

Professionalism in the Clinical Teaching Environment

Charlene M. Dewey, M.D., M.Ed., MACP

The Joseph A. Johnson, Jr., Distinguished Leadership Professor
Assistant Dean for Educator Development
Director of the Educator Development Program
Director, Center for Professional Health
Chair, Faculty Wellness Committee

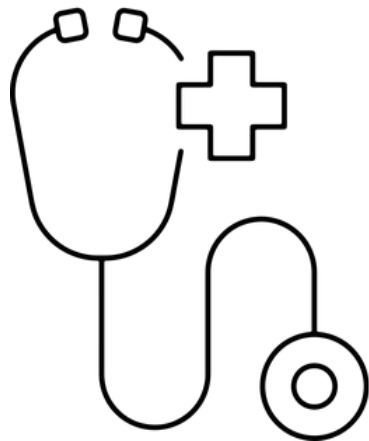
Professor of Medical Education and Administration
Professor of Medicine and Public Health

2022



*To All the Medical
Workers....*

THANKS!



Goals

The purpose of this session is to prepare clinical teaching faculty for professionalism lapses in the clinical teaching environment.

Objectives

Participants completing this session will:

1. List and describe professionalism lapses and slippery slope behaviors.
2. Utilize communication techniques that address professionalism lapses.
3. Identify methods for supporting a culture of wellness and safety in the clinical teaching environment.

Agenda

1. Introduction - Professionalism
2. 3 common lapses in professionalism
3. Conflict management and communication
4. Culture of wellness and safety
5. Summary

Ground Rules

- Be reflective
- Cases
- Polls and chat questions
- Open to learning
- Open to practicing a new method
- Fun
- Confidentiality - pledge

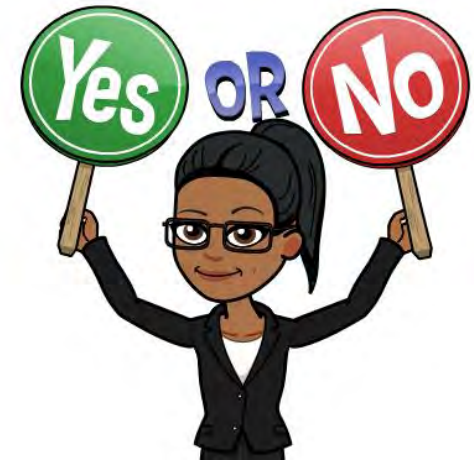


Introduction

Poll Question 1:

Have you witnessed unprofessional behavior of any kind within the past 12 months?

- a) Yes, definitely
- b) Yes, maybe
- c) No
- d) Unsure



Introduction

*“The physician professional is defined not only by what he or she must know and do, but most importantly by a profound sense of what the physician must be.” What we must be are **professionals**, and we have clearly described behaviors that can lead us in that direction.”*

~ Jordan Cohen, MD

Kirk LM. Professionalism in medicine: definitions and considerations for teaching. Proc (Bayl Univ Med Cent). 2007 Jan; 20(1): 13–16.

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Introduction

- A profession – “*acquisition and application*” of shared knowledge and technical skills, and where people are “*bound together by a shared commitment.*” Members regulate themselves.
- Medicine: physicians regulate themselves through state medical boards, hospital committees, peer-review groups and they practice in accord with a **code of ethics**.
- Has a **contract** with society.

Kirk LM. Professionalism in medicine: definitions and considerations for teaching. Proc (Bayl Univ Med Cent). 2007 Jan; 20(1): 13–16.

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Introduction

LCME/ACGME

AMA

ACP

JC

SMB

Credo

Professionalism



Dewey & Swiggart. Vanderbilt University School of Medicine, 2009; Adopted from Stern, 2006

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Introduction

- Many physicians sanctioned each year (10%)
- Violations vary; some are criminal
 - Alcohol and substance abuse
 - Sexual misconduct
 - Neglect of a patient
 - Failing to meet the accepted standard of care in a state
 - Prescribing drugs in excess or without legitimate reason
 - Dishonesty during the license application process
 - Conviction of a felony
 - Fraud
 - Inadequate record keeping
 - Failing to meet continuing medical education requirements
- Personal and work-related causes/sources



<https://www.fsmb.org/u.s.-medical-regulatory-trends-and-actions/guide-to-medical-regulation-in-the-united-states/about-physician-discipline/>

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Professional vs. Unprofessional

“We judge ourselves by our motives whereas others judge us by our behavior.”

~AA saying

Three Professionalism Cases

Distressed
Physician
Behaviors

Professional
Boundaries

Harassment

Distressed Physician Behaviors



Not Again??

What and Example – NOT!

Did he just say that?



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Distressed Physician Behaviors

Case 1: The Distressed Physician

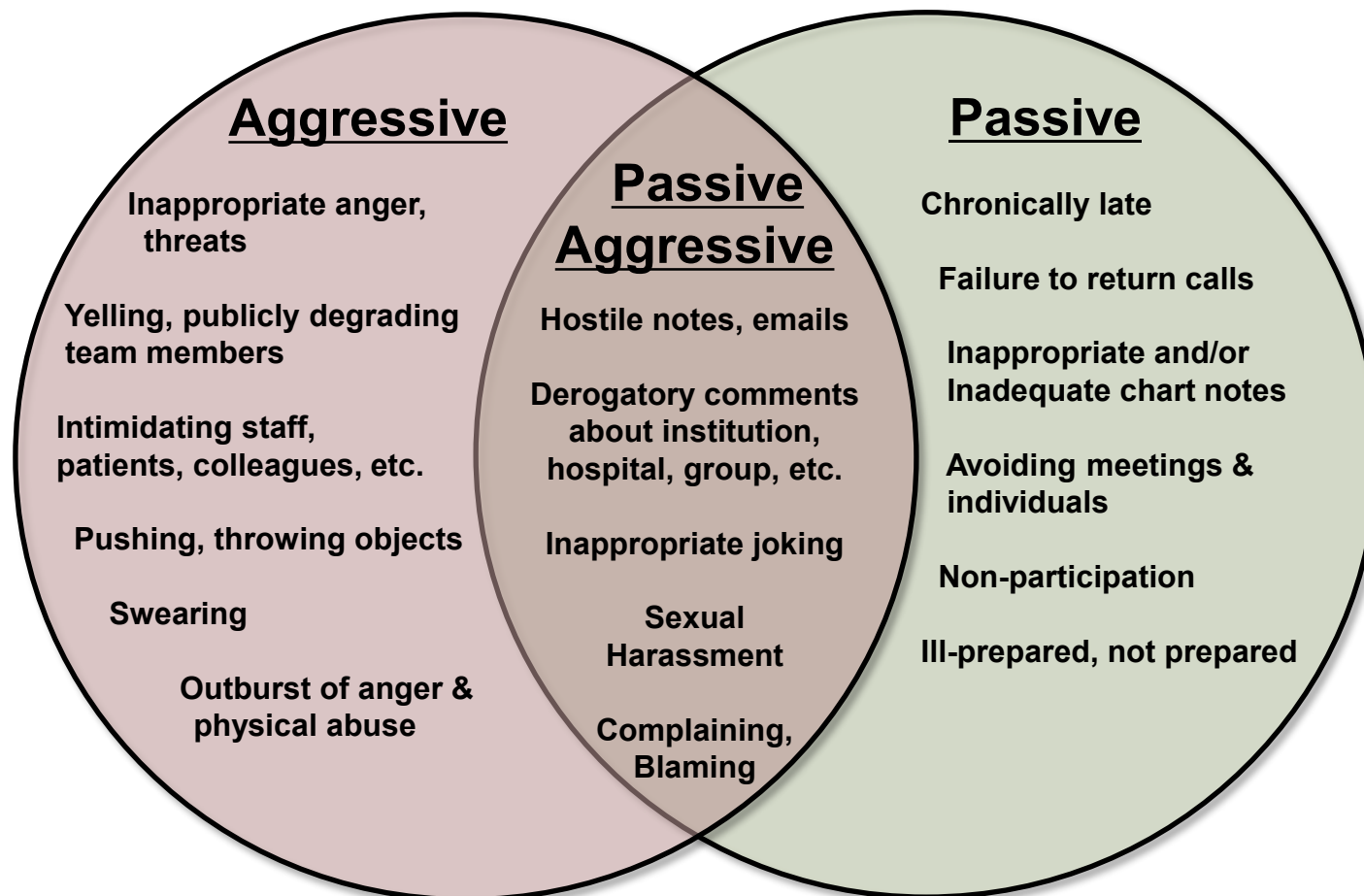
You are in clinic when Dr. AH walks in. Clearly frustrated, he immediately starts complaining of the system and the problems with residents in his clinic. A male clinic administrator walks in just seconds after Dr. AH to ask if he has completed his required training and his recredentialing documents. Dr. AH is behind and is the last provider in the section to complete it. Upon the administrator's question, Dr. AH turns and says, "*You're a [Bleeping] idiot*" and kicks the administrator in the shin while yelling, "*I'm busy with these [bleeping] residents and I don't have time for this [bleep] today. If you wanted the documents so bad, just use the ones from the last credentialing because nothing has changed.*" Dr. AH walks away. One faculty and two residents witnessed the event.

Distressed Physician Behaviors



- You know it when you see it! = Unprofessional
- Overt vs. covert
- Usually has an underlying source
- Often based in fear, anger, frustration, missed expectations
- Can be corrected
- Should be reported

Distressed Physician Behaviors



Swiggart, Dewey, Hickson, Finlayson. "A Plan for Identification, Treatment, and remediation of Disruptive Behaviors in Physicians." *Frontiers of Health Services management*, 2009; 25(4):3-11.

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Distressed Physician Behaviors

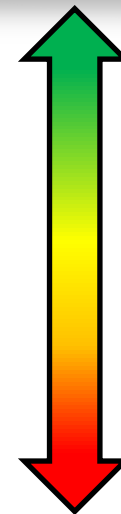
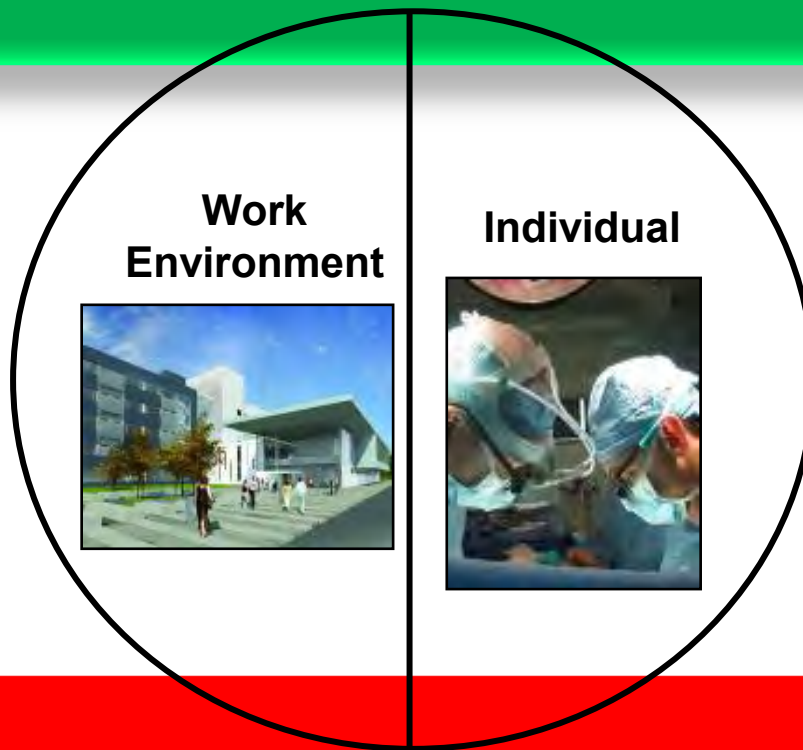
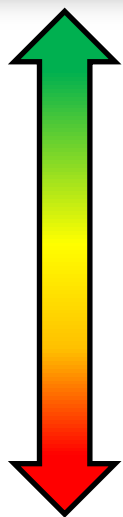
External System

“Personal & Institutional Vitality”

Internal System

Functional & Nurturing

Good Skills & Well



Dysfunctional

Poor Skills
&/or Not Well

“The Perfect Storm”

Distressed Physician Behaviors

Etiologies-Individuals:

- Psychological Factors¹:
 - Substance use/abuse, trauma history, religious fundamentalism, familial high achievement
- MH issues²:
 - Personality disorders, narcissism, depression, bipolar, OCD, etc.
- Genetic/developmental issues:
 - Asperger's, non-verbal learning differences, etc.
- Family systems
- Stress/physiologic reactions
- Burnout³
- Reduced wellness

1) Valliant, 1972; 2) Gabbard, 1985; 3) Spickard and Gabbe, 2002

Distressed Physician Behaviors

Etiologies-Institutional:

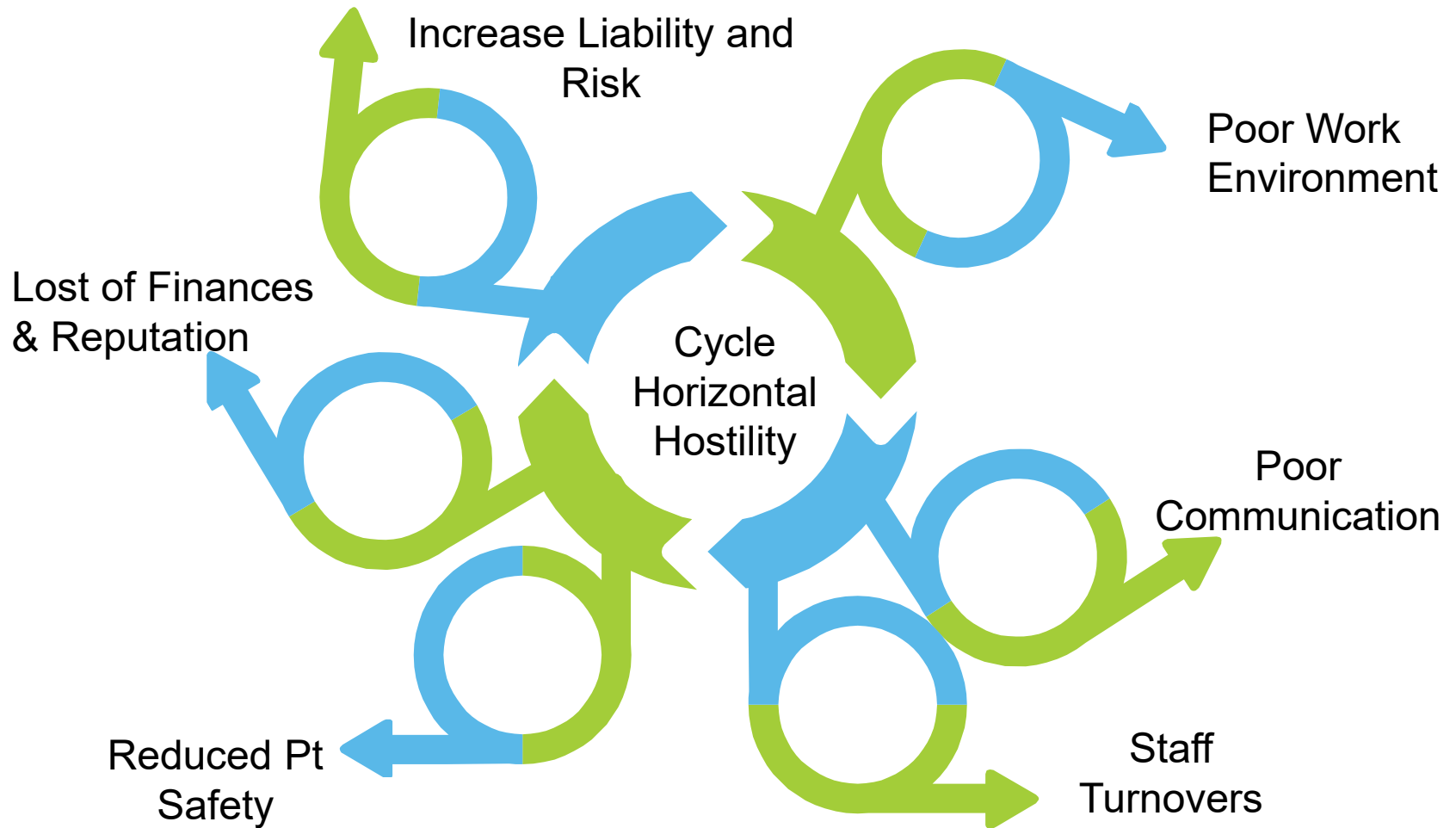
- System inefficiencies/dysfunctions
- System reinforces behavior
- Leadership ignores problems for productivity
- Scapegoats
- Individual pathology may over-shadow institutional pathology

Williams and Williams, 2004

Sutton, R. "The No Asshole Rule: Building a Civilized Workplace and Surviving on the Isn't." Business Plus, New York, 2007

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Distressed Physician Behaviors



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Distressed Physician Behaviors

Importance of interventions

1. Personal

- Assessments
- Education & coaching
- Monitoring

2. Systems

- Quick vs long term
- Efficiency
- Dysfunctions

3. Culture



It's time for a cup of coffee conversation.

Distressed Physician Behaviors

Summary

- Distressed behaviors – come in many forms
- Need to address individual, systems, and culture
- Remediation is possible and favorable for most
- Reporting is the first step
- A cup of coffee conversation recognizing behaviors is critical and evidence supports the process
- Escalate significant events ASAP
- Never tolerate distressed behaviors – creates an unhealthy culture/environment and perpetuates horizontal hostility and the hidden curriculum

Professional Boundaries



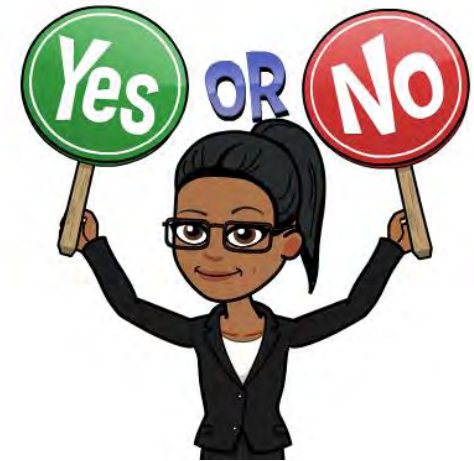
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Professional Boundaries

Poll Question 2:

Have you ever experienced an attraction to a peer, colleague, staff personnel, or patient?

- a) Yes, definitely
- b) Yes, maybe
- c) No
- d) I don't recall



Professional Boundaries

Case 2: Sexual Boundaries in Medicine

Your male resident has been caring for a patient for just over a year. On her last visit, while you are in the room, she asks him to a party as she straightens his tie. She has mentioned a few times in the past that the resident is sweet and handsome and said, *“He’s the best doctor I’ve ever had. What would I do without him?”* Once she brought him some candy and another time an apple saying, *“Here’s my apple. Now don’t stay away.”* (giggling) After stepping out of the room, you inquire - the resident also finds her somewhat attractive. The resident asks your opinion as a faculty member.

Professional Boundaries

Hierarchy of Power and the Power Differential:

- Anyone who you have power over or who has power over you
- Any situation in which there is an obvious hierarchy of power (e.g., doctor-patient; nurse-student; doctor-nurse; doctor-technician; or teacher-learner/trainee)
- MD = *ALWAYS* at the highest level
- Sexual relationships with patients = unethical and wrong
- **Agreement is NOT an excuse**
- Students, residents, or fellows in training - cannot consent to a sexual relationship with a physician!

Professional Boundaries

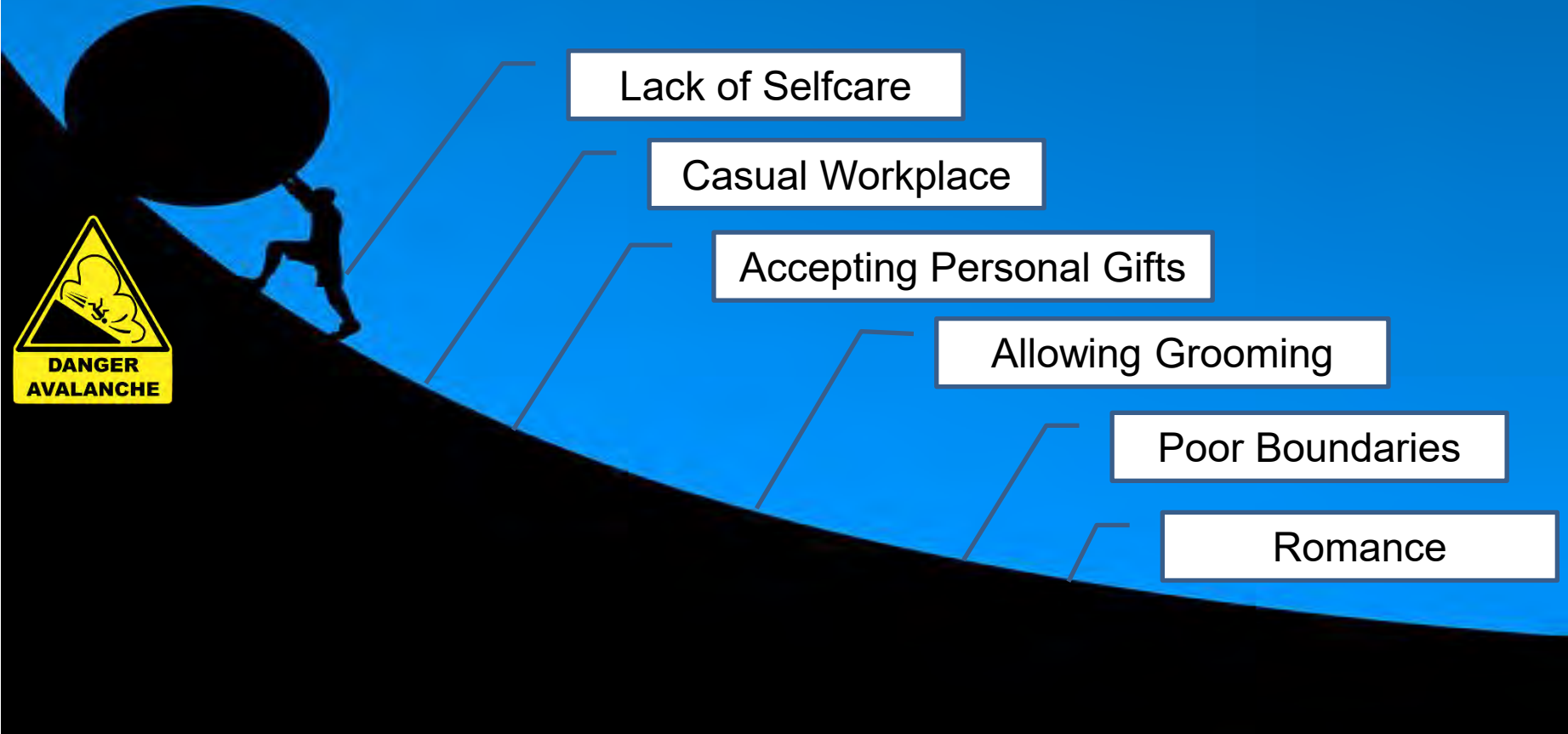


Two Forms of Sexual Misconduct:

- 1. *Sexual impropriety*** – involves contact of sexualized body parts; behaviors, gestures or expressions that are seductive, reflecting a lack of respect for the patient’s privacy.
- 2. *Sexual violation*** - any conduct that is sexual or may be interpreted as sexual. Physician-patient sex, whether initiated by the physician or the patient, is a sexual violation.

Professional Boundaries

Slippery Slope Behaviors



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Professional Boundaries

- **Sexual Harassment**

- (next section)



- **Social Media**

- Unprofessional posts, comments, pictures

- ***Foreverism*** - anything you post on any social media site is there forever

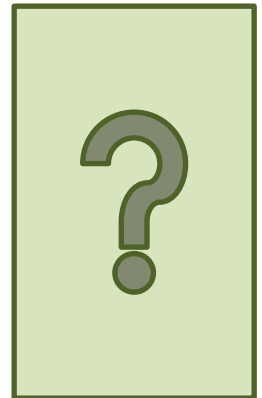
- Increased by anonymity and hiding behind the screen

Professional Boundaries

Chat Question:

Examination or touching of genital mucosal areas without the use of gloves is an example of:

- a) Sexual violation
- b) Sexual impropriety
- c) Sexual harassment
- d) Sexual risky behavior
- e) Unsure

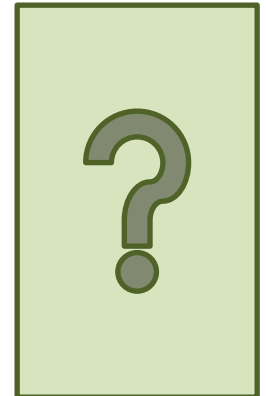


Professional Boundaries

Chat Question:

A physician finds a patient physically attractive. While placing a Foley catheter, the physician purposely fondles the patient's genitals. This is an example of:

- a) Sexual violation
- b) Sexual impropriety
- c) Sexual harassment
- d) Sexual risky behavior
- e) Poor judgment
- f) Unsure



Professional Boundaries

Sexual Misconduct and Licensing Issues:

- Particularly serious issues:
 - Sexual boundary violations between physicians and patients
 - Sexual harassment between physicians and peers, subordinates, and other members of the HC team
- State medical boards - protect the public
- 2020 - FSMB's House of Delegates passed new policy regarding Physician Sexual Misconduct - help address misconduct and implement more effective reporting mechanisms

Professional Boundaries



- *“Physicians who fail to report known instances of sexual misconduct should be liable for sanction by their state medical board for the breach of their professional duty to report.”*
- Reporting to law enforcement **must occur** for any instance of child abuse, abuse of a minor, and abuse of a dependent adult, regardless of whether the complainant wants reporting to occur.
- *Board sanctions and criminal charges may ensue*

Professional Boundaries

- Summary:
 - Know the rules – ignorance is not bliss!
 - Do not have relationships (romantic, sexual, friends with benefits, etc.) with patients except professional MD-PT relationships – rare exceptions
 - Psychiatrists – NEVR exceptions
 - Use caution when engaging in relationships with those you have power over (nurses, PA, lab tech, etc.)
 - Reporting is an ethical requirement; failing to can result in board sanctions against licensure

Harassment



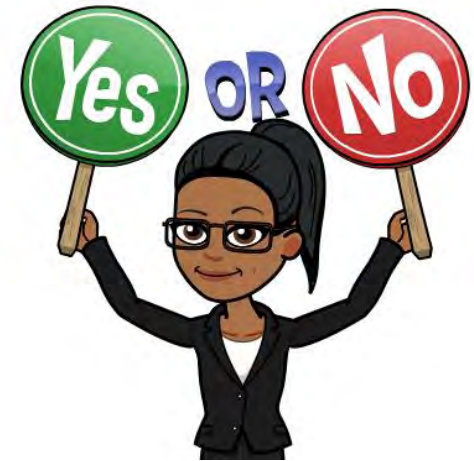
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Harassment

Poll Question 3:

During medical school or training, have you experienced harassment of a sexual or gender nature?

- a) Yes, Definitely
- b) Yes, maybe
- c) No
- d) I don't recall



Harassment

Case 3: Harassment in Medicine

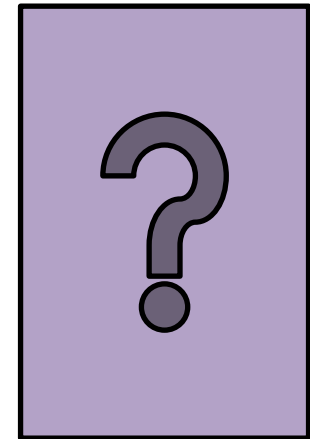
A physician is laughing with his colleagues and made a sexual comment about a blonde, female, resident's body who recently consulted on his patient and how he would love to "hit that." He then says, "Hey did you hear the one about the blond nurse..." and tells a joke belittling blonds and nurses. He and his colleagues laugh. A blonde patient overhears their joking from inside the closed clinic door. The patient files a complaint.

Harassment

Chat Question:

A physician's body comments, and the "blonde jokes" are an example of which of the following?

- a) Sexual violation
- b) Sexual impropriety
- c) Sexual harassment
- d) Sexual risky behavior
- e) Poor judgment
- f) Unsure



The Many Forms of Harassment

To harass:

- to subject persistently and wrongfully to annoying, offensive, or troubling behavior

~Marriam Webster

Harassment is ***any unwanted behavior, physical or verbal (or even suggested), that makes a reasonable person feel uncomfortable, humiliated, or mentally distressed.*** Jun 15, 2021

Two Involved: harasser and victim

Harassment

The **U.S. Equal Employment Opportunity Commission (EEOC)** ⁽¹⁵⁾ says the following regarding **Sexual harassment**:



- *“It is unlawful to harass a person (an applicant or employee) because of that person’s sex.”*
- *“Harassment can include ‘sexual harassment’ or unwelcome sexual advances, requests for sexual favors, and other verbal and/or physical harassment of a sexual nature.”*
- *“Harassment does not have to be of a sexual nature.”*

~EEOC Web Page

Harassment

Evidence for Learners

- 59.4% of medical trainees = 1 of harassment or discrimination in training (95% confidence interval [CI]: 52.0%–66.7%)
- Verbal harassment = most common (prevalence: 63.0%; 95% CI: 54.8%–71.2%)
 - Others: gender>academic>sexual>racial>physical
- Targets/Risks: female, non-whites, middle eastern, surgical residents (all statistically significant)

Fnais, et al. [Harassment and Discrimination in Medical Training: A Systematic Review and Meta-Analysis](#). Acad Med, May 2014 89(5):817-27.

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Harassment

Table 2

Comparison of the Prevalence of Harassment and Discrimination Among Medical Students and Residents, According to Studies Identified in a 2011 Systematic Review of the Literature

Type of harassment	No. studies		Sample size		Mean		95% CI	
	S	R	S	R	S	R	S	R
% Harassment	30	19	26,579	11,193	59.6	63.4	49.2-68.0	53.6-73.2
% Verbal abuse	16	12	18,865	9,867	68.8	58.2	56.6-81.0	45.5-70.9
% Gender discrimination	10	3	4,922	1,315	49.8	66.6	34.6-65.0	58.7-74.5
% Academic	10	4	3,062	2,257	39.5	27.7	26.8-52.2	6.0-49.4
% Sexual	25	10	22,316	7,077	33.3	36.2	27.2-39.4	19.8-52.6
% Racial discrimination	7	3	16,121	3,261	23.7	26.3	13.6-33.9	24.2-28.3
% Physical	15	10	18,790	6,760	9	28.9	7.0-11.1	15.9-41.8

Abbreviations: CI indicates confidence interval; S, medical students; R, residents.

Fnaiss, et al. [Harassment and Discrimination in Medical Training: A Systematic Review and Meta-Analysis](#). Acad Med, May 2014 89(5):817-27.

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Saying NO to Unwanted Behavior

Table 10-1. A Template for Saying “No” to Unwanted Behavior

When you... <i>(Describe the behavior you do not like)</i>	I feel... <i>(Describe your feelings)</i>	Because... <i>(Say why the behavior bothers you)</i>	Please... <i>(Request the behavior you want)</i>
<ul style="list-style-type: none"> • call me “dear” • touch me • joke about my appearance • speak disparagingly about my ethnic group • comment insensitively about religion 	<ul style="list-style-type: none"> • embarrassed • angry • uncomfortable • demeaned 	<ul style="list-style-type: none"> • I want to be taken seriously • I want to be treated as a professional • I want to be respected 	<ul style="list-style-type: none"> • call me by my name • don’t tell offensive jokes • don’t touch me

Reproduced with permission from: Gender and Diversity: A Program of the Consultative Group on International Agricultural Research. A Victim’s Guide for Dealing With Sexual Harassment. www.genderdiversity.cgiar.org/inclusiveworkplace/dignity/harassment/intro.htm.

Humphrey HJ. and Smith K. Closing the Gap: Mentoring Women in Academic Medicine chapter 10 in Mentoring in Academic Medicine. American College of Physicians Teaching Medicine Series. Versa Press, 2010. p195.

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Harassment

Summary of Harassment:

- Unfortunately – still a common problem for students/trainees
- Various forms
- Can be against pts, faculty, trainees, students, nurses, etc.
- Addressed immediately
- Creates a poor/unsafe learning/working environment
- Reporting is important – to leaders and law enforcement (misdemeanor or crime)



QUILLEN
COLLEGE *of* MEDICINE

EAST TENNESSEE STATE UNIVERSITY

Quillen College of Medicine Student Professionalism Report



EAST TENNESSEE STATE UNIVERSITY

Categories:

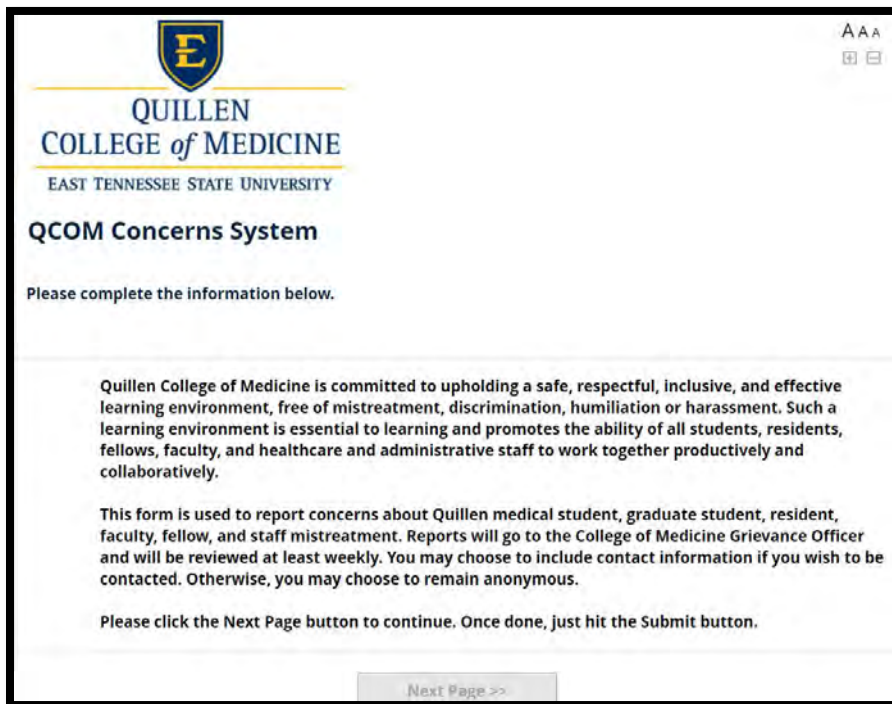
- Pt and Provider Communications
- Appearance/Attire
- Reliability, Motivation, and Responsibility
- Interpersonal Relationships
- Accepts Instruction and Feedback
- Integrity
- Other Problematics or Unethical Behaviors

Asks:

- Feedback provided
- Documented
- Shared/discussed with individuals

Concerns System

...committed to upholding a safe, respectful, inclusive, and effective learning environment, free of mistreatment, discrimination, humiliation or harassment.



The screenshot shows the top portion of a web form. At the top left is the Quillen College of Medicine logo, featuring a shield with a blue 'E' on a gold background. Below the logo, the text reads 'QUILLEN COLLEGE of MEDICINE' and 'EAST TENNESSEE STATE UNIVERSITY'. The title of the form is 'QCOM Concerns System'. Below the title, it says 'Please complete the information below.' There are two paragraphs of text: the first states the college's commitment to a safe and respectful environment, and the second explains that the form is used to report concerns about mistreatment and that reports will be reviewed weekly. At the bottom of the form, there is a button labeled 'Next Page >>'.

- Anonymous
- REDCap
- Title IX violations and criminal activity = reported (by law)
- [Faculty Affairs:](https://www.etsu.edu/com/acadaffairs/)
<https://www.etsu.edu/com/acadaffairs/>

Report a
Concern/Complaint

Concerns System

- I have been mistreated
- I have witnessed an occurrence of mistreatment
- I am not associated with the incident, but I heard of an occurrence of mistreatment and need to report it
- I'm not sure if I was mistreated, but I would like to report it

reset

Concerns System

Please select the category believed to best classify the incident. Select all that apply.

- Humiliated and/or chastised
- Neglected/Left out of communications
- Subjected to sexist remarks
- Mistreatment based on sex or gender
- Subjected to ethnically or religiously offensive remarks
- Object of ethnically or religiously offensive remarks
- Subjected to vulgar language
- Made to complete personal services (such as buying coffee or running errands unrelated to defined work tasks)
- Sexual mistreatment (including remarks or advances)
- Threatened with physical harm
- Subjected to physical harm
- Told sexist stories or jokes that were offensive
- Made offensive remarks about appearance, body, disability, or sexual activities
- Referred to people of my gender or ethnicity in offensive, insulting, or vulgar terms
- Put down or acted condescendingly because of gender
- Sent offensive messages based on my gender
- Shown obscene images
- Mistreatment or harassment based on sexual orientation or gender identity

Concerns System

The individual responsible for the activity during which the mistreatment occurred is identifies as a/an

- Administrator (Department, College or Hospital)
- Attending
- Faculty Member
- Fellow/Resident/Post-doc
- Course Director
- Nurse (including Nurse Practitioner, CNA, etc.)
- Medical Student
- Graduate Student
- Nursing Student
- Physician Assistant Student
- Member of Care Coordination Team (Social Worker, Respiratory Therapist, etc.)
- Staff Member
- Other

[reset](#)

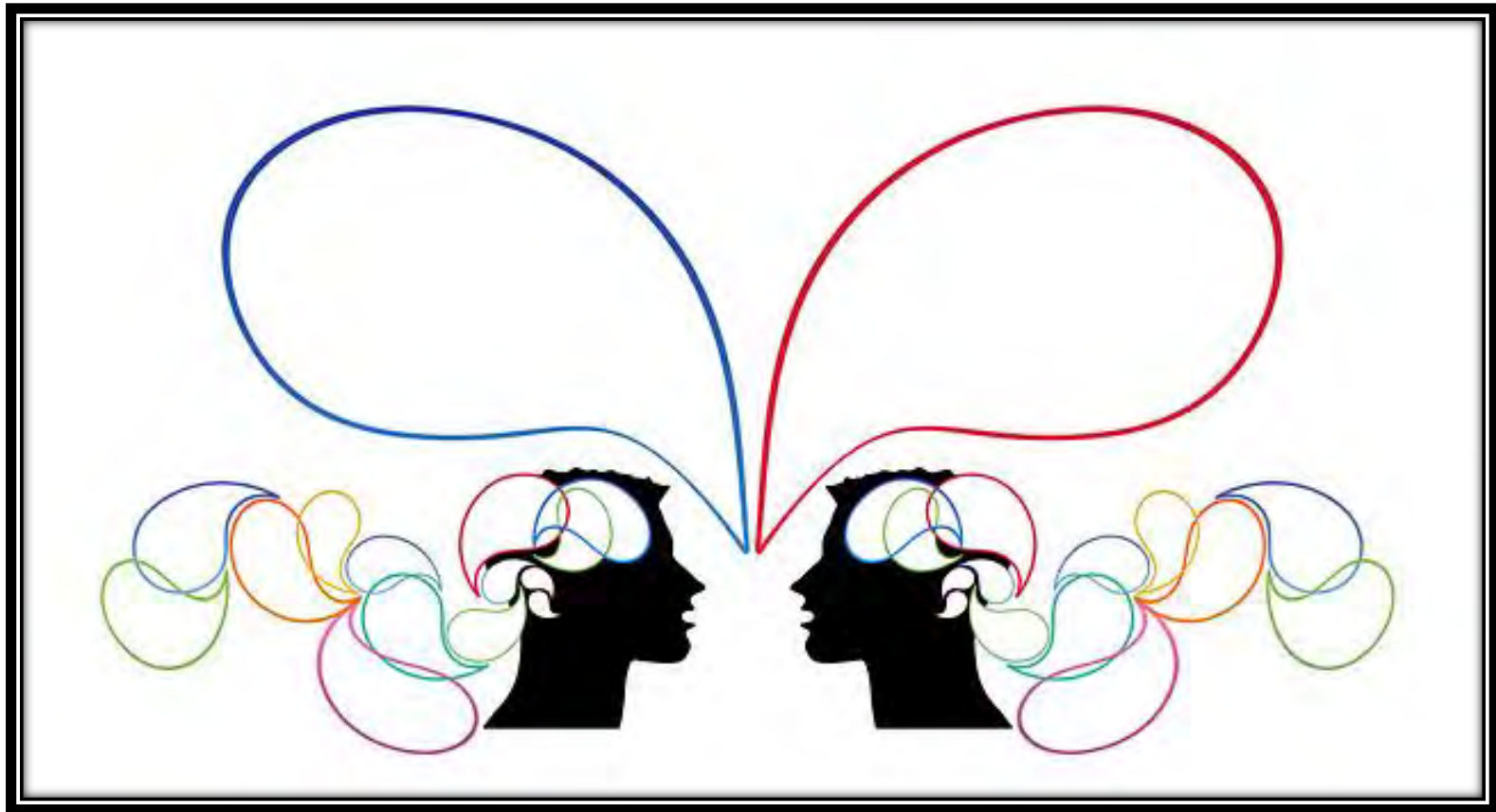
Unprofessional Behaviors:

If You See Something, Say Something



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Conflict Management and Communication Skills



Two Types of Conflict

Constructive

- Strengthens relationships and teams
- Encourages open communication
- Deals with real issues
- Focuses on facts and results
- Results in new approaches and growth

Destructive

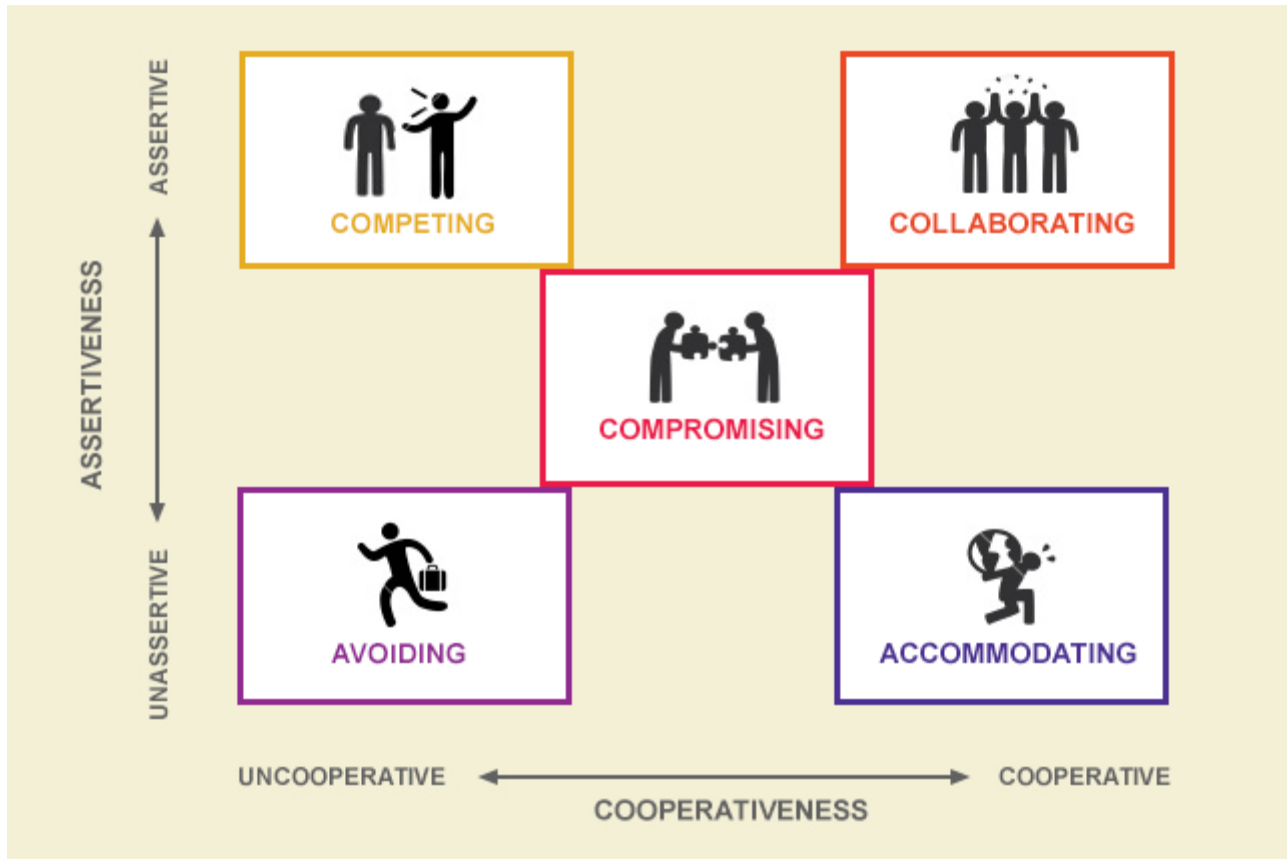
- Damages relationships and fractures teams
- Results in defensiveness and isolation
- Wastes resources
- Focuses on blame and anger
- Missed opportunities for improvement

Chad A. Buck, Ph.D., HSP. Conflict Management. Women Physician Retreat, Vanderbilt University Medical Center, April 27, 2018

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Conflict Management Styles

Thomas-Kilmann Conflict Model



Chad A. Buck, Ph.D., HSP. Conflict Management. Women Physician Retreat, Vanderbilt University Medical Center, April 27, 2018

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Poll Question 4:



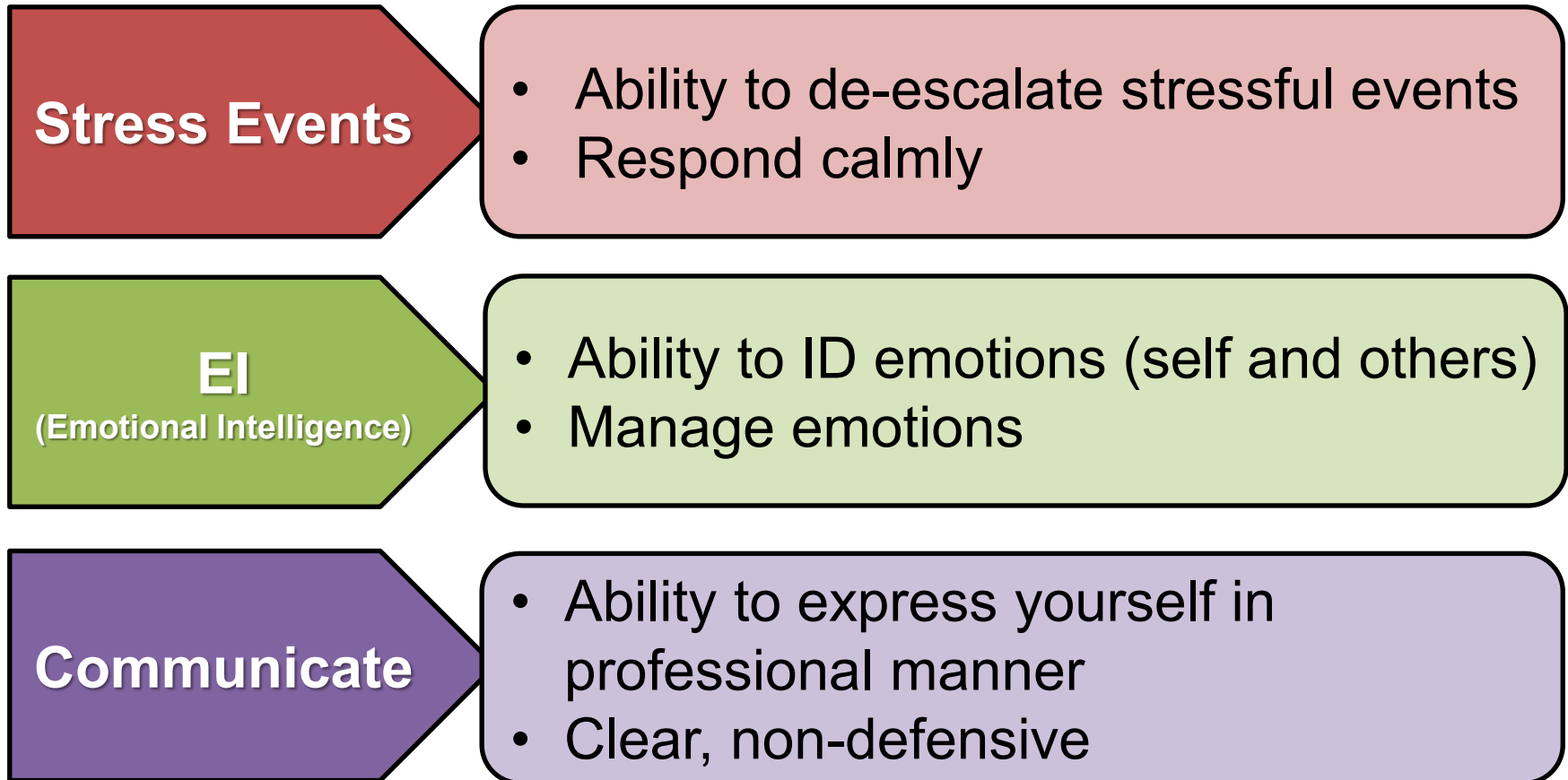
What style of conflict management do you think you were taught within your family?

- a) Competing
- b) Collaborating
- c) Compromising
- d) Avoiding
- e) Accommodating

Outcomes By Style

- Competing ➤ I win. You lose.
- Collaborating ➤ We both win.
- Compromising ➤ We both get something.
- Avoiding ➤ We both lose.
- Accommodating ➤ I lose. You win.

Core Conflict - Management Skills

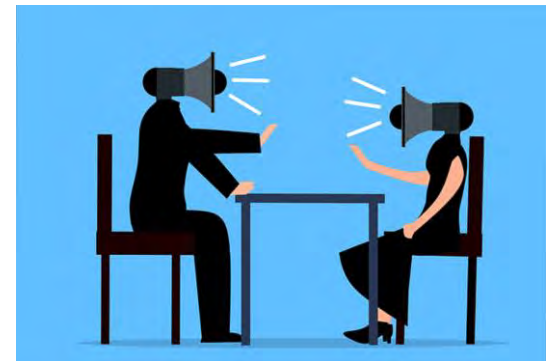


Adopted from: Chad A. Buck, Ph.D., HSP. Conflict Management. Women Physician Retreat, Vanderbilt University Medical Center, April 27, 2018

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Effective Communication

- Definition: *communication is a process by which information is exchanged between individuals through a common system of symbols, signs or behaviors.*
- Three (3) Types of communication:
 - Verbal
 - Non-verbal
 - Para-verbal



Dewey & Turner. The Art of teaching Mini-fellowship: Teaching at the Bedside, BCM, 2004.

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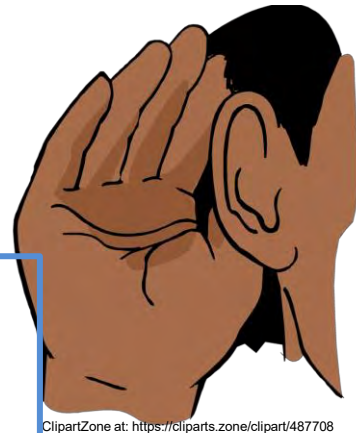
Communication is Tricky



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Effective Communication

- Be an active listener!
- Use vocabulary appropriate for your audience (esp. patients)
- Use an attention getter (This is important...)
- Give overview then focus in (The big picture is...)
- Clarify statements (What I heard you say was...)
- Check for understanding (Is my interpretation correct?)
- 'I' statements (What I meant was...)
- Action verbs – what you want (What if we work together?)



ClipartZone at: <https://cliparts.zone/clipart/487708>

Dewey & Turner. The Art of teaching Mini-fellowship: Teaching at the Bedside, BCM, 2004.

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Active Listening: How to Hear it!

The Art of Listening

- Empty self and BE present
- Listen with your heart
- Listen without judgment
- Don't prepare a response
- Use non-verbal communication
- Listen for messages
- Hear them – *“what I heard you say was... did I get that right?”*



DRAN - Assertive Communication

<u>D</u>eposit	First, genuinely say positive statements to the other person about what you appreciate. Recognize the other person's past efforts. (Remember, it takes eight positive comments to compensate for one negative comment.)
<u>R</u>eason	Describe the situation and/or behavior objectively (the action, not the "motive"); use concrete terms; specified time, place & frequency of action. Investigate if needed. Avoid adjectives/descriptors & judgement
<u>A</u>ssert/<u>A</u>sk	Express your concerns/feelings calmly, in a positive manner directed at the behavior, not the entire person's character. Ask explicitly for change in the other person's behavior. Use reflective 'I' statements. (Remember - When you [blank], I feel [blank], because [blank], please [blank])
<u>N</u>egotiate	Work toward a reasonable compromise, a small change to meet your needs or goals. Specify behaviors you will change. Make consequences explicit. Reward positive changes. (be respectful and compassionate)

John Gottman, Ph.D. The Relationship Cure. Crown Publishers, New York, 2001, 74-78.

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Role Play – Use DRAN

- Scenario: You observe a resident yell at a patient on the phone.
- Use **DRAN** to assert your concerns and ask for a different behavior in the future.
 - Describe vs judge
 - Use verbal, non-verbal, para-verbal communication
 - Reflective 'I' statements and action verbs
- Partner practice mindful listening
- 4 min; Switch

DRAN - Assertive Communication

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Effective Communication

*“The most important organ for listening is neither the ear nor the mind, but the **heart**, and it is within your heart that you will discover the true meaning of any conversation you want to make or receive.*

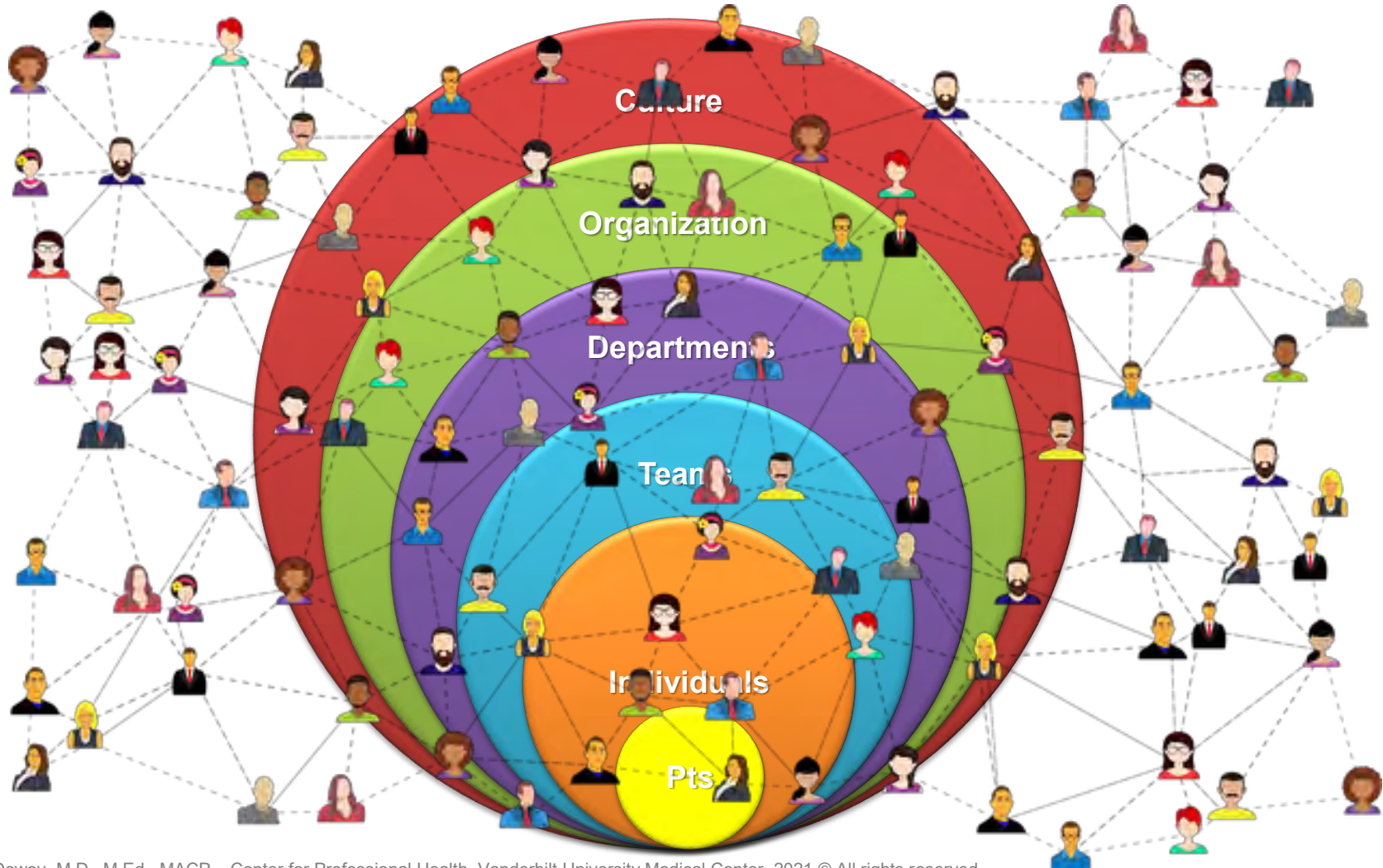
When you listen with the heart, you become one with the speaker and discover their truth inside.”

~ Cloke and Goldsmith

Cloke K and Goldsmith J. *Resolving Conflicts at Work: Ten Strategies for Everyone on the Job.*, 3rd Ed. Jossey-Bass. San Francisco, CA, 2011.

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Culture of Professionalism



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Culture of Professionalism

- Clear messages on conduct
- Know the rules
- Support enforcement of the rules
- High level of intolerance for breaking rules
- Support remediation/education/training
- Incentives (carrots and sticks)
- Everyone has a role (leadership to patient)

Summary

- Professionalism should be expected and supported
- Unprofessional behaviors should be identified and intervened upon
- Reporting unprofessional behaviors is a MUST!
- Provide feedback when appropriate; use effective communication skills
- Conflict is due to mis-matched expectations – try to prevent/manage conflicts appropriately
- Walls don't make the culture – people do; be part of the solution and NOT part of the problem

“If you keep doing the same thing you always did....you will keep getting the same results you always got!”

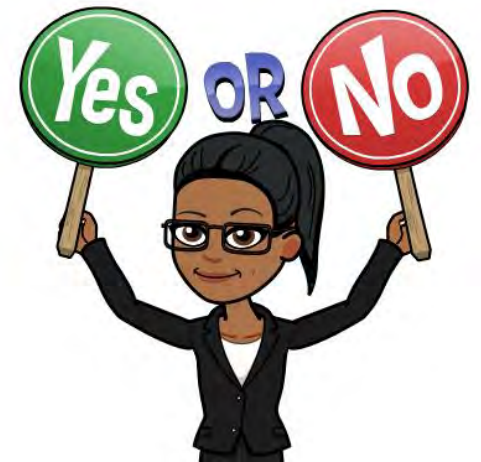
Poll Question 5:

Based on today's presentation, will you implement a new change to support professionalism in the clinical setting?

a) Yes

b) No

c) Unsure



Questions





THANK YOU

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Introduction

Table 2. Professional responsibilities defined by the charter on professionalism*

- Commitment to professional competence
- Commitment to honesty with patients
- Commitment to patient confidentiality
- Commitment to maintaining appropriate relations with patients
- Commitment to improving quality of care
- Commitment to improving access to care
- Commitment to a just distribution of finite resources
- Commitment to scientific knowledge
- Commitment to maintaining trust by managing conflicts of interest
- Commitment to professional responsibilities

*From reference 3.

Kirk LM. Professionalism in medicine: definitions and considerations for teaching. Proc (Bayl Univ Med Cent). 2007 Jan; 20(1): 13–16.

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