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Role Models and Their Ripple Effects

How are you inspiring the next generation of doctors? What kind of learning experience do your words and actions provide? How can you best demonstrate the qualities and demeanor you would like residents, students and junior colleagues to emulate?

Martha Peaslee Levine, M.D. is an Associate Professor of Pediatrics, Psychiatry and Humanities at Penn State College of Medicine, and a 2014 recipient of the Gold Foundation Leonard Tow Humanism in Medicine Award. She is also the author of the *Psychology Today* blog, *Your Write to Health*.

In an October 2017 interview for the Faculty Assistance Program Newsletter, Dr. Levine discussed the responsibilities and challenges of being role model in a medical school environment.

Q: What behaviors modeled by medical school faculty can have the greatest impact on students?

A: I think that we should keep in mind that students are always observing us. If we are modeling compassionate interactions within the team, that is what they will learn.

At Penn State, we have a Department of Humanities for the medical school. In their first 18 months, medical students have a humanities curriculum in which they learn about ethics, professionalism, compassion and the challenging conversations they will have with patients. Then, when they go to clinical rotations, they will build on the professional demeanor and interactions they observe. If they have a good mentor, that's great. But if they see negative models, that's what they latch onto. So it's important to think about how we are modeling behaviors.

I work with a number of fourth-year students in a communication course. They often bring into the discussion stories of the communication styles they see. For example, one student observed a patient who started to cry after being given a diagnosis. The attending ignored the patient's reaction and turned to the computer. The student was confused to see this, because it wasn't compassionate or empathetic at all. We know it happens in the medical setting, not because physicians are awful people, but for many different reasons. It may be because of time pressures, and also because medicine becomes very routine.

Doctors can lose track of how emotionally difficult it is for patients and for new people entering the field. They can lose their ability to empathize. Yet if students have seen compassionate, empathetic behavior modeled in spite of time pressure, they remember that.

Q: What are the worst behaviors and attitudes that can be perpetuated?

A: Any time we show a lack of respect, it can be hard. When a student asks a question and the answer is harsh, that can have a negative impact. Making a student feel worthless and embarrassed for not knowing something shows a shows lack of respect. Yes, we want students to know what they need to know, yet we should think about reserving criticism for a private conversation. That's when we can also counsel them on what additional study they might need, rather than embarrassing them in front of other people.

(Continued on page 2)

"I do what I do to inspire people. They can't be inspired by an ego, a big-headed person. It doesn't work. It doesn't match...I want to be real. Don't put me on a pedestal. I'm human. I make mistakes, I cry, I hurt - just like you."

La'Porsha Renae, American musician

Effective Role Models Demonstrate Respect, Empathy

"Everyone knows someone struggling in some kind of way. You are a role model to so many people, even if you don't realize it. Take someone under your wing. Show them the right way to do things."

Michael Oher, American athlete

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Gary L. Wood & Associates, P.A.
4700 N. Habana Avenue Suite 300
Tampa, FL 33614
www.woodassociates.net

Editor
Patricia N. Alexander, Ph.D.
palexander@woodassociates.net

Writer
Susan H. Burnell, APR
SusanBurnellAPR@gmail.com

(Continued from page 1)

Students want to be good physicians. So we need to demonstrate a good level of respect for them and for patients.

Q: Are there ways doctors and professors can gauge whether they are effective role models?

A: There may be a certain blindness to that. It's hard for students to give feedback during their clinical years. Even if the feedback is anonymous, there are challenges, because of the small group size rotating through. If a student's attending is not treating them well, they're unlikely to provide comments. They worry that they'll be targets, or not given a good grade or letter of recommendation.

So how do we discover who the good teachers and role models are? Some of it can come from colleagues and training. At Penn State we have a junior faculty development program that focuses on teaching and research. It addresses good ways to model behavior and teach students.

We should always be thinking about our professional growth as doctors and educators. We can also check in with colleagues to ask "am I providing good teaching, and modeling what I want people to do?" It's tricky sometimes, because the professors who are teaching in an old style, grilling students, or behaving in a brusque way during patient encounters don't see it as a problem.

Patients' feedback on our performance can be useful. If patients wouldn't recommend us, that might mean there's something missing in our interpersonal communication, which could missing in our communication with students as well.

Q: What still gets in the way of doctors consciously modeling positive values and behaviors?

A: Time pressures and demands on physicians continue to increase. Electronic medical records are supposed to make things easier, but often that just means we have more steps to make.

And, this is important—as we get more involved in medicine, we can forget how hard diagnoses and illness can be as a whole for our patients.

I remember when my own mother was diagnosed with glioblastoma. In my conversation with her doctor, she acted as though she was almost excited about the diagnosis. "You were right, it's a brain tumor!" she told me. She was so caught up in solving the medical mystery she forgot who she was talking to.

Q: How can positive role models make a difference in a young doctor's career success?

A: A lot of what students learn is outside of books. Students will talk about physicians and attendings who made a huge impact on their lives. As doctors, we all know colleagues who are good to talk to and willing to mentor. A role model should have the ability to listen, to be present in moment with students and patients, and be ready to help connect students to role models in other fields, so they can continue to grow.

I know there a lot of great physicians out there. We made it through all the hurdles ourselves, but that doesn't necessarily mean we have to teach the same way we were taught. We might have to adjust our teaching techniques, and bring in new styles. We always want to show respect and compassion, and actively demonstrate the positive behaviors we want to perpetuate. Anything we can do to improve our students' experience is worthwhile.

Resources

Martha Peaslee Levine, M.D. blog: http://www.psychologytoday.com/blog/your-write-health

The Arnold P. Gold Foundation: http://www.gold-foundation.org/

Twelve Tips for teaching medical professionalism at all levels of medical education, by Mohamed Mostafa Al-Eraky https://www.ncbi.nlm.nih.gov/pubmed/25776227