



Academy for
Professionalism in
Health Care



Professional
Formation

Professional Formation Update

Healthcare Professionalism Education, Assessment, Remediation & Research

***A newsletter produced jointly by the
Academy for Professionalism in Health Care and Professional Formation***

This newsletter highlights some of the innovative new ideas, original research, and evidence-based practices that will be presented at the upcoming conference, **Health Care Professionalism and Bias Reduction: Sharing Global Strategies**. See the following section of this newsletter for the complete schedule, a video introduction, and registration information.

Jessica Byram, J. Harry Isaacson, Neil Mehta, and Richard M. Frankel will be presenting their findings from their Professional Identity Formation Workshop reflection activities. Imelda Tjia, Alicia Kowalski, and Ellen Friedman will be discussing the importance of proactive medical professionalism training in a psychologically safe environment, which they argue is far superior to correcting unprofessional behavior after the fact.

Wianda Jean, Maya Pandit, and Mill Etienne created a narrative medicine module. This innovative module has received overwhelmingly positive feedback from students who engaged with it through two versions. Jaclyn Adler will be showcasing some exciting new active learning strategies, such as escape rooms, which have been shown to increase student engagement and allow them to put their clinical knowledge into practice.

Silvia Alfaro, Zachary Yachanin, and Tyler Rhoades will explain how predictive models can be biased, especially when humans are involved. Oliver Schirokauer will be sharing a three-part approach that his team uses to teach trainees how to respond constructively to uncertainty, which is a crucial skill in coping with medical decision-making.

Kim-Lan Czelusta, Dania Albaba, and Shelley Rote will facilitate a workshop to provide clinicians with additional tools they may need to optimize the therapeutic alliance. Finally, Sofica Bistriceanu will shed light on how unprofessional conduct and communication can actually worsen health conditions in vulnerable patients,

Get ready to be inspired and informed at this incredible event!

Leann

Leann Poston, MD, MBA, MEd is a pediatrician in Dayton, Ohio; freelance medical writer at LTP Creative Design LLC

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Register for the Academy Hybrid Conference

Health Care Professionalism and Bias Reduction: Sharing Global Strategies

Video Invitation

<https://bit.ly/APHCJun2023ConVideoInvite>

Health Education Campus of Case Western Reserve University and Cleveland Clinic and online
via Zoom | June 7 - June 9

3 keynotes, 3 symposia, 15 workshops, 7 problem-solving sessions, 4 panels, 8 oral sessions
with 3 presentations each, 4 roundtables, and
1 preconference workshop

Schedule and Brochure: **<https://bit.ly/APHCJun2023Schedule>**

Registration: **<https://bit.ly/APHCJunConInfo>**

Read about eight of the sessions below.

The Professionalism Platform

by Imelda Tjia, Alicia Kowalski, Ellen Friedman

The mandate to teach and evaluate professionalism is clear; the path to create curricular content remains challenging. A foundational step for creating instruction is developing a shared understanding of core concepts that are consistent with behavioral expectations.

Although the importance of professionalism in health care is widely acknowledged, often formal training is nonexistent, inconsistent, or may be limited to role-modeling.¹ Much of current interest in medical professionalism is focused solely on remediation. This focus on negative behaviors has resulted in some learners viewing professionalism as a purely punitive tactic. The authors hold the belief that proactive positive instruction in a psychologically-safe environment may be the most effective way to obviate the needs for remediation.

The authors created an innovative visual model, The Professionalism Platform, to provide a framework for curriculum. This curriculum is not as deep or extensive as others, but the compact package may allow practicality for incorporation when flexibility for additional content is limited. This infrastructure supports institutions promoting a common vision about professionalism and clarifying institutional behavioral expectations. The visual model delivers content in a practical format, facilitating integration of complex concepts. Additionally, it serves as a constant for variations in learner communities and organizations, retaining consistent messaging.

The defined curriculum is evidence-informed and composed of eight modules, each based on a distinct element of the visual model. All sessions contain a blended learning experience: didactics, interactive exercises (role playing, storytelling, interactive surveys, and peer discussions), and reflection activity. This approach is based on a learning strategy incorporating the three concepts described by Irby and Hamstra: identity formation, values-based, and skill development education.²

The learning objectives are:

- To develop a shared understanding of professionalism
- To examine the connection between professionalism and the establishment of trust and respect throughout the healthcare relationships
- To learn the rationale behind specific behaviors delineated in the Professionalism Platform and incorporate into the development of one's professional identity

Each participant receives a pocket-size reference copy of the Platform to be used as a resource following completion of the course to reference when "in the moment" professionalism dilemmas occur.

At the conclusion of the course, an anonymous survey with several quantitative questions and qualitative open text responses is distributed. To date, all participants have completed it with 100% indicating the content encouraged incorporation of professionalism into their behaviors, and 100% would recommend the course to a colleague.

Professionalism education facilitates the incorporation of aspirational behaviors into the development of physicians' professional identity. Without the establishment of a shared vision, professionalism can be seen by some, as an unrealistic ambiguous moving target. These challenges do not negate the overriding importance of professionalism instruction, in fact, they amplify the need for this curriculum.

Imelda Tjia, MD, MSHS is a pediatric anesthesiologist in the Department of Anesthesiology, Perioperative and Pain Medicine at Texas Children's Hospital and an Associate Professor at the Baylor College of Medicine in Houston, Texas. Her interests include quality, safety and outcomes in pediatric anesthesiology.

Alicia Kowalski, MD CWO is a professor of Anesthesiology & Perioperative Medicine at The University of Texas MD Anderson Cancer Center, and an adjunct professor in the Center for Professionalism at Baylor College of Medicine, both in Houston, Texas. She is a Certified Wellness Officer.

Ellen M Friedman MD FAAP FACS is a Professor of Otolaryngology at Baylor College of Medicine in Houston, Texas and the Director of the award-winning Baylor Center for Professionalism. Ellen serves on the Board of Directors for the APHC. For more information about the Center for Professionalism, visit. <https://www.bcm.edu/education/academic-faculty-affairs/center-for-professionalism>

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Fostering Professional Identity Formation through an Interactive Small-Group Session

by Jessica Byram, J. Harry Isaacson, Neil Mehta, and Richard M. Frankel

Introduction: The path to becoming a professional is complex and multi-faceted. This is especially so in medicine given the stages one must pass through, from being a novice to becoming an apprentice, journeyman and finally to being an expert. One useful framework for understanding the process is Professional Identity Formation (PIF). PIF is conceptualized as a life-long, developmental process that involves internalizing professional values, ethics, and knowledge, and giving others confidence in their abilities to act in accordance with those values over the course of a practice lifetime. PIF provides the context for making sense of one's place, space, and culture. We have developed a workshop designed first, to introduce attendees to the PIF framework and second, to invite participation in an immersive PIF session that has been successfully implemented with first-year medical students at the Lerner College of Medicine (n=128) and pre-matriculating medical students at Indiana University School of Medicine (n=39).

Workshop Description The workshop begins with an overview of PIF and the unique role of PIF in physician development. This is done utilizing reflective exercises, writing, sharing of stories, and understanding the importance of campus community. During the student session, this overview is provided as a pre-recorded lecture.

The first activity, "Who are you?" is an exercise about identity where attendees are paired, each describing who they are to their partner for one minute. The goal of this activity is to raise awareness of the multiple roles and identities that they occupy in day-to-day life (e.g., trainee, friend, spouse, sibling, etc.).

After the group reconvenes, faculty share their own PIF stories, and participants are invited to respond to a writing prompt about an experience that has had a significant impact on their professional identity. Two pairs from the first exercise form a quartet and are invited (but not required) to read and discuss their reflections with one another. One person is designated to report non-duplicating themes when the large group reconvenes. The goal is to provide participants an opportunity to discover shared experiences (e.g., imposter phenomenon, joy, belonging, etc.) in a supportive environment.

The last activity is a faculty debrief of the session and sharing of data on implementation of the curriculum at two medical schools.

Results

Written reflections from the workshops were evaluated using thematic analysis. Many students have idealized images of physicians that don't comport with their image of themselves, leading them to feel like imposters. Pre-matriculating IUSM students also completed a session evaluation (n=21) questionnaire that consisted of 5-point Likert scale and three free-response questions to assess the quality, value, and significance of the session. Post-session evaluations indicated most students agreed that they engaged in meaningful conversations (95%) and planned to implement some form of reflection (written/verbal/cognitive) into their future practice (82%). Students found it meaningful to hear the stories of faculty and their peers, noting overlapping experiences that made them feel less isolated and alone. They also felt the session allowed them to get to know their classmates at a deeper, more meaningful level.

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Richard M. Frankel, Department of Medicine, Indiana University School of Medicine, Indianapolis, IN

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A Narrative Medicine Approach to Medical School Implicit Bias Training

by Wianda Jean, Maya Pandit, & Mill Etienne

The National Institutes of Health define implicit bias as “a form of bias that occurs automatically and unintentionally, that nevertheless affects judgments, decisions, and behaviors” (1). In the context of healthcare and medical practice, the effects of implicit bias can be detrimental, and in some cases, fatal. Given the serious implications of implicit biases on patient care, awareness and training in healthcare and medical education has increased throughout the years. And while several types of bias training exist, a Narrative Medicine approach goes beyond just collaboration or conversation. Narrative Medicine allows participants the opportunity for introspection and evaluation, often resulting in increased understanding and receptivity of these topics.

Narrative medicine is well-known as an effective method for promoting the personal and professional development of medical students by enhancing observation skills, promoting self-exploration, reflection on personal identity and increasing empathy, all while highlighting values and qualities in physicians they worked with that are worthy to be modeled (2, 3, 4, 5). Narrative Medicine has also been applied to medical school faculty education through four sessions that consisted of workshops on Narrative concepts and small group discussions that incorporated reading and reflective writing (6). Faculty who underwent the Narrative Medicine curriculum had increased comfort discussing race and reported increased comfort incorporating race topics into teaching (6).

Based on this information, we designed a Narrative Medicine exercise to be used in lieu of more conventional approaches toward mitigating implicit bias. Although the pilot was conducted on medical students, it was created for application by all professionals. Our Narrative Medicine model is a 60-minute exercise, consisting of a 15-minute introduction, 45 minutes of prompt-based reflective writing and discussion, followed by a 15-minute wrap-up. Faculty advisors oversaw preparation and execution, while the trained peer facilitators served as discussion leaders. The use of peer facilitators eliminated any hierarchal dynamics that could potentially take away from participant's ease and level of vulnerability during discussions. Both pre and post surveys were administered and are presently being evaluated. Data from a three-month follow-up survey will also be collected to determine utility.

We have now engaged with this Narrative Medicine Module twice on students in two different levels of medical school. Feedback regarding the module has been overwhelmingly positive, with many participants reporting appreciation for the therapeutic benefits of the exercise. Our hope is that participants in this Narrative Medicine module leave with an increased understanding of implicit bias and feeling empowered to better navigate it with this reflective tool. When future physicians, or professionals of any context can increase awareness of and mitigate their implicit biases, truly efficient and compassionate practice and navigation of the workplace will no longer be an idealistic goal, but an attainable standard.

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Maya Pandit, MPH
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The Innovative Use of Escape Rooms in Nursing Education

by Jaclyn Adler

Escape rooms are a form of game-based interactive simulation that is now being used to bridge the gap in clinical exposure and training for nursing students. The educational training gap was worsened by the global pandemic, which decreased the number of opportunities nursing students had to develop practical clinical skills. The pandemic has led to the need for innovative teaching methods in order to provide nursing students with additional learning opportunities.

Active learning simulations have been utilized in nursing education to address clinical deficits and promote clinical competency. Patient simulations have been used for decades in nursing education, and more recently have been utilized as a replacement for clinical experiences, by providing a safe and hands-on learning environment for students. Educational escape rooms are a valuable addition to clinical learning opportunities and can not only enhance student engagement but can promote clinical judgment and reasoning, as well as teamwork and collaborative skills.

Escape rooms are a form of active learning simulation that can be used to promote student engagement to achieve course learning outcomes. Escape rooms utilize interactive case scenarios that allows for the transfer of didactic knowledge into practice, by using critical thinking, teamwork, and effective communication to accomplish a common goal. Utilizing these types of active learning simulations in nursing education is crucial in preparing nursing students for entry into nursing practice. Escape rooms provide students with a safe and structured environment to learn, practice skills, and gain clinical experience.

Escape rooms promote student engagement and provide an opportunity for the transfer of knowledge into practice. Educators must continue to utilize evidence-based research and best practices of nursing education to adapt to modern challenges, such as those experienced by nursing students during the pandemic. A fundamental element of nursing practice is the ability to work within a multidisciplinary team, competently address acute care situations, and respond appropriately in specific clinical situations. Escape rooms provide an opportunity for nursing students to practice bedside nursing skills, develop clinical judgment and reasoning, all while developing teamwork and interprofessional communication skills.

Jaclyn Adler, RN, BScN, Registered Nurse, University of Rochester

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Pending Publication

Adler, J. & Marconi, M. (2023). The Innovative Use of Escape Rooms in Nursing Education.

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Exploring Bias Detection and Mitigation in Healthcare Predictive Models

by Silvia Alfaro, Zachary Yachanin, and Tyler Rhoades

Bias in Predictive Models: While we strive to make predictive models as accurate and objective as possible, this does not preclude them from inheriting biases from data or model development decisions which include heavy human involvement. When predictive models are used to make decisions influencing people's day to day lives, it is especially important to make efforts to detect and eliminate any bias found within them.

The Model: The Operating Room (OR) Time model predicts how long (in minutes) a patient is expected to be in surgery from wheels in to wheels out. It uses many features which include patient physiology, active medications, chronic conditions, and provider information to name a few. The predictions feed into a dashboard and each future surgery is visualized on a schedule Gantt chart. This chart is used to adjust surgery time slots and to avoid surgical delay due to overlaps.

Provider Makeup: We have seen the number of surgeries performed by female surgeons steadily increasing over time from 2019 to present. This upward trend is expected to continue and we want to continually ensure that our models are adapting to this change over time.

Bias Detection: Since provider gender is included in the model, we wanted to make sure this was not introducing any bias. The variable is called provider gender in our database but the data are recorded as 'female' or 'male', which may more accurately represent the providers' sex and not necessarily gender. The Aequitas (1) package was developed with a specific set of error metrics in mind. For example, punitive models have false discovery and false positive rates. These lend themselves more to binary classification models, but can be applied to continuous predictive models by thresholding the continuous prediction and then determining error rates based upon the binary output. In the case of the OR Time model, continuous output was being utilized directly in production. The magnitude of the error wouldn't be fully captured using either of those metrics. Instead, we define a new metric "excessive error," as whether or not the prediction fell within an acceptable range. We compared excessive error rates (EER) between surgeries performed by female providers and surgeries performed by male providers. We identified bias only in the inpatient model, where we found that female providers were more likely to be given insufficient time in a room compared to male providers.

Bias Mitigation Techniques: After identifying bias within the inpatient model, investigation of the data ensued. It was discovered that female providers were underrepresented in the dataset.

Two bias mitigation techniques were employed to counteract this, including Random Under-Sampling and Synthetic Minority Oversampling Technique (SMOTE).

Results: Both of the mitigation techniques passed the bias audit when looking at respective EERs. SMOTE was shown to reduce bias the most when compared to the Random Under-sampling method. These two techniques also both increased model performance when looking at MAE and R-Squared values. Random Under-sampling increased model performance metrics more when compared to SMOTE.

Silvia Alfaro, MS, is a Data Scientist on the Advanced Analytics and Machine Learning (AAML) team at The Cleveland Clinic

Zachary Yachanin, BS, is an Associate Data Scientist on the Advanced Analytics and Machine Learning (AAML) team at The Cleveland Clinic

Tyler Rhoades, MS, is a Data Scientist on the Emergency Services Institute (ESI) team at The Cleveland Clinic

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Reframing Uncertainty for Medical Trainees

by Oliver Schirokauer

Medical practitioners are often in the position of having to make important clinical decisions in the face of uncertainty. The adverse consequences of this reality are numerous and impact the clinician and the patient. For example, decisional uncertainty is associated with clinician anxiety and burnout, unnecessary testing, and premature decision making, and poorer patient-provider interactions.^{1,2} To help trainees respond constructively to the uncertainty they will inevitably face, we propose a three-part approach. To begin with, trainees must develop self-awareness about how they experience and respond to uncertainty. Secondly, trainees should develop tools and language that enable them to classify uncertainty into broad categories (e.g., epistemic, statistical, moral, etc.) and to consider the extent to which the uncertainty they are confronted with can or cannot be reduced. Thirdly, trainees should be taught to adopt a probabilistic approach to information processing. This last directive is the focus of this note and my presentation.

Pre-clerkship medical students are taught how to use information about the prevalence of a condition and the frequency with which a test for that condition yields a false result to compute the probability that a positive result is correct. Nevertheless, almost all of the dozens of 4th year students I have asked to hazard a guess about this probability in a particular case, dramatically overestimate it. One approach to improving students' intuition about the predictive value of a test is to present the test as a *probability shifter* that takes as input a pre-test likelihood of a proposed diagnosis and outputs a new post-test likelihood. Looking across all possible input values then gives the student a much deeper sense of the utility of the test than can be obtained by isolated calculations using a quickly forgotten formula. Moreover, armed with the notion of probability shifting, trainees can begin to understand other tools, such as the history of the presenting illness, the physical exam, and the patient's medical history in a similar way. In time, they may come to understand clinical reasoning as a process of making adjustments along a continuum of likelihoods.

Adopting a probability-shifting framework offers some powerful educational benefits.

- Medical decision making: Trainees learn to be less compelled by the often unfounded sense of certainty that tests can provide and are able to engage in more nuanced analysis.
- High-value care: Trainees learn to assess carefully the usefulness of any given test before ordering it.
- Patient-centered care: The recognition that the patient's history, physical exam, and risk factors are critical considerations in the probability-shifting process, especially when estimating a pre-test likelihood, supports engagement with the patient.

Ethics: The probabilistic approach offers a process of incremental clarification as a response to uncertainty. As such, it models a way to address uncertainty more generally. Teaching trainees to engage probabilistically with epistemic uncertainty goes hand-in-hand with training them not to shy away from ethical complexity and to embrace an extended process of discussion and reflection to reach a decision.

- Clinician well-being: As trainees envision movement along a continuum of likelihoods in response to changing information, they become accustomed to conceptualizing probabilistic knowledge in positive terms and become less focused on negative comparisons to certainty. This change in perspective supports the development of tolerance for uncertainty and clinical confidence, and in turn, makes it easier to invite patients into partnership.

Oliver Schirokauer, PhD, MD, Assistant Professor, Case Western Reserve University School of Medicine

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Crossing the Divide: Building Therapeutic Alliances in Challenging Patient Encounters

by Kim-Lan Czelusta, Dania Albaba, and Shelley Rote

One of the most common requests posed to psychiatric consultants in medical settings is navigating tensions that develop between primary medical teams and patients. Frequently, consulting clinicians feel ill-equipped to address the extreme distress, displaced anger, or systemic frustrations that some patients express. The consequences of these challenges can be far-reaching and significant. For instance, they may hinder the development of the patient-provider relationship that is essential for achieving optimal patient outcomes. Moreover, these treating physicians are placed at an increased risk for compassion fatigue and burnout. The reasons for these difficulties are multifaceted and complex. They may originate from the patient, the medical provider, or the situation in which the conflict arises. Some patients may have underlying mental health conditions or histories of trauma that hinder effective communication. At the same time, medical providers may not have the training or resources necessary to address complex mental health issues.

Fortunately, there are techniques and tools available to help consultants manage these challenges effectively. In this workshop, a variety of tools from de-escalation protocols and dialectical behavioral therapy will be reviewed. Examples of these techniques include active listening, utilizing empathic statements, reframing, setting clear boundaries, de-escalation, and calling for additional support when indicated. Additionally, participants will be trained in interpersonal effectiveness to assist providers in gaining the tools to communicate their needs. It is also particularly important to discuss the role of countertransference in these situations, including how negative countertransference may impact the provider's ability to empathize with a more challenging patient.

This how-to workshop is designed to explore the factors that contribute to "the challenging patient encounter" and provide skills and strategies for the clinician to optimize the therapeutic alliance.

Kim-Lan Czelusta, MD, Vice Chair for Education and Associate Professor, Baylor College of Medicine of Medicine's Menninger Department of Psychiatry and Behavioral Sciences
Dania Albaba, MD, 3rd year Psychiatry Resident, Baylor College of Medicine
Shelley Rote, MD, 3rd year Psychiatry Resident, Baylor College of Medicine

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The Effects of Unprofessional Conduct in Daily Work and How We Can Correct Them

by Sofica Bistriceanu

People continuously join forces of their varied energy transferred to each other through words, musical composition, attitudes, and images describing their assumptions about the way of life in an unendingly changeable environment.

Attaining excellence in the domain selected by each one according to personal preferences and ability to perform such work means long-term instruction, continuous observation, evaluation, facts re-modelling, and finally, making the individual able to deliberate in typical and difficult situations successfully.

Knowledge management in daily work supposes aptitudes in transferring data of interest to partners and mutual aid for teamwork looking to their products and services offerings.

Therefore the expertise in the discipline chosen by an individual and skills to apply the knowledge in practice, promoting a genuine and respectful relationship with collaborators are the fundamental factors for work effectiveness and societal development. These elements define professionalism in all industries at the global level.

Unfortunately, we daily experience people's error in practice, which derives from a lack of solid professional instruction and inadvertence in communication with partners, commonly with various grades between them appearing. As a result, unprofessionalism impacts people's health and their professional and social lives.

Error in medical practice varies from minor to significant misconduct, altering a patient and his dear ones' life quality and expectancy. Professionalism is essential when human error must be estimated, and punishment will be applied when necessary.

Evidence in clinical practice shows that improper people interaction may occur in a medical condition and determine disorders in vulnerable people such as depression, dyslipidaemia, arterial hypertension, type 2 diabetes, and even brain haemorrhage. Unsafe people's communication activates the adrenergic pathway response in the human body, increasing heart rate and blood flow volume through the vessels, which are simultaneously constricted. Repetitive exposure to inappropriate communication leads to transitory and permanent arterial hypertension with all consequences on individual evolution. Fragile vessels, commonly with atheromatous plaque, can easily break up under more blood pressure, resulting in bleeding in that area, with signs and symptoms in line with genetics and other pre-existing medical conditions. Dyslipidaemia and type 2 diabetes are also connected with unskilled people interaction.

Other persons respond silently to human mistakes and/or unsuitable cooperation with them. They suffer only in their mind, and blood volume through the cells decreases. These opposite facets of improper communication effects on people's health must be accounted for in clinical practice.

The patient experience reflects our professionalism; their words and attitudes toward us mirror the instruction in the science of medicine and communication skills. The patient's selection of the medical service provider from the offerings list tells us about their preferences, agreement, and pleasure in communication with them.

But the medical team collaborates with people from different industries. Communication luxury ensures excellent heart and mind activity, and finally, good transactions can be done. By contrast, disrespectful collaboration and distrust decline their relationship perspective; unprofessional relationships frequently amend prosperous and rewarding affairs.

Nowadays, some individuals with different backgrounds are assigned to various positions, except for a medical stance, according to political, cultural, economic, and social reasons; a part of them easily adapts to the new situation, and are effective in a job performing, even enjoy and embrace modernistic novel employment, but multitasked, versatile individuals are rarely. For more of them, their different role, which does not orchestrate with their education, makes them unprepared for a new task, causing misunderstanding in applying specific knowledge in practice and frequently following mistakes. Instruction deficiencies lead to product defects, customer dissatisfaction, and a decline in the return on investment. And so, job performing by personal instruction is mandatory.

Continuous training in the lifecycle and an appropriate workplace offering a friendly and calming atmosphere ensure successful conduct in daily work.

Education to accomplish capability in the specialty prepared for and good habits to do it well are required for all global trades to ensure individual development, welfare, and societal evolution. Professionalism is a core issue for practice efficiency, social progress, and public health.

Sofica Bistriceanu, MD, PhD, is a Family Physician and the representative of the Academic Medical Unit - CMI in Romania.

Attend this session at the June 7-9 hybrid conference. bit.ly/APHCJunConInfo

APHC Roundtable

Friday, May 12 at 3 p.m. ET

Join us for the monthly **APHC Roundtable**.

Physician Well-being:



Cultivating Curiosity and Engagement in Patient Care with Vijay Rajput, MD, MACP, SFHM

In this interactive roundtable discussion, we will:

- Analyze the current challenges that hinder curiosity and engagement in clinical care.
- Appraise curiosity and engagement through cognitive and social science.
- Identify methods to instill curiosity and engagement in clinical care and bedside teaching.

This interactive seminar will explore current challenges that hamper curiosity in clinical care. The deep dive in cultivation of curiosity and meaningful engagement in patient care to prevent burnout for young learners.

The 30-minute presentation will be followed by a 30-minute discussion.

Sign up at: <https://bit.ly/APHC-Roundtables>

Dr. Vijay Rajput is a Professor and Chair for the Department of Medicine Education at Nova Southeastern University, Dr. Kiran C. Patel College of Allopathic Medicine. He has authored or co-authored more than 110 papers, abstracts, and book chapters. He has presented more than 200 seminars, workshops, and grand rounds at regional, national, and international conferences. Dr. Rajput has received several grants from HRSA and the Arnold P. Gold Foundation in the last 15 years. Over the last 25 years, Dr. Rajput has received more than 15 "Excellence in Teaching" awards from students, residents, and national organizations like ACGME and SHM. He was awarded the ACGME Parker J. Palmer "Courage to Teach Award," the most prestigious teaching award, in 2011. He was inducted into the UMDNJ's Master Educator Guild in 2005.

The 30-minute presentation will be followed by a 30-minute discussion.

Sign up at: <https://bit.ly/APHC-Roundtables>

Roundtables are for APHC Members only.

Join APHC to attend this Roundtable and access previous recordings.

<https://bit.ly/APHCMembership>



June 2023 Conference Registration!

Theme: Health Care Professionalism and Bias Reduction: Sharing Global Strategies

Dates: June 7, 8 and 9, 2023

Location: Health Education Campus of Case Western Reserve University and Cleveland Clinic in Cleveland, Ohio

Type: Hybrid - in-person and online via Zoom

Information about the conference: <https://bit.ly/APHCJun2023Schedule>

Registration: bit.ly/APHCJunConInfo



Healthcare Professionalism Podcast

Professional Formation and **APHC** collaborate on a podcast, **Healthcare Professionalism: Education, Research & Resources.**

Released **every other Saturday morning**, a recent episode includes David Doukas talking about the Academy for Professionalism in Health Care Founding.

You can access the podcast episodes on your favorite platform or at:
<https://bit.ly/PF-APHC-Podcast>

Applications for the American Board of Medical Specialties 2023-2024 Visiting Scholars Program are Now Available

The American Board of Medical Specialties (ABMS) is accepting **applications** for the 2023-2024 **ABMS Visiting Scholars Program**[™]. This one-year, part-time program facilitates the development of early-career physicians, medical specialists, and research professionals by supporting their research and encouraging their engagement with the ABMS community, which includes the **24 Member Boards** that comprise ABMS as well as its **Associate Members**.



During the year-long program, Visiting Scholars remain at their home institutions, work with self-selected mentors, and participate in monthly interactive webinars that engage current scholars with research project updates to their peers and a select panel of subject matter experts and scholar alumni who collectively provide guidance, support, and solutions to barriers they may be experiencing in their respective research projects. They also attend leadership meetings and are invited to present their research findings before a national audience at the annual **ABMS Conference**.

Early-career physicians, junior faculty, fellows, and residents are eligible, as well as individuals holding master or doctorate degrees in public health, health services research, educational evaluation and statistics, public health policy and administration, or other relevant disciplines. Visiting Scholars will receive an award of up to \$15,000 to support the direct costs of research and travel expenses associated with program participation. Visit the Visiting Scholars section on the ABMS website to **begin your application**. **Applications for this year's program must be received by 11:59 pm CT on June 18, 2023.**



APHC Member Announcements

Webinar

Shavonne Healy will host Dr. Howard Notgarnie for a virtual webinar on the **Professional Identify Formation of Oral Health Professionals** on Tuesday, May 23 at from 6:30 p.m. to 8:30 p.m.

Bioethics Summer Programs at Yale

Options for virtual and in-person; 4-day, 4-week, and 7-week options. The Interdisciplinary Center for Bioethics at Yale University will host our annual summer programs. Join us for an introduction to ethical theory; bioethical principles, theories, terms, and history; and sessions on some of the most pressing bioethics topics today. The program will include live lectures, small-group seminars, career talks, special events onsite at **The Hastings Center**, and a special shared meal discussing sustainability with **Bun Lai**, acclaimed award-winning chef and sustainability advocate. Students in the full program will present their research in a poster session attended by Yale faculty, followed by a celebratory banquet. Participants and faculty often hail from all corners of the globe, from Addis Ababa to Montreal, Lima to Adelaide, and Strasbourg to Tehran. <https://bioethics.yale.edu/summer>. Any questions? Please reach out to: bioethics@Yale.edu

Save the date for the Jefferson Center for Interprofessional Practice and Education's in-person conference "Interprofessional Care for the 21st Century" November 3-4, 2023.

Pandemic Professionalism and Ethics Podcast

Listen to archived episodes of the COVID Ethics Series Podcast. Those episodes, as well as upcoming episodes can be accessed via: <https://library.shu.edu/COVIDEthics/podcast>. The archive currently houses over 20 episodes, which engage a variety of ethical and professionalism topics associated with pandemic issues. These topics range from considerations of vulnerability and politicization to resource allocation and universal healthcare. These episodes, as well as their video counterparts, which can be found at <https://library.shu.edu/COVIDEthics/>, have been adopted as course materials in a variety of healthcare and humanities training courses and are free to anyone interested in the subject matter.

The COVID Ethics Series and Podcast relies on the idea that challenging issues affecting health and healthcare are best addressed by many persons, from diverse backgrounds, practically reasoning together. These conversations aim to be inclusive and often involve leading experts from medicine, nursing and the health sciences, as well as political theorists, economists, ethicists, philosophers and lawyers.

Position Posting

Wake Forest University School of Medicine is seeking a national leader as their new Endowed Chair of Bioethics at a time of tremendous growth for the medical school and academic learning health system. For more information:

<https://www.higheredjobs.com/faculty/details.cfm?JobCode=177957293>.

If you are an APHC member, we will publicize your events, job searches, research, grants, articles, podcasts, books, etc., in the newsletter.

Thank you to the APHC 2022 - 2023 Partners

Platinum Circle - **AMA Journal of Ethics** and **Case Western Reserve University/Cleveland Clinic**

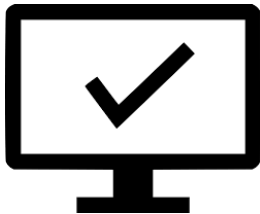
Gold Circle - **American Board of Medical Specialties (ABMS)**, **Johns Hopkins Berman Institute of Bioethics**, **Loyola University Chicago Bioethics Institute**, and **Loma Linda University Center for Christian Bioethics**

Silver Circle - **American Association of Colleges of Osteopathic Medicine (AACOM)** and the **Gold Foundation**

Bronze Circle - **ABIM Foundation** and **Saint Louis University Albert Gnaegi Center for Health Care Ethics**

For more information about how you can support APHC, contact BLewis@ProfessionalFormation.org or go to: <https://bit.ly/APHC2022-23Partnership>

Sponsors must be approved by the APHC Board.



Past Webinar Recordings

If you missed the webinar - **Oral Health is Essential Primary Care: The Importance of Interprofessional Collaboration** with Lisa Simon, MD, DMD; Carlos Smith, DDS, MDiv, FACD; and Nanette Elster, JD, MPH, sponsored by the Academy for Professionalism in Health Care, the

American Dental Association and the American College of Dentists, here is a link to the recording: <https://vimeo.com/694986752>

Access our past webinar recordings at [ProfessionalFormation.org](https://www.professionalformation.org)

Mitigating the Effects of the Hidden Curriculum on Professional Identity Formation with Orit Karnieli-Miller, PhD

Social Justice Challenges: How to Achieve Excellence in Equity with Preston Reynolds, MD, PhD, MACP

Teaching Learners to Navigate Common Boundary Challenges with Elizabeth Gauferg, MD, MPH

Building Effective Teams and Eliminating Barriers with Christine Arenson, MD

Professional Formation, an on-line program with **14 professionalism modules**, has two webinars on **how ACOM and Geisinger Commonwealth integrated modules into their interprofessional education programs**.

If you would like to subscribe to the modules for free, contact Barbara Lewis at **BLewis@ProfessionalFormation.org**.

APHC Members' Benefits



As a member, you have access to special benefits that include:

- Belonging to a community of like-minded professionals
- Participating in the monthly Professionalism Education Roundtable interviews with authors, faculty, and researchers, plus accessing past recordings
- Free access to 14 Professional Formation modules
- Enrolling in the APHC Faculty Development Certificate program known as LEEP (Leadership Excellence in Educating for Professionalism), which was launched in 2020 and offers longitudinal mentoring for a select group of individuals seeking to deepen their knowledge and skills in professionalism education, assessment, and research
- Posting your research, articles, podcasts, webinars, conferences, and books in the newsletter distributed to about 20,000
- Receiving a 20 percent discount on educational videos created by the Medical Professionalism Project, which also allows you to obtain MOC and CME
- Registering for APHC conferences with discounts
- Serving on our editorial team for our monthly newsletter and contributing articles
- Participating in APHC committees which include the conference program, membership, outreach, GME and education committees

Our annual membership fees are very inexpensive and are valid for one year from the payment date. **Select from seven types of membership, including the institutional membership for four people. See the descriptions.**

Professional Formation Newsletter Editors

Editor-in-Chief: Leann Poston; Associate Editors: Janet de Groot, Marco Filho, Raul Perez, Bryan Pilkington, William Agbor-Baiyee; Managing Editor: Barbara Lewis

We need articles for our newsletters. Articles are less than 750 words and need to be submitted before the 1st of the month.

Please contact **Barbara Lewis** if you'd like to contribute an article to this newsletter.

If you know someone who would benefit from reading Professional Formation Update, please pass this along.

Sign up at **<http://www.professionalformation.org/Contact Us>**.
