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CHAPTER 7
Investigating US medical students' motivation to respond to lapses in professionalism

ABSTRACT

Aim

As physicians' unprofessional behaviour can compromise patient safety, each physician should be willing and able to respond to professionalism lapses. Although students endorse an obligation to respond to lapses, they experience difficulties in doing so. If medical educators knew how students respond, and why they choose a certain response, they could support students in responding. The aim of this study was to describe medical students' responses to professionalism lapses of peers and faculty, and to understand students' motivation to respond or not respond.

Methods

We conducted an explorative, qualitative study using Template Analysis, performed by three researchers independently coding transcripts of semi-structured face-to-face interviews. We purposefully sampled 18 student representatives convening at a medical education conference. Preliminary open coding of a data subset yielded an initial template, which was applied to further data, and modified if necessary. All transcripts were coded using the final template. Finally, three sensitising concepts from the *Expectancy-value-cost* model were used to map participants' responses.

Results

Students mentioned having observed professionalism lapses in both faculty and peers. Students' responses to these lapses were: avoiding, addressing, reporting, and/or initiating a policy change. Generally, students were not motivated to respond if they did not know how to respond, if they believed responding was futile and if they feared retaliation. Students were motivated to respond if they were personally affected, if they perceived the individual as approachable and if they thought that the whole group of students could benefit from their actions. *Expectancy of success*, *value* and *costs* appeared each to be influenced by interpersonal/personal and system factors.

Discussion

The *Expectancy-Value-Cost* model effectively explains students' motivation to respond to lapses. Forthcoming interpersonal/personal and system factors influencing students' motivation to respond are modifiable and can be used by medical educators to enhance students' motivation to respond to observed professionalism lapses in medical school.

Introduction

Approximately 60% of medical students observe professionalism lapses of faculty and peers in medical school [1]. Each year up to 19% of medical students fail a professional behaviour assessment [2-5]. Although each physician should be willing and able to respond to professionalism lapses of colleagues [6], it is not always easy to do so. For medical students, who are still learning and dependent on their teachers for grades, it is particularly difficult. While medical students endorse a professional obligation to respond to professionalism lapses [7], they experience difficulties in following this obligation [8]. It is still unclear what motivates students to overcome these difficulties, and how they actually respond. Knowledge about students' motivation to respond will allow educators to support students responding to observed professionalism lapses.

Medical professionalism can be defined in many ways [9]. The essence that speaks out of these definitions is the necessity for physicians to adhere to high ethical and moral standards, in order to gain the trust of their patients. Professionalism lapses can be defined as instances in which physicians fail to gain this trust of their patients or their colleagues, or faculty fail to gain trust of their students or colleagues, or students fail to gain trust of their teachers or peers. Lapses, either from students or faculty, are occasionally serious, such as falsifying medical records or sexual harassment, but are more often less egregious, such as a lack of engagement, lack of respect or lack of insight into own behaviour [6, 10-12]. Displaying a professionalism lapse does not automatically indicate that the individual is an 'unprofessional' person: many professionalism lapses result from poorly navigated responses to interpersonal and system factors in the workplace, to which we are all vulnerable [13]. However, even less egregious lapses can have adverse effects. Recently, Cooper reported that unsolicited patient observations of unprofessional behaviours of a surgeon (e.g. relating to disrespectful communication or poor availability to patients) were associated with complications for the surgeon's patients [14]. Thus, acknowledging the relevance of unprofessional behaviours for patient safety, physicians should respond to such behaviours and openly discuss them. The goal would be to learn from lapses and ultimately influence personal, interpersonal and system factors to prevent future lapses [6].

Although medical educators feel highly responsible for the teaching and learning of professionalism in medical school, they do not always report professionalism lapses of students [15]. Recent research reveals several personal and institutional barriers that explain why teachers remain silent when witnessing lapses [16]. While these barriers might be understandable, this way the faculty nevertheless end up role modeling to their students that professionalism lapses are not worth to respond to. Recommended responses for medical students who observe professionalism lapses are: ignore, challenge the individual, discuss the lapse with peers, or report to a faculty member [12]. Regardless of these, it is not clear

how medical students respond, and *why* they choose a particular way of responding. It is clear that students are reluctant to report professionalism lapses to a higher authority [17-19]. We also know that students experience difficulties in challenging an individual after observing a morally troubling situation. These difficulties arise from personal and systemic constraints [20, 21]. Personal constraints include a lack of confidence in own knowledge and judgement, and systematic constraints include repercussions for grades or opportunities, fear of damaging relationships, and hierarchy [20].

The *Expectancy-Value-Cost model of motivation*, an update of Eccles' *Expectancy-Value model*, can help to understand students' choices on how and why to engage in responding to professionalism lapses that students observe in faculty or in peer students [22, 23]. The 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*?) The model divides *value* in three qualities: intrinsic value (enjoyment), extrinsic value (usefulness, and ethical values of socializing agents like teachers), and attainment value (individual identity factors like relatedness, competence and esteem). This study investigated how medical students respond to observed unprofessional behaviour of peers and faculty, and what motivates them to choose a certain response. In addition, we explored how the teaching of responses to professionalism lapses, based on students' propositions, can be incorporated into a medical curriculum.

Method

We designed an explorative, qualitative interview study using thematic analysis to capture the experience of the participating medical students [24]. The study was set up using a constructivist paradigm, in which data and analysis are created based on the interaction of the experiences of both participants and researchers [25]. Acknowledging the influence of the researchers, we share the following information with the readers: all authors are educational researchers and/or medical educators experienced in the teaching and guidance of professionalism of medical students. MM, WvM, GC and RAK are medical doctors.

Setting and participants
We interviewed students at a medical education conference during which representatives from all sectors of US medical schools and teaching hospitals convened to discuss the future of academic medicine. To gather a variety of experiences from different settings we created a purposeful sample of 2nd, 3rd and 4th year students representing different medical schools, by reaching out to the organisation of student representatives. We aimed for at least 15 participants. We did not sample 1st year students since they might not yet have had the

experiences to be explored in this study. We specifically sampled student representatives, as they show, by taking up the role of a representative, to feel responsible for the quality of teaching and learning in their medical school. We also expected them to have a broader understanding of institutional policies and procedures than most medical students. We expected that interviewing these proactive students would yield a wide range of responses to professionalism lapses, and assumed that these responses also could be noticeable in the wider student body.

Interviews

We conducted semi-structured face-to-face interviews with the participants, lasting approximately 30 minutes each, using an interview scheme based on the literature and our personal experiences. The first question was: (1) What does your institution expect from you regarding professionalism, and do you align with that? Subsequently, participants were asked to recall a situation in which they had observed a professionalism lapse in a peer or in a faculty member (teacher, resident, attending). Then, we posed the following questions: (2) How and why did you respond to the observed professionalism lapse of a peer student? (3) How and why did you respond to the professionalism lapse of a faculty member? (4) Which alterations in the curriculum do you propose to medical educators to make it easier for students to respond to professionalism lapses?

Procedure

MM invited student representatives to participate. Before starting each interview, participants were informed about the research protocol and ensured that the interviews were completely voluntary, and that all data would be handled anonymously to warrant confidentiality in all circumstances, after which consent was obtained. Participants received a 15 USD gift card for their participation. MM or a trained research assistant, both not related to the student's school, conducted the interviews. All interviews were audio recorded and transcribed verbatim.

Data analysis

We used ATLAS.ti to organise the coding. Data were coded in three consecutive steps. The first step consisted of independent open coding of two transcripts by three of the investigators (MM, AT, RAK). They reached consensus about an initial set of codes and themes. MM used this initial set to code all transcripts, discussing difficulties with the other two coders, thus generating a thematic map of the analysis. MM used this final map of codes and themes to code all transcripts again [24]. The last step included also the use of *sensitising concepts* [26]. Sensitising concepts are general ideas that suggest different directions to see, organise and understand the experiences of participants. In a discussion among the three coders, participants' answers to interview questions 2 and 3 were mapped to the sensitising concepts *expectancy, value and costs* coming from the *Expectancy-Value-Cost model of motivation* [22].

This study was qualified as exempt from ethical approval by the University of California, San Francisco Institutional Review Board.

Results

We interviewed 18 student representatives (10 female, 8 male) from 17 different US medical schools (12 public, 5 private). Eight participants were in 2nd year, four in 3rd and six in 4th year of medical school. Interviews lasted between 25 and 40 minutes. Students responded to an observed professionalism lapse of a faculty member or peer student by *avoiding, addressing* or *reporting* the lapse, and/or by *initiating policy change*. The balance of *expectancy of success*, *value* and *cost*, each influenced by factors on personal/interpersonal and system level, determined which response was chosen. See Figure 7.1.
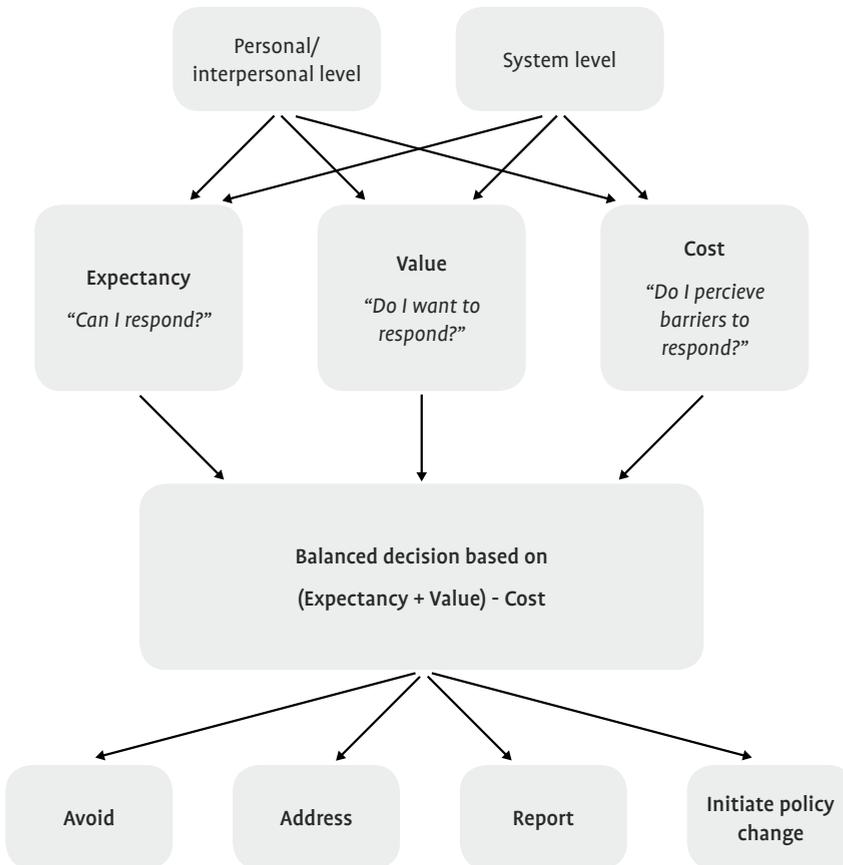

Figure 7.1 Expectancy, Value and Costs influencing students' responses to professionalism lapses of peers and faculty

Students' alignment with their school's definition of professionalism

Most students were able to cite their medical school's definition of professionalism, and all students knew of its existence and where to find it. Students' own perceptions of professionalism did generally align with their school's definition, although they sometimes disagreed with the way the school operationalised the professionalism values into attendance rules.

> Student 6: "How we do 'attendance' factors into our grade. A lot of people don't like to go to lecture, but rather go to a study room and study. That is deemed unprofessional behaviour. I think sometimes these policies, although good-natured, can cause people to think professionalism in the school is a joke."

Alignment with the schools' definition of professionalism was more common for students who felt that they had a voice in the formulation of the school's professionalism code.

> Student 7: "Students write their own honour code at the beginning of medical school. Every person in the class signs the code. It's framed and it's hung up in our lecture hall to remind us that these are the behaviours that we expect students to have."

Also, even if they agreed with the professionalism definition of their school, students found that measures taken against students who had displayed unprofessional behaviour were sometimes too strict.

> Student 3: "I think that, because some professionalism studies have correlated students being late to later issues in professionalism, I think that they kind of grab onto that notion and run with it and perhaps are a little bit too harsh in certain instances where, you know, so a student is late a couple times, it maybe isn't such a huge issue."

On the other hand, students appreciated faculty reacting promptly, and addressing unprofessional behaviour in order to remediate it.

> Student 5: "I think my perception is that they address it rather soon, so as soon as they notice that maybe somebody is not behaving the way that the school's mission statement aligns with, they'll meet with them rather than trying to ruin their future. You know what I mean? Even if they did something really, really bad, they just try to address it right away."

Character of responses

All students observed professionalism lapses in peers as well in faculty. The type of behaviours did not differ between these two groups and could be themed as problems with *involvement, integrity, interactions,* and *insight.* See Table 7.1 for examples of professionalism lapses as observed by the participants.

Theme	Examples of professionalism lapses of faculty	Examples of professionalism lapses of students
Involvement	Faculty member does not respond to students' emails.	Student has issues regarding timeliness.
	Professor is not prepared for lecture.	Student lets others do the extra work.
Integrity	Resident never uses the hand sanitizer or wash hands going from room to room.	Student is very competitive, taking credit of other student's work.
	School is not accountable for administrative mistake with lottery system for placements for clerkships, even denying that there was a problem.	Student copies notes from others, which is not allowed.
Interaction	Surgeon was calling the patient names and stuff in the OR.	Student displays disrespectful behaviour to other student, about gender issues, politics and religion.
	Attending was texting and calling the student in a really inappropriate way.	Student posts a message on social media that was derogatory to a professor.
Insight	Educator was too personal, making jokes about his medical procedures he's having that week.	Student is selling nutritional supplements, suggesting that he is an expert.
	Faculty member puts forward a strong own opinion, and is not open to different opinions within small student groups.	Student becomes abrasive and dismissive of others who have very good ideas, but cannot express it because he believes that it is his view that works and no one else can convince him otherwise.

Table 7.1 Examples of professionalism lapses as described by participants, categorised into four themes

The types of responses to these lapses did not differ between the two groups. Students responded to professionalism lapses of both peers and faculty in four different ways: *avoiding, addressing, reporting* and/or *initiating policy change*. See Table 7.2 for a description of each response and sample quotes for each of the options.

Avoid

Avoiding the unprofessional behaviour did not always mean that the student did not respond at all; an example of an avoidant response was that the observer became less likely to help the perpetrator.

> Student 1: "I think once I start to perceive this what I thought was unprofessional competitive behaviour, that made me less likely to help this person."

Address

When students decided to address the unprofessional behaviour, they sometimes responded *at the moment* e.g. by making a joke, posing a question, or addressing the behaviour directly. They could also respond *after the moment* by conducting a strategic discussion with the perpetrator.

Theme	Responses to lapses of peers	Responses to lapses of faculty
Avoid Acknowledges the lapse, but does not take any action.	*I thought about it a lot because I think the thing that they wanted me to do was to laugh and I didn't feel comfortable laughing with them, but unfortunately, I didn't say anything either. I was just kind of silent.* (Student 10)	*I smiled and I was like, oh, that's good. I just moved on, because I really didn't know what to say. I had to be with him for the rest of the day. I didn't know who to complain to, I didn't know if I could change physicians. I felt a little stuck.* (Student 1)
Address Discussing the lapse with the observed person.	*I texted her and said "Hey, you may not want to post that here, it seems like it's a little bit too far," and they did take it down probably about ten minutes after it was posted.* (Student 3)	*We arranged a meeting with the professor where we discussed his opinion and how our opinion differed and how we felt about what he had said.* (Student 3)
Report Informing a higher authority about the lapse.	*We don't tell names, but we tell the administration.* (Student 6)	*I had never written that a professor should not work with students, and this was the first time I had done that, knowing that he would know who wrote that.* (Student 7)
Initiate policy change Changing system factors to prevent similar lapses in the future.	*Seems a little bit harsh, (i.e. students receiving an unprofessional behavior judgement for not scheduling their exam in time) so the conversation that we had with administration, I was on student government, was to change this from a punitive thing, like you would get a demerit of sorts, into just some very strong, "We advise you very strongly to schedule this by this time for these reasons."* (Student 1)	*I am part of a group that does report to faculty on issues like that (i.e. biased statements of faculty) and basically when we see something like that come up we just take note of it and report it to the faculty.* (Student 4)

Table 7.2 Sample quotes for responses to professionalism lapses of peers and faculty

A personal reflection on how to react appropriately, and/or a discussion among peers to verify their own perceptions always preceded the response. Peer discussions sometimes resulted in collective interventions to address the unprofessional behaviour, e.g. in a group discussion with the perpetrator. In such interventions with faculty students muted their voice, as they tried to deescalate the lapse as much as possible.

> Student 3: "It was more muted when we were talking to the professor, of course, because we didn't want to come off as unprofessional."

Notably, students also mentioned defending peers when teachers asked for information about a peer's behaviour, even when they found the behaviour was not appropriate.

> Student 12: "This is a tricky thing, because when the attendings or the residents would ask me where this person was, I didn't want to get them in trouble, so I wouldn't say, "Oh they left," I would say, "I'm not sure where they are.""

Report
Concerns were very occasionally escalated to a higher authority, and only when deemed absolutely required, for example in the case of behaviour that would affect patients in a negative way. If students decided to report a lapse, they favoured reporting to a student council over reporting to the clerkship director or dean. Reporting to a higher authority was preferably done anonymously, although students acknowledged that authorities could not take action on anonymous complaints. Although students were reluctant to report faculty's lapses to a higher authority, they regularly mentioned observed lapses in anonymous course evaluations.

Initiate a policy change
Participants took action as a student representative by making the problem visible to their peer students and responsible faculty, aiming to initiate a policy change.

> Student 15: "As a representative, I hope I kind of set an example almost for my school and my classmates and just as a representative for just our class in general. Just kind of standing up, saying, "Hey, it's okay that these, that things happen. It's not okay that it did happen, but there are ways to move forward.""

> Student 14: "I'm also close with most of the deans. If someone were to approach me, I would feel comfortable talking to the deans."

Motivation to respond to professionalism lapses
We were able to map all codes coming from interview questions ii and iii to the sensitising concepts *expectancy, value* and *costs*.

Expectancy of success of responding to professionalism lapses of others appeared to be dependent on personal/interpersonal and system factors. Addressing was expected to be successful if the student saw him/herself as an assertive type, if a good relationship had already been established with the observed person, and if a feedback-giving culture existed in the medical school.

> Student 14: "You know, I've never, like I said, been formally instructed on what the appropriate way is to give feedback in a professional environment, but I think I myself, I would feel I would be assertive enough to just say, "Hey, I noticed that this happened. It made me feel uncomfortable."

> Student 5: "I knew him from before, so I felt like I could tell him that."

> Student 10: "Our school has kind of set a tone that we give a lot of feedback to our lecturers, we get a lot of feedback from lecturers; individual feedback on how we perform in small groups and we give a lot of feedback to our peers and it's required that we give this feedback, so I think we're just kind of now in a culture where we expect people to tell us what we're doing."

Addressing was expected to be less successful, and thus avoided, if the observed person was angry, not approachable, or defensive in her/his reactions.

> Student 5: "If they have really aggressive personalities, very antagonizing behaviours, I won't say anything about the unprofessional behaviour."

Students indicated that they found communications about professionalism lapses difficult and that they did not know how to respond effectively. Reporting was hampered by a lack of knowledge about the report system. Addressing was hampered by a lack of specific skills to communicate in difficult circumstances.

> Student 9: "I smiled and I was like, oh, that's good. I just moved on, because I really didn't know what to say. I had to be with him for the rest of the day. I didn't know who to complain to, I didn't know if I could change physicians. I felt a little stuck."

> Student 12: "How do you bring it up in a way that you don't hurt their feelings or don't get them in trouble, but at the same time, have them stop that unprofessional behaviour."

An existing hierarchy between the student and perpetrator made this more difficult.

> Student 12: "We kind of felt, as the students, there were two students, and then it

was just all these residents and the attending. We felt very uncomfortable and very outnumbered."

Value

Value (a higher value increases the likeliness of responding to unprofessional behaviour) also appeared to be dependent on personal/interpersonal and system factors. Interpersonal and personal factors were described as feelings of responsibility for their own education and the education of other students.

> Student 15: "Because I think it's important that we kind of share and help build each other up and make sure that we also are letting each other know what our weaknesses are."

System factors were described as feelings of responsibility for the well-being of patients, or the reputation of the profession as a whole.

> Student 1: "I guess ultimately the standard that I hold is when does the so-called lack of professionalism actually affects the care the patient has."

> Student 16: "Because I think at the end of the day there's a lot of unprofessional behaviour towards medical students, and that's one thing, I think I can handle people mistreating me, but when I feel that a patient is being impacted…"

> Student 11: "A trainee should have the ability to communicate among themselves, because we're going to be communicating with colleagues and people above us for the rest of our lives. So, we need to be able …. That needs to start being ingrained within our conduct. So it …. We need to be able to openly talk about anything. Even things that are conflict."

Students expressed that they, during their medical education, had built up a tolerance for unprofessionalism and thus sometimes perceived responding to unprofessionalism as futile.

> Student 1: "Maybe I just have a tolerance for unprofessionalism now".

> Student 8: "I think it was mainly feelings of futility that prevented me from going to the dean."

Costs

High costs made responding to professionalism lapses less likely. Costs were also contingent on personal/interpersonal and system factors. The idea or action of responding to unprofessional behaviour made students nervous. Students did not want to be seen as a troublemaker, a whiner or a tattletale.

Student 5: "You don't want attending to think that you're, 'difficult', and 'hard to work with.'

As such, students worried that relationships could be damaged. Students feared personal retaliation, which might affect their academic grades, their education and their future.

Student 5: "We don't report anything because we're too afraid for negative implications for our future career."

Costs of responding to behaviours of peers we're perceived lower than responding to behaviours of faculty. Costs were also perceived to be lower in case of a collective response.

Student 10: "I think as the peers we're better at keeping people in ... like ... more in line because if someone does something that seems a little bit unprofessional, then you feel more comfortable approaching the peer about it than you do a teacher."

Student 10: "We kind of both did together and I think what kind of made it easier was that there were two of us."

Students' recommendations
Students suggested changes in the curriculum to guide them in how to respond to professionalism lapses of peers and faculty. They formulated options to strengthen awareness, knowledge and skills related to professionalism in students and in faculty, as well as made recommendations for changing aspects of the curriculum.

Strengthening of professionalism in students
For the strengthening of professionalism in students several options were mentioned: showing students the link between unprofessional behaviour and patient safety, discussing the schools' expectations, and offering practical sessions in which students learn how to address professionalism lapses in both equal and hierarchical situations. Students would value to have a credible and trustworthy mentor to speak about their professionalism dilemmas. This could also be an older student, which would create support among students. This way, the school can provide students with a space where they can discuss their experiences without the fear of retaliation.

Student 8: "I think that if you create a space where people can raise concerns without jeopardizing ...overall, balancing the concerns around jeopardizing your social standing, your future peers' careers and your own career, which is a lot to balance, certainly. I think any work you take to mitigate some of those concerns, I think it makes students more likely to feel comfortable doing it."

Improvements for professionalism in faculty

Suggested improvements for professionalism in faculty included that faculty would model the right behaviours in a better way, including taking responsibility to address unprofessional behaviour in a timely fashion. Students advocated that faculty members respond to lapses in a non-punitive, pedagogical way: intending to let the student learn. Students suggest that faculty need to reserve punitive actions for students who fail to respond to this pedagogical approach.

> Student 12: "I think if they modeled that behaviour for us, that will help us feel more comfortable also doing that."

> Student 4: "With our clerkships and in their work here, they could try to make it more a part of our curriculum that we are working together, and we are working for the benefit of everyone in our team. We're not casting blame or undue responsibility. It would take a large structural change."

Change of system aspects

For the change of system aspects, students suggested that institutions formulate their rules and regulations in collaboration with students, thus providing clarity to students about the values upon which professionalism evaluations are based. The participating student representatives were very clear that the initiative for suggested changes would preferably come from students themselves. Thus, they recommended deliberately involving students in policy-making at medical schools.

> Student 6: "Who could change that are the people who do have the power to change policies and the students who can talk to the people who can change policies and provide them their point of view and perspective. But the people who are in charge need to be willing to open up and listen to the students and their concerns about these issues first before they can even think of addressing these policies."

Discussion

The aim of this study was to investigate medical students' responses to professionalism lapses observed in medical school, and their motivation to respond. In addition, we explored if students aligned with their institutions' definition of professionalism, and what alterations in the curriculum they would propose to facilitate responding to professionalism lapses.

Students' alignment with their school's definition of professionalism

Students broadly aligned with the professionalism values of their institution, although accountability was difficult to align with if it was merely translated into mandatory tasks or

attendance. In their opinion, this does not reflect the goal of accountability being the self-regulation of the professional community to ensure competent practice by physicians [27]. Based on our findings, it seems that the translation of the professional value of accountability to rules of mandatory tasks can cause students to narrow their perception of accountability to a minimal effort (i.e. of simply showing up) and to diminish students' capacity to recognise and consider the broader concept. This indicates that the translation of professional values into rules and regulations in medical schools is not easy [28].

Responses to professionalism lapses

Our findings are based on experiences of medical students, in contrast to earlier findings that come from simulated circumstances and questionnaires, or from residents [8, 29]. Roff investigated medical educators' advice for students to respond, which included *ignore, challenge the individual, discuss the lapse with peers or report* [12]. Our findings resemble these recommendations, although we found that while students sometimes seem to ignore lapses, this does not always mean the student does nothing at all. We saw that after *avoiding* a lapse, all students, without exception, *discussed the observed lapse with peers*. These discussions helped them to decide on how to proceed individually or collectively. We confirm that students indeed sometimes follow Roff's recommendation to challenge the individual, but they remain very reluctant to report the behaviour to a higher authority [12]. An additional type of response that we found is *initiating policy change*: students, as representatives of the student body, thus acquire the power to influence the medical school. Through this influence, they try to change system factors that contribute to professionalism lapses. This is crucial, since these student leaders are likely to be the future change agents that the medical profession needs.

Factors that influence the motivation to respond

This study has uncovered several motivational factors of students to respond to professionalism lapses in medical school. All factors could be mapped to the *Expectancy-Value-Cost model* [22]. Our addition to this model is the distinction of personal/interpersonal and system factors for each of the three sensitising concepts *expectancy, value and costs*. We found some of the factors to be modifiable, which means that they could be used to design educational interventions to enhance student's motivation to respond to professionalism lapses.

Expectancy of success

This study reveals that students feel that they are not always able to respond to professionalism lapses. Speaking about unprofessional behaviours is relatively underemphasized in medical curricula [29, 30]. This factor seems to be highly modifiable: responding to unprofessional behaviours can be taught in medical school to provide students with the skills to do so. The expectancy of success is also higher if faculty members are approachable and the school has a feedback culture.

Value

We confirm Tucker's findings that students are more motivated to address lapses if there is a chance of harm to patients, which reflects the intrinsic value of feeling responsible for patients [8]. We also found extrinsic value, e.g. "*We have to do it as physicians so we must learn it now*", and attainment value: students were motivated to respond if their actions would lead to improvements for other students. Value factors were not the most important barriers we found, but could nevertheless be positively modified by providing students the knowledge base of professionalism [31]. Also, professionalism values should preferably be discussed among teachers and students to obtain bidirectional alignment.

Costs

The most important costs, leading to avoiding to respond, were negative psychological experiences like anxiety, fear of failure or being uncomfortable. Students expressed their anxiety to experience retaliation, varying from retaliation for grades or missing out on teaching opportunities, or career opportunities. Also fear of not fitting into the group and damaging relationships were important costs. Like Kohn we found that directly addressing an individual is less costly than reporting [32]. Costs can be mitigated by making the task of responding easier. This was the case when students felt support from the organisation, e.g. the possibility to bring their concern to a student council or a faculty member instead of acting themselves.

Our findings suggest that the factors that positively influence student motivation coming from the personal and interpersonal level (knowledge, skills, existent positive relations, own or other students' learning being affected) make addressing of a lapse more likely. Motivational factors coming from the system level (faculty approachable, feedback culture, strong professional values, organisational structures like a student council) appear to make the reporting of a lapse for a student easier. The condition for students to take action to make a policy change seems to depend on the combination of both factors that foster motivation on the personal/interpersonal level as well as on the system level. Initiating a structural change in the curriculum/educational process requires personal leadership qualities, but also an institutional system that encourages student engagement and cultivates collective accountability.

Students' recommendations

Students propositions for alterations in the curriculum remarkably resemble some of the *new assumptions* that Lucey described: lapses are a part of learning, response to these lapses should be pedagogical, the community of practitioners has to assume responsibility for supporting colleagues to remain professional [6]. Responding to patient safety issues has been promoted in the last decades, which resulted in more willingness to respond to such issues [33]. Similarly, responding to professionalism lapses needs to get attention, since the impact of unprofessional behaviour on patient outcomes has been proven [14, 29].

	Improving expectancy of success	Improving value of professionalism	Diminishing cost of responding
Pedagogical strategies	• Teach practical skills how to address professionalism lapses • Inform students about the routing when reporting professionalism lapses	• Teach the cognitive base of professionalism • Stress the effect of professionalism lapses on patient-care • Stress the effect of professionalism lapses on students' learning • Create opportunities for students to interact with diverse patient groups	• Stimulate critical responses of students by openly asking for it • Evaluate professional behaviour formatively and timely • Ensure that lapses are openly discussed to create learning opportunities • Offer room to students to discuss their experiences with peers in sessions that will not be assessed
Institutional strategies	• Ensure that teachers are approachable • Create a culture of feedback • Make confidential 'triage' of observed professionalism lapses possible • Facilitate small group teaching • Centralise complaints management • Make collective responding possible • Inform reporting students about outcomes of investigations that took place after reporting of lapses	• Set values in collaboration with students to create bidirectional alignment • Make students part of policy making • Ensure that teachers maintain the school's rules and function as role-models who display professional behaviour • Make reporting of professionalism lapses of faculty possible for students	• Provide options for confidentially reporting • Install a student council that is responsible for handling students' professionalism lapses

Table 7.3 Pedagogical and institutional strategies to enhance students' motivation to respond to professionalism lapses

How to implement participants' recommendations remains challenging and deserves further research. It has been proven that modeling of the responding to inappropriate behaviours by educators is crucial to reach the goal [34]. Students' recommendations also confirm earlier advice that students need to be offered room to discuss their experiences with peers in sessions that will not be as assessed [35].

Implications of our findings

In this study we were able to define modifiable factors that could enhance students' motivation to respond to professionalism lapses. Based on these factors, and the suggestions for improvement of the curriculum as given by the participants in this study, we formulated recommendations regarding pedagogical and institutional strategies. See Table 7.3.

Limitations of this study

Our decision to sample student representatives may explain why we found students willing to act upon professionalism lapses and trying to create changes in the curriculum. We chose to study student representatives based on the assumption that their responses would also be noticeable in the wider student body. Further research should reveal if this is the case, and if modifying the factors that we found indeed enhances the motivation of all students to respond to professionalism lapses in medical school.

We asked the participants to talk about observed professionalism lapses and their responses to these. Theoretically, this implies that we did not find the instances in which unprofessionalism was not registered at all, i.e. when the student did not consider the behaviour as unprofessional. The question is whether others, e.g. patients or educators, would have different opinions. Furthermore, we only spoke to US students, which means that transferability to other cultural contexts might be limited, and should be further investigated.

Conclusion

Student representatives respond to an observed professionalism lapse of a faculty member or peer student by a*voiding, addressing* or *reporting* the lapse, and/or by *initiating policy change*. The balance of *expectancy of success*, *value* and *costs* determines which response is chosen. *Expectancy of success, value* and *costs* all three appear to be influenced by factors on personal/interpersonal and system level. Medical educators can use these factors to enhance students' motivation to respond to the professionalism lapses they observe in medical school.

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