



School of Medicine

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

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Trust in Healthcare Education

AME Grand Rounds

August 10th, 2021

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Disclosures

► None

Academy
of Medical
Educators



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Goal

Advance our mutual understanding of trust and trustworthiness as foundational, often subconscious, elements of teaching relationships



Learning Objectives

- 1. Describe the importance of trust in educational relationships**
- 2. Identify at least three key characteristics of trustworthiness**
- 3. Incorporate trust into your approach to effective teaching**

Roadmap

- ▶ **A series of 6 questions**
- ▶ **A series of responses / ideas**
- ▶ **Sensemaking and synthesis**
- ▶ **Dialogue**



Question #1

Why a talk on trust?



A Matter of Trust

Elizabeth M. Hendren, MD, and Arno K. Kumagai, MD

Abstract

Trust is a fundamental tenet of the patient–physician relationship and is central to providing person-centered care. Because trust is profoundly relational and social, building trust requires navigation around issues of power, perceptions of competence, and the pervasive influence of unconscious bias—processes that are inherently complex and challenging for learners, even under the best of

circumstances. The authors examine several of these challenges related to building trust in the patient–physician relationship. They also explore trust in the student–teacher relationship. In an era of competency-based medical education, a learner has the additional duty to be perceived as “entrustable” to 2 parties: the patient and the preceptor. Dialogue, a relational form of communication,

can provide a framework for the development of trust. Viewing people as individuals in dialogue with each other’s perspectives, goals, dialogue ultimately promotes the patient–physician relationship, promoting a sense of learner, dialogue also promotes the student–teacher relationship, fostering trust in one’s development of a voice.

Editor’s Note: This New Conversations contribution is part of the journal’s ongoing conversation on trust in health care and health professions education.

It is almost a truism that trust lies at the heart of the practice of medicine. The nurturing of trust has tangible benefits for both the patient and the physician.¹ In

own how to build trust. Although some trainees others can become den vulnerable to burnout.

ONLINE FIRST MAY 24, 2021—FROM THE EDITOR-IN-CHIEF

Trust in a Time of Uncertainty: A Call for Articles

Elise Peterson Lu, MD, PhD¹, Mel L Anderson, MD², Erin Shaughnessy, MD, MSHCM³, Luci K Leykum, MD, MBA, MSc^{4,5},
Daniel B Wolfson, MHSA⁶, Samir S Shah, MD, MSCE^{7*}

¹Paul C Gaffney Division of Hospital Medicine, UPMC Children's Hospital of Pittsburgh, Pittsburgh, Pennsylvania; ²Division of Hospital Medicine, University of Colorado, Aurora, Colorado; ³Division of Pediatric Hospital Medicine, Children's Hospital of Alabama, Birmingham, Alabama; ⁴Dell Medical School, University of Texas at Austin, Austin, Texas; ⁵Medicine Service, South Texas Veterans Health Care System, San Antonio, Texas; ⁶ABIM Foundation, Philadelphia, Pennsylvania; ⁷Division of Hospital Medicine, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio.



**Why did they share with us?
Did we do something?**



Methodology

- ▶ **Narrative research**
- ▶ **Medical, Psychological, Philosophical literature**
- ▶ **Iterative; thematic saturation**

Question #2

Is trust important?





Why Trust Matters

An Economist's Guide
to the Ties That Bind Us



Benjamin Ho



Five Myths about Vaccines, The Washington Post, May 1, 2020.

VIEWPOINT

TRUST IN HEALTH CARE

Addressing Medical Misinformation in the Patient-Clinician Relationship

**Vineet M. Arora, MD,
MAPP**

University of Chicago
Medicine, Chicago,
Illinois.

Sonia Madison, MS

Madison Consulting,
Williamstown, New
Jersey.

**Lisa Simpson, MD,
MPH**

Academy Health,
Washington, DC.

As evidenced by the public response to the recommendation to wear masks to help curb the spread of coronavirus disease 2019 (COVID-19), the promulgation of misinformation can easily undermine health care recommendations. While health misinformation propagated by media coverage, celebrities, and others is widely recognized, how a range of health misinformation undermines the patient-clinician relationship is less understood. This is important to consider given that trust in health professionals has eroded, as evidenced by recent attacks on physicians promoting public health messaging during the pandemic. This Viewpoint describes why health misinformation spreads, characterizes a broader set of misinformation types, and discusses so-

commercial—or even malicious—claims founded on pseudoscience. It is difficult for patients to discern the veracity of serious health concerns. Addressing misinformation involves claims made based on fragmented data, may be more difficult to dispel using scientific terminology, especially when medical professionals support the claims.

In addition to easily recognized misinformation undermining patient-clinician relationships, health misinformation can also be introduced intentionally from the process of scientific inquiry. The incremental nature of science leads to the publication of studies and evidence that can be

JAMA. 2020;324:2367-2368.

First stage of Psychosocial Development

Trust vs. Mistrust

Hope

Erikson E, Childhood and Society. New York: Norton, 1950.



**A PIECE OF MY
MIND**

**Thalia Margalit
Krakower, MD**
Department of
Medicine, Harvard
Medical School,
Massachusetts General
Hospital, Boston.

To Err Is Human, to Apologize Is Hard

"We don't blame you or anyone," my husband said over Zoom to our son's doctor.

We waited expectantly, as the stammering and uncomfortable shifting revealed a new side of this physician, someone we knew as a brilliant, thoughtful, and compassionate clinician, never lost between words.

"We do need all our son's doctors to look his suffering in the eye and acknowledge the role you played. To repair, we need everyone to apologize and learn from this horrible experience."

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history. These nonapologies left us unmoored as patients, our own stories wrested from us and rewritten to shield the very people entrusted to protect us.

We empathize with our doctors at the same time that we are hurting as patients. We see ourselves in their weary eyes, as the laboratory results and portal messages pile up, pulsing in their consciousness while their children play in the background of a professional tsunami. The pandemic has ravaged what little is left of their boundaries as patients' needs have skyrocketed while the hours in the day remain fixed. We understand that they too are hampered by the shift from human en-

JAMA. 2021;326:223-224.

Adv in Health Sci Educ (2014) 19:435–456
DOI 10.1007/s10459-013-9474-4

REVIEW

Understanding trust as an essential element of trainee supervision and learning in the workplace

**Karen E. Hauer · Olle ten Cate · Christy Boscardin · David M. Irby ·
William Iobst · Patricia S. O’Sullivan**

Question #2

Is trust important?
**Quite: it's at the foundation
of human relationships**

Question #3

Can we define trust?

“...willingness of a party to be vulnerable to the actions of another party based on the expectation that the other will perform a particular action important to the trustor, irrespective of the ability to monitor or control that other party...”

Mayer RC. *Acad Manag Rev.* 1995;20:709-734.

“[Interpersonal] Trust requires that we can:
(1) be vulnerable to others – vulnerable to betrayal in particular
(2) rely on others to be competent to do what we wish to trust
them to do
(3) and rely on them to be willing to do it.”

McLeod, Carolyn, “Trust,” The Stanford Encyclopedia of Philosophy (Fall 2020 Edition),
Edward N. Zalta (ed.).



Trust

- ▶ **Interpersonal vs. Institutional**
- ▶ **Often subconscious**
- ▶ **Expectation to care for something important or valuable – not objectless**
- ▶ **Accepted / implicit vulnerability to another around these expectations**
- ▶ **Usually bounded – but can be plastic**
- ▶ **Influenced by truster (baseline) and trusted (trustworthiness) $A \rightarrow B \rightarrow C$**

Trust

- ▶ Can be taken advantage of / power differential
- ▶ Can be quickly broken
- ▶ Can be given when not earned (or desired)
- ▶ Probably relies on perceived positive motivations
- ▶ Not the same as reliance
- ▶ Trustworthiness viewed as a virtue

Question #4

**How does trust impact
healthcare education?**

Trust in Healthcare Education

1. **Entrustment of learners in a clinical context (Entrustable Professional Activities or EPAs)**
2. **Entrustment of teachers to balance learner entrustment**
3. **As the basis for effective learning climate**

Entrustment Decision Making in Clinical Training

Olle ten Cate, PhD, Danielle Hart, MD, Felix Ankel, MD, Jamiu Busari, MD, MHPE, PhD, Robert Englander, MD, MPH, Nicholas Glasgow, MD, Eric Holmboe, MD, William Iobst, MD, Elise Lovell, MD, Linda S. Snell, MD, MHPE, Claire Touchie, MD, MHPE, Elaine Van Melle, PhD, and Keith Wycliffe-Jones, MBChB, on behalf of the International Competency-Based Medical Education Collaborators

Abstract

The decision to trust a medical trainee with the critical responsibility to care for a patient is fundamental to clinical training. When carefully and deliberately made, such decisions can serve as significant stimuli for learning and also shape the assessment of trainees. Holding back entrustment decisions too much may hamper the trainee's development toward unsupervised practice. When carelessly made, however, they jeopardize patient safety. Entrustment decision-making processes, therefore, deserve careful analysis.

Members (including the authors) of the International Competency-Based

Medical Education Collaborative conducted a content analysis of the entrustment decision-making process in health care training during a two-day summit in September 2013 and subsequently reviewed the pertinent literature to arrive at a description of the critical features of this process, which informs this article.

The authors discuss theoretical backgrounds and terminology of trust and entrustment in the clinical workplace. The competency-based movement and the introduction of entrustable professional activities force educators to rethink the grounds

for assessment in the workplace. Anticipating a decision to grant autonomy at a designated level of supervision appears to align better with health care practice than do most current assessment practices. The authors distinguish different modes of trust and entrustment decisions and elaborate five categories, each with related factors, that determine when decisions to trust trainees are made: the trainee, supervisor, situation, task, and the relationship between trainee and supervisor. The authors' aim in this article is to lay a theoretical foundation for a new approach to workplace training and assessment.

Acad Med. 2016;19:191-198.

Entrustment Decision Making in Clinical Training

Olle ten Cate, PhD, Danielle Hart, MD, Felix Ankel, MD, Jamiu Busari, MD, MHPE, PhD, Robert Englander, MD, MPH, Nicholas Glasgow, MD, Eric Holmboe, MD, William Iobst, MD, Elise Lovell, MD, Linda S. Snell, MD, MHPE, Claire Touchie, MD, MHPE, Elaine Van Melle, PhD, and Keith Wycliffe-Jones, MBChB, on behalf of the International Competency-Based Medical Education Collaborators

- ▶ **Factors w/ trainee, supervisor, task, context, and relationship**
- ▶ **Sources of data to inform entrustment decisions**
- ▶ **Trust proceeds: presumptive → initial → grounded**

Acad Med. 2016;19:191-198.

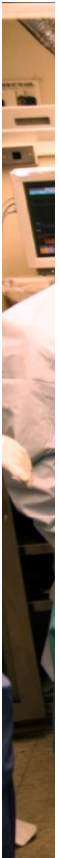
Entrustment Decision Making in Clinical Training

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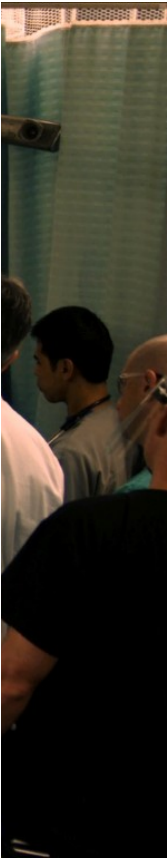
- ▶ **Most important foundational factors include:**
- ▶ **Competence**
- ▶ **Conscientiousness**
- ▶ **Truthfulness**
- ▶ **Awareness of one's own limitation**

Acad Med. 2016;19:191-198.

Trust Is a Two-Way Street



Yet as I considered both the Carraccio and ten Cate articles concerning entrustment, something seemed to be missing. Didn't Tom also have to trust me? Isn't entrustment something mutual, where both the resident and the faculty member have to make a decision about trust? And if the resident does not trust the faculty member to help when events spin out of control, what effect would that have on the resident's behavior?



Sklar DP. *Acad Med.* 2016;19:155-158.

Trust Is a Two-Way Street

cardiac arrest cases. While I believe that most faculty do attempt to provide the needed support for residents, there are times when they may give mixed messages, such as saying “Call me if you need any help,” which suggests that the call is a sign of weakness rather than a desired collaboration around a mutual desire for quality patient care. Residents learn quickly which faculty they can count on

Sklar DP. *Acad Med.* 2016;19:155-158.

Commitments of Faculty

We will provide resident physicians with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice their specialty and recognize when, and under what circumstances, they should seek assistance from colleagues. We will do our utmost to prepare residents to function effectively as members of healthcare teams.

Supervision Autonomy



Trust

ORIGINAL RESEARCH

Trusted to Learn: a Qualitative Study of Clerkship Students' Perspectives on Trust in the Clinical Learning Environment*Nathan C. Karp, MD^{1,2}, Karen E. Hauer, MD, PhD^{1,2}, and Leslie Sheu, MD^{1,2}*

¹School of Medicine, University of California, San Francisco, San Francisco, CA, USA; ²Department of Medicine, University of California, San Francisco, San Francisco, CA, USA.

When trainees felt they received closer supervision than warranted, they felt insufficiently trusted, whereas when they received more autonomy than they felt they deserved, they felt trusted too much.

J Gen Intern Med. 2019;34:662-8.

Trust as scaffolding for learning

Appropriate trust

- Individual coaching based on abilities and needs
- Emphasis on supervisor support, preference for guidance over independence
- Importance of expectation setting, specificity of responsibilities

Inappropriate trust

- Lack of clear instruction or role on team
- Lack of oversight or feedback leading to less opportunity to learn
- Lack of active patient care roles leading to missed learning opportunities

J Gen Intern Med. 2019;34:662-8.

Consequences of trust for patients

Appropriate trust

- Students felt they were contributing meaningfully to patient care, improving team efficiency

Inappropriate trust

- When over-trusted, students concerned about potential for patient harm
- When under-trusted, no significant impact on patients

J Gen Intern Med. 2019;34:662-8.

Effects of trust on learning environment

Appropriate trust

- Strong positive learning environment; enabled students to embrace learner roles and also contribute as providers

Inappropriate trust

- Suboptimal learning environment; made students uncomfortable and unhappy, yet unable to address due to concerns about performance, grading and hierarchy

J Gen Intern Med. 2019;34:662-8.

Notably, students did not feel comfortable addressing inappropriate trust. A previous study of interns revealed that they also did not feel empowered to provide constructive feedback to their supervisors related to their supervisory style.⁹

J Gen Intern Med. 2019;34:662-8.

How Supervisor Experience Influences Trust, Supervision, and Trainee Learning: A Qualitative Study

Leslie Sheu, MD, Jennifer R. Kogan, MD, and Karen E. Hauer, MD, PhD

Our study highlights the importance of supervisors needing to gain experience and trust in oneself, both clinically and as supervisors, before being able to trust others.

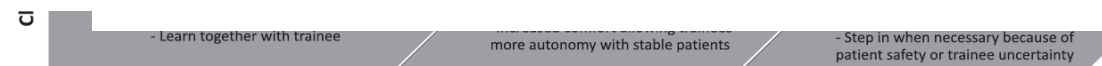


Figure 1 Four domains related to how supervisor experience influences trust and supervision (based on supervisor interviews), from a qualitative study of supervisor experience and approach to trust, University of California, San Francisco School of Medicine and University of Pennsylvania Perelman School of Medicine, 2013–2015.

Acad Med. 2017;92:1320-1327.

Trust in Healthcare Education

- 1. Supervision and trust are interdependent**
- 2. Dialogue about supervision is necessary**
- 3. Self-awareness around self-trust → impact is profound**

Trust and Learning Environment

1. The trust object is the developing professional identity
2. Inadequate trust? – failure to learn, grow; harm?
3. Effective trust? – feedback and transformation

Question #5

How can we be trustworthy?

Vulnerability

Gain



Trustworthiness



Trustworthiness and Professionalism in Academic Medicine

Laurence B. McCullough, PhD, John H. Coverdale, MD, MEd,
and Frank A. Chervenak, MD, MMM

Professional virtues
such as trustworthiness—as well as
integrity, humility, compassion, self-
effacement, and self-sacrifice—become
transformational: they shape the
physician's character.

Acad Med. 2020;95:828-832.

**A PIECE OF MY
MIND**

**Thalia Margalit
Krakower, MD**
Department of
Medicine, Harvard
Medical School,
Massachusetts General
Hospital, Boston.

To Err Is Human, to Apologize Is Hard

"We don't blame you or anyone," my husband said over Zoom to our son's doctor.

We waited expectantly, as the stammering and uncomfortable shifting revealed a new side of this physician, someone we knew as a brilliant, thoughtful, and compassionate clinician, never lost between words.

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history. These nonapologies left us unmoored as patients, our own stories wrested from us and rewritten to shield the very people entrusted to protect us.

We empathize with our doctors at the same time that we are hurting as patients. We see ourselves in their weary eyes, as the laboratory results and portal messages pile up, pulsing in their consciousness while their children play in the background of a professional tsunami. The pandemic has ravaged what little is left of their boundaries as patients' needs have skyrocketed while the hours in the day remain fixed. We understand that they too are hampered by the shift from human en-

JAMA. 2021;326:223-224.

She brought unfettered humility to that conversation, reckoning with her own shortcomings. Her unguarded and authentic apology offered us renewal in our relationship. Her humanity—the same humanity that made her fallible in our son's care—is also what ultimately provided us with comfort as wounded patients.

JAMA. 2021;326:223-224.

Trustworthiness

- 1. Authenticity and Humility**
- 2. Transparency and Shared Goals**
- 3. Care and Empathy**
- 4. Reliability and Accountability**
- 5. Expertise...**

Question #6

Should we talk about trust?

Trust is a fragile plant, which may not endure inspection of its roots, even when they were, before the inspection, quite healthy.

Create and sustain a fabulous, trusting, learning environment together, applying what we learn as we go along. We are all medical learners on a lifelong journey. What are your next steps?

Baier A, Trust and Antitrust, *Ethics*. 1986;96:231-260.



Synthesis

Trust lies at the foundation of interpersonal relationships

Willingness to be vulnerable to another with the hope for something in return

Impacts healthcare education broadly

Supervision = mutual entrustment
Dialogue; Developing trust in ourselves
Learning climate

We can strive to be trustworthy

Authenticity and Humility
Transparency and Shared Goals
Care and Empathy
Reliability and Accountability

Learning Objectives

- 1. Describe the importance of trust in educational relationships**
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Goal

Advance our mutual understanding of trust and trustworthiness as foundational, often subconscious, elements of teaching relationships

GRAND ROUNDS

Academy
**of Medical
Educators**

Thank you for attending!

Please evaluate today's
session and sign up for
CME credits here:



An Intervention to Increase Patients' Trust in Their Physicians

*David H. Thom, MD, PhD, Daniel A. Bloch, PhD, and Eleanor S. Segal, MD,
for the Stanford Trust Study Physician Group*

- ▶ **N=10, 7-hours**
- ▶ **Bayer Institute for Healthcare Communication Workshop**
- ▶ **No effect on pt trust, physician “humaneness”, or satisfaction**
- ▶ **Trustworthiness not evidently addressed**

Acad Med. 1999;74:195-198.