

# **Faculty's Unprofessional Behavior: How to Address It?**

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# WHY ARE WE HERE?

- We are human

- We care

# **In our human lives we have:**

**Bad hair days**

**Home-life stress**

**Work-life pressure**

**All of these and other issues can  
affect behavior that can cause  
professional lapses**

# Why Should We Care?

- Professional behavior is learned via role modeling, from others' behavior
- Accrediting bodies require evaluation of professional behavior of learners
- We can all remember our own lapses that were seen as unprofessional

# Format of Session

- 3 models of addressing behavior (25")
- Small groups: (15")
  - strengths & weaknesses
  - Identify other methods
- Approaches applied to scenarios (20")
- Consideration of barriers (20")

# Questions to be answered

- What are the strengths and weakness of the various approaches?
- Which approach is most appropriate for which behaviors?
- What barriers exist in confronting lapses?
- How can the barriers be overcome?

# Previous Disciplinary Approaches

- Immediate Dismissal or demotion or with established policy
  - Verbal warning → written warning → dismissal
- Results
  - Few acknowledge behavior, get involved
  - Short sighted quick fix

# **Addressing Faculty's Professional Lapses through Prevention**

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**Louise Arnold, PhD**

**CGEA Spring Meeting**

**April 2008**

“An ounce of prevention is  
worth a pound of cure”

Franklin

*Prevention that highlights the  
positive*

*is worth two pounds of cure*

# Prevention strategies view professionalism as

- Developmental
- Involving a continual striving toward wise
  - Application of values of medicine
  - Resolution of conflicts between equally worthy values
  - In meeting health needs of patients & communities

Arnold & Stern 2006

# Prevention focused on

- Individuals
- Environments/cultures of
  - Small groups
  - Departments/sections
  - Entire institutions

# Individual Strategies: Self regulation, character, virtue studies

- Many exercises that build capacities to support & advance professionalism
- Example from studies on emotional control
  - Writing down three things that went well daily for a week had a positive impact on mood
- Positive emotional states increase likelihood that a person will help others

Seligman et al 2005

Peterson, Seligman 2004

# Individual Strategies: Humanities Initiatives

- Maine Humanities Council's Reading Program
  - Groups read works of fiction, poetry, drama nonfiction about caring for people
  - Scholars facilitated discussion of texts
  - Participants said they
    - Experienced profound positive shifts in perspective
    - Changed way they think about & do their work

Bonebakker 2003

# Individual Strategies: Humanities Initiatives

- Institute of Medicine & Humanities, Missoula
  - Explores issues at nexus of medicine & humanities
  - Through
    - Lectures
    - Seminars for professionals
    - Annual conference including public

Swick 2007

# Individual Strategies: Faculty Dev Programs

- Rest on notion that assisting faculty to teach professionalism to others increases their own professionalism
- Example from prescription for explicit role modeling
  - Say what you will demonstrate
  - Demonstrate desirable skills/behavior
  - Ask what learners observed
  - Elicit constructive criticism
  - Comment/explain what you have done

# Environment/Culture Strategies: Appreciative Inquiry (AI)

- An approach to changing organizational cultures
- Does not look at what is wrong or broken
- Emphasizes what works
- Assumes that attending to successful experiences builds a foundation for creating more of what is desired

# Indiana University SoM

- Interviewees told stories about
  - Meaningful experiences at school
  - Exemplary collaboration there
  - Instances when they felt entrusted with important responsibility
- Most compelling stories presented publicly

Suchman et al 2004

# Indiana University SoM

- Outcomes for participants
  - Acquired keener sense of existing positive relationships & collaboration
  - Changed perceptions of school
  - Acquired hopeful expectations for future
- Outcomes for school
  - Ripple effect
  - Changed way committees functioned

# Learning Communities AI Initiative

## University of Missouri-Kansas City SoM

### ■ Purpose

- Increase awareness & appreciation of principles of professionalism
- Provide context for discussing professionalism
- Illustrate to faculty a way to promote professionalism

Thompson & Arnold 2008

# UMKC

- Involved small learning communities of medical students & faculty role models
- Faculty told stories about positive experiences with professionalism
- In response to questions students raised during interviews
- Students wrote narratives based on faculty's stories
- Students reflected on the stories

# UMKC

## ■ Outcomes

- Qualitative analysis of narratives showed
  - Faculty incorporated principles of professionalism in their stories
  - Students recognized these principles
- Qualitative analysis of reflections showed story-telling
  - Increased commitment to professionalism
  - Deepened appreciation of relationships with mentors
  - Gave them inspiration & enjoyment
- Focus group suggested story telling was a way to talk about experiences never before discussed

Thompson, Arnold, Quaintance 2007

# UMKC

- Outcomes
  - Electronic workbook
    - Available at [www.umkc.edu/profstories](http://www.umkc.edu/profstories)

# Clinical Team AI Initiative, UCSF

- Had difficulty identifying & targeting “bad actors”
- Challenged residents/faculty to look for instances of constructive professionalism
- Each day teams related instances
- At first teams able to identify only 1 to 4 instances
- By the second week, teams identified >20 instances per day
- Impression: achieving
  - Increased awareness of professionalism
  - Increased presence of professionalism

Harken 2008

# SUMMARY

- A few strategies to promote professionalism
- By emphasizing the positive
- Increased awareness of professionalism
- Perhaps increased professionalism itself
- Decreased lapses?

# **Faculty's Unprofessional Behavior**

## **How to Address it Using Error Approach**

**Cynthia H. Ledford, MD**

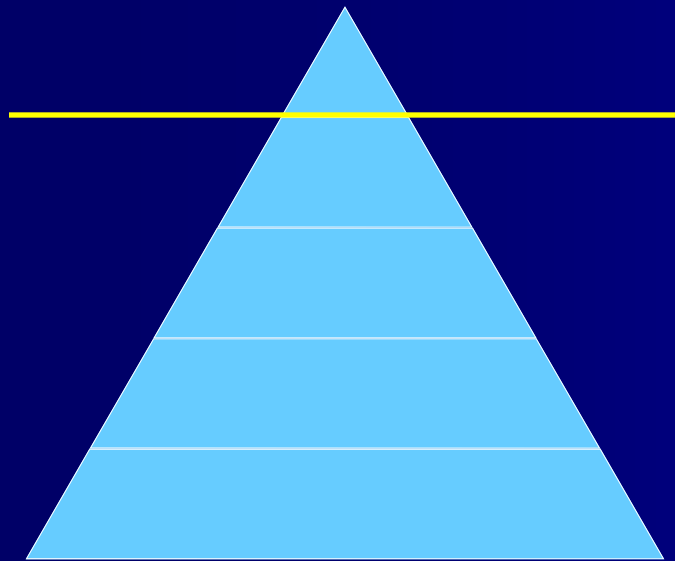
# Concepts from Error Analysis

*Culture Change:  
Prevent, not Punish*

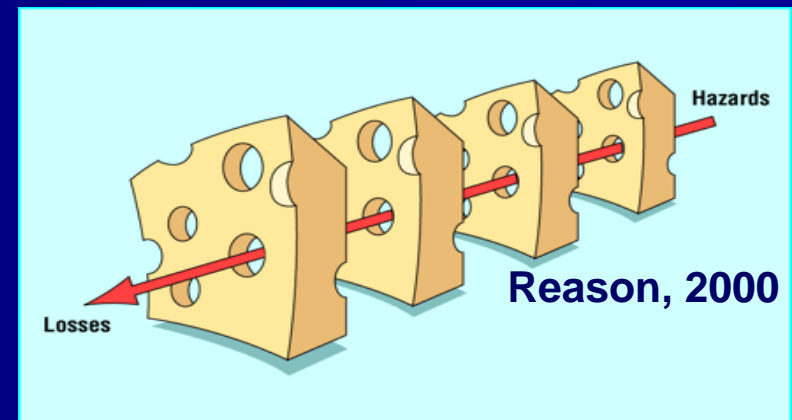
- Goal: Understand, Prevent, Educate
- Blame free
- Root cause analysis
- Categories of error to guide analysis

*To Err is Human, Building a  
Safer Health System, IOM, 1999*

# The iceberg and swiss cheese



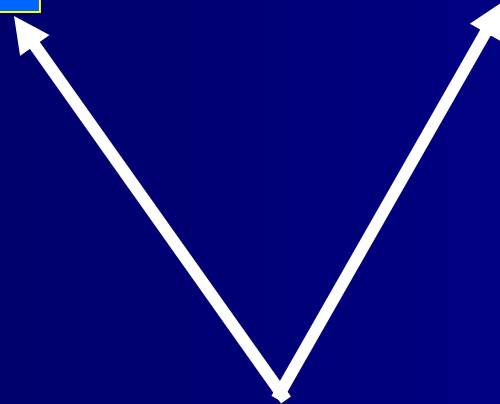
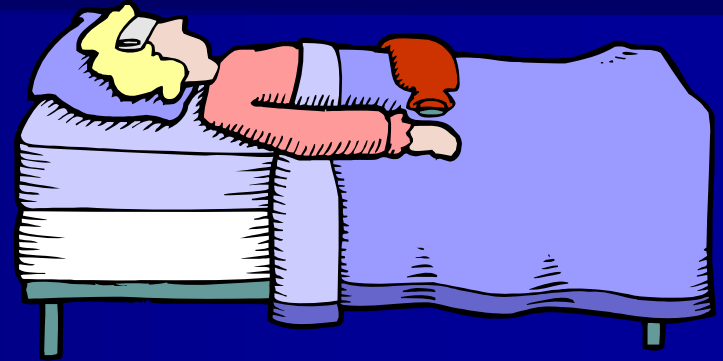
**good health professionals**  
find themselves in difficult  
situations



Often **many factors** and  
missed opportunities to  
prevent

**ACTIVE ERRORS**  
(sharp end)

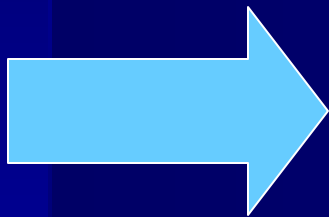
**Healthcare  
Team**



**LATENT ERRORS**  
(blunt end)

# Special challenges

- Contextually based, subjugate one value to another
- More than one right answer
- Perceptions, inference
- Blame free...not punish



**Professionalism Error**

**= Any Perceived Professionalism Lapse**

Ginsburg, 2005.

# Why might a professionalism lapse occur

- **Knowledge:** actions/behaviors communicate values to others (varies by culture and experience)
  - **Judgment:** emotion, unmet personal needs (stress), failure to recognize
  - **Skills:**
    - crisis communication
    - empathy and active listening
    - negotiation and conflict resolution
    - peer coaching
  - **Systems:**
    - Workload
    - Processes
- with patients and family, and other members of the healthcare team**

# New Paradigm

	Conventional Method	Professionalism Error Method
<b>Professionalism is</b>	Character trait	Resiliency: requires KJSS
<b>Lapse is</b>	Character flaw, so sanction or deem unsuitable	Common, happens to good people
<b>Teach by</b>	Rules, rituals, role models	Developing KJSS
<b>Evaluate by</b>	Assume professional, until lapse is seen	Observe, under low/high stress

# Educating Professionals

## Using this Professionalism Error Model

### THE CONVERSATION

- Make it safe
  - To err is common
  - Always start with “why might a reasonable person do this?”
  - Assume he/she does not want to be perceived as unprofessional
- Focus on observed behavior and inference, not attitude

### THE NEXT STEP

- Identify needed skills
- Support toward greater resiliency
  - Be the trusted colleague
  - Coach toward success

# Key References

- *To Err is Human, Building a Safer Health System*, IOM, 1999, <http://www.ahrq.gov/>
- Reason J. *Human error: models and management*. *BMJ*. 2000;320:768-770.
- Ginsburg S. *Academic Medicine* 79(10):S1-4. Oct 2005

# Conversing About Unprofessional Behavior

Karen Marcdante

April, 2008

CGEA: Columbus, OH

# Imagine

- As director of a group of faculty you have been asked by nursing to talk with one of your colleagues, Dr. Swanson. It seems that while resuscitating a very sick patient, Dr. Swanson asked for, then yelled for blood. When it was apparent that no one called for the blood, she said to the room full of young nurses "Just get me a real nurse!" This isn't the first time that nurses have felt disrespected by Dr. S.

# Talking about Behavior is Hard

- There are always (at least) 2 sides
- You usually have a relationship with the person you will be talking to
- It's easy to debate (he said/she said)
- The Intent/Impact chasm
- You can't really change people!!

# Back to our scenario

- You have scheduled a meeting with Dr. S, who has a pattern of interactions that are perceived as disrespectful (lots of yelling and accusations).
- What will you say?

# The conversation

- You start the conversation explaining the nurses concerns and that they have come to you.
- Dr. S states: I needed someone to do the right thing – the patient was trying to die!

# A word about Intent

## ■ Intent

- I was trying to get the right care for my patient.

## ■ Impact

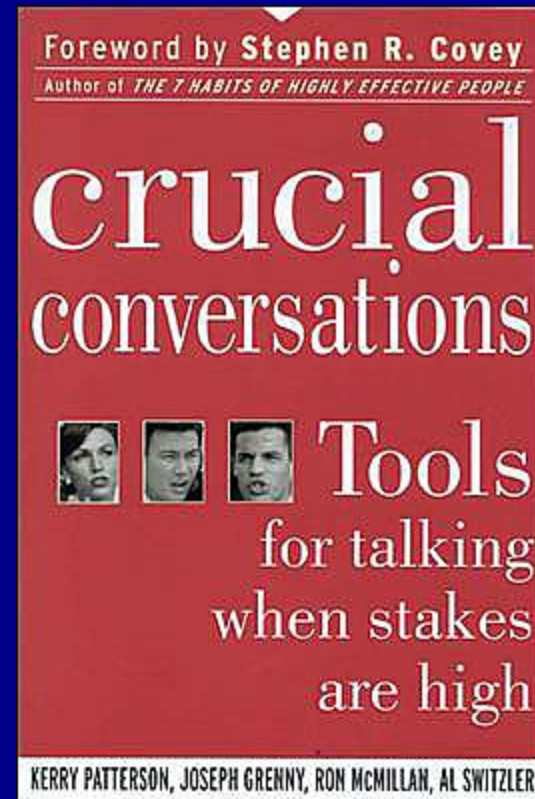
- Nurses feel a lack of respect and will now be hesitant to approach Dr. S. In addition, the story has made the rounds and many nurses are talking about not wanting to work with Dr. S.
- What's the professional thing to do?

# When you didn't intend to..

- What just happened?
- What was MY role in it?
- What am I accountable for?
  
- Be clear about your intention
- Apologize for your role in any misunderstanding

# One Model: Crucial Conversations

- Result of many observations of "successful" leaders
- A systematic approach to difficult conversations



# The steps to Prepare

- Get Unstuck

- What is the right conversation to have?
- What is at the heart of the matter?

- Start with Heart

- What do I really want for myself, the other person and the relationship?

# Our example

- What is the right conversation?
  - NOT about specific instant
  - Discuss pattern of behavior
  - Respect is at the heart of the matter
- What do I want?
  - To re-establish a strong working relationship that allows open communication

# The Steps to Prepare

- Make it Safe
  - How do I make it safe?
  - What is our Mutual Purpose?
  - How do I create Mutual Respect
- Master the Stories
  - Victims, Villains and the Helpless
  - Why would a rational person do that?
  - What story is the other person telling?

# Mutual Purpose

- To provide the best patient care
  - Recognize the need for and needs of nurses
- To build a strong program where open communication is valued AND practiced

# It's all in perception

## ■ Attending's View

- Victim: patient, herself
- Villians: nurses, nursing administration, me
- Helpless: herself

## ■ Nurses' view:

- Victim: patient, themselves
- Villians: attending, nursing administration
- Helpless: themselves

# Why would a rational person do this?

## ■ Attending

- Trying to save a life
- Talking quietly didn't work
- There are way too many young nurses, we need more experienced people on nights!

## ■ Nurses:

- We are doing our best
- No one new how to call for blood
- There was no HUC, we couldn't leave the bedside

# The Steps to Prepare

- STATE my Path
  - Share the facts
  - Tell my story AS a story
  - Ask questions to understand
  - Talk tentatively
  - Encourage testing

# So, what do I say?



# Other possible approaches?

- What have you used?
- What has worked for you?

# Applying the concepts

- In your small group
  - Review the scenario, starting with the assigned number
  - Assess whether/how you would use each of the possible methods
  - Identify what each approach would allow you to address the issues

# Debriefing

- What methods could you see using?
- In what situations?
- What resources would you need to practice the skills required?

# Conclusions

- Professional behavior lapses are difficult: to prevent, confront, discipline
- Different approaches may make this easier, more effective
- Hopefully these new tools will help all of us and others