforming.

Significance: Medical trainee learning environment is shaped by an interdependent system of interprofessional colleagues, who are frequently unaware of their important role in the professional development of such a colleague. Prioritizing effective programs during orientation to educate nurses on their role in trainee education has the potential to significantly improve physician-in-training learning, particularly for the underperforming trainee. This pilot program represents a feasible mechanism by which to achieve this goal. To significantly alter the culture surrounding medical education at our institution, long-term investment in these programs will likely be required. Further study is needed to understand best practices for implementation and impact on trainee professional development and well-being over time.

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References


Geisel Coaching Program to Support Medical Student Enculturation and Belonging Through Coaching About Well-being, Academics, and Professionalism

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Purpose: Medical school curricula well prepare students for the cognitive and technical skills required to become competent physicians; however, programs often lack a similar intention...
approach to guide professional identity formation and enculturation into the rituals and ideals of the profession. Furthermore, our medical student engagement with resources, supports, and opportunities was highly variable depending on how proactive and knowledgeable a student was about the system, which created disparities.

**Approach:** We replaced our existing advising system with a 4-year longitudinal coaching program based on the Doctor Coach model to better support all students with a structured approach to enculturate into the medical field, develop professional identity, cultivate professional networks, address unique needs, and manage challenges. Coaches meet with students individually and in small groups to cover topics in the domains of well-being, academics, career exploration, and professional character development. The program launched in 2019 for incoming medical students.

Online surveys based on survey about underrepresented minority (URM) student needs were administered to first-year (M1) students in the coaching program (1 by program and 1 external), second-year (M2) students in the prior advising program, and coaches. Likert anchors ranged from 1 (strongly disagree) to 5 (strongly agree). Chi-square test was used to compare M1 vs M2 responses. Qualitative responses were summarized.

**Outcomes:** Response rates were 77/92 (84%) for M1 internal, 63/92 (68%) for M1 external, 65/99 (66%) for M2, and 13/13 (100%) for coaches. All coaches (13/13, 100%) and 56/77 (73%) students agreed that the program added value to the curriculum. Most coaches (12/13, 92%) and students (54/77, 70%) agreed that the program would make the students better physicians. All coaches (13/13, 100%) and 60/77 (78%) students agreed that the program improved students’ sense of belonging. Nearly all students (73/77, 95%) agreed that they felt comfortable having candid conversations with their coach. Students had a more positive experience with coaching than the prior advising program, including (all P < .0001): comfort expressing vulnerability (4.0 vs 2.4), coach understands your challenges (4.2 vs 2.6), addressing your unique concerns/questions (4.0 vs 2.6), and connecting with resources (4.0 vs 2.8). Some students preferred that small group coaching time focus on current issues they are facing, while others wanted to minimize the group time spent “complaining.” Of the 36 M1–2 students who in the external survey indicated that they identify with an underrepresented minority group, only 4 (11%) “somewhat agreed” that identifying with their coach/advisor on race/ethnicity was important. In the qualitative comments, these students indicated that they wanted more support and resources.

**Discussion:** Triangulation between coach and student perspectives and internal and external sources of data strengthen the conclusions. Nearly all students felt comfortable with their coach. All coaches and most students found the program valuable and thought it increased students’ sense of belonging. Students had a more positive experience with the coaching program than the prior advising program in all domains. There was a tension between some students wanting to focus their small group time on current issues and the need to cover the full coaching curriculum to guide enculturation and help prepare students for the next steps in their training. Coaches should be aware that students who identify as URM may have unique coaching needs.

**Significance:** Our coaching model was an effective way to support student enculturation and sense of belonging. We adjusted some of the small group sessions based on student feedback. The coaching program infrastructure enabled a rapid response and support system for students during the pandemic. We used the survey results to construct a faculty development to train coaches on resources and approaches to supporting students who identify as URM. At Learn Serve Lead 2021: The AAMC Annual Meeting, we will also report on the student outcomes following this faculty development session and during the pandemic.

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**References**


**Surgical Trainee Well-Being: A Synergy of Individual and System-Level Interventions**

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**Purpose:** Physician well-being is associated with performance, patient satisfaction, and health outcomes. Yet, up to 80% of U.S. physicians experience burnout, over 40% screen positive for depression, and more than 15% of surgeons exhibit alcohol dependence. Risk factors for physician distress have received much attention. Recent work suggests mindfulness-based cognitive training enhances executive function, mitigates burnout, and reduces stress, while social support increases job satisfaction and resilience.

Though the need for multilevel well-being programming has grown in acceptance, implementation in surgical trainees remains limited. We describe our institution’s individual and system-level...