Educational Courage: Conquering Our Cowardly Lion

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It is midday on a Monday in late June, and 18 interns are at their first day of residency orientation. The morning marked their official introduction into the program, and they are now gathered on the sloped lawn outside of the hospital on this beautiful, warm day. Excited and perhaps a bit anxious, they wonder why they are outside, and why they have been asked to wear "comfortable shoes." They see 4 hula hoops on the lawn: 1 hula hoop in the middle and 3 others arranged equidistantly (about 20 feet away) around the center hula hoop like a "Y." In the center hula hoop are 150 four-inch, multicolored plastic balls. Little do these interns know that they are about to learn essential lessons about courage and collaboration.

We count the residents off by 3 to form teams. Each team is assigned 1 of the 3 outer hula hoops and given the following instructions: "The object of the game is to collect all 150 plastic balls into your team's hula hoop. You can only carry 1 ball at a time. No throwing or kicking of the balls is allowed. Once the balls are emptied from the central hoop, you are permitted to steal balls from any other team. Ready… go!"[1] What follows is a fascinating glimpse into the mindset of the medical neophyte.

Fast and furiously, each intern sprints between the center hoop and their own hoop, industriously working to collect as many balls as possible. With the center hoop emptied, the game heats up as the interns start deviously stealing balls from each other's hoops, hoping their team will emerge victorious.

Sweat drips from their faces in the summer sun as, 1-by-1, they begin to realize the Sisyphean nature of the task. Team members, panting and dejected, slowly begin to give up and drop out. A few interns mutter under their breath that we must be tricking them in some way. Finally, after about 15 minutes, a courageous soul hesitantly asks, "Can we move the hula hoops?" "Yes, you can," we say, and suddenly the game changes. The group's activity crescendos as they excitedly pool their efforts, stacking the hula hoops on top of each other and piling the balls into the combined set of hoops. Laughing and collectively victorious, the group heads back indoors to cool off and debrief.

Besides being an encouraging start to a transformative year (and an entertaining break for the faculty), there are a number of valuable lessons to be learned from this exercise. As part of the debrief, we query the interns who were brave enough to speak up in a group of peers they had recently met and to challenge the frenetic flow of the activity. "How did you feel when you spoke up?" Their response: "Nervous." "Scared." "Afraid I might be wrong." To the rest of the group, we ask, "For those of you who wanted to say something but didn't, what held you back?" Similar responses: "I didn't want to look bad." "I was afraid I might be wrong." In this low-stakes activity, our learners demonstrate their reluctance and fear of going against the grain, of not being like their peers, and of questioning the "norm."

Educational courage, the ability to do something that is frightening in a learning environment, is a competency that learners must develop and embrace early in their training to be successful. When one hesitates to ask important questions, learning opportunities are lost and patient care will suffer. When coupled with the knowledge that how trainees learn to practice during residency predicts the quality of care they will deliver in the future, those lost opportunities become even more critical for our learners and the health care system.[2–4]

Fast forward to the spring, 3 years later, to a morning precepting session at our ambulatory health center. I am involved in a heated yet respectful debate with a third-year resident, with whom I had worked closely throughout his residency. We are sitting in our precepting pod with other team members, including a few interns, and having an animated discussion on the treatment course for a primary care patient he is treating. Despite our initial disagreement, his argument is sound, and we agree to his plan of care.

Later that afternoon, the same third-year resident approaches me to apologize for being what he perceives as disrespectful in our earlier interaction. I am surprised by the apology and explain that I had

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enjoyed the collegial challenge and am proud of him for articulating an intelligent and academic approach to a complex clinical problem. When I ask him why he felt the need to apologize, he responds by explaining that 1 of the interns had expressed concern that he had perhaps overstepped his role as a learner.

As a soon-to-be fellow attending, we reflect candidly on the interaction and the perceptions of the intern. At 1 point in the conversation he says, "You know, when I started residency, you said it was important for us to challenge ourselves, each other, and you. At first I didn't believe that the program would really be okay with that. But now I know that what you guys said was really what you meant."

It took almost 3 years for this resident, who easily acculturated into a clinical care team early in his residency, to also become comfortable with the educational partnership that he and I had built over the course of his training. While the intern had been bold enough to challenge the third-year resident's behavior, he had not yet fully accepted this new cultural norm. What was the tipping point? What had occurred for the third-year resident but not yet for the intern that provided him the implicit permission for an act of *educational courage*?

As educators, we have an enormous responsibility to earn the trust of our learners. Medical trainees, innately cautious, need an environment in which they can safely ask clinical questions, challenge decisions, and test the status quo. Equally important is for learners to question themselves and others without fear of repercussion. True *educational courage* occurs in the face of answers when questions yet remain. How will we inspire our learners to conquer their cowardly lions?

References

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