

Case Study: Wayne State University School of Medicine

Background

Wayne State University School of Medicine's Internal Medicine department is affiliated with the Detroit Medical Center and has the mission "To impart physicians from diverse backgrounds with the knowledge, skills, and attitudes necessary to become exceptional general internists who are committed to patient-centered care and decreasing healthcare disparities while upholding the highest clinical, ethical, and professional standards."¹ The program includes fellowships in cardiology, endocrinology, gastroenterology, geriatrics, infectious diseases, nephrology, pulmonary/critical care and rheumatology. The program prioritizes community engagement and diversity and allows residents to learn about care in a large urban setting that serves a historically marginalized population.



WAYNE STATE
School of Medicine

Problem

Research shows that trust between medical school faculty and trainees is a key component for a successful residency. Residents who have trusting relationships with faculty are more successful learners because they receive tailored guidance. Residents in trusting relationships have more confidence, feel less vulnerable, and are more likely to feel empowered to treat their patients and feel like a valuable member of the care team.² Residency leaders at Wayne State recognized that trust was strained between faculty and trainees during the COVID-19 pandemic. Jarrett Weinberger, MD, the Medicine Residency Program Director, Associate Professor, Clinical Educator at Wayne State recounted a conversation with one of the fellowship directors. He explained that COVID-19 had impacted everything at the school, including schedule changes and time that faculty and trainees had to interact. He was concerned this new reality was negatively impacting trainees.³

Solution

The ABIM Foundation approached Wayne State, and residency leaders decided to hold two crowdsourcing events with help from the ABIM Foundation. The first event was held with residency

faculty and the second was held with trainees, both on the same date. No faculty members attended the trainee discussion session, and ABIM Foundation staff in attendance acted as impartial moderators after being introduced by Dr. Weinberger. In each session, participants discussed existing pain points and the actions that could be taken to build trust between faculty and trainees. Participants brainstormed how to improve the faculty-trainee relationship and prioritized their ideas using a nominal voting process where each participant was given a set number of votes (3 votes in this case). During this remote Zoom meeting an electronic voting app was used.

There was significant overlap in the areas both faculty and trainees believed could be improved. Several themes emerged from the prioritized approaches:

- Both faculty and trainees stated that they are interested in a human connection and would like an opportunity for social conversation/events.
- Both groups agreed that clearer expectations of trainees' competencies would build trust.
- Both groups felt that more feedback is essential. Several elements were discussed, including frequency, how feedback is delivered, consequences to providing feedback, and the method(s) of delivering feedback.

“First and foremost, based on the attendance, I think this was something that everybody had a desire to initiate and get going, and I think they've been conveying it to their trainees, as well as this first step of becoming allies,” said Weinberger.

Results

As a result of the feedback heard from both faculty and trainees during the exercise, the program has planned three actions:

- **Defining expectations:** The program is creating a set of standardized departmental expectations that align with the six core outcome based competencies of ACGME to keep consistency between the milestone ratings. As part of that process, the program is also soliciting input from trainees and fellows.
- **Understanding the human connection:** The program plans to hold quarterly social events that are relaxed and casual so faculty and trainees can get to know each other as people, and not just colleagues. The program is also considering creating a video series in which faculty would introduce themselves more casually and go beyond professional accomplishments. Faculty would share their “human side” – introducing their family, hobbies, discussing attitudes toward work, what research they like to do, and what areas of interest they have.

- **Building up mentor/mentee relationship:** According to Dr. Weinberger, “I would like to frame it almost like a coaching relationship as opposed to a faculty and resident relationship. I think framing it as a coaching session really helps reduce the pressure of the relationship.”

Challenges

One challenge of the activity that Dr. Weinberger shared was defining trust. Trust is a complex issue and enough time is needed to establish shared understanding and language in order to successfully develop approaches to solving the problem. He recommended taking time at the beginning of the group discussion to allow participants to reach that shared understanding. We also recommend reviewing the [5 Dimensions of Building Trust](#) to provide context prior to the discussion.

Keys to Success

- **Timing.** COVID-19 has put a strain on trust, and Dr. Weinberger said this exercise responded to that strain. “The timing was wonderful,” he said. “Residents really looked upon it like a promising first start.”
- **Willingness to improve.** Dr. Weinberger thought this exercise showed the faculty’s desire to improve their relationship with trainees, which the trainees reciprocated. “Within about 24 hours they were emailing our program coordinator to ask about the results,” he said. “That shows their level of engagement and desire to connect with faculty.”
- **Putting discussion into action.** The final key to success was that the exercise was not done in a vacuum. At the start of the exercise, Dr. Weinberger shared that some ideas generated during the exercise would be put into action. Once the exercise was completed, he laid out a timeline for implementing the recommendations. Follow-up to this exercise is critical and lack of concrete actions could in fact lead to further mistrust.

References

1. <https://intmed.med.wayne.edu/education>
2. Gin BC, Tsoi S, Sheu L, Hauer KE. How supervisor trust affects early residents' learning and patient care: A qualitative study. *Perspect Med Educ*. 2021 Jul 23. doi: 10.1007/s40037-021-00674-9.
3. Interview with Jarrett Weinberger, October 22, 2021.

