THE EVOLVING DYNAMICS OF ENGAGEMENT:

REALIGNING EXPECTATIONS AND ESTABLISHING SHARED TRUTHS

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Associate Designated Institutional Official, Trainee Advancement
Director, Clinician Wellness Program

DISCLOSURES AND CONFLICTS OF INTEREST

None

SESSION OBJECTIVES

- Explore the evolution and interrelatedness of professionalism, engagement, and personal wellbeing in medical education
- Understand and support the disengaged learner
- Realign trainee and faculty expectations to support a culture of engagement

VIGNETTE – 2ND YEAR RESIDENT

- Average medical knowledge and clinical judgment
- Has always met – never exceeded – the bar
- Concerns since starting 2nd year
  - Corner-cutting, lack of attention to detail, poor initiative
  - Shows up late, leaves early, inappropriate delegation
  - Recent ICU rotation
    - Nurses complained he was slow to answer pages, lacked urgency

REMEDIATING PROFESSIONALISM MATTERS

Longitudinal Milestone Assessment Extending Through Subspecialty Training: The Relationship Between ACGME Internal Medicine Residency Milestones and Subsequent Pulmonary and Critical Care Fellowship Milestones

Janae K. Heath, MD, MS, Tisha Wang, MD, Lekshmi Santhosh, MD, MA, Joshua L. Denson, MD, MS, Eric Holmboe, MD, Kenji Yamazaki, PhD, Alison S. Clay, MD, and W. Graham Carlos, MD

Academic Medicine, Vol. 85, No. 7 / July 2010

Can We Predict "Problem Residents"?

Adam M. Brenner, MD, Samuel Mathai, MD, Satyam Jain, MD, and Paul C. Mohl, MD

Annals of Internal Medicine

Performance during Internal Medicine Residency Training and Subsequent Disciplinary Action by State Licensing Boards

Maxine A. Papadakis, MD; Gerald K. Arnold, PhD; Linda L. Blank; Eric S. Holmboe, MD; and Rebecca S. Lipner, PhD

World Journal of Clinical Cases

Physician disruptive behaviors: Five year progress report

Alan H Rosenstein

Patient Complaints and Malpractice Risk

Gerald B. Hickson, MD
Charles F. Federspiel, PhD
James W. Pichert, PhD
Cynthia S. Miller, MSSW
Jean Gauld-Jaeger, MS
Preston Bost, PhD

Context A small number of physicians experience a disproportionate sha
practice claims and expenses. If malpractice risk is related in large measure
such as patient dissatisfaction with interpersonal behaviors, care and treat
access, it might be possible to monitor physicians' risk of being sued.

JAMA Network | Open

Original Investigation | Medical Education

Trainee Physician Milestone Ratings and Patient Complaints in Early Posttraining Practice

Misop Han, MD, MS; Stanley J. Hamstra, PhD; Sean O. Hogan, PhD; Eric Holmboe, MD; Kelly Harris, MD; Eric Wallen, MD; Gerald Hickson, MD; Kyla P. Terhune, MD, MBA; Donald W. Brady, MD; Bruce Trock, PhD; Kenji Yamazaki, PhD; Jessica L. Bienstock, MD, MPH; Henry J. Domenico, MS; William O. Cooper, MD, MPH

Disciplinary Action by Medical Boards and Prior Behavior in Medical School

Maxine A. Papadakis, M.D., Arianne Teherani, Ph.D., Mary A. Banach, Ph.D., M.P.H., Timothy R. Knettler, M.B.A., Susan L. Rattner, M.D., David T. Stern, M.D., Ph.D., J. Jon Veloski, M.S., and Carol S. Hodgson, Ph.D.

BODY LANGUAGE

The Unbearable Vagueness of Medical 'Professionalism'

Since its inception, this murky term has straddled the dual role of disciplining and inspiring.

By Rachel E. Gross

March 19, 2024

The New York Times

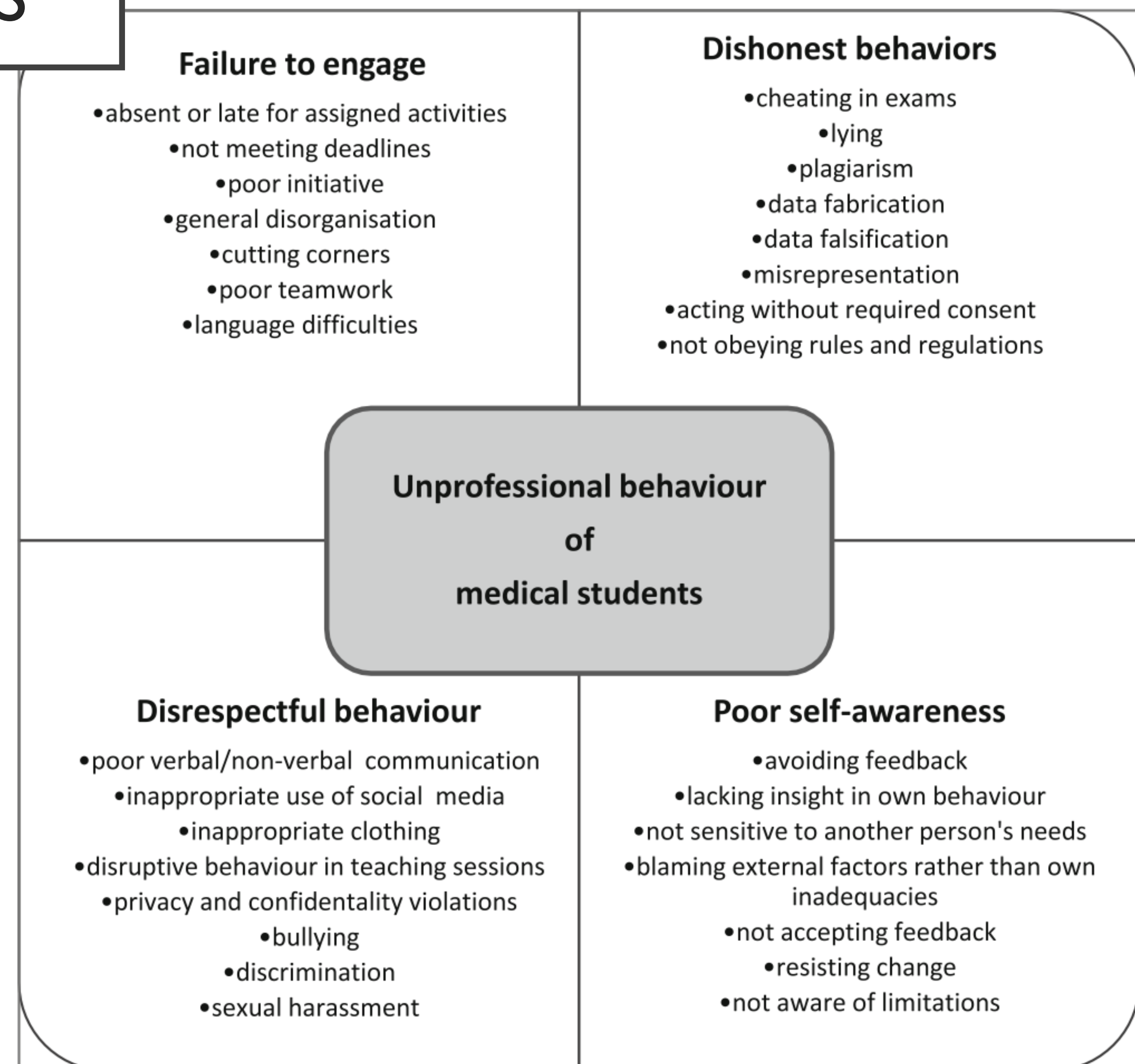
- Set of ideals?? List of dos and don'ts??
- Grey areas
  - Dress code, wellbeing and self-care
- Critical to have a working definition

EVOLUTION OF PROFESSIONALISM FRAMEWORKS

Irby DM, Hamstra SJ. Acad Med 2016

CHARACTERIZATION OF PROFESSIONALISM LAPSES

1. Failure to engage (Involvement)
2. Dishonest behaviors (Integrity)
3. Disrespectful behavior (Interaction)
4. Poor self-awareness (Introspection)



Mak-van der Vossen et al. BMC Med Educ 2017

THE DISENGAGED LEARNER

1. Failure to engage (Involvement)
2. Dishonest behaviors (Integrity)
3. Disrespectful behavior (Interaction)
4. Poor self-awareness (Introspection)

UVA/Penn Data
2013-2023

253 residents & fellows referred for remediation

46% professionalism

74% failure to engage

Unprofessional behaviour of medical students

Failure to engage
- absent or late for assigned activities
- not meeting deadlines
- poor initiative
- general disorganisation
- cutting corners
- poor teamwork
- language difficulties

Dishonest behaviors
- cheating in exams
- lying
- plagiarism
- data fabrication
- data falsification
- misrepresentation
- acting without required consent
- not obeying rules and regulations

Disrespectful behaviour
- poor verbal/non-verbal communication
- inappropriate use of social media
- inappropriate clothing
- disruptive behaviour in teaching sessions
- privacy and confidentality violations
- bullying
- discrimination
- sexual harassment

Poor self-awareness
- avoiding feedback
- lacking insight in own behaviour
- not sensitive to another person's needs
- blaming external factors rather than own inadequacies
- not accepting feedback
- resisting change
- not aware of limitations

Mak-van der Vossen et al. BMC Med Educ 2017

THE DISENGAGED LEARNER

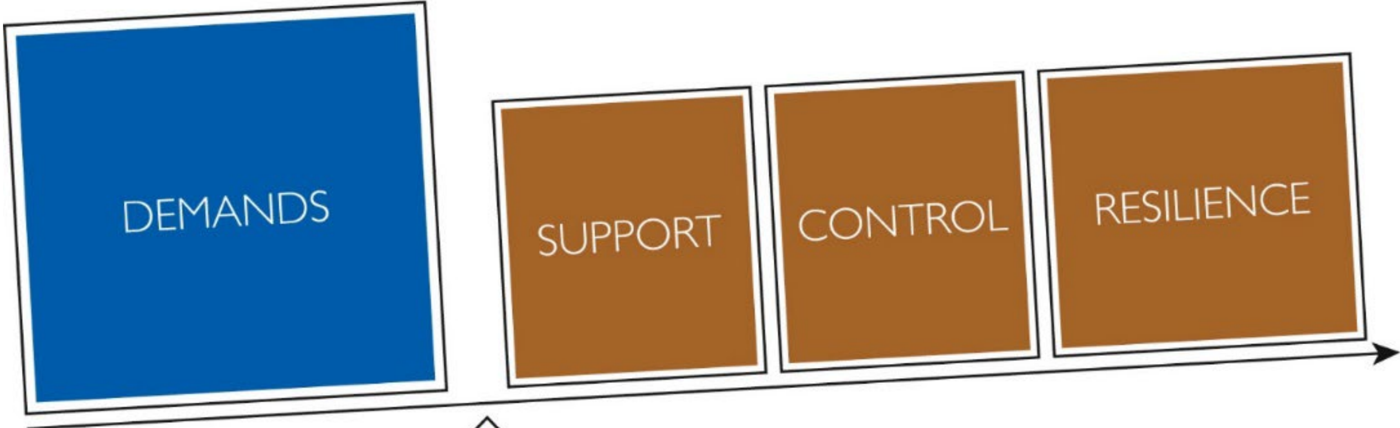
System factors

Personal factors

Disengagement is usually a symptom

SYSTEM THREATS TO ENGAGEMENT

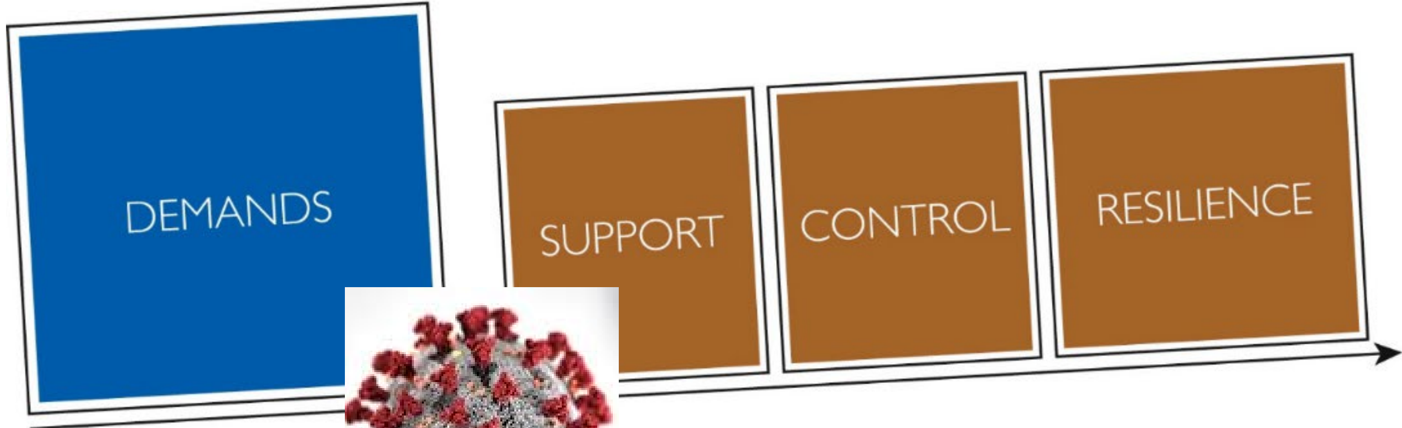
CLASSIC MODEL OF PHYSICIAN STRESS

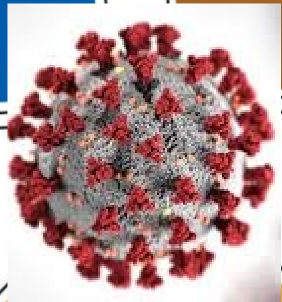


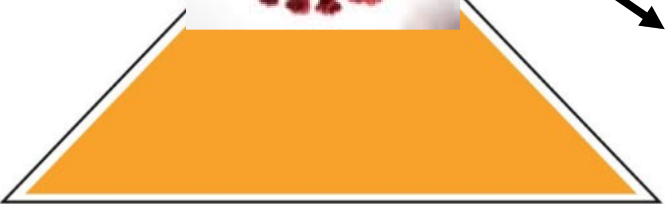
Warde CM et al. Mayo Clinic Proceedings: Innovations, Quality & Outcomes 2019

SYSTEM THREATS TO ENGAGEMENT

SYSTEM IN CRISIS



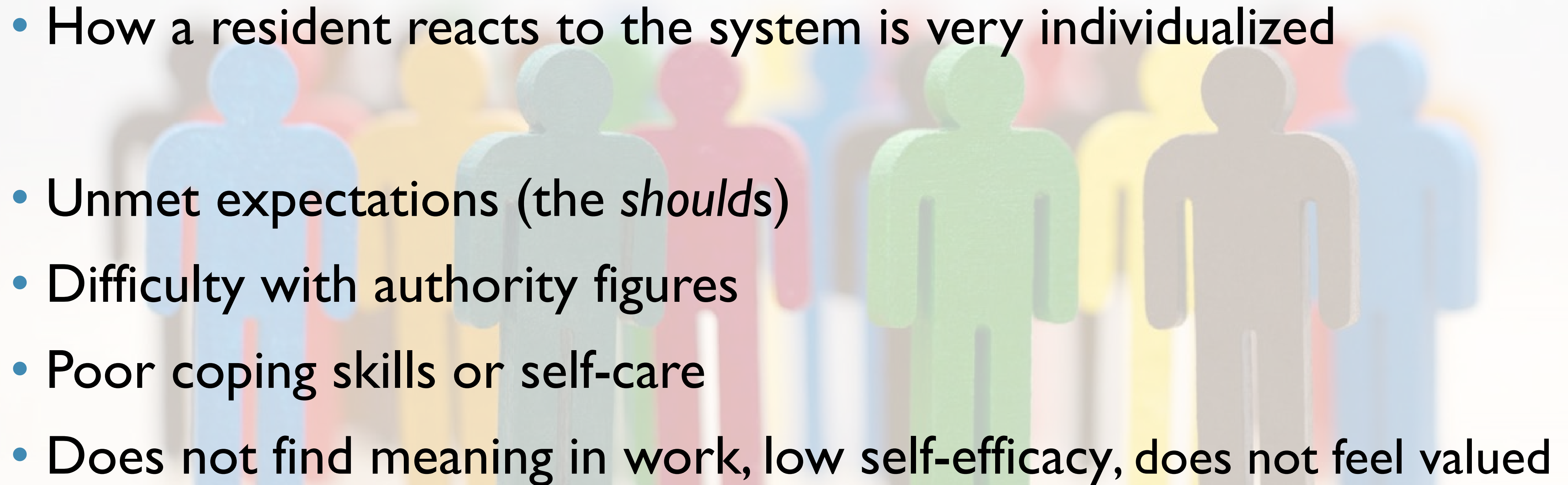




- Detachment
- Relative isolation

Warde CM et al. Mayo Clinic Proceedings: Innovations, Quality & Outcomes 2019

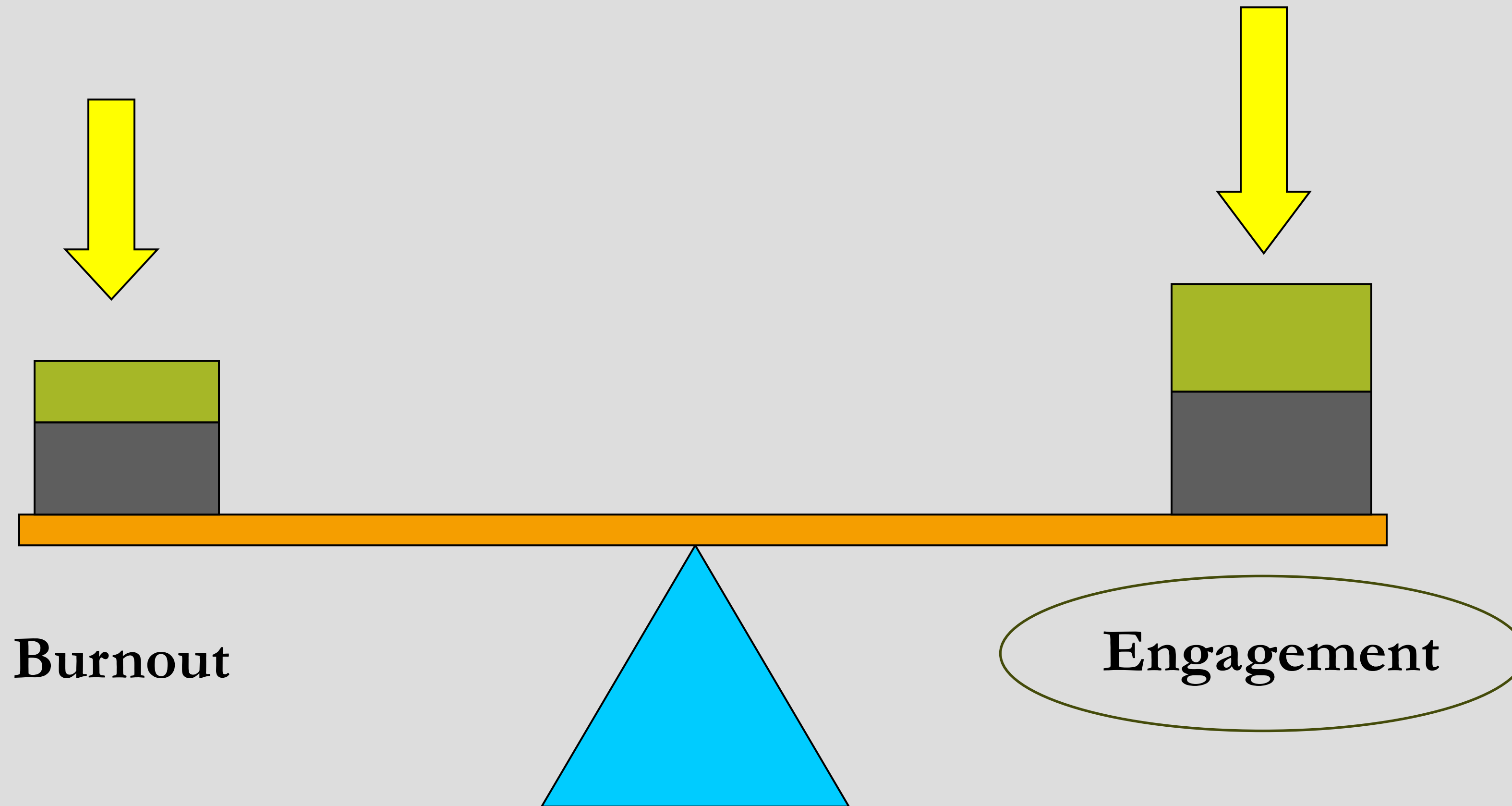
PERSONAL FACTORS THAT IMPACT ENGAGEMENT



- How a resident reacts to the system is very individualized

- Unmet expectations (the *shoulds*)
- Difficulty with authority figures
- Poor coping skills or self-care
- Does not find meaning in work, low self-efficacy, does not feel valued

CULTIVATING A CULTURE OF ENGAGEMENT



"…the positive antithesis of burnout…characterized by vigor, dedication, and absorption in work"

Shanafelt TS et al. Mayo Clin Proc 2017

FACULTY MUST ACKNOWLEDGE

- Our training was different
- We may be struggling too

THINGS HAVE CHANGED

The system has changed

- Different demands, less control
- Relative isolation

People have changed

- Different mindset, lifestyles, values
- More protective of personal time
- More vocal about wellbeing needs

THE WALL STREET JOURNAL.

There's a question dividing the medical practice right now: Is being a doctor a job, or a calling?

Young Doctors Want Work-Life Balance. Older Doctors Say That's Not the Job.

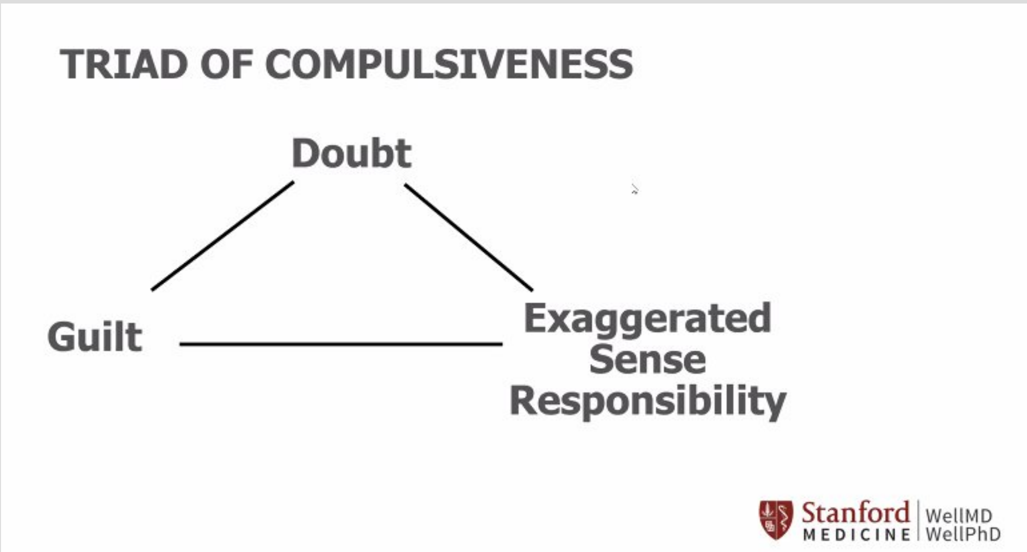
By Te-Ping Chen
Nov. 3, 2024

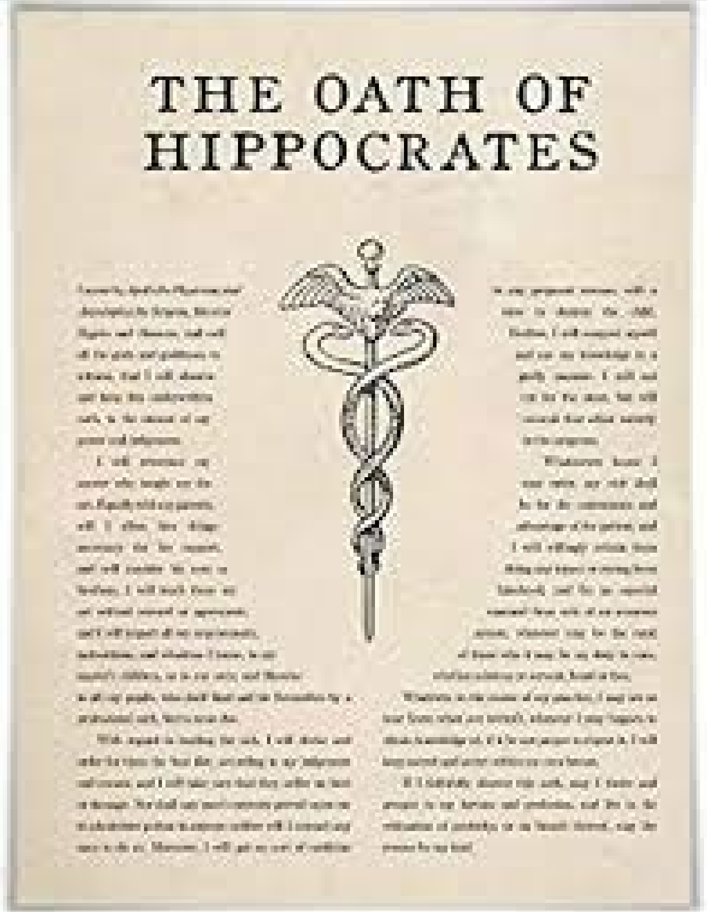
Physicians for generations accepted being at the mercy of their pagers. Now, many are questioning medicine's workaholic culture.

HOW DID WE GET HERE?

EVOLUTION OF THE CONCEPT OF *OWNERSHIP* IN PATIENT CARE

- Traditional definition
  - Patient's needs above our own

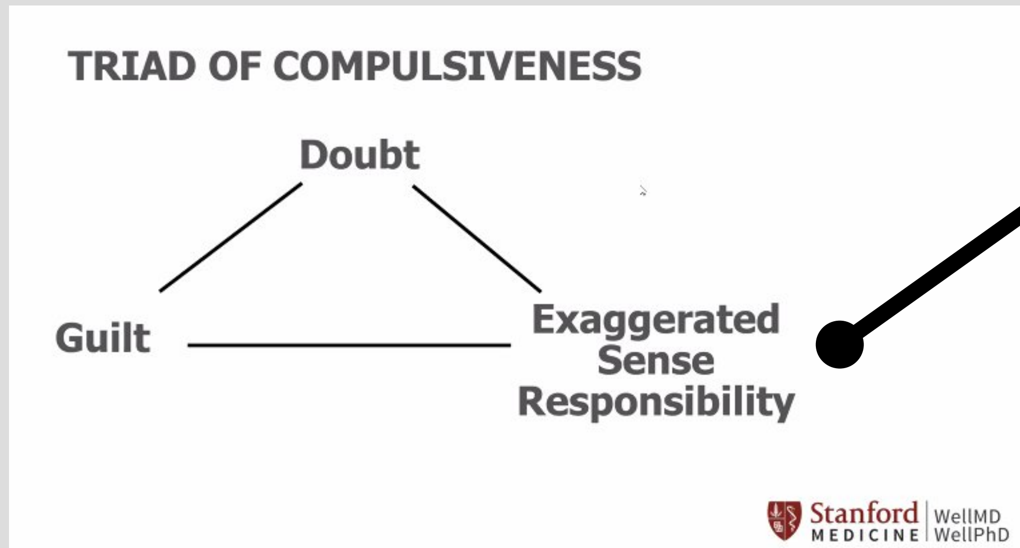




Gabbard GO. JAMA 1985

EVOLUTION OF THE CONCEPT OF *OWNERSHIP* IN PATIENT CARE

- Traditional definition
  - Patient's needs above our own
  - Idealized, unbalanced, unrealistic



Burnout Driver

EVOLUTION OF PHYSICIAN WELLBEING

Era of Distress

Before 2005

Lack of awareness of physician distress

"There has always been dysfunction and unwellness in medicine."

Sinskey JL Anes Clin 2022

Shanafelt TS. Mayo Clin Proc 2021

EVOLUTION OF PHYSICIAN WELLBEING

"Caring for the sick canary is compassionate, but likely futile until there is more fresh air in the mine."

Schwenk T JAMA 2018

Before 2005	2005 - 2017
Lack of awareness of physician distress	Efforts focused on the individual

Shanafelt TS. Mayo Clin Proc 2021

EVOLUTION OF PHYSICIAN WELLBEING

Era of Distress — Before 2005

Wellbeing 1.0 — 2005 - 2017

Wellbeing 2.0 — 2017 - current

Reducing burnout and promoting engagement are the shared responsibility of individual physicians and health care organizations.

Shanafelt TS. Mayo Clin Proc 2021

The NEW ENGLAND JOURNAL of MEDICINE

MEDICINE AND SOCIETY

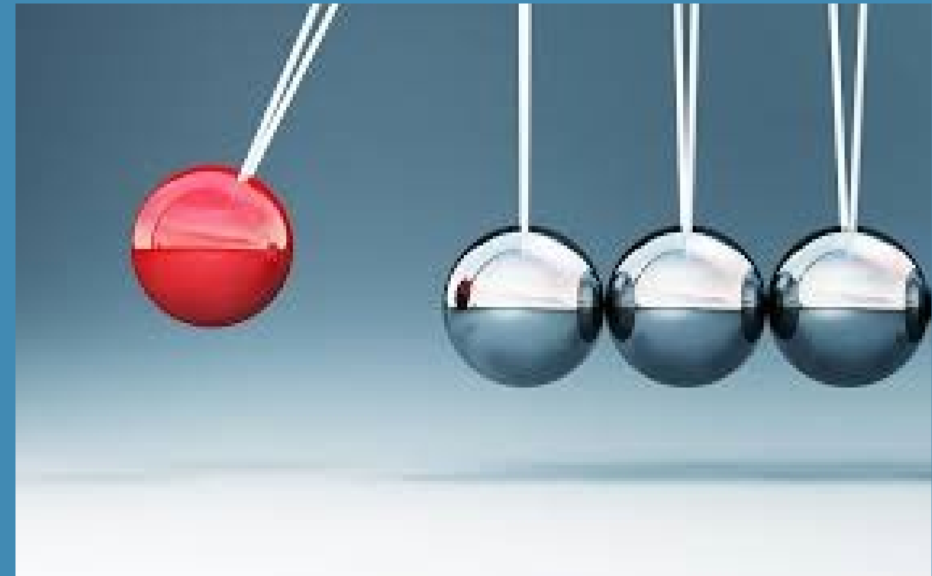
MEDICAL TRAINING TODAY
Debra Malina, Ph.D., *Editor*

Being Well while Doing Well — Distinguishing Necessary from Unnecessary Discomfort in Training

Lisa Rosenbaum, M.D.

"It's become almost cool to view being a doctor or medical training – and the demands that come with it – as a huge slight and unfair." *-Chief Resident*

HAS THE PENDULUM SWUNG TOO FAR?



IS THE GOAL TO AVOID DISCOMFORT ALTOGETHER?

The Weaponization of Wellness

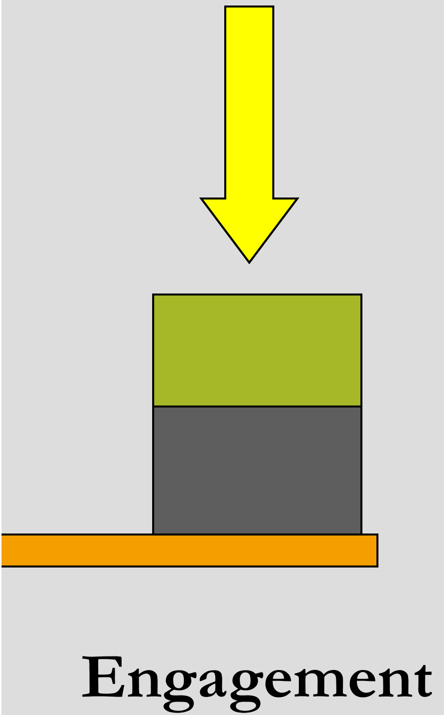
Rebecca Margolis DO FAOCA, Amy Vinson MD FAAP, Concetta Lupa MD, Stephanie Black MD EdM

RON LITMAN
MAR 19, 2024

"As one highly regarded educator…mused, 'I'm not here to make your fellowship easy...This is a hard job, and you have a lot to learn in a short period of time. I'm here to make sure you are supported through it...'

This pragmatic advice crosses the widening divides between professional duty, education, and personal well-being. At best, one can expect these three domains to coexist in some degree of tension, with balance being the goal. Like a three-legged stool, it works best when all three legs are equally strong and connected."

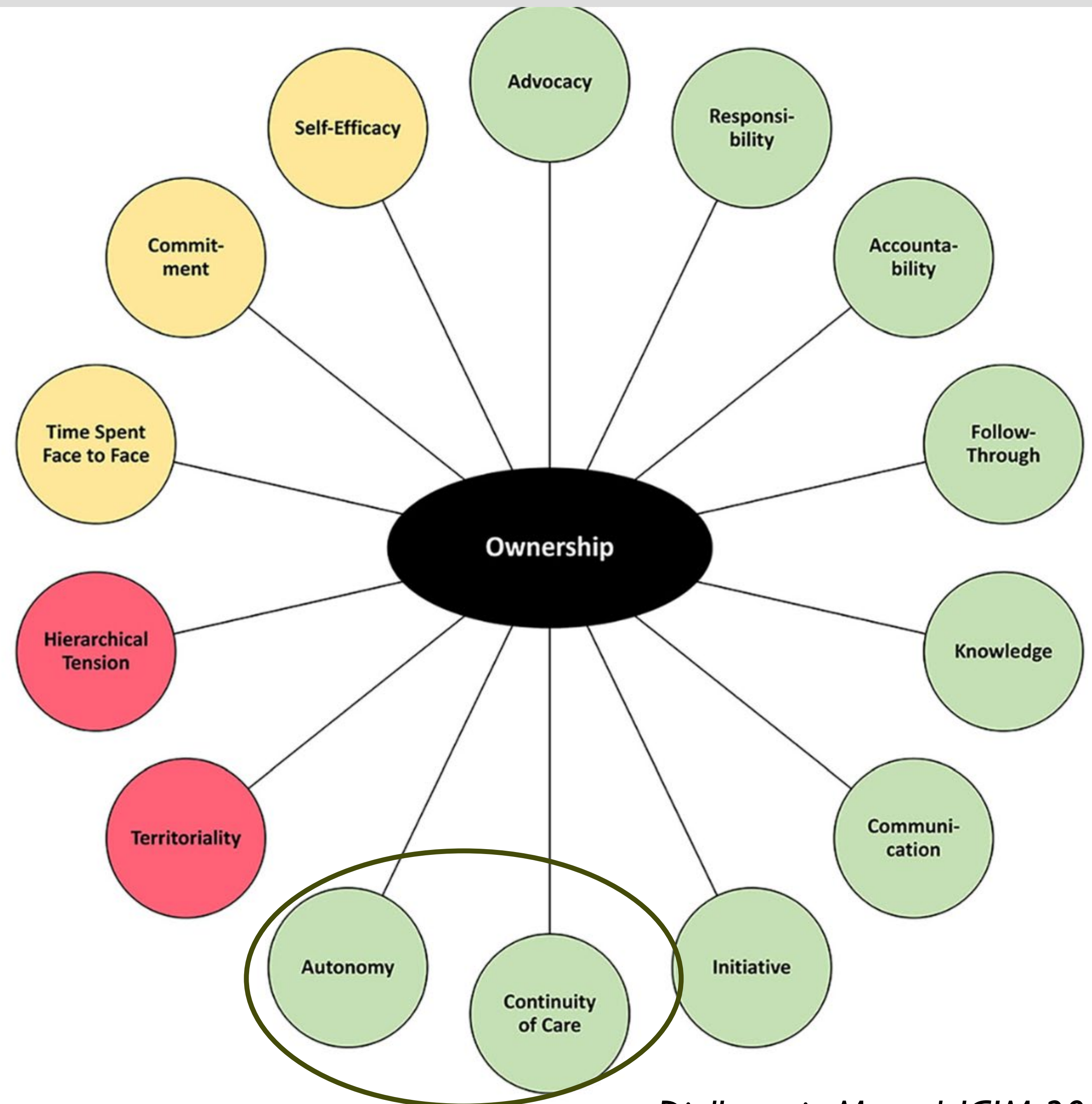
CULTIVATING A CULTURE OF ENGAGEMENT



Realigning expectations and establishing shared truths

OWNERSHIP IN MODERN MEDICINE

- No longer equates to self-sacrifice
- Positively correlates with engagement
- Requires continuity and autonomy
- Assessment strategies
  - Direct observation, self-assessment, multisource feedback, structured reflection



Djulbegovic M et al. JGIM 2019

REFRAMING SERVICE AND EDUCATION

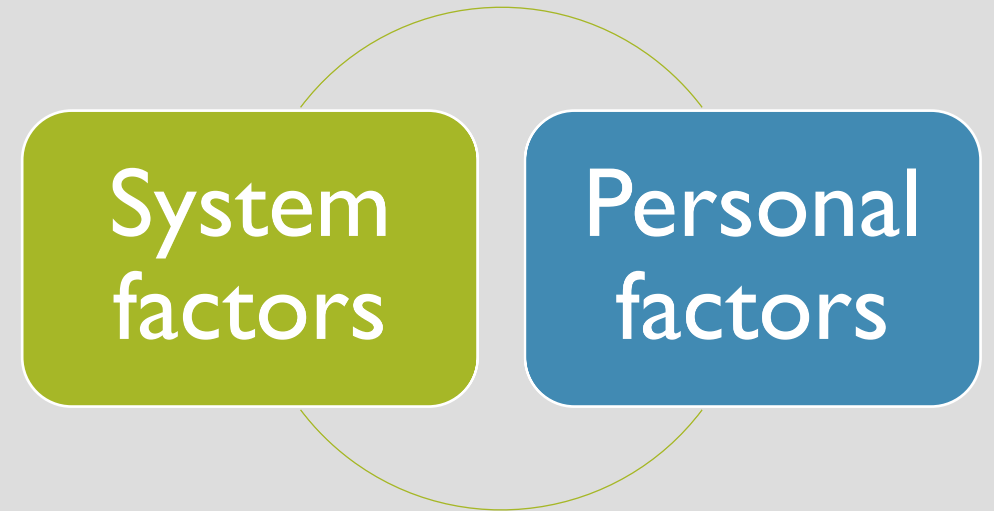
Park S et al. Can Med Educ J 2023

- A false dichotomy
- Learning happens all the time
- Service is a developmental part of education, part of caring for patients, and part of life as a physician
- Service should not be practiced mindlessly
  - Ex – discharge summaries
- Residents should not routinely perform nonphysician tasks

Stoff BK et al. JGME 2017, Catalanotti JS et al. AAIM Perspec 2017, Sanfey H et al. Arch Surg 2011

REVISITING OUR DISENGAGED RESIDENT

- Average medical knowledge and clinical judgment
- Has always met – never exceeded – the bar
- Concerns since starting 2nd year
  - Corner-cutting, lack of attention to detail, poor initiative
  - Shows up late, leaves early, inappropriate delegation
  - Recent ICU rotation
    - Nurses complained he was slow to answer pages, lacked urgency



REMEDIATING PROFESSIONALISM

- Consider the context in which the behavior occurred
- Create a safe space for the learner to share their perspective and reflect
- Teach professional norms, or remove the barriers to following them

The Biopsychosocial Context

Warburton KM. Global Assessment of the Struggling…AHME 2025 in press

ARTFUL COMMUNICATION & RESPECT

- **Ask** the learner their perspective
- **Respond/Reflect** with empathy
- **Tell** your perspective

- **Respect** the learner's beliefs
- **Elicit** the learner's explanatory model
- Ask about **Social** context
- Share **Power**, empower them to generate solutions
- Express **Empathy**
- Address **Concerns** and fears
- Build **Trust**

Be curious,
not judgmental.
- Walt Whitman

ACH Academy of Communication in Healthcare

Credit to C Chou, University of Pennsylvania

PROFESSIONAL IDENTITY QUESTIONS

Self
1. How would you describe yourself? (e.g., medical student/resident, physician, researcher, spouse, parent, citizen)
2. Why did you go into medicine?
a. Did a role model influence you?
b. Do/did you have a picture of the ideal physician you wanted to be?
3. Why did you choose/are you planning to go into the specialty of ______?
a. What clinical and nonclinical traits does an excellent physician in that field need to have?
b. Do you have/are you working on acquiring those traits? How?
4. Who are your role models/mentors?
a. What desirable traits do they have that you don't have?
b. Are you working to acquire those traits? How?
c. Are you trying to behave as they do?
5. Where do you see yourself in 10 years?
a. What current behavior will help or prevent you from achieving those goals?
b. How will achieve those goals?
Others
6. How do others see you?
a. Colleagues and supervisors (e.g., capable/incompetent, compulsive/laid back, hard worker/lazy, friendly/off-putting, experienced/novice, helpful/self-serving, caring/uncaring, truthful/liar)
b. Family and friends (e.g., medical professional/trainee, humble/arrogant, supportive/discouraging)
Work
7. Do you treat medical school/residency/clinical practice as your job or as a calling?
8. What traits does a good employee have? (e.g., honesty, helpfulness, arrives on time, completes tasks, takes initiative)
a. Do you treat colleagues well? (e.g., cooperative, respectful, gives criticism gently, takes criticism well)
b. Do you present/treat yourself well? (e.g., clean and neat appearance, admits what they don't know, stays fit and well rested, takes time for self-reflection)

CONNECT BEHAVIORS TO UNDERLYING GOALS AND MOTIVATIONS

Iserson KV. AEM Educ Train 2018, Toubassi D et al. Adv in Health Sci Educ 2023

DIALECTICAL APPROACH

Acknowledge competing realities

- Expectations for professionalism do not change based on degree of wellbeing (exhaustion AND professional responsibility)
- Limiting empathic distress by drawing boundaries (you care deeply for your patients AND you need to set limits to avoid burnout)
- Disengaging to prove a point (you want to be viewed as a strong capable resident AND your disengagement is making it harder for others to see your potential)

Engagement
Professionalism
Personal
Wellbeing

THANK
YOU