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Everyday Mishaps and Lapses in Ethics, Professionalism, and Self-Care: A Faculty Development Workshop

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Professionalism, personal responsibility, and patient safety are inseparable [1]. As the physical and emotional health of clinicians becomes compromised from work-related pressures, they are at higher risk for lapses in the provision of high-quality care. Such lapses can negatively impact patients, families, and the reputation of the profession. Mandated reduced work hours have heightened debate related to the balance between altruism and self-care.

We all experience everyday challenges related to ethics, professionalism, and self-care. It is easy to remember the basics, but even easier to fall into patterns of small violations or lapses. Sometimes we do not realize that our actions are possibly unethical or unprofessional. Sometimes smart, ethical, and highly professional people see things differently from each other. We are rewarded for high productivity, sometimes at the expense of our reflective and organizational abilities. Finally, historical and generational forces influence views on professionalism.

Training programs have been charged with heightening awareness of ethics and professionalism, with recognition of the need to address the implicit curriculum in order to make genuine inroads [2]. To address this Accreditation Council for Graduate Medical Education (ACGME) requirement in a meaningful way, we developed an interactive workshop designed to address these important issues. Given consistently positive feedback, we have repeated this workshop annually for the past 6 years. Workshop attendance has been high, and group discussions have become more open and accepting each year. Initially required by our division chief, mandated atten-

dance is no longer necessary. Based on informal feedback and our own perceptions of the usefulness of this workshop, this paper describes our workshop in order to encourage others to consider a similar approach. While this format can be used in any specialty, we have used it with our multidisciplinary supervising faculty and staff, child psychiatry fellows, and child psychology trainees.

Pre-workshop Preparation

We hold the workshop each December. This scheduling provides sufficient time for trainees to observe and get to know our faculty and staff but is also early enough in the year that it offers us the opportunity to respond to those observations and feedback within the training year.

A key feature of our workshop is to ensure that all discussions are relevant to a current behavior. Two months prior to the workshop, we e-mail a request for examples of self-care challenges or possible lapses in ethics or professionalism directly observed within our division during the past 4 months. Faculty, staff, and trainee respondents are informed of the purpose of the solicitation and are requested not to provide identifying details. Submissions are allowed to be made anonymously, although no one has yet utilized this option.

The workshop leaders include two psychologists (one male and one female) and two psychiatrists (one male and one female). Our division chief and training directors do not serve as workshop leaders. Workshop leaders select examples from the submissions that represent the most common themes. These examples are developed into scenarios that are slightly altered to preserve confidentiality. Several potential responses are also created. Each

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response reflects a possible opinion or belief about the scenario and is designed to facilitate discussion. These examples and response options are presented in slides within an audience response system (ARS).

Audience Response System

ARS allows a group of people to vote on a topic or answer a question. Research demonstrates that attending faculty and residents favorably view ARS technology to enhance education [3]. Commonly cited benefits are increased participation and engagement in the educational material [4]. In our setting, the novelty of the technology adds to participant's interest. Feeling free to anonymously weigh in on a topic appears to increase the chances of participants expressing their true opinions and beliefs and to decrease the risks of expressing a potentially divergent response. Results instantly appear with a bar graph projected on the screen. This serves as the starting point for discussion.
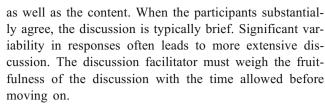
Example Scenarios

Examples submitted for the workshop have varied widely but have directly addressed topics of concern to ACGME, including patient safety, intra- and inter-professional communication, boundary issues, privacy and confidentiality, and balancing work with self-care. This observation supports the utility of this process for identifying salient issues. We have found it useful to order the scenarios, so that situations where consensus is likely are presented earlier to increase participant's comfort levels.

Workshop Structure

We limit access to this workshop to our supervising faculty and staff, child psychiatry fellows, and child psychology trainees to increase participant's comfort, trust, and openness. Workshop goals are presented to establish a framework and to guide expectations. Next, we review the methods employed to gather examples and provide an explanation about how to utilize the ARS technology with a "test" question to break the ice.

Most of the 60-min workshop is dedicated to the discussion of the scenarios. First, the scenario is shown with the associated four to five potential responses. Participants are asked to vote on the response that most closely resembles their own opinion or belief. Once the votes are displayed, one of the leaders briefly summarizes the results, noting both the variability of responses

as well as the content. When the participants substantially agree, the discussion is typically brief. Significant variability in responses often leads to more extensive discussion. The discussion facilitator must weigh the fruitfulness of the discussion with the time allowed before moving on.

After approximately 40 min with the entire group (typically 40–60 individuals), we change the format in order to maintain a high level of attentiveness and engagement. We ask the participants to break into small groups of four to six individuals for discussions of a pre-selected topic. The four leaders circulate throughout the room to prompt the small group discussions as needed and gauge when enough time has passed. Typically, after about 10 min, the groups select a spokesperson to report in to the larger group about their discussion and ideas for improvement. Discussions related to work/home balance, self-care, and communication issues fit naturally into this segment of the workshop.

In order to elevate the discussion beyond the specifics of the submitted scenarios in a manner that highlights national trends and larger forces, it can be helpful to introduce a conceptual framework. During our most recent workshop, we introduced Hafferty's seven types of professionalism to help frame tensions between faculty and trainees related to workload issues [5]. Using ARS, we then asked the attendees to choose which type of professionalism they viewed as their ideal and we posed aspirational questions. The use of such a framework, as well as the provision of a historical explanation of the major forces that impact views on professionalism, appears to improve the faculty's understanding of the roots of trainee's concerns. Finally, we ask the participants to decide on one thing they will think or do differently in the future. Sometimes we create suggestions for them to choose from; however, we do not ask participants to publically reveal their individual decisions.

Lessons Learned

Our workshop has evolved from year to year. In the first year, we did not use the ARS technology. The workshop was a new activity, our faculty and trainees were unsure how the information would be used, and the discussion appeared to be somewhat defensive. With time and use of the ARS technology, the openness of participants has increased, as evidenced by riskier examples being submitted and a broader range of response options endorsed. We have also become aware of an increased comfort in speaking during the workshop among our trainees and in willingness to disagree among the supervising faculty. Other

lessons we have learned have led to the following suggestions:

1. Supervisors may wish to receive specific feedback related to their clinical service. While it is tempting to provide such details in order to more directly target problematic behavior, it is vital not to divulge the sources of examples or example details to anyone. This is the only way to ensure ongoing trust and openness.

2. As our workshop has gained popularity, there has been an increased pressure to invite more participants. We suggest clear inclusion criteria in order to explain the rationale and to decrease the possibility of offending someone who wishes to attend.

3. One leader should track time and one should carefully watch group process for ways to improve future workshops (e.g., Are trainees speaking? Who is dominating the discussion? What topics are provoking emotion or confusion?).

4. One or more leaders are needed to actively manage the group process, including

   a. Encouraging participation by asking questions or making provocative statements;
   b. Occasionally summarizing or helping participants understand different points of view;
   c. Creating a safe environment by managing problematic participant behavior, such as monopolizing time or dominating less assertive participants; and
   d. Integrating and fostering solutions that incorporate diverse points of view.

5. Because this workshop is highly interactive, it is important to be flexible in the agenda depending on group process. Five examples and one small group discussion topic is the absolute maximum we find to be feasible for a 1-h workshop. Most participants prefer 90 min, which we plan to adopt next year.

6. Empowering trainees by including them in the workshop development or including them as representatives of the ethics committee promotes trainee participation in the discussion.

Implications for Educators

- An interactive workshop using an ARS technology provides a safe venue for trainees and faculty to discuss sensitive issues and allows for consensus-based quality improvement of training programs.
- Such workshops spur increased understanding as well as ongoing related conversations among attendees for weeks after the workshop is over.
- These workshops provide a viable framework to utilize in future leadership roles which will include efforts to enhance patient care by improving clinician communication on the topics of ethics, professionalism, and self-care.

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