

Debriefing a Professionalism Lapse

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Disclosures

- We have no disclosures.

Learning Objectives

- Define medical professionalism.
- Discuss the implications of reframing professionalism as a competency rather than an inherent trait.
- Demonstrate a 4 step framework (SOAP) for approaching a professionalism lapse that incorporates learner insight and adaptability.
- Demonstrate a 4 step framework for hosting a coaching conversation about a professionalism lapse.
- Reflect on how to incorporate the SOAP framework into the settings in which you teach.

Workshop Roadmap

- Overview of professionalism
- SOAP approach
- ABCDs of coaching conversations
- Small group role-play of case
- GROWS: Developing a remediation plan in small groups
- Large group wrap-up



What is Professionalism?





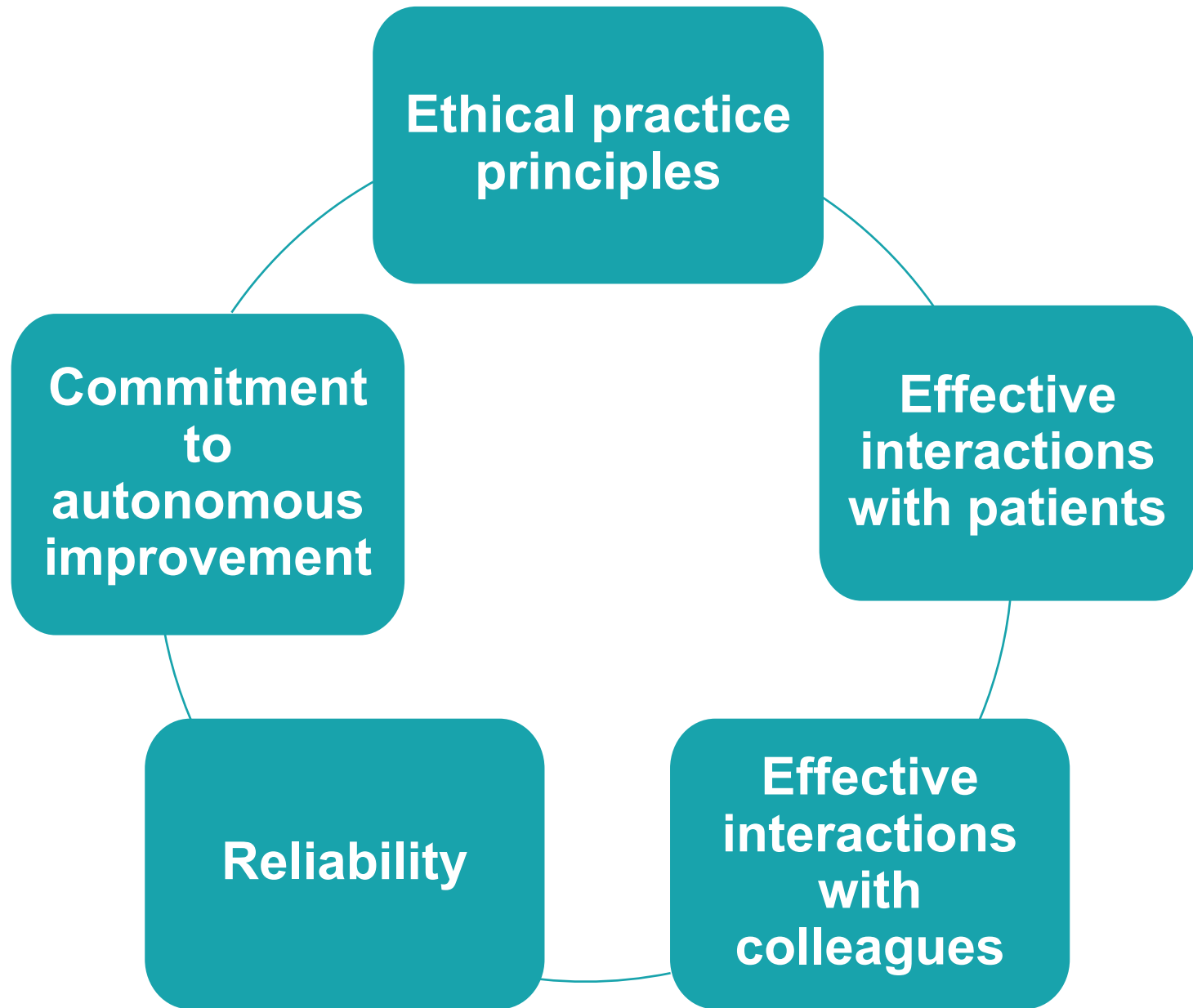
Medical professionalism

American Board of Medical Specialties (2012):

“...a belief system about how best to organize and deliver health care...shared competency standards and ethical values”

Lucey, et. al. (2010):

“...not an innate quality but a skill developed with deliberate practice over time...”



Professionalism Lapses, Like Medical Errors

- Prevalence is common and inevitable
- Severity and impact vary widely
- Most lapses are not intentional
- Caused by good people with transient deficiencies in knowledge, judgment, or skills
- Systems may set people up to fail

Why does it matter?

- Unprofessional behavior correlated with
 - Disciplinary action by licensing board
 - Medical errors
 - Poor patient satisfaction
 - Staff turnover
 - Decreased institutional reputation
 - Increased health care cost



Dayton J Qual & Patient Saf 2007
Gawande A Surgery 2003
White A et al. Obstet Gynecol 2005
Lingard Qual Saf Health Care 2004

Professionalism as a Competency: A Paradigm Shift

	From		To
Genesis	Character Trait	→	Personal Capacity
Educational Approach	Rules, Roles, Models	→	Skill Development
Evaluation	Assumption	→	Assessment
Lapse	Flaw	→	Deficiency
Reaction	Discipline & Removal	→	Coaching & Prevention

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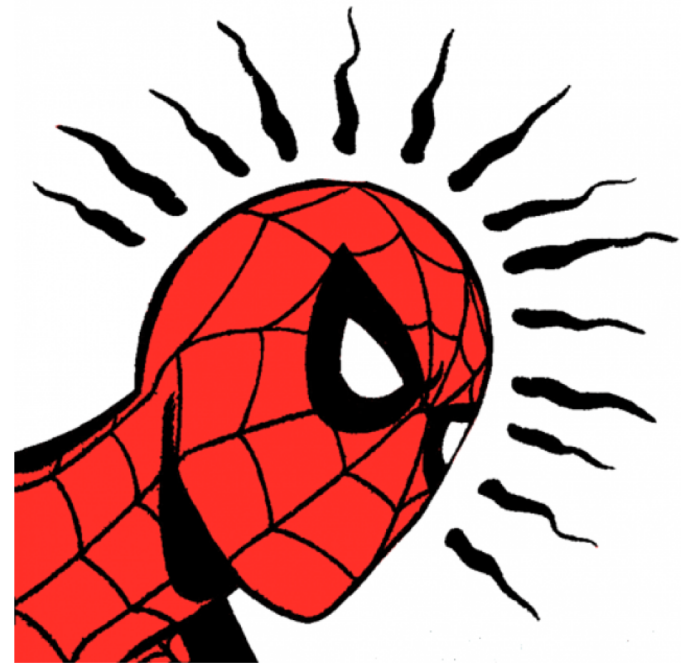
The SOAP Approach

Application of a clinical framework to an educational situation

- S:** Our **Subjective** impressions
- O:** Collecting **Objective** information about the learner
- A:** Our **Assessment** and prioritized differential
- P:** A **Plan** for action and reassessment

Our **Subjective** impressions

- **YOUR** sense that there is a problem
- Should drive *initiation of the process*
- **Caution:** Do not start generating a differential YET



Consider...

- Personal reactions
- Past experiences
- Implicit biases
- Alternate explanations for behavior



Case

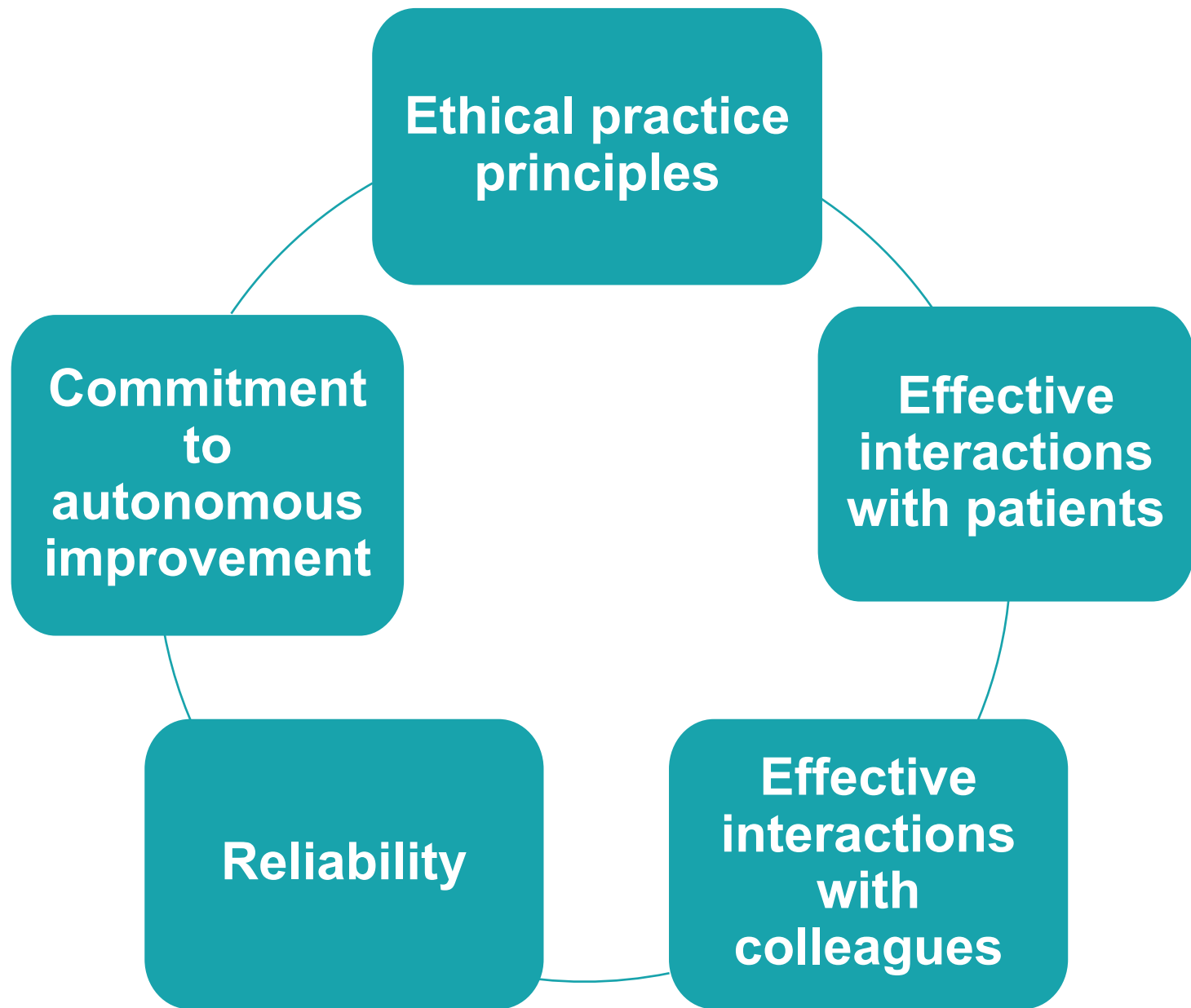
PJ, the senior student on your team, has shown up late to team huddle before rounds for the last 5 days. He always rushes in and says, “I’m so sorry,” and rapidly explains an issue with transportation. He then takes a while to settle in – getting things out of his backpack and pulling out a breakfast bar. During rounds, he is quiet and constantly shuffling his papers. While presenting, he has all the information but looks at the ground and reads from notes. You notice from reviewing his charting that he hasn’t been writing notes on his patients every day.

Case Discussion

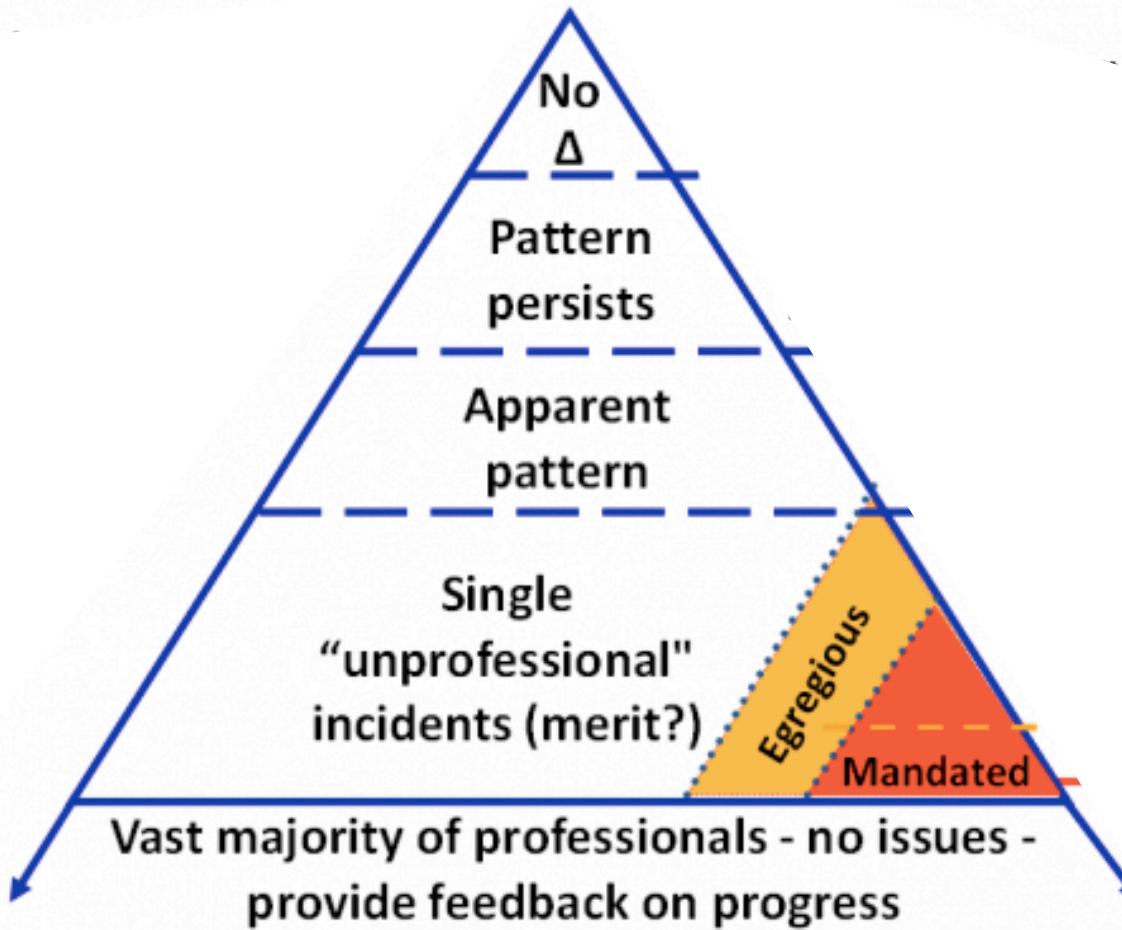
- **Subjective reflections**
 - What about this student's behavior strikes you as unprofessional?
 - What is your initial emotional response to this student?
 - What additional information do you need?

Objective information about the learner

- What additional information do you need?
- Consider the **domain** and **scope** of problem
 - Domains/areas of professionalism
 - Settings affected
 - Isolated vs. pattern
 - Impact



Pyramid for Promoting Reliability and Professional Accountability



Adapted from Hickson, Pichert, Webb, & Gabbe. Acad Med. 2007. © 2013 Vanderbilt Center for Patient and Professional Advocacy

Objective Data Collection

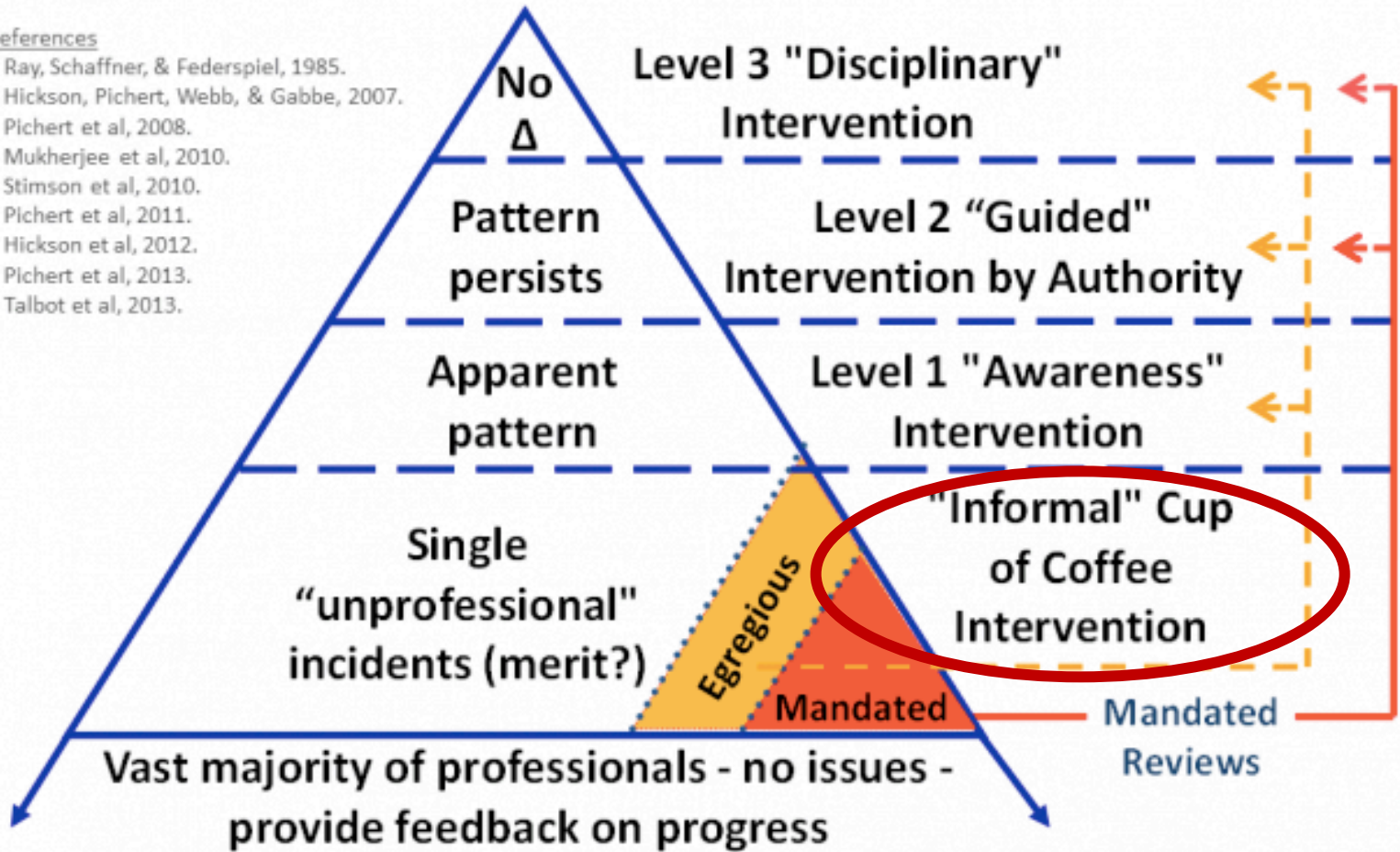
- What is important?
- What are your sources?



Pyramid for Promoting Reliability and Professional Accountability

References

- Ray, Schaffner, & Federspiel, 1985.
- Hickson, Pichert, Webb, & Gabbe, 2007.
- Pichert et al, 2008.
- Mukherjee et al, 2010.
- Stimson et al, 2010.
- Pichert et al, 2011.
- Hickson et al, 2012.
- Pichert et al, 2013.
- Talbot et al, 2013.



Adapted from Hickson, Pichert, Webb, & Gabbe. Acad Med. 2007. © 2013 Vanderbilt Center for Patient and Professional Advocacy

Coaching Conversation

- Who should have the conversation?

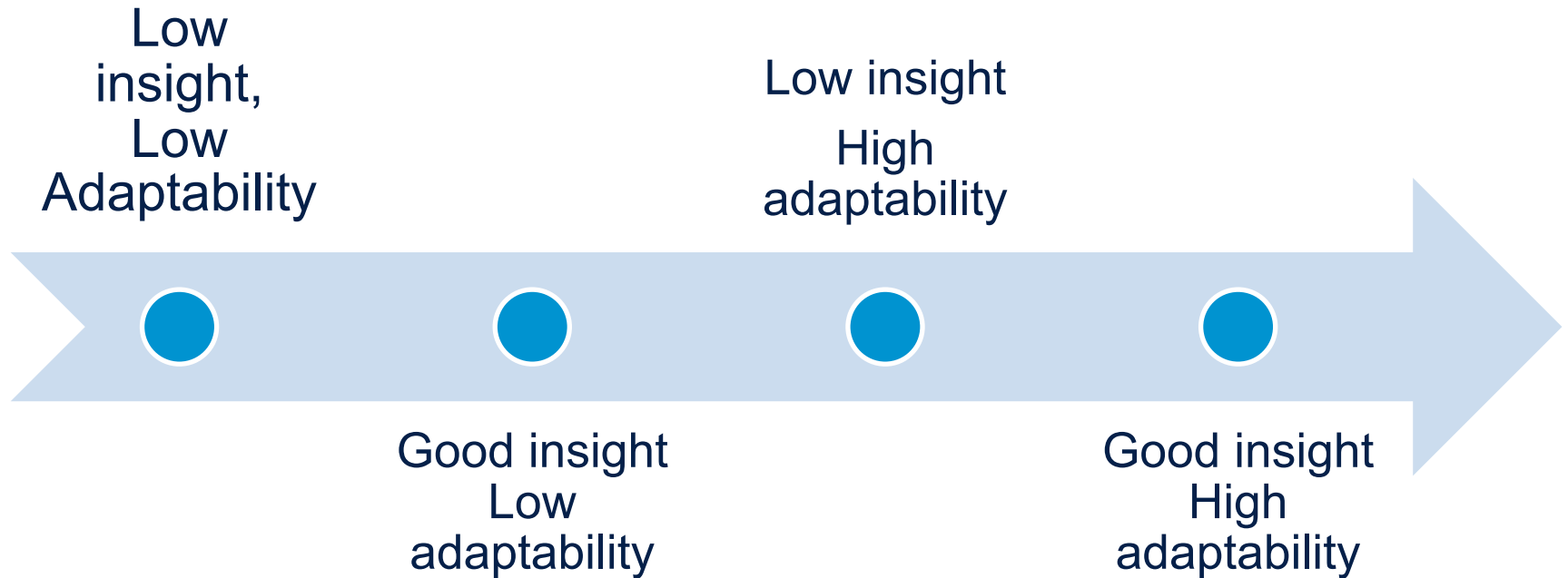
YOU!

Assessment

- Develop a differential
 - At least 3 possible explanations for the behavior
 - Consider
 - Wellbeing, medical conditions
 - cultural differences, expectations.



Readiness for change



Van der Vossen, et. al. [Academic Medicine](#), September 2016

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The ABCDs of Effective Coaching Conversations

Ask Permission

- Make it safe to talk
- Expresses respect and appreciation
- Use 'I' statements

Describe the Behavior

- Use non-judgmental terms
- Wait for their reaction

Anticipate Common responses

- Denial
- Discounting
- Distancing

The ABCDs of Effective Coaching Conversations

Dialogue: Action focused reflection exercise

1. Set the goal
2. Reinforce the purpose
3. Framing the lapse

What were the professionalism values at risk? (*understanding*)

What were you feeling? (*self awareness*)

What were others feeling? (*empathy*)

Why do you think your behaviors were interpreted negatively?

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Small Group Role-play

- Divide into groups of 3
- Identify roles
 - Faculty
 - Learner
 - Observation coach
- Role-play case (pages 1-3)

Large Group Discussion

- What information did you gather?
- What was the professionalism domain?
- How did your hypothesis change?
- Describe the learners' insight and adaptability

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Components of an Effective Plan

- Reflection
- Commitment to importance
- Clear expectations and consequences
- Shared accountability
- Coaching and role modeling
- Reassessment with “graduation”



Guerrasio, Remediation of the Struggling Medical Learner, 2013.

GROWS: Coaching for competency

- **G= Goal**
 - Should be aspirational
- **R= Reality**
 - What do things look like now
 - What are internal or external obstacles they need to overcome
- **O= Options**
 - Brainstorm 4-6 options of what they might do to meet goal
- **W = Way forward**
 - Which option makes sense for now?
- **S = Success**
 - How will you know you have achieved your goal?

Small Group Discussion

- Find your same group
- Turn to page 4 of your handout
- Use the GROWS framework to develop a plan

Who else should be involved?

- Advanced considerations
 - Wellbeing
 - Patient care affected
 - Failed initial attempts
 - Affecting advancement
- Know your resources
 - Students
 - Residents
 - Faculty



Bubbles of Wisdom

- Trust your intuition
- Broaden your differential
- Host a coaching conversation
- Set clear, consistent expectations
- Coaching with practice, feedback and reflection



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