Trust in Healthcare Education

AME Grand Rounds

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Disclosures

None
Goal

Advance our mutual understanding of trust and trustworthiness as foundational, often subconscious, elements of teaching relationships.
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
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 development of trust. People as individuals have each other’s perspectives, goals, dialogue ultimately can express the patient–physician relationship. Promoting a sense of learning, dialogue also fosters trust in one’s own 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. In own how to build trust. Although some trainee others can become vulnerable to burnout.
Trust in a Time of Uncertainty: A Call for Articles

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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?
Trust in God not vaccines
#saynotobillgates

TRUST IN HEALTH CARE

Addressing Medical Misinformation in the Patient-Clinician Relationship

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 some commercial—or even malicious—claims founded on pseudoscientific data, may be more difficult to distinguish using scientific terminology, especially as medical professionals support the evidence.

In addition to easily recognizable misinformation undermining patient-clinician relationships, health misinformation is intentionally from the process of incremental nature of science leading to the studies and evidence that can...
First stage of Psychosocial Development
Trust vs. Mistrust
Hope

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."

What followed was a long conversation—without an apology.

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-
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
Is trust important?
Quite: it’s at the foundation of human relationships
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…”

“[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.).
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→B→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
How does trust impact 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.

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.
Factors w/ trainee, supervisor, task, context, and relationship

Sources of data to inform entrustment decisions

Trust proceeds: presumptive → initial → grounded

Most important foundational factors include:

- Competence
- Conscientiousness
- Truthfulness
- Awareness of one’s own limitation
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?

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.

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.
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.
# 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


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

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

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

Research Report

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.

1. Supervision and trust are interdependent
2. Dialogue about supervision is necessary
3. Self-awareness around self-trust \( \rightarrow \) impact is profound
1. The trust object is the developing professional identity
2. Inadequate trust? – failure to learn, grow; harm?
3. Effective trust? – feedback and transformation
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.

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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.

Trustworthiness

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

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
2. Identify at least three key characteristics of trustworthiness
3. Incorporate trust into your approach to effective teaching
Goal

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