

Practical Professionalism: How to keep your job and license

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University of Utah School of Medicine



Presentation designed in collaboration with:
PBI Education

Since 2001, PBI Education has provided remedial education courses for clinicians facing professional discipline from state licensing boards, organizations, and professional schools.



Objective

Uncovering the factors that place clinicians, particularly students and residents, at a higher risk for professionalism violations, and providing tools to recognize red flags early on.

- Presentation: 30 minutes
- Panel Discussion: 30 minutes

Professionalism

Definition of professionalism:

- The conduct, aims, or qualities that characterize or mark a profession or a professional person¹
- Physicians are held to professional standards 24/7
- As a physician, your actions are magnified by the role you serve in society

1) <https://www.merriam-webster.com/dictionary/professionalism>

The importance of a license

Definition of a physician:

- a person skilled in the art of healing, *specifically* : one educated, clinically experienced, and licensed to practice medicine²

Without a license, your career and income will vanish. It can happen swiftly and even for seemingly minor infractions.

2) <https://www.merriam-webster.com/dictionary/physician>

Your license is a privilege, not a right

Nationally in 2017³...

- Physicians put on probation- 711
- Physicians with a license suspension- 656
- Physicians with a license revocation- 248

3) 2018 U.S. Medical Regulatory Trends and Actions Report, Federation of State Medical Boards

Your license is a privilege, not a right

- Licenses are granted by the State Board of Medicine
- They can be rescinded at any time
- Your qualifications, healing gifts, and good intentions are irrelevant when your professionalism is called into question

Your license is a privilege, not a right

- Completing medical school is a big hurdle
- Staying in the profession once licensed is an even bigger hurdle
- Not everyone makes it to retirement with their license
- Ethical and clinical challenges impact all physicians

Disciplinary action

- Nationally in 2017, **4,081** physicians were disciplined by their Boards³
- Discipline can include:
 - License revoked permanently
 - License suspended (physician unable to work) from months to years
 - License placed on probation (work while being monitored)
 - Fines (ranging from \$500-\$30,000+)
 - Ongoing drug and alcohol testing
 - Psychological assessments
 - Restrictions to the type of patients the physician can see, the prescriptions they can write, the settings where they can work, etc.

3) 2018 U.S. Medical Regulatory Trends and Actions Report, Federation of State Medical Boards

Disciplinary action

Can trigger the following:

- Mandatory report to National Practitioners Data Bank - a permanent record
- May adversely impact specialty board certifications
- Highly likely to limit employment opportunities
- Public record documents available for anyone to see, including media outlets

“All men [and all women] are tempted. There is no man [or woman] that lives that can't be broken down, provided it is the right temptation, put in the right spot.”

Henry Ward Beecher 1813-1887

The fact that you are ethical today doesn't mean you will be ethical tomorrow

Transitioning from a young adult into a young professional presents obstacles

Common reasons for discipline among new physicians

- Behavioral issues on clinical rotations
- Informality of communication with patients or colleagues
- Humor of any form
- Unwanted touch or contact (including comments)
- Social media misuse
- HIPAA- failure to safeguard data or inappropriate access

Case Examples

Six cases

1. Read the case
2. Discuss and identify the professionalism issue(s)
3. Review the disciplinary outcome and take away lesson

1. Senior Medical Student and facebook

- After returning from her afternoon in OB, Jane posted on her facebook how exciting it was to help to deliver a male baby at 3:00 PM at XYZ Hospital.
- This was reported to the Dean by another student

What is the issue at hand?

What is the issue at hand?

- Three identifiers were given:
 - Male baby
 - Time of delivery
 - Name of hospital
- This constituted a HIPAA violation and necessitated forwarding the complaint to disciplinary committee

What was the outcome?

- Committee outcome: The student must repeat the senior year (student already has a \$300K debt load)

Take away

- Most Administrative Healthcare attorneys advise physicians not to have personal facebook accounts
- This minimizes self-disclosure issues and potential boundary violations/accusations
- Social media can be a gateway for unforeseen disciplinary issues

2. OB/Gyn resident late to clinic

- Resident has trouble catching his breath after running to clinic. Rushing in to see his first patient but still panting.
- Despite presence of medical chaperone, patient interpreted his heavy breathing as sexual excitement.

What is the issue at hand?

What is the issue at hand?

- The resident failed to compose himself before entering into a clinical encounter and forgot his professional role
- The patient felt violated and interpreted this interaction as a violation

What was the outcome?

- A formal complaint was made to the medical board
- Resident received a letter of reprimand and one year probation

Take away

- If it looks bad, it is bad
- Perception is 9/10th of the law
- The board's primary role is to protect the public. It responded to—and agreed with—the patient's perception that the encounter was inappropriate.

3. Surgical resident, top in his residency class

- He has already been accepted into a very competitive subspecialty fellowship
- Fearing that he will lose his standing and potentially his fellowship spot if he is not perfect on the residents' examination, he compares his answers to a colleague's nearby

What is the issue at hand?

What is the issue at hand?

- It is determined that he cheated and when confronted, he acknowledges

What was the outcome?

- He is dismissed from his residency program
- Referred to the medical board for moral turpitude issues and unprofessional conduct
- The board places the resident on 3 years probation
- Not having completed his residency, the fellowship offer is withdrawn
- It takes two years for him to find another residency program that will give him a second chance

Take away

- You are a professional 24/7
- Vigilantly monitor integrity, especially when nobody is looking
- The board doesn't take into account professional standing, skill level, or healing gifts when determining disciplinary action

4. Student makes a sarcastic comment about the nursing care

- A fatigued and angry fourth year student makes a sarcastic comment about the nursing care
- This is overheard by the staff at the nursing station

What is the issue at hand?

What is the issue at hand?

- This is considered unprofessional conduct
- The nursing staff felt attacked by the comment and reported the incident to their HR department

What was the outcome?

- The HR department in turn contacted the student's school
- The student is suspended for three months and she is required to take an ethics course

Take away

- What you say and how you say it matters
- Think twice before you say something that could reflect poorly on you or on the profession you represent
- Think twice before you say something that could be misinterpreted or taken offensively by those around you

5. Resident makes a joke about a nurse's attire

- A medical student and first year pediatric resident are walking to the ER
- They see a nurse setting up a med cart
- The resident stops and makes a joke to the nurse about her socks

What is the issue at hand?

What is the issue at hand?

- This is considered harassment
- The nurse felt verbally harassed and reported the incident to HR
- An additional issue is that the resident modeled poor professional behavior in front of the medical student

What was the outcome?

- HR determined that the resident was responsible for creating a hostile work environment
- Both the student and first year resident were required to take a sexual harassment course

Take away

- Comments about someone's appearance that could be misinterpreted as sexual in nature or sexually motivated are never appropriate in the workplace
- Never assume to know what someone's past experience has been and what trauma they have experienced. Sexualized comments can be triggering
- Work is not a place to form romantic relationships. They can be extremely problematic

6. Resident makes an inappropriate comment that gets overheard

- A female dermatology resident, Maria, is seeing a new patient, an attractive man the same age as she
- After the visit concludes, Maria leaves the exam room allowing the patient to dress in private
- Maria stops by reception and is quietly chatting with another resident at the desk
- Maria comments on how handsome the patient was, especially with his shirt off, and that she could barely pay attention to what he was saying
- The patient's wife happens to be around the corner in the waiting room, hidden from view, and overhears this conversation

What is the issue at hand?

What is the issue at hand?

- The resident crossed a professional boundary by speaking about a patient in a sexualized manner
- The wife was outraged. The previously trusted physician that just examined her husband without his clothes on was now disrespecting him and objectifying him.
- The wife also questioned whether her husband even got a proper evaluation
- The other resident is also partially responsible. Although she didn't initiate the conversation, she allowed it to continue.

What was the outcome?

- The couple file a formal complaint with the Board
- The resident was ordered to take a course on professional boundaries and her license was put on a one year probation
- She was dismissed from the residency program

Take away

- Once you say something, it cannot be swept away
- Staying in your professional role in your conversations is far better than being regretful for saying something inappropriate
- You are always being judged even if you don't think so. Behave as if someone is observing you.
- Interact with others as if you are a role model for the entire profession-because you are!

How do these problems occur?

How do smart professionals do not-so-smart things?

- Answer: Everyone has the potential to commit a professionalism violation, but at times this violation potential can be heightened
- The key is knowing when this is happening and recognizing the red flags early enough to make a change

Learning to recognize red flags

- Your potential to commit a professionalism violation will increase at different times, and for different reasons
- Things that elevate violation potential:
 - Risk factors
 - Vulnerabilities
 - Resistance

Risk factors:

Risks presented by the external circumstances in which you practice

Examples:

- Patient population or clinical discipline. For example, psychiatry rotations and patients with personality disorders put you at higher risk than radiology or pathology rotations.
- Attending physicians and residents who are poor role models of professional behavior
- High stress load associated with dealing with sick patients, studying for boards, fatigue

Vulnerabilities:

They are very personal and represent unresolved issues that exist within all of us

These can act as an unrecognized “Achilles heel”

Examples:

- Life traumas, crises, or losses
- Insecurities
- Need to please - difficulty saying no
- Need to be liked
- Perfectionism
- Emotional lability
- Life transitions (moving, getting engaged)

Resistance:

Denial, defensiveness, and distortion that may exist within us

Resistance might be thought of as a high, impenetrable wall that blocks our view (awareness, insight) of important factors that make us vulnerable to committing a professionalism violation.

Examples:

- Rationalization
- Justification
- Intellectualization
- Projection of blame onto others
- Denial

Recognizing when these elements are not in balance (seeing the red flags) and putting in additional safeguards to protect yourself can potentially save your career

Practical do's and don'ts

Start protecting your patients, yourself, and your license right away by committing to the following...

DO:

1. Know and obey the law
2. Keep abreast of the rules of the Board, your school, and/or your employer
3. Maintain CME hours every year and keep a record
4. Renew your license on time
5. Answer all the questions on all applications honestly
6. Follow HIPAA: respect patient privacy

DO:

7. Be aware of social media risks...what you post, and what others post about you
8. Avoid dual roles with staff (outside work friendships, romantic relationships, etc.)
9. Use a chaperone during sensitive exams and with vulnerable patients
10. Avoid solo encounters with patients

DO:

11. Document everything. Fill out medical records completely on every patient every day with the correct date, codes, and amount of time
12. If you have a substance use or other addictive or compulsive behavior problem, seek help immediately

DO:

13. Take care of your mental, emotional, physical, spiritual, and financial health. Make them a priority and keep them in balance.
14. Make sure you get your care and feeding outside the professional setting

DON'T:

1. Cheat, lie, or commit fraud, no matter how innocuous you may think it is
2. Have romantic/sexual relationships or friendships with current or previous patients or staff
3. Drink to excess or use illegal substances (this includes during time off, vacations, etc.)
4. Drink before driving or working
5. Take short cuts
6. Give money to patients

DON'T:

7. Accept or give gifts from/to patients
8. Argue or joke with staff or patients
9. Have personal correspondence with patients or staff by email, phone, or text
10. Meet patients outside of the normal office hours or without staff in the building

DON'T:

11. Treat or prescribe for family, friends, colleagues, pets, or yourself
12. Back date anything EVER for anyone
13. Undertake or supervise clinical activities outside your scope of practice

“An ounce of prevention is worth a
pound of cure.”

Benjamin Franklin, 1736

Arm yourself with knowledge about
the laws and expectations that
govern physicians.

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