

Remediation of Professionalism and Interpersonal Communication Skills at the Brooks

School of Medicine

A Case Study

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The Brooks School of Medicine is a fictitious medical school located in a rural area of the southeastern United States. Brooks' mission is to create a primary care physician workforce for rural and underserved populations. Each a class of 210 medical students are enrolled and first and second year students learn biomedical sciences on the scenic rural campus. Brooks does not have a large teaching hospital on its campus. Third and fourth year rotations occur at several community-based hospitals and clinics (core sites) spread out across the region and nation. This distributive model for the third and fourth year curriculum is becoming more common in medical education and has been used for many years by osteopathic medical schools. Brooks has an adequate core site positions for its 3rd and 4th year classes, but does not have any excess capacity. This distributive model occasionally poses challenges, since the leadership and faculty of the medical school rely on clinical adjunct faculty preceptors, and are not on-site observing the medical student rotators.

The eight members of the Student Progress Committee (SPC) at the Brooks School of Medicine take great pride in their ability to remediate struggling learners. The purpose of the SPC is to recommend to the Dean of the Medical School actions regarding student promotion and discipline. The committee is comprised of four biomedical scientists (three PhDs and one PharmD), and four clinical faculty members (two MDs and two DOs). The Dean of Students, and the Director of Academic Support are present as ex-officio members. Students come to the

SPC for failing one or more courses, failing a medical licensing examination, performing poorly in a clinical rotation, exhibiting academic dishonesty, or other unethical or inappropriate behavior.

In 2002, the Accreditation Council for Graduate Medical Education (ACGME) developed six core competencies which residency training programs use to evaluate resident trainees (“ACGME Core Competencies – ECHO Resources,” n.d.):

- Practice-Based Learning and Improvement. (PBL)
- Patient Care and Procedural Skills. (PC)
- Systems-Based Practice. (SBP)
- Medical Knowledge. (MK)
- Interpersonal and Communication Skills. (IPC)
- Professionalism. (Pro)

Medical school leadership throughout the nation tailored and mapped curricula to the ACGME Core Competencies (Association of American Medical Colleges, 2008, p. 9, Table 3). The SPC members at Brooks Medical School use these core competences to frame their interactions with students.

Recently, Dr. Wells, a pediatrician on the SPC, expressed a concern at the end of the meeting. He observed the SPC members do a much better job developing remediation plans for students placed on academic probation than they do for students placed on professionalism probation. Dr. Wells noted students on academic probation are required to meet with the Director of Academic Support to determine knowledge gaps and study strategies. The students are also required to regularly meet with class professors and their academic advisor, follow a regimented remediation plan, take practice exams, and frequent periodic assessments. An

improved grade measures the success of the plan. Dr. Wells lamented that in contrast, students placed on professional probation are generally given no remediation plan, other than to meet with their advisor, and after the prescribed period of time, there is no measurable outcome metric to assess improvements.

Dr. Sneeder, a microbiologist concurred and noted many of the students placed on professionalism probation are repeat offenders, presenting before SPC as first-year students for inappropriate behavior, and again as third- or fourth-year students for being late to rotations, or speaking unprofessionally to clinical staff in a patient care setting.

Dr. Cells, a histologist, blurted out “well you can’t fix stupid; professionalism and interpersonal communication skills are fixed character issues that cannot be changed. We’re wasting our time talking about this.” Several other members nodded in agreement. The SPC Chair, Dr. Ketcher, an OB-GYN, disagreed, explaining he had recently reviewed an article by Regan, which may provide some additional guidance (Regan et al., 2016). Dr. Yellman, an Anatomist, generally agreed with Dr. Cells, “beyond giving the kids a good scare we can do little to adjust their level of professionalism, at this point.” Dr. Ketcher, adjourned the meeting by saying, “it appears the jury is deadlocked on this issue. Let’s all review the Regan article and meet again to further consider our approach to professionalism and communication.”

The follow up meeting began with a quick overview of the Regan article by Dr. Ketcher. He indicated the gray boxes on pages 19 and 20 could serve as a structure for remediation plans. Dr. Cells folded her arms and said “this will create a lot of work for busy faculty members, we’ll probably lose some volunteer adjunct clinical faculty, and will do little to fix something that cannot be fixed. We ought to consider a simple three strikes policy.” Dr. Meeker, who rarely speaks during the meeting raised her hand and quietly said “Patient safety should be our concern.

We owe it to our students and the patients whom they care for to assess whether a student can practice safely. Perhaps for some individuals, Dr. Cells is correct, for others, there may be underlying medical or psychological problems that can be addressed effectively.” Dr. Wells agreed and told the story of how he was mentored by a physician when he was a third-year student regarding the importance of being on time, being prepared, and being a role model to the care team. At that point, Dr. Cells, said “well we can sing camp-fire songs, if you wish, but you all know deep down inside, these kids that keep coming through here will be the same ones going in front of the licensure boards for being disruptive physicians or professional boundary violators, no matter what we do.”

Dr. Ketcher sighed deeply, and said, “we have to figure this out, have you seen our agenda for this afternoon?”

12:30 PM Student Dr. Khool (4th year)

Eight months of the fourth year are reserved for elective rotations. Students use these rotations to self-schedule *audition rotations* to ascertain which specialty and residency programs they will try to match into for their postdoctoral training. Dr. Connie N. Chows, a preceptor (clinical adjunct faculty member) called the Dean of Clinical Sciences during the third week of January because she did not recall Student Dr. Khool training with her in December, and would be unable to complete the end-of-rotation evaluation. Student Dr. Khool admitted he did not schedule the December rotation, because he was cramming for Step 2 of the US Medical Licensure Examination. When asked about Dr. Chows, he further acknowledged that he had intended to schedule a rotation with her, and confirmed it was on his fourth year plan document, but did not follow through.

1:00 PM Student Dr. Phan (3rd year)

Student Dr. Phan was on an inpatient internal medicine rotation at Blue Springs Hospital. Student Dr. Phan was sitting at the nurses' station while waiting for his preceptor, Dr. Biggs to arrive and round on patients. Mr. Phan began discussing the national championship game with Ms. Sweet, the ward clerk, and became animated and loud. Upon Dr. Biggs' arrival to the patient ward, he observed the ward clerk was very upset. Student Dr. Phan immediately opened his folder of journal articles which Dr. Biggs assigned him the night before. Dr. Biggs asked Ms. Sweet to step away from the nurses' station for a minute, and inquired if everything was OK. Ms Sweet replied, "You should ask your medical student." Dr. Biggs indicated that he would. After rounding on patients together, when asked about Ms. Sweet, Student Dr. Phan indicated that he was not aware of a possible reason for her to be upset. The next afternoon, Dr. Biggs found three "I Spotted" notes in his in-box. Two nurses and one patient family member each submitted a note on the noisy disruption. One of the notes quoted Student Dr. Phan as a saying "Well, all Alabama fans should just f***ing die."

1:30 PM Student Dr. Drahms, (3rd Year)

The coordinator of Student Dr. Drahms third year core site (clinical training site) called the Dean of Clinical Sciences to report that Student Dr. Drahms, who had been an above average student during the first six months of training, had recently been late several times, and arrived for clinic in a disheveled appearance. She also had fallen asleep during a medical staff meeting. When asked by the coordinator if all was ok, Student Dr. Drahms burst into tears and said "she was fine and would pull herself together."

2:00 PM Student Dr. R. Thomas (1st Year)

2:20 PM Student Dr. Cornelius (1st Year)

Video footage from the anatomy lab reveals that Student Dr. Thomas and Student Dr. Cornelius passed a note during a first-year anatomy exam. Dr. Yellman, the Course Director, called Student Dr. Thomas into his office, once the video technician emailed him the footage. Student Dr. Thomas indicated that the note was just an invite from Cornelius to do lunch after the exam. Dr. Yellman asked to see the note, but Student Dr. Thomas indicated that he did not keep it. While Student Dr. Thomas was still in his office, Dr. Yellman called Student Dr. Cornelius, who indicated that the note contained a sketch of the Hepatic-H, describing the inferior markings of the liver.

Questions to ponder:

1. Do you agree with Dr. Cells, that professionalism and interpersonal communication skills are fixed character issues, and cannot be remediated?
2. Should Dr. Cells remain on the SPC? Why or why not?
3. What additional steps, policies, or systems modifications, should Dr. Ketcher and the SPC take to more consistently adjudicate professionalism and interpersonal communication issues?
4. How might mishandling 3rd and 4th year student professionalism issues jeopardize Brooks School of Medicine's mission?
5. In light of Regan, et al., please consider one or more of the students on this afternoon's agenda.
 - a. What questions would you ask the student during the meeting?
 - b. As an SPC member, would you recommend to the Dean (1) no action, (2) additional evaluations (3) dismissal, or (4) professionalism probation?
 - c. Assuming the Dean approved a resolution placing the student on professionalism probation, please craft a remediation plan drawing from Regan's article.

References

- ACGME Core Competencies – ECHO Resources. (n.d.). Retrieved November 11, 2016, from <http://www.ecfmg.org/echo/acgme-core-competencies.html>
- Association of American Medical Colleges. (2008). *Recommendations for Preclerkship Clinical Skills Education for Undergraduate Medical Education* (p. 39). Retrieved from https://www.aamc.org/download/130608/data/clinicalskills_oct09.qxd.pdf
- Regan, L., Hexom, B., Nazario, S., Chinai, S. A., Visconti, A., & Sullivan, C. (2016). Remediation Methods for Milestones Related to Interpersonal and Communication Skills and Professionalism. *Journal of Graduate Medical Education*, 8(1), 18–23. <https://doi.org/10.4300/JGME-D-15-00060.1>