



SCHOOL OF
MEDICINE

LEARNING ENVIRONMENT OFFICE

Fostering a climate of respect and inclusion

Quarterly Report

July - September 2021

OVERVIEW

In June 2019, the UNM School of Medicine (SOM) launched the Learning Environment Office (LEO) to enhance institutional efforts to prevent, reduce, and address mistreatment, and simultaneously, improve learning environments.

In an effort to promote transparency while preserving confidentiality, LEO is producing quarterly reports that share aggregated data to enhance the overall understanding of learning environments as well as protect anonymity. The data will remain aggregated until we have enough data to not be identifiable. These reports also contain data on exemplary teachers and mistreatment incidents as well as information about LEO's activities.

Have you experienced or witnessed mistreatment?

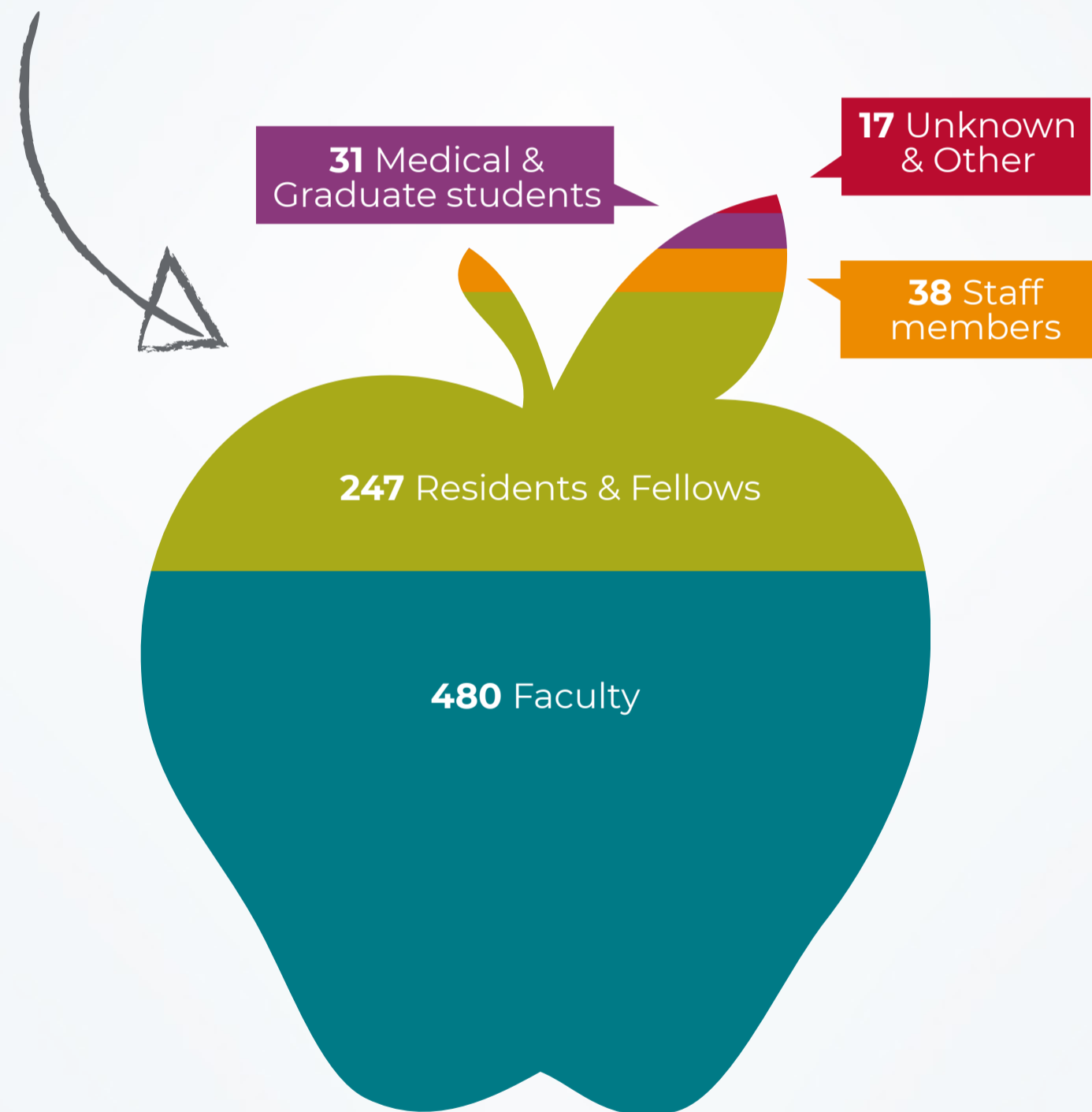
[Click here to report the incident,](#)
or you can always visit our website (www.goto.unm.edu/leo)
and click "Report Mistreatment."

iTeach: Recognizing Exemplary Teachers

813
TEACHERS

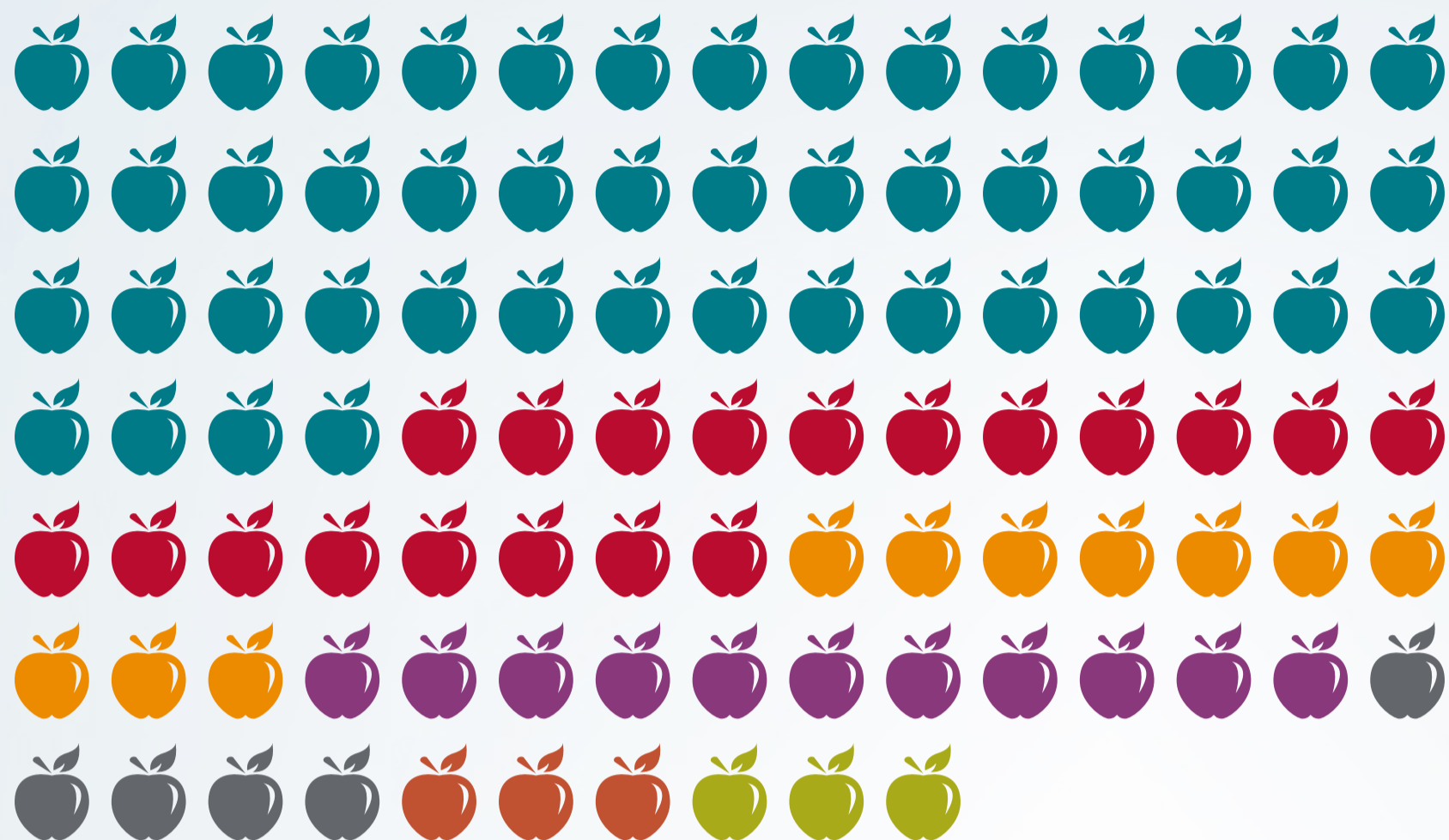
have been
recognized
for exemplary
teaching by a
total of

2,857
LEARNERS



[Click here](#) to send an iTeach recognition to a teacher today!

How many learners have recognized each of those teachers?

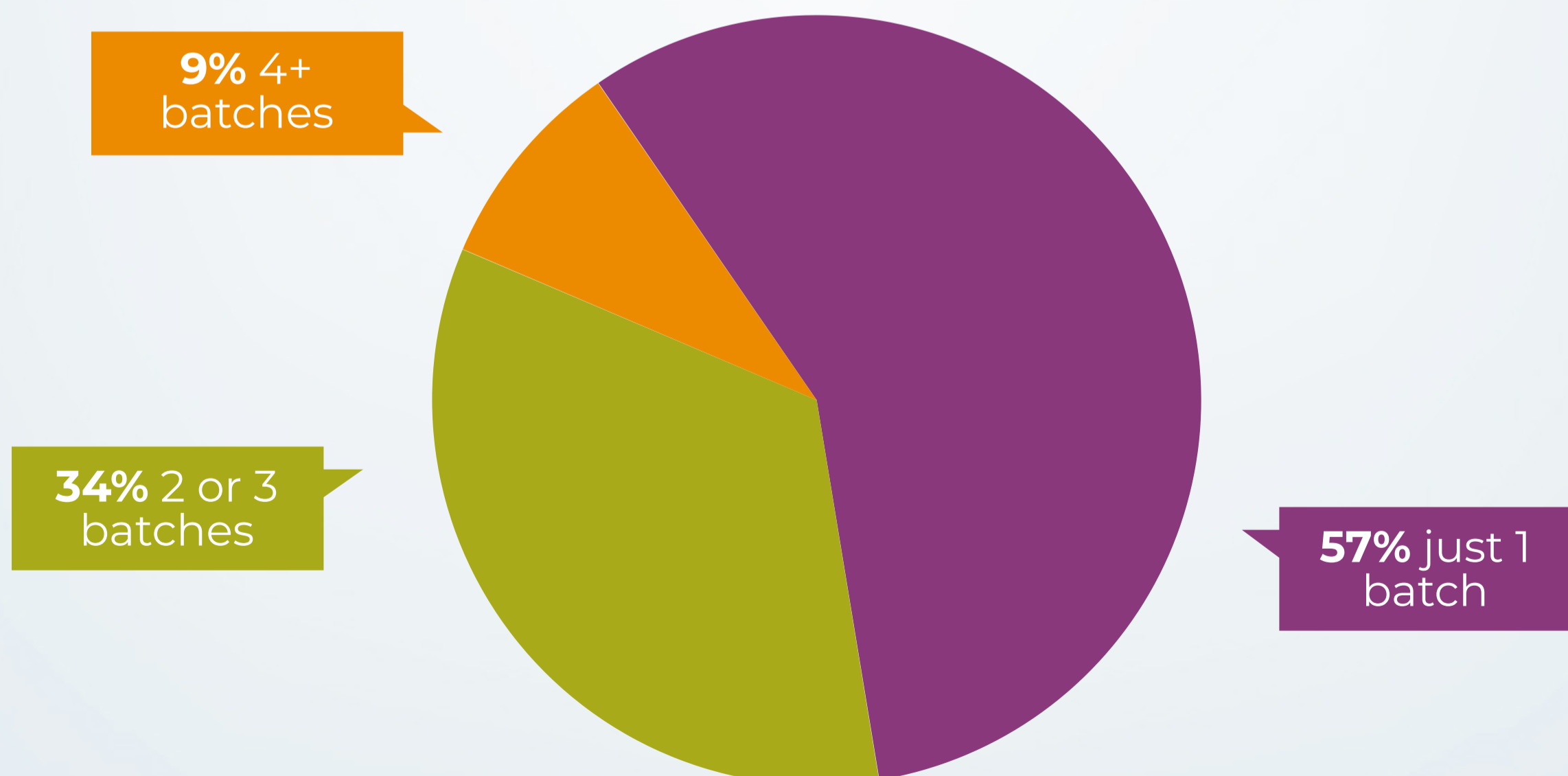


49% recognized by one learner
19% two learners
10% three learners
11% 4-5 learners
5% 6-10 learners
3% 11-20 learners
3% 21-126 learners!

Why are some people recognized by so many more learners than others? Are they **that** much more exemplary?

Well, they're certainly exemplary! But medical student course instructors tend to be recognized by more learners than others, because they work with large groups of students, and iTeach questions are asked on mandatory course evaluations.

To compensate for this, we measure in batches. We send out iTeach notifications in batches, every 1-2 months. So we can ask, how many batches (out of 16 possible) have our teachers been recognized in? The more batches, the most consistently they are being recognized—whether that's once or 92 times. (Yes, one person was indeed recognized 92 times in one batch!)



Highlight: Tips from UNM's Exemplary Teachers

LEO asked some of our most frequently recognized teachers to share some of their secrets. Read snippets of their answers below, and [click here](#) for their full answers.



Dr. Alfonso Belamonte
Faculty, Pediatrics

Recognized by 13
learners in 8 batches



Dr. Lauren Hatcher
Resident, Neurology

Recognized by 10
learners in 6 batches



Dr. Deepti Rao
Faculty, Surgery

Recognized by 10
learners in 6 batches



Dr. Patrick Rendon
Faculty, Internal Medicine

Recognized by 126
learners in 12 batches



Dr. Fernando Valenzuela
Faculty, Neurosciences

Recognized by 62
learners in 6 batches

1. What are some of your tips for teaching in the classroom?

Dr. Rendon: Enjoy it. The learners always feel positive energy from an instructor who enjoys teaching in general, and enjoys what they are teaching. Keep the teaching points as simple as possible, trying to remember back to when you learned this information for the first time (helps combat the curse of knowledge).

Dr. Valenzuela: Present material that reflects the current state of knowledge in the field. Organize individual topics into a logical sequence. Challenge students to think more deeply and critically.

2. What are some tips for teaching in the clinical environment?

Dr. Belmonte: I find that setting expectations early on is really helpful. I have a few paragraphs saved in my phone that outline my expectations for residents, interns and medical students. I copy and paste it into a tiger text and send it to the learners I will work with, a day in advance. This ensures that all members of the team know each other's expectations. Having this information ahead of time eases potential anxiety associated with the transition of attendings.

I also think public praise of high-quality work is great. If I say to the team, "I really liked how Alfonso used the results of the Asthma Control Questionnaire to inform his plan," the other learners will pick up on it and do it too. That will raise the level of performance of the team, not just the one learner.

Dr. Rao: I used to think that I had to prove I knew something to legitimize my being there. Now I know that really we need to help the learners understand that they know something. And they can use those skills for patient care and we can build on that knowledge. So allowing other members of the team to shine and lead as much as possible. Understanding there are many different ways to get to the same point and not being dogmatic. The flip side is also realistically assessing each member of the team to get them to improve.

Dr. Hatcher: Be yourself and think out loud. You're doing the work anyways, might as well talk about it and engage the learner!

3. What do you think learners respond to the most about your teaching style?

Dr. Belmonte: With time I have learned to maintain my high standards, but now I take the extra time to inform my learners why my expectations are high, because the *patients deserve it*. This act of decentering myself and centering the patient goes a really long way with learners. I think this allows them to stop worrying about impressing me and to start focusing on providing scientifically excellent, equitable, and culturally sensitive care. They are here to learn how to serve our patients, not our faculty.

Dr. Valenzuela: Extensive preparation for all sessions. Developing organized sessions. Having positive, professional interactions with the students.

4. What is a challenge of teaching in your learning environment and how do you overcome that?

Dr. Rendon: Above all, time. To tackle the clinical environment, go back to teaching lil nuggets, or teaching information in small bites. It can be 5 minutes or 25, whatever you have time for. MAKE TIME to teach - block it out in your day. For the classroom, I had to realize that I can't teach them everything but I can teach them the most important need-to-know points. Many of the details they can learn on their own - they're so smart.

Dr. Hatcher: Time is short as a resident. Just invite the learner to watch if you cannot devote time to them. There is a lot of value in just having them near you.

Dr. Rao: Busy and very stressful. I used to try and fight the feeling of fatigue I might get on the wards but now I try and give myself a break...you can't be 100% at all times. Also trying to have more fun by allowing everyone on the team to contribute (even as little as making sure all patients presented have prn's ordered) and creating a good environment by celebrating the great stuff everyone is doing.

5. What is your favorite kind of thing to teach?

Dr. Rao: Clinical Reasoning. It's easy to look up facts but when you can allow a learner to see into your mind and how you think through a problem that's a gold nugget.

Dr. Rendon: ANYTHING clinical, but I like to mix in real life. How about using Back to the Future with some Michael J. Fox to teach second years gallstone disease?

Dr. Belmonte: I love to teach evidence-based medicine and clinical practice guidelines as a way to mitigate healthcare inequities and outcome disparities.

6. Who was one of your favorite teachers in your medical education? What did they do that was so great for you?

Dr. Belmonte: Dr. Salil Pradhan and Dr. Edith Allen. These two Phoenix based pediatric hospitalists held me to a high standard by coaching and encouragement, never by belittling.

Dr. Hatcher: Dr. Reese. He was a pediatric neurologist. His attention to medicine was geeky and fun. He cared about the patient and the student which was wonderfully combined in his teaching as he would go about his patient care. He would just talk, and this got everyone else talking. Very relaxing environment.

Dr. Rendon: Dr. Rush Pierce. Amazing teacher, best at the "Think Aloud" and just talking through the way he thought about patients. I learned SO MUCH about clinical reasoning from him. I learned a ton from watching Justin Roesch and Deepti Rao teach too. They make it look easy.

Dr. Rao: Dr. Cox (not from Scrubs but from University of Pgh VAMC). He was quiet, attentive and supportive. He let us as residents manage our patients but was always there to give advice without being overbearing.

7. What is one thing your learners probably don't know about you?

Dr. Rendon: I can rap a lot of songs from the 90s and early 2000s.

Dr. Rao: My Golden Pride breakfast burrito of choice is a #1

Dr. Belmonte: I know how to do upholstery. My dad was a small business owner of an upholstery shop. I can still do it, but now I charge physician rates. ;)

Dr. Hatcher: I just got a dog, and, dear lord. You dog owners know what I mean. They have habits that you cannot get out of! :D

ANNOUNCING A BRAND NEW PROGRAM FROM LEO:

BUILDING INCLUSIVE LEADERSHIP

LEO is thrilled to announce a brand new program for SOM learners called Building Inclusive Leadership (BIL). This year-long extracurricular program is aimed at developing learners' understanding of and advocacy for marginalized identities. We are beginning with a **pilot program** in January in preparation for a full launch in the fall of 2022.

The **BIL pilot will run from January 2022 to May 2022 and will feature monthly 90-minute evening sessions from 5:30 PM to 7:00 on the 2nd Tuesday of each month.** BIL is open to any SOM learners, including MD students, Residents, Fellows, BSGP students, and HPP learners.

Applications will be open until December 9, 2021 at noon.

The program is geared toward learners who desire to **deepen their working knowledge of the lived experiences of oppressed groups** and develop their ability to **integrate this understanding into their personal and professional lives.** The identities explored will include but are not limited to: Queer and Trans populations, Black, Brown, and Indigenous folks, individuals with disabilities, and older adults.

The program aims to:

- Create a safe space for learners to explore their respective identities, process lived experiences, and better understand the identities and experiences of others.
- Provide informal learning opportunities and connection to resources through a mixture of discussion, skill, and identity-oriented sessions.
- Foster a sense of community, belonging and support across UNM medical students.
- Mobilize culturally relevant and socially engaged champions and advocates across learners.

Learners who participate will receive a stipend. In addition, medical students will receive a special note detailing their "**Commendation in the learning environment**" in their letters for residency (MSPE). We'll work with learners in HPP and BSGP to find comparable opportunities to highlight participation, such as **Interprofessional Education (IPE) Honors.** Residents and fellows will receive a **letter for their file** and notification to their chairs and program directors.

Click here for the Building Inclusive Leadership application.
Please direct any questions to hsc-leo@salud.unm.edu.

This program is fortunate enough to be developed and co-created in partnership with Kirsty Fontaine from Kirsty Fontaine LLC.

HIGHLIGHT ON LEO's PREVENTATIVE WORK

Responding to individual incidents of mistreatment can be a little like the game "whack a mole" — a new incident is always popping up somewhere. To make the strongest impact, LEO is always both responding to incidents **and** working with campus partners to prevent future incidents from occurring. In this report, we're highlighting two different cases of preventative work: trainings and interventions.

Case 1 - Training Module: It's all about feedback

The problem: Learners want feedback, and faculty can be hesitant to give it for fear of it being taken the wrong way. It's hard to find time for teachers to give it, and some students don't realize how seriously their feedback on course evaluations are taken.

The solution: LEO trained all incoming MD and PA students on giving and receiving feedback, including how to give effective feedback on their evaluations. This helped incoming learners understand what types of feedback they should be getting, which means they'll see more clearly when they are and not receiving both formative and summative feedback. This training was very well received and LEO is optimistic that concerns about feedback will soon begin to ease on all sides.

Case 2 - Intervening to Improve a Challenging Clinical Learning Environment

The problem: LEO substantiated a report that a faculty member neglected the education of a medical student on a clerkship rotation. This environment is complex, understaffed, and has a very high patient load.

The solution: The faculty member was upset to learn that they had done this; as their goal is always to help medical students learn. The chair, the faculty member, and LEO collaboratively came up with several process interventions to help prevent this neglect from occurring again. They included:

Individual Level Interventions: The faculty member will speak to the learners in advance, learn their names, and set expectations, such as:

- Agree which patients students will see independently and which they will see while shadowing faculty, APPs, or nurses. Depending upon complexity of the situation or environment, students will be asked not see patients on their own. Students will know this in advance and understand the reason why.
- When things are too busy or the faculty member notices themselves becoming so stressed that they cannot effectively teach, students will be respectfully dismissed to study. It is made clear that this is not done because the student did something wrong, but rather to strike a balance between ensuring a positive learning environment and addressing complex clinical issues.

Structural Level Intervention: Increase faculty numbers in this environment and reduce the clinical workload on the faculty member. Empower clinic staff and more advanced learners to step up in stressful or overly busy moments.

All of these new processes will help prevent any future mistreatment of students, and will help the faculty, staff, and patients in this learning environment thrive.



**SCHOOL OF
MEDICINE**

**OFFICE OF PROFESSIONAL
WELLBEING**

TRUST MATTERS:

The Learning Environment & Professional Well-being Speaker Series

Please join us for our final 2021 programming on trust in the learning and working environment, in collaboration with the Office of Professional Well-being!

IMPLEMENTING TRUST IN LEARNING & CLINICAL ENVIRONMENTS

November 8 & December 13, 2021

12 - 1pm on zoom

[Click here](#) to RSVP!

BUILDING INCLUSIVE ENVIRONMENTS: GENDER & GENDER-IDENTITY



HEALTH SCIENCES

OFFICE FOR DIVERSITY,
EQUITY & INCLUSION

Join us for our final sessions of our Building Inclusive Environments speaker series!

November 17 & December 15

12 - 1 pm on zoom

[RSVP here](#)

JOIN US FOR OUR LEO CHAT

A new way to stay up-to-date on mistreatment trends & build skills for creating positive learning environments

LEO hosts a meeting after the release of every quarterly report to discuss our latest data and mistreatment trends.

- This quarter, we won't be hosting an hour-long training, as based on survey responses from our last chat, folks most wanted to learn about gender & gender-based mistreatment and giving & receiving feedback. These are topics we're covering in our two speaker series, Trust Matters and Building Inclusive Environments. You can [click here](#) to watch recordings of all these sessions.

**Our next chat will be held on
Thursday, November 18, from 12-12:30pm**

[Click here to RSVP](#)



In the past, LEO was able to visit specific departments or programs to provide updates on data, trends, and how to report mistreatment. Due to our increased number of cases, that is no longer something we can guarantee. Please come to our LEO Chats to get all of the up-to-date information and to participate in a relevant training!

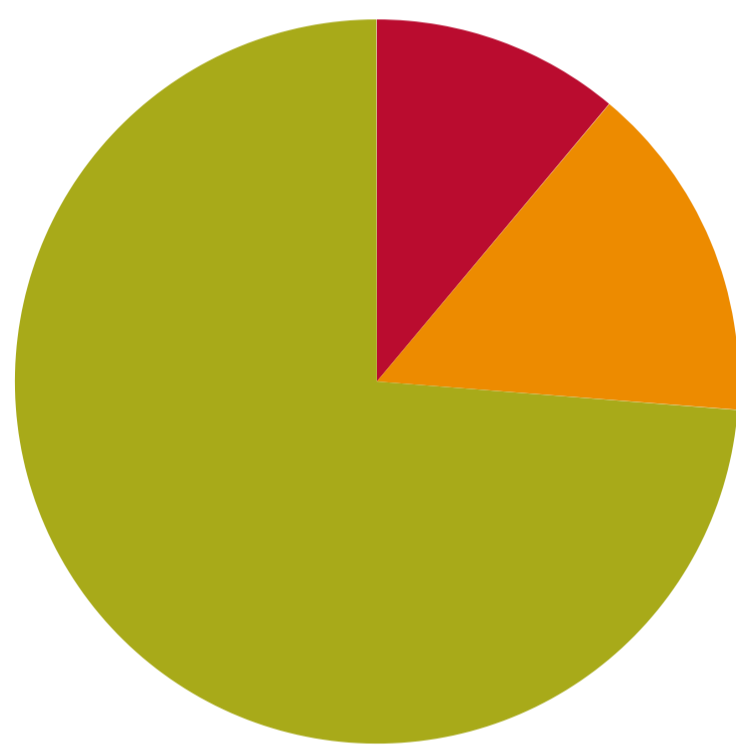
ADDRESSING MISTREATMENT: Data Review

July 24, 2019 - September 30, 2021

Since LEO began collecting reports of mistreatment in July of 2019, we have received **321 reports of mistreatment** to LEO.

Once we remove duplicate reports and reports that clearly do not rise to the level of mistreatment or don't have enough information to be actionable, we are left with **283 unique incidents of mistreatment**.

LEO shares this data to create greater transparency in the UNM SOM community about mistreatment. We use these data to inform our work to reduce and prevent mistreatment, and to most effectively respond to incidents that occur.



- Open cases (11.11%)
- Pending cases (15.15%)
- Closed cases (73.74%)

Of those 283:

11% of cases are open. Open cases may be:

- In active fact finding
- Scheduling meetings with relevant stakeholders
- Awaiting response from impacted learners
- Waiting for delayed action (on request of learners)
- Writing and sending recommendation memos
- Awaiting decisions from the Mistreatment Response Committee

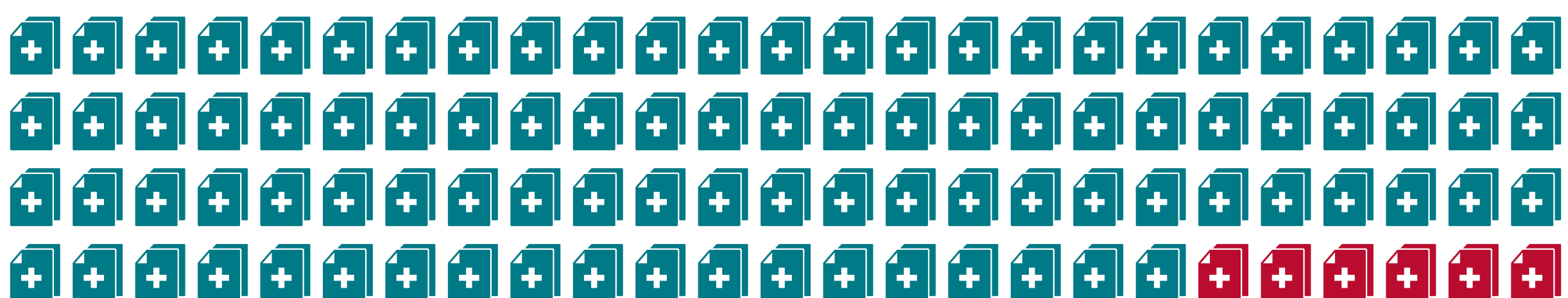
Another 15% are pending. Pending cases may be:

- Awaiting monitoring periods
- Waiting for stakeholders to report back on feedback conversations



FAQ: I'm worried people are going around and reporting everything these days. What do you do with reports that aren't mistreatment?

Answer: We haven't seen a lot of that. **Only 6%** of reported incidents do not rise to the level of mistreatment. When these are reported non-anonymously we do "learner coaching" and give feedback to the reporter on what behaviors constitute mistreatment.



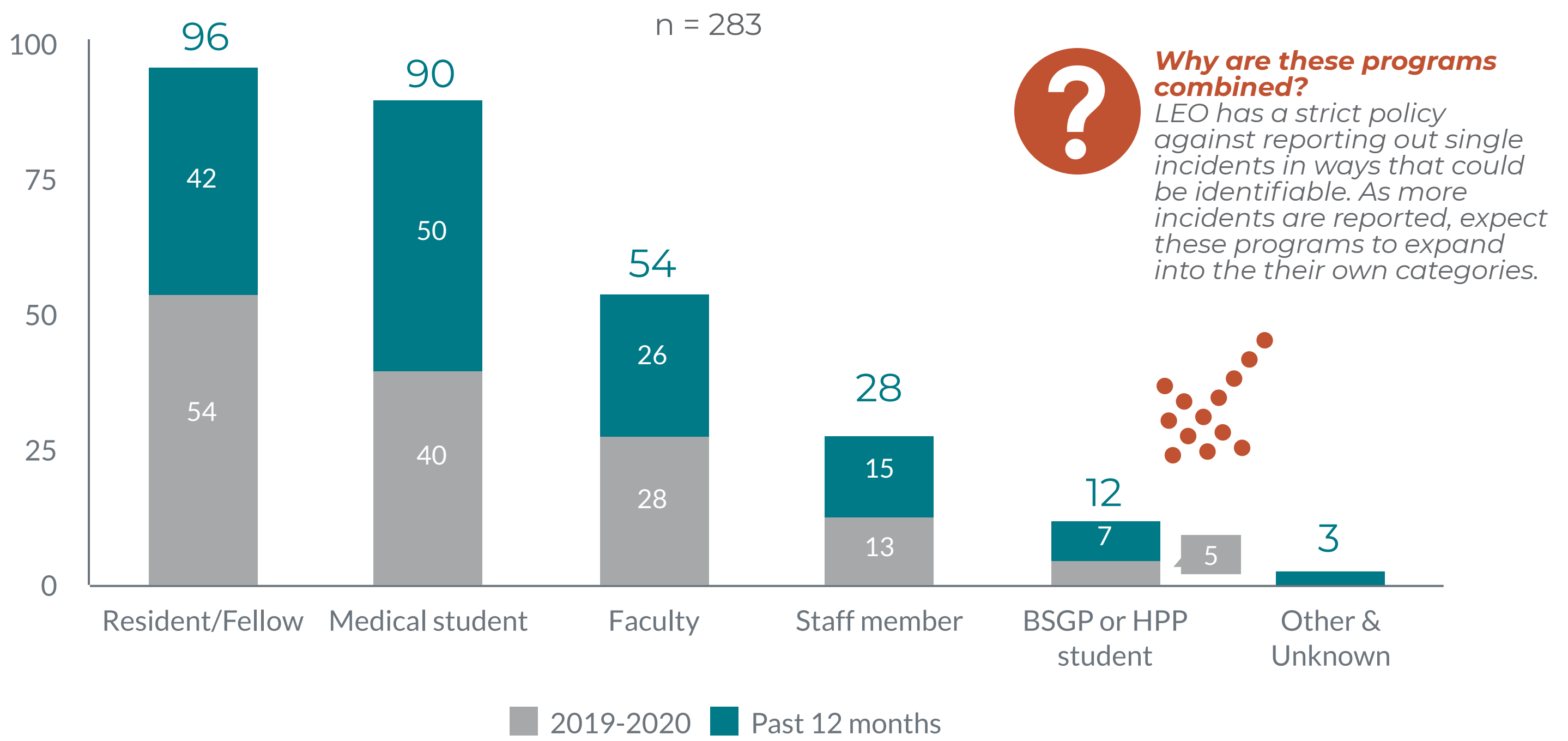
■ Mistreatment (94%) ■ Not mistreatment (6%)

The following section reports our data broken down by year: incidents reported in the past year, and incidents reported before that.

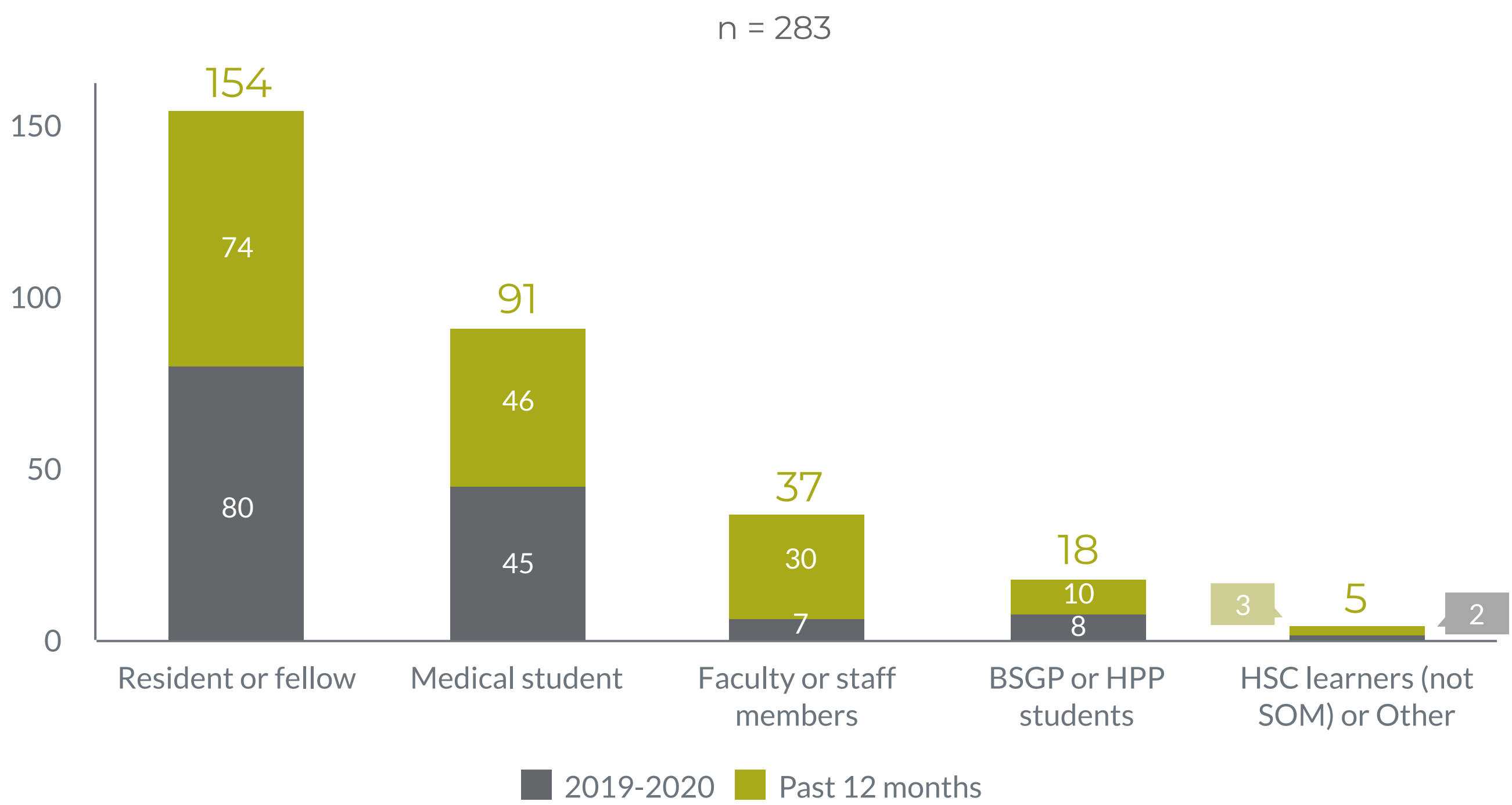
July 2019 - September 30, 2020: 140 unique incidents. This is labeled **2019-2020**.

October 1, 2020 - September 30 2021: 143 unique incidents.
This is labeled **Past 12 Months**.

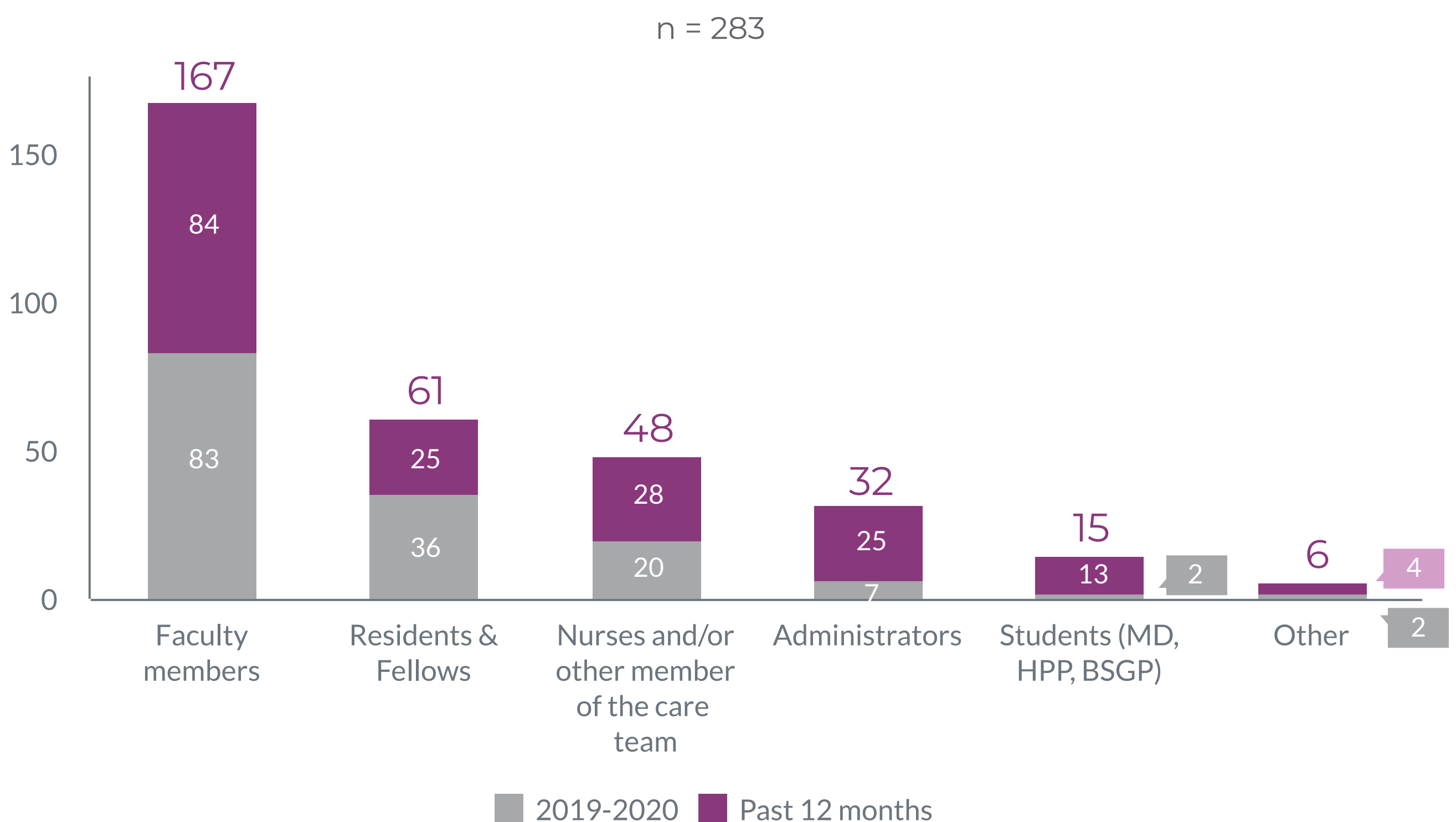
Who Reports to LEO?



Who is Mistreated?



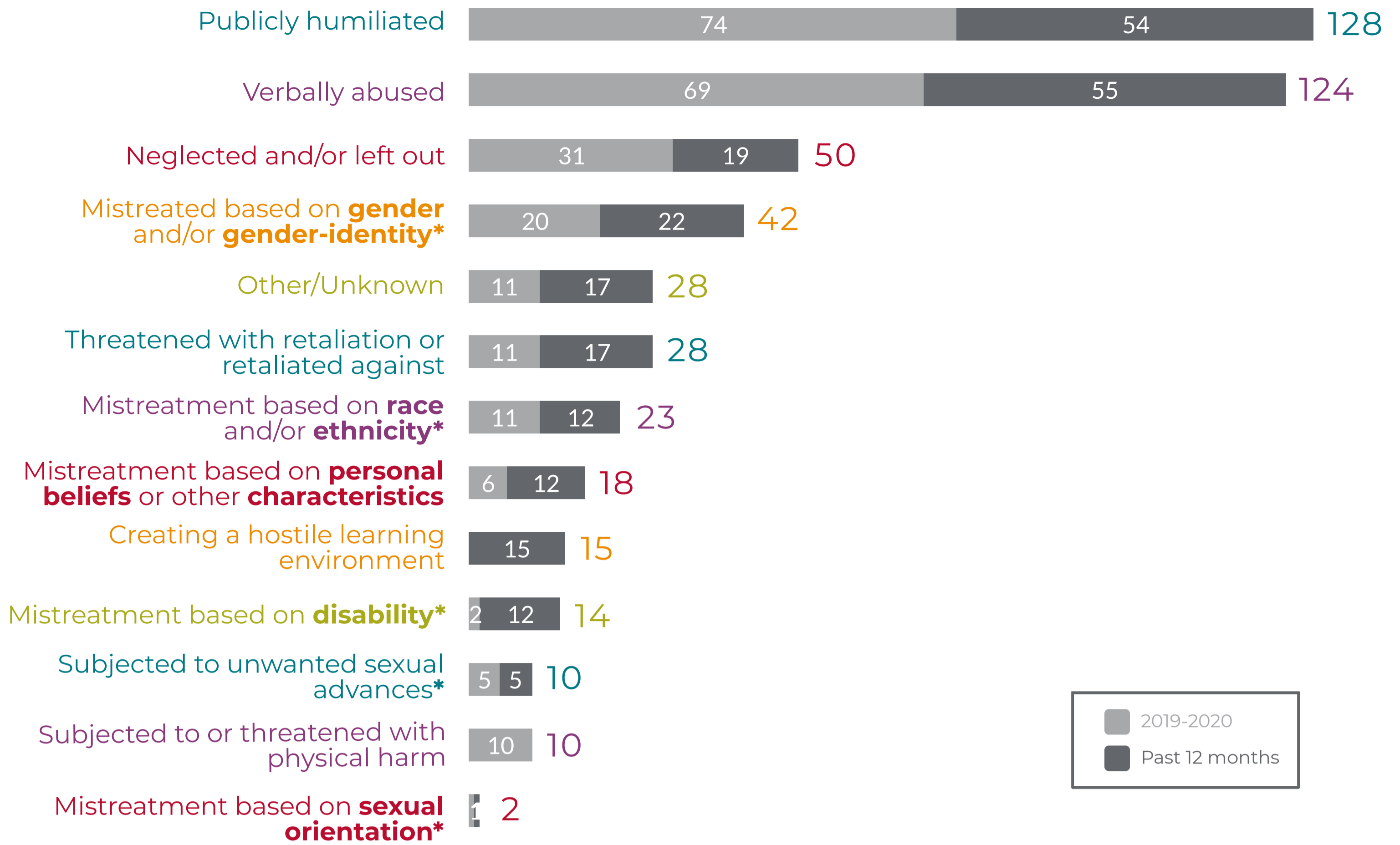
Who is Reported for Mistreating Learners?



Types of Mistreatment

Each incident can include multiple types of mistreatment

n = 283



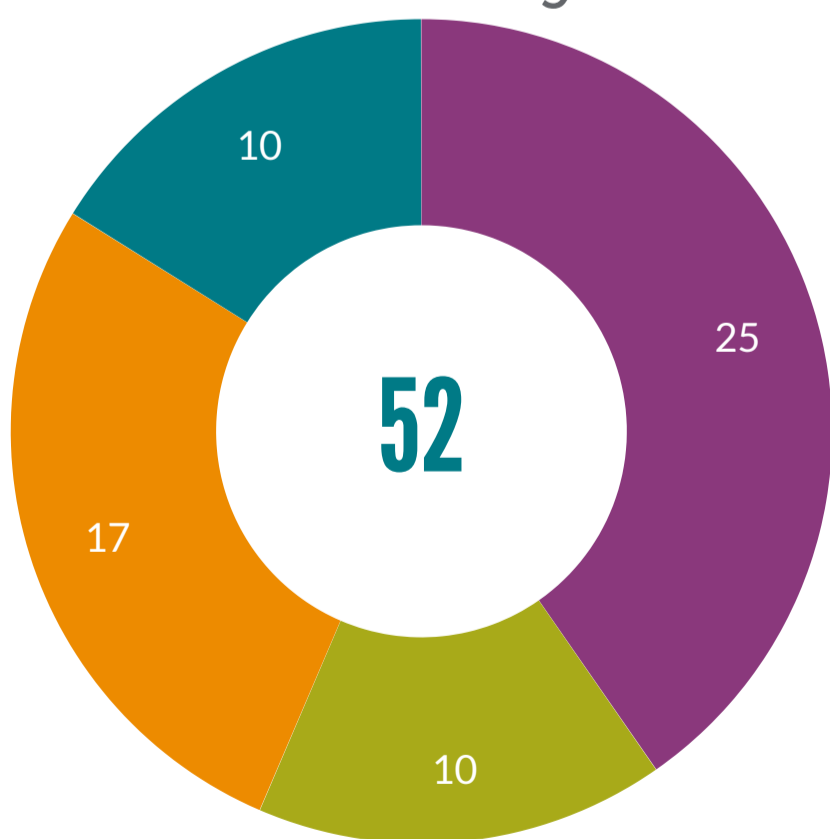
*Categories marked with an * are violations of Title VII and/or Title IX and are worked in partnership with the UNM Office of Compliance, Equity, and Equal Opportunity



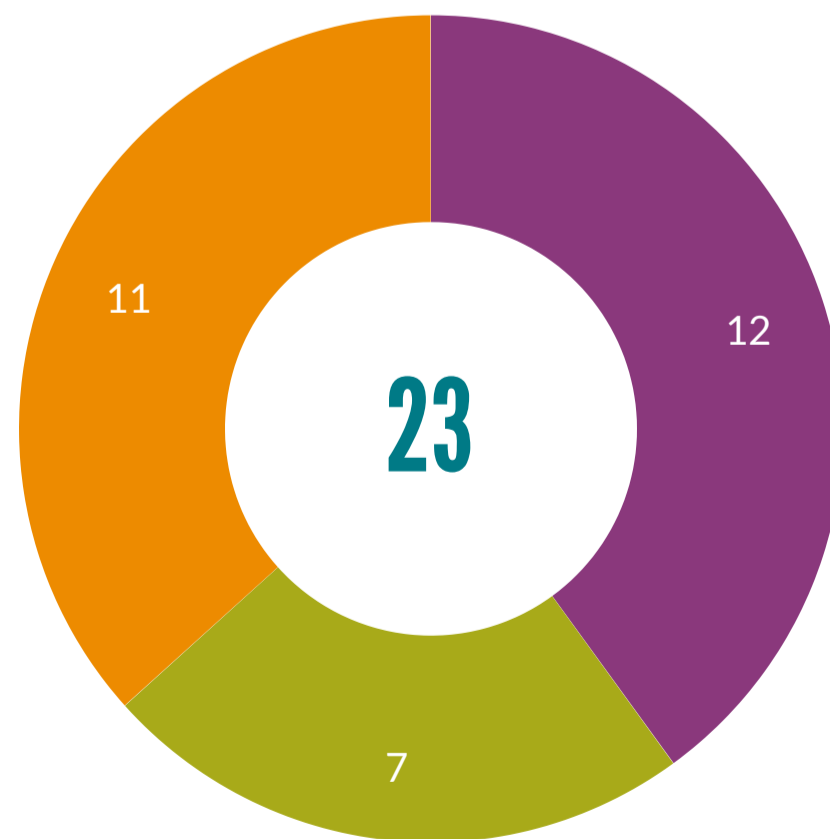
FAQ: What kinds of identity-based mistreatment are being reported?

Answer: Primarily offensive language, as well as differential treatment based on identity (for example, a provider who is generally kinder to residents who are men than to residents who are women). Check out the breakdown below, and remember that incidents may fall in multiple categories.

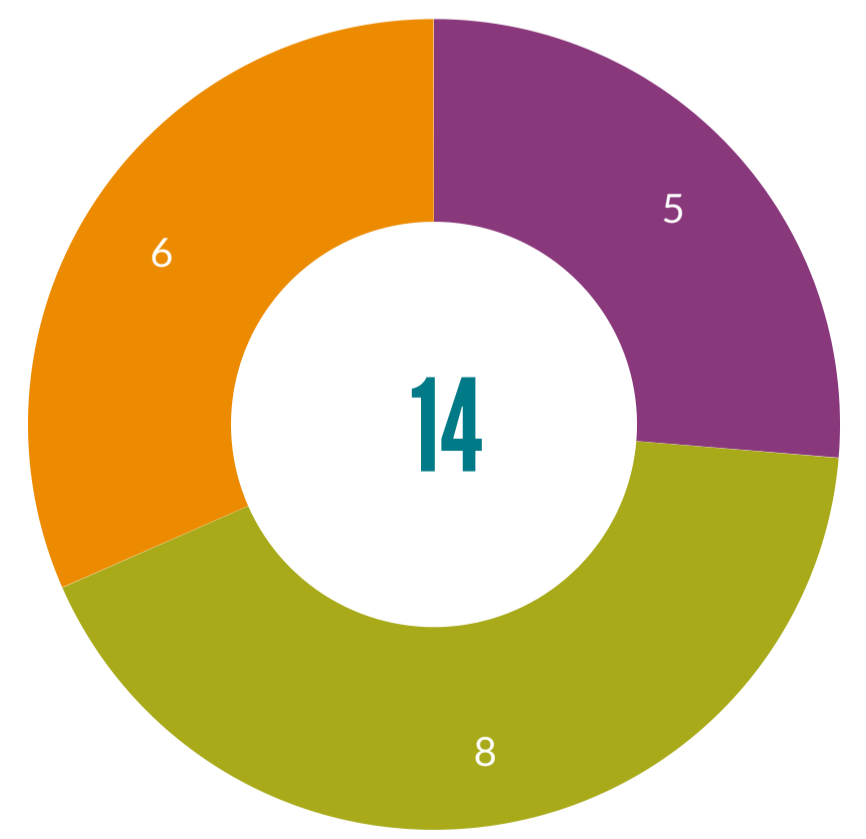
Gender & Gender-Identity



Race & Ethnicity



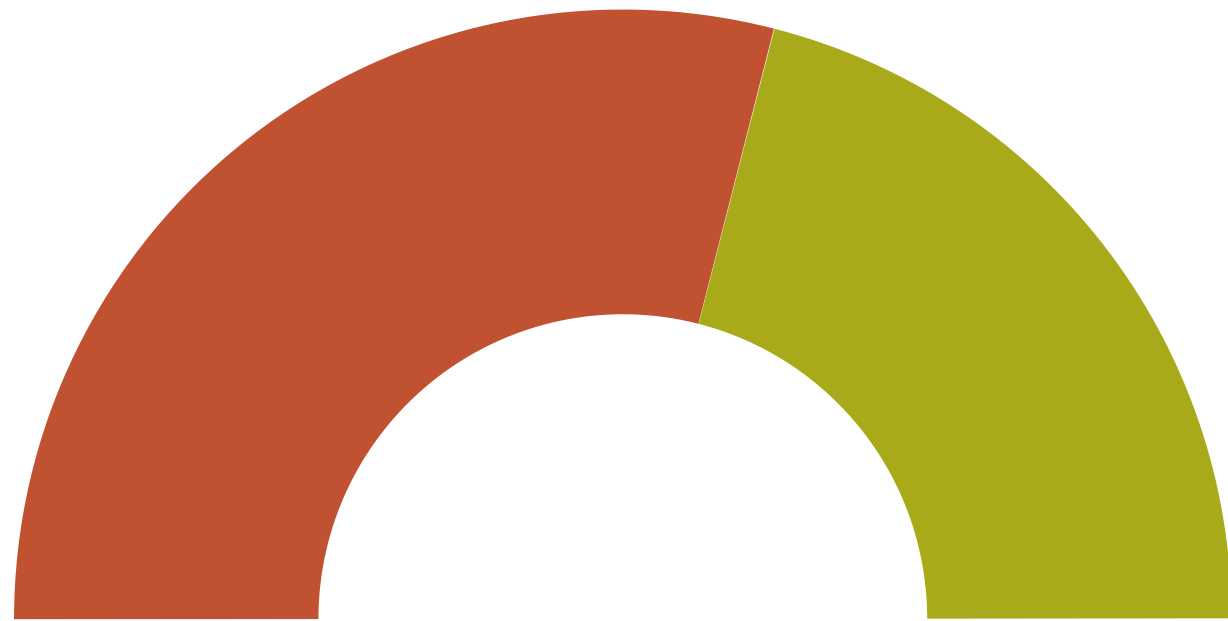
Disability



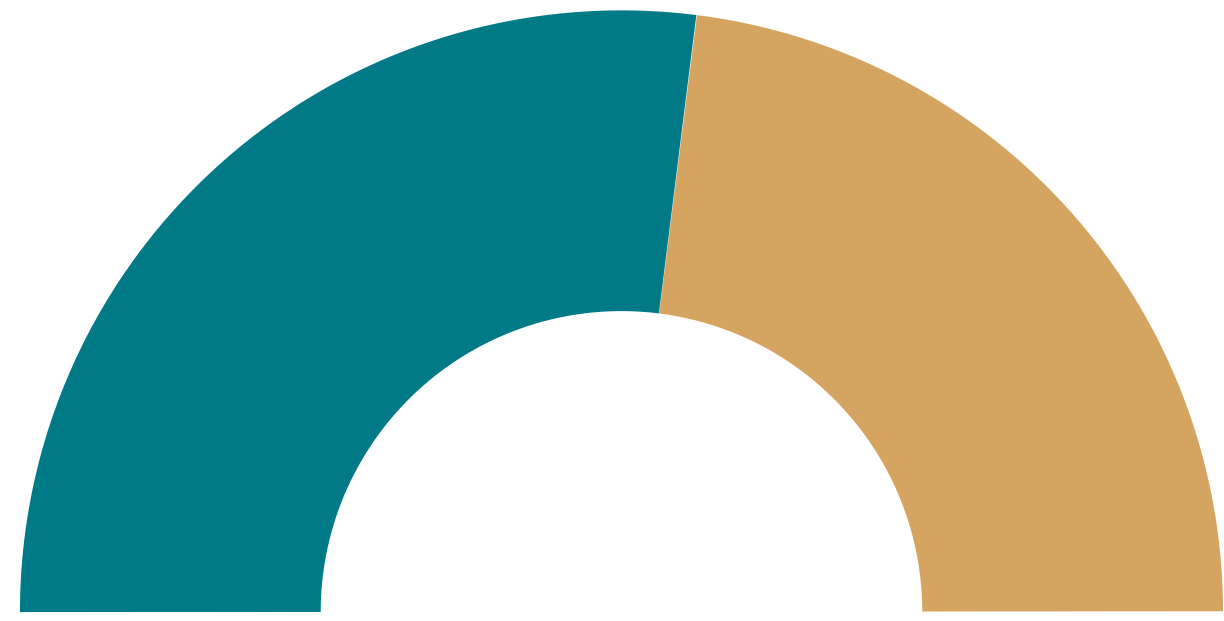
- Subjected to offensive remarks or names about identity
- Denied opportunities and/or received lower grades/evaluations due to identity rather than performance
- Other offensive behaviors related to identity
- Subjected to unwanted sexual advances

How is Mistreatment Reported?

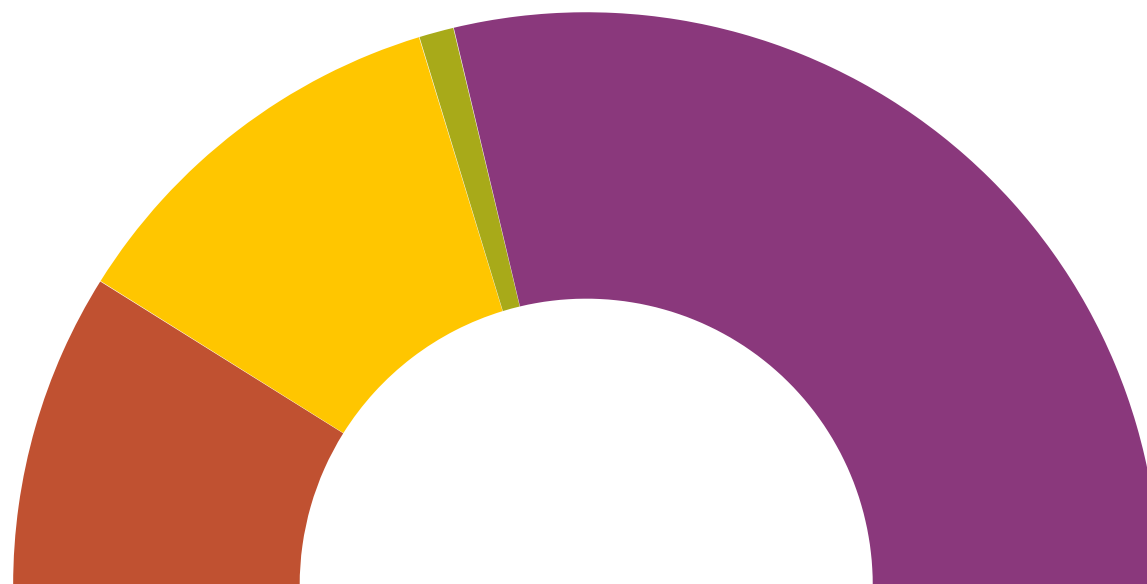
n = 283



- 58% I personally experienced mistreatment
- 42% I witnessed or heard about mistreatment



- 54% Anonymously
- 46% Non-Anonymously



- 58% Through LEO's online form
- 23% Directly to LEO team member
- 18% Course evaluation
- 2% Through another reporting system

These are not changing!
This whole page rarely changes from report to report. Fascinating!

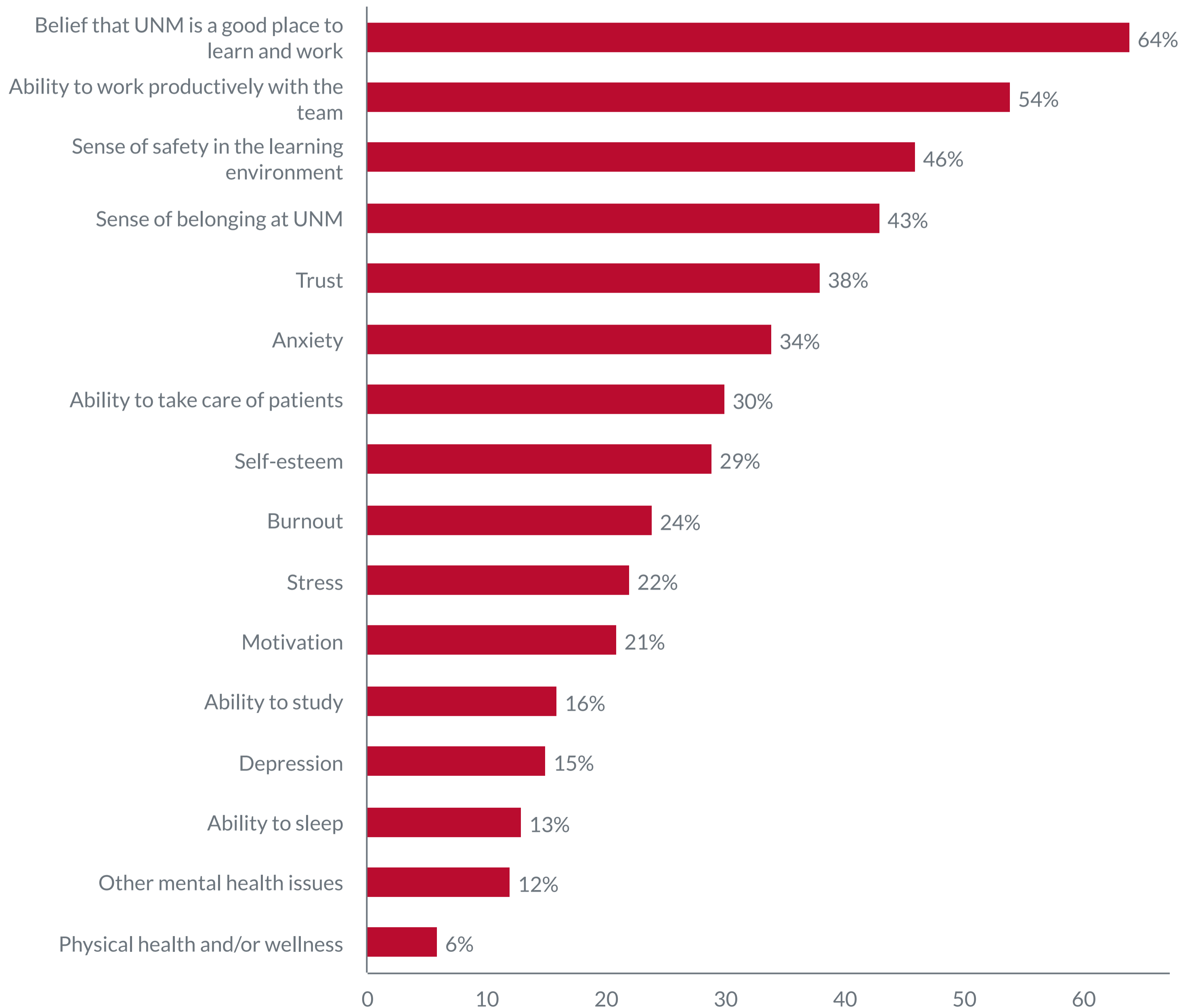


How Does Mistreatment Impact Learners?

Beginning in June 2020, LEO added a question to the reporting form that asks how this behavior has negatively impacted them. The question offers drop-down options, as well as write-in options.

So far, **80** of the incidents included in this report have provided this information. Reporters can select as many of the options as they would like.

"This behavior negatively impacted my:"



How are Incidents Classified on the Mistreatment Response Pyramid?

n = 108 sets of classifiable incidents

Note: LEO classifies each applicable incident using the Mistreatment Response Pyramid. The pyramid takes into account both **severity** of the incident and **patterns** of behavior. Level 1 incidents are first-time offenses that are not severe. Level 4's, in contrast, are the most severe of incidents.

 **Note: We are changing the way we're reporting out data on level and actions taken to be more accurate. Here's why:**

Imagine one person is reported for 15 incidents within a month, and LEO designates all of those reports as "Level 3," and creates one set of recommendations. It wouldn't be accurate to report that as 15 Level 3's, or 15 recommendations for XYZ. We're now reporting out on sets of recommendations and designations, so that person would count as **one** Level 3 and **one** recommendation for XYZ. Of course, if that person were to be reported next year, that would count as a new designation and a new recommendation.



LEO's goal in responding to incidents is for everyone to be the best teacher they can be.

We respond to Level 1 and 2 incidents with non-punitive actions that will help teachers improve and gain skills.

Level 3 and 4 incidents are patterned behaviors that have not improved after previous interventions, and/or are severe enough behavior that disciplinary or corrective actions are warranted. These incidents go to the Mistreatment Response Committee.

Outcomes of Closed Cases

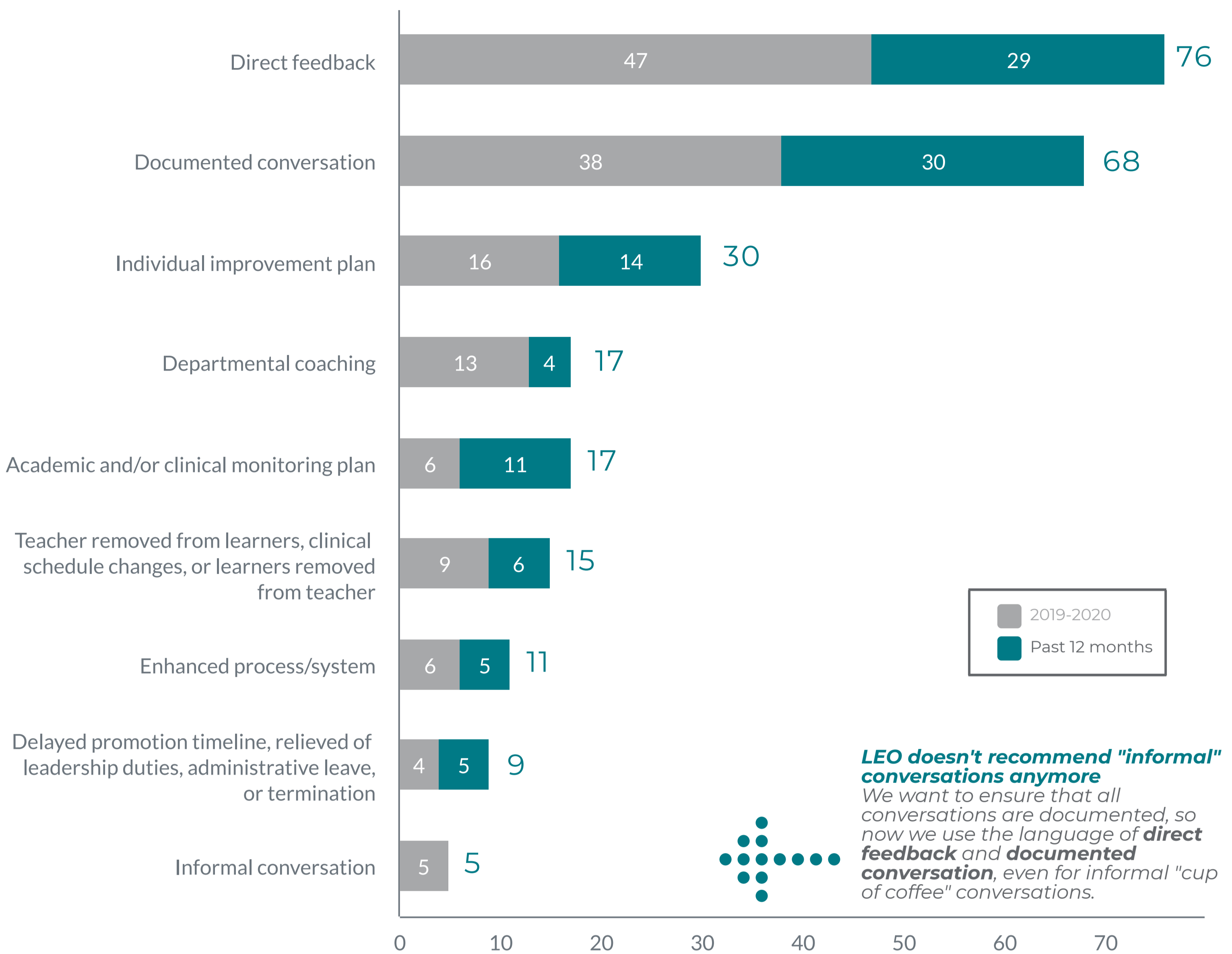
n = 214 cases that have reached this stage



Note: LEO team members do not take action themselves. LEO recommends appropriate actions to department chairs, division chiefs, program and clerkship directors, and others, based on the incident level. This partnership between LEO and leadership ensures consistency and standardization across the SOM.

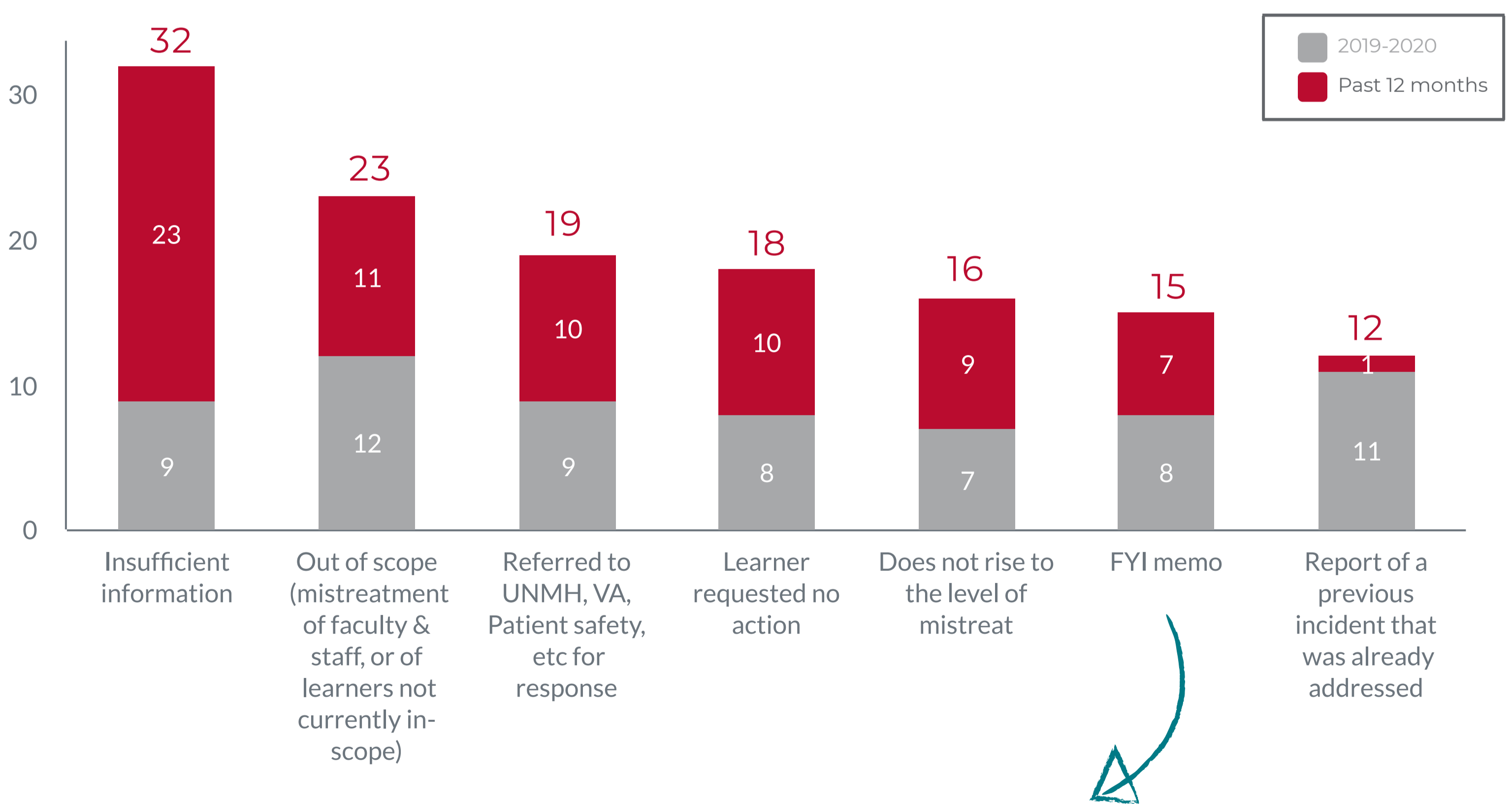
Actions Recommended

Multiple actions can be recommended for each incident



Reasons LEO has Not Recommended Action

LEO doesn't recommend action for every incident. Some of the reasons for that are:



What is this?

Sometimes a report doesn't have enough information to be substantiated, but mentions dynamics that LEO wants the department leadership to know about.

- For example: "bad gender dynamics between residents in X department."

In that case, while it isn't classified as mistreatment, LEO sends an "FYI memo" to leadership inviting them to keep an eye on gender dynamics.

WELCOME NEW AFFILIATED FACULTY

LEO is thrilled to welcome **Dr. Janet Veesart** and **Dr. Liz Lawrence** to the LEO Team! Dr. Veesart is the new Assistant Dean for Clinical Education and a professor of Emergency Medicine. Dr. Veesart will serve LEO as the Undergraduate Medical Education representative, a role formerly held by the wonderful Dr. Rohan-Minjares.

Dr. Lawrence is the Assistant Dean for Professional Well-being and a professor of Internal Medicine, who will be working on furthering the already fantastic collaborations between LEO and Office of Professional Well-being.

GET TO KNOW THE LEO TEAM!

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