Presenter Disclosures

Samantha Figas, DPM, AACFAS

No conflicts to disclose.

Melanie Violand, DPM, FACFAS

Associate Dean/Associate Professor: Arizona College of Podiatric Medicine

Lisa Levick-Doane, DPM, FACFAS

Financial Interest: BoardsBlast

Intellectual Property Rights: BoardsBlast

Learning Objectives

1. Discuss adaptations of traditional teaching methods for the newer generation.

2. Learn techniques in how to manage professionalism in our trainees

3. Foster efforts in improving wellness and education in our training models.

4. Discuss differing views of work-life balance and burnout between generations.

5. Learn about work-life balance integration.
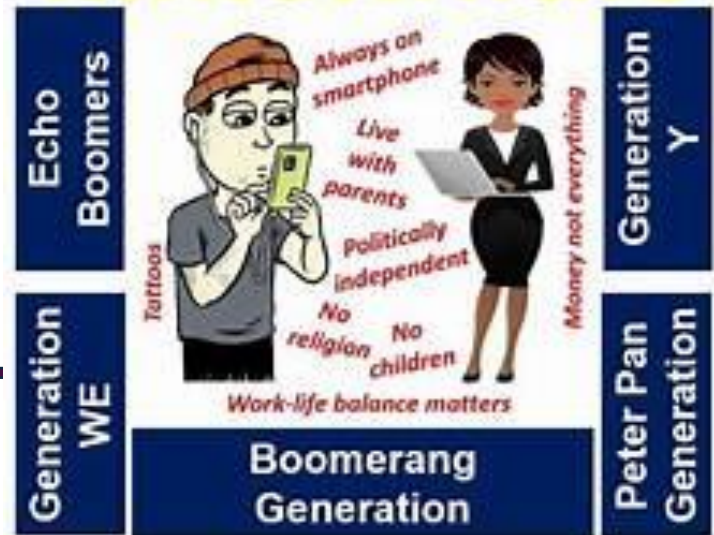
Who are we teaching?

Millennials/Generation Y

- Our current junior faculty, residents, and medical students, born between **1980-2001**

- Grew up in a booming economy often accustomed to the best

- **Child-centric generation** because they were raised with close parental involvement **helicopter parents**

Millennials/Generation Y

- Positive attributes:
    - team oriented
    - safety oriented
    - optimistic
    - civic minded
    - want to make the world a better place
- Desire immediate access to technology
- Tend to have shorter attention spans
- Need talented instructors to persuasively engage them

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Learning Style of Millennials

- Prefer educational material that can be delivered to the device in front of them. Incorporate up-to-date technology, such as **online modules** and **Podcasts and videos**

- Millennials enjoy a "blended" education, education that is also entertaining. Use team-based and case-based **competitions** are highly successful in engaging the Millennial learner.

Best teaching practices for Millennials

- Welcome one-on-one mentorship and personalized learning plans

- Prefer hands-on, experiential learning to reading long texts

- Directly observe their skills in an authentic environment

- Prefer to have all the answers immediately at hand, teach resourcefulness and remind the residents that sometimes information is lacking, decisions are complex, and the diagnosis in not clear.

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Feedback and Mentoring

- Essential to **create a culture of feedback** from the first day in the residency program.

- One must act as a mentor and explain to residents that they will **receive criticism throughout their training** to make them the best doctor possible.

- May not be aware or recognize their own poor performance.

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Feedback and Mentoring

- They crave **constant communication** and **connection**.
- Millennials are accustomed to **coaching** or parenting styles of feedback along with a lot of **encouragement**.
- Take a personal interest in the resident and helping them develop the necessary skills to be successful along the way.

Peer Mentoring

- The "360 Degree Evaluation," which often provides reliable feedback of a resident, is a form of peer mentoring that may be highly effective in your residency program.

Group Mentoring

- Diffuses the chain of command
- Reduces emphasis on any one individual
- Reduces time burden on any single faculty member

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Competency Based Medical Education

- **Milestones**
  - competencies are described in sequence, progressing from novice to expert
  - descriptive rubric
  - define learner expectations in a transparent, standardized fashion.
- Competency Based Medical Education is effective to **remedy the generation's tendency to overestimate their competency** by providing immediate and objective comparison to various stages of proficiency.
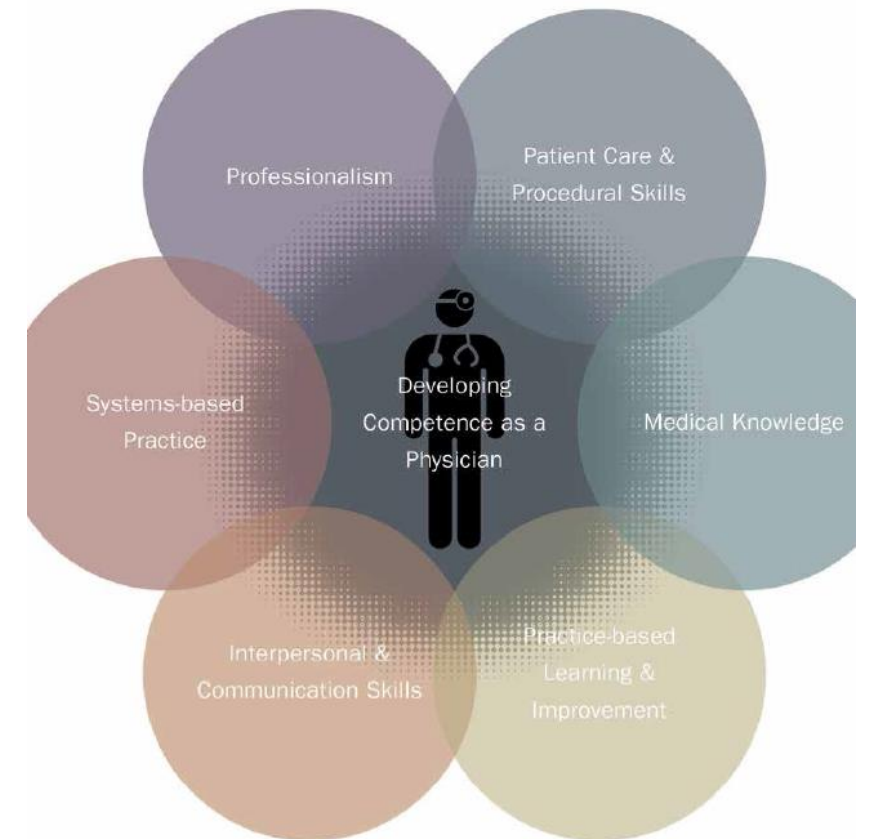
GEN Z

Gen Z has entered health professions training.

Most generational experts agree that Gen Z includes individuals born between 1995 - 2012.

70% of the matriculants at United States allopathic medical schools in 2019 were Gen Z

Gen Z/iGen

- Dedicated to overall **personal wellness**
  - economic security, nutrition, fitness, sleep and stress management.

- Members of Generation Z are fighting for **social change, racial equity** and environmental protection.

- First generation to be **born into a world with the Internet, smart devices** and apps.
  - radically different views on the meaning of privacy, trust and relationships in the digital world.

Access to medical knowledge

- A smartphone contains the equivalent of a library of several dozen textbooks.

- A recent article can be accessed in real time during a medical meeting.

- The resident thus has direct and extraordinarily simple access to the same information as the senior residents and Attendings

  - formerly based on experience and not necessarily on knowledge.

Gen Z preferences

Convenience: on-demand, low barrier access to all information

Personal relationships a priority

Face-to-face communication (in person or online) preferred over email

Educational Strategies for iGen

Time management
Hold students/residents **accountable to deadlines**

Difficulty distinguishing fact from opinion online.

Share reliable information sources and demonstrate how to evaluate credibility.

Help students/residents to develop skills in **formal, professional written communications** (e.g., emails).

Educational Strategies for Gen Z

- Provide regular, timely formative **feedback.**

- **Model how to handle mistakes and address discomfort.**

Educational Strategies for Gen Z

- **Encourage peer collaboration by designing team-based learning outcomes in your curriculum.**

- **Create opportunities for face-to-face learning and assess oral communication skills.**

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Common Medical Education Scenarios and Perspectives

Situation	Generation Z Response	Faculty Usual Response	Generation Z Targeted Response
A resident knowledge gap is identified related to a near miss	Pull out cell phone and Google for information Talk with other residents Hide knowledge gaps	Schedule quality time to sit down with the resident Offer guidance and evidence-based literature	Have an electronic meeting if face-to-face can't happen immediately Encourage admission of knowledge gaps Recommend an online video and meet to discuss/reflect
A resident persistently appears distraught and colleagues report concerns about well-being	Spend time on social media connecting with friends Talk to parents Post on Twitter	Schedule time to meet with the learner and provide mental health referrals	Proactively provide wellness activities (eg, mindfulness-based stress reduction programs), training in suicide prevention, and a professional for wellness coaching
Residents are not engaged during lectures	Complain about terrible lectures Give bad evaluations Play on cell phone during the lecture	Meet with residents and review expectations for lecture engagement	Reevaluate teaching methods Replace lectures with flipped classroom Problem-solve (eg, cases) in small resident groups Proactively provide faculty development for new instructional technologies
A resident contacts program director and attendings 24/7 for questions about assignments or work activities	Fail to complete assignments Ask other residents or parents for help Complain about unresponsive program to new applicants	Provide written and online brochure detailing all expectations Schedule a meeting with resident after milestones not achieved or assignments not completed	Make clear when and how faculty can be contacted Provide faculty training to function as coaches Coach resident to create and follow realistic timelines

Conclusion for techniques to optimize newer generational learning

- Optimal education for millennial and Gen Z learners packages information into bite-sized pieces and provides interactive, experiential, and collaborative learning

- A focus on milestones and competency-based assessment methods can be an optimal adaptation residency training.

- Provide regular, timely formative feedback.

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Managing Professionalism

Elements of Professionalism

- **Altruism**
- **Accountability**
- **Responsibility**
- **Excellence**
- **Duty**
- **Honesty**
- **Integrity**
- **Respect for others**

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Why teach professionalism

- Medical residents are among the first to visit patients.
- Their interpersonal relationships, quality of care provided by them, and their patients' safety are influenced by the training in professionalism

Why Professionalism among Medical Learners and Practicing Physicians is Important

- **Patients expect physicians to be professional**

- **Medical societies and accrediting organizations expect physicians to be professional**

- **Professionalism is associated with improved medical outcomes**

CPME 320 Professionalism

- 6.1 The curriculum shall be clearly defined and oriented to assure that the resident achieves the competencies identified by the Council.
  - C. ==Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.==
- Assessment forms must be completed for all rotations identified in the curriculum.
  - The document must assess competencies specific to each rotation ==including communication skills, professional behavior, attitudes, and initiative.==

ACGME Core Competencies: Professionalism

- **Attitude and Behavior of the Resident physician**
- **Demonstrating Humanism and Cultural Proficiency**
- **Maintaining Emotional, Physical, and Mental Health, and Pursues Continual Personal and Professional Growth**

Demonstrating Professional Conduct and Accountability

Strive to be **on time** and prepared for their work interactions.

They should **dress appropriately** and with cleanliness.

While on duty, a resident should see patients throughout their entire shift; complete medical records thoroughly, honestly, and punctually; consistently advocate for patients and their families; and give and receive input and advice from colleagues.

Physicians should also **accept accountability** and admit their errors, maintain self-awareness of their own limitations, consistently evaluate their knowledge base and strive to improve it, and seek guidance and supervision as needed.

They are **team players**. Supporting and working cooperatively with all staff, residents should provide a thorough and complete patient experience, using all available resources to serve each individual's needs.

All business practices should be handled **ethically**, and any potential ethical dilemmas should be raised as needed to the appropriate ethics committees for guidance and resolution.

Is your program policy on professionalism thorough and well defined?

Code of Professionalism Policy IV.9

Purpose:
Guided by ACGME specialty and common program requirements, this Code of Professionalism provides the foundation for proper lifelong professional behavior. Resident/fellows are expected to consistently maintain these behaviors in all areas of training, patient, medical, and GME staff interaction. In addition, residents and fellows are held accountable to the specialty-specific board and/or society codes of medical professionalism.

Program Responsibilities:
Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty, and staff.

1. All program directors and faculty are responsible for educating, monitoring, and providing exemplary examples of professionalism to residents and fellows.
2. Each program may adopt a program-level professionalism policy which describes how the program provides professionalism education to residents and fellows.
3. The program director will ensure that all program policies relating to professionalism are distributed to residents and faculty.
    a. Either a copy of the program or MWU institutional policy on professionalism must be included in the official program manual and provided to each resident/fellow upon matriculation into the program.

Policy:
Residents, fellows, and faculty members must demonstrate an understanding of their role in the:

1. Provision of patient- and family-centered care
2. Safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events without fear of intimidation or retaliation.
3. Assurance of their fitness for work, including management of their time before, during, and after clinical assignments

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4. Recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team.
5. Commitment to lifelong learning.
6. Monitoring of their patient care performance improvement indicators.
7. Accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data.

Resident/Fellows Professional Responsibilities:
A medical professional consistently demonstrates respect for patients by his or her performance, behavior, attitude, and appearance. Commitment to fulfilling professional responsibilities and an adherence to ethical principles are reflected in the following expected behaviors:

1. Respect patient privacy and confidentiality.
2. Knock on the door before entering a patient's room.
3. Do not discuss patient information in public areas, including elevators and cafeterias.
4. Keep noise levels low, especially when patients are sleeping.
5. Respect patients' autonomy and the right of a patient and family members to be involved in care decisions.
6. Introduce oneself to the patient and his or her family members and explain their role in the patient's care.
7. Wear name tags that identify names and roles.
8. Take time to ensure patient and family understanding and informed consent of medical decisions and progress.
9. Respect the sanctity of the healing relationship.
10. Exhibit compassion, integrity, and respect for others.
11. Ensure continuity of care when a patient is discharged from a hospital by documenting who will provide that care and informing the patient of how that caregiver can be reached.
12. Respond promptly to phone messages, pages, emails, and other correspondence.
13. Provide reliable coverage through colleagues when not available.
14. Maintain and promote physician-patient boundaries.
15. Respect individual patient concerns and perceptions.

16. Comply with accepted standards of dress as defined by each hospital.

17. Arrive promptly for patient appointments.

18. Remain sensitive and responsive to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

19. Respect the systems in place to improve the quality and safety of patient care.

20. Complete all mandated online tutorials and public health measures (e.g., TB skin testing) within the designated period.

21. Report all patient safety near misses and adverse events in a timely fashion.

22. Improve systems and quality of care through critical self-examination of care patterns.

23. Consistently demonstrate respect for peers and co-workers.

24. Demonstrate respect for colleagues by maintaining effective communication.

25. Inform primary care providers of the patient's admission, the hospital content, and discharge plans.

26. Provide consulting physicians with all the data needed to provide a consultation.

27. Maintain legible and up-to-date medical records, including dictating discharge summaries within approved hospital guidelines.

28. Inform all members of the care team, including non-physician professionals, of patient plans and progress.

29. Provide continued verbal and written communication to referring physicians.

30. Understand a referring physician's needs and concerns about his or her patients.

31. Provide all appropriate supervision needed for those one is supervising, by informing and involving supervising faculty of any changes in patient status, and by providing informed and safe handoffs to colleagues who provide patient coverage.

32. Acknowledge, promote, and maintain the dignity and respect of all patients and all members of the healthcare team.

33. Respect for diversity of opinion, gender, and ethnicity in the workplace.

34. Maintain a work environment that is free of harassment of any sort.

35. Incorporate the opinions of all health professionals involved in the care of a patient.

36. Encourage team-based care.

Code of Conduct:

Residents are responsible for demonstrating and abiding by the following professionalism principles and guidelines:

1. Physicians must develop habits of conduct that are perceived by patients and peers as signs of trust. Every physician must demonstrate sensitivity, compassion, integrity, respect, and professionalism, and must maintain patient confidentiality and privacy.

2. A patient's dignity and respect must always be maintained.

3. All residents/fellows and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

4. Extend professional courtesy, assistance, and cooperation to nursing and all other medical professionals.

5. Will not render any professional service to hospital or clinic personnel or their dependents except under the provisions of the employee health service plan and the direct supervision of the appropriate staff physician, and then only as assigned by the Program Director.

6. Must not attempt to intervene in problems between patients and other health professionals. If a patient refuses to observe regulations or obey orders for treatment, the facts must be reported to the attending physician and the Program Director.

7. Any challenges that may arise between a resident/fellow and any medical professional should be reported to the attending physician by the resident/fellow. If the issue continues, the Program Director must also be advised of the situation.

8. Report any personal or witnessed abuse, harassment, mistreatment, discrimination, or coercion either through the hospital confidential reporting system or Midwestern University Ombudsperson.

9. Refrain from engaging in activities and behaviors that are disruptive to the clinical learning environment, hospital, and graduate medical education.

Timeliness:

Residents are responsible for completing hospital, program, and educational and administrative assignments by given deadlines that include:

1. Timely completion of post-rotation evaluations, annual surveys, and program/hospital-required documentation.
2. Logging of work hours, cases, procedures, and experiences.
3. Promptly arriving for orientation, educational, administrative, and service activities.
4. Completing required hospital, program administrative functions, and GME requirements, in a timely fashion and before deadlines (such as medical records, mandatory online training modules, and surveys or other communications)

Dress Code:

Residents must adhere to the following dress code elements to reflect a professional appearance in the clinical work environment; residents are also held accountable to relevant individual hospitals and rotating sites. The hospital site dress code supersedes the institutional policy.

Personal Hygiene:

1. Hair must be kept clean and well groomed.
   a. Hair color or style may not be extreme. Long hair must be contained to not drape or fall into the work area.
   b. Facial hair must be neat, clean, and well-trimmed.
2. Fingernails must be kept clean and of appropriate length.
3. The scent of fragrance or tobacco should be limited or minimized.

Attire:

1. Identification: Unaltered ID badges must always be worn and remain visible.
2. Shoes/Footwear: Footwear must be clean, in good repair, and of a professional style appropriate to the work performed.
   a. Shoes must have fully enclosed heels or secured with a heel strap for safety purposes.

5

Does your semiannual review include professionalism?

Resident:
Semiannual review

Program Name:
Program Type: Podiatric Medicine and Surgery with added RRA

0	1	2	3	4	5	6
N/A	Unsatisfactory	Marginal	Satisfactory3	Satisfactory4	Satisfactory5	Superior

Ability

1. Knowledge   N/A 1 2 3 4 5 6
2. Clinical Skills   N/A 1 2 3 4 5 6
3. Professional Judgment   N/A 1 2 3 4 5 6
4. Technical Skills   N/A 1 2 3 4 5 6

Interpersonal Relationships

5. With Staff   N/A 1 2 3 4 5 6
6. With Peers   N/A 1 2 3 4 5 6
7. With Allied Health Professionals   N/A 1 2 3 4 5 6
8. With Patients and Family   N/A 1 2 3 4 5 6

Personal Traits

9. Integrity   N/A 1 2 3 4 5 6
10. Dependability   N/A 1 2 3 4 5 6

Communication Skills

11. Patient Write-ups   N/A 1 2 3 4 5 6
12. Progress Notes   N/A 1 2 3 4 5 6
13. Written Reports   N/A 1 2 3 4 5 6
14. Case Presentations   N/A 1 2 3 4 5 6

Interest/Motivation

15. Active Participation
16. Conference Attendance
17. Medical Reading
18. Promptness

Leadership Abilities

19. Teaching
20. Supervisory Skills
21. Administrative Function

Specific Explanation of any Unsatisfactory/Marginal Ratings:

Specific goals for next 6 months:
1.
2.
3.

Evaluations up-to-date, signed and dated by all parties

Logs up-to-date, done in a timely manner

Meeting MAV, including H&P and biomechanicals

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Intentional teaching and intentional assessment of professionalism

The foundational elements of professionalism (e.g. communication skills and ethics) and the attributes of professionalism—accountability, altruism, excellence, and humanism—should be intentionally taught
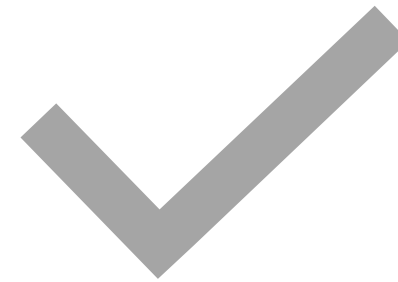
Assessment motivates individuals to learn and adhere to professionalism precepts and determines whether competency in professionalism has been achieved.

Role modeling is an effective means of teaching professionalism

Ideal role models manifest:

- Clinical competence

- Excellent teaching skills

- Desirable personal qualities

- Demonstrates professionalism during interactions with patients, medical learners, colleagues, health care staff, and teams.

Role modeling can be enhanced with reflection

- Ask medical learners to reflect on meaningful events as they occur while caring for patients (e.g. difficult diagnosis, communication failure, adverse event, ethical dilemma, delivering bad news).

- What went well?

- What could have been done better?

Experiential and interactive teaching methods such as case discussions and hands-on practice sessions

- Discussion groups (e.g. the challenging case),
- Role play (e.g. speaking up regarding an impaired colleague),
- Simulation (e.g. giving sad, bad, or unexpected news to a patient),
- Team-based learning and self-reflection (e.g. reflecting on actions during an event through journaling or discussions with a peer, colleague, or mentor)

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Teaching professionalism

DIDACTIC SESSIONS CAN SUMMARIZE LARGE AMOUNTS OF DATA.

ENHANCE DIDACTIC SESSIONS WITH AUDIO AND VIDEO AND USING AN AUDIENCE RESPONSE SYSTEM SHOWING EXAMPLES OF PROFESSIONAL AND UNPROFESSIONAL BEHAVIORS

PRESENT A CLINICAL ETHICAL DILEMMA SCENARIO AND OFFERING THE AUDIENCE A LIST OF RESPONSES TO THE DILEMMA

Teaching professionalism: Web-based teaching modules

- Pop-up multiple-choice questions

- Self-assessment questions

- Incorporate online discussions among teachers and learners

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- Residents were randomized either to receive multisource feedback and a 30-minute one-on-one coaching session to review their evaluations or to receive usual end-of-rotation evaluations by staff.

- Five months later, the multisource feedback group was rated significantly higher on friendliness, respectfulness, and accountability

- **Multisource feedback** is an ideal method of evaluating professionalism

What your constructive comments should say

Do the comments provide **feedback on a learner's demonstrated actions**, both those that should be continued and those that should be changed?

Do comments **describe a learner's next steps** for continued growth, both for their positive and negative attributes?

Do your comments **provide expected outcomes** for recommended next steps?

Table 3. Ten questions to explore a student's unprofessional behaviour.

To be explored	Question
1. Student's perspective about the facts	What happened?
2. Alignment with assessment outcome	Do you agree with the unprofessional behaviour judgment?
3. Intentions	What did you intend to do?
4. Beliefs	What did you expect to happen?
5. Context	What circumstances influenced your behaviour?
6. Power	Were you able to influence the circumstances?
7. Effect on others	What do you think your behaviour did to others?
8. Emotions	How do you feel about it now?
9. Causes	Are there any circumstances that make it more difficult for you than for other students to comply with the professionalism expectations?
10. Plans	How would you act in a similar situation next time?

Understanding Unprofessionalism

1

1. DOES THE RESIDENT UNDERSTAND PROFESSIONAL EXPECTATIONS?

2

2. IS THE RESIDENT WILLING TO COMPLY WITH PROFESSIONAL EXPECTATIONS?

3

3. IS THE RESIDENT ABLE TO COMPLY WITH PROFESSIONAL EXPECTATIONS?

Does the resident understand professional expectations?

We assume that residents know how to be professional, however, residents' failure to understand professional expectations is a common cause for as unprofessionalism

While some professional behaviors, such as honesty and reliability, may be present before graduate medical education begins, the broader understanding of the professional identity of a physician must be developed

Residents evolve an identity as a professional over time through direct teaching, role modeling, coaching, and feedback.

Is the resident willing to comply with professional expectations?

It is rare for a resident to simply refuse to be professional.

Residents who have admitted to personal professionalism lapses cite factors such as lack of training, system issues, and the behavior of others as contributors.

Exploring the resident's willingness to work toward complying with professional expectations is a critical step.

Is the resident able to comply with professional expectations?

mental health is the single most cited contributing factor.

Studies have found that medical students suffering from **burnout** were nearly twice as likely to self-report engaging in at least one unprofessional behavior.

Substance abuse is frequently reported as contributor to unprofessional behavior

Other factors include: **physical health, financial stressors, marital conflict, fatigue, lack of social support**

Is the resident able to comply with professional expectations?

System issues:
- inadequate supervision
- overwhelming workloads
- unclear expectations
- lack of timely feedback

the actions of other individuals in the learning environment:
- poor role modeling
- bullying
- racial microaggressions
- sexual harassment

Remediation for Professionalism

- It can be challenging educating residents in professionalism, as well as providing effective remediation for those who fail to meet expectations.

BOX 1 Professionalism Milestone Themes With Suggested Remediation Strategies

Professional Values and Conduct (Maintains honesty, integrity, ethical behavior, respect, empathy, and trustworthiness)

- Pick a mentor role model of professionalism to shadow and/or meet with periodically.[13]
- Solicit specific feedback from faculty that addresses areas of professionalism through evaluations.
- Read specific journal articles regarding professionalism; facilitate mentored small group discussion and reflection.[14]
- Review dangers of social media, discuss infractions, and develop a plan for removal of certain online material.[15]
- Participate in wellness education, including development and presentation of content during a didactic session.[16,17]
- Review current policies of department, institution, or state and develop a plan for an impaired physician.
- Review policies or literature for disclosing errors and help develop an educational session for residents.[18]

Accountability (Upholds commitment to patients and society through timeliness, pursuit of professional development, and practice with a sense of duty)

- Review with program leadership monthly adherence to requirements (eg, reporting duty hours, procedure log, assignments).[19]
- Meet with program leadership to discuss professional appearance, punctuality, and wellness techniques; identify barriers to success.[20]

Responsiveness to Unique Characteristics and Needs of Patients (Embraces cultural competency, humanism, and compassion)

- Meet with a set number of patients and summarize reflections of the experience with regards to patients' perspectives, and the physician role in the patient experience as part of a "patient advocate shift."
- Shadow a social worker or patient representative to learn how to advocate for patients and gain patient perspectives; write a reflection.
- Participate in written/simulated case scenarios with emphasis on the impact of physician's beliefs on patient care and experience.[21]
- Perform a self-reflection analysis regarding perceived difficult patients; develop a plan to care for these patients in an unbiased manner.[21]

Self-Awareness and Betterment (Utilizes knowledge of one's strengths and limitations; practices reflection; and is open to receive feedback)

- Perform a monthly self-assessment of professionalism with examples of cases handled effectively and those in need of improvement.[22]
- Participate in patient case scenarios (standardized patients, simulation, or oral cases); debrief performance using a checklist and develop a performance improvement plan. Follow up with role modeling or self-remediated example.[21,23]
- Obtain and discuss frequent multisource feedback (faculty, nursing, peer, self).[24]

Adaptability (Accepts ambiguity and utilizes resources when dealing with uncertainty)

- Participate in patient case scenarios (standardized patient, simulation, or oral cases) with an emphasis on shared decision making.[25]
- Review graduated level of responsibility policies and discuss when to request assistance from senior residents or attending physicians.
- Review literature on medical uncertainty and help develop an educational session for residents.[26]
- Document a complex patient case log with analysis on care issues.

BOX 2 Interpersonal and Communication Milestone Themes With Suggested Remediation Strategies

Patient-Centered Communication With Patients and Families (Gathers information; collaborates with patients; negotiates complex situations; manages and resolves conflict; counsels and educates patients, including disclosure of errors; demonstrates empathy; maintains sensitivity to cultural and socioeconomic differences; and builds therapeutic patient-physician relationships that foster trust)

- Read material such as "Martin's Mind Map"; reflect on areas to incorporate into future patient encounters.[35]
- Complete patient evaluations, and reflect on strengths and areas for improvement.[36]
- Utilize a faculty mentor for scheduled meetings or shadowing to discuss patient interactions.
- Participate in simulated patient encounters to evaluate general communication skills via checklist and debrief after the interaction.[37]
- Participate in meetings with patient relations with focus on patient complaints related to communication and preventive strategies.
- Attend conflict resolution and communication courses, reflect on current practice, and develop a performance improvement plan.
- Participate in employee assistance programs and/or emotional intelligence testing.[38]
- Review literature to develop an educational session on aspects of communication, such as breaking bad news, disclosing errors, shared decision making, and against medical advice discharges.[39_42]
- Participate in simulated scenarios for breaking bad news, disclosing errors, and patient refusal/against medical advice with evaluation and debriefing.[39_42]

Health Care Team Communication (Demonstrates respect; effectively transitions care and relays information; exhibits responsiveness; and negotiates and resolves conflict)

- Utilize a faculty mentor for scheduled meetings or shadowing to discuss interactions with colleagues and staff.
- Work in other roles on the health care team (eg, nurse, social worker, physical therapist, pharmacist) to gain perspective on their roles.
- Receive feedback through standardized videotaped or simulation scenarios, direct observation, and 360° evaluations to identify specific areas of communication that need improvement.[43_46]
- Use a reflection exercise about perceived strengths and weaknesses with team communication to then comment on stressors that lead to conflict.
- Participate in an observed checklist of transition-of-care experience, both as an observer to offer feedback and a learner to receive feedback.[47]

Health Care Team Leadership (Understands and respects all members of the team; promotes collaboration; and directs teams while promoting safe patient care)

- Participate in a leadership training course or Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) training course.[48,49]
- Participate in mentored reading program (suggested books include *How to Win Friends and Influence People* or *Crucial Conversations*).[50,51]
- Evaluate teamwork climate using metrics such as the Care Process Self-Evaluation Tool; identify areas for improvement.[52]
- Present a didactic session regarding conflict resolution strategies, including vignettes as didactics.

Documentation in the Health Record (Demonstrates the ability to provide timely and accurate information in a concise format; practices within the boundaries of record-sharing polices)

- Perform monthly self-assessment of documentation and identify those needing improvement.
- Review the literature on acceptable documentation practices and develop and present a didactic.
- Participate in peer-review documentation audits.

- Regan L, Hexom B, Nazario S, Chinai SA, Visconti A, Sullivan C. Remediation Methods for Milestones Related to Interpersonal and Communication Skills and Professionalism. J Grad Med Educ. 2016 Feb;8(1):18-23. doi: 10.4300/JGME-D-15-00060.1. PMID: 26913097; PMCID: PMC4762325.

communicates effectively with patients, families, and the public;

- Two complaints regarding a senior PGY resident's communication skills with patients.

- A nurse who feels that the resident avoided sharing difficult "bad news" with the patient and left it to the nurse to handle.

- A formal patient complaint came from a family member that the resident was "rude" and "abrupt" with information and did not allow family to ask questions during a rapid change in a patient's condition.

- **For remediation**, the PD chooses the following methods: 1. Participate in meetings with patient relations with focus on patient complaints related to communication and preventive strategies. 2. Participate in simulated scenarios for breaking bad news

- **Monitoring**: Review feedback from the resident's participation in the methods above to see if additional methods are needed. Have resident request feedback forms from a number of patients and nurses for 2 months and review those with resident.

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compassion, integrity, respect for others, sensitivity to diverse patient populations

- A PGY-3 Psychiatry resident receives evaluations from the faculty and a social worker that bring up concerns regarding the resident being less receptive to the unique needs of patients with substance abuse or homelessness.

- The resident is reported to be more "condescending" with this patient population and also less willing to offer resources to these patients.

- For remediation, the PD chooses the following methods: 1. Meet with a set number of patients and summarize reflections of the experience with regards to patients' perspectives and the physician role in the patient experience as part of a "patient advocate shift"

- 2. Shadow social worker or patient representative to learn how advocate for patients and gain patient perspective; write a reflection.

- 3. Perform self-reflection regarding perceived "difficult" patients; develop plan to care for these patients in an unbiased manner

- Monitoring: PD reviews the resident's reflections from the above methods and meets with resident to discuss and provide additional feedback.

Conclusion

- Professionalism is not something that can be taught overnight - it takes time, effort, and dedication to develop the skills and qualities that define a true professional.

- We can help the next generations achieve their goals and make a meaningful difference in the lives of patients and colleagues.

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Generational Differences:
Work Life Balance

Lisa Levick-Doane, DPM FACFAS

Kipferl Foot & Ankle Centers

American College of Foot and Ankle Surgeons®

Lisa Levick-Doane, DPM FACFAS

Kipferl Foot & Ankle Centers

Faculty RUSH Residency Program

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Disclosures

- CEO **BOARDSBLAST**™

Builders
Born: < 1946

Boomers
Born: 1946 - 1964

Generation X
Born: 1965 - 1979

Generation Y
Born: 1980 - 1994
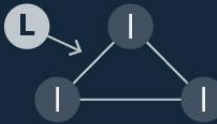
Generation Z
Born: 1995 - 2009

Gen Alpha
Born: 2010 - 2024

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Slang terms	We prefer proper English if you please Born: < 1946 Age: 76+	Be cool / Peace / Groovy / Way out Born: 1946-1964 Age: 57-75	Dude / Ace / Rad / As if / Wicked Born: 1965-1979 Age: 42-56	Bling / Funky / Doh / Foshizz / Whassup? Born: 1980-1994 Age: 27-41	🔥 / Fam / GOAT / Slay / Yass queen Born: 1995-2009 Age: 12-26	lit / yeet / hundo / oof / rn / idrc Born: 2010-2024 Age: under 12
Social markers	World War II 1939-1945	Moon landing 1969	Stock market crash 1987	September 11 2001	GFC 2008	COVID-19 2020
Iconic cars	Model T Ford Final, 1927	Ford Mustang 1964	Holden Commodore 1978	Toyota Prius 1997	Tesla Model S 2012	Autonomous vehicles 2020s
Iconic toys	Roller skates	Frisbee	Rubix cube	BMX bike	Folding scooter	Fidget spinner
Music devices	Record player LP, 1948	Audio cassette 1962	Walkman 1979	iPod 2001	Spotify 2008	Smart speakers Now
Leadership style L - Leader I - New leaders	Controlling	Directing	Coordinating	Guiding	Empowering	Inspiring
Ideal leader	Commander	Thinker	Doer	Supporter	Collaborator	Co-creator
Learning style	Formal	Structured	Participative	Interactive	Multi-modal	Virtual
Influence/advice	Officials	Experts	Practitioners	Peers	Forums	Chatbots

The generation and gender shifts in medicine: an exploratory survey of internal medicine physicians

Emily Jovic, Jean E Wallace ✉ & Jane Lemaire

QUIZ TIME: TRUE OR FALSE?

- Boomers believe younger generations tend to work fewer hours and are perceived as not working as hard.

- Boomers believe that younger generations show lack of commitment and unwillingness to work.

- Boomers work longer hours compared to other generations.

- Gen Xers believe Boomers work longer hours at the expense of their families and personal lives.

- Gen Xers do not define themselves strictly by their profession.

- Gen Xers tend to place more value on a balance work lifestyle.

Table 3 Mean difference tests between Baby Boomers vs. Generation Xers and Gen X women vs. Gen X men

From: The generation and gender shifts in medicine: an exploratory survey of internal medicine physicians

Survey Items	Boomers (n = 87)	Gen Xers (n = 65)	Gen X women (n = 33)	Gen X men (n = 32)
Work hours (including residents)				
Hours per week at office	51.2	60.7*	61.3	60.2
Hours per week at home	9.9	8.3*	9.0	7.6
Hours per week total	61.1	69.1*	70.3	67.8
Work hours (excluding residents)[a]				
Hours per week at office	50.9	53.8	51.9	55.3
Hours per week at home	9.9	7.6	8.3	7.1
Hours per week total	60.8	61.4	60.2	62.4[†]
Patient care				
I really care what happens to my patients.	88%	94%	94%	94%
I feel I am positively influencing other people's lives through my work.	91%	92%	91%	94%
Life balance				
I feel I have a pretty balanced life.	42%	49%	48%	50%
The demands of my work interfere with my home and family life.	65%	65%	67%	63%
My family responsibilities interfere with my work.	23%	12%*	21%	3%[†]
I feel I have enough time to do the things I want to.	19%	20%	12%	28%[†]

* indicates a statistically significant difference at the .10 level between Baby Boomer and Generation X physicians

† indicates a statistically significant difference at the .10 level between Generation X women and Generation X men
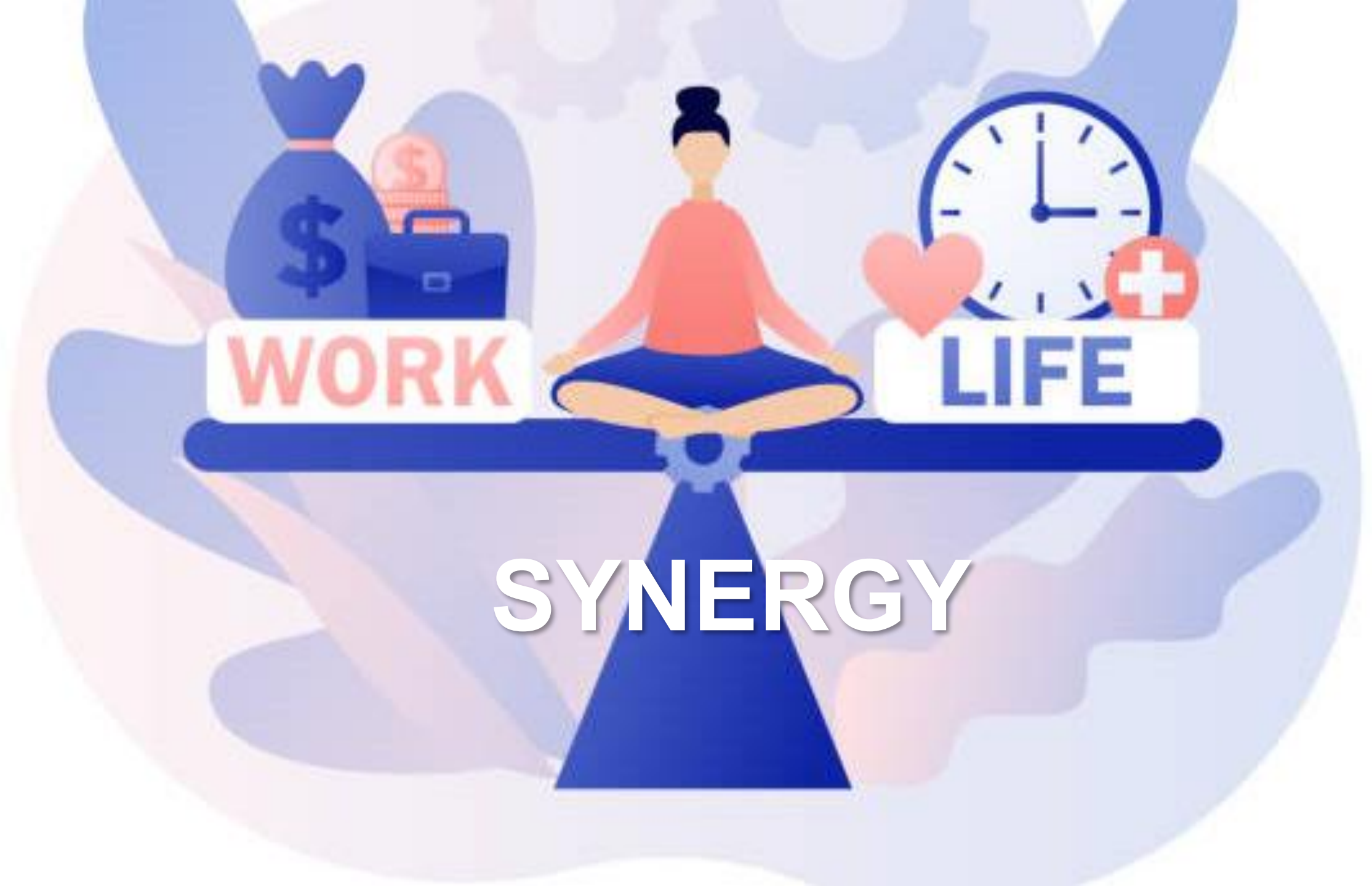
[a] The following are excluded from these results: 3 Boomer residents; 24 Gen X residents; 14 Gen X female residents and 10 Gen X male residents

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er these egotistical,
now, revered people.
man beings"

nding 2006

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Our Blue

10 PM DO YOU KNOW WHERE YOUR CHILDREN ARE?

Resilience

The ability to **bounce forward** from problems and challenges with energy, effectiveness, and proactive action

The Contribution of Physical Exercise to Brain Resilience

chado[2]

The Immediate and Sustained Positive Effects of Meditation on Resilience Are Mediated by Changes in the Resting Brain

Seoyeon Kwak,[1] Tae Young Lee,[2] Wi Hoon Jung,[3] Ji-Won Hur,[4] Dahye Bae,[1] Wu Jeong Hwang,[1] Kang Ik K. Cho,[1,2] Kyung-Ok Lim,[5] So-Yeon Kim,[6] Hye Yoon Park,[7] and Jun Soo Kwon[1,2,7,*]

Associations between Resilience and Food Intake Are Mediated by Emotional Eating in the NutriNet-Santé Study

Margaux Robert [1], Rebecca Shankland [2], Alice Bellicha [1], Emmanuelle Kesse-Guyot [1], Mélanie Deschasaux-Tanguy [1], Valentina A Andreeva [1], Bernard Srour [1], Serge Hercberg [1], Mathilde Touvier [1], Christophe Leys [3], Sandrine Péneau [1]

Affiliations + expand
PMID: 35641193   DOI: 10.1093/jn/nxac124
Free article

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Resilient State of Mind: The 3 "C's

Resilient State of Mind: The

Control over situations

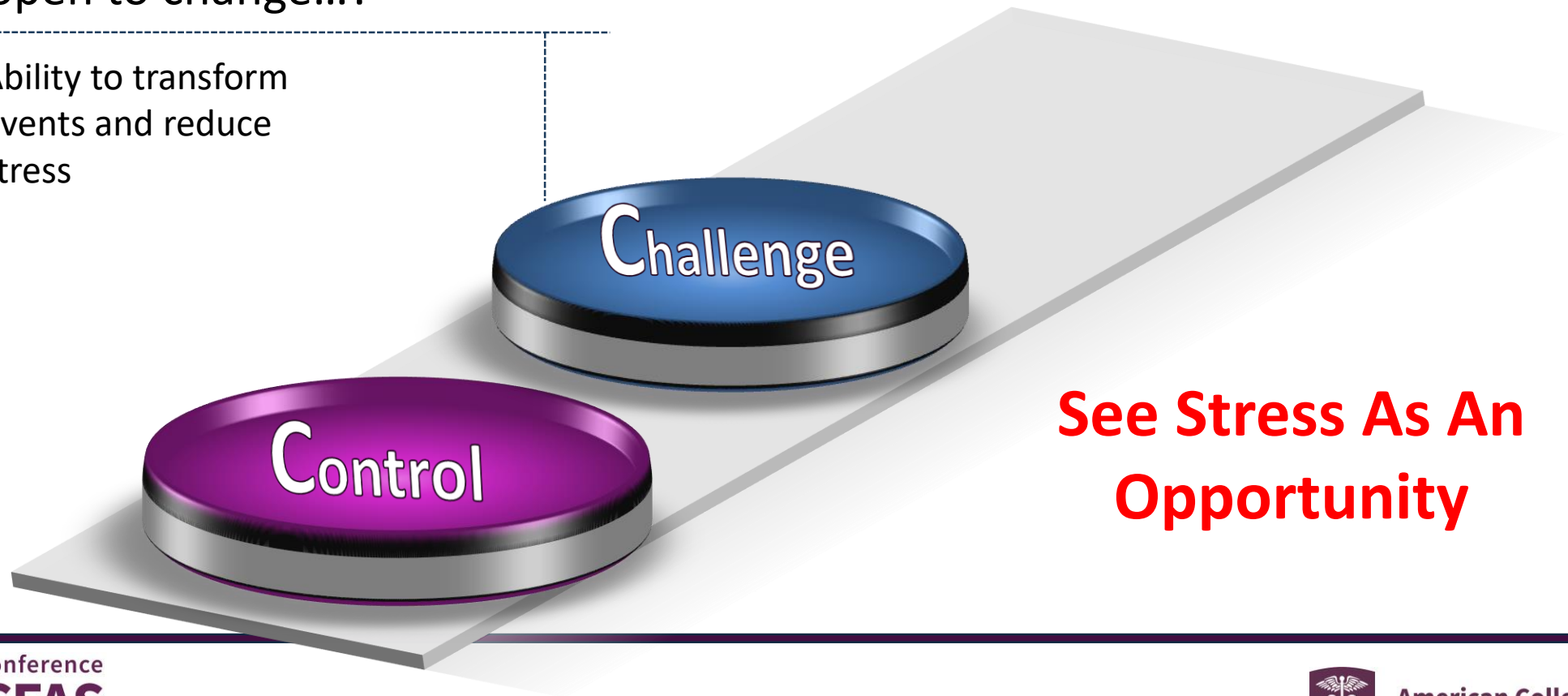Believe they have an impact on situations

Control

REFRAMING

Resilient State of Mind: The 3 "C's

How open to change...?
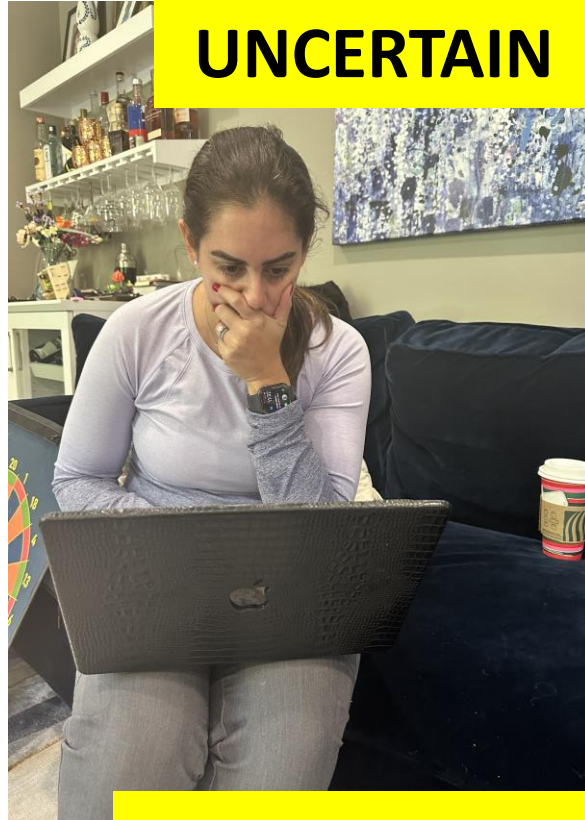
Ability to transform events and reduce stress

Challenge

Control

See Stress As An Opportunity

See Stress As An Opportunity

VOLATILE

COMPLEX

UNCERTAIN

AMBIGUOUS

Elements of An Authentic Leader

Language is our vector
Refusing to be a doormat
Setting Boundaries

Authenticity

Assertive communication

Meaning and Purpose

Values

Moral Code
Priorities
Serves Purpose
Bring Joy
Can Change Over Time
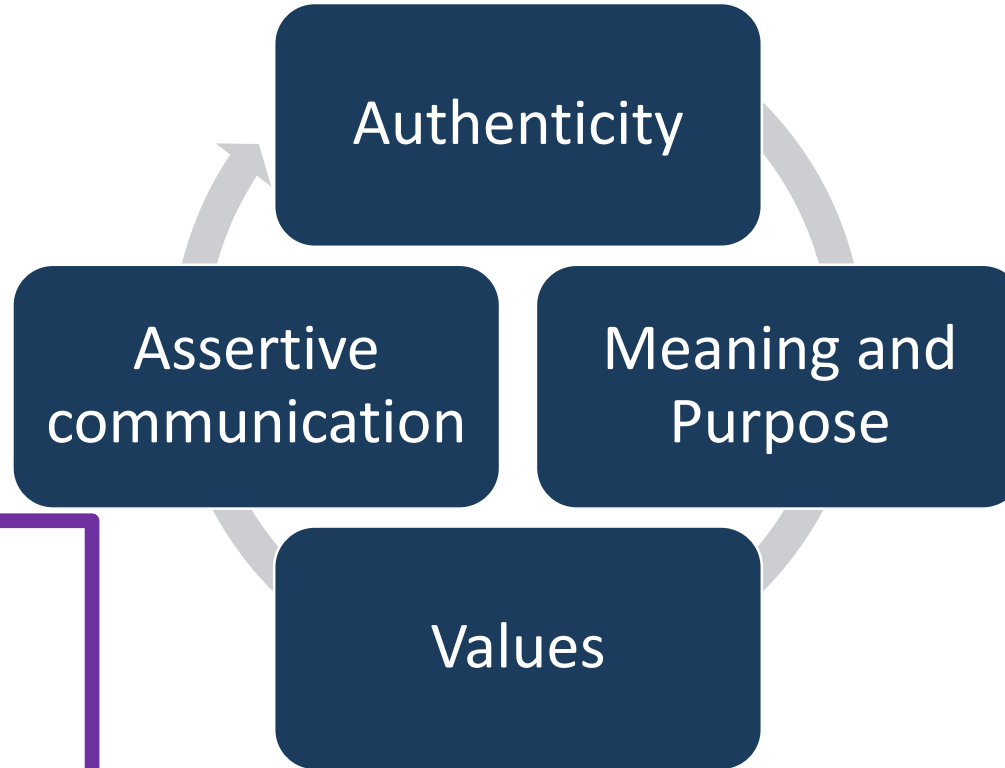
☑ See one

☑ do one

☐ teach one

THANK YOU!

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Questions?