

Professionalism

Objectives:

1. Identify instances when personal circumstances can be at odds with professional values.
2. Describe their own understanding of their professional responsibilities toward patients, families, and colleagues.
3. Describe how their expectations and behaviors can serve as a model for colleagues.
4. Demonstrate, through discussion, that they appreciate that professionalism involves a wide array of responsibilities to themselves, their colleagues, their patients, their institution, and society.
5. Describe that professionalism is a set of skills that develop over the course of time/practice.
6. Model professional responses to unprofessional behavior by patients and colleagues.
7. Name ways to incorporate professionalism into new technologies.

Goals:

1. Read pages 5-7 of “Teaching and Assessing Professionalism” at <http://www.appd.org/professionalism.pdf>. (pages 17-19 of the adobe document)
2. Read over the 3 clinical cases and prepare to discuss them
3. Brainstorm professional (and unprofessional) comeback lines for the 5 case vignettes.
4. Discuss your opinions of the professional (or unprofessional) behavior involving new technology in the 5 case vignettes.

References

[Teaching and Assessing Professionalism](#) (APPD, 2008)

“No Learner Left Behind: Identifying, Diagnosing and Remediating the Problem Learner,”
Rebecca Blankenburg, MD MPH, 2009

Electronic Professionalism: Appropriate Behavior in the New Age of Communication, Paul
Matz, MD, St. Christopher’s Hospital for Children, 2009

Case Studies

1. You are on rounds with your attending, and one of the medical students is presenting. The student has been working very hard and doing a good job. The attending asks the student about the results of a laboratory test that the student was to have checked on. You know that the student did not have an opportunity to get the test results but the student responds by saying that the test was normal.

- What would you do if you were the senior resident?
- What would you do if you were the medical student?
- What is the downside of pointing out the student's behavior on rounds?

2. A resident in continuity clinic is informed by a nurse that a family has arrived an hour late for their appointment. The resident has refused to see the two children because her schedule is already backed up, and this mother is frequently late for appointments. The mother is upset that she is being turned away because her children's immunizations are already delayed.

- What if the mother is usually on time?
- What if the resident has personal plans after clinic?
- What if seeing the children would mean that the resident would miss noon conference?
- What if your clinic policy prevents late patients from being registered and the resident feels that policy is not appropriate?
- What is your reaction to this scenario?

You are called early Monday morning by the Emergency Department because one of your patients, a 10-year-old boy with insulin-dependent diabetes, was brought in dead on arrival. The boy's parents are divorced and have joint custody, with the mother having physical custody. The patient had spent every other weekend with his father. Both parents are in the ED when you arrive. The father explains they had a "great" weekend and went to a country fair. They went on lots of rides and enjoyed the food booths. The dad was a little bit worried that his son "overdid it," so he increased the regular and NPH insulin just before bedtime. His son was restless and sweating about 1:00 am, and the father gave him another 10 units of regular insulin. His son continued to be sweaty and had a seizure during which he stopped breathing. Both parents are demanding to know why their son died. What do you say?

- Is it ever appropriate to lie to patients or families?
- Would you recommend an autopsy, even if it is not mandated by law?
- Would you discuss the patient's death and its cause with the parents together or separately?

Clever Comeback Lines

1. It's a busy night, and you are late getting to sign-out with the PICU NP. You're late because you had a very sick patient on the ward with a sodium of 173 who had just lost his IV. You walk into the workroom and get yelled at by the NP for being late. Among other things, he says "Well, I guess you just don't value non-physician time."

Your comeback line:

2. You are caring for the child of a VIP who has been making snide comments during the entire H&P about the hospital facility, the nurses, the physicians and the food.

Your comeback line:

3. Your senior resident is a micro-manager and 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.

Your comeback line:

4. Your medical student is continually taking credit for things 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 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."

Your comeback line:

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 same specialty service approaches you and demands that the patient be placed on his team, saying "What could you possibly know about appendicitis?"

Your comeback line:

Vignettes developed by Blankenburg, APPD 2009

Professional or Unprofessional? Discuss.

TO BCC OR NOT TO BCC?

During your time on a rotation on the ward, a MS3 (Student A) frequently calls another student (Student B) a “brown noser” for volunteering to answer all of the attending’s questions. Although she is very angry, Student B says nothing during the 2 weeks she is on the ward. After rotating to another site, Student B sends an angrily worded email to Student A and sends a blind CC to you to “keep you in the loop.”

“TEXTING YOUR PATIENCE

A MS4 rotating through her pediatric sub-internship is cited for unprofessional behavior because she received, then replied to, a text message on her Blackberry while in a patient’s room with the attending.

ANTISOCIAL NETWORKING

On their own time, several of your residents start a group on Facebook called “Children’s Hospital Life Savers – Or at least when we feel like it.” A parent of a child with special needs searching for a support group finds the Facebook group and, now very upset, calls the Program Director and the Department Head.

A LITTLE BIRD TOLD ME

Several attendings comment to you that a resident is frequently typing on her smartphone during rounds or lectures. When asked, she always stops for the rest of rounds but begins again at the next rounds or lecture. When asked, she says it is all work related. The nurses in your hospital do in fact text residents with patient questions and patients frequently email physicians, but no other trainee is so conspicuously and frequently doing this.