PROFESSIONALISM FOR LEARNERS:
USING THE SOAP APPROACH FOR LAPSES

HTTP://TINY.UCSF.EDU/LEARNSOAPPRO

- Andrea Marmor, MD, Professor of Pediatrics
- Vanessa Thompson, MD, Associate Professor, Medicine
CREATIVE COMMONS LICENSE

You are free:
• to Share — to copy, distribute and transmit the work
• to Remix — to adapt the work

Under the following conditions:
• Attribution. You must give the original authors credit (but not in any way that suggests that they endorse you or your use of the work).
• Noncommercial. You may not use this work for commercial purposes.
• Share Alike. If you alter, transform, or build upon this work, you may distribute the resulting work only under a license identical to this one.

See http://creativecommons.org/licenses/by-nc-sa/3.0/ for full license.
Open the Dashboard – you will come back to this throughout the workshop

Rename yourself – include preferred name and gender pronoun so I know how to refer to you

Keep video on (if possible)

Ways to participate:
- Chat
- Handraise
- Speak up

HTTP://TINY.UCSF.EDU/LEARNSOAPPRO
WORKSHOP OBJECTIVES

- Appreciate the role of social context and history in defining and promoting medical professionalism, and the pros and cons of teaching and assessing professionalism as a competency
- Compare and contrast various definitions of medical professionalism and domains of professional behavior
- Learn the SOAP approach for assisting struggling learners
- Practice the initial conversation with a learner in a (virtual) breakout session, using an online scenario
- Review additional steps and resources for supporting struggling learners
WHO ARE WE?

- Poll 1: Where do we work?
- Poll 2: What do we teach?
- Poll 3: Who do we teach?
Structural competency

- Trained ability to discern the impact of structural factors on health
- Skill can also be developed in educators

Cultural humility

- Lifelong commitment to learning about and building relationships with others, starting with examination of self

Metzl 2014; Tervalon & Murray-Garcia, 1998
THE SOAP APPROACH

- Application of a familiar clinical framework to an educational “chief complaint”

  - **S:** Subjective impressions/Locate self
  - **O:** Objective information/Other perspectives
  - **A:** Assessment with differential
  - **P:** Plan for action and reassessment
WHY DOES IT MATTER?

- Citations for unprofessional behavior correlated with:
  - Disciplinary action by licensing board
  - Medical errors
  - Poor patient satisfaction
  - Staff turnover
  - Decreased institutional reputation
  - Increased health care cost

- These outcomes may also be influenced by bias

Papadakis Ann Int Med 2008
Dayton J Qual & Patient Saf 2007
Gawande A Surgery 2003
White A et al. Obstet Gynecol 2005
Lingard Qual Saf Health Care 2004
LET’S TAKE A STEP BACK. CAN WE DEFINE PROFESSIONALISM?

- Get your assumptions and biases out there too…
Ethical practice principles

Commitment to autonomous improvement

Reliability

Effective interactions with patients

Effective interactions with colleagues

PROFESSIONALISM LAPSES, LIKE MEDICAL ERRORS

- Common and inevitable
- Severity and impact vary widely
- Transient deficiencies in knowledge, judgment, or skills – “lapses”
- Systems may set people up to fail
# Professionalism as a Competency: A Paradigm Shift

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Genesis</strong></td>
<td>Personal Capacity</td>
</tr>
<tr>
<td><strong>Educational Approach</strong></td>
<td>Skill Development</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>Assessment</td>
</tr>
<tr>
<td><strong>Lapse</strong></td>
<td>Deficiency</td>
</tr>
<tr>
<td><strong>Reaction</strong></td>
<td>Coaching &amp; Prevention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Genesis</strong></td>
<td>Personal Capacity</td>
</tr>
<tr>
<td><strong>Educational Approach</strong></td>
<td>Skill Development</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>Assessment</td>
</tr>
<tr>
<td><strong>Lapse</strong></td>
<td>Deficiency</td>
</tr>
<tr>
<td><strong>Reaction</strong></td>
<td>Coaching &amp; Prevention</td>
</tr>
</tbody>
</table>
Pyramid for Promoting Reliability and Professional Accountability

- Vast majority of professionals - no issues - provide feedback on progress
- Single "unprofessional" incidents (merit?)
- Apparent pattern
- Pattern persists
- No Δ

Adapted from Hickson, Pichert, Webb, & Gabbe. Acad Med. 2007. © 2013 Vanderbilt Center for Patient and Professional Advocacy
SOAP FIRST STEP: OUR **SUBJECTIVE** IMPRESSIONS

- YOUR sense that there is a problem
- Should drive *initiation* of the process
- Caution:
  - Do not start generating a differential YET
LOCATE YOURSELF...

- Personal reactions
- Emotional state
- Assumptions
- Past experiences
- Systemic or implicit Bias
PJ, a resident who has been working with you since last week, has shown up late to clinic for the last 5 days.

Each day he rushes in and says, “I’m so sorry,” and rapidly explains an issue with transportation. He then takes a while to settle in – getting things out of his backpack and pulling out a breakfast bar.

During the clinic team huddle, he is quiet, looks down and shuffles through some notecards. He spends a while with each patient, and while presenting to you, he has all the information but reads from notes and does not offer a plan until prompted.

You notice from reviewing his charting that he hasn’t been writing notes on every patient he sees.
CASE DISCUSSION

- Subjective reflections
  - What about this learner’s behavior strikes you as unprofessional?
  - Locate your self: where do you stand in terms of privilege/identity/culture/status?
  - What is your initial emotional response to this learner?
  - What additional information do you need?
OBJECTIVE INFORMATION AND OTHER PERSPECTIVES

- What have you observed?
- What other perspectives would be helpful?

- Consider the domain(s) affected
  - Wilkinson framework
- Consider the scope of problem
  - Settings affected
  - Isolated vs. pattern
  - Impact
ASSESSMENT

- Develop a differential
  - At least 3 possible explanations for the behavior
  - Consider
    - Wellbeing, medical conditions
    - Cultural differences, expectations.

- Next step?
Who should have the conversation?
TOOLBOX:

- Opening the conversation
  - Humble inquiry – suspend assumptions
  - Direct, transparent, kind
  - Open-ended vs direct/descriptive

- Ask-Respond-Tell (ART)
  - Ask for their perspective
  - Respond with empathy, appreciation and correct misinformation
  - Tell them what you expect going forward, next steps
GOAL: ASSESS READINESS FOR CHANGE

Low insight, Low Adaptability

Low insight, High adaptability

Good insight, Low adaptability

Good insight, High adaptability

Van der Vossen, et. al. Academic Medicine, September 2016
TIME TO PRACTICE!

- Pay attention to your **breakout room number #** - this will correspond to your PROFILE (1-3) of the case (in chat)
- Access the “skills assessment” at [http://tiny.ucsf.edu/learnsoappro](http://tiny.ucsf.edu/learnsoappro) and enter your information
- Jot something into Q#1 (we already completed this as a large group) and then **SELECT THE PROFILE** your group has been assigned
- Answer questions 2, 3 and 4 a, b, c – keep an eye on time!
  - Can use workshop handout for reference
- Take your own notes, but assign a reporter to represent the group’s answers in the discussion
- You will have a 5-min break before returning to large group at **10:20**

**Need help? Use the “breakout room” icon at the bottom of the screen – click “ask for help”**
Ethical practice principles

Commitment to autonomous improvement

Reliability

Effective interactions with patients

Effective interactions with colleagues

What was in your initial Ddx?

How did you open the conversation?

What did you learn about the learner’s insight and adaptability?

What would be your plan for coaching this learner?
GROWS: COACHING FOR COMPETENCY

- **G= Goal**
  - Should be aspirational

- **R= Reality**
  - What do things look like now
  - What are internal or external obstacles they need to overcome

- **O= Options**
  - Brainstorm 4-6 options of what they might do to meet goal

- **W = Way forward**
  - Which option makes sense for now?

- **S = Success**
  - How will you know you have achieved your goal?
Pyramid for Promoting Reliability and Professional Accountability

Level 3 "Disciplinary" Intervention
Level 2 "Guided" Intervention by Authority
Level 1 "Awareness" Intervention
"Informal" Cup of Coffee Intervention

Vast majority of professionals - no issues - provide feedback on progress

References
- Pichert et al, 2011.
- Pichert et al, 2013.
- Talbot et al, 2013.

Adapted from Hickson, Pichert, Webb, & Gabbe. Acad Med. 2007. © 2013 Vanderbilt Center for Patient and Professional Advocacy
WHO ELSE SHOULD BE INVOLVED?

- Advanced considerations
  - Wellbeing
  - Patient care affected
  - Failed initial attempts
  - Affecting advancement

- Know your resources
  - Students
  - Residents
  - Faculty
What are your take-aways?

- Please take 5 minutes to complete your answers to the skills assessment, and to fill out the evaluation at HTTP://TINY.UCSF.EDU/LEARNSOAPPRO
EXTRA SLIDES
BUBBLES OF WISDOM

- Trust your intuition
- Look inward
- Broaden your differential
- Approach the conversation openly
- Assess insight and adaptability
- Set clear expectations
- Coaching with practice, feedback and reflection
COMPONENTS OF AN EFFECTIVE PLAN

- Learner Reflection
- Commitment to importance of work
- Clear expectations and consequences
- Shared accountability
- Coaching and role modeling
- Reassessment with “graduation”

Guerrasio, Remediation of the Struggling Medical Learner, 2013.
American Board of Medical Specialties (2012):
“…a belief system about how best to organize and deliver health care…
… what the public and patients can expect regarding shared competency standards and ethical values
… trustworthy means to ensure that all medical professionals live up to these promises”

Lucey, et. al. (2010):
“…not an innate quality but a skill developed with deliberate practice over time…”

Ludwig (2020):
“…a lifelong developmental process that informs the effective, ethical, and safe practice of the healing skills”.