

No Learner Left Behind: Elements and Exercises to Promote Professionalism

- I. Professionalism Principles
 1. Background
 2. Examples

- II. Exercises for Primary Prevention
 1. Family Feud (Setting Expectations)
 2. Professionalism Vignettes
 3. Clever Comeback Lines

- III. Exercises for Problem Learners
 1. If Only I Could Do It Over Again
 2. Wait Till You've Walked a Mile in My Shoes
 3. How Did They Do That?
 4. Reflective Writing
 5. Behavior Checklists

- IV. Additional Remediation Resources
 1. Counseling
 2. Behavior-specific referrals/classes
 3. Conflict resolution courses
 4. Physician Wellness Committees

- V. Selected References

I. Remediating Professionalism

BACKGROUND

Students come into medical school with a group of ideals, thoughts and behaviors. During their pre-clinical years, they learn about medical ethics and discuss hypothetical professionalism topics. However, they often have little or no experience with observing how these situations actually unfold, and very little personal experience of solving these problems. On the other hand, during their clinical years of medical school, residency, and fellowship, they will have countless opportunities to observe others handle patient care situations in both professional and unprofessional manners, as well as have their own personal experiences.

Professionalism problems are a broad category of noncognitive performance problems that compromise attributes such as honesty, integrity, responsibility, and communications skills. Professionalism remediation should focus on changing learner behaviors, not on changing underlying attitudes or motivating factors. Changing behavior requires reflection and adaptation. 1:1 remediation with a trusted coach is an ideal approach. In addition, learner buy-in is crucial, and the learner must be willing to reflect on improvement areas and recognize weakness areas when pointed out by observers.

Unprofessional Behaviors in the Clinical Setting

Unaddressed professional responsibility

- Needs continual reminders regarding responsibilities
- Cannot be relied upon to complete tasks
- Misrepresents or falsifies actions and/or information

Lack of awareness/effort towards self-improvement and adaptability

- Defensive/resistant to advice/criticism
- Unwilling to consider/change behavior
- Abusive or critical during times of stress
- Demonstrates arrogance
- Does not acknowledge self as cause of failure, error

Diminished relationships with patients, families, or care team

- Reluctant to listen to and accommodate wishes of patient (when appropriate to do so)
- Difficulties with establishing successful collaborative relationships with patients/families/care team
- Insensitive to the needs of patients/families/care team
- Lacking/ineffective in demonstrating empathy

From Hicks PJ, et al. *To the point: Medical education reviews—Dealing with student difficulties in the clinical setting*, *American Journal of Obstetrics and Gynecology*, 193: 1915-22, 2005.

Top 10 Examples of Unprofessional Behavior

1. Dishonesty- intellectual and personal
2. Arrogance and disrespectfulness
3. Prejudices
4. Negative or abrasive interactions with colleagues
5. Lack of accountability for administrative oversights and medical errors
6. Fiscal irresponsibility
7. Lack of commitment to life long learning
8. Lack of due diligence- e.g., carelessness, laziness, and not following through
9. Personal excesses- e.g., substance abuse, gambling, and reckless behavior
10. Sexual misconduct

Adapted from Duff P. *Teaching and assessing professionalism in medicine. Obstet Gynecol* 104:1362-6, 2004.

Prochaska and DiClemente's Model of Behavior Change

Precontemplative Stage: learner has minimal self-awareness and reflection; often has no insight into how he/she is perceived

Strategies:

- Provide objective examples of the problem actions to the learner.
 - Best if these are from multiple sources.
- Prompt learner to consider the possible outcomes and consequences of his/her actions.

Contemplative Stage: learner may not have enough insight and experience to develop strategies to correct the problem

Determination stage: learner both recognizes the problem beyond a single example (he/she sees the problem abstractly) and knows that change is needed; can develop strategies to correct the problem

Strategy:

- Involve the learner in developing strategies to correct the problem, which empowers the learner to embrace the solution

Littell JH, Girvin H. *Stages of change. A critique. Behav Modif* 26:223-73, 2002.

Remediating Professionalism

The most successful exercises for remediating professionalism focus on:

- Reflection
- Creation of behavior-specific checklists
- Explicit role modeling
- Deliberate practice

II. PRIMARY PREVENTION PROFESSIONALISM EXERCISES FOR ALL LEARNERS

1. FAMILY FEUD (SETTING EXPECTATIONS)

EXPLANATION: This exercise can be used to highlight and emphasize many key components of professionalism, which can be useful as a primary prevention strategy because it clarifies expectations.

TOOL: “Top 10 Examples of Unprofessional Behavior” from Duff P. *Teaching and assessing professionalism in medicine. Obstet Gynecol* 104:1362-6, 2004:

1. Dishonesty- intellectual and personal
2. Arrogance and disrespectfulness
3. Prejudices
4. Negative or abrasive interactions with colleagues
5. Lack of accountability for administrative oversights and medical errors
6. Fiscal irresponsibility
7. Lack of commitment to life long learning
8. Lack of due diligence- e.g., carelessness, laziness, and not following through
9. Personal excesses- e.g., substance abuse, gambling, and reckless behavior
10. Sexual misconduct

**Of note, these examples are not ranked most common to least common nor most egregious to least egregious. They are just a list of the top ten examples of unprofessional behavior.

THE STEPS:

- Divide the learners into two teams.
- Give each team two minutes to brainstorm the top ten examples of unprofessional behavior.
- Each team then takes turns guessing. For each correct answer, the team scores a point.
- The exercise ends when all ten examples have been identified.

2. PROFESSIONALISM VIGNETTES

EXPLANATION: This exercise can be used to highlight and emphasize many key components of professionalism (some obvious and some subtle) – useful as both a primary prevention strategy (because it clarifies expectations) and also as a remediation method.

TOOL: Professionalism vignettes (there are excellent vignettes in the “Teaching and Assessing Professionalism: A Program Director’s Guide” by ABP and APPD – on patient cases, working with staff, working with colleagues, professional obligations to society)

THE STEPS (TWO OPTIONS):

- Option 1: Learners read the vignettes or they are enacted for them.
 - Learners then discuss the “discussion points” at the end of the scenarios with each other and with coach.
- Option 2: Learners enact the scenarios through role plays or in standardized patient scenarios.
 - Learners then discuss what issues of professionalism were raised and alternative ways of handling the situations.

3. CLEVER COMEBACK LINES

DEVELOPED BY: Rebecca Blankenburg, MD, MPH

EXPLANATION: This exercise allows professionalism to be approached with humor (but ultimately concludes in good taste). It acknowledges that learners are daily placed in difficult situations and that it can be tempting to say bad things at times. It allows learners to generate “comeback lines” to difficult situations (ranging from bad/ terrible/unprofessional responses to good/thoughtful/professional responses). With these comeback lines in hand, it is hoped that if the learner finds himself/herself in a situation when he/she is tempted to use a bad comeback line, then he/she will use a polite, thoughtful one instead.

TOOL: Comeback line professionalism vignettes (attached)

THE STEPS:

- Give learners 5 minutes to think of comeback lines to the attached scenarios.
- Read each case out loud and have learners share their comeback lines.
- Learners choose a winner for each scenario.
- At conclusion of each case, coach leads learners through discussion of:
 - Are there better ways to handle the situation?
 - What are our real-life barriers to using best approaches?
 - Can suboptimal responses or momentary lapses in professionalism be fodder for teaching and “counter-modeling”?

III. PROFESSIONALISM EXERCISES FOR LEARNERS WITH DIFFICULTY

1. IF ONLY I COULD DO IT OVER AGAIN

EXPLANATION: Often learners with professionalism issues did not mean to be perceived in the way they were – their intentions are good (or neutral), but their actions are perceived as bad. This exercise allows them to consider alternative ways to handle real-life scenarios.

TOOL: Learner evaluations

THE STEPS:

- Have the learner provide an example of a negative interaction with a patient, patient’s family member, or staff. If he/she cannot think of any, then use some real-life examples from his/her evaluations.
- Role play the scenario with the learner playing himself/herself and the coach being the victim of the unprofessional behavior.
- Encourage the student to think of as many alternative ways of handling the situation as possible.
- Then, have the student reflect on which one he/she would use if this situation came up again.

Expanded:

- After the initial scenario has been enacted and discussed, have the coach add in hypotheticals, such as:
 - What if you were in this same scenario, but you needed to handle it quickly because you had a procedure starting in 5 minutes, what would you do?
 - What if the staff member was angry and yelling?
 - What if the victim started crying?
 - What if the victim told his/her higher-up (for example, involved the nursing manager)?

2. WAIT TILL YOU’VE WALKED A MILE IN MY SHOES

EXPLANATION: This exercise can be used to highlight and emphasize the other person’s point of view. It can be useful for a learner in remediation to learn from those he/she has adversely affected. As it can be a contentious meeting, it is best if the circumstances are well-controlled – with the “victim” carefully chosen (someone who can give good feedback, but not attack the learner) and proper expectations of the learner and the victim laid out.

THE STEPS:

- Set-up a meeting with the learner, the victim of his/her unprofessional behavior, and the mentor/coach
- Before the meeting, the mentor/coach should meet with the victim and ask him/her to identify the behaviors/actions that were so troublesome
- At the beginning of the meeting, the coach should set the expectations that this is an information-sharing meeting, that the comments should be respectful, that the comments should focus only on the learner’s **actions**.
- After the meeting, debrief separately with the learner and the victim.

3. HOW DID THEY DO THAT?

EXPLANATION: We all know those health care providers who everyone loves, and likely these individuals are so well-liked in part due to their professionalism. This exercise functions under the premise that professional behaviors and actions can be learned, and who better to learn from than those who observe the “experts”.

THE STEPS:

- Have the learner do an unofficial research project, with the following instructions:
 - Meet with 3 nurses, 3 attendings, and 3 families
 - Ask each of them to think of a favorite physician with whom they have interacted
 - Then ask them:
 - What made them special?
 - How did they handle difficult situations?
 - Did they use any key phrases when dealing with difficult situations?
 - Did they use any specific actions when dealing with difficult situations?
 - Also, observe others’ choices of words and actions during the week
- A week later, the coach then discusses the learner’s findings with him/her and finds out what conclusions he/she has come to
- After, coach asks if the learner has encountered some of the following key phrases/actions:
 - Key phrases:
 - “I’m sorry.”
 - “I want to work with you to make this situation better.”
 - Actions:
 - Setting expectations, to avoid difficult situations
 - Sitting down in a quiet place to discuss the situation
 - Physicians discussing their plans and rationale for those plans with staff
 - Physicians complimenting someone when things go well
 - Physicians making “small talk” with patients, their families, and staff (helps establish rapport)
 - Physicians bringing in treats for the staff

4. REFLECTIVE WRITING

EXPLANATION: Reflective writing can be very helpful to problem learners with professionalism issues. It allows them to think about their actions in a more systematic way, and also allows them to consider new ways of handling the same situation.

THE STEPS:

- Regularly, throughout the remediation process, have learner journal about his/her experiences
- Sample questions to think/write about include:
 - Have you had any particularly good interactions with patients/their families/staff? What made it particularly good?
 - Have you had any particularly bad interactions with patients/their families/staff? What made it particularly bad? How could things go differently the next time?
 - What has surprised you about your interactions with others?
 - What external circumstances contribute to your unprofessional actions? Are there ways of controlling/minimizing those circumstances?
 - What good communication techniques or other actions have you noticed others use? Are there any key phrases and actions that might be worth incorporating?
- The coach should review the writing at regular intervals

5. BEHAVIOR CHECKLISTS

EXPLANATION: Sometimes learners who have problems with professionalism have such a lack of insight into how they are perceived that they need a checklist of actions to do and not to do.

THE STEPS:

- Coach and learner create a checklist together
 - Possible components include:
 - Always come to rounds on time.
 - Cannot leave rounds unless excused.
 - Do not look things up on your Blackberry during rounds unless the attending or senior resident asks you to do so.
 - Call consults before going to noon conference.
 - Always sit down in a quiet place with patients when sharing bad news.
 - Do not leave on call nights.
- Share checklist with the attending on-service and the senior resident, and have them give feedback to learner each week.

IV. ADDITIONAL REMEDIATION RESOURCES

May be helpful to consider the following resources as well:

1. Counseling
2. Behavior-specific referrals/classes
3. Conflict resolution courses
4. Physician Wellness Committees (if concerned about problems with substance- abuse or mental health issues)

V. SELECTED REFERENCES ON PROFESSIONALISM

ABP and APPD. Teaching and Assessing Professionalism: A Program Director's Guide, 2008.

Duff P. Teaching and assessing professionalism in medicine. *Obstet Gynecol* 104:1362-6, 2004.

Hicks PJ, et al. To the point: Medical education reviews—Dealing with student difficulties in the clinical setting, *American Journal of Obstetrics and Gynecology*, 193: 1915-22, 2005.

Littell JH, Girvin H. Stages of change. A critique. *Behav Modif* 26:223-73, 2002.

Stubbe D, Heyneman E, Stock S. A stitch in time saves nine: Intervention strategies for the remediation of competency, *Child Adol Psychiatric Clin N Am*, 16: 249-264, 2007.

CLEVER COMEBACK LINES

1. It's a busy night, and you are late getting to sign-out with the Cardiology NP. You're late because you had a very sick patient on the ward, with sodium 173, who just lost his PIV. You walk into the workroom and get yelled at by the Cardiology NP for being late. Among other things, she says, "Well I guess you just don't value non-physician time."

Comeback Lines:

2. You are caring for a VIP patient who has been making snide comments during the entire H&P, about the hospital facility, the nurses, the physicians, the food.

Comeback Lines:

3. Your senior resident is a micro-manager and doesn't let you make any clinical decisions. On one particularly infuriating day, she is rattling out orders and expecting you to enter them into the computer.

Comeback Lines:

4. Your medical student is continually taking credit for things that you have figured out... a possible diagnosis for the complicated genetic syndrome patient, a new medicine to try for the child with pulmonary hypertension, a possible test to run on the diagnostic dilemma patient. Though you are pleased that your student is succeeding, it feels like she should be giving you more credit. The final straw is when you've been up all night admitting a new patient with her and prepping her for her to give a great presentation. After the presentation, the attending says with all seriousness "Wow – with medical students like you, we don't even need a senior resident on this team."

Comeback Lines:

5. You are caring for a child with appendicitis, after another specialty's attending has refused to accept her to his service. After managing the child for several days and seeing her through compensated shock, another attending from the subspecialty service approaches you and demands that the patient be placed on his team, saying "What could you possibly know about appendicitis?"

Comeback Lines: