

CIVILITY

The medical school and the health system have been working deliberately to understand and address how to improve the way we work and teach in the learning environment.

Data emerged from annual surveys of graduating medical students since 2010 indicating that we have room to improve civility in the learning environment. This is now corroborated by similar data from residents and staff.

Our approach has been to reduce issues through better reporting mechanisms, discussions in multiple settings, and involvement of leadership. There is agreement that civility must be tackled at both the individual and the system level, centering on our ability to hold each other accountable.



Civility comes when we expect everyone to treat each other with dignity and respect.

Since 2010, our work on this important issue has evolved in three phases. At each phase, we have expanded awareness, discussions and interventions.

Phase I: 2010-12 — Understanding

We began to look at the data to understand why our learners felt mistreated.

We initiated discussions to create a deeper understanding of what people throughout the health system were seeing and experiencing.

We involved learners with the creation of the medical student Learning Environment Task Force, a partner in our efforts since then, and also a reporting system for students.

Our accrediting body, the Liaison Committee on Medical Education (LCME), endorsed our initial approach and asked to see how our efforts would evolve over the ensuing years.

Phase II: 2012-2016 — Enhancing

We began to educate the community and design local interventions.

We expanded multiple reporting mechanisms, and engaged partners throughout the health system (e.g., human resources, quality and safety, etc.) and Medical School departments.

We recognized this issue as not specific to medical students, but rather system-wide, involving many types of learners throughout our departments and units.

Leadership began to get specific with what behaviors we needed to change, who we wanted to be, and how we hold ourselves accountable.

We updated the LCME of our efforts, and reported our annual data on the frequency and types of learning environment issue

Phase III: 2017-Present — Systematizing

We are beginning to see improvement through our expanded system-wide approach to civility, professionalism and mistreatment.

There has been clear messaging from senior leaders in Michigan Medicine, along with direct partnership with the departmental chairs.

More resources have been dedicated to skill building, such as giving and receiving feedback, bystander interventions, and how to promote questions in a respectful manner.

We have begun to see better outcomes in terms of faculty professionalism and the annual survey results of experienced behaviors. The results are early, but trending in the right direction.