Professionalism and Communication

I. Key Concepts in Professionalism and Communication

II. Novel Approach: Applying the Stages of Change Model to Remediating Professionalism and Communication Issues

III. Professionalism and Communication Exercises and Tools

IV. Remediation Plan/Progress Plan Formulation

V. Selected References
I. KEY CONCEPTS IN 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. One-on-one 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.

Professionalism Domains

1. Adherence to ethical principles
2. Effective interactions with patients and people who are important to those patients
3. Effective interactions with health care members
4. Reliability
5. Commitment to autonomous maintenance and continuous improvement of competence in self, others, and systems


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

II. NOVEL APPROACH:
APPLYING THE STAGES OF CHANGE MODEL TO WORKING ON PROFESSIONALISM ISSUES

READINESS ASSESSMENT AND STRATEGIES FOR PROMOTING ALONG READINESS SCALE

Prochaska & DiClemente’s Model of Behavior Change (also referred to as the Transtheoretical Model (TTM) and the “Stages of Change”) may be used to determine learner’s readiness to change.

![Stages of Change Model Diagram]


<table>
<thead>
<tr>
<th>STAGES OF CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Precontemplative Stage:</strong> learner has minimal self-awareness and reflection; often has no insight into how he/she is perceived</td>
</tr>
<tr>
<td><strong>Contemplative Stage:</strong> learner may acknowledge that there is a problem but is not yet ready or sure of wanting to make a change, learner may not have enough insight and experience to develop strategies to correct the problem</td>
</tr>
<tr>
<td><strong>Preparation/Determination Stage:</strong> learner both recognizes the problem beyond a single example (he/she sees the problem abstractly) and knows that change is needed; can help develop strategies to correct the problem</td>
</tr>
<tr>
<td><strong>Action Stage:</strong> learner takes action alone; learner experiences the rewards and challenges of his/her choices</td>
</tr>
<tr>
<td><strong>Maintenance Stage:</strong> learner often has much experience with both success and failure; learner understands the events that can lead to relapse</td>
</tr>
<tr>
<td><strong>Relapse Stage:</strong> learner often feels ashamed and guilty of failure</td>
</tr>
</tbody>
</table>
STRATEGIES FOR PROMOTING PROGRESS ALONG READINESS SCALE

Based on the learner’s readiness to change, the types of interventions needed to bring about that change differ, as do the goals of the interventions. The Model for Intervention Based on Stage of Change (on the following page) has applied ideas from Milan’s Model for Feedback and Hersey and Blanchard’s Situational Leadership Model to working with learners with professionalism issues.

**Precontemplative Stage Strategies:**
- Provide objective examples of the problem actions to the learner.
  - Emphasize behaviors over attitudes.
  - Best to include multiple sources; consider having learner choose observers to increase chance of buy-in.
- Encourage self-assessment.

**Contemplative Stage Strategies:**
- Identify learner’s ambivalence.
- Prompt learner to consider the possible outcomes and consequences of his/her actions.
- Identify barriers to change.

**Preparation/Determination Stage Strategies:**
- Involve the learner in developing strategies to correct the problem, which empowers the learner to embrace the solution.

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MODEL FOR INTERVENTION/REMEDICATION BASED ON STAGE OF CHANGE

Difficult Professionalism Situation

- Precontemplation
  - “Lacks insight into problem; Denial/ignorance”
  - Denial, lack of awareness
  - Resists discussion
  - Denies responsibility
  - Blames external forces

- Contemplation
  - “Insight but Ambivalence”
  - Ambivalence
  - Tension, debate, uncertainty about own level of responsibility or ability to change
  - Resists concrete plan for change

- Preparation/Determination
  - “Committed to Change”
  - Insight
  - Awareness
  - Belief that there is a problem and change is possible

Stage

Features

Interventions

Desired Outcome

- “Telling”
  - Understand learner’s point of view
  - State opinions
  - Clarify expectations
  - Create tension, awareness of gap between behavior and professional goals

- “Selling”
  - Empathize with the dilemma
  - Explore pros and cons
  - Identify barriers to change

- “Participating”
  - Support commitment
  - Help develop an action plan

- Tension is built between learner’s behavior and goals
- Increased awareness → move toward contemplation
- Increased tension, discomfort
- Reduced perception of barriers to change
- Behavioral change

### III. PROFESSIONALISM EXERCISES AND TOOLS

**EXERCISES AND TOOLS FOR PROMOTING PROGRESS ALONG READINESS SCALE**

<table>
<thead>
<tr>
<th>TOOLS:</th>
<th>Readiness Level</th>
<th>Observer Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Precontemplation → Contemplation</td>
<td>Contemplation → Preparation</td>
</tr>
<tr>
<td>1. Behavior Checklist</td>
<td>++</td>
<td>(-)</td>
</tr>
<tr>
<td>2. Comparative Performance Table</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>3. Professionalism Mini-Evaluation Exercise (P-MEX)</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>5. Verbatim Recording and Debriefing</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>6. Peer Assessment</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>7. Pro/Con Sessions on Grey-Area Scenarios</td>
<td>(-)</td>
<td>++</td>
</tr>
<tr>
<td>8. Reflective Writing</td>
<td>+</td>
<td>++</td>
</tr>
<tr>
<td>9. Explicit Role Modeling</td>
<td>+</td>
<td>++</td>
</tr>
<tr>
<td>10. Deliberate Practice</td>
<td>+</td>
<td>++</td>
</tr>
</tbody>
</table>


### ADDITIONAL RESOURCES

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)
**EXERCISES AND TOOLS FOR PROMOTING PROGRESS ALONG READINESS SCALE**

1. Behavioral Checklist
   - Useful for remedial situations when goal is documentation of meeting minimal expectations
   - Useful when learner lacks insight, to the point that they need a checklist of actions ‘to do’ and ‘not to do’
   - Can be tailored (edited) to serve the individual learner / situation

2. Comparative Performance Table [Hickon et al, 2007]
   - Adapted from complaint indices used as a quality and safety measure, depicts an individual physician’s relative level of patient complaints as compared with peers
   - Tailor to show student the extent to which his/her performance ratings “stand out” from the rest
   - Visual impact can help insight, especially for students not yet willing to acknowledge the utility of constructive criticism received in evaluations

3. Professionalism Mini-Evaluation Exercise (P-MEX) [Cruess et al, 2006]
   - Based on the mini-clinical exercise (Mini-CEX) by McGill educators
   - Twenty-five behaviors grouped into four domains
   - Studies show may require > 8 evaluators for validity and reliability
   - By focusing on specific behaviors only, may miss complex professionalism deficiencies

4. Multi-Source Feedback, 360º Feedback (MSF)
   - Use to collect feedback from many observers (patients, nurses, residents, faculty)
   - Learners may choose observers, therefore increasing “buy-in” for formative benefits
   - Studies show may require > 10 evaluators of each type for validity/reliability
   - Time-consuming for administration and collection

5. Verbatim Recording and Debriefing
   - A “low-tech” way to provide learner with feedback, an alternative to recorded (video) encounters
   - Useful for identifying moments of conflict and assessing non-verbal communication
   - Allows feedback on actual witnessed behavior vs. assumptions and interpretations

   - Learners may be more receptive to concerns raised by peers—utility in formative capacity
   - Requires as many as many as 13 evaluators to achieve validity/reliability
   - May have weak correlation with faculty evaluation; should not stand-alone

7. Pro/Con Sessions on Grey-Area Scenarios
   - For use in small discussion groups, for reflective writing, or one-on-one with faculty coach
   - Learners explore benefits and drawbacks of different responses to hypothetical scenarios or real situations
   - May be especially useful for the learner with solid self-awareness who is developing confidence in managing interpersonal challenges related to patient care and teamwork

8. Reflective Writing
   - For use with learners of all stages, activities can be tailored to individual learner’s needs
   - Chance for learners to process situations and consider alternative ways of handling challenging situations
   - May help assess level of insight for remedial learners
   - Needs time and active coaching/input for maximum benefit

9. Explicit Role Modeling
   - For use with learners of all stages, activities can be tailored to group or individual learner's needs
   - Chance for learners to learn from role models they respect

10. Deliberate Practice
    - For use with learners of all stages, activities can be tailored to group or individual learner's needs
    - Chance for learners to practice applying the techniques they have learned
Tool 1: SAMPLE BEHAVIOR CHECKLIST

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
  - Components of checklist can come directly from feedback/evaluations student has received.
- Share checklist with the attending on-service and the senior resident, and have them give feedback to learner each week.

### Behavioral Checklist

(Instructions: Please evaluate the student’s performance during today’s rounds and provide feedback. Return the form directly to the student.)

<table>
<thead>
<tr>
<th>STUDENT: _________________________________</th>
<th>Encounter Date: _____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBSERVER NAME: __________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>OBSERVER LEVEL: (Attending, Chief, Sr. Resident, Intern, Student) __________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student...</th>
<th>Done well</th>
<th>Something to focus on</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is present for entirety of teaching rounds and does not leave at any point</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appears to pay attention even for patients he/she is not following</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not create or engage in distractions that detract from rounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates engagement by asking questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates engagement by volunteering for tasks (as appropriate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates engagement by offering information or answering questions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS: (Please provide details for the student about what was done well on rounds and what aspects of the encounter could still improve, specific to the categories above)

OBSERVER SIGNATURE: ________________________________________________

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A Clerkship Director may choose to create a customized graph to demonstrate to a student the degree to which his/her professionalism ratings fall outside of the expected distribution for his/her peer group. This can be done by creating a table inspired by a model used by the Vanderbilt Center for Patient and Professional Advocacy.\textsuperscript{8,9,10} Using data from existing evaluation materials, a simple chart can demonstrate the extent to which a particular student “stands out” from the rest.

**SAMPLE “COMPARATIVE PERFORMANCE TABLE”\textsuperscript{11}**

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{bar_chart.png}
\caption{Distribution of ‘Negative’ Evaluations of Students, 2007-08}
\end{figure}

Number of Negative Faculty Evaluations During Pediatrics Clerkship

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\textsuperscript{10} www.mc.vanderbilt.edu/cppa

Tool 3: SAMPLE PROFESSIONALISM MINI-EXERCISE (P-MEX)

MODIFIED PROFESSIONALISM MINI-EVALUATION EXERCISE\textsuperscript{12}

Evaluator: _____________________________________________________
Student: ______________________________________________________

Setting: Ward Clinic PICU NICU Urgent Care ER Other ______________

<table>
<thead>
<tr>
<th>COMMUNICATION WITH PATIENT: Doctor-Patient</th>
<th>N/A</th>
<th>Unacceptable</th>
<th>Below</th>
<th>Meets</th>
<th>Exceeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listened actively to patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showed interest in patient as a person</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showed respect for patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognized and met patient needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepted inconvenience (extended self) to meet patient needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensured continuity of patient care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocated on behalf of a patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintained appropriate boundaries with patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMUNICATION WITH COLLEAGUES: Interprofessional</th>
<th>N/A</th>
<th>Unacceptable</th>
<th>Below</th>
<th>Meets</th>
<th>Exceeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintained appropriate boundaries with colleagues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintained appropriate appearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addressed own gaps in knowledge and/or skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrated respect for colleagues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoided derogatory language</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted a colleague as needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintained patient confidentiality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used health resources appropriately</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respected rules and procedures of the system</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REFLECTIVE SKILLS AND FEEDBACK</th>
<th>N/A</th>
<th>Unacceptable</th>
<th>Below</th>
<th>Meets</th>
<th>Exceeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrated awareness of own limitations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admitted errors/omissions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solicited feedback</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepted feedback</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintained composure in a difficult situation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TIME MANAGEMENT</th>
<th>N/A</th>
<th>Unacceptable</th>
<th>Below</th>
<th>Meets</th>
<th>Exceeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was on time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed tasks in a reliable fashion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was available to patients or colleagues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# PATIENT FEEDBACK FORM

*Please take a few minutes to answer the following questions about your interactions with the doctor-in-training who took care of your child. Circle the best answer for each question below. Your answers will help the student learn to provide the best possible care to patients and their families.*

*Please do not put your name or your child’s name on this form.*

Name of Student Doctor: _____________________________________________________

This student...

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduced him/herself and explained his or her role.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Listened without interrupting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Showed support, concern, and respect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Asked questions to understand my ideas and concerns about my child’s illness and treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Explained my child’s condition and treatment in words that I understood.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What did the student doctor do that you particularly liked?

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Tool 5: SAMPLE VERBATIM RECORDING AND DEBRIEFING

BRIEF STRUCTURED OBSERVATION

Name of Learner: _____________________________________________________
Date: _____________________________________________________

Area of encounter observed (circle): HPI  PMH  SH  FH  Exam  Other: ______________

Observation:
• For history sections, record verbatim the question asked.
• For exam, record sequence, approach, patient’s reactions, etc.

Debriefing/Feedback (to be done together with the learner):
• Place an asterisk next to open-ended questions.
• Circle questions that are particularly leading, closed, or judgmental.
• Problems/risks identified during the encounter:
• Information still needed:
• Strengths:
• Areas to Work On:

14Stanford Clerkship adaptation.
### Tool 6: SAMPLE “PEER ASSESSMENT”

The 15-Item Peer Assessment Rating Form Used During Comprehensive Assessment of Medical Students at the University of Rochester School of Medicine

<table>
<thead>
<tr>
<th>Low/Unsatisfactory</th>
<th>High/Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Work Habits</strong></td>
<td></td>
</tr>
<tr>
<td>Consistently seems unprepared for sessions; presents minimal amount of material; seldom supports statements with appropriate references.</td>
<td>Consistently well-prepared for sessions; presents extra material; supports statements with appropriate references.</td>
</tr>
<tr>
<td>Overlooks important data and fails to identify or solve problems correctly.</td>
<td>Identifies and solves problems using intelligent interpretation of data.</td>
</tr>
<tr>
<td>Unable to explain clearly his/her reasoning process with regard to solving a problem, basic mechanisms, concepts, etc.</td>
<td>Able to explain clearly his/her reasoning process with regard to solving a problem, basic mechanisms, concepts, etc.</td>
</tr>
<tr>
<td>Lacks initiative or leadership qualities.</td>
<td>Takes initiative and provides leadership.</td>
</tr>
<tr>
<td>Only assumes responsibility when forced to or stimulated for personal reasons; fails to follow through consistently.</td>
<td>Seeks appropriate responsibility. Consistently identifies tasks and completes them efficiently and thoroughly.</td>
</tr>
<tr>
<td>Dependent upon others for direction with regard to his/her learning agenda.</td>
<td>Directs own learning agenda; able to think and work independently.</td>
</tr>
<tr>
<td><strong>Interpersonal Attributes</strong></td>
<td></td>
</tr>
<tr>
<td>Lacks appropriate respect, compassion and empathy.</td>
<td>Consistently demonstrates respect, compassion and empathy.</td>
</tr>
<tr>
<td>Displays insensitivity and lack of understanding for others' views.</td>
<td>Seeks to understand others' views.</td>
</tr>
<tr>
<td>Does not share information or resources; impatient when others are slow to learn; hinders group process; tends to dominate the group.</td>
<td>Shares information or resources; truly helps others learn; contributes to the group process; able to defer to the group's needs.</td>
</tr>
<tr>
<td>Does not seek feedback; defensive or fails to respond to feedback.</td>
<td>Asks classmates and professors for feedback and then puts suggestions to good use.</td>
</tr>
<tr>
<td>Pleases supervisors while undermining peers; untrustworthy.</td>
<td>Presents him/herself consistently to superiors and peers; trustworthy.</td>
</tr>
<tr>
<td>Hides his/her own mistakes; deceptive.</td>
<td>Admits and corrects his/her own mistakes; truthful.</td>
</tr>
<tr>
<td><strong>Global Items</strong></td>
<td></td>
</tr>
<tr>
<td>Dress and appearance often inappropriate for the situation.</td>
<td>Dress and appearance always appropriate for the situation.</td>
</tr>
<tr>
<td>Behavior is frequently inappropriate.</td>
<td>Behavior is always appropriate.</td>
</tr>
<tr>
<td>I have concerns for his/her future patients.</td>
<td>I would refer my own family or patients to this future physician or ask this person to be my own doctor.</td>
</tr>
</tbody>
</table>

Please comment on this student's strengths:

Please comment on this student's weaknesses:

---

Tool 7: SAMPLE “GREY-AREA SCENARIOS” FOR PRO/CON SESSIONS

The following sample grey-area scenarios\textsuperscript{17} map to Wilkinson’s Five Professionalism Domains\textsuperscript{18}:

1. Adherence to ethical practice principles
2. Effective interactions with patients
3. Effective interactions with other members of the health care team
4. Reliability
5. Excellence: Self-improvement, leadership, systems

Adherence to ethical practice principles
- On rounds, your detail-oriented attending interrupts your presentation demanding a lab result; you are not sure but confidently answer. Rounds end and your intern alerts you that the value you shared on rounds was wrong.

Effective interactions with patients
- You need to round on a new patient who is known to have a ‘difficult parent.’ This mother is known for resisting the team’s recommended medication changes. You have been told she 1) does not like students 2) often talks about doctors she does not like, and 3) has a list of doctors she does not let care for her daughter.

Effective interactions with other members of the health care team
- Your preceptor comes to you gossiping/complaining about a staff member. It is the first time you feel you are actually ‘bonding’ with this preceptor.
- You are with your resident and you overhear a nurse make a comment about a family that does not speak English: that the Mom does not know how to read and that she ‘wouldn’t even be able to feed her baby.’ The resident does not say anything in support of the parent.
- You feel like an outcast. Your assigned intern is hard-to-read. Though you try, you don’t seem to ‘fit in’ with your team, and your team obviously likes your co-student more than they like you. You’re sure it will affect your grade.
- You feel caught in the middle: on rounds, your resident and attending both seem to be ‘battling’ to teach you at the same time. Both want full attention.
- You are working with an attending who treats you like a high school volunteer. He won’t let you examine patients alone, and you disagree with some of his clinical assessments. You are torn; you fear this individual would not be professional if you confronted/addressed the situation directly

Effective interactions with patients AND Effective interactions with other members of the health care team
- A nurse is unhappy with the way a patient’s father is behaving. The father is hovering over the nurse as medications are prepped and ‘peeking’ in the chart. He has never-ending questions and the nurse states, “We can’t take it anymore! Someone needs to stop him! You Doctors need to stop him!”

\textsuperscript{17} UC Davis Clerkship adaptation.
Tool 8: REFLECTIVE WRITING

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. It is also an increasingly popular technique for stimulating curiosity around humanistic topics in medicine. Many students appreciate the sense of personal development that comes from time spent putting words to newly-encountered opinions, reactions, and feelings.

THE STEPS:

- May provide sample questions to think/write about
- The learner and coach should review and discuss the writing at regular intervals

SAMPLE IDEAS FOR REFLECTIVE WRITING ASSIGNMENTS:

- “Incident Report” Reflection Essay.\(^{19}\)
  - **Instructions:** Choose a positive or negative experience, and include the following:
    1. Brief description of the incident
    2. Reflection on why you think it affected you
    3. Comment on how you think this will affect your future practice
    4. Option: You may choose to reference some relevant piece of literature (medical or non-medical) to enhance the discussion.
- Reflect on the range of emotions you witnessed/experienced as a member of the ward team in one day. Comment on the most consequential and the most subtle of these emotions. What were the main triggers for the most consequential emotions you encountered?
- Describe an ethical dilemma you experienced this week, and several different responses you or your team considered. What are the pros and cons of the path that was chosen?
- How can physicians find inner calm even when caring for patients facing great difficulties?
- What opinions have you changed as a result of your recent work with peers, patients, families, or supervisors?
- Describe features of an “unexpected role model” encountered this rotation.
- What has surprised you about your interactions with others?
- What external circumstances contribute to your lapses in professionalism? 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?

RESOURCES:

- Shapiro, Kasman, Shafer, Words and Wards: A Model of Reflective Writing and its Uses in Medical Education\(^{20}\)
  - The authors explore the potential relationships between reflective writing and key pedagogical outcomes for medical students, including the following:
    - **Professional development** (Reflective self-assessment, Values clarification, Professional identity)
    - **Provider well-being** (Emotional equilibrium, Self-healing, Reducing isolation)
    - **Patient care skills** (Narrative competence, Insights into patient care, Empathy)

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\(^{19}\) Adapted from the University of Florida Dept. of Medicine Clerkship “Reflective Writing” course assignment (medicine.ufl.edu/3rd_year_clerkship/reflective_writing.asp)

\(^{20}\) Journal of Medical Humanities. 2006;227:231-244.
Tool 9: EXPLICIT ROLE MODELING

“How Did They Do That?” (An exercise in Explicit Role Modeling and Reflection)\textsuperscript{21}

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:

• Learner does an unofficial research project, with the following instructions:
  o Meet with 3 nurses, 3 attendings, and 3 families
  o Ask each of them to think of a favorite physician with whom they have interacted
  o 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?
  o 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 hearing learner’s findings, coach asks if he/she encountered any useful key phrases/actions
  o Examples might include:
    ▪ 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

Tool 10: DELIBERATE PRACTICE

“IF ONLY I COULD DO IT OVER AGAIN” (An Exercise in Deliberate Practice)\textsuperscript{22}

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)?

PROFESSIONALISM VIGNETTES (An Exercise in Deliberate Practice)\textsuperscript{23}

EXPLANATION: These exercises highlight many key features of professionalism (some obvious and some subtle), which can be useful individually or in a group setting.

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: Learner reads the vignettes or they are enacted for him/her.
  - Learner then discusses the “discussion points” at the end of the scenarios with coach.
- Option 2: Learner enacts the scenarios through role plays or in standardized patient scenarios.
  - Learner then discusses what issues of professionalism were raised and alternative ways of handling the situations.


Tool 10: DELIBERATE PRACTICE CONTINUED

CLEVER COMEBACK LINES

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 (below)

THE STEPS:
- Give learners 5 minutes to think of comeback lines to the scenarios below.
- 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”?

EXAMPLE VIGNETTES:

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.”

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.

3. You are the intern on the team, and your senior resident is a micro-manager who 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.

4. You are the senior resident on the team, and 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.”

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?”

IV. REMEDIATION PLAN/PROGRESS PLAN FORMULATION

**Step 1: Create a Problem List**
Consider Wilkinson’s Professionalism Domains:
1. Adherence to ethical principles
2. Effective interactions with patients and people who are important to those patients
3. Effective interactions with other people who are working within the health system
4. Reliability
5. Commitment to autonomous maintenance and continuous improvement of competence in self, others, and systems

**Step 2: Determine Level of Readiness/Stage of Change**

<table>
<thead>
<tr>
<th>Precontemplative Stage</th>
<th>Contemplative Stage</th>
<th>Preparation/Determination Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Denial, lack of awareness</td>
<td>• Ambivalence</td>
<td>• Insight</td>
</tr>
<tr>
<td>• Resists discussion</td>
<td>• Tension, debate, uncertainty about own level of responsibility or ability to change</td>
<td>• Awareness</td>
</tr>
<tr>
<td>• Denies responsibility</td>
<td>• Resists concrete plan for change</td>
<td>• Belief that there is a problem and change is possible</td>
</tr>
<tr>
<td>• Blames external forces</td>
<td></td>
<td></td>
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</tbody>
</table>

**Step 3: Determine Desired Outcome (Based on Stage of Change)**

<table>
<thead>
<tr>
<th>Precontemplative Stage</th>
<th>Contemplative Stage</th>
<th>Preparation/Determination Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tension is built between learner’s behavior and goals</td>
<td>• Increased tension, discomfort</td>
<td>• Behavior Change</td>
</tr>
<tr>
<td>• Increased awareness → move toward contemplation</td>
<td>• Reduced perception of barriers to change</td>
<td></td>
</tr>
</tbody>
</table>

**Step 4: Decide Specific Interventions/Remediation Based on Stage of Readiness (See “Tools” Table)**

**Step 5: Outline Plan for Re-assessment and Documentation of Outcome**

V. SELECTED REFERENCES ON PROFESSIONALISM AND COMMUNICATION


Toolbox of Assessment Methods© 2000 Accreditation Council for Graduate Medical Education (ACGME), and American Board of Medical Specialties (ABMS). Version 1.1.


AAMC assessment of professionalism project (ideas, no tools)
http://www.aamc.org/members/gea/professionalism.pdf

ACGME outcome project: Advancing Education in Medical Professionalism (Residents)

Advancing Education in Interpersonal and Communication Skills

Medical College of Wisconsin webpage (assessment tools)
http://www.mcw.edu/display/docid2443.htm