Ziring D, Danoff D, Grosseman S, et al. How Do Medical Schools Identify and Remediate Professionalism Lapses in Medical Students? A Study of U.S. and Canadian Medical Schools. Academic Medicine. 2015; 90 (7).

PURPOSE:
Teaching and assessing professionalism is an essential element of medical education, mandated by accrediting bodies. Responding to a call for comprehensive research on remediation of student professionalism lapses, the authors explored current medical school policies and practices.

METHOD:
In 2012-2013, key administrators at U.S. and Canadian medical schools accredited by the Liaison Committee on Medical Education were interviewed via telephone or e-mail. The structured interview questionnaire contained open-ended and closed questions about practices for monitoring student professionalism, strategies for remediating lapses, and strengths and limitations of current systems. The authors employed a mixed-methods approach, using descriptive statistics and qualitative analysis based on grounded theory.

RESULTS:
Ninety-three (60.8%) of 153 eligible schools participated. Most (74/93; 79.6%) had specific policies and processes regarding professionalism lapses. Student affairs deans and course/clerkship directors were typically responsible for remediation oversight. Approaches for identifying lapses included incident-based reporting and routine student evaluations. The most common remediation strategies reported by schools that had remediated lapses were mandated mental health evaluation (74/90; 82.2%), remediation assignments (66/90; 73.3%), and professionalism mentoring (66/90; 73.3%). System strengths included catching minor offenses early, emphasizing professionalism schoolwide, focusing on helping rather than punishing students, and assuring transparency and good communication. System weaknesses included reluctance to report (by students and faculty), lack of faculty training, unclear policies, and ineffective remediation. In addition, considerable variability in feedforward processes existed between schools.

CONCLUSIONS:
The identified strengths can be used in developing best practices until studies of the strategies' effectiveness are conducted.

http://alphaomegaalpha.org/medprof2015_chapt3.html
Chapter 3. Current Practices in Remediating Medical Students with Professionalism Lapses
Deborah Ziring, MD, Suely Grosseman, MD, PhD, and Dennis Novack, MD

This chapter includes content that was first published online at www.academicmedicine.org and will appear in the July 2015 print issue of Academic Medicine: Ziring D, Danoff D, Grosseman S, et al. How Do Medical Schools Identify and Remediate Professionalism Lapses in Medical Students? A Study of U.S. and Canadian Medical Schools. Academic Medicine. 2015; 90 (7). doi: 10.1097/ACM.0000000000000737. Used with permission of the Association of American Medical Colleges.

Feed-forward practices

Forty-nine schools (52.7%) reported that they did forward feed information about professionalism lapses, while thirty-nine (41.9%) did not. Five schools (5.4%) indicated that decisions regarding forward notification depended on the stage of training and type of lapse. For example, they did not forward feed information on lapses of responsibility such as tardiness or dress code infractions, particularly during the preclinical years, but did share this information if patient safety was involved.

Feeding forward of information about students who had lapsed usually occurred via course/clerkship directors and did not go to the faculty member directly supervising the student. Feed-forward practices showed no statistically significant differences between schools in different geographic regions ($x^2=5.83$, $p=0.44$) and among different class sizes ($x^2=7.19$, $p=0.52$).

Qualitative analysis of responses related to forward feeding policies revealed more complexities in the decision to forward feed, practices used to forward feed, and some of the considerations in employing or not employing a forward feeding policy. First, it was clear that more schools forward feed information about lapses than the quantitative data suggest. This may be related to how respondents understood the question. Respondents who reported that their schools did not generally forward feed information stipulated instances in which they would (e.g., if patient safety was a concern). In those instances they typically did so only to individuals who did not directly supervise a student to avoid any grading bias. For example, one respondent who reported they did not forward feed qualified it by saying,

> "There's no blanket rule. It depends on the nature of the incident and the level of confidentiality, which wins out in that particular situation."

One of the most common themes related to forward feeding was doing so in order to help students rather than punish them.

> "[Previously problematic] behavior is tracked between clerkships. That information is passed onto the next clerkship. 'John Doe struggled with such and such, place him with a strong mentor.' In a supportive, not [punitive] way. It's more of, how can we put him with a good role model who will give him feedback early and continue the [supportive] environment?"

Often forward feeding did not follow a written protocol but was conducted through discussion in monthly course/clerkship director meetings. This tied into the idea of helping students and making sure they were supported as they moved forward; some schools did not consider this a formal feed-forward policy, however.

> "We do have a meeting every month with the Clerkship Chairs and Course Chairs from the pre-clinical years. We do share the physicianship information and often will pick . . . the site where that student is going to be for a clerkship based on the level of supervision we know is present at that site."

Creating biases because of forward feeding was a common concern. For some schools this led to a policy against forward feeding.

> "This is a delicate problem if somebody has professionalism difficulties. We think it's probably not a good idea [to feed forward]. Somebody having academic difficulties, that information gets passed forward. But somebody having professionalism problems, we try to have a clean slate going on to another clerkship, as an example."

Overall, almost all schools did discuss some instances in which they would forward feed information about professionalism lapses, even if their general policies were not to do so.