

# Professionalism Coaching



JOHNS HOPKINS  
M E D I C I N E

## Could Academy Members Serve as Coaches?

Roy Ziegelstein, MD, MACP  
Vice Dean for Education

Janice Clements, PhD  
Vice Dean for Faculty

February 13, 2020

# Professionalism Coaching

- What is the problem?
  - Mistreatment
  - Behaviors inappropriate in the Teacher/Learner Relationship
  - Conflict under the Personal Relationships Policy
- Examples of problems
- Can professionalism coaching help?

# Professionalism Coaching

- What is the problem?
  - Mistreatment
  - Behaviors inappropriate in the Teacher/Learner Relationship
  - Conflict under the Personal Relationships Policy
- Examples of problems
- Can professionalism coaching help?

# Mistreatment (AAMC Definition)

- Publicly embarrassed
- Publicly humiliated
- Threatened with physical harm or been physically harmed
- Been required to perform personal services
- Been subjected to unwanted sexual advances
- Been asked to exchange sexual favors for grades or other rewards

# Mistreatment (AAMC Definition)



- Been subjected to sexist or to racially or ethnically offensive remarks/names, or to offensive remarks/names related to sexual orientation
- Received lower evaluations or grades solely because of gender, or because of race or ethnicity, or because of sexual orientation rather than performance
- Been denied opportunities for training or rewards based on gender, based on race or ethnicity, or based on sexual orientation
- Been subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity, or sexual orientation

# Medical Student Mistreatment: AAMC GQ

	Johns Hopkins					All
	2013	2014	2015	2016	2019	2019
<p>Percent of respondents who indicated they personally experienced any of the listed behaviors, excluding "publicly embarrassed." The data are derived from the responses to the survey question reported in Q39 above.</p>						
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes		51.7	46.0	50.0	60.7	40.4
No		48.3	54.0	50.0	39.3	59.6
Number of respondents		58	87	84	107	15,638

Note: GQ = Graduation Questionnaire, administered to all graduating medical students in the country

# Publicly Humiliated at Least Once: 38% vs. 23%

Percentage of Respondents Selecting Each Rating

		Never	Once	Occasionally	Frequently	Count
Been publicly humiliated?						
All Medical Schools	2019	77.3	13.1	8.8	0.8	15,623
Johns Hopkins	2019	61.7	16.8	18.7	2.8	107
Johns Hopkins	2016	67.9	15.5	15.5	1.2	84
Johns Hopkins	2015	77.9	14.0	5.8	2.3	86
Johns Hopkins	2014	70.7	15.5	12.1	1.7	58
Johns Hopkins	2013	64.1	18.5	15.2	2.2	92

# Being Publicly Humiliated

## GQ Report Item #41: Personal Experiences with Negative Behaviors

The table below shows the 2019 GQ response distribution across 142 medical schools for behaviors personally experienced by students. **The data reflect the percentage of GQ respondents at a school who indicated they had “Never” personally experienced the given behavior** directed at them during medical school, in contrast to those who indicated they had experienced the behavior “Once,” “Occasionally,” or “Frequently.”

	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Johns Hopkins
Publicly humiliated	69.8	73.3	77.5	82.1	87.3	61.7

*Percentiles are based on the ordered data from 142 schools. The 10th percentile = the data from school number 15 of 142; 25th percentile = school 36; 50th percentile = average of schools 71 and 72; 75th percentile = school 107; and 90th percentile = school 128.*



# Gender Bias and Sexual Harassment

Subjected to unwanted sexual advances	90.9	93.3	95.6	97.2	98.5	90.7
Asked to exchange sexual favors for grades or other rewards	98.9	99.5	100.0	100.0	100.0	98.1
Denied opportunities for training or rewards based on gender	89.7	91.5	93.8	96.1	97.5	89.7
Subjected to offensive sexist remarks/names	76.5	80.6	84.5	88.0	91.8	73.6
Received lower evaluations or grades solely because of gender rather than performance	87.7	90.9	93.4	95.8	97.8	87.7

*Percentiles are based on the ordered data from 142 schools. The 10th percentile = the data from school number 15 of 142; 25th percentile = school 36; 50th percentile = average of schools 71 and 72; 75th percentile = school 107; and 90th percentile = school 128.*

# Reporting Mistreatment

<http://mistreatment-reporting.med.jhmi.edu/>





# Office of Institutional Equity (OIE)



OIE Serves the Entire University –  
Students, Faculty and Staff

OIE Assesses and Investigates  
Discrimination and Harassment  
Complaints

OIE Assesses and Investigates Sexual  
Misconduct Complaints

OIE Serves as a Central Resource for  
Disability Services

OIE Provides Harassment Prevention,  
Discrimination, Title IX and Disability  
Services Training

# Office of Institutional Equity (OIE)



How can

– On t

<http://oie.jhu.edu>

<http://s>

– Ema

– Pho

– In P

Driv

*To students, faculty and staff members*

Dear Colleagues,

We have heard the East Baltimore campus community's desire to have a regular Office of Institutional Equity (OIE) presence on our campus. Therefore, beginning Oct. 1, OIE will hold office hours every other Tuesday each month — on the East Baltimore Campus — for the benefit of all Johns Hopkins University School of Medicine, School of Nursing and Bloomberg School of Public Health students, faculty and staff members. We hope that OIE's new regular East Baltimore campus presence will increase OIE awareness and access for the East Baltimore community.

We are confident that OIE's new East Baltimore office hours will additionally further OIE's universitywide efforts to foster an environment that is inclusive, respectful and free from sexual misconduct, discrimination and harassment (and related retaliation), ensure compliance with affirmative action and equal opportunity laws, investigate sexual misconduct, discrimination and harassment complaints, and serve as a central resource for those seeking disability or religious accommodation. For more information about OIE and relevant policies, please visit [oie.jhu.edu](http://oie.jhu.edu).

**Information About OIE [East Baltimore Office Hours](#)**

**Location:**  
Reed Hall, Suite 403  
1620 McElderry Street  
Baltimore, MD 21205

[Click here for a campus map.](#)

# Professionalism Coaching

- What is the problem?
  - Mistreatment
  - Behaviors inappropriate in the Teacher/Learner Relationship
  - Conflict under the Personal Relationships Policy
- **Examples of problems**
- Can professionalism coaching help?

# Medical Student Mistreatment

A faculty member was leading a teaching session with all the students on the core clerkship. During the session, the faculty would ask questions of each student. Toward the end of the session, a student responded incorrectly to one of the questions. The faculty member said, “I can’t believe you don’t get this after we’ve spent most of our time discussing just this point. There must be something wrong with you. I feel like I’m wasting my time.”



# What Should Have Happened

The student felt publicly humiliated. Comments like these have no place in the learning environment. It is certainly appropriate to correct a student who offers an incorrect answer; in fact, that's important to do so that everyone knows what is correct. It may also be appropriate to speak to the student individually and help the student understand the point being made, however that should be done respectfully, recognizing that the student may already feel badly about not understanding or answering correctly.

# Graduate Student Mistreatment

A technician and a postdoctoral fellow in the lab had a conversation in front of a graduate student who was born and raised in China in which they mocked the student's accent. The PI, who was nearby, said nothing. Later that day, the student went to the PI privately to complain. The student noted that this was not an isolated event and that it happened so often and was so offensive that it was interfering with the student's ability to work in the lab. The PI told the student, "It's better to just ignore them. That's just how they are. They really don't mean anything by that."

# What Should Have Happened

The student felt humiliated. Behavior like this has no place in the learning environment, even if meant in jest. The PI should not have dismissed the situation and should have reported this to the Office of Institutional Equity for assistance in investigating and resolving the matter. All forms of harassment and discrimination based on protected characteristics must be reported, including those based on sex, gender, marital status, pregnancy, race, color, ethnicity, national origin, age, disability, religion, sexual orientation, gender identity or expression, and veteran status.

# Professionalism Coaching

- What is the problem?
  - Mistreatment
  - Behaviors inappropriate in the Teacher/Learner Relationship
  - Conflict under the Personal Relationships Policy
- Examples of problems
- Can professionalism coaching help?

## Office for Faculty Development

### Executive Coaching Program

The School of Medicine Executive Coaching Program provides executive coaching services to faculty in the clinical and basic sciences. This initiative is led by Sharon Hull, MD, MPH (Family Medicine and Community Health). Dr. Hull has many years of active coaching experience and is an Professional Certified Coach credentialed through the [International Coaching Federation](#) (see bio below).

Starting in October of 2019, the program is pleased to announce the addition of a new internal coach, Jodi Hawes, MD (see bio below). Jodi is well-known to the Duke community and is a welcome member to the coaching team. She will be a wonderful resource to faculty who wish to pursue coaching.

Examples of available services include:

- Leadership skill development
- Career planning and strategies
- Emotional intelligence
- Work-life alignment
- Successful interpersonal and communication skills
- Institutional awareness-building
- Professional assessments, including 360 reviews, Myers-Briggs Type Indicator and other assessments

The standard coaching rate is \$250-\$300 per hour, depending on the experience and credentials of the coach. Custom packages can be developed, and assessments are priced individually. To learn more about the program, please contact program assistant Kyle Nunn at [kyle.nunn@duke.edu](mailto:kyle.nunn@duke.edu).

[Click here to see what faculty coaching clients say about the experience.](#)

[Click here for the Executive Coaching flyer](#)

[Our Programs](#)[Upcoming Events](#)[Professionalism](#)[Faculty Annual Reviews](#)[Executive Coaching Program](#)[▶ Testimonials](#)[Underrepresented Faculty Development](#)[Fund to Retain Clinical Scientists at Duke](#)[Faculty Awards](#)[Office News](#)[Resources](#)[Meet the Staff](#)

## Faculty

### Faculty

[Faculty Professional Development](#) ▾

[Medical Education Fellowship](#)

[Teaching and Advising Opportunities](#)

[Evaluation & Assessment](#)

[Faculty Executive Committee](#)

[Medical Education Committee](#)

[Faculty Handbook](#)

[Faculty Profiles](#)

[Faculty Spotlights](#)

[Faculty & Staff Website Change](#)

[Request](#)

[Faculty Opportunities & Resources](#) >

[Teaching Materials](#) >

[Home](#) > [Faculty](#) > [Faculty Professional Development](#)

## Faculty Professional Development

Share this



### DGSOM Faculty Professional Development: Building the Capacity of Medical Educators

A unit of the Dean's Office, Faculty Professional Development supports DGSOM faculty in their teaching role by providing services which enhance their professional growth and their impact as educators.

#### Coaching

We offer confidential coaching sessions on topics relevant to teaching faculty, including, but not limited to:

- Faculty needs analysis related to professional learning,
- Expert feedback on session/lesson/course design as well as instructional materials design,
- Informal teaching observations followed by research-based feedback on accolades as well as areas for growth,
- Customized coaching on teaching techniques & strategies, and

The Joint Commission

# *Journal on Quality and Patient Safety*<sup>®</sup>

Improvement from  
Front Office to Front Line

**April 2014**  
**Volume 40 Number 4**

## Safety Culture

# Instituting a Culture of Professionalism: The Establishment of a Center for Professionalism and Peer Support

*Jo Shapiro, MD, FACS; Anthony Whittlemore, MD, FACS; Lawrence C. Tsen, MD*

Leaders of medical institutions are responsible for creating environments in which physicians, scientists, and other health care professionals are able to sustain their deep capacity for high-quality, compassionate care. Creating such environments depends on supporting a culture of trust, which has been identified as the core of successful leadership.<sup>1-3</sup>

The mission statements of both academic and community-based medical centers and hospitals characteristically reflect high aspirations for excellence in patient care. Yet, despite significant resources directed toward improving the delivery of health care, the rate of preventable and iatrogenic patient in-

### Article-at-a-Glance

**Background:** There is growing recognition that an environment in which professionalism is not embraced, or where expectations of acceptable behaviors are not clear and enforced, can result in medical errors, adverse events, and unsafe work conditions.

**Methods:** The Center for Professionalism and Peer Support (CPPS) was created in 2008 at Brigham and Women's Hospital (BWH), Boston, to educate the hospital community regarding professionalism and manage unprofessional behav-



**Table 1. Primary Reported Professionalism Lapses  
by Physicians/Scientists, January 1, 2010–June 30, 2013  
(*N* = 201)**

<b>Complaint Category</b>	<b><i>N</i> (%)</b>
Demeaning	55 (27)
Angry	51 (25)
Uncollegial	16 (8)
Patient communication	16 (8)
Shirking responsibilities	11 (5)
Hypercritical	8 (4)
Clinical competence	8 (4)
Misconduct	7 (3)
Sexual innuendo	6 (3)
Other (for example, sexual harassment, substance abuse, boundary issues, leadership competence)	23 (11)

**Table 2. Department Affiliation of the Reported Individual or Team, January 1, 2010– June 30, 2013 (N = 209)\***

<b>Department</b>	<b>Total</b>	<b>Percentage of Total Concerns</b>
Surgery	51	24.4
Medicine	51	24.4
Anesthesiology	31	14.8
Radiology	11	5.3
Neurosurgery	10	4.8
Orthopedic Surgery	9	4.3
OB/GYN	6	2.9
Newborn Medicine	5	2.4
Radiation Oncology	5	2.4
Emergency Medicine	4	1.9
Psychiatry	3	1.4
Neurology	3	1.4
Dermatology	2	1.0
Pathology	2	1.0
Other (for example, dental, ophthalmology, nuclear medicine, rehabilitation medicine, departments from affiliated institutions)	16	7.7

\*Reports concerned 201 physicians/scientists and 8 health care teams. OB/GYN, obstetrics/gynecology.

**Table 3. Center for Professionalism and Peer Support Process for Handling Repetitive or Egregious Lapses\***

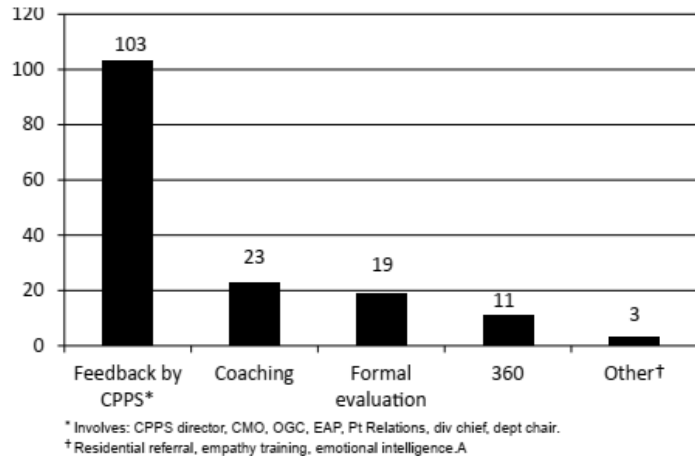
Steps	Features
Step 1: Receive Report of Concerning Behavior	Conduct confidential conversation with reporter regarding focus person (FP) to determine next steps. For example, if the concern is deemed an isolated incident, the FP has not had any other issues, and the reporter feels safe to do so, we provide coaching for the person bringing forward concerns on how to give the FP direct feedback regarding the incident. If the concerns are more complex, we proceed to Step 2.
Step 2: Assessing Concerns	To validate the concerns and assess their frequency and severity, multisource interviews are conducted to provide comprehensive insight into and corroboration of alleged behavior.
Step 3: Feedback Intervention	Share findings of investigation with department chair, division chief, or supervising physician initially without FP, then again with FP. A summary of specific behaviors, resources for facilitating behavioral changes, and warnings regarding retaliation is detailed. Follow-up processes are put into place.
Step 4: Intervention to address subsequent lapses	The institutional administration is involved, with legal counsel present and a plan of action developed. Selected institutional administrators meet with FP to detail expected behavioral changes and consequences, including termination.
Step 5: Communication with those reporting complaints	Communication with reporter to detail that an intervention has occurred is made, with encouragement for reporting of unchanged behavior or any form of retaliation; respect for the privacy of the FP is maintained.
* Adapted from Papadakis MA, et al. Perspective: The education community must develop best practices informed by evidence-based research to remediate lapses of professionalism. <i>Acad Med.</i> 2012;87(12):1694–1698 (reference 42, page 177).	

**3. Remediation and Monitoring.** Resources for supporting behavior change include professional behavioral coaching, conflict resolution programs, and mental health support for emotional stressors if such stressors are raised by the FP as a concern. At this stage, use of these resources is usually encouraged but not mandated. The intent is to help the FP alter the exhibited behavior rather than to attempt to diagnose the behavior. Although physicians almost reflexively try to explain unprofessional behavior as a consequence of mental or physical illness, that is not our role in these situations. Ultimately, it is the FP's choice whether to change the behavior. He or she is more likely to do so if this choice is internally motivated.<sup>30</sup> As part of the feedback intervention, hearing the FP's explanation for the be-

havior can be helpful in identifying overlap between the team's needs and the FP's goals. For example, if the discussion reveals that the FP (Dr. Jones) raises his voice and criticizes his team because he is trying to advocate for his patients, the feedback provider can honor that intent and point out that such behavior actually represents a risk to his patients. We recognize that unprofessional behaviors may be a habitual response to stressful or conflicted situations, or related to age, culture or ethnicity, gender, upbringing, or perceptions regarding organizational systems failures<sup>28</sup> or hierarchy.<sup>11</sup> We repeatedly highlight that what is important is not the intent but rather the impact of one's behavior.

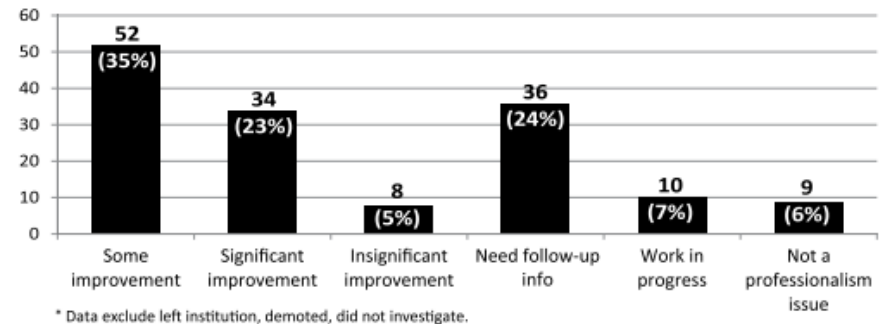
FP = the focus person, i.e., the individual cited as being unprofessional

## Professionalism Initiative Interventions for Reported Persons or Teams, January 1, 2010–June 30, 2013 (N = 159)



**Figure 2.** A number of different interventions were used, with some reported persons or teams receiving more than one intervention, depending on multiple factors such as the type, severity, and frequency of the behaviors. CPPS, Center for Professionalism and Peer Support; CMO, chief medical officer; OGC, Office of the General Counsel; EAP, Employee Assistance Program; Pt, Patient; div, division; dept, department; eval, evaluation.

## Behavioral Outcomes for Reported Persons or Teams, January 1, 2010–June 30, 2013 (N = 149)\*



**Figure 4.** To assess behavioral outcomes, as shown, the director and associate director reviewed each case and obtained as much follow-up information as possible.

## Team of Coaches

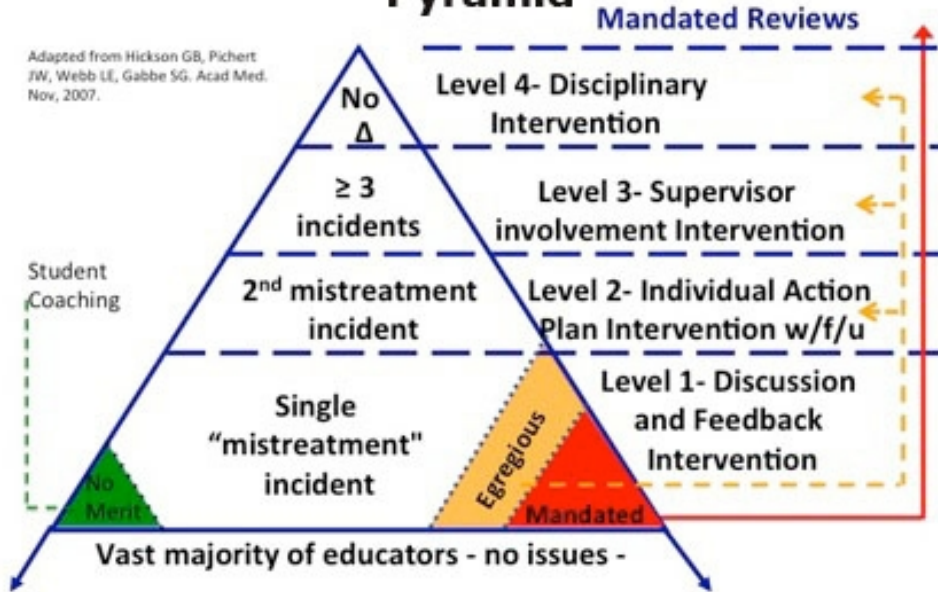


The Team of Coaches was trained to deliver mistreatment feedback. These coaches are respected nonsupervisory, senior faculty who are selected from different departments. The training for coaches focuses on methods of sharing anonymous, delayed, negative feedback based on perception, discouraging retaliatory and defensive thoughts, encouraging self-reflection and avoiding educator demoralization.



# Stanford Team of Coaches

## Mistreatment Response Pyramid



# Stanford Team of Coaches:

## *Who are they and what is the approach?*

- A group of faculty drawn from many departments
- Selected (by students, residents, chairs) for having attained well-respected, senior status
- Coaches do not investigate
- Approach is non-punitive and supportive
- Focus on what faculty member can gain from coaching and on faculty stress that may have led to problem



# Stanford Team of Coaches:

## *Who are they and what is the approach?*

- Cup of coffee approach
- Premise that mistreatment of learners often results from faculty personal and/or environmental stress
- “Are there times when you feel under stress or pressure?”
- Focus on environment and what contributes to their stress, as well as their response to stress
- Focus on supporting faculty member as valuable educator

# Stanford Team of Coaches:

## *Who are they and what is the approach?*

- Ask faculty member to reflect on their experience as a learner and get in that mindset
- Coaching style matched in real-time by reaction of faculty member
- If it happens a second time, more specific focus on setting, wellness, stress, support, sleep
- May be referral to anger management, counseling, SAP

# Stanford Team of Coaches:

## *What is their training?*

- Two training sessions, each for three hours
- Refresher training every 2 years
- Training done by Associate Dean for Medical Student Life Advising who is the Chair of the Respectful Environment and Mistreatment Committee
- No real literature to share with coaches; she starts with sharing national stats and focuses on approach and experiential training

# Stanford Team of Coaches:

## *What is the response of coaches?*

- Coaches like it and find it very rewarding
- They feel that they are helping faculty avoid punitive measures
- There is often just one or two interactions with the faculty member, so not a lot of time demand
- Almost no attrition over a number of years of experience

# Professionalism Coaching

- What is the problem?
  - Mistreatment
  - Behaviors inappropriate in the Teacher/Learner Relationship
  - Conflict under the Personal Relationships Policy
- Examples of problems
- Can professionalism coaching help?