



CoPilot

Reframing Professionalism As Trust: Moving Beyond “*It’s Just Your Perception*” to Why it Matters

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Leah Delfinado MD, FACOG, MSCP; Will Lehmann MD,
MPH; Suzette Caudle MD; Kari Oliver MD; Jake Bidwell MD



Thursday, April 16, 2026 | 10:40 – 11:55 am | 2026 AIAMC Annual Meeting | Carlsbad, CA



Thank Our NIX Working Group!



Working Group: D Simpson PhD; K Ouweneel MBA; W Lehmann MD, MPH; T La Fratta MBA; N Salvo MD; W MacDonald MD; K Agard CMP, PMP; E Santana C-TAGME; D Hamel MD; K Patel DO; J O'Brien MD; S Caudle MD; L Delfinado MD; D Irby PhD; J Bidwell MD

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ELEMENTS OF TRUST – DYADS AND THEN DEBRIEF

- **When you trust someone professionally, what is it about them that makes you trust them (their words, behaviors, expressions, actions)?**
- **In < 3 Min selected report outs**
- **Any of you DIOs?**
 - What key components of your decision to “dismiss”?
 - Informal Poll - aka Curbside Consults
 - Harm to patients
 - Disruptive to team
 - Doesn't respond to feedback – doesn't change behavior

AIMS – UNPROFESSIONAL BEHAVIOR

- Realize that peoples' perceptions of trust/professionalism matter
- **UNProfessional Behavior *has* Consequences**
 - Perceptions of unprofessional behavior can have adverse effects on patient care, teamwork, trustworthiness *and* you as a physician
 - Aware of the potential adverse impact(s) of unprofessional behavior on patient care and/or team functioning.
- Utilize a “trust” framework to improve ability to analyze and discuss (un)professional behaviors





Judging Oneself and the Feedback: Using a Feedback Literacy Lens to Explore How Learners Experience Professionalism Feedback

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ABSTRACT

Introduction: Professionalism is a core competency on which learners should, ideally, receive feedback to improve their performance. Feedback literacy conceptualizes how learners make sense of and use feedback. The contextual and subjective nature of professionalism, along with concerns about professionalism's potential to encode majority culture norms, add unique complexity to receiving and responding to professionalism feedback. This study used feedback literacy as a framework to explore how diverse learners experience and respond to professionalism feedback.

Methods: The authors conducted a multi-center qualitative study with a critical constructivist orientation. Fourth-year medical students and senior residents were interviewed about their experiences with professionalism feedback. Interviews were analyzed using reflexive thematic analysis. Feedback literacy provided an analytic lens for theme development.

Results: Thirty-one medical students and 18 residents were interviewed between 2021 and 2022. Learners saw little value in professionalism feedback when viewing professionalism as a character trait rather than a skill to be improved. Learners who received constructive professionalism feedback critically reflected on the quality of their own professionalism and of the feedback, specifically evaluating the feedback for racial or other bias. Constructive professionalism feedback generated protracted emotional responses, and learners often lacked agency to respond to professionalism feedback due to the method of feedback delivery.

Discussion: Learners engage with professionalism feedback by spending significant time examining the context of the feedback and searching for evidence of racial or other bias. Understanding how learners experience professionalism feedback is important for fostering strong professionalism feedback literacy for learners and educators.

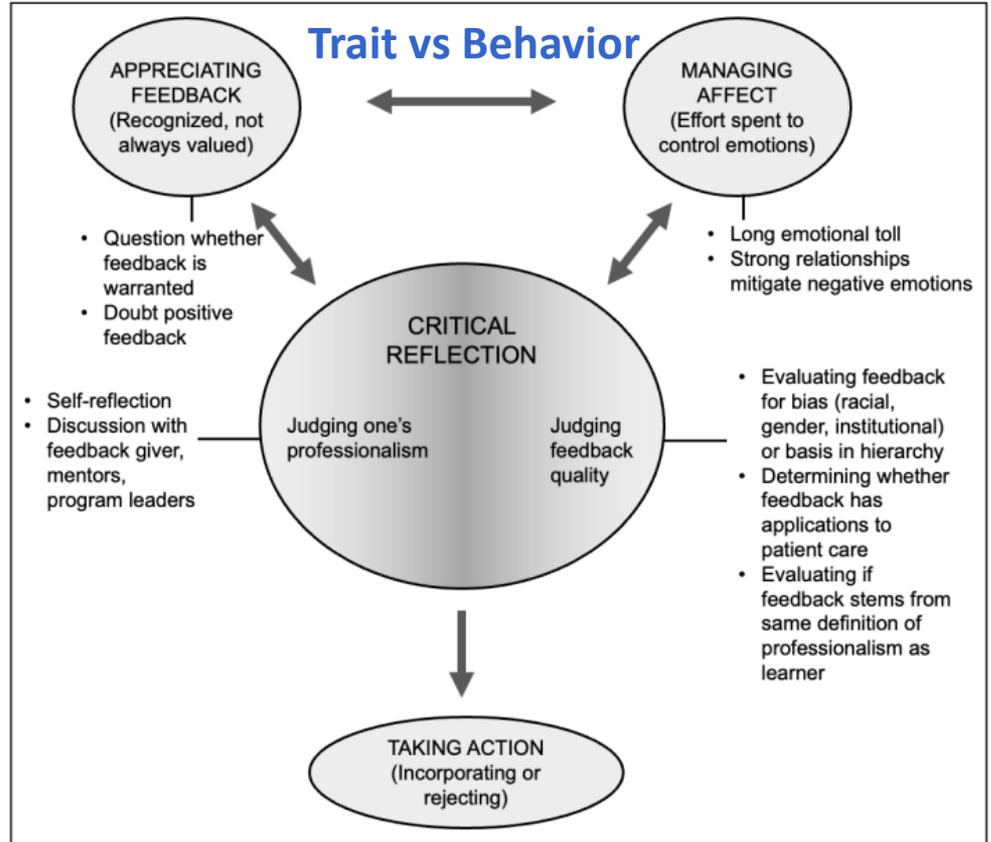
ORIGINAL RESEARCH

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 DOI: <https://doi.org/10.5334/pme.2320>

MODEL FOR LEARNER RESPONSES TO PROFESSIONALISM FEEDBACK USING CARLESS AND BOUD'S FRAMEWORK FOR FEEDBACK LITERACY



UNDERSTANDING PROFESSIONALISM

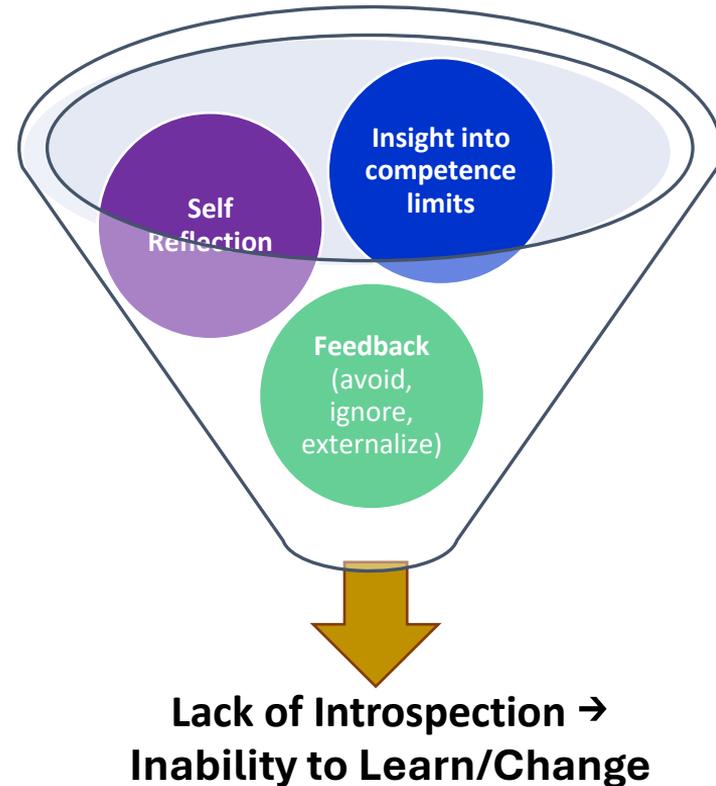
Profess Lit

- AAMC:
Integrity,
compassion,
respect, pt
needs
supersedes
self interest,
accountability
etc.
- I-HEAARD
(ABIM)
- ACGME
- Introspect

LACK OF INTROSPECTION PRECURSOR TO UNPROFESSIONALISM

- **Dismissed residents that challenged their PD's decision in a legal case**

- 72% cases residents under performed in CanMEDS professionalism domain
- Insufficient **introspection** was prevalently reported in 85% of cases



DESIGNING PROFESSIONALISM /TRUST FACILITATED DISCUSSION

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Neg Impact

- Pt Care :
 - Quality, Safety Exp + Team
- UCSF State Licensing Boards + systematic review
- ACGME Milestone Ratings & Pt Complaints / Pt Exp Post training Practice

UME students with unprofessional behavior >2.5x more likely to be disciplined by medical board

Vanderbilt Center for Patient and Professional Advocacy

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“If we give feedback early,
most will transform their practice in ways
that align with professional expectations.”

As of 2026, CPPA reports
having coded:

- > **4.1 million** patient complaints
- > **380,000** coworker observation

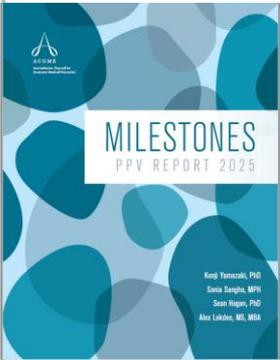
Making Medicine Kinder, Safer & More Reliable

ACGME MILESTONE DATA &

- **N = 9,340 graduates of ACGME accredited programs (48% women)**
 - 2/3's entered post training practice in academic settings
- **7.7% received Professionalism & ICS competencies ratings in the lower group during last year of training**
 - Comparable in age, gender, year of training completion
 - No difference by gender
 - Lowest ratings were most likely in Midwest, non-academic setting, nonsurgical specialties
- **Low P and ICS Milestone ratings near the end of residency training were associated with greater numbers of patient complaints in physicians' early post training practice**

ACGME Milestones Predictive Probability Value (PPV) National Report Fam Med - 2025

- Light orange (50%–64%): elevated risk
- Orange (65%–79%): moderate risk
- Red (*80%): highest risk

Subcompetency	Threshold	Yr1, Mid-Year	Yr1, Year-End	Yr2, Mid-Year	Yr2, Year-End	Yr3, Mid-Year
PROF01						
	≤ Lev 5.0	29.1%	29.0%	29.0%	28.8%	28.8%
	≤ Lev 4.5	29.1%	29.0%	29.0%	28.8%	29.0%
	≤ Lev 4.0	29.1%	29.0%	29.1%	29.1%	30.9%
	≤ Lev 3.5	29.2%	29.1%	29.8%	31.2%	42.2%
	≤ Lev 3.0	29.2%	29.4%	31.4%	37.5%	65.6%
	≤ Lev 2.5	29.6%	31.0%	39.9%	59.0%	83.0%
	≤ Lev 2.0	30.3%	35.4%	53.7%	73.1%	86.7%
≤ Lev 1.5	32.9%	47.7%	71.6%	82.7%	87.5%	
≤ Lev 1.0	43.3%	58.4%	72.0%	82.6%	88.9%	

Peds – FM – IM - End of PGY 1
EM Mid Year PGY 2

DESIGNING PROFESSIONALISM /TRUST FACILITATED DISCUSSION

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Neg Impact

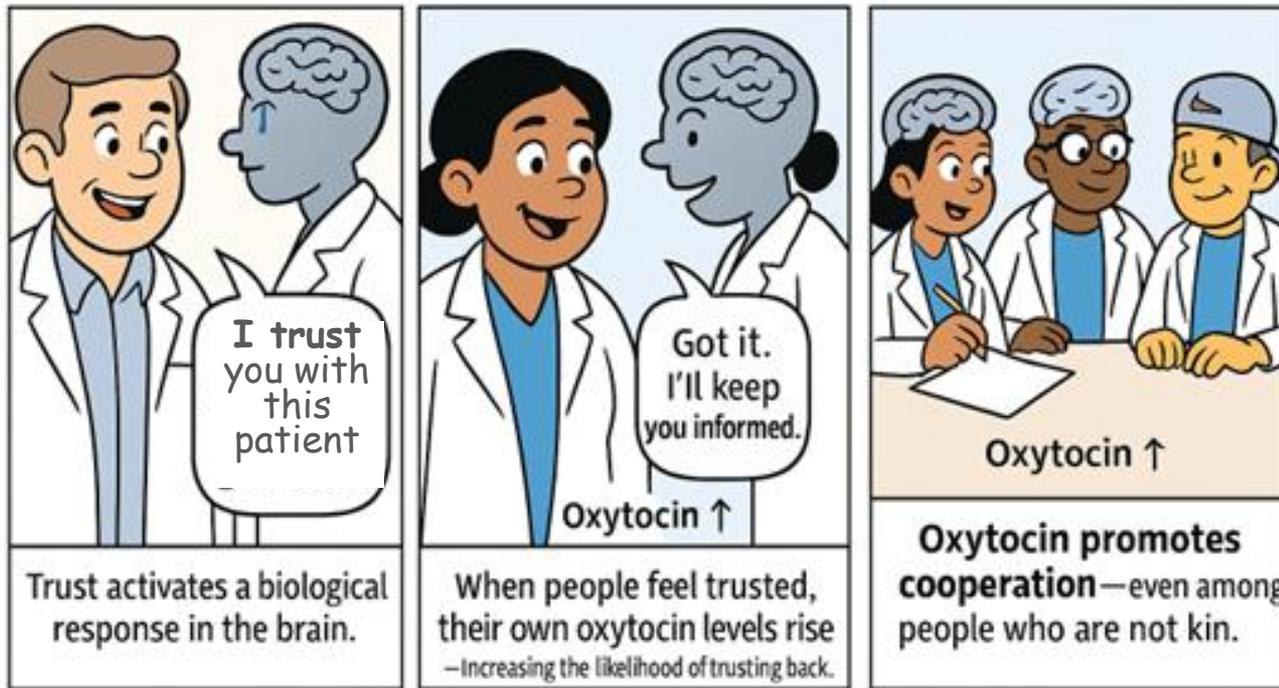
- Pt Care :
 - Quality, Safety Exp + Team
- ACGME Milestone Ratings & Pt Complaints / Pt Exp Post training Practice4

EPA DM TRUST

- Task Specific Competence
- Integrity
- Reliability
- Humility
- Agency: Proactive Behavior

TRUST IS A BIOLOGICAL RESPONSE

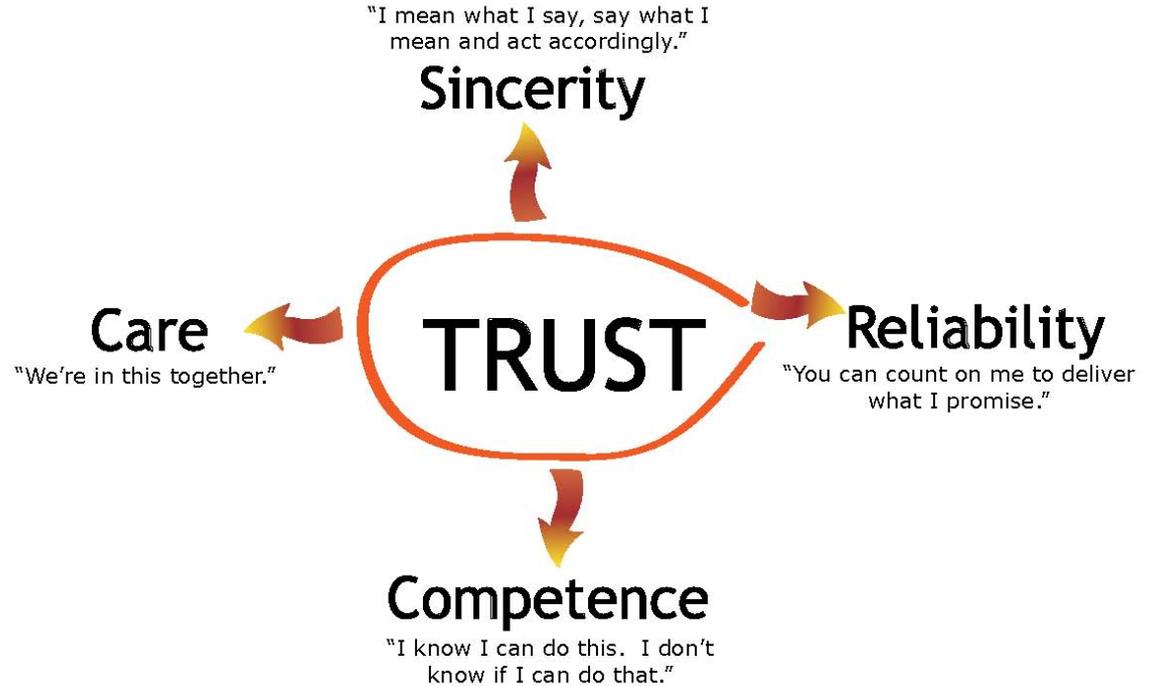
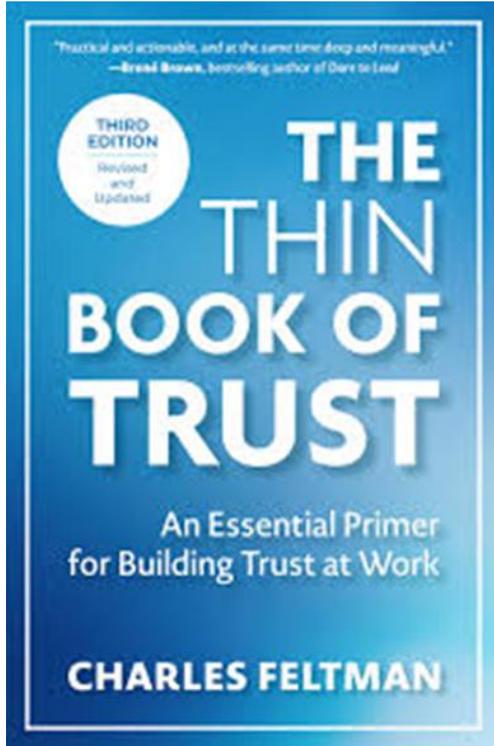
Copilot Jan 2026



Trust = Willingness to be vulnerable to the action of another...

PD-Resident-Faculty-Peers-Team

WHAT ARE ELEMENTS OF TRUST



©Path To Trust, 2017
Developed from work from Charles Feltman, 2016
www.pathtotrusted.com

the 4 distinctions of trust

from 'The thin book of trust' by Charles Feltman

Sincerity

- you are honest
- you say what you mean and mean what you say
- you can be believed and taken seriously
- when you express an opinion it is valid, useful, and is backed up by sound thinking and evidence
- your actions align with your words



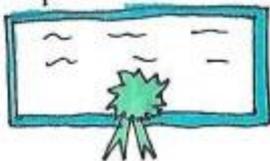
Reliability

- you meet the commitments you make
- you keep your promises



Competence

- you have the ability to do what you are doing or propose to do
- you have the requisite capacity, skill, knowledge, and resources to do a particular task or job

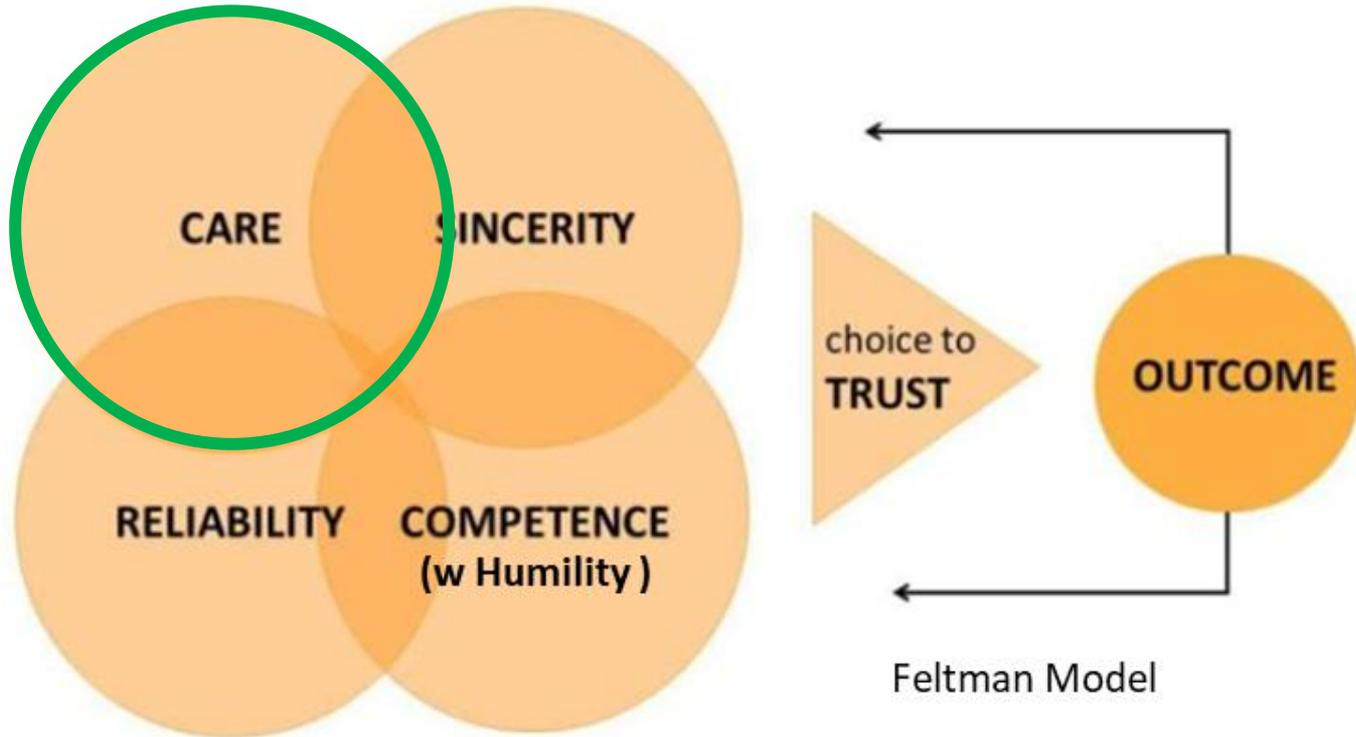


Care

- you have the other person's interests in mind as well as your own when you make decisions and take actions

“of the four assessments of trustworthiness, care is in some ways the most important for building lasting trust.”

TRUST FRAMEWORK = NEEDS ASSESSMENT



DESIGNING PROFESSIONALISM /TRUST

FACILITATED DISCUSSION

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- Task Specific Competence
- Integrity
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Transparent

- Needs Assessment
- 75% Agreement
- No real p value dif by role - region

Would you TRUST this person professionally?

Needs Assessment Directions - Improving our Learning Environments:

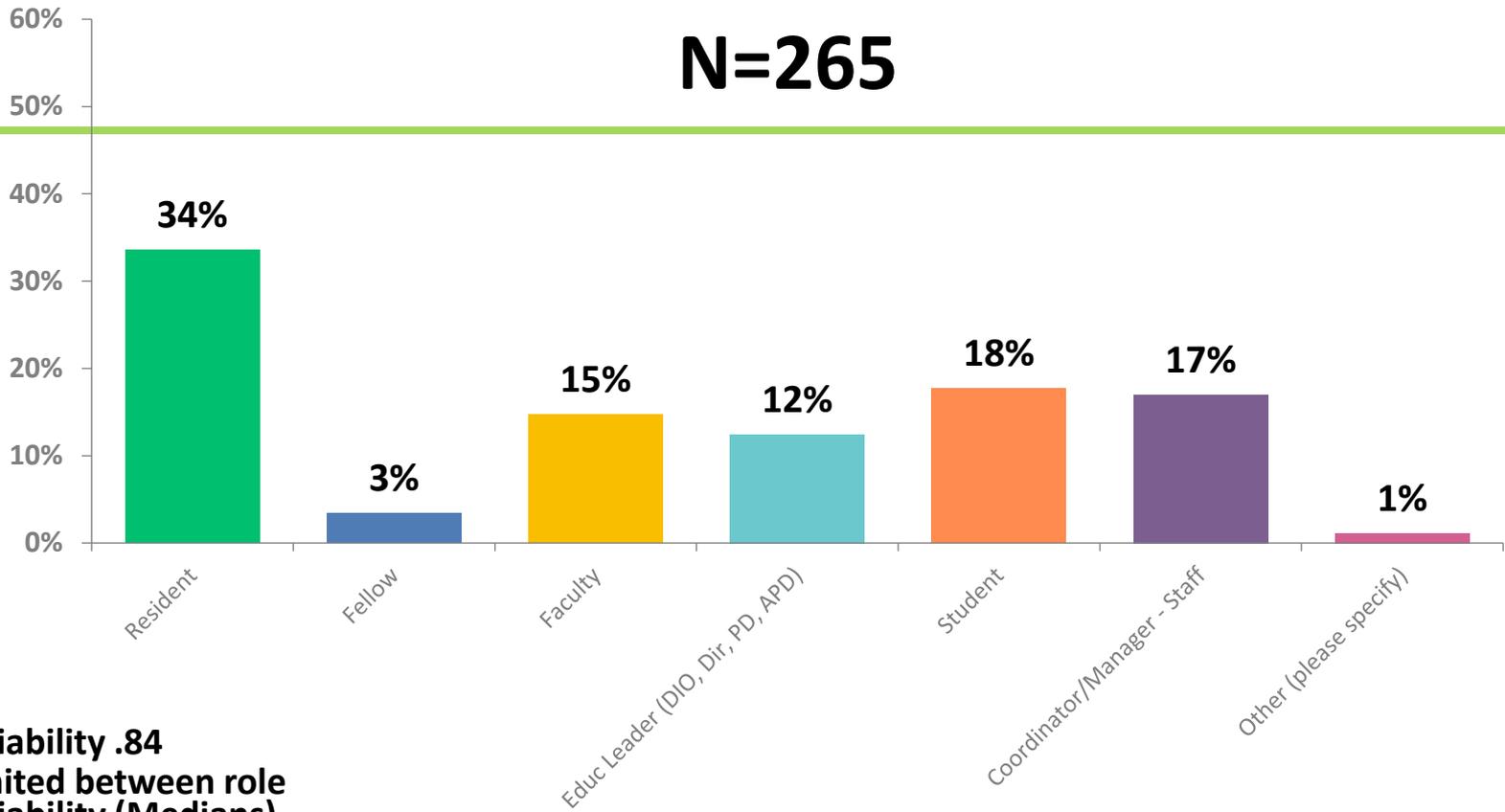
Listed below are a number of behaviors exhibited by different clinical and/or administrative individuals in our medical education programs (UME-GME-CME). **TRUSTING** each other in our professional roles is crucial for success in patient care (quality, safety, experience) and education. For each item listed below, please **rate the degree to which you would TRUST this person as a professional if you experienced/observed this behavior**. This needs assessment data will be aggregated and reported only by role and location to the UME, GME, and CME leaders, resident council, and others interested in this topic to guide our educational efforts in this area.

1. Rarely gets certifications done on time (eg, ACLS, BLS, Fit Testing, DEA).

- No, I'd Definitely NOT trust this person
- No, I'd Probably NOT trust this person
- Yes, I'd Probably trust this person
- Yes, I'd Definitely trust this person
- Unable to Judge/Don't Know

Quick Show of Hands

N=265



- **Reliability .84**
- **Limited between role variability (Medians)**
- **If means – more between roles**

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Facilitated Sm Grps

(In Situ)

- Recognized for Professionalism
- Faculty, Chief Residents, Residents, Med Ed Coord

Vignette Based

- Real Events
- Frame around "trust" & "entrustment"

Consensus



"Covenant"
&
Remediation
Strategy

FACILITATED *BEHAVIOR RIPPLE* DISCUSSION <10 MIN/CASE

- Divide table/group into thirds (including virtual)
- Present a “vignette”
 - If someone perceived that this behavior was unprofessional what are the Adverse Effects/Impacts on (<3 min each grp):
 - ⅓ Grp: Patient Care (Quality, Safety, Experience)
 - ⅓ Grp: Teamwork
 - ⅓ Grp: Professional trustworthiness of the person exhibiting this behavior [Consider reliability, caring, integrity, competence with humility]

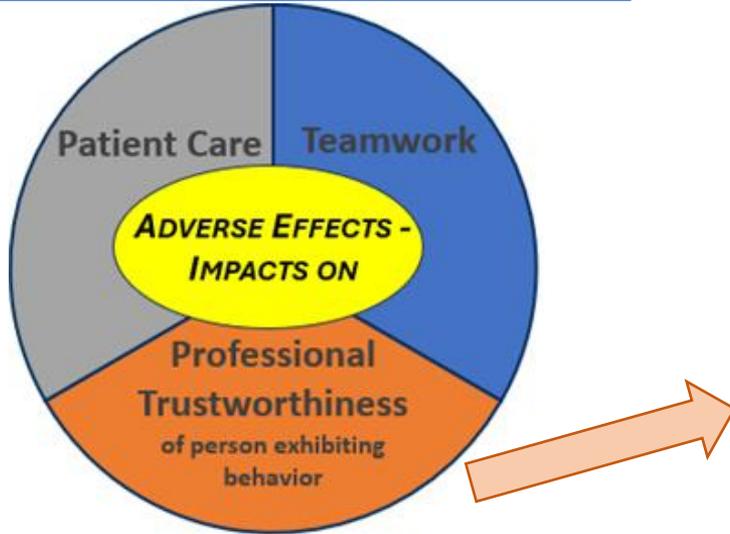


- Debrief
 - Take a quick poll 
 - Show Needs Assessment Data – Reactions
- Repeat (Next Case)
- Be Prepared to summarize
 - Key Take Homes

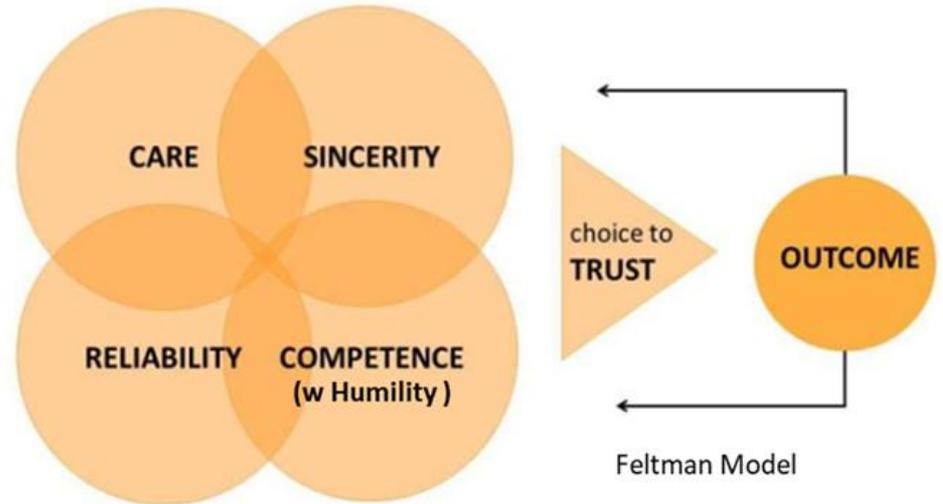


CASE #1: A 2ND YEAR RESIDENT HAS NOT YET APPLIED / RENEWED THEIR LICENSE AND THE DEADLINE IS IMMINENT DESPITE MULTIPLE GME REQUESTS, LIMITING THEIR ABILITY TO PERFORM CLINICAL DUTIES. < 10 MIN

1/3 of grp focus on ONE impact

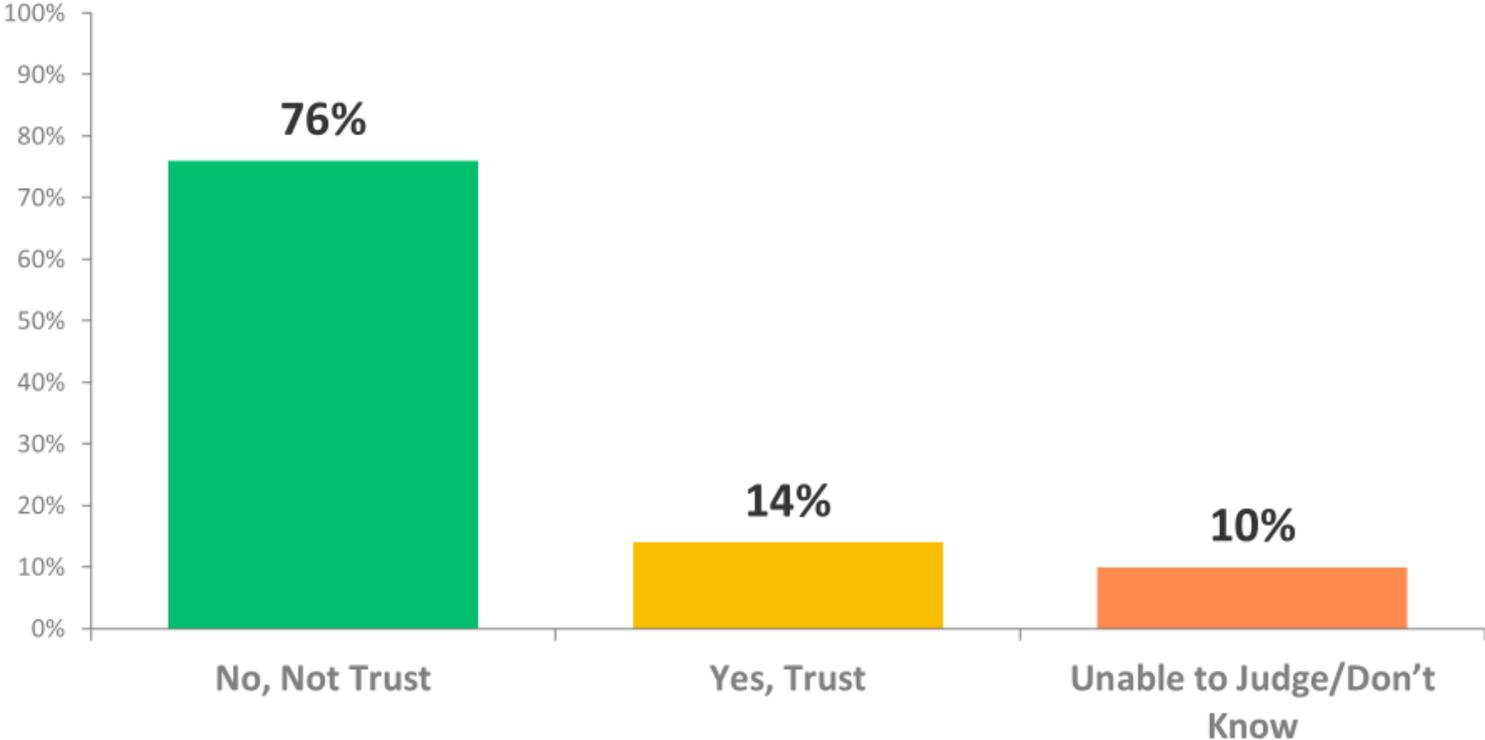


Trust Dimensions



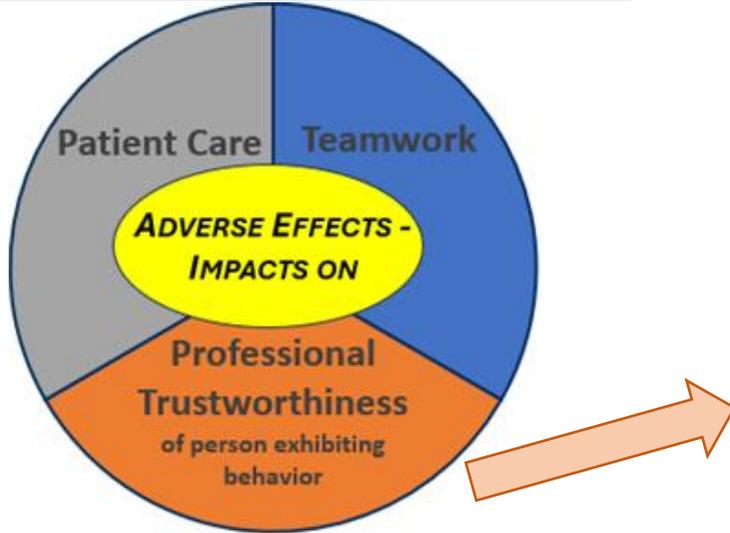
Q1: A 2nd year resident has not yet applied / renewed their license and the deadline is imminent despite multiple GME requests limiting their ability perform clinical duties. (#5)

Answered: 265 Skipped: 0

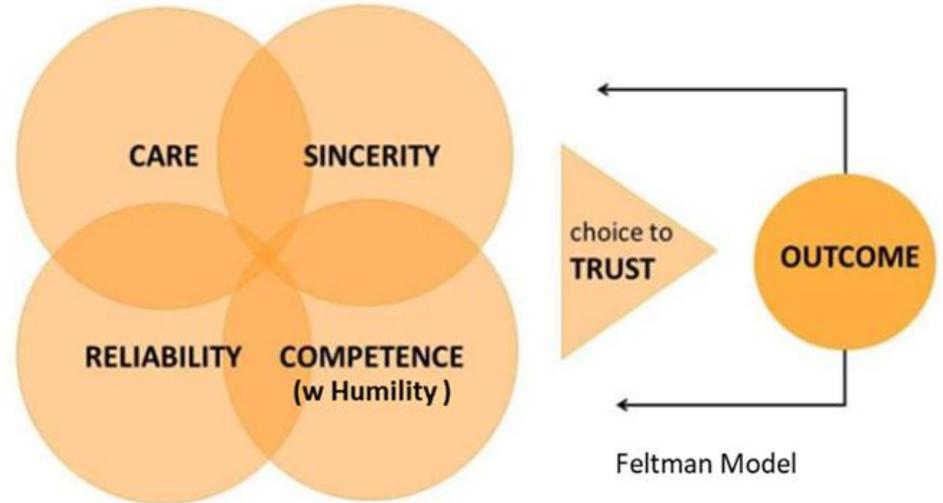


CASE #2: PERSON CALLED YOU OUT IN PUBLIC FOR NOT RESPONDING TO AN EMAIL THAT WAS “SENT DAYS AGO”. WHEN YOU LOOKED CLOSER EMAIL HAD BEEN SENT 12 HOURS PRIOR. (Q20) < 10 MIN

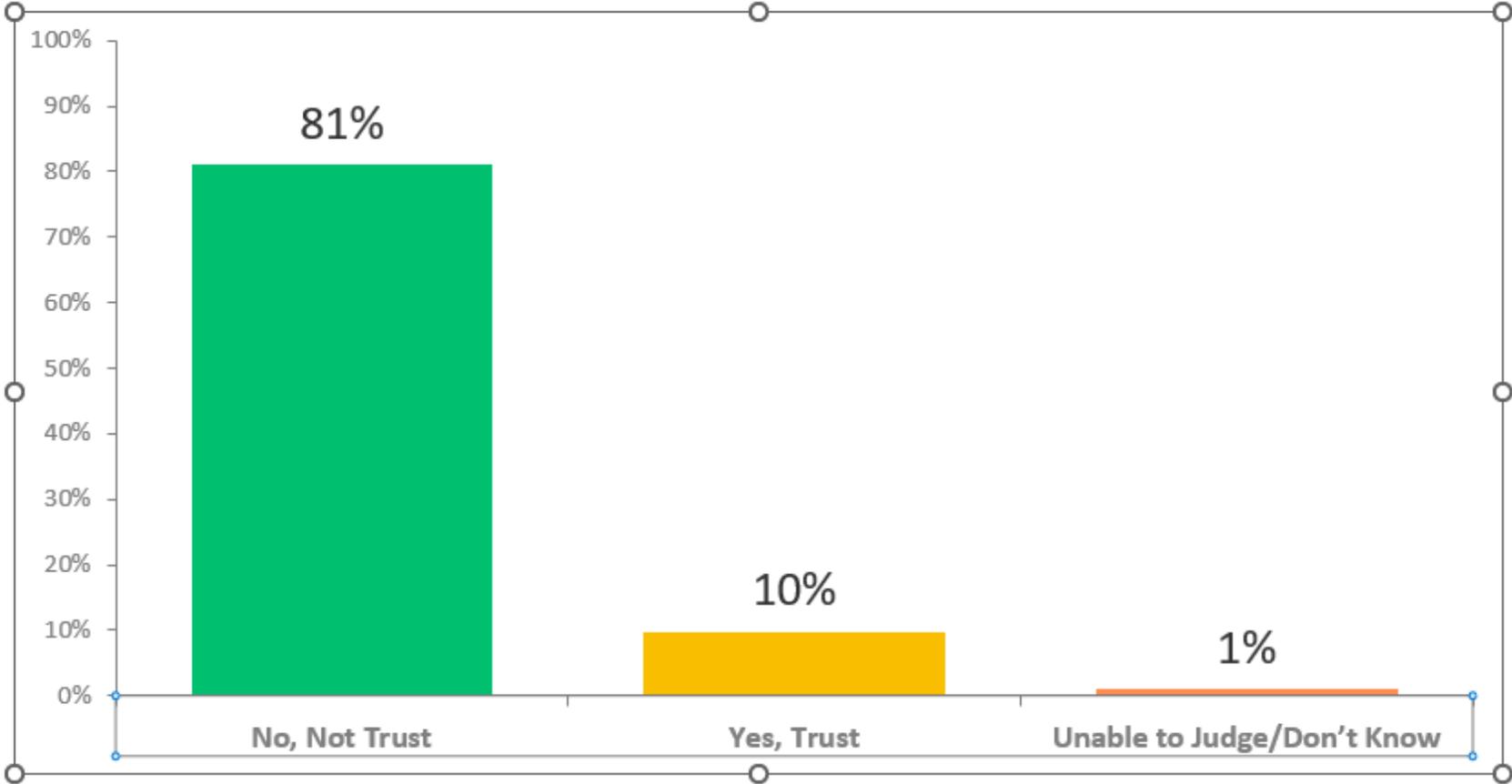
1/3 of grp focus on ONE impact



Trust Dimensions

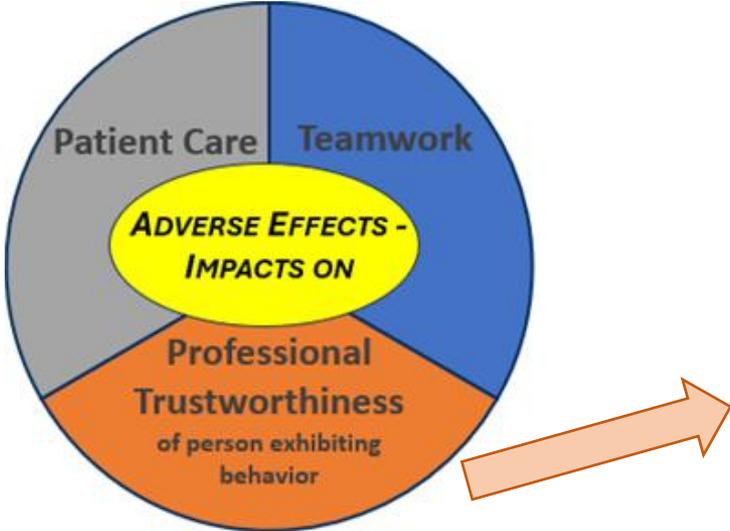


CASE #2: Person called you out in public for not responding to an email that was “sent days ago”. When you looked closer email had been sent 12 hours prior. (Q20)

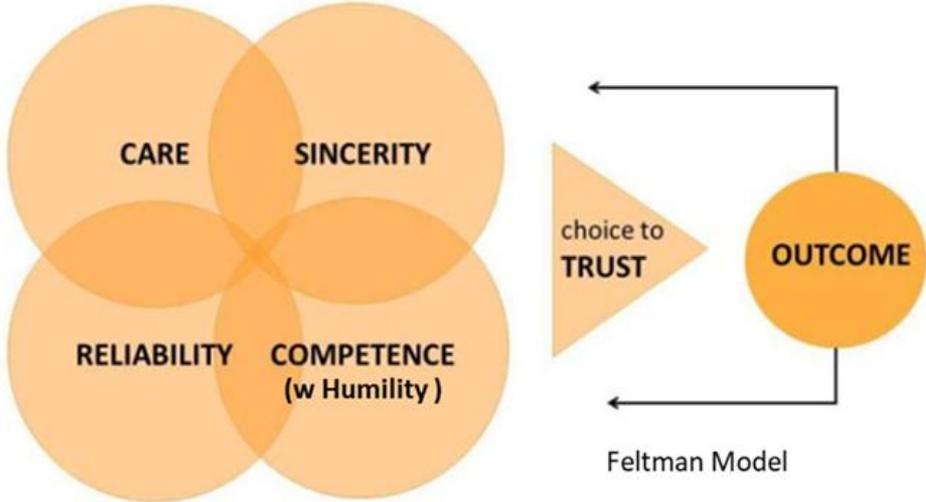


CASE #3: *TRAINEE CALLS FACULTY SUPERVISOR IN MIDDLE OF NIGHT AND GETS YELLED AT / GETS PUSH BACK "WHY ARE YOU CALLING ME?". [RATE SUPERVISOR] < 10 MIN*

1/3 of grp focus on ONE impact

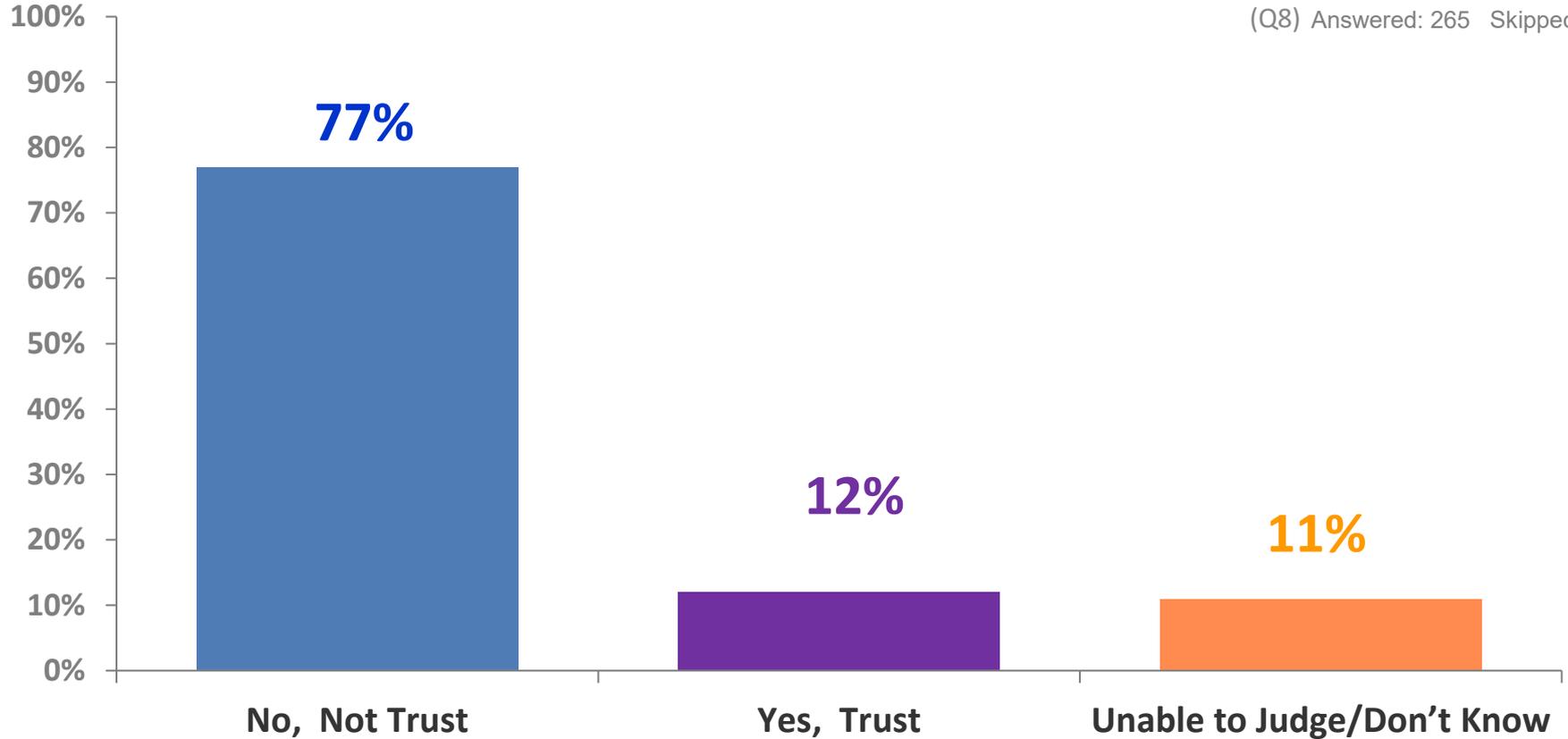


Trust Dimensions



CASE #3: Trainee calls faculty supervisor in middle of night and gets yelled at / gets push back “Why are you calling me?”. [Rate Supervisor]

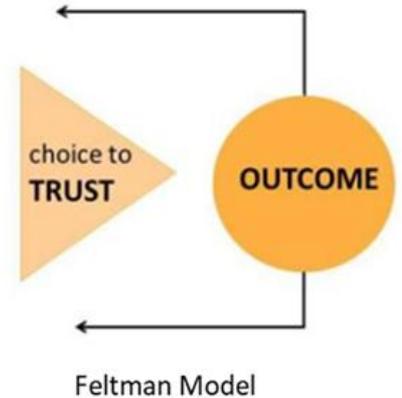
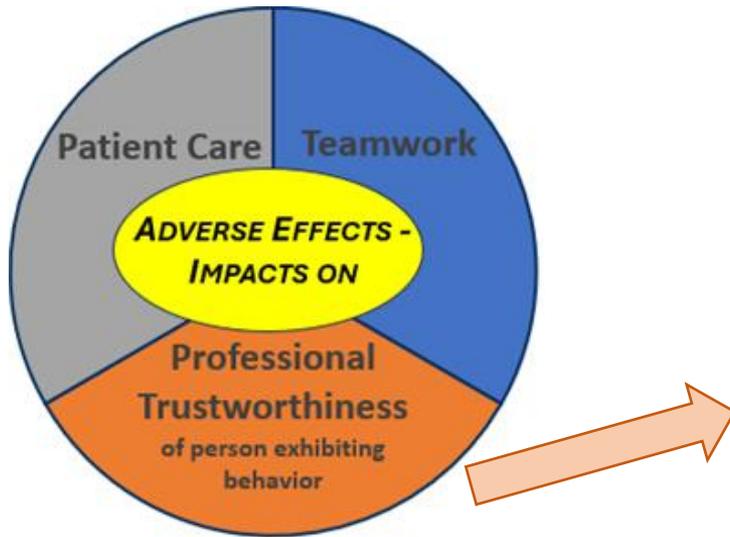
(Q8) Answered: 265 Skipped: 0



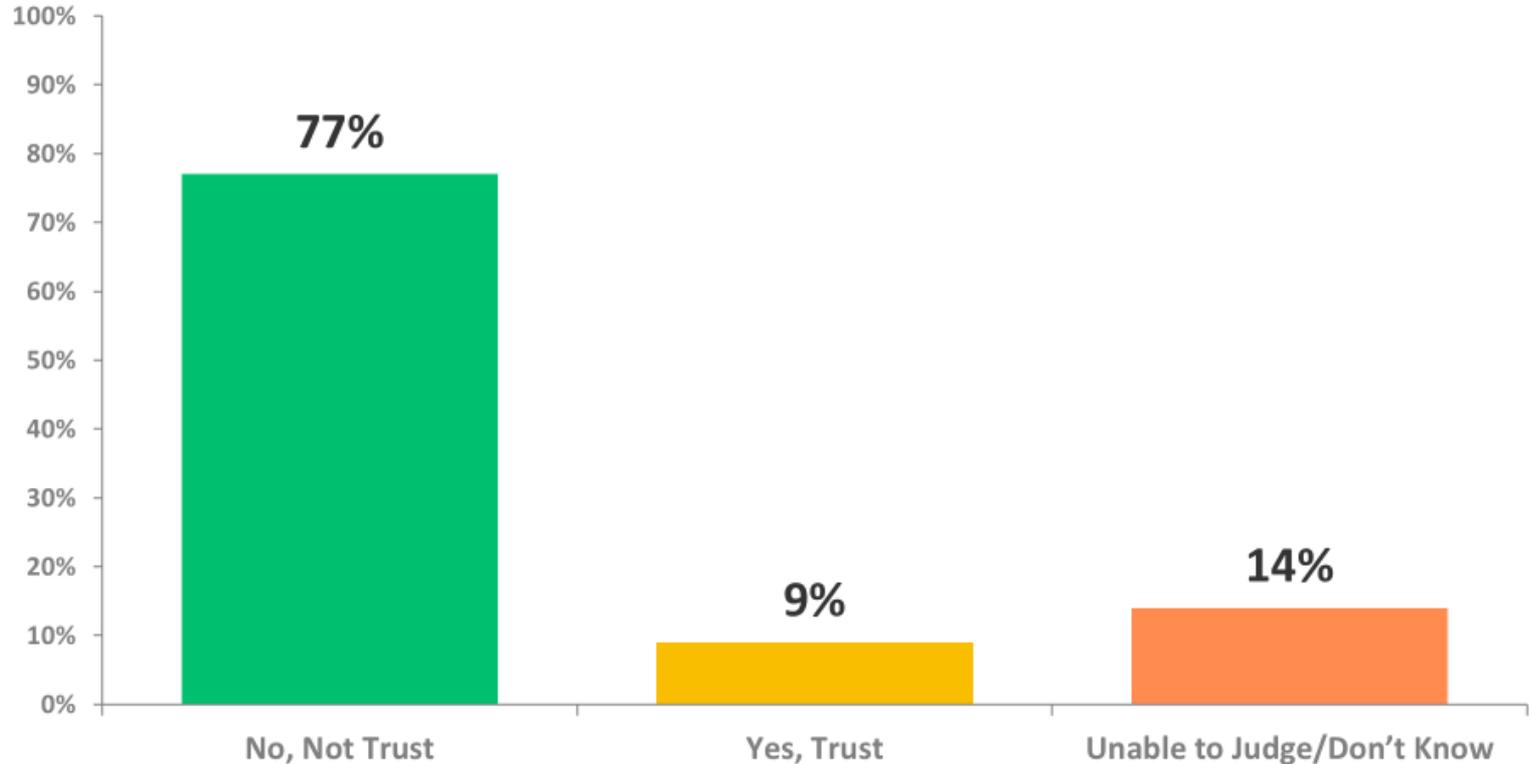
CASE #4: ONLY IF ASKED WILL THEY RECOUNT A POTENTIAL ERROR IN PATIENT CARE. < 6 MIN (Q16)

1/3 of grp focus on ONE impact

Trust Dimensions



CASE #4: ONLY IF ASKED WILL THEY RECOUNT A POTENTIAL ERROR IN PATIENT CARE. < 6 MIN (Q16)



QUICK POLL - SHOW OF THUMBS (HELD HIGH)



- I am more aware of the potential adverse impact(s) of these behaviors on patient care and/or team functioning.

Yes



No



- ***My trust in an individual exhibiting these behaviors would***

- Increased (thumbs up)



- Remain unchanged

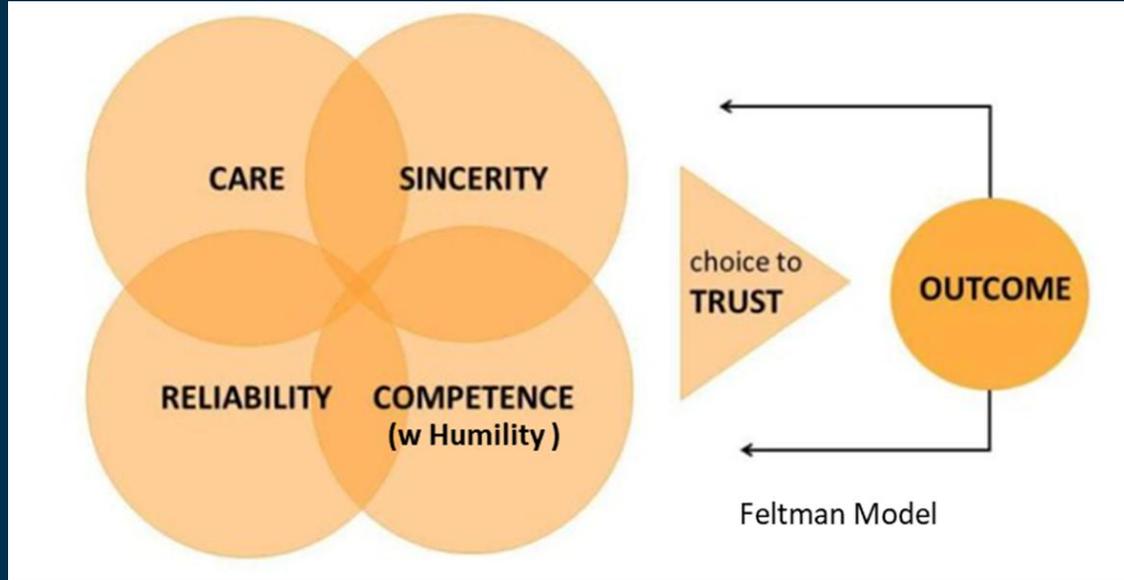


- Decrease





Reactions – Thoughts?



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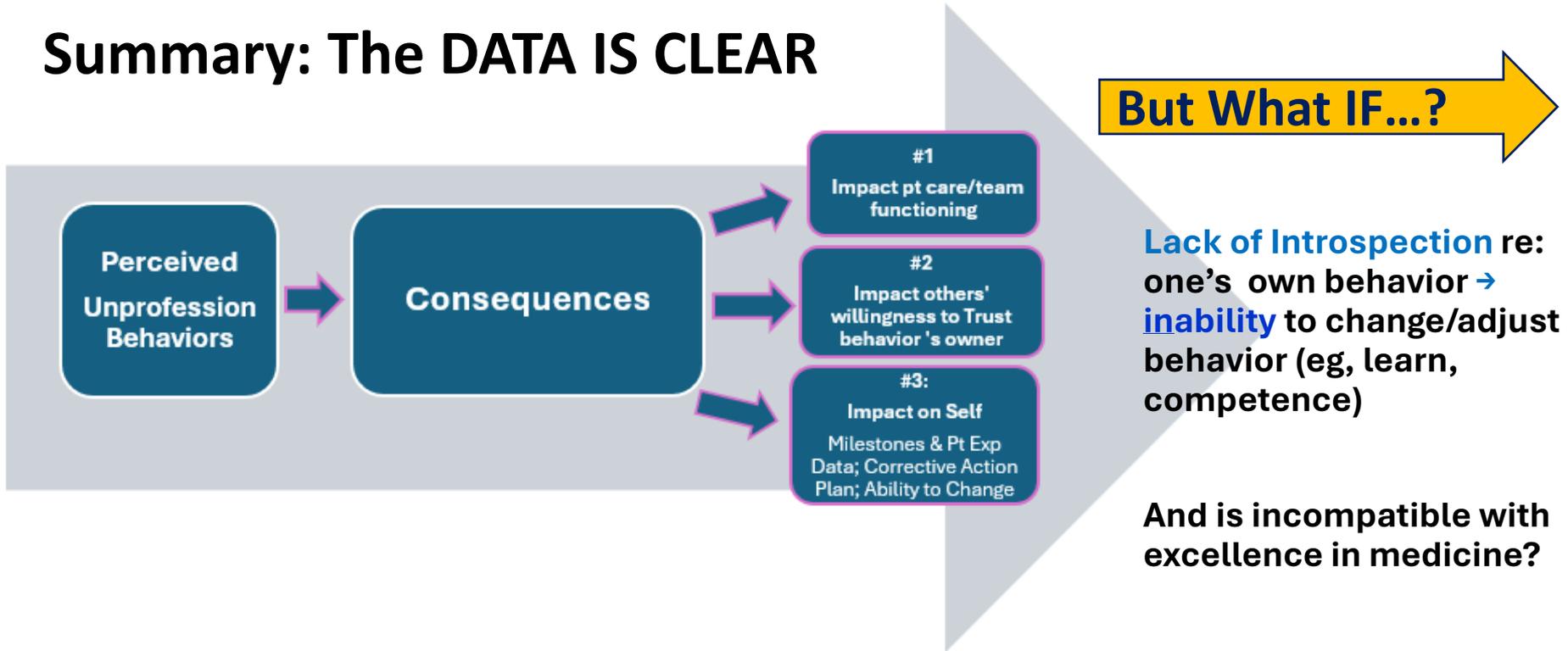
Consensus



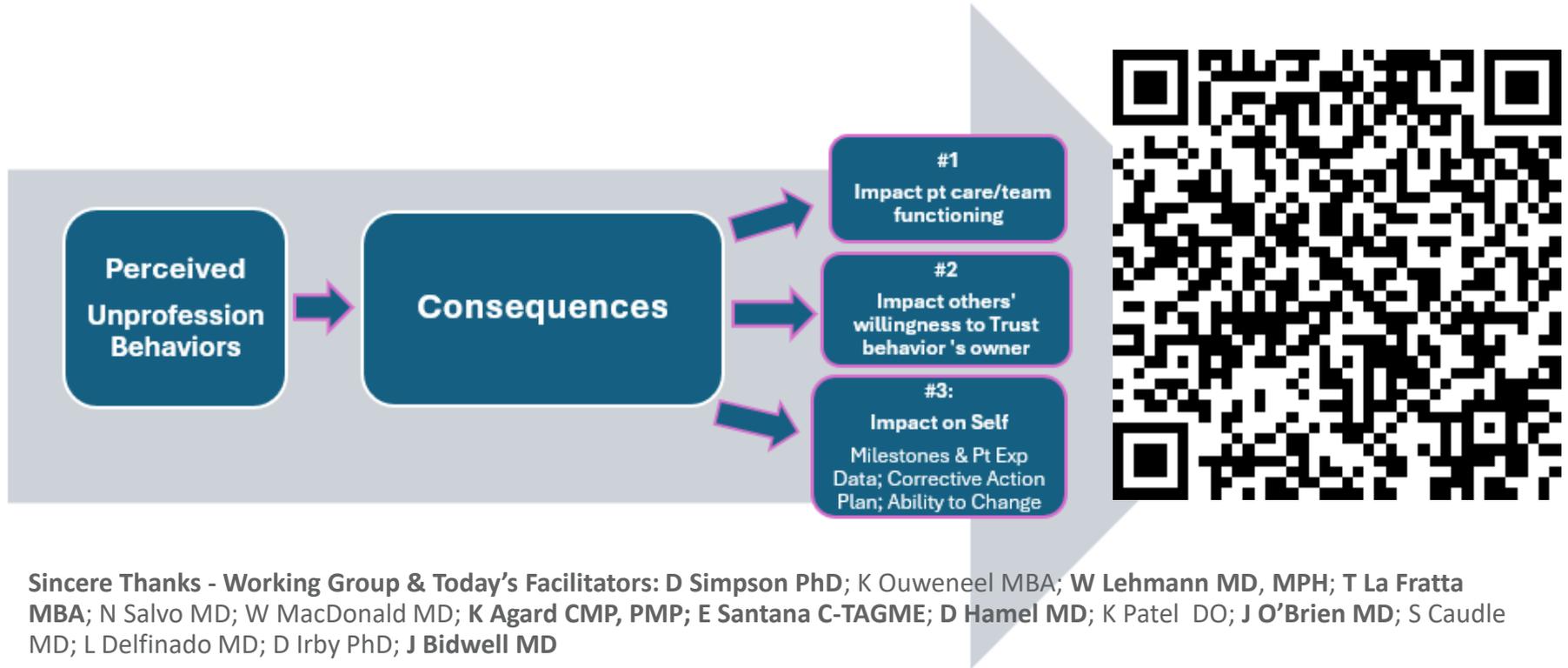
"Covenant" & Remediation Strategy

“If I believe you’re (NOT reliable, competent with humility, caring and/or lack integrity), I will change how (or if) I interact with you. That change is real.”

Summary: The DATA IS CLEAR



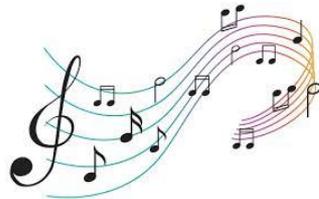
“If I believe you’re (not reliable, competent with humility, caring and/or lack integrity), I will change how (or if) I interact with you. **That change is real.**”



Sincere Thanks - Working Group & Today’s Facilitators: D Simpson PhD; K Ouweneel MBA; W Lehmann MD, MPH; T La Fratta MBA; N Salvo MD; W MacDonald MD; K Agard CMP, PMP; E Santana C-TAGME; D Hamel MD; K Patel DO; J O’Brien MD; S Caudle MD; L Delfinado MD; D Irby PhD; J Bidwell MD

ANOTHER WAY TO INCREASE TRUST VIA ↑ OXYTOCIN?

- Exercise
- Random acts of kindness
- Physical touch (any skin-to-skin contact) such as massage, hug...
- Petting animals
- Music – particularly singing in a group



Row Row Row Your Boat In rounds!

- Teach, teach, learn with trust
- Pro-fess-iona-lism clear
- Hum-ility, In-te-grity, re-liability so dear
- Car-ing is a must

