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Learning from lapses

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SUMMARY

Chapter 1

Quality of health care depends on doctors behaving professionally. A medical student's unprofessional behaviour predicts later unprofessional behaviour as a physician. Therefore, professionalism is an important topic in undergraduate preclinical and clinical curricula. In **Chapter 1** the concepts of *profession*, *professionalism*, *professional behaviour*, and *professional identity* are introduced. It is argued that, despite the importance of responding to unprofessional behaviour in medical students, medical educators find it difficult to identify students who behave unprofessionally. Moreover, once they have done so, they are generally reluctant to fail students for unprofessionalism. The current medical education literature does not provide sufficient guidance to faculty on how to detect, identify, and classify medical students' unprofessional behaviours – much less does it provide guidance regarding remediation strategies. If medical educators knew how to detect students in need of professionalism remediation, and which remediation strategies to apply, they would likely be less reluctant to fail students, and more inclined to remediate them. This would benefit students, medical educators, patients, and future health care workers alike. This thesis aims to contribute to the teaching and assessing of professional behaviour, and the remediation of unprofessional behaviour in undergraduate preclinical and clinical education.

Chapter 2

Chapter 2 describes the design of the educational domain '*Professional Behaviour*' as a longitudinal thread throughout the six-year medical curriculum of VUmc School of Medical Sciences, Amsterdam. Workplace learning and role modeling are the pedagogic concepts for teaching professional behaviour. Educators carry out multiple formative and summative assessments of professional behaviour. They are trained to identify and report unprofessional student behaviour. Students with unsatisfactory professional behaviour are not awarded their degree irrespective of their medical knowledge. Students in question are offered interventions and support. With the continuous educational theme of *Professional Behaviour*, the institute emphasizes professional behaviour and firmly embeds it in its medical curriculum. This may be an illustrative case example for professionalism training programs in other institutions.

Chapter 3

Chapter 3 reports a systematic review study, which aimed to generate an overview of descriptors for unprofessional behaviour based on research evidence of unprofessional behaviours seen in medical students. A search in PubMed, ERIC, PsycINFO and Embase

yielded 11,963 different studies, of which 46 met all inclusion criteria. We found 205 different descriptions of unprofessional behaviours, and grouped these into 30 different descriptors comprising lapses in four different areas, the so-called 4 I's: *Involvement, Integrity, Interaction* and *Insight*. The 4 I's framework is proposed as a tool that provides educators with a common language to describe medical students' unprofessional behaviour, and thus helps to solve the problem known as a *failure to fail*. This review study did not yield any descriptions of behavioural *patterns* indicating students' unprofessional behaviour. This gap in the literature is addressed in the next two chapters.

Chapter 4

Chapter 4 presents a study investigating the patterns of behaviour that can be distinguished in students who behave unprofessionally in medical school. We aimed to contribute to a better evaluation of unprofessional behaviour by identifying behavioural patterns (or *profiles*) and constructing descriptions based on these patterns. The study comprised of three steps: (1) Using a template of unprofessional behaviours from the literature for coding student evaluation forms indicating unsatisfactory professional behaviour, collected from 2012 to 2014 at the VUmc School of Medical Sciences, Amsterdam, the Netherlands; (2) Latent Class Analysis, used to identify groups of students with a high chance of displaying comparable unprofessional behaviours; (3) Teachers' feedback of prototype students summarized to generate profile descriptions. The study identified three profiles of students: Profile 1 (43%) was labeled as *Poor reliability*, profile 2 (20%) was labeled as *Poor reliability and poor insight*, and profile 3 (37%) was labeled as *Poor reliability, poor insight, and poor adaptability*. Based on the content of the three profiles the distinguishing variable was described as a *Capacity for self-reflection and adaptability*. The findings prompted further research to determine if the profiles would be recognised by other educators, and in other contexts, and if they could be used as an instrument to identify which students are expected to benefit from remediation trajectories.

Chapter 5

Chapter 5 describes a study that used Nominal Group Technique and Thematic Analysis to refine the findings that were derived from the study described in Chapter 4. Opinions of professionalism experts from different medical schools were synthesized, aiming to develop a model of unprofessional behaviour profiles in medical students. Thirty-one experienced educators, purposefully sampled for their knowledge and experience in teaching and evaluation of professionalism, participated in five meetings at five medical schools in the Netherlands. In each group, participants generated ideas, discussed them, and independently ranked these ideas by allocating points to them. Participants suggested ten different ideas, from which the top 3 received 60% of all ranking points: (1) *Reflectiveness and adaptability are two distinct distinguishing variables* (25% of all points), (2) *The term 'poor reliability' is too narrow to*

describe unprofessional behaviour (22% of all points), and (3) Profiles are dynamic over time (12% of all points). Incorporating these ideas in the pre-existent framework described in Chapter 4 yielded a model consisting of four profiles of medical students' unprofessional behaviour (*accidental behaviour*, *struggling behaviour*, *gaming-the-system behaviour* and *disavowing behaviour*) divided by two distinct dimensions (*reflectiveness* and *adaptability*). *Gaming-the-system behaviour* occurs when students adapt their behaviour for the sake of passing an exam, without showing to have reflected on professionalism values. Both *adaptability* and *reflectiveness* are deemed necessary to become a professional physician. The findings may advance educators' insight into students' unprofessional behaviour, and provide information for future research on professionalism remediation.

Chapter 6

In the study described in Chapter 6 we aimed to develop a road map for attending to lapses of professional behaviour in medical students. Between October 2016 and January 2018, 23 in-depth interviews were conducted with 19 expert educators responsible for remediation at 13 US medical schools. A constructivist Grounded Theory approach was used to develop an explanatory model for attending to lapses of professional behaviour in medical students. Based on participants' descriptions, a 3-phased approach was developed. In phase 1 (*Explore and understand*) professionalism supervisors (PRSs) take up the role of a concerned teacher, aiming to explore the professional behaviour lapse from the student's perspective. In phase 2 (*Remediate*), PRSs function as a supportive coach providing feedback on professionalism values, improving skills, creating reflectiveness, and offering support. Ultimately, in phase 3 (*Gather evidence for dismissal*), if the student does not demonstrate reflectiveness and improvement, and especially if current or future patient care is potentially compromised, PRS take up an altogether different role, namely that of gatekeeper of the profession. The resulting model for attending to professional behaviour lapses fits in the overarching *Communities of Practice* framework. Phases 1 and 2 are aimed at keeping students in the medical community, whereas phase 3 is aimed at guiding students out. These results provide empirical support to earlier proposed models, which are mainly descriptive and opinion-based, and may offer medical educators an evidence-based approach for attending to students who display lapses in professional behaviour.

Chapter 7

Chapter 7 introduces the perspective of students. The aim of this study was to describe medical students' responses to professional behaviour lapses in peers and faculty staff, and to understand students' motivation for responding or not responding. Although students endorse an obligation to respond to the professional behaviour lapses they witness in medical school, they experience difficulties in doing so. If medical educators knew how students respond and why they choose certain responses, they could support students in responding appropriately.

We conducted an explorative, qualitative study using Template Analysis, in which three researchers independently coded transcripts of semi-structured, face-to-face interviews with 18 purposefully sampled student representatives convening at a medical education conference. Three sensitising concepts from the *Expectancy-Value-Cost* model were used to map participants' responses. This model describes that a person's motivation to engage or not engage in a certain task is based on the balance of the expectancy of being successful in that task (*Can I do it?*), the perceived value of engaging in the task (*Do I want to do it?*) and the costs of engaging in the task (*Are there barriers that prevent me from doing it?*). Students mentioned having observed lapses in professional behaviour in both faculty staff and peers. Students' responses to these lapses were *avoiding, addressing, reporting, and/or initiating a policy change*. The *Expectancy-Value-Cost* model effectively explained students' motivation for responding to lapses. Expectancy of success, value, and costs each appeared to be influenced by personal/interpersonal and systemic factors. These factors are modifiable and can be used by medical educators to enhance students' motivation to respond to lapses in professional behaviour observed in medical school.

Chapter 8

Chapter 8 provides the perspective of two *simulated patients* who regularly participate in the workshop *Responding to unprofessional behaviour of faculty and peers* that has been developed for undergraduate students at VUmc School of Medical Sciences, Amsterdam, the Netherlands. As the patient perspective on *speaking-up* behaviour is important and currently absent in the literature, the simulated patients were interviewed to explore their opinions and experiences. Their perspectives may be helpful to medical educators who want to develop education about how to speak up. In the interviews, both simulated patients expressed that they expect physicians to respond to unprofessional behaviour of colleagues. Consequently, the simulated patients expect students to develop the skills to do so. In the workshops, they experience that students encounter difficulties in bringing their intended message across clearly without feeling that they offended the addressed person. The simulated patients state that practice is needed to acquire the skill of responding to unprofessional behaviour. The simulated patients were of the opinion that not only students, but also educators have to learn how to handle unprofessional behaviour. By role modeling to their students an open, supportive way of responding, educators can help to create a culture that encourages addressing unprofessional behaviours. In conclusion, simulated patients explicitly support the assumptions that are made in the medical education literature about addressing unprofessional behaviour: all involved in health care – students, educators, physicians, and patients – have a responsibility to cultivate an open supportive culture, which acknowledges lapses in professional behaviour occurring in people with good intentions. By openly discussing such lapses, a next step towards changing the culture in health care can be taken.

Chapter 9

In view of the amount of time, effort, and resources spent by educators in managing the unprofessional behaviour of medical students, it is important to establish effective responses to such unprofessional behaviour. **Chapter 9** provides a practical guide for medical educators in preclinical and clinical undergraduate medical education. The guide is based on the medical education literature on students' unprofessional behaviour, complemented by the research described in this thesis and the authors' extensive personal experiences with managing unprofessional behaviour in medical students. The guide outlines various approaches, seeking to facilitate medical educators to recognise students who behave unprofessionally and to acknowledge a student's need for extra guidance in developing into a professional physician. Also, attention is paid to factors in the educational context that may cause students' unprofessional behaviour. Furthermore, the guide describes the steps that can be taken after identification of a student who has behaved unprofessionally.

Chapter 10

Chapter 10 provides a general discussion of the findings of this thesis. The main conclusions are:

- Medical educators can identify unprofessional behaviours among medical students using the 4 I's model. This model comprises 30 descriptors, which indicate a deficiency in four domains: *involvement, integrity, interaction, and/or introspection*.
- Medical educators can classify unprofessional student behaviour into four profiles (*accidental behaviour, struggling behaviour, gaming-the-system behaviour and disavowing behaviour*), distinguished by two dimensions (*reflectiveness and adaptability*).
- Medical educators can respond to unprofessional student behaviour in three consecutive phases: *understand and explore, remediate, and gather evidence for dismissal*.

With this thesis we hope to help medical educators and medical students alike in paying attention to professional behaviour in medical school, thus cultivating professionalism in future physicians. Explicitly denoting unprofessional behaviour serves three goals: (1) creating a culture in which unprofessional behaviour is acknowledged, (2) targeting students who need extra guidance, and (3) learning which contextual factors contribute to unprofessional behaviour. This is beneficial for the professionalism of aspiring doctors and their future colleagues — and ultimately for the safety of their future patients.