

BRIEF REPORTS

Promoting Professionalism via a Video-Based Educational Workshop for Academic Hospitalists and Housestaff

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BACKGROUND: Unprofessional behavior can compromise care and detract from the hospital learning environment. Discrepancy between professional behaviors formally taught and what is witnessed has become increasingly evident.

METHODS: With funding from the American Board of Internal Medicine Foundation, a workshop was developed to address unprofessional behaviors related to inpatient care previously identified in a multi-institution survey. The aims were to utilize video-based education to illustrate unprofessional behaviors, how faculty play a role in promoting such behaviors, and facilitate reflection regarding motivation for and prevention of these behaviors. Hospitalists and housestaff at 3 Chicago-area academic hospitals and 1 community teaching affiliate participated. Videos were debriefed, identifying barriers to professional behavior and

improvement strategies. A postworkshop survey assessed beliefs on behaviors and intent to change practice.

RESULTS: Forty-four (53%) faculty and 244 (68%) residents (postgraduate year 1 and greater) participated. The workshop was well received, with 89% reporting it "useful and effective." Two-thirds expressed intent to change behavior. Most (86%) believed videos were realistic and effective. Those who perceived videos as "very realistic" were more likely to report intent to change behavior (93% vs 53%, $P = 0.01$).

CONCLUSIONS: Video-based education is a feasible way to promote reflection and address unprofessional behaviors among providers and may positively impact the learning environment. *Journal of Hospital Medicine* 2013;8:386–389. © 2013 Society of Hospital Medicine

Unprofessional behavior in the inpatient setting has the potential to impact care delivery and the quality of trainee's educational experience. These behaviors, from disparaging colleagues to "blocking" admissions, can negatively impact the learning environment. The learning environment or conditions created by the patient care team's actions play a critical role in the development of trainees.^{1,2} The rising presence of hospitalists in the inpatient setting raises the question of how their actions impact the learning environment. Professional behavior has been defined as a core competency for hospitalists by the Society of Hospital Medicine.³ Professional behavior of all team members, from faculty to trainee, can impact the learning environment and patient safety.^{4,5} However, few educational materials exist to train faculty and housestaff on recognizing and ameliorating unprofessional behaviors.

A prior assessment regarding hospitalists' lapses in professionalism identified scenarios that demonstrated increased participation by hospitalists at 3 institutions.⁶ Participants reported observation or participation in specific unprofessional behaviors and rated their perception of these behaviors. Additional work within those residency environments demonstrated that residents' perceptions of and participation in these behaviors increased throughout training, with environmental characteristics, specifically faculty behavior, influencing trainee professional development and acclimation of these behaviors.^{7,8}

Although overall participation in egregious behavior was low, resident participation in 3 categories of unprofessional behavior increased during internship. Those scenarios included disparaging the emergency room or primary care physician for missed findings or management decisions, "blocking" or not taking admissions appropriate for the service in question, and misrepresenting a test as urgent to expedite obtaining the test. We developed our intervention focused on these areas to address professionalism lapses that occur during internship. Our earlier work showed faculty role models influenced trainee behavior. For this reason, we provided education to both residents and hospitalists to maximize the impact of the intervention.

We present here a novel, interactive, video-based workshop curriculum for faculty and trainees that

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aims to illustrate unprofessional behaviors and outlines the role faculty may play in promoting such behaviors. In addition, we review the result of post-workshop evaluation on intent to change behavior and satisfaction.

METHODS

A grant from the American Board of Internal Medicine Foundation supported this project. The working group that resulted, the Chicago Professional Practice Project and Outcomes, included faculty representation from 3 Chicago-area hospitals: the University of Chicago, Northwestern University, and NorthShore University HealthSystem. Academic hospitalists at these sites were invited to participate. Each site also has an internal medicine residency program in which hospitalists were expected to attend the teaching service. Given this, resident trainees at all participating sites, and 1 community teaching affiliate program (Mercy Hospital and Medical Center) where academic hospitalists at the University of Chicago rotate, were recruited for participation. Faculty champions were identified for each site, and 1 internal and external faculty representative from the working group served to debrief and facilitate. Trainee workshops were administered by 1 internal and external collaborator, and for the community site, 2 external faculty members. Workshops were held during established educational conference times, and lunch was provided.

Scripts highlighting each of the behaviors identified in the prior survey were developed and peer reviewed for clarity and face validity across the 3 sites. Medical student and resident actors were trained utilizing the finalized scripts, and a performance artist affiliated with the Screen Actors Guild assisted in their preparation for filming. All videos were filmed at the University of Chicago Pritzker School of Medicine Clinical Performance Center. The final videos ranged in length from 4 to 7 minutes and included title, cast, and funding source. As an example, 1 video highlighted the unprofessional behavior of misrepresenting a test as urgent to prioritize one's patient in the queue. This video included a resident, intern, and attending on inpatient rounds during which the resident encouraged the intern to misrepresent the patient's status to expedite obtaining the study and facilitate the patient's discharge. The resident stressed that he would be in the clinic and had many patients to see, highlighting the impact of workload on unprofessional behavior, and aggressively persuaded the intern to "sell" her test to have it performed the same day. When this occurred, the attending applauded the intern for her "strong work."

A moderator guide and debriefing tools were developed to facilitate discussion. The duration of each of the workshops was approximately 60 minutes. After welcoming remarks, participants were provided tools to utilize during the viewing of each video. These

TABLE 1. Hospitalist and Resident Perception of Portrayed Behaviors

Behavior	Faculty Rated as Unprofessional or Somewhat Unprofessional (n = 44)	Housestaff Rated as Unprofessional or Somewhat Unprofessional (n = 244)
Disparaging the ED/PCP to colleagues for findings later discovered on the floor or patient care management decisions	95.6%	97.5%
Refusing an admission that could be considered appropriate for your service (eg, "blocking")	86.4%	95.1%
Celebrating a "blocked" admission	90.1%	93.0%
Ordering a routine test as "urgent" to get it expedited	77.2%	80.3%

NOTE: Abbreviations: ED/PCP, emergency department/primary care physician.

checklists noted the roles of those depicted in the video, asked to identify positive or negative behaviors displayed, and included questions regarding how behaviors could be detrimental and how the situation could have been prevented. After viewing the videos, participants divided into small groups to discuss the individual exhibiting the unprofessional behavior, their perceived motivation for said behavior, and its impact on the team culture and patient care. Following a small-group discussion, large-group debriefing was performed, addressing the barriers and facilitators to professional behavior. Two videos were shown at each workshop, and participants completed a post-workshop evaluation. Videos chosen for viewing were based upon preworkshop survey results that highlighted areas of concern at that specific site.

Postworkshop paper-based evaluations assessed participants' perception of displayed behaviors on a Likert-type scale (1 = unprofessional to 5 = professional) utilizing items validated in prior work,⁶⁻⁸ their level of agreement regarding the impact of video-based exercises, and intent to change behavior using a Likert-type scale (1 = strongly disagree to 5 = strongly agree). A constructed-response section for comments regarding their experience was included. Descriptive statistics and Wilcoxon rank sum analyses were performed.

RESULTS

Forty-four academic hospitalist faculty members (44/83; 53%) and 244 resident trainees (244/356; 68%) participated. When queried regarding their perception of the displayed behaviors in the videos, nearly 100% of faculty and trainees felt disparaging the emergency department or primary care physician for missed findings or clinical decisions was somewhat unprofessional or unprofessional. Ninety percent of hospitalists and 93% of trainees rated celebrating a

TABLE 2. Postworkshop Evaluation

Evaluation Item	Faculty Level of Agreement (Strongly Agree or Agree) (n = 44)	Housestaff Level of Agreement (Strongly Agree or Agree) (n = 244)
	The scenarios portrayed in the videos were realistic	86.4%
I will change my behavior as a result of this exercise	65.9%	67.2%
I feel that this was a useful and effective exercise	65.9%	77.1%

“blocked” admission as somewhat unprofessional or unprofessional (Table 1).

The scenarios portrayed were well received, with more than 85% of faculty and trainees agreeing that the behaviors displayed were realistic. Those who perceived videos as “very realistic” were more likely to report intent to change behavior (93% vs 53%, $P = 0.01$). Nearly two-thirds of faculty and 67% of housestaff expressed agreement that they intended to change behavior based upon the experience (Table 2).

Qualitative comments in the constructed-response portion of the evaluation noted the effectiveness of the interactive materials. In addition, the need for focused faculty development was identified by 1 respondent who stated: “If unprofessional behavior is the unwritten curriculum, there needs to be an explicit, written curriculum to address it.” Finally, the aim of facilitating self-reflection is echoed in this faculty respondent’s comment: “Always good to be reminded of our behaviors and the influence they have on others” and from this resident physician “It helps to re-evaluate how you talk to people.”

CONCLUSIONS

Faculty can be a large determinant of the learning environment and impact trainees’ professional development.⁹ Hospitalists should be encouraged to embrace faculty role-modeling of effective professional behaviors, especially given their increased presence in the inpatient learning environment. In addition, resident trainees and their behaviors contribute to the learning environment and influence the further professional development of more junior trainees.¹⁰ Targeting professionalism education toward previously identified and prevalent unprofessional behaviors in the inpatient care of patients may serve to affect the most change among providers who practice in this setting. Individualized assessment of the learning environment may aid in identifying common scenarios that may plague a specific learning culture, allowing for relevant and targeted discussion of factors that promote and perpetuate such behaviors.¹¹

Interactive, video-based modules provided an effective way to promote interactive reflection and robust discussion. This model of experiential learning is an effective form of professional development as it

engages the learner and stimulates ongoing incorporation of the topics addressed.^{12,13} Creating a shared concrete experience among targeted learners, using the video-based scenarios, stimulates reflective observation, and ultimately experimentation, or incorporation into practice.¹⁴

There are several limitations to our evaluation including that we focused solely on academic hospitalist programs, and our sample size for faculty and residents was small. Also, we only addressed a small, though representative, sample of unprofessional behaviors and have not yet linked intervention to actual behavior change. Finally, the script scenarios that we used in this study were not previously published as they were created specifically for this intervention. Validity evidence for these scenarios include that they were based upon the results of earlier work from our institutions and underwent thorough peer review for content and clarity. Further studies will be required to do this. However, we do believe that these are positive findings for utilizing this type of interactive curriculum for professionalism education to promote self-reflection and behavior change.

Video-based professionalism education is a feasible, interactive mechanism to encourage self-reflection and intent to change behavior among faculty and resident physicians. Future study is underway to conduct longitudinal assessments of the learning environments at the participating institutions to assess culture change, perceptions of behaviors, and sustainability of this type of intervention.

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