PROFESSIONALISM: From Admissions to MSPE

SOCIETY OF OSTEOPATHIC MEDICAL EDUCATORS
PANEL PRESENTATION
Our Plan

Present two cases, and the panel will respond to each part of the scenario of our hapless learner. One case will work forward, and talk about interventions.
The second case will work backward, and discuss “what could we have caught earlier,” and “That wasn’t in the MSPE.”
There will be time for questions in both cases, please jot them down.
“Hello, I’m Ashley’s father. I’m working on her essay, and I wonder what I should write.”
First Impressions

Ashley presents with her mother, who waits in the lounge with the other students. Ashley is dressed in a low-cut blouse and a short skirt. You notice that her mother is dressed similarly. The other candidates are dressed in business suits.
“It’s not Johns Hopkins, but I got her into medical school. Now to just get her to graduate.”
Drone Parent

Ashley’s father calls the Clinical Skills professor, complaining about the remediation schedule and the examination policy. “Ashley just can’t handle that kind of pressure.” Reminds the professor that he is an attorney.
Terminal Eye Roll Disease

The clinical campus dean observes that Ashley frequently looks bored and distracted on rounds, and is very casual when talking to patients and staff. Her charting is above average, and she gets her work done on time.
Intervention

Ashley states she wants to be an orthopedist and has no interest in anything else. She did not realize that her professional goals could be derailed by her attitude in non-surgical rotations.

What do you do?
Outcome

Ashley is accepted into an orthopedic surgery residency. At every stage, she listened and corrected the problem herself, and no further intervention was needed. She is learning to watch for social cues among her peers and attendings.

What is the takeaway from this scenario?
Sebastian is a 2nd year resident in Internal Medicine. He graduated in 4 years from medical school, with average to low board scores. His MSPE letters were average. None of his letters of recommendation described him in glowing terms, or even seemed like the writer got to know him.
His attending notices Sebastian is always scooting in at the last minute for rounds. He speaks to Sebastian about getting to the hospital earlier, but it only improves for a few days.
Reliability

Sebastian has a dental appointment, and leaves the hospital without telling the senior resident, only telling his medical students “I have my pager with me.”

1. Does this put your program at legal liability?
2. How would you address this with him and the students?
In his first year, Sebastian’s senior resident noted that his charts weren’t completed until 4 or 5 in the afternoon, and frequently did not include examination details, parts of the plan, or all the test results.

1. What should the senior resident do?
2. What intervention should happen?
He’s Not Improving

His residency director talks with the clerkship director. He finds out that this pattern of behavior is worsening now that Sebastian is a resident. His lateness and work ethic has been addressed previously. His clinical knowledge is fine, but his behavior is lacking.

As his residency director, when would you have liked to know this?
Outcome

Could this resident have redeemed himself?

Based on his track record, is that likely?

What are his chances of having problems in the future?
Fischer Form For Professionalism

**Professionalism Report Form**

**Directions:** Please complete all fields. Report will be submitted to the designated faculty Dean and will be visible to the student, the course/clerkship director or faculty Dean completing the report. Suggested individuals that can view the form: Student, relevant course/clerkship director, relevant Dean, Student advisor/mentor.

**Student Name:**

**Class/Activity/Clerkship:**

**Date:**

**Name & Title of Individual Completing Form:**

Which of the following unprofessional behaviors has the student exhibited? Check all that apply.

**Professional Ethic**

- Exhibits dishonest behavior
- Uses illicit substances OR alcohol, non-prescription or prescription drugs in a manner that compromised ability to contribute to patient care
- Misrepresents self, others, or member of the team to others
- Breaches patient confidentiality
- Acts in disregard for patient welfare (e.g. willfully reports incomplete or inaccurate patient information)
- Misuses cadavers or other scientific specimens

**Reliability & Responsibility**

- Consistently arrives late to scheduled events
- Does not respond to communications (emails, pages, phone calls, etc.) in a timely or professional manner
- Fails to complete required tasks or requires constant reminders from staff/faculty
- Has inappropriate demeanor (raises voice, disrespectful, rude, condescending, etc.) or appearance (dirty white coat, wrinkled or inappropriate clothes, un-bathed, etc.) in the classroom or in the healthcare setting
- Does not accept constructive feedback OR does not incorporate feedback to modify behavior

**Professional Relationships**

- Fails to accept responsibility for own errors
- Acts disrespectfully towards others
- Engages in disruptive behavior in class or with healthcare team
- Treats standardized patients disrespectfully
- Does not maintain appropriate boundaries in work and learning situations

**Description of incident that prompted completion of this form:**
RESOURCES


Guerrasio, J. (2013). Remediation of the struggling medical learner. Association for Hospital Medical Education.