Department of Pediatrics
Faculty Meeting

TOPICS: Clinical Genomics Program
Learning Environment

Date: March 26, 2018
9th Annual Pediatrics Research Retreat
Thursday, April 26, 2017 from 8:00am-5:30pm
Li Ka Shing Center for Learning & Knowledge

Join us for the First Annual Diversity and Inclusion Forum at Stanford!

The event will highlight innovative workshops developed by our pediatric trainees and educational mentors who have participated in the inaugural LEAD (Leadership Education in Advancing Diversity) Program. The event will be an enriching opportunity for faculty, trainees, students, postdocs, and staff to learn tools and strategies to enable you to become an effective change agent for diversity and inclusion in medical education. We will conclude with a fair held in the LPCH atrium to bring together and celebrate the people and organizations promoting diversity and inclusion in the Stanford community. All are welcome to participate!

Education Goals:

1. Describe the value of building leadership and scholarship capacity for trainees to improve diversity and inclusion efforts in medical education.

2. Demonstrate tools and strategies to:
   a. Debrief implicit bias
   b. Identify and manage micro-aggressions in the workplace
   c. Optimize the care of patients and families with limited English proficiency
   d. Address discrimination by patient and families

3. Create a learning climate that embraces inclusion and supports the scholarship of diversity.
Impact of Organizational Leadership on Physician Burnout and Satisfaction

Tait D. Shanafelt, MD; Grace Gorringe, MS; Ronald Menaker, EdD; Kristin A. Storz, MA; David Reeves, PhD; Steven J. Buskirk, MD; Jeff A. Sloan, PhD; and Stephen J. Swensen, MD
Annual Survey

• Leadership Qualities

To what extent do you agree or disagree with each of the following statements about (name of immediate supervisor)?

<table>
<thead>
<tr>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holds career development conversations with me</td>
</tr>
<tr>
<td>Empowers me to do my job</td>
</tr>
<tr>
<td>Encourages employees to suggest ideas for improvement</td>
</tr>
<tr>
<td>Treats me with respect and dignity</td>
</tr>
<tr>
<td>Provides helpful feedback and coaching on my performance</td>
</tr>
<tr>
<td>Recognizes me for a job well done</td>
</tr>
<tr>
<td>Keeps me informed about changes taking place at Stanford</td>
</tr>
<tr>
<td>Encourages me to develop my talents and skills</td>
</tr>
<tr>
<td>Overall, how satisfied are you with (name of immediate supervisor)</td>
</tr>
</tbody>
</table>

• Identification of Division-specific challenges

If the Division could do one thing, under its control, what would it be?
STANFORD MEDICINE
DEPARTMENT OF PEDIATRICS

cordially invite you to the

PEER TO PEER
MENTORING LUNCH
FOR
WOMEN FACULTY

MAY 8 2018

12:00 pm - 1:30 pm

Li Ka Shing Center
Paul Berg Hall C

291 Campus Drive | Stanford, 94305
Creating a Culture of Academic Success for Women

Negotiation Workshops with Maggie Neale
The Adams Distinguished Professor of Management

- April 30th, 8:30 to 12:00, LKSC 101
- June 13, 1 – 4:30 PM, Munzer Auditorium (Beckman)
Reception:  Saturday, May 5 @ 6:30 PM
Location:  Sheraton Centre Toronto Hotel
           123 Queen Street West, Toronto
Staff and Faculty Awards

June 8th, 8 – 9:00 AM, LPCH Auditorium

Faculty Awards

• Basic Science Research Award
• Medical Education Scholarship Award
• Early Career Clinical Excellence Award
• Mid and Senior Career Clinical Excellence Award
• Laura Bachrach Faculty Mentor Award
• Postdoc Mentor Award
• Fuji Apple Award
• Feedback Award
Department of Pediatrics Director of Post-Doctoral Programs
American Society for Clinical Investigation’s 2018 Young Physician-Scientist Award
Kevin Kuo

"One of the top ten websites in critical care medicine education today"
(Wolbrink et al, Journal of Intensive Care Medicine 2018)
People

LEADERSHIP
ADMINISTRATIVE CORE
MEMBERS
EXECUTIVE COMMITTEE
INTERNAL ADVISORS
EXTERNAL ADVISORS

SDRC LEADERSHIP

Seung Kim
M.D., Ph.D.

David Maahs
M.D., Ph.D.
Policy Update

The March For Our Lives
Social Justice and Health Gathering
New Endeavor: Bridging Practice to Policy
Bay Area Pediatricians

Gun violence is a public health issue.
Social Justice & Health Gathering
New Endeavor! Seamless Practice to Policy Continuum

Policy Response Team

Endocrine
Adolescent Cardiology
Oncology
NICU
CARDILOGY
PICU
Join Us!

Practice to Policy Continuum
(to have Lisa come to division meeting)
lchamberlain@Stanford.edu

Join Policy Response Team
(to get weekly policy updates)
jdecoste@stanford.edu
Clinical Genomics Program

Pediatrics Faculty Meeting
Louanne Hudgins, MD
Co-Medical Director
March 26, 2018
Stanford Clinical Genomics Program (CGP)

• CGP-overview and history
• What we are offering
  • Whole exome testing (WES)
  • Genetic Counseling Clinic
• Ordering process
• Resources
Clinical Genomics Program (CGP) | Overview

• Joint effort between SCH, SHC, and Stanford School of Medicine

• Use genomic sequencing to determine the cause of disease in patients with suspected genetic conditions

• Pilot phase started in January 2014

Now: Launching a clinical exome sequencing test & genetic counseling clinic
Meet the Team!

Medical Directors

Lab Directors

Director, Bioinformatics

Lab & Medical Directors

MANY collaborators & partners

Clinical Data Scientists

Bioinformaticians

Admin staff

Wet lab scientists/supervisors

Genetic Counselors
CGP: What we are offering

- Whole exome sequencing (WES)
  - Ideally trio (including both parents) which will be included in the cost
  - Most up to date clinically available genetic testing
  - Detection rate of 25-30% in individuals with multiple congenital anomalies

- Why is it important to have as an in house test?
  - Ordering providers will be encouraged to participate in interpretation session
    - Most accurate, precise diagnosis
    - Leverage local expertise in gene discovery and therapeutics
Ordering Process: Authorization & Utilization Review

Test requested by provider

Utilization Review & Pre-Authorization

Financial counselors communicate authorization result with provider & patient

Place Auth Order In Epic
Ordering Process: Exome

1. Consent & Pre-test counseling
2. Complete PhenoTips
3. Place Exome Order In Epic
4. Complete consent form - Consent forms – Intranet sites - E-Consent
5. Blood draw (avail @ most labs)
PhenoTips

- [https://phenotips.org](https://phenotips.org)
- *PhenoTips®* is a software tool for collecting and analyzing phenotypic information of patients with genetic disorders.
- **Standardized phenotyping** using the [Human Phenotype Ontology (HPO)](https://phenolab.org)
- Allows for standardized terms for the most accurate curation of variants
Exome test overview

**Sequencing** → **CGP Analysis pipeline** → **Interpretation** → **Case presentation with ordering team**

When appropriate, Genomics Review Board

**Final report issued in Epic**

**FAQs**
- **TAT:** 12-16 weeks
- **Specimen types:** Blood
- **Reports:** PDF in Epic; available for Proband

Results visit/discussion
Genetic Counseling Support at SCH

• Child Neurology: Ellie Harrington, LGC; Maura Ruznikov, MD
• Peds Hem/Onc: Adrienne Wakeling, LGC
• Peds Cardiology: Kyla Dunn, LGC
Emma Smith

**To Refer:** Place referral in Epic

- “Ambulatory Referral to Genetics”
  - Select Emma Smith, CGCL under provider
  - In comments specify for Clinical Genomics Program
CGP Policies

• Inpatient testing
• Use of outside laboratories
Important dates

Doors open
(UR & Auth order)
February 28th

Full test available
(Exome blood draw order)
April 18th
Contact Information

• Emma Smith, Genetic Counselor (SCH)
  • For LPCH GC clinic, PhenoTips, and workflow at SCH
• Megan Grove, Genetic Counselor (SHC)
  • Lab GC questions & SHC CGP clinic or workflow
• Shana White, Genetic Counselor (SHC)
  • Lab GC questions & SHC CGP clinic or workflow

• Phone: 650-497-6500
• Email: stanfordcgp@stanford.edu
• Fax: 650-497-0923
• Intranet page: coming soon!
Resources- Additional information

• Intranet sites- in development

• How to/tip sheets-
  • Authorization order- name; how to place
  • Exome blood draw order-name; how to place
  • How to refer to Emma for CGP
  • Electronic consent
  • PhenoTips

• Trainings available upon request
Questions?
Learning Climate
Pediatric Department Faculty Meeting
March 26, 2018

Hayley Gans
Carrie Rassbach
Becky Blankenburg
Learning Climate

- Affects patient safety
- Influences professional development
- Affects physician wellness and burnout
- Mistreatment remains pervasive despite attention, regulation, and institutional efforts
  - Understanding of the issues has progressed over time
- Institutional combined with individual initiatives can improve environment

ACGME Program Requirements for Residencies & Fellowships

- Programs must be committed to and responsible for promoting patient safety and resident/fellow well-being in a supportive educational environment.

- Excellence in professionalism through faculty modeling of:
  - a humanistic environment that supports the professional development of physicians
  - joy of curiosity, problem-solving, intellectual rigor, and discovery

- Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty, and staff.

- Programs should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns.
AAMC General Questionnaire

- Predominant behaviors
  - incidents of public humiliation and belittlement
  - sexual and racial harassment

- The individuals primarily responsible for these behaviors
  - attending
  - nurses


*Stony Brook Medical School: We Smile
September 2017
Resident/Fellow Learning Climate Survey

92 responses

50/92 residents (54%)

42/105 fellows (40%)
Learning climate is challenging *but not supportive* of learner’s to do their best work.

Number of responses in *negative category* (neutral/disagree/strongly disagree)

- Learning environment challenges me: 1, 2
- Learning environment supports me: 11, 12, 13

$P = .0009$
Learners feel overall respected by their peers but less so by supervisors and support staff.

- **Peers**: 9% disagree
- **Supervisors**: 13% disagree
- **Support staff**: 11% disagree

Number of responses in *negative category* (neutral/disagree/strongly disagree).
<table>
<thead>
<tr>
<th></th>
<th>Environment positive and supportive.</th>
<th>Environment conducive to learning</th>
<th>Environment challenges me to do my best work.</th>
<th>Environment provides the necessary support for me to do my best work.</th>
<th>I feel respected by my peers.</th>
<th>I feel respected by my supervisors.</th>
<th>I feel respected by support staff.</th>
<th>PGY level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment positive and</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>supportive.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environment conducive to</td>
<td>0.68</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environment challenges me</td>
<td>0.50</td>
<td>0.61</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to do my best work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environment provides the</td>
<td>0.53</td>
<td>0.59</td>
<td>0.48</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>necessary support for me to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>do my best work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel respected by my peers.</td>
<td>0.69</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel respected by my</td>
<td>0.71</td>
<td>0.59</td>
<td>0.53</td>
<td>0.49</td>
<td>0.66</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>supervisors.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel respected by support</td>
<td>0.59</td>
<td>0.45</td>
<td>0.33</td>
<td>0.43</td>
<td>0.52</td>
<td>0.62</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>staff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY level</td>
<td>-0.28</td>
<td>-0.17</td>
<td>-0.09</td>
<td>-0.15</td>
<td>-0.20</td>
<td>-0.10</td>
<td>0.03</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Feeling respected is highly correlated with a positive and supportive learning environment.
Have you ever experienced or witnessed a **microaggression** (a subtle insult that is directed towards another person based on **race, gender, sexuality or religious affiliation** that makes the targeted individual feel as if they are inferior or do not belong) in the workplace at Stanford?

- **YES**
  - 31 (32%)

- **NO**
  - 65 (68%)
Frequency of microaggressions has been shown to degrade the learning environment.

- More than 3 times/week
- 2-3 times/week
- Once a week
- Monthly
- Less than monthly
The majority of learners think microaggressions are a problem at Stanford.

- Yes: 10
- Maybe a little: 57 (65%)
- No: 35
During your training at Stanford, have you ever witnessed or experienced any other concerning behavior(s) such as humiliation, harassment or other mistreatment?

- YES: 27 (28%)
- NO: 69 (72%)
Mistreatment: BY WHOM

- Microaggression
  - By faculty
  - By another trainee
  - By a nurse
  - By a patient/family
  - By someone else

- Publicly humiliated
  - By faculty
  - By another trainee
  - By a nurse
  - By a patient/family
  - By someone else

Number of respondents
Dec 2017 GME Survey of Pediatrics Residents

- 17.4% report being personally mistreated during residency
- This is higher than other GME programs
Examples of mistreatment or concerning behavior

- Nurse unit secretary came into resident workroom and began speaking very angrily and used **profanity** towards the residents.
- Asked if I am having my baby for **citizenship**, told that my green card will be taken away and I will be asked to leave the country.
- Pre-attending fellow was **yelled at by a faculty member, in front of patients, families, and staff**
- Asked to repeat words to “**hear it in their accent**” or was teased for the way they annunciate
- During rounds on a ward team with several female residents and a male attending, the attending makes numerous jokes about women, such as: “I can’t believe I’m asking for help from a woman.” The fellow laughs at the jokes, but the residents do not.
- Learners were called by **ethnic version of name** for entire rotation
Examples of mistreatment or concerning behavior

- Faculty **criticized other faculty** on rounds even in front of families
- USA used explicit language when addressing residents
- Unnecessary quizzing
- “[Supervisor] reprimanded me in front of a patient's family and also then told the nurse of that patient not to let me make medical decisions (again in front of the patient's family).”
- “I worked with an attending physician who when in a bad mood berated me nonstop during rounds and created a very toxic learning environment.”
- I was told I have resting b**** face by a nurse.
Reporting was infrequent

• Despite ~1/3 of trainees experiencing or witnessing a mistreatment
  • Only 7 participants reported the incident
  • Fewer than half of these were satisfied with the outcome

• Among trainees who did not report issues of mistreatment, the reasons cited included:
  • Fear of reprisal
  • Lacked confidence/skills to report
Past themes from prior surveys

- 2012 survey: racism
- 2013 survey: peer bullying
- 2015 survey: patient/family mistreatment of trainees
Conclusions

- The learning climate is not consistently supportive and does not optimize excellence in learners
- Microaggressions and public humiliation are prominent forms of trainee mistreatment by faculty and nursing staff
  - We are all part of the problem
- Racism and sexism are active problems in our learning climate
Conclusions

- Most incidents are not reported and thus not addressed
  - Trainees sense that inappropriate behaviors, including public humiliation, mistreatment and microaggressions are tolerated and normalized
  - They lack confidence that any change will occur if they report
  - Importantly, they cite retaliation as a reason not to report (ECHOED on ACGME surveys)
  - They lack the knowledge of how to report
- Complacency allows behaviors to continue
What we are doing to improve the learning climate

- **Monitoring:**
  - Focused mistreatment survey regularly for all pediatrics residents and fellows

- **Professional development:**
  - October 2017 – Presentation to Educational Leaders on learning climate
  - Starting Dec 2017: Present at all divisional faculty meetings
    - December 2017—Neonatology/Perinatology
    - March 2018: Stem Cell Transplant and Regenerative Medicine
  - December 2017 – Presentation to Division Chiefs
  - Jan 2018: series of professional development for all NICU nurses
  - March 2018 – Presentation to faculty at Departmental Faculty Meeting
  - May 2018 – Dept of Pediatrics Diversity and Inclusion Forum
    - Workshops on Implicit Bias, Microaggressions, What to do When Patients Discriminate
  - Others in progress: empowering trainees and faculty to be part of the solution
What we are doing to improve the learning climate

- Individual intervention:
  - Individual feedback for offending faculty or others
  - ZERO TOLERANCE policy
  - Potential administrative action, removal of teaching privileges
Reporting Policy

- Please report any concerns of discrimination or mistreatment against learners to Becky, Hayley, Carrie
- Please report any concerns of discrimination or mistreatment against faculty to Mary or Eric
- Always better to report. If in doubt we are here to help you, learner, faculty and staff process any concerns or issues.
- Stanford Ombudsperson is another resource: anonymous reporting
New algorithm for addressing mistreatment

Step 1 for POSTDOCS/STUDENTS/RESIDENTS/FELLOWS:
Notify program leadership
- **Fellows:** Program Director/Associate Program Director, Hayley Gans or Becky Blankenburg or Ann Dohn
- **Residents:** Chief Residents, Associate Program Director or Becky Blankenburg or Ann Dohn
- **Post-docs:** Becky Blankenburg or Allison Guerin
- **Students:** Rebecca Smith-Coggins or Elizabeth Stuart and refer to website: https://med.stanford.edu/md/student-affairs/student-wellness/mistreatment.html

Step 2 for POSTDOCS/RESIDENTS/FELLOWS:
For mistreatment by **faculty or trainee:** submit anonymous eval in MedHub. Please use professional language. For trainees outside of the program, send SECURE: email to Program Director outlining the mistreatment.

For mistreatment by **hospital staff:** submit professional conduct ICARES. Include name of mistreating person and description of event. Please use professional language.

Proceed to Step 3 based on **who** caused the mistreatment

Step 3 for Program Leadership: MISTREATMENT BY FACULTY:
Program Leadership will address with Division Chief +/- Department Chair

MISTREATMENT BY PEER: (FELLOW/RESIDENT/STUDENT/POSTDOC):
Program Leadership will address with individual trainee and program director

MISTREATMENT BY ADVANCED PRACTICE PROVIDER:
Program Leadership will address with APP Manager/Director

MISTREATMENT BY NURSE OR ANCILLARY STAFF:
Program Leadership will address with nurse manager

MISTREATMENT BY FAMILY:
Program Leadership will address with Julie Collier
Leadership Role

- As leaders and role models you are a prominent part of the solution
  - Requires actively leading change in the learning climate
  - We must create an environment where it is OK to respond to mistreatment,
    - must be a respectful and safe environment
    - Must be part of the system: set the expectation on rounds in your divisions that we promote safe learning

- As leaders and role models you have a **responsibility to** react when you witness OR are made aware of mistreatment
  - Immediate public acknowledgement of the incident with a no acceptance policy is crucial
  - Private debriefs are important follow-up for both the “aggressor” and “receiver”
Tools to Create a Respectful Workplace

- Say something—speak up when you witness an unprofessional behavior
- Model respectful relationships
- Appreciate/value the people you work with, including peers, trainees and nurses, and thank them for their hard work
- Do not
  - make jokes about gender, race, ethnicity, age, or sexual orientation
  - ask trainees to run errands/pick up food/coffee, etc (SOM policy)
Tools to Create a Respectful Workplace

- Tools for faculty:
  - Be proactive in debriefing with a trainee after he/she is mistreated
    - Listen and try to understand the issue
    - Be respectful if the mistreated person is hesitant to play an active role in the solution
  - Coach the person to respond appropriately, if they would like to address it themselves
    - Often, trainees would like to learn how to respond to these situations themselves, rather than have faculty/fellows “rescue” them from the situation
  - Following a report of mistreatment: check in periodically to see how things are going
Thank you for your commitment to creating a respectful workplace for all!

Comments/Questions

What can we provide to make you successful?

Consider these homework assignments in assessing individual bias and privilege

1. Please educate yourself by taking an implicit assessment test (IAT). Here is a link to one of many: [https://implicit.harvard.edu/implicit/takeatest.html](https://implicit.harvard.edu/implicit/takeatest.html)

We invite you to consider two things you will do to promote change in the learning/work environment