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TWELVE TIPS

Twelve tips for addressing medical student and resident physician lapses in professionalism

STEVEN ROUGAS, BETHANY GENTILESCO, EMILY GREEN & LIBERTAD FLORES
The Warren Alpert Medical School of Brown University, Providence, RI, USA

Abstract

Medical educators have gained significant ground in the practical and scholarly approach to professionalism. When a lapse occurs, thoughtful remediation to address the underlying issue can have a positive impact on medical students and resident physicians, while failure to address lapses, or to do so ineffectively, can have long-term consequences for learners and potentially patients. Despite these high stakes, educators are often hesitant to address lapses in professionalism, possibly due to a lack of time and familiarity with the process. Attention must be paid to generalizable, hands-on recommendations for daily use so that clinicians and administrators feel well equipped to tackle this often difficult yet valuable task. This article reviews the literature related to addressing unprofessional behavior among trainees in medicine and connects it to the shared experience of medical educators at one institution. The framework presented aims to provide practical guidance and empowerment for educators responsible for addressing medical student and resident physician lapses in professionalism.

Introduction

Over the last decade, medical educators have gained significant momentum in the practical and scholarly aspects of teaching, assessing, and remediating professionalism. National guidelines were developed to make explicit the expectations that were once implicit (ABIM Foundation 2002) and provide direction for educators responsible for designing curricula. With much of the recent literature focusing on assessing professionalism, practical considerations for addressing medical student and resident lapses after they have already occurred remain scarce. Since these lapses can have significant consequences for patients and for learners' future practice (Papadakis et al. 2005; van Mook et al. 2010), it is imperative that medical educators feel comfortable addressing these situations early and often.

Despite these high stakes, many educators hesitate to address these issues directly, possibly suggesting a lack of understanding of the consequences or a lack of familiarity with knowing how best to address lapses in professionalism (Adams et al. 2008). While recent literature has helped clarify the common types of lapses that may occur (Hicks et al. 2005), attention must now be paid to a practical framework for addressing unprofessional behavior so that medical educators (clinicians and administrators) have the practical skills to tackle this often difficult task. This includes formal discussions with learners as well as more frequent informal discussions that may occur throughout their training experiences. Recent proposed guidelines regarding professionalism demonstrate that this is an area of common interest in the medical education community (Hickson et al. 2007; Sanfey et al. 2012), especially as leaders in the field have recently called for best-evidence models to be developed (Papadakis et al. 2012).

To shed light on this important issue and generate a shared institutional model, a half-day seminar entitled "Professionalism in Medical Education" was held in September 2013 at the Alpert Medical School of Brown University (AMS) in Providence, Rhode Island (USA) as part of its Program in Educational Faculty Development. A 90-min workshop was preceded by a keynote address given by a nationally known expert in physician professionalism. Over 50 faculty members attended both sessions to discuss and share experiences related to addressing lapses in professionalism. The 12 tips in this article are a summary of the points discussed in that workshop and are provided here as a guide for those seeking specific, practical steps when undertaking formal and informal discussions with learners. The tips are organized into four sections: building a healthy organization (tips 1–3), data gathering and fact checking (tips 4–6), having the conversation (tips 7–9), and closing the loop (tips 10–12). With each tip, we have provided potential phrasing (Table 1) to help guide the discussion with learners (and when necessary colleagues) at each step. We hope that these tips will empower all those responsible for addressing medical student and resident lapses in professionalism.

Correspondence: Dr. Steven Rougas, 593 Eddy Street, Claverick 2, Providence, RI 02903, USA. Tel: +1 401 444 8868; Fax: +1 401 444 4307; E-mail: Steven_Rougas@brown.edu

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Table 1. Phrasing for medical educators to guide discussions with learners and colleagues seeking advice related to professionalism issues.

Tip	Phrasing to help guide discussions with learners	Phrasing to help guide discussions with colleagues
1. Model professional behavior with learners	''I know that it can be really hard not to follow some of the more negative examples we see around us, but it is really important to...''	''Sometimes learners pick up on things that we don't perceive as being wrong or incorrect...''
2. Acknowledge the hidden curriculum	''Are there things in this learning environment that make it hard for you to...?''	''Have you thought about how the student/resident perceives this in his/her context...''
3. Know your policies	''Many learners aren't aware of this but the program actually has a policy about this that says...''	''It can be helpful to know where our policies are located; have you thought about some ways to document this important observation...''
4. Gather evidence and objective data	''I want to share with you some information that I've gathered about...''	''You should consider exploring all avenues to gather as much balanced data as possible; have you considered asking the nurses and secretary on that floor...''
5. Know your ''one phone call''	''Often when I struggle to understand certain situations I rely on other colleagues to help bring clarity...''	''I'm hoping that you can help me think through a tricky situation...''
6. Utilize your colleagues for support	''I have asked Dr. X to sit in on our discussion because she has a great deal of experience with situations like this...''	''I was hoping that you would be willing to serve as a sounding board for a difficult professionalism case I am involved in...''
7. When you meet with the learner, be a good listener	''I'm hoping that you can help me understand the situation better from your point of view...''	''One consideration is to sit down with the student/resident and let him/her give their story uninterrupted...''
8. Create a safe environment	''I would like to meet with you privately within the next 2 days; do you have a preferred setting for our discussion?''	''Be sure to tell the student/resident the exact nature of your meeting and give attention to privacy and the setting of the meeting...''
9. Provide direct and explicit feedback	''We are meeting today to discuss the behavior I observed yesterday...''	''We sometimes have a tendency to be vague about professionalism issues; being open from the beginning can help break down those barriers...''
10. Make connections to help facilitate change	''The reason this kind of behavior is problematic is because it has the following impact on the patients/team/learning environment...''	''One reason you may be struggling to reach this resident/student is that he/she may not understand 'why' this is so important; try to connect it to something they value...''
11. Know when you're in over your head	''I think that we have moved beyond the realm of my own expertise/responsibilities. My next step will be to make a referral to...''	''I was hoping to enlist your help with a student/resident as I feel as if I am in over my head with this particular situation...''
12. Establish clear follow-up	''I would like us to meet again in a month to discuss what changes you have made...''	''Have you thought about the end result? Sometimes it is helpful to think about what 'success' might look like and then plan from there...''

Building a healthy organization

Tip 1

Model professional behavior with learners

Building a healthy organization starts with medical educators who model the professional behavior they desire in learners. This is especially important because learners may assign greater importance to feedback that comes from a teacher perceived to be a good role model (Hewson & Little 2001). Modeling professional behavior involves paying close attention to the way in which individuals interact with patients, families, interprofessional team members, and learners in the clinical setting during teaching rounds, family meetings, and patient encounters. Learners are also paying close attention to administrative actions as well, thus educators should be mindful about issues of privacy, the tone and content of electronic communications, and the ability to keep to established deadlines. Since role modeling is cited as the most common and influential source of professionalism education by learners from medical school through fellowship (Byszewski et al. 2012; Cho et al. 2014; Morihara et al. 2013), it provides the most natural starting point for educators to demonstrate how professional behavior should be implemented in every day practice.

One framework proposed by Brody & Doukas (2014) guides educators to focus less on ''superficially observable behavior'' and more on moral values and attitudes. Knowing that good role models are skilled and knowledgeable while still able to emphasize the psychological and social aspects of medical care (Branch & Paranjape 2002), educators can win learners' trust by modeling ''professionalism as a trust-generating promise'' (Brody & Doukas 2014). This can be accomplished by connecting the practical behaviors that are modeled with the humanistic and ethical basis for their implementation. While formal, didactic teaching of professionalism within medical school curricula serves as the foundation for building a healthy organization (Hultman et al. 2013), role modeling should meet the practical needs of all learners and serve as a key link between theory and behavior.

Tip 2

Acknowledge the hidden curriculum

It is imperative to understand the extent to which the learning environment and hidden curriculum play a role in the behavior of learners (Rogers et al. 2012; Kittmer et al. 2013). By hidden curriculum, we refer to what medical students and resident physicians informally absorb based on direct observations within the clinical context around them, as opposed to any formal curriculum they receive. A common question that medical educators should explore is whether learners have a good understanding of the behaviors that are being modeled by those around them as it may be helpful to understand the various and sometimes conflicting messages that they are receiving across an institution. Glicken & Merenstein (2007) highlight this point, noting that at a workshop of 25 participants representing 16 countries, various behaviors (such as having a drink with students before clinic or a faculty member disciplining a learner in front of others) were perceived differently based on the context in which they occurred.

Educators can build a healthy organization by bringing the formal and informal messages that learners absorb during their medical education into alignment. Data regarding the learning environment gathered during residency or clerkship reviews, learner focus groups, or via standard graduation questionnaires can provide a glimpse into the learner experience and are a natural starting point for discussion within an individual institution. This should be a standard part of any formal training provided by an organization to faculty, staff, and learners. The consequences of disregarding the hidden curriculum can have long-term effects as learners learn more about their own professional identity from observation than from instruction of the same content (Bradley et al. 2011; Shorey 2013).

Tip 3

Know your policies

Medical educators must be familiar with all relevant institutional policies related to professionalism, including the location of forms to document issues and the policies for reporting and submitting these concerns. Hospitals, clinical practices, and medical schools should also have formal, easily-accessible policies that make explicit the professional expectations for learners across various settings. In addition, framing lapses compared to a standard that is applied equally across all learners within an environment can help diffuse an emotional reaction from the learner who feels unfairly singled out.

Many departments and institutions have formal policies for reporting and tracking lapses in professionalism (Papadakis et al. 2001). Knowing the process of finding and submitting these relevant forms is critical as both learners and educators must understand: (1) how the information will be documented, (2) who will ultimately receive the documentation, and (3) the potential consequences of the professionalism lapse. It is also imperative that front-line educators understand how to follow-up on concerns that are submitted to ensure that the report was received and addressed. Some institutions have already started to include the reporter of the lapse in the final follow-up plan (Papadakis et al. 2012).

Data gathering and fact checking

Tip 4

Gather evidence and objective data

The assessment of medical students and resident physicians often varies widely across evaluators and evaluation settings. Learners may perform exceptionally well in some situations and struggle in others (Ginsburg et al. 2000) which makes addressing lapses challenging if descriptions of learner performance by supervisors are non-specific and subjective. Due to this, when possible, medical educators must gather detailed information from multiple sources before addressing the lapse with the learner. This data should be objective and multifaceted – all available avenues for gathering specific, observable behaviors should be sought from other health professionals (nurses, social workers, pharmacists, physicians, etc.). This process should be transparent and data may take the form of direct quotes, samples of learner evaluations, learner self-reflections, or direct observations.

As an example, a medical student or resident may behave appropriately with patients and supervisors but may exhibit condescension with other staff members. The unprofessional behavior may also appear during times of particular stress or high patient volume, but not at other times. Gathering information from a variety of sources, similar to a 360° evaluation (Stark et al. 2008), should inform the educator's understanding of the behavior. It may also identify learner strengths, weaknesses, and help create an appropriate remediation plan since the behavior in question may have to do with issues of authority, type of learning task, or personal crises. Though often time-intensive, this is a critical step in the data gathering process.

Tip 5

Know your "one phone call"

Front-line educators are often in a good position to observe lapses in professional judgment and behavior but may lack the institutional knowledge to accurately report these lapses or to provide appropriate, effective feedback to the learner when necessary (Lesser et al. 2010). We recommend that educators have their "one phone call" – a process to provide perspective on an observed behavior when it is not immediately explicit. For issues concerning medical students, this might be a course director, curriculum director, or education dean. For issues involving resident physicians, this might be a division director, program director, associate program director, chief resident, or individual mentor (Guerrasio et al. 2014).

A critical step in the "one phone call" process is to identify the pertinent questions prior to making the call, which may include understanding what expectations have been set or what rules were clearly discussed. These phone calls should

empower educators to develop timely, grounded, and specific feedback relevant to the situation. Such information can be relevant for informal discussion with learners, as well as for more formal processes that address lapses in professionalism.

Tip 6

Utilize your colleagues for support

Professionalism does not exist solely within an individual silo – it is a dynamic and evolving complex system with constant change (Hafferty & Castellani 2010). Medical educators who are unsure about certain behaviors related to professionalism should be comfortable relying on colleagues as a sounding board before reporting issues or addressing them directly with learners. While one educator may be reluctant to label a behavior as unprofessional in a certain context, the behavior may be clearly identified as such by colleagues outside the learner's immediate sphere. These collaborative discussions can provide helpful guidance as educators observe and address unprofessional behavior in both formal and informal settings (Stark et al. 2008).

Many institutions also have professionalism committees which have formally institutionalized collaborative decision-making related to issues of professionalism (Parker et al. 2008). Such committees may be helpful for educators who address lapses in professionalism in a more formal setting and are seeking input from colleagues to clarify one's observations and reconcile any conflicting data (Humphrey et al. 2007; Viggiano et al. 2007; Papadakis et al. 2012).

Having the conversation

Tip 7

When you meet with the learner, be a good listener

Beckman & Frankel (1984) highlighted what many individuals have anecdotally experienced: that physicians wait approximately 18 s before interrupting their patients. Frequent interruptions and competing demands are often unavoidable in the current healthcare environment. Medical educators who address lapses in professionalism face an equally daunting task – to listen intently to medical students and resident physicians when addressing unprofessional behavior.

Medical educators must be excellent listeners as learners sometimes have ill-conceived perceptions of their situation. What appears on the surface as unprofessional behavior may in fact be a lack of understanding or a misinterpretation of a role, task, or situation. Akin to thorough qualitative data analysis, medical educators should listen carefully to identify underlying themes in the learner's perspective and story (Todhunter et al. 2010; Bernard et al. 2011; Karnieli-Miller et al. 2011). The best approach to this process is excellent listening coupled with subsequent reflection to understand and integrate what is being communicated by the learner.

Tip 8

Create a safe environment

Finding a safe environment to meet with learners, both formally and informally, can pose a challenge when addressing lapses in professionalism. Clinical settings are especially challenging as they provide little privacy, yet learners expect that lapses be addressed in a discrete and private fashion within a safe environment (Ende 1983). It is important that educators enlist the learner's perspective when choosing an appropriate meeting place and when deciding who should be present for such discussions.

Despite giving adequate attention to the appropriate setting for the encounters, many learners will still struggle to feel comfortable when discussing lapses in professionalism. When this occurs, consider using the "three-step" method: meet with the learner first to establish the necessary safe environment, ask them to reflect on the lapse with a trusted friend, family member, spouse, or colleague, and then come back to finish the discussion. This allows the opportunity for learners to reflect on the lapse in an environment that is more comfortable and less intimidating than an office or hospital (such as at home with a spouse). Clearly not all situations will be amenable to such a process and learners may not feel comfortable or be able to discuss certain situations with friends, colleagues, or family – it is one available tool when educators find themselves struggling to establish a safe and comfortable environment.

Tip 9

Provide direct and explicit feedback

When meeting with learners, many educators struggle to consistently provide specific and direct feedback (Stern 1998). Some common barriers to this are time and a lack of comfort with providing challenging or negative feedback (Stark et al. 2008). Yet the literature suggests that in order for feedback to motivate a significant change, it must be explicit and direct so that learners can internalize the cognitive and behavioral processes that may be in question (Kenny et al. 2003). Despite a natural inclination to protect learners from certain types of feedback, medical educators run the risk of hampering true progress when they use language that is not clear or intentionally vague. Learners must understand clearly why their behavior is considered a lapse and how it deviates from an expected norm.

If struggling to be explicit and direct when meeting with learners, medical educators should consider using established frameworks to provide guidance. Work-place based models such as cognitive apprenticeship, which focuses on making thoughts and actions explicit to the learner, may offer such a practical framework (Pimmer et al. 2012; Stalmeijer et al. 2013). Though it requires additional preparation before meeting with learners, a focus on specific and measurable tasks may avoid the tendency to use ambiguous language during especially challenging unprofessional situations.

Closing the loop

Tip 10

Make connections to help facilitate change

Educators need to assist learners in understanding their own decision-making processes, as well as the potential impact of those decisions. Ginsburg et al. (2009) have studied various frameworks for understanding how faculty commonly interpret issues of professionalism and found that when addressing learners' responses to professionally challenging situations, faculty struggled to decide if the behavior or the rationale behind it was more important. Given that both are critical to making connections that can ultimately facilitate a change in behavior, educators must ensure that learners understand why they make certain decisions in professionally challenging situations. This thought process may relate to any combination of ethical, humanistic, clinical, or practical interactions with patients, staff, or peers. If a change in rationale is not internalized well by the learner after the lapse, medical educators run the risk of having medical students and resident physicians not take the feedback seriously and ultimately not make necessary changes in future practice.

Educators must also facilitate a connection between lapses in professionalism and wider medical practice. In order to make feedback relevant to the learner's context, medical educators often require innovative ways to connect lapses in professionalism to relevant issues such as patient safety, quality metrics, reimbursement, and promotion. This places the lapse within a context that learners can relate to. Providing follow-up feedback that is grounded in its effect on patients is especially meaningful and useful to learners. Knowing that disruptive behavior may have a direct effect on patient safety might also serve as a potent motivator, especially in the otherwise unmotivated learner (Bahaziq & Crosby 2011).

Tip 11

Know when you're in over your head

Formal programs for remediation are increasingly more common for addressing lapses in professionalism, though the effects of such programs have recently been debated in the literature (Hauer et al. 2009; Cleland et al. 2013; Zbieranowski et al. 2013). Medical educators involved in such programs currently find themselves inundated with competing demands and even lapses in professionalism that are considered to be minor require a significant investment of resources from the busy educator. This is amplified when the lapses are considered to be high-stakes or complex. Individual front-line educators should thus have clear benchmarks and standards for understanding when they are "in over their heads" and require additional resources from other colleagues or the institution.

The point at which additional resources are required will be different for every individual. One question to ask is "what are the consequences to the learner and institution if handled alone?" Medical educators should also consider whether they have: (1) adequate time to provide the right follow-up as needed, (2) sufficient information to discuss with the learner, (3) any potential bias related to the situation, and (4) the appropriate relationship with the learner. A keen understanding of these questions requires introspection and reflection by the educator as the consequences of a poor remediation process by a well-intentioned individual can be harmful.

Tip 12

Establish clear follow-up

Addressing lapses in professionalism requires a significant investment of time, effort, patience, and dedication on behalf of the medical educator (Mavis et al. 2013). Guerrasio et al. (2014) have highlighted that successful remediation programs often require "substantial resources" and discuss the future implications of this on distribution of faculty time. In fact, so much effort is put into the initial stages that a critical final step is often omitted after meeting with learners: re-assessing the learner by establishing clear follow-up with associated consequences of successful and unsuccessful remediation (Hauer et al. 2009). Successful remediation, defined as a change in behavior that results in performance improvement, can be measured by closing this loop. Educators have called for the establishment of best-evidence practices to guide formal remediation and to define what these outcomes should look like (Papadakis et al. 2012).

Several practical approaches have been utilized by educators across disciplines including frameworks such as the "SMART" goals: specific, measurable, achievable, relevant, and timely (Day & Tosey 2011). This type of framework helps ensure that individual learners know what is expected of them in a defined time period with established consequences. Ultimately, time and scholarship in the area of remediation will define what best-evidence practices will be. Medical educators who address lapses in professionalism should consider asking themselves "what do I want the end product to look like?" and use this as a guide to establish clear follow-up with learners.

Conclusion

Calls for the medical education community to establish guidelines and best-evidence practices for addressing and remediating lapses in professionalism have grown louder over the last decade. As educators work on the frontlines to address unprofessional behavior, attention must be paid to providing those individuals with practical tips to support this valuable work. This article is rooted in review of the literature as well as the experience of medical educators at one institution who deal with these issues regularly in both formal and informal settings. These tips provide a practical framework related to preparing for meetings with learners, addressing lapses, and following-up concerns related to professionalism. Thoughtful and well executed plans for addressing lapses in professionalism can have a positive impact on medical students and resident physicians, and it is our hope that the strategies outlined here will assist medical educators in achieving this goal.

Notes on contributors

STEVEN ROUGAS, MD, MS, is an Assistant Professor of Emergency Medicine at the Alpert Medical School of Brown University in Providence, Rhode Island. He is Assistant Course Leader in Doctoring Year 2, a required clinical skills course, and focuses on learner performance improvement and remediation.

BETHANY GENTILESCO, MD, is an Assistant Professor (Clinical) of Medicine at the Alpert Medical School of Brown University in Providence, Rhode Island. She is an associate program director for the Internal Medicine Residency Program, site director for the 3rd year Internal Medicine Clerkship, and teaching hospitalist on the general medical service.

EMILY GREEN, MA, is the Director of Student and Faculty Development at the Alpert Medical School of Brown University.

LIBERTAD FLORES, MD, MPH, is a graduate of the Alpert Medical School of Brown University. She is completing her residency in Obstetrics & Gynecology at Women and Infants Hospital of Brown University.

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