NEW IDEAS

Encouraged to Fail: A Novel Approach to Building a Culture of Learning

Setting and Problem

The process of learning medicine is inherently taxing on one's ego. Standing in front of peers while senior residents and staff expose potential knowledge gaps is a stressful experience for resident physicians. For many, this is the first time they are subjected to public displays of intellectual vulnerability. How they react to the situation (ie, the learning behaviors that they display) and the culture that residency leaders build around them define the success of these valuable learning opportunities. For residents to realize their potential for personal and professional growth from these experiences, leaders must establish a culture of learning.

Addressing failure must be balanced and measured in a true learning culture. On one extreme, external blame, reprisal, and humiliation are applied to the individual whenever they fail; failure is consequently concealed and both individual and group learning does not occur, resulting in repetitive mistakes. On the other extreme, failure is ignored and unacknowledged, sparing the specific resident an ego bruise. However, individual and group learning will not occur, and the same mistakes are repeated.

Even in a balanced culture, residents should feel a measured sense of personal shame when they fail; this is a positive event for growth. When coupled with self-reflection, personal shame catalyzes personal transformation. Though many theories focus on how to improve learning culture, little research exists on the effect of specific implementable actions. In *The Culture Code*, Daniel Coyle suggested that the 2 crucial skills needed to develop a strong culture are to "build safety" and "share vulnerability."[1]

Intervention

In July 2019, we developed and implemented a novel concept of a "Failure Board" to provide a forum in which residents share their experiences, offer self- and group reflection, destigmatize mistakes to allow for self-forgiveness, and facilitate support and group learning from others' mistakes. These particular attitudes are directly associated with Accreditation Council for Graduate Medical Education (ACGME) core competencies. The Failure Board is a 6x4-foot white board (cost $175) hung in a common area with 3 simple rules:

1. Describe a mistake you made at work (does not have to be clinical).
2. What did you learn?
3. Write your name.

We developed a detailed 10-item questionnaire focusing on residents' perceptions of learning culture. Relevant issues pertaining to learning culture were identified by reviewing published literature between 2000 and 2019 using PubMed and Scopus. The confidential questionnaire was administered to the entire residency program through an online survey. Then, we introduced the Failure Board during an academic conference attended by all residents. After 2 weeks, the board was full, and residents added new submissions regularly. Old submissions are cleared at the end of each 28-day learning block to allow for continued submissions. After 6 months of use, the survey was repeated to assess changes in resident perceptions.

Outcomes to Date

Forty-five of 46 (98%) residents responded to each survey request. Resident perception at every training level noted an increased culture of support over blame. Additionally, these public displays of vulnerability have not led to feelings of isolation or loss of locus of control of their own education. The Failure Board is best utilized as part of a concerted effort from residency leadership to optimize the learning culture. When a culture exists in which failure is both rewarded with support and viewed as a learning opportunity, residents seek more feedback, thus optimizing the learning environment.

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NEW IDEAS

The Think Tank: An Organizational Framework to Enable Resident-Led Quality Improvement and Wellness Project Innovation

Setting and Problem

A modern shift in health care practice has led to increased patient censuses, rapid inpatient turnover, and other workflow complexities that contribute significantly to trainee burnout. Residents are uniquely positioned to provide insight on how to improve inefficient medical systems. However, longitudinal participation in quality improvement (QI) projects can be challenging for residents to prioritize given significant clinical responsibilities and other career development needs. Annual resident turnover damages project continuity, successful project handoff, and longitudinal institutional memory of prior resident initiatives.

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Intervention

We describe a resident-driven organizational framework, the "Internal Medicine Think Tank," which is designed to optimize resident participation in QI projects while mitigating the inherent challenges of resident participation. The Think Tank is an internal medicine resident voluntary group that meets every 2 to 3 months to brainstorm improvements and implement project ideas using a standardized protocol (FIGURE). Any resident can attend meetings without obligation for future participation and can also submit ideas online. Meetings start with a brainstorming session of solutions to resident problems cited from survey data. Potential solutions are judged for practicality and are assigned a resident leader and several supporting residents.

Ideas from this approach are documented using CareZooming, an online platform to share project ideas within the hospital and nationally, reduce project redundancy, encourage collaboration, and create a longitudinal history of ongoing and completed projects. All project proposals are discussed with internal medicine chief residents and program directors at a bimonthly meeting organized by the Think Tank that also includes partnering resident groups. Program directors provide feedback and historical context to help avoid redundant efforts and facilitate connections to other hospital resources to expedite project implementation. Projects are then allocated additional non-resident personnel, including administrative staff, to help drive progress forward while residents are unavailable. Residents interested in continuing with these projects contribute to working groups on a flexible ad-hoc basis with the ongoing support of the wider Think Tank and associated residency program directors. Project updates and needs are advertised residency-wide in a monthly newsletter populated from the CareZooming database.

Outcomes to Date

Based on internal surveys, at least a 3-fold increase in resident participation (5 to 17 residents) and resident leadership (3 to 10 residents) in QI projects has been observed over the 3-year program span. The Think