A PIECE OF MY MIND

Trust Worthy

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It took me several years as a clinical skills course director before I realized that my students didn't trust me. Looking back it makes sense: our time together was limited to lectures and logistics. But I didn't understand why for a long time. When I described what I felt would be the most successful approach to mastering the physical examination, students were more likely to ask a peer. When I promised to fix a glitch—in the schedule or the manual or on the examination, their expressions often informed me it was too little, too late. When I suggested that studying from shadowy, student-generated answers that lurk in the hidden curriculum rather than reading their textbook would be cheating themselves, they responded that First Aid had it covered. And always, the concern about the grade, often out of proportion to the probability that it would not be favorable. Faculty has placed its trust in multiple-choice examinations, and for our students, those examinations and the resulting grades trump all. At some point, I figured it out; it occurred to me in a sudden rush of understanding, as these truths sometimes do. Rather than seeing me as someone with knowledge to impart and students' best interests at heart, many students saw a potential adversary in control of their grade. A lot of behavior was easier to explain, but I had to wrestle with a new conceptual model for what it meant to be a teacher/administrator in a medical school.

I still *felt* trustworthy. But, in general, a "sadder but wiser girl" conquered logistic challenges, created curriculum, lectured, demonstrated skills and maneuvers, answered questions and concerns, fretted over necessary responses to professionalism lapses, and ultimately doled out a "pass" or a "fail."

I moved on to other administrative and curricular roles. This whole "lack of trust" realization drained a lot of the joy away from what I did. Many relationships with specific students and colleagues prevented a complete emptying-out of what makes us all the best we can be—the joy of putting time and know-how and just enough creativity together toward making things better: a better medication plan for a struggling patient; an elegant learning session to replace a less-elegant lecture; a thoughtful interaction with a distressed student that genuinely eases worries. And yes, maybe even a better test to provide learners and faculty with better data about how they are doing their jobs.

This last summer, after a long and wonderfully engaging development phase, several of my faculty colleagues and I participated in a 7-week pilot curricular experience. The "Early Clinical Experience" pilot placed new matriculants and just-finished first-year students into an ambulatory care setting linked to a variety of structured learning experiences. The faculty and students were organized into small learning communities with a ratio of one clinical faculty member to 7 students. Basic and social science faculty also participated in these groups on a less regular schedule, but the core 8 members met after each clinical half-day (three times a week) to debrief the tasks and tribulations of real patient contact, and to engage in many of the structured learning experiences as well as individual portfolio reviews.

The pilot required the creation of new problem-based learning cases, new team-based learning sessions, new simulation experiences, and multiple related assessments. We were given permission—by an uncommonly brave and supportive leader—to be fearless. We didn't have to try to be perfect; we had to try to be better. The faculty often chanted what became our mantra, which we shared with the students only partly in jest: "We are trying to determine if anything explodes." I think it is fair to say that, going in to this pilot, both faculty and students alike thought that something might go badly. I think it is also fair to say that going in, there was a basic trust that if that happened, we would help each other mop up.

The students faced a gauntlet of assessment strategies: multiple-choice tests, observed physical examinations, essay questions, tutorial presentations, conference presentations, standardized patient examinations, faculty-led question-and-answer sessions, and more. None of the assessments resulted in a *grade*, but for the most part students worked very hard to present their best work. The pilot was designed to stress its student participants with too much to prepare, too much to learn, and too much to handle. It was conceived to intentionally stress its participants (both student and faculty) to see if they could "say uncle" (translated in medical education as "I don't know") and survive, perhaps even thrive.

Faculty saw students in a variety of settings—the student who was chronically tardy was calm and kind with patients in the clinic. I began to trust that the tardiness thing was fixable. The student who seemed distant felt the most strongly about the value of everyone learning together. I put less trust in my first impressions. The student who seemed timid got up in front of her faculty and peers and delivered the most organized articulate, and effective tutorial presentation I have ever seen. I could go on and on about the surprises that lurked around every experience we had together. One of the biggest surprises was how little I typically understand about my students, and how much easier it is to trust someone once you "get" them.

Students saw their faculty "say uncle" on a regular basis. Nothing bad happened as a result. It was very hard work, being the leader of a learning community. I was personally stressed and very imperfect. I disseminated misinformation for which I had to apologize. I leaned on my colleagues, asked for help many times, and

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got help every time even though they were equally busy and may have been equally stressed. I watched my faculty colleagues create and deliver engaging, creative curricula of all kinds. I sent desperate e-mails at all hours of the day and night and trusted that a high-quality solution would save my ship before it sank the next morning. It was an amazing display of versatility and "team-ness" in its highest sense. I think we were all exhausted, but we got up every morning ready to pour energy (dare I say joy?) into this effort.

Toward the end of the last week, during the final portfolio review, I was able to give each of my students a genuine compliment. Not "You were a pleasure to work with" but a highly specific, data-driven gift of my admiration for them. I was also able to give each of my students an authentic piece of advice for the future, about something I thought would get in the way of their success if they didn't deal with it. For each of those students, that advice resonated and their thanks rang true. We run into each other in the hall, and these grown-up colleagues-in-training want a hug. They "get" me too. I am delighted by those hugs, every time. Hugs are not shared with those you do not trust.

We employed surveys and focus groups and evaluation forms of all kinds during and after the pilot. Faculty and students expressed sincere gratitude for having been a part of such an experience. We laugh to note that participating faculty was given highest marks from students for "role-modeling the need to deal with uncertainty." There was plenty of uncertainty to deal with—our students watched us, and we dealt with it together. This created strong bonds. At a reunion dinner 6 months after the end of the pilot, one participant stated: "I was so scared of upcoming clerkships. But after the pilot I know that [3 pilot faculty] will be there, and I'm not scared anymore."

Our pilot was not about "lectures and logistics" or high-stakes, summative multiple-choice tests. It was not about faculty in control and students hoping to figure out the game. It was about sharing an intense journey and structuring the time and the opportunity for participants to develop relationships—ones that mattered and that made a difference for both students and their teachers. It was about "being the best we can be—the joy of putting time and know-how and just enough creativity together toward making things better." It was about being a team in the truest sense, respecting, understanding, and helping each other—and sometimes about watching while your teammates (faculty *and* students) dazzle you. But mostly it was about trust. I trusted that everyone on my team could see how hard I was trying to create a good experience and that perfection was not an expectation or a necessity for anyone. Everyone trusted that everyone was paying attention and cared. Nothing exploded, but if something had, we would have all picked up the pieces together.

One goal of our next curriculum is to have every student, along with many of their faculty, be a part of a long-term, trusted team—a learning "community" where time can enable understanding and shared discovery may kindle great things. A medical education filled with what we experienced together during the pilot would make for a very special journey for students, for faculty, and most likely (and perhaps most importantly) for the patients they serve. It is going to be very challenging to make that happen. I am going to trust that we will be able to.

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