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Brennan, Nicola

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Emotions, psychological safety and recommendations for designing remediation programmes

Nicola Brennan, Faculty of Health, Plymouth.

Remediation seeks to 'remedy' underperformance and support a doctor to get back on track.^{1 2} Remediation is high stakes for medical students, trainees and doctors, as worst-case scenario it may signal the end of their medical career.

There have been two papers investigating the remediation of doctors published in Medical Education recently.^{3,4} The first of these papers by Mills et al.⁴ explored the role of emotion in remediation through a scoping review of the literature. The study found that a little over half of the included studies (n=112) described emotion explicitly, and about one-third described emotion occurring during the remediation process itself. They conclude that even though emotion is omnipresent in remediation, medical educators frequently do not factor emotion in the design of remediation approaches and rarely utilise emotion to improve the learning process. The article also cites how there are no well accepted, evidence-based guidelines of institutions or individual educators looking to implement effective remediation programmes nor to guide educators.

Our work on remediation has started to fill that gap. We recently completed a realist review of the literature (the RESTORE 1 study) to understand how, why, in what contexts, for whom and to what extent remediation programmes for practising doctors work.^{5,6} Our review found that emotions such as anger, shame and sadness acted as a barrier to the successful remediation of a doctor's behaviour. Crucially, these issues generally need to be recognised and validated before the majority of the remediation process can occur. The RESTORE 1 study also developed detailed recommendations on tailoring implementation and design strategies to improve remediation interventions for doctors. Of relevance to the role of emotions in the remediation process was the finding that when a remediating doctor feels that their discussions are confidential and is able to express any negative emotions they feel, they will be more likely to feel psychologically safe, leading to an environment of trust and a readiness to explore perceptions of their performance. These are important precursors to the remediating doctor developing insight. Thus, one of our recommendations was that remediating doctors should have the opportunity for confidential discussions with someone in a supportive role (i.e. a safe space).

The second paper on remediation published in the current issue of Medical Education by Moniz et al³ reports on a grounded theory study of why and how postgraduate medical educators in Canada use reflective writing as an educational intervention to remediate professionalism. They found that medical educators reported using reflective writing as a learning tool to develop insight and as an assessment tool to unearth evidence of insight. Hence the title of the paper highlighting how reflective writing is used for dual and dueling purposes—that is, for learning and for assessment. The first is developmental and the second is judgemental and because of these different purposes, tensions emerge. The goal of using reflective writing as a learning tool (i.e., to develop insight) maybe overshadowed by the goal of using it for assessment (i.e., to measure insight).

I strongly agree that if reflective writing is being assessed it encourages learners write to 'perform' rather than write to reflect and this can have a negative impact on the ultimate goal of reflective writing i.e. to develop insight. I would go as far as to say that it may encourage game-playing where writers write whatever they think needs to be written for assessment purposes rather than their true reflections. This is less likely to lead to insight and therefore sustainable behaviour change. The developmental vs. summative assessment tension was also identified in appraisal of doctors which is another educational intervention. 'Game-playing' or superficial engagement was also found to be a negative outcome in the appraisal of doctors.⁷ As the development of insight is the first step in an effective remediation programme any aspect of a remediation programme that jeopardises the development of insight needs to be seriously considered.

Like the findings of the RESTORE 1 study Moniz et al. also highlight the importance of ensuring psychological safety for learners engaging in this high-stakes process. Newman defined psychological safety as the degree to which people view the environment as conducive to interpersonally risky behaviours.⁸ Psychological safety is seen as especially important for enabling learning and change in contexts characterized by high stakes, complexity, and essential human interactions.⁹ If a doctor's level of insight is being assessed this threatens the psychological safety of the doctor and undermines the potential effectiveness of the whole remediation process. Thus, any interventions to promote insight should be clearly separated from assessment to protect the psychological safety of the doctor. In order to achieve this we recommended that remediating doctors should be supported by someone who has the role of advocate for the remediating doctor.) This could be a coach or a mentor but crucially should not have a role in making summative judgements through the remediation programme.^{1 2}

In conclusion, the recognition of the role of emotions and enabling psychological safety is crucial in the design of effective remediation programmes. The focus of these papers by Mills et al and Moniz et al on these aspects of remediation is moving the remediation conversation in the right direction.

Pull-Out Quotations

"Remediation is high stakes....as worst-case scenario it may signal the end of their medical career."

"Emotions such as anger, shame and sadness acted as a barrier to the successful remediation of a doctor's behaviour."

"Any aspect of a remediation programme that jeopardises the development of insight needs to be seriously considered."

"...feel psychologically safe, leading to an environment of trust and a readiness to explore perceptions of their performance."

"The recognition of the role of emotions and the enabling of psychological safety is crucial in the design of effective remediation programmes."

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