



SCHOOL OF  
MEDICINE

LEARNING ENVIRONMENT OFFICE

Fostering a climate of respect and inclusion

# Quarterly Report

April - June 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](http://www.goto.unm.edu/leo))  
and click "Report Mistreatment."

# CELEBRATING TWO YEARS OF LEO!

A message from LEO's Director, Diana Martínez

We are two years in.

A mere, and yet somehow long, two years ago, we envisioned a space/an initiative/a new model for addressing, reducing, and preventing mistreatment within medical education at UNM. A new team sat together for the first time analyzing the complexities of this issue and brainstorming multipronged solutions. We mulled over a name for this project; we knew language and words matter. We reckoned with UNM's past challenges regarding mistreatment and determined to set a new path forward, one not entirely defined, but one with new resources – both human and financial – and new ways of thinking about root causes and drivers and arbiters and inhibitors of mistreatment. Two years ago, the Learning Environment Office was born.

Reflecting on LEO's work with the team these past two years has provided me the opportunity to highlight some lessons and some plans.

- **Mistreatment is more widespread than we knew.** We eschew talk of a few “bad apples,” and expand our field of view. We acknowledge a culture in which we all have culpability, responsibility, and the opportunity to shape or to be shaped. We must continue to build individual skills for responding to harm in the moment. We need a culture that doesn't tolerate mistreatment, harassment, and/or discrimination. We commit to building knowledge and skills for working with, teaching, and providing care for people who come from different backgrounds from us or look different than we do.
- **Transformation of culture and systems takes time.** Last year, we charted a 1-year strategic plan (outcomes are listed below). We will be working with leadership to identify a 5-year plan related to enhancing learning environments. No one office can do this work alone. We are here to partner with each of you – as stakeholders in this system. This is what life-long learning asks of us.
- **Mistreatment requires a systems approach with systems thinking.** Last year in this report, I wrote “addressing mistreatment is fundamentally about changing institutional culture.” That is, addressing, reducing, and preventing individual incidents is necessary but not sufficient. We must assess policies and practices. We must analyze trends and design interventions accordingly. We must take into account the ways societal and medical culture and systems of oppression shape our own institution and inform individual behavior. [Click here](#) to learn about two related frameworks LEO uses to inform its work.
- **Mistreatment is a collective problem and opportunity.** LEO resists the rhetoric and sentiment of a learners versus teachers narrative. In addressing incidents of mistreatment, we are sharpening tools/skills for everyone. We are enhancing the environment for everyone. Specifically, learners hone skills for speaking up when it's hard, teachers are provided specific feedback to enhance teaching skills, supervisors are improving management and feedback skills. The system is being reshaped.
- **Mistreatment points us towards inclusion and strengths-based approaches.** Though we started from a fairly narrow place of needing to address mistreatment, we have shifted the mental model of LEO's work to focusing on fostering positive and inclusive learning environments. Our endgame is not only environments free of mistreatment. We want more. We seek spaces where everyone feels welcomed, valued, and that they and you belong - because they and you do, the very definition of inclusion.

## Goals:

## Outcomes:

### Build curriculum on new topics identified from iTeach and mistreatment trends

- In the last academic year, LEO created 5 new training programs including: Conflict Transformation, Bystander Intervention, Giving Feedback to Enhance the Learning Environment, Addressing Microaggressions, and Communication Skills
- LEO conducted a total of 15 workshops and trainings in the past academic year.

### Build relationships with learners and teachers

- LEO offered bimonthly Learner Hours for SOM learners
- LEO presented at over 20 faculty meetings and learners groups in the past academic year.

### Continue to build content for and expand the Learning Environment Speaker Series

- LEO designed new curriculum to offer a 5-part series called Suggested Practices in Facilitating Conversations on Race and Racism in the Learning Environment
- LEO has partnered with the Office of Professional Wellbeing to offer a 10-part series called Trust Matters with subject matter experts from across the campus and the nation
- Over 350 individuals have attended these series

### Expand LEO across the SOM

- LEO now serves learners in the Biomedical Sciences Graduate Programs as well as all seven Health Professions Programs

### Collaborate for greater impact

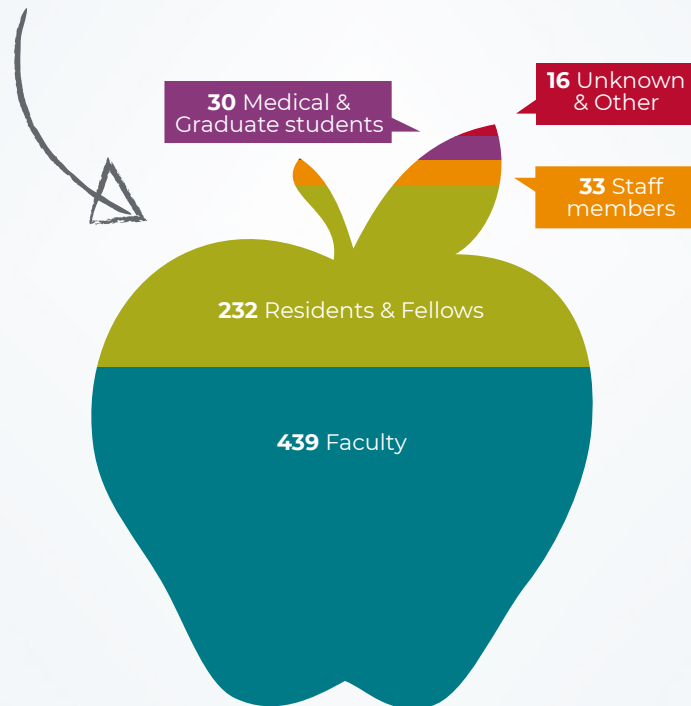
- LEO now works closely with GME, UME, OMSA, HSC OfDEI, OPW, CPL, ARC, The Vassar House, the WRC, and the LGBTQ+ Resource Center to improve the learning environment

# iTeach: Recognizing Exemplary Teachers

**750**  
**TEACHERS**

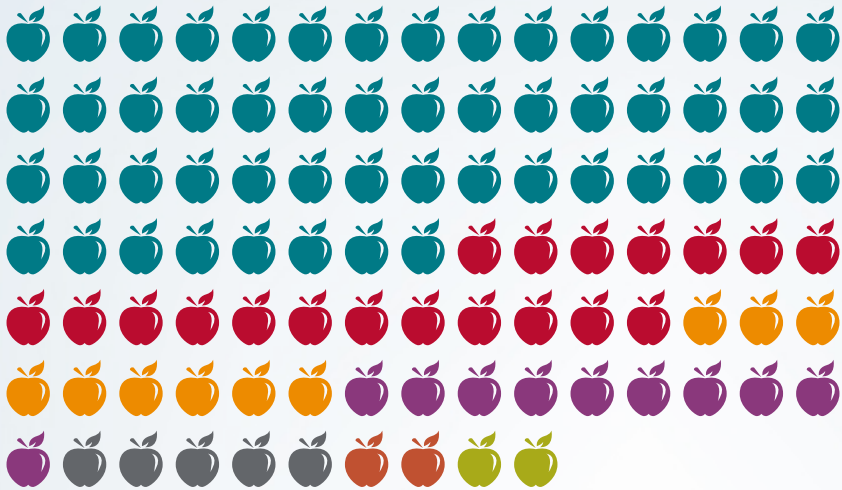
have been  
recognized  
for exemplary  
teaching by a  
total of

**2,414**  
**LEARNERS**



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

# How many learners have recognized each of those teachers?

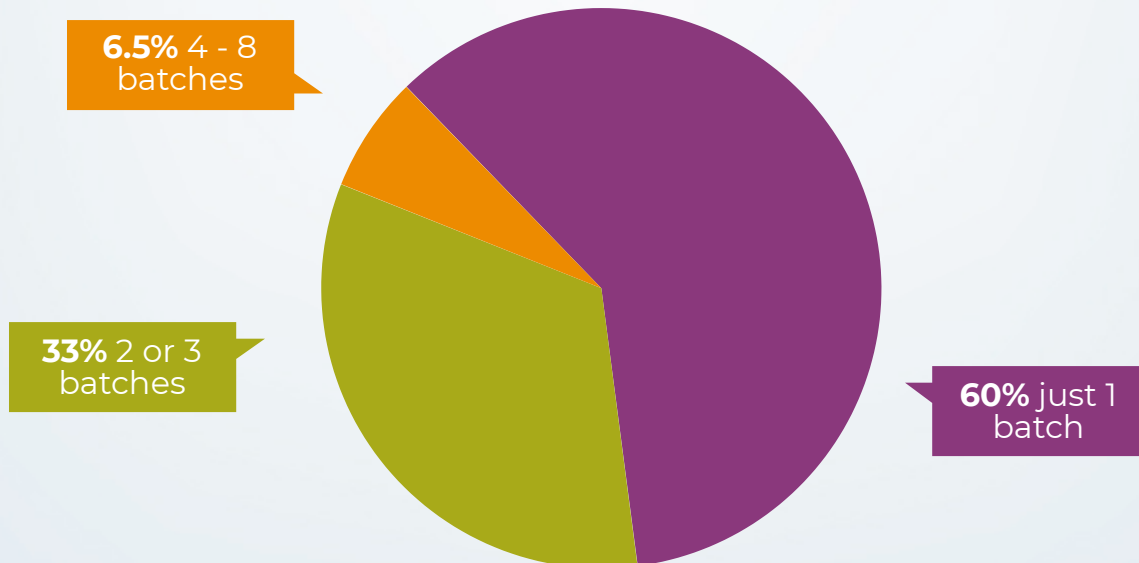


53% recognized by one learner  
19% two learners  
9% three learners  
10% 4-5 learners  
5% 6-10 learners  
2% 11-20 learners  
3% 21-96 learners!

## 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 12 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: Exemplary GME Teachers in Obstetrics and Gynecology

Residents in the department of Ob-Gyn are consistently recognized by medical student as exemplary teachers who help them learn, challenge them, and encourage them to consider Ob-Gyn as a speciality. Meet a few of these exemplary residents:



Dr. Devki Joshi  
PGY III Resident, Ob/Gyn

"Dr. Devki Joshi was always enthusiastic and made me feel integral to patient care. She hyped me up when I told her that I was thinking about OBGYN and offered future mentorship. She instantly made me feel like I was a part of the team and always had teaching pearls and ways to improve."



Dr. Autumn Walker  
PGY III Resident, Ob/Gyn

"Dr. Walker stood out above all others during this clerkship. She took me under her wing and maximized my learning during my time on L&D. She took time that she could have spent documenting to instead teach me about important topics, like pre-eclampsia. Dr. Walker made me feel included at every turn, and ensured that I got as much patient exposure as possible."



Dr. Matthew Davoudzadeh  
PGY II Resident, Ob/Gyn

"Dr. Matt Davoudzadeh was one of the best clinical instructors I've had thus far in medical school (top 5, and I've had really, really excellent clinical instructors in the past). His teaching was incredibly intuitive, very clear, and his feedback was some of the best I've received; I am confident that my time with him has made me a better doctor."



Dr. Alison McGough-Maduena  
PGY IV Resident, Ob/Gyn

"Dr. Allison McGough-Maduena took time to help me increase my knowledge and skills in caring for patients. She took every opportunity to help me fill in gaps in my understanding and was exceptionally patient and kind when I struggled with concepts or drew a blank. I also witnessed her taking the same care with other students and junior residents. I hope to emulate that care and concern for my team members when I am in a senior position."



Dr. Abigail Nimz  
PGY III Resident, Ob/Gyn

"Dr. Abby Nimz was amazing. She gave fantastic direction, established clear expectations, was attentive to medical students, gave immediate feedback on notes and patient presentations, created a safe learning environment."



Dr. Malia Ashley  
PGY III Resident, Ob/Gyn

"Dr. Malia Ashley is a kind, extremely knowledgeable person! Prioritizes student learning and values our time."  
and  
"A wonderful walking encyclopedia of knowledge!"

# What makes for exemplary teaching?

We wanted to know more about what makes these 750 teachers from across the HSC exemplary. What are they doing that triggers learners to write in positive comments about them? What themes arise in the comments?

We went through all 2,414 comments learners made about exemplary moments of teaching, which total almost 70,000 words (about the same length as the first Harry Potter book!). We searched out common themes and behaviors, and this is what we learned:

## 1 Asking and Answering Questions

- Learners value teachers who answer their questions, and especially those who create a comfortable space for learners to ask multiple questions.
- When teachers are receptive and open to questions, students feel like they learned valuable information and skills.
- Learners also appreciate it when teachers ask them questions, especially challenging questions asked in an environment in which it's okay to be wrong.
- This lets the learners push themselves without the anxiety of being wrong making it too difficult to speak up to ask or answer questions.

## 2 Taking the Time to Teach

- Learners appreciate and value people who take the time to teach. This can be time during procedures in which they focus on teaching, time after rounds, review sessions before exams, etc.
- Learners often make comments like: "while they had a very heavy patient load, they always took the time to teach and made sure I learned something from each patient."
- Learners see and appreciate all the other work teachers have, and they appreciate even a few moments snatched away to explain, demonstrate, describe, or teach.

## 3 Letting Learners Participate

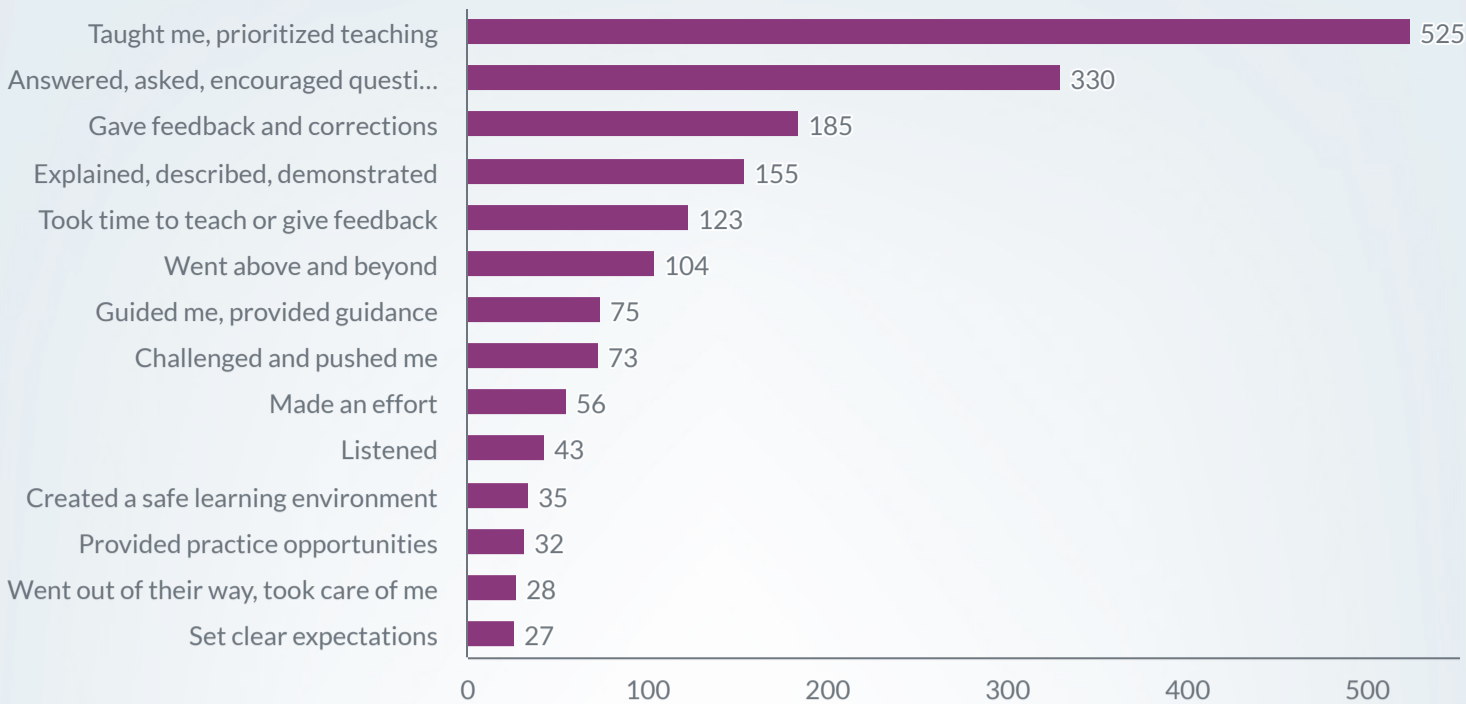
- Learners overwhelmingly value teachers who let them participate in procedures and patient care.
- A majority of comments include something about "this teacher made me feel like a part of the team," which involves both an attitude of inclusion and welcoming, as well as giving the learner a valuable role, rather than solely observing.
- Many learners say they appreciate being given the space to try to figure things out on their own, with the teachers there to support, guide, and correct when needed. This opportunity to try themselves helps them better evaluate their own skills.

## 4 Feedback

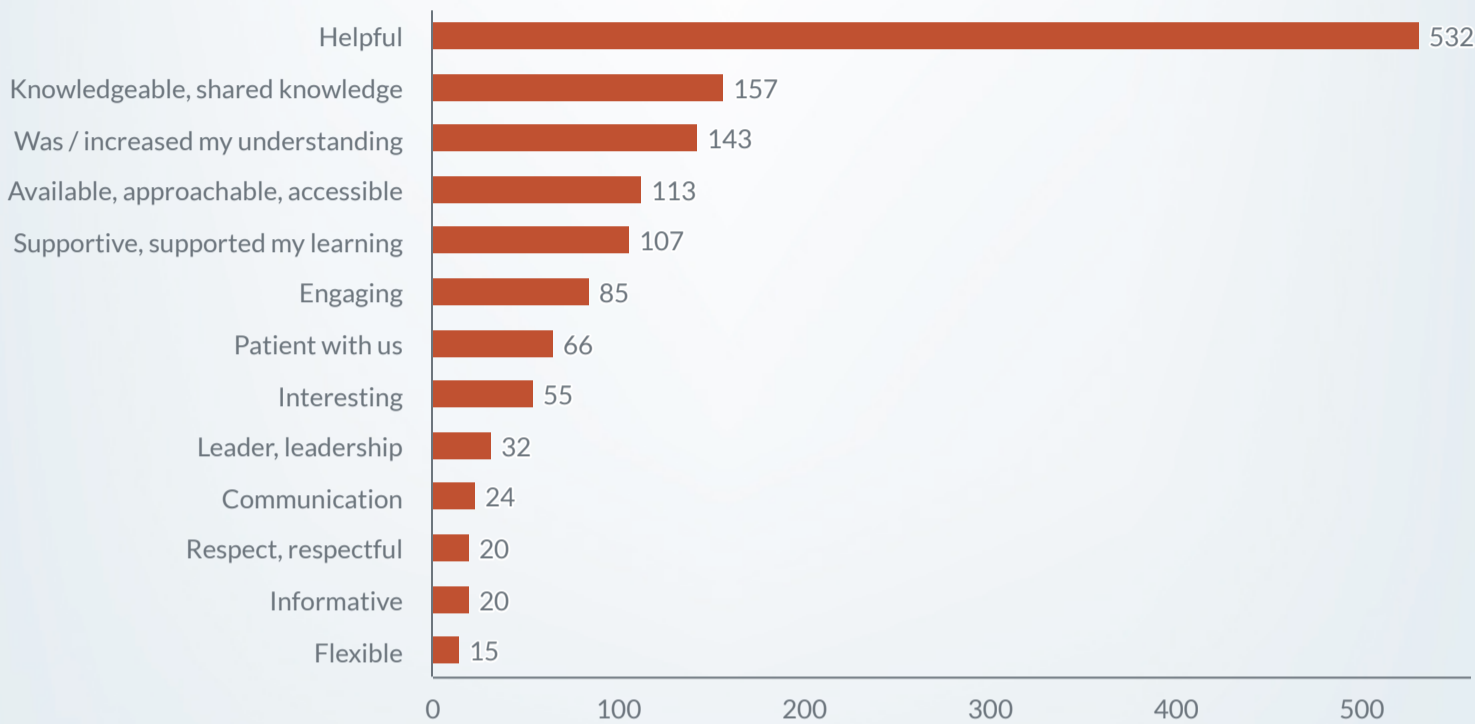
- Learners want feedback! An overwhelming number of comments concern feedback.
- Learners appreciate feedback when it is timely, consistent, detailed, specific, and constructive. They like to receive feedback daily, as close to the time of the procedure/interaction as possible. They like the feedback to be useful and applicable.
- Learners are not only looking for positive feedback—in fact most mentioned wanting constructive or critical feedback that helps them understand what they can do to improve.

You can see the frequency of these types of comments broken down into categories in the graphs below:

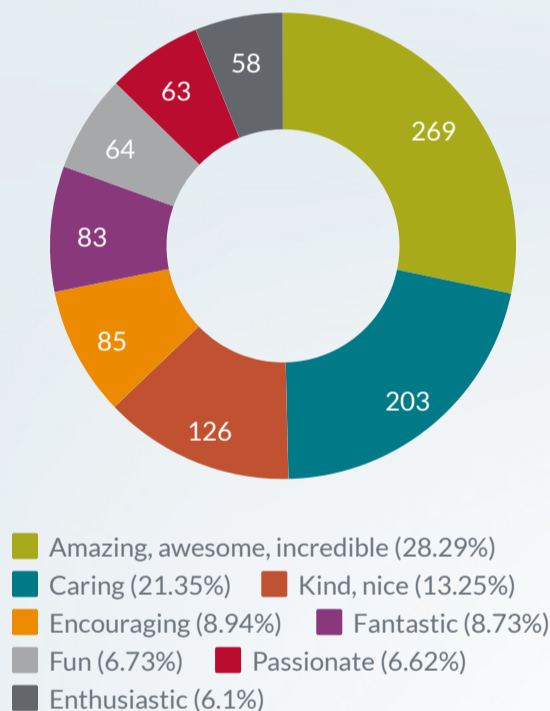
## Behaviors



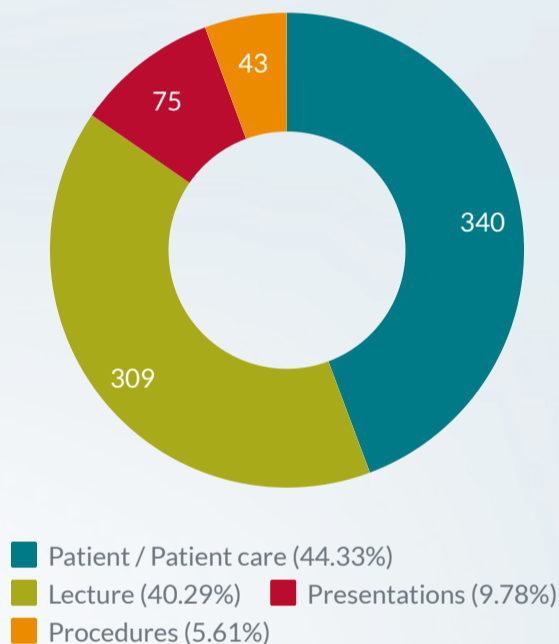
## Qualities



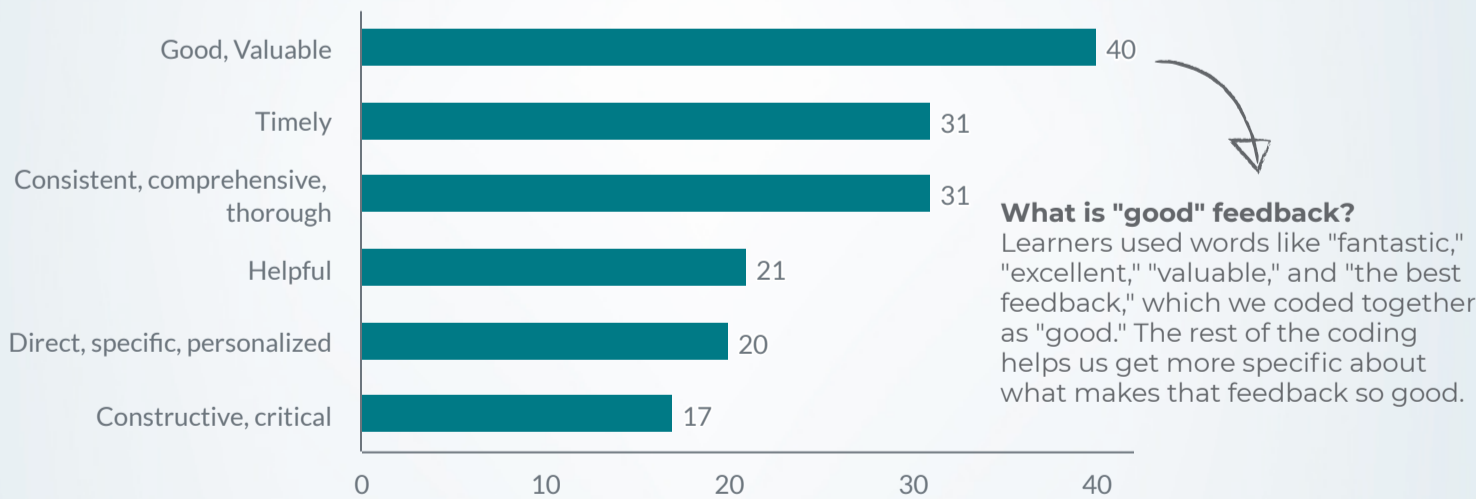
## Personal traits



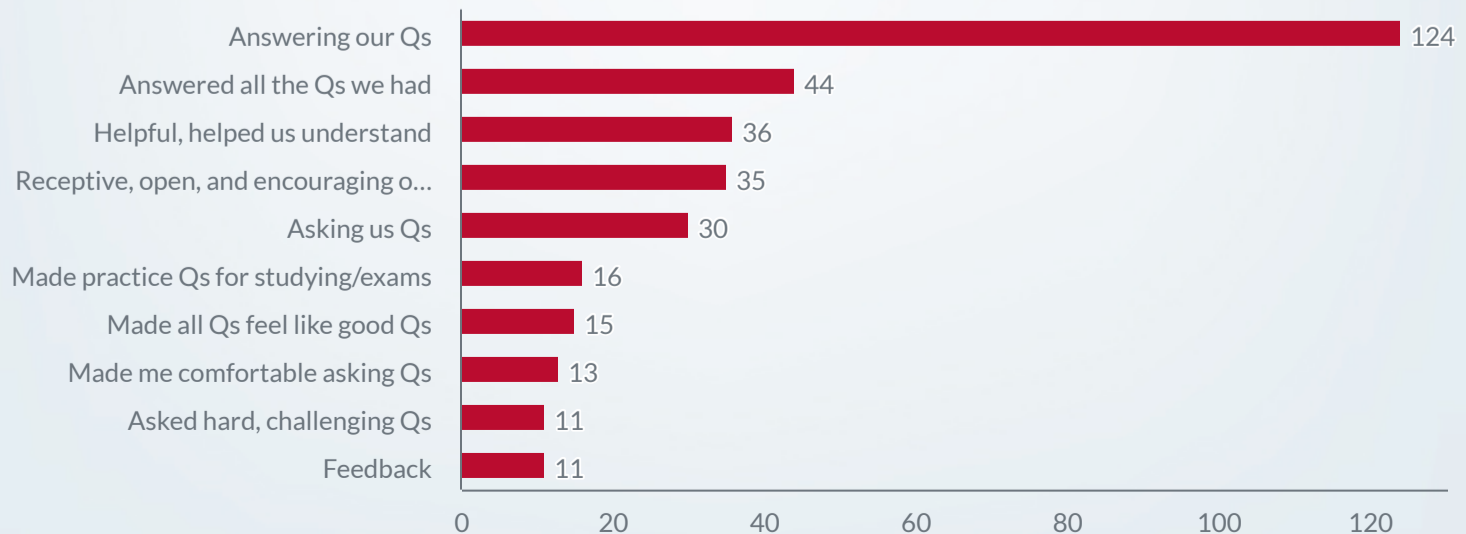
## Method of teaching



## Feedback



## Questions





# 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. In each chat, we:

- Spend the first 30 minutes **reviewing data and mistreatment trends** with LEO team members.
- Spend the next 60 minutes **providing a training** that will help address an issue we're seeing in our learning environments. This training will change each session, so LEO will be able to provide 4 unique trainings for the community per year.

All members of the SOM community (faculty, staff, residents, fellows, and students from all SOM programs) are welcome to join for just the first 30 minutes, or for the entire 90 minute chat + training!

**Our next chat will be held on  
Thursday, August 5, from 11:30am - 1pm**

11:30-12 will be a review of our data and trends  
12-1 will be a conflict transformation training

[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!



**SCHOOL OF  
MEDICINE**

OFFICE OF PROFESSIONAL  
WELLBEING

# TRUST MATTERS:

## The Learning Environment & Professional Well-being Speaker Series

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

**Second Monday of the month from 12-1pm on zoom**

Detailed information on speakers, learning objectives, and zoom link will be released in advance of each session.

## IMPLEMENTING TRUST IN LEARNING & CLINICAL ENVIRONMENTS

09.13.21 - **Creating & Developing Healthy Mentor/Mentee Relationships**

10.18.21 - **Overcoming the Fear of Giving Corrective Feedback**

**Please Note:** This session is on the third Monday of the month as LEO is closed on October 11 in observance of Indigenous Peoples' Day

11.08.21 - **Addressing Misinformation in a Positive Learning Environment**

12.13.21 - **The Role of Sleep in Well-being & Positive Learning Environments**

**[Click here to RSVP!](#)**

# BUILDING INCLUSIVE ENVIRONMENTS: GENDER & GENDER-IDENTITY



HEALTH SCIENCES

OFFICE FOR DIVERSITY,  
EQUITY & INCLUSION

LEO is thrilled to announce our next iteration of the Building Inclusive Environments series offered in partnership with the HSC Office for Diversity, Equity, and Inclusion: a five-part series on Gender and Gender-Identity!

Mistreatment based on gender continues to be an area of concern for LEO, and the HSC is committed to supporting women and gender expansive learners, teachers, and staff members. In these sessions, we'll explore different aspects of gender and gender identity, and help participants build knowledge, skills, and confidence in ensuring inclusive environments.

All sessions are from **12 - 1p** on the third Wednesday of the month, on zoom until further notice.

## **August 18:**

Introduction to Gender Identity, Terminology, & Pronouns  
presented by **Frankie Flores** (they/elle)  
Director, UNM LGBTQ Resource Center

We're still nailing down specific topics and presenters but please save the following dates:

**September 15, October 20, November 17, December 15**

You can [RSVP here](#), and be on the lookout for more information!

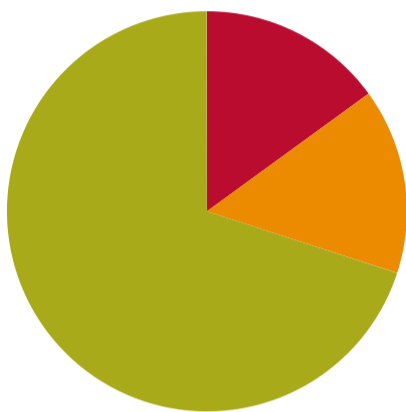
# ADDRESSING MISTREATMENT: Data Review

July 24, 2019 - June 30, 2021

Since LEO began collecting reports of mistreatment in July of 2019, we have received **294 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 **233 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.



Of those 233:

**15% 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

■ Open cases (15%)
 ■ Pending cases (15%)
 ■ Closed cases (70%)

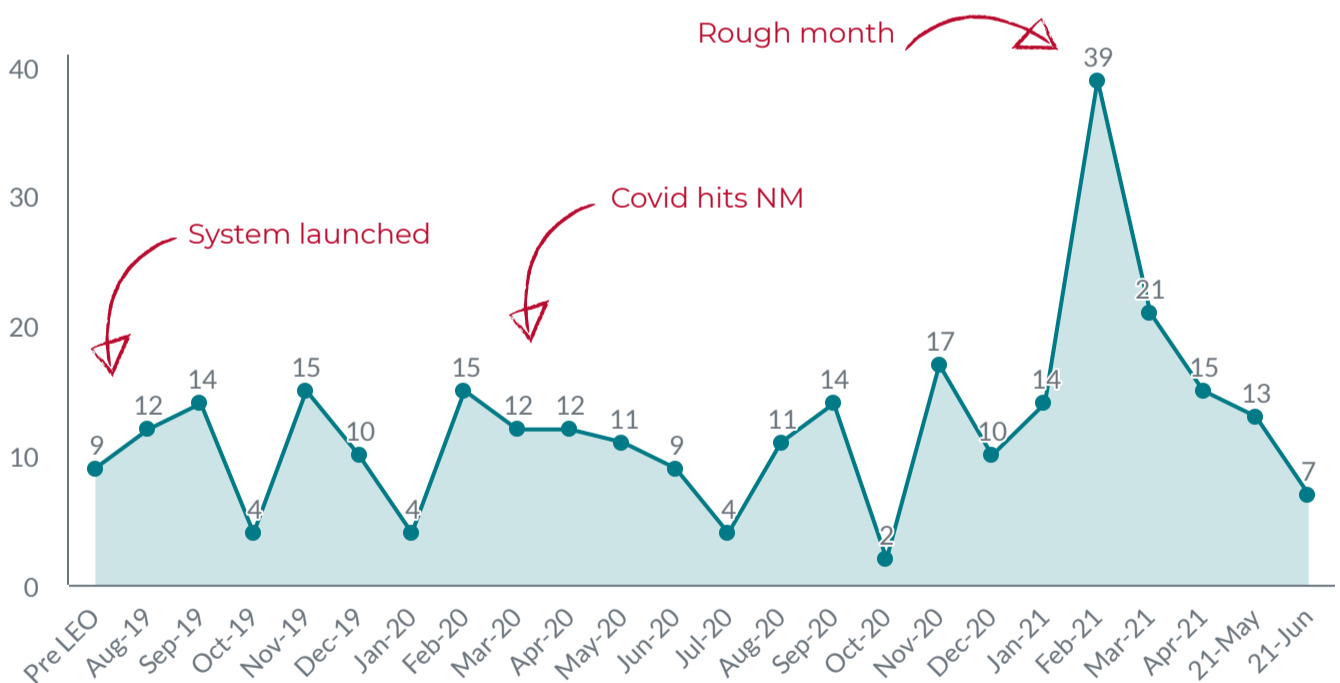


**FAQ:** Is reporting on some sort of seasonal or cyclical timeline? When do reports tend to come in?

**Answer:** We haven't been able to detect a pattern so far. Take a look:

## When reports have come to LEO:

n = 294 reports (including duplicates and insufficient information)



**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. **Less than 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.



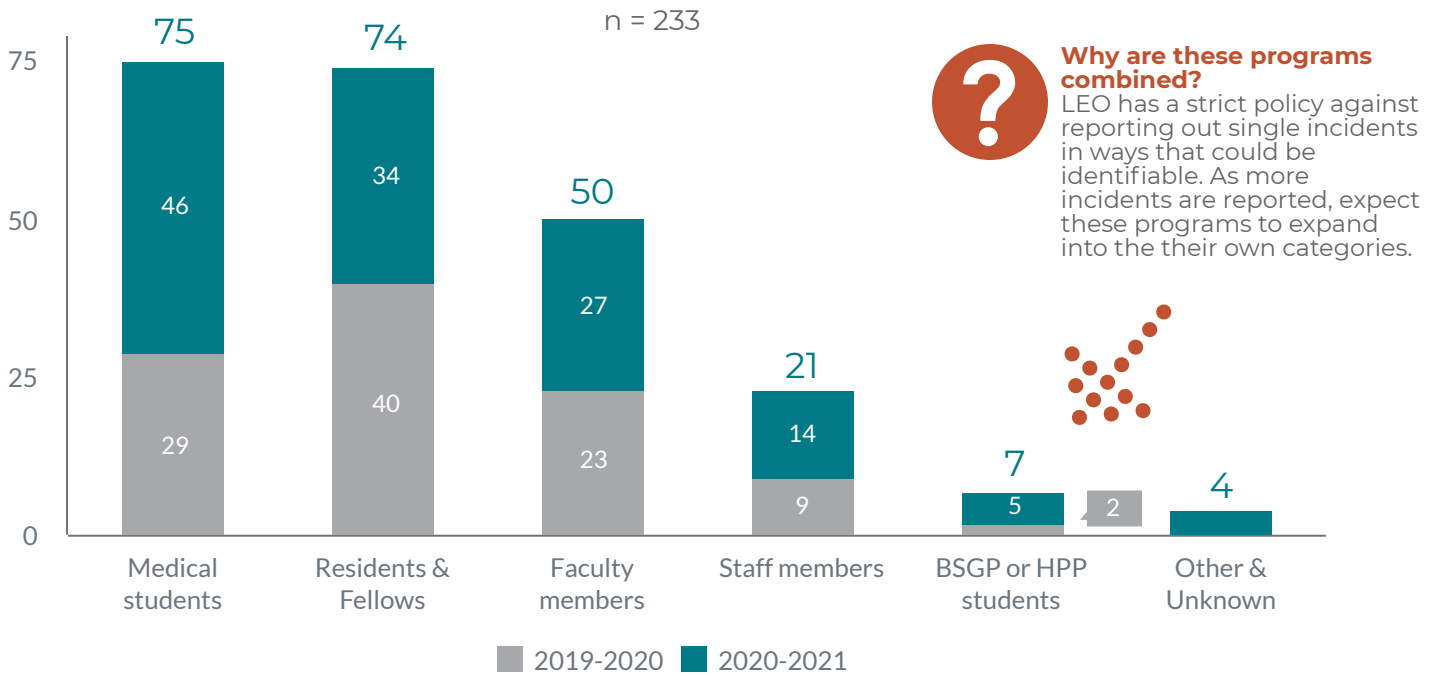
■ Mistreatment (94.2%)
 ■ Not mistreatment (5.8%)

# We heard you!

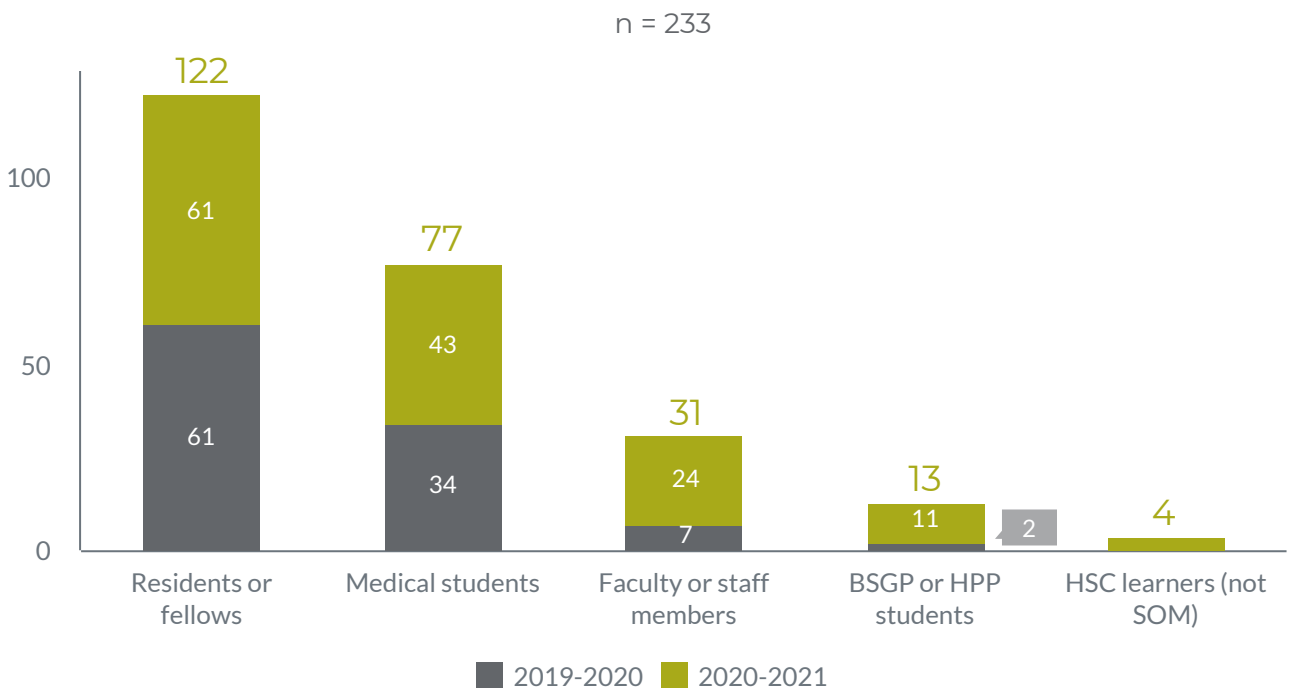
Each quarterly report from LEO provides an update on our mistreatment data. As this publication aligns with the two year anniversary of LEO beginning to take reports of mistreatment, we are pleased to **present our data broken down by year for the first time.**

**From July 2019 - June 30, 2020: 103 unique incidents.** This is labeled **2019-2020.**  
**July 1, 2020 - June 30 2021: 130 unique incidents.** This is labeled **2020-2021.**

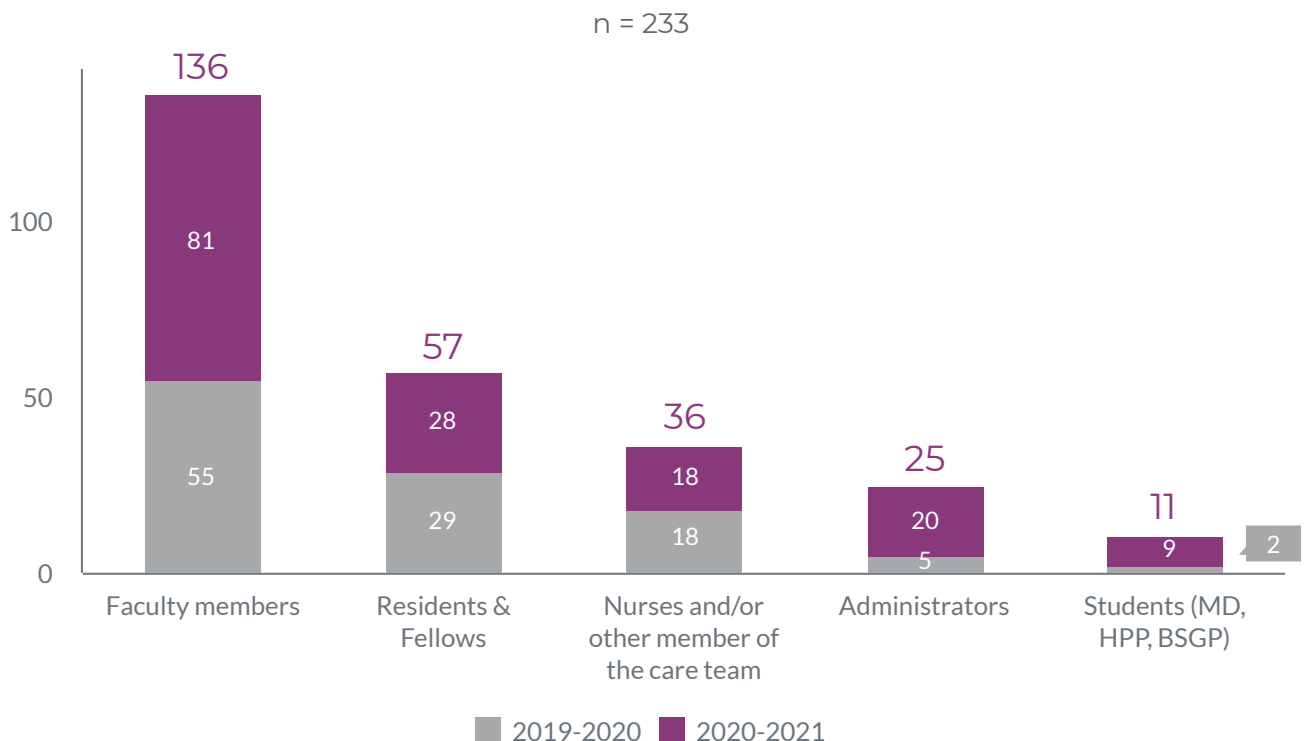
## Who Reports to LEO?



## Who is Mistreated?



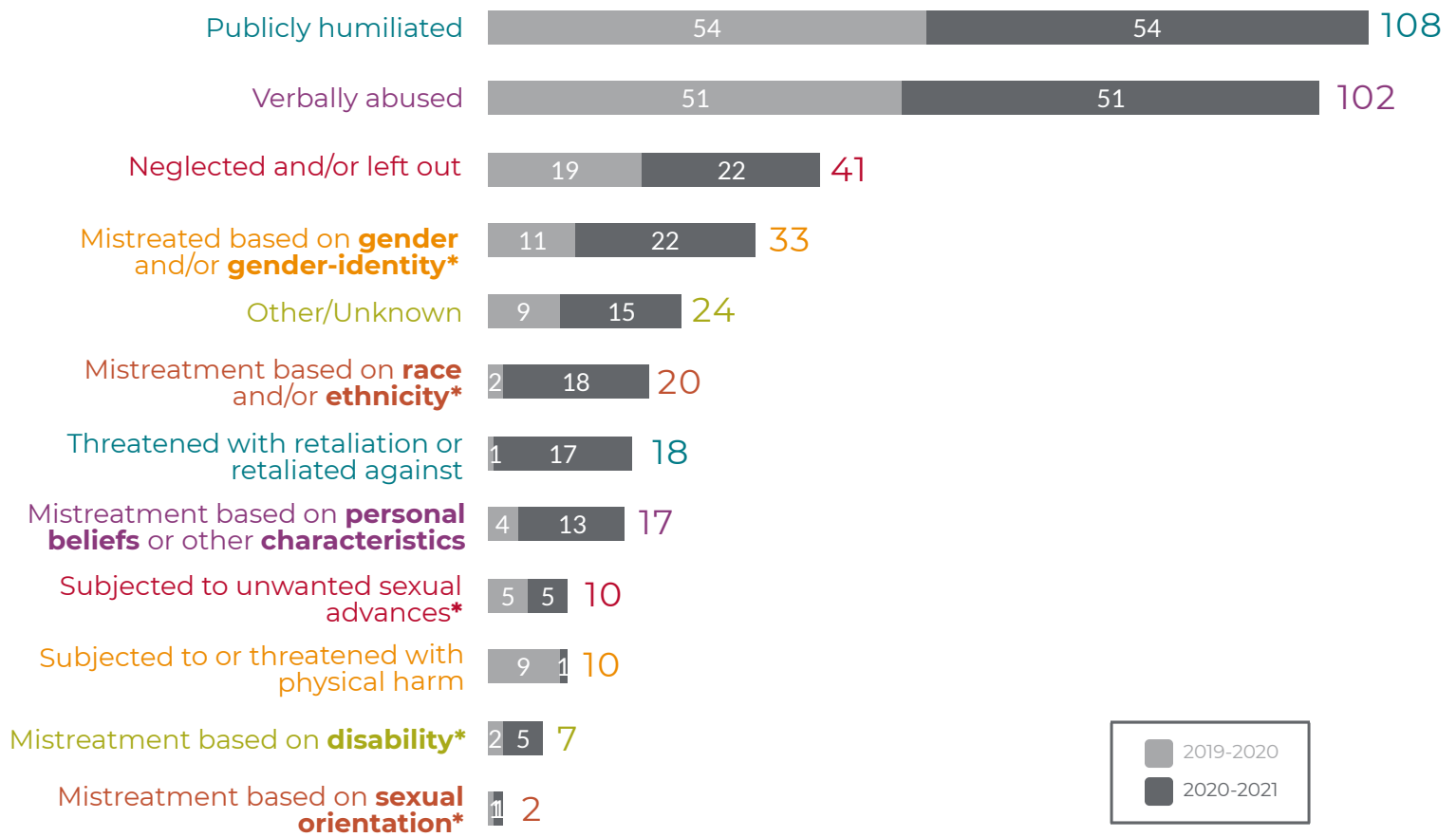
## Who is Reported for Mistreating Learners?



# Types of Mistreatment

Each incident can include multiple types of mistreatment

n = 233



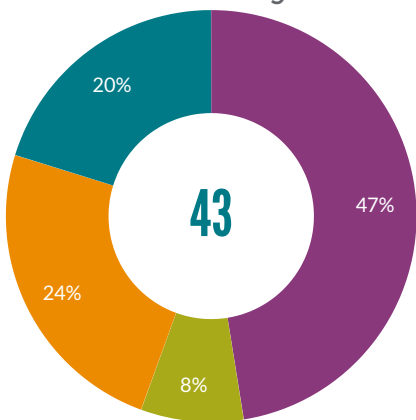
\*Categories marked with an \* are violations of Title VII and/or Title IX and are worked in partnership with the UNM Office of Compliance, Equity, and Equal Opportunity



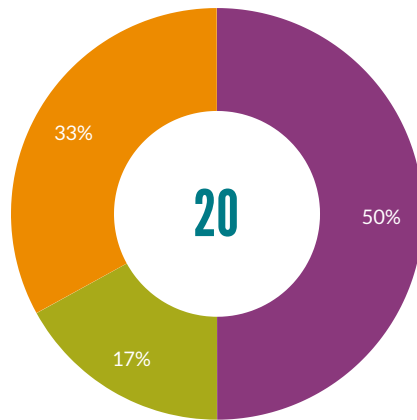
**FAQ:** What kinds of identity-based mistreatment are being reported?

**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.

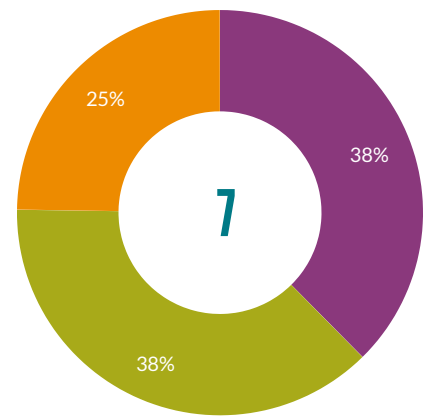
## Gender & Gender-Identity



## Race & Ethnicity



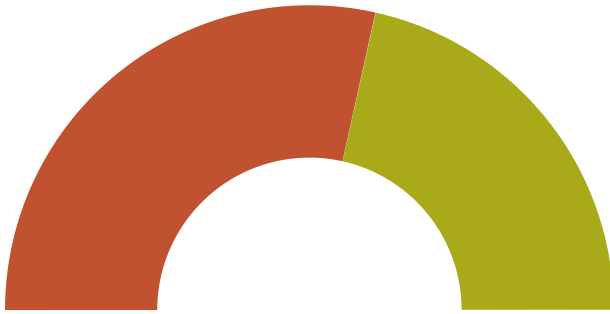
## Disability



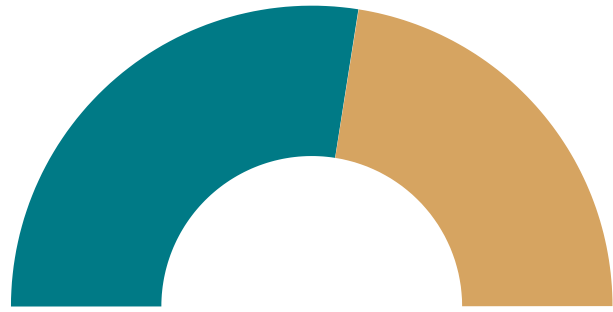
- Subjected to offensive remarks or names about identity
- Denied opportunities and/or received lower grades/evaluations due to identity rather than performance
- Other offensive behaviors related to identity
- Subjected to unwanted sexual advances

# How is Mistreatment Reported?

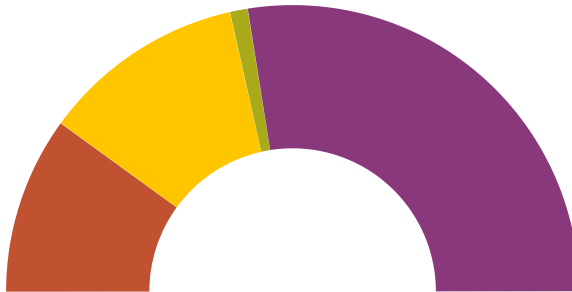
n = 201



- 57% I personally experienced mistreatment
- 43% I witnessed or heard about mistreatment



- 55% Anonymously
- 45% Non-Anonymously



- 55% Through LEO's online form
- 23% Directly to LEO team member
- 20% Course evaluation
- 2% Through another reporting system

We'd like to see these go up!

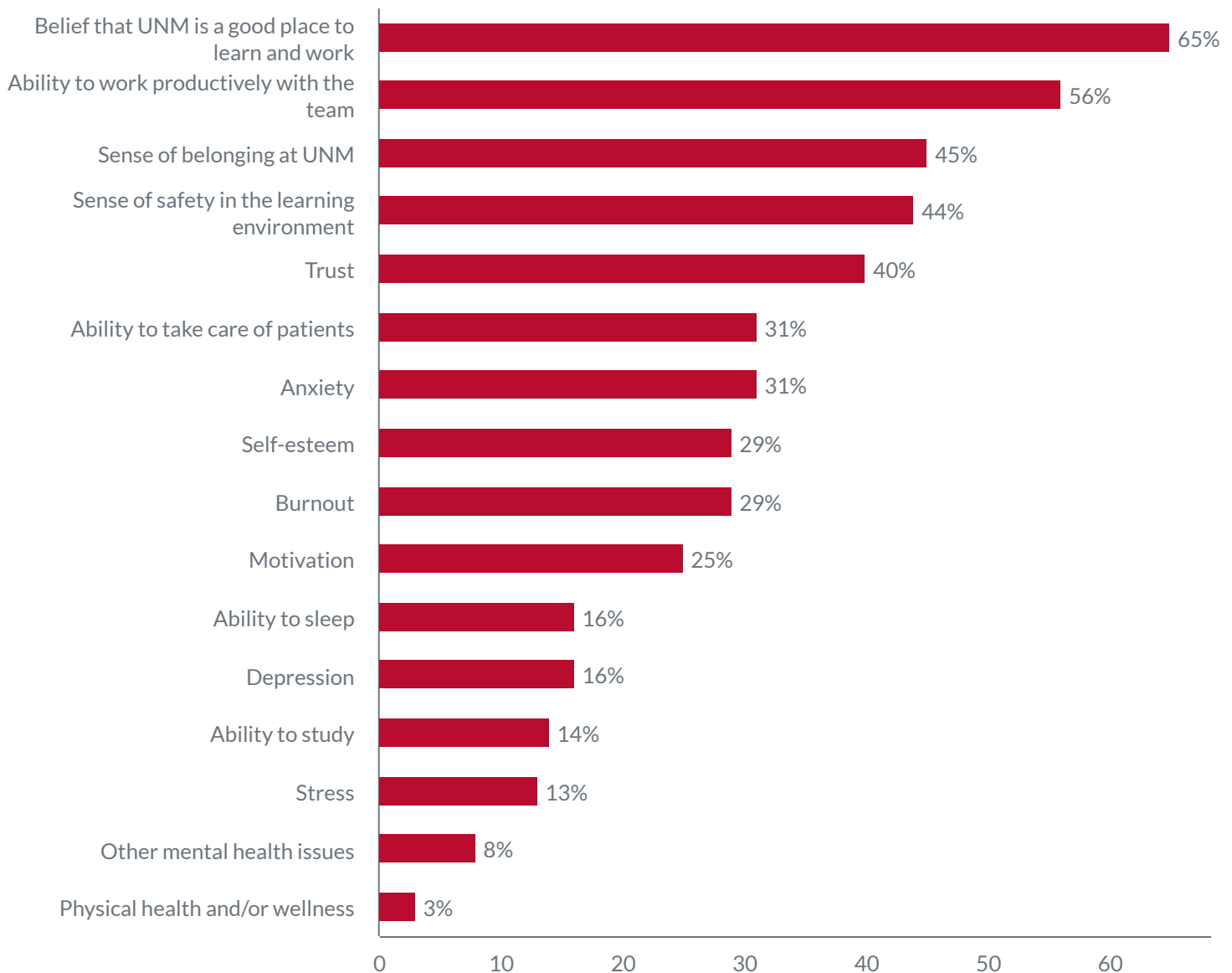
- Witnessed reports help us substantiate and take some of the pressure off the person who was mistreated.
- Non-anonymous reports mean we can ask questions and give updates as the case progresses. We're much more likely to be able to take action on a case with a non-anonymous reporter, as we can ensure we have all the information we need. This does **not** mean we'll share your identity with anyone else without your permission; **you can be anonymous to the world even if we know who you are.**

# 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:"



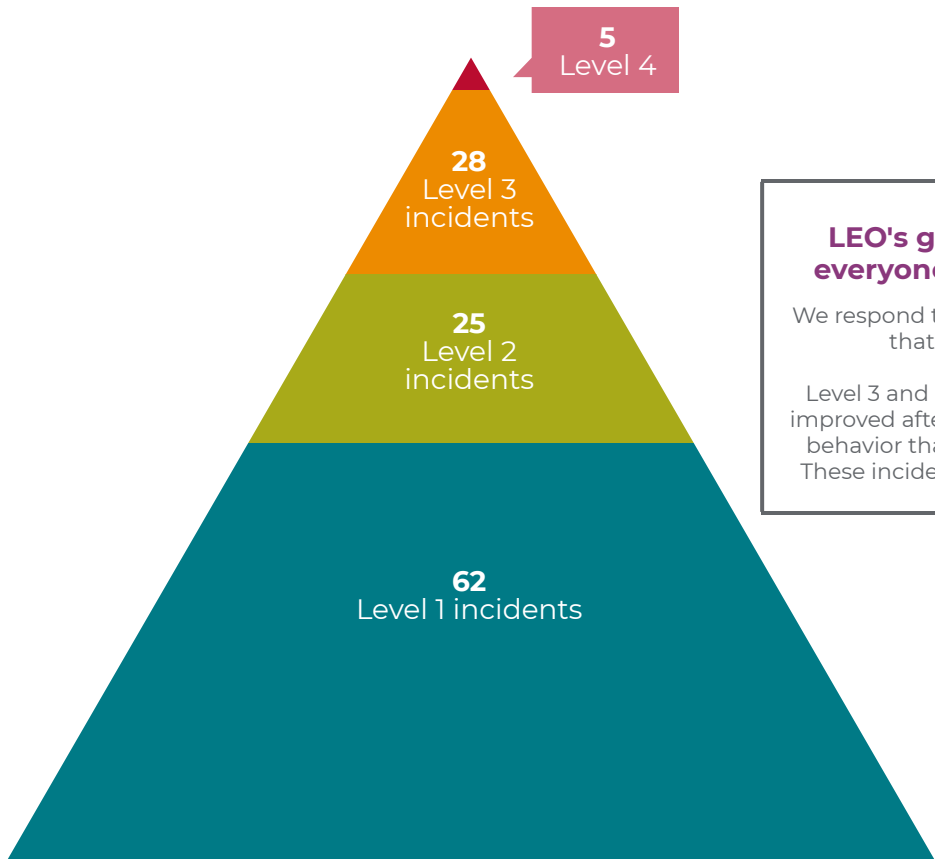


# How are Incidents Classified on the Mistreatment Response Pyramid?

n = 120 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.



**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

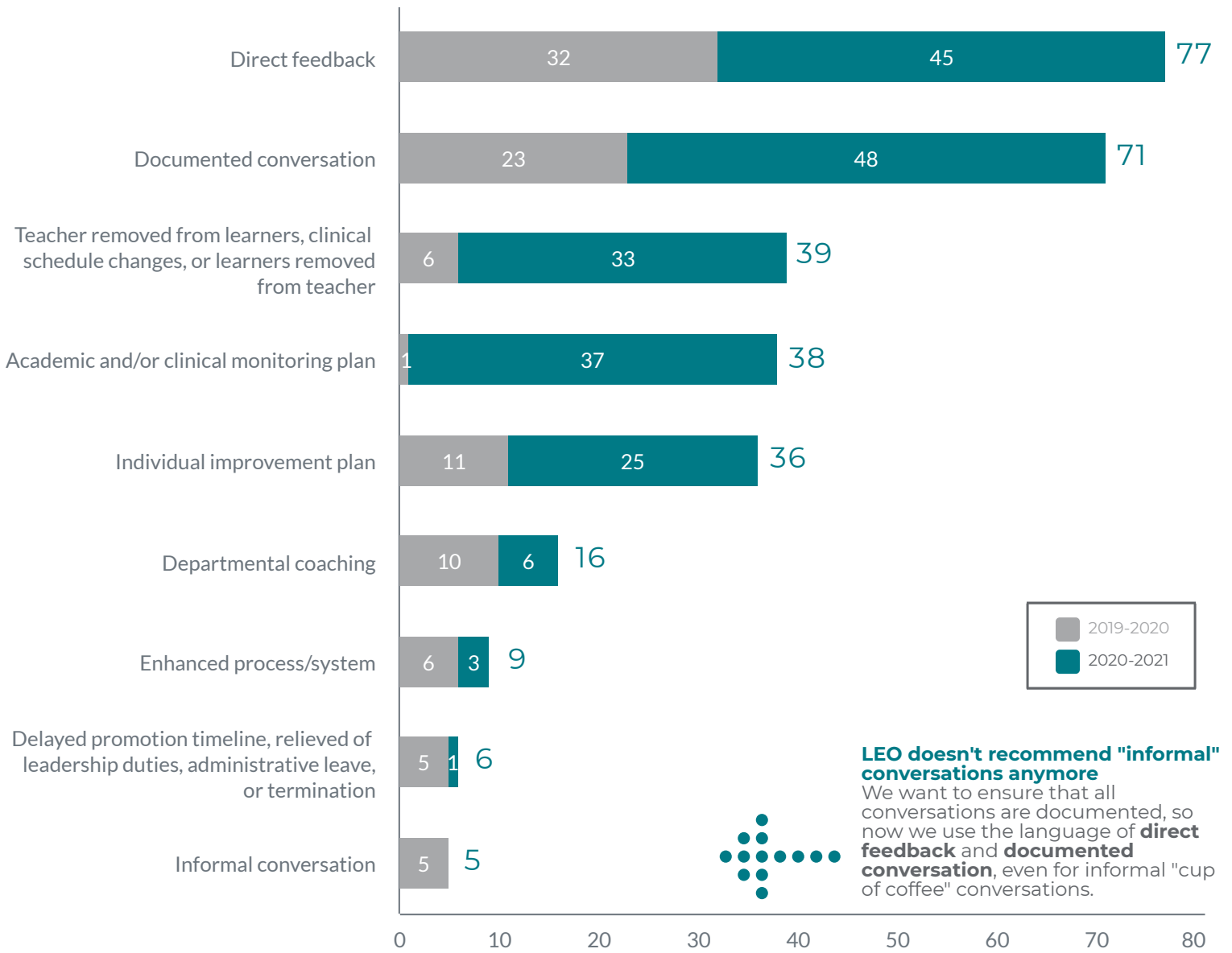
n = 188 cases that have reached this stage



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.

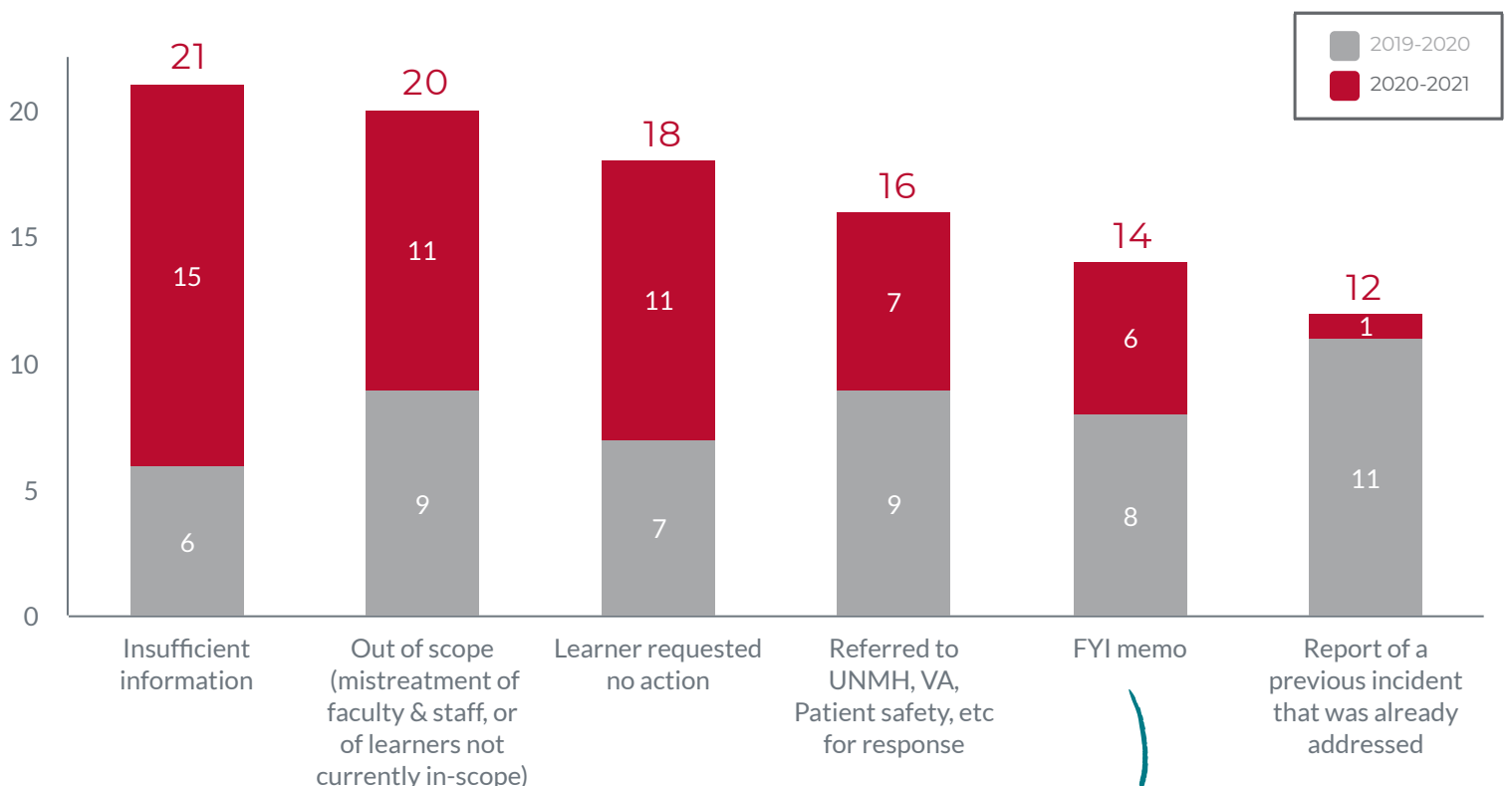
## Actions Recommended

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 BRENDA!

LEO is thrilled to welcome our newest staff member, **Brenda L. Loya!** She joins us as our inaugural **Case Management Specialist**. Learn more about her here, and get ready to welcome her starting August 2nd.



Daughter of Mexican immigrants, Brenda was born and raised in Santa Fe, New Mexico. She is deeply invested in being an agent of social change and being a progressive leader for underserved and underrepresented communities. Through her professional experience, she's developed a keen interest in facilitating collaboration to achieve better health outcomes by strengthening education pipelines for health career disciplines and sectors.

Brenda most recently served at the District Director of the Health Careers Resource Center for Dallas College.

Previously, Brenda was a Climate and Health organizer in DC and Maryland, where she prepared health professionals to address issues related to climate change and public health. In addition, as a Media Associate at the AFL- CIO in Washington, D.C., she worked to carry the voice of all working families to advance social and economic justice.

Brenda is a Congressional Hispanic Caucus Institute Alumni and worked for Senator Ben Ray Luján (D-NM) during the 111th and 112th Congress. As first-generation American and first in her family to graduate from college, she continuously explores issues of social and cultural formation, of race, class and ethnicity. As an undergraduate at the University of New Mexico, she studied abroad in Buenos Aires, Argentina and in Cuernavaca and Veracruz, Mexico, exploring indigenismo, the African Presence in Mexico and Chicano humor. Brenda graduated with honors with a Bachelor of Arts in Latin American Studies and Chemistry. During her free time, she enjoys hiking and horseback riding.

# CONGRATULATIONS DR. ROHAN-MINJARES!

**Did you hear?**

**Dr. Felisha Rohan-Minjares is the new Interim Dean of the Department of Family and Community Medicine!**



While we're thrilled for Dr. Rohan-Minjares and the whole FCM department, their gain is our loss, because it means she's not able to work with LEO anymore.

Dr. Rohan-Minjares was instrumental in the founding and initial construction of LEO. She has continued to support LEO's work with medical students for the past two years by developing curriculum, building skills for teachers, and supporting learners.


We'll miss her terribly, but we know she's going to continue being an exemplary leader at the SOM. And don't worry, we'll still force her to hang out with us.



# WELCOME NEW AFFILIATED FACULTY

LEO is thrilled about our recent expansion to serve all of the learners in the School of Medicine, including learners in the **Biomedical Sciences Graduate Programs** (BSGP) and the seven **Health Professions Programs** (HPP).

To help guide and orient us to each of these new learning environments, LEO is thrilled to welcome **Shelly McLaughlin**, the Assistant Dean of the Health Professions Programs, and **Dr. Laura Gonzalez Bosc**, Director of BSGP, to LEO.



# GET TO KNOW THE LEO TEAM!

## FULL TIME STAFF



**Diana V. Martínez, MPH**  
Director  
deemb@salud  
she/her/ella



**Emma Naliboff Pettit, MA**  
Assistant Director  
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