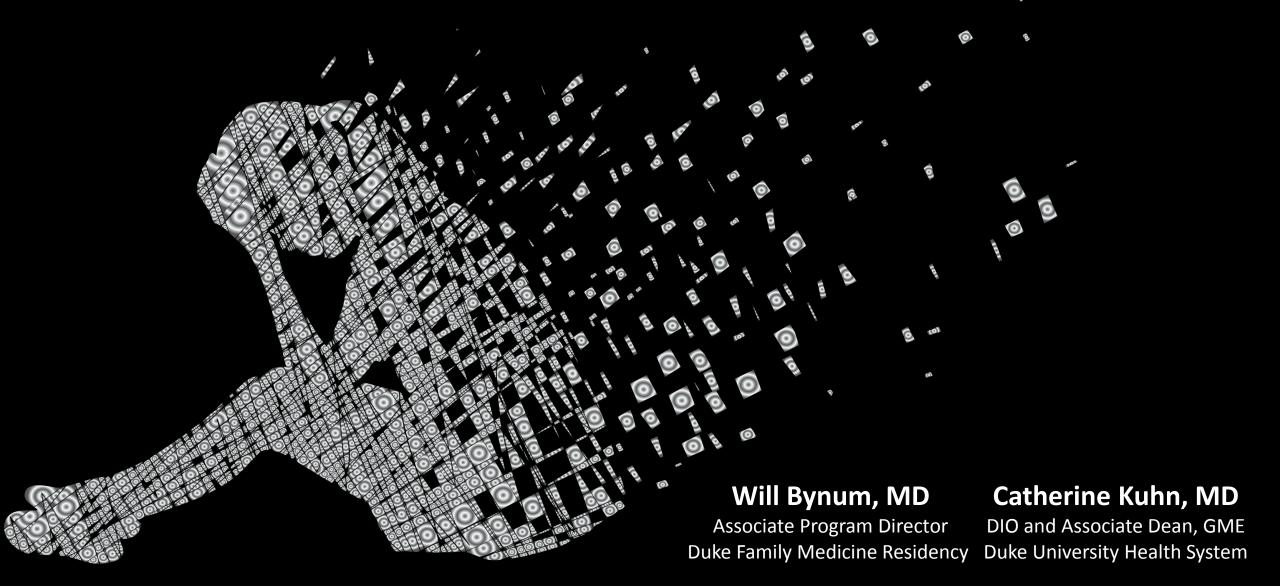
Remediating without shaming

Addressing unprofessional behaviors without inducing shame



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What we're exploring:

- Shame as a <u>driver</u> of unprofessional behaviors or <u>moderator</u> of the response to remediation
- The psychology of self-conscious emotions
- Specific strategies to remediate in a way that mitigates shame



Research Report

Sentinel Emotional Events: The Nature, Triggers, and Effects of Shame Experiences in Medical Residents

William E. Bynum IV, MD, Anthony R. Artino Jr, PhD, Sebastian Uijtdehaage, PhD, Allison M.B. Webb, MD, and Lara Varpio, PhD

The Story

"Your PGY-3 resident Jonathan just yelled at me and cussed me out"

The Story

- At baseline, a very talented resident, a bit difficult to work with at times, not the best team player
- Very irritable at work the last two days
- Missed a critical portion of the exam on a sick patient
- Upon giving him feedback, he was...
 - Defensive
 - Angry
 - Verbally combative

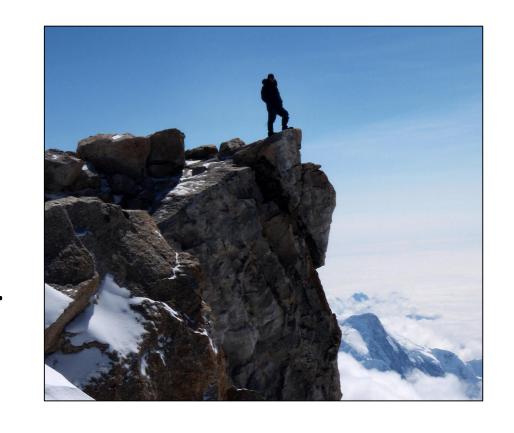
Brief Pair-Share Activity

At this moment, you are the person responsible for responding to this situation in your program.

- What specifically would you do and how would you do it?
- What other information do you need?

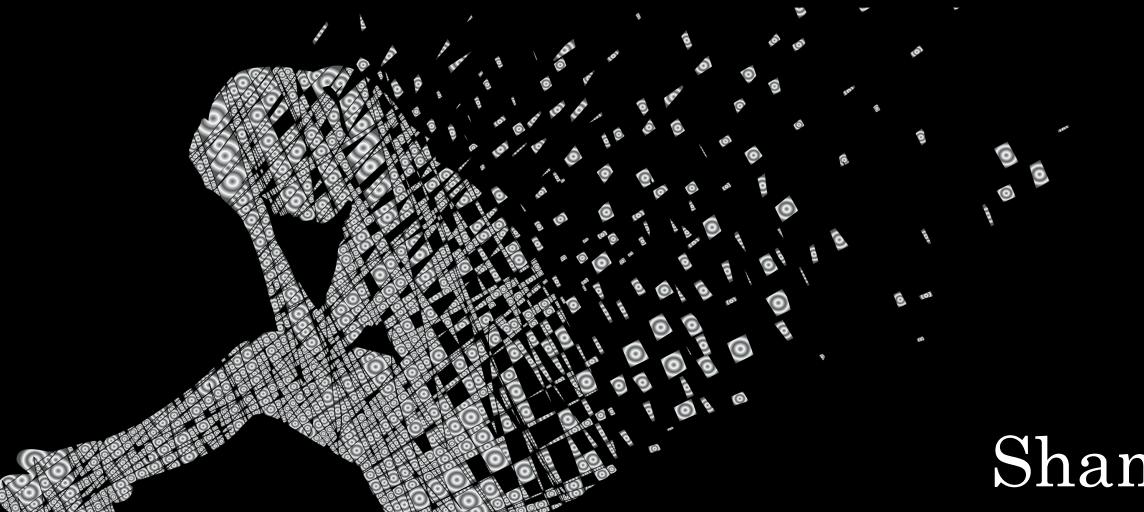
More of the story

2 days earlier, Jonathan was not selected to be the next chief resident.



"The Chief Residents are always kind of thought to be the golden children of the program, the best the program has to offer: brightest, the best leaders, and all that stuff."

"Inwitaallet dawn and peels liker joust hike duhat exemple sied waste, t godooch en niost gheat de thei mæded wate judis bikiestelds blæded, amd like rohighs time was just kind of angry."



Shame

"I'm not _____ enough"

Shame

Tracy & Robins' Theory of Self-Conscious Emotion



Focus directed inward



Self-representations activated



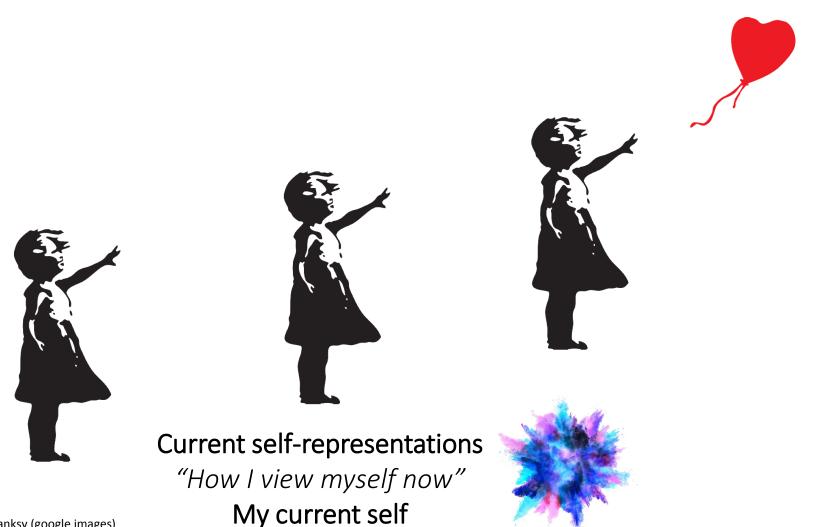
Self-evaluation generated

Is there congruence?

Stable & long-term self-representations

"How I want to view myself both now and in the future"

My ideal self



Pride Shame Guilt

To what do I attribute the action/event?

Something

GLOBAL

&

STABLE

about myself

SHAME

HUBRISTIC PRIDE

Something

SPECIFIC

&

UNSTABLE

about myself

GUILT

AUTHENTIC PRIDE

"I AM BAD"

"I AM NOT ENOUGH"

"I AM INHERENTLY FLAWED"

"I NEED TO FIX MYSELF"

SHAME



Desire to hide
Disengagement with learning
Impaired belonging
Emotional distress

"THIS THING I DID IS BAD"

"I MADE A MISTAKE"

"I AM ENOUGH"

"I NEED TO IMPROVE AT

GUILT

Reparative Action
Engagement with learning
Promotes belonging
Healing



Shame can be caused by events related to



Patient Care

e.g. making a medical error, showing emotion to a patient



Learning

e.g. answering questions wrong in public, undergoing remediation



e.g. failing to become chief resident

Sentinel Emotional Events: The Triggers, and Effects of Sham Medical Residents

William E. Bynum IV, MD, Anthony R. Artino Jr, PhD, Se Allison M.B. Webb, MD, and Lara Varpio, PhD

These factors can contribute to shame

high focus on performance

comparisons to others

perfectionism



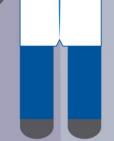
difficulty with subjective standards

fear of judgment



social isolation & impaired belonging

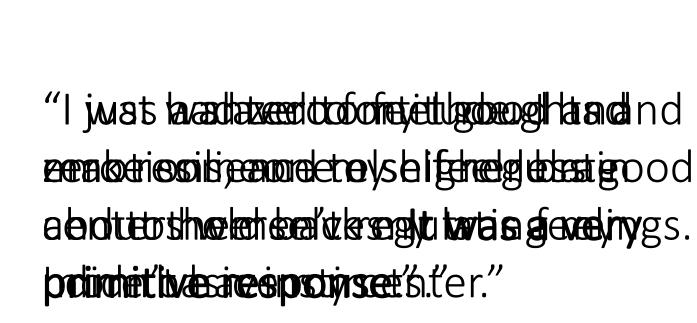
disengagement from learning

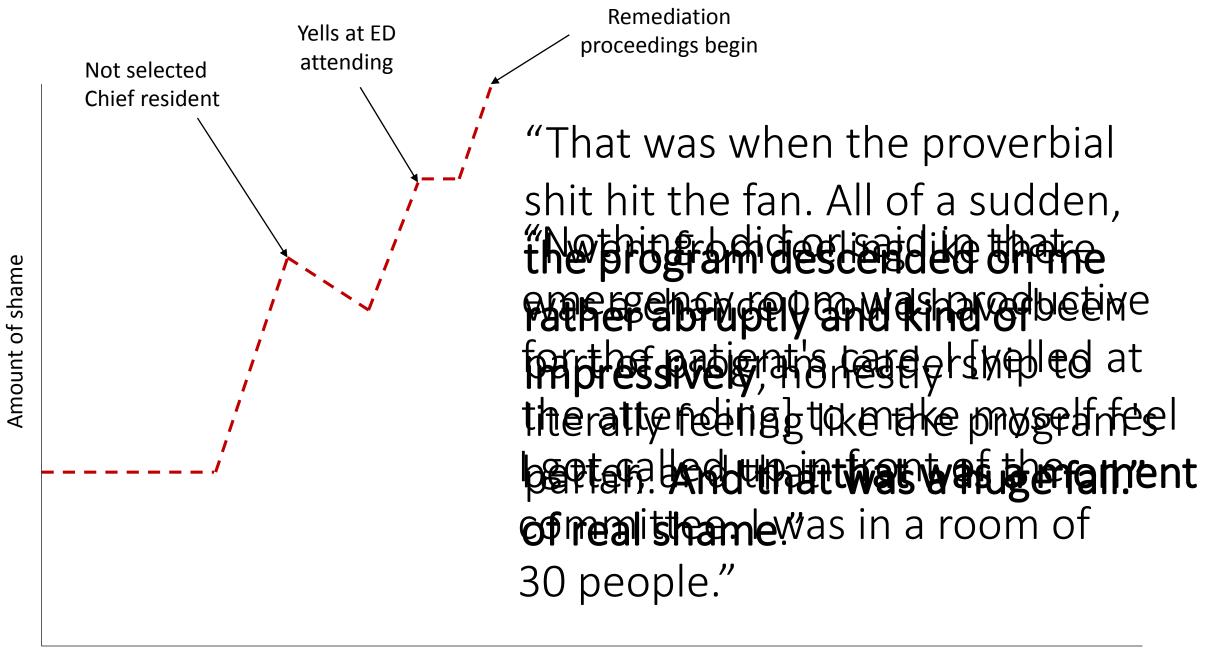


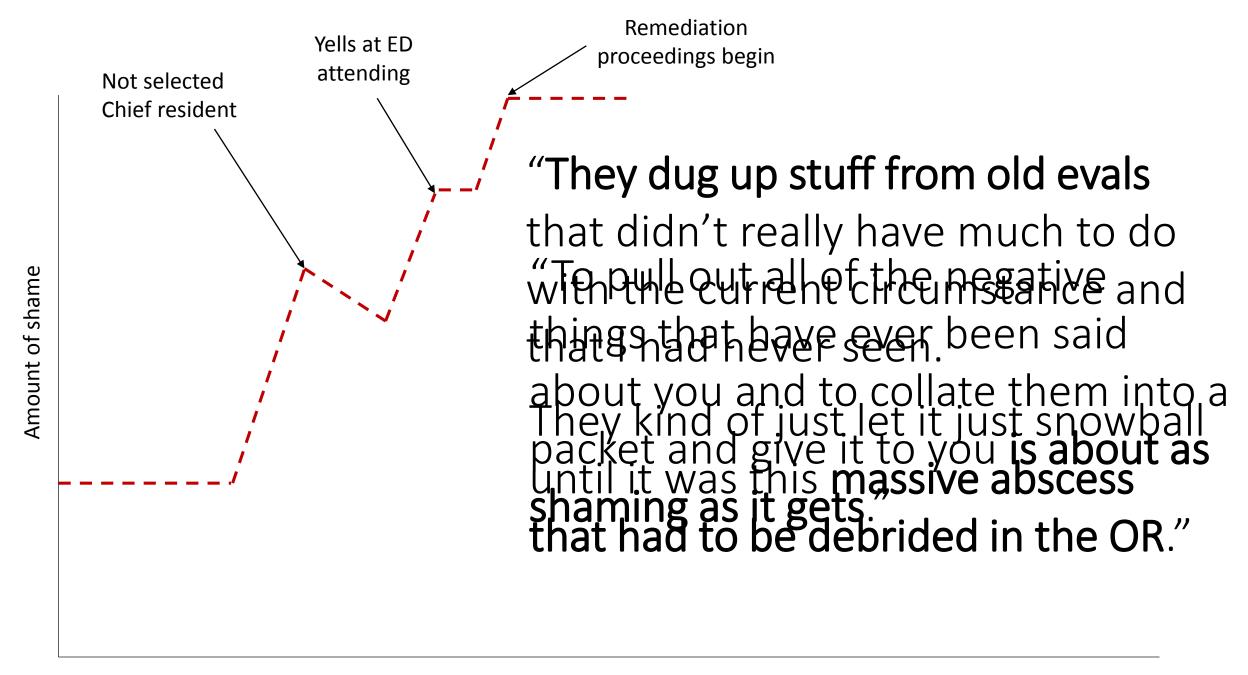
impaired empathy

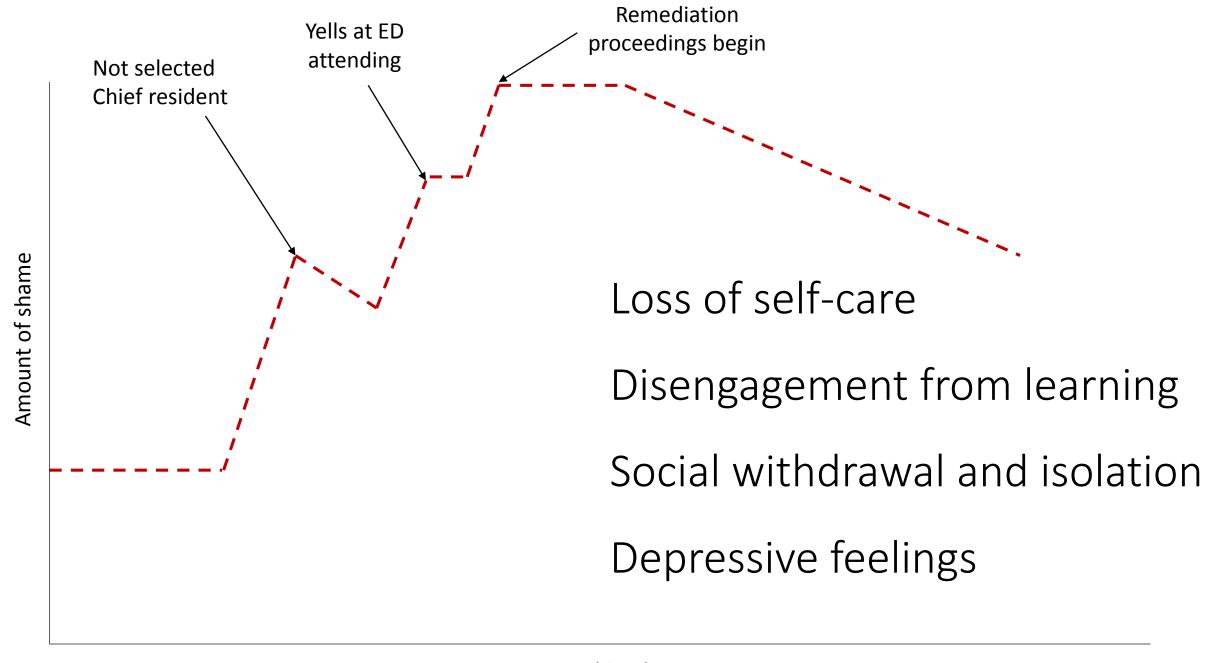
diminished psychological & physical wellness

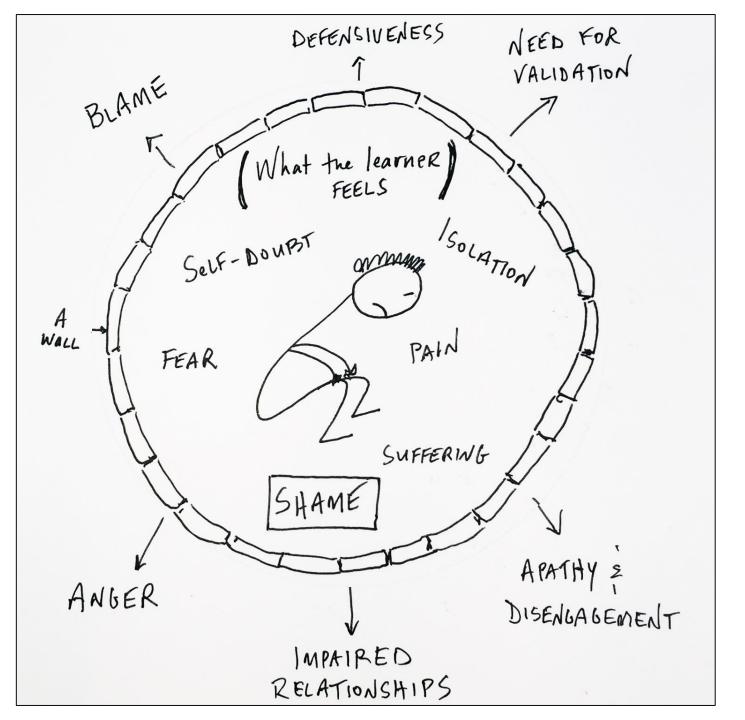
The levest tate of the story Chief resident







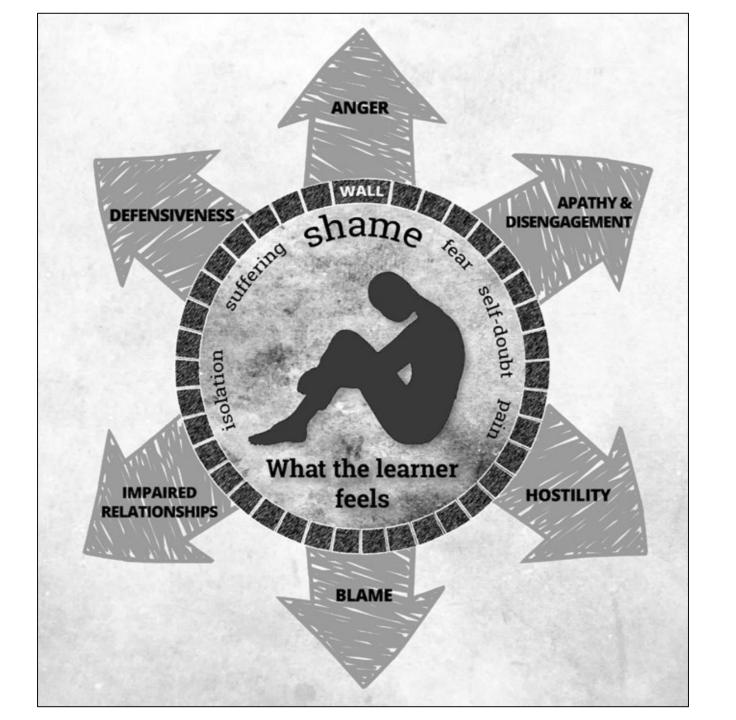




"I don't see shame – I see anger directed at others. In fact, this person doesn't seem particularly inclined to feel shame."

"This is starting to feel like a martyr complex/victim complex. It's all 'them' who are attacking 'amazing me."

"This guy is unlikeable. I'd love to meet his wife."



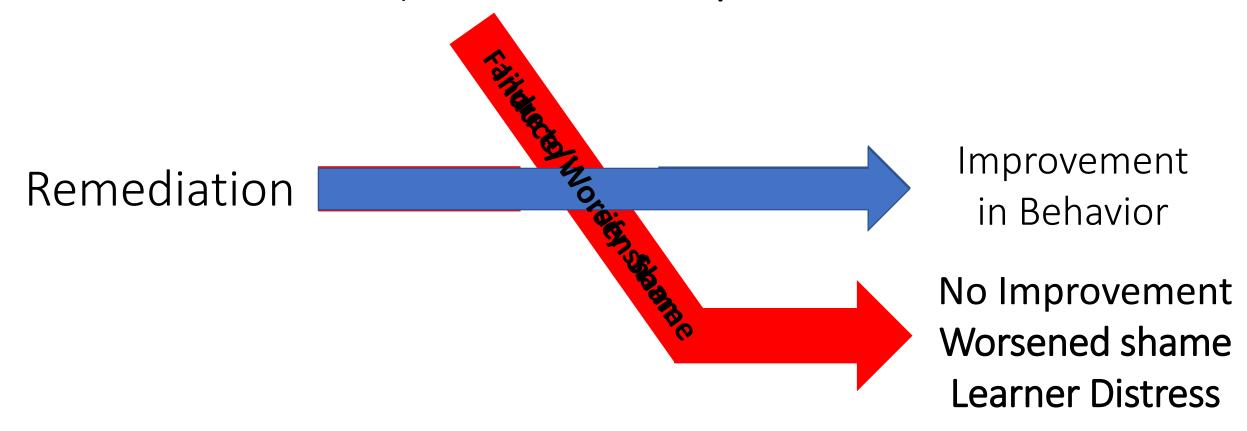
Distinguishing Three Unprofessional Behavior Profiles of Medical Students Using Latent Class Analysis

Marianne C. Mak-van der Vossen, MD, Walther N.K.A. van Mook, MD, PhD, Joyce M. Kors, MA, Wessel N. van Wieringen, PhD, Saskia M. Peerdeman, MD, PhD, Gerda Croiset, MD, PhD, and Rashmi A. Kusurkar, MD, PhD

Behavioral themes described in evaluation forms (n = 37)		Brusque–hostile or argumentative communication
Student mentioned personal circumstances to teacher	Not meeting deadlines	
	Not following up on activities related to patient care	
Insecurity and inability to work independently	Poor initiative	Unprofessional nonverbal communication
	Avoiding feedback	Not listening
Work too detailed and working	Failure to engage	Ignoring e-mails or other contacts from teaching or administrative staff
pace too low		Inadequate communication
Inadequate relationships		
	General disorganization	
Poor collaboration		Inadequate mastery of Dutch language
	Poor academic skills	Inadequate written communication (including e-mail and social media)
	Does not act in a truthful and trustworthy manner	Does not accept feedback
No self-improvement	Plagiarism	Does not incorporate feedback
Lack of commitment		Does not share emotional experiences and
	Does not obey rules and regulations	does not ask for help
Late or absent for assigned activities		No insight into own behaviors
Unprepared for activities		
No accountability	••	No insight into emotions of others

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Learner shame may influence the way remediation is received



- Need to **identify** and **mitigate** learner shame **early** in the process.
- Remediate in a way that avoids shame & promotes engagement.

Small Group Discussions



Discuss a situation in which learner shame may have driven the behavior being remediated or influenced the response to remediation.



How did you or others handle that remediation process?



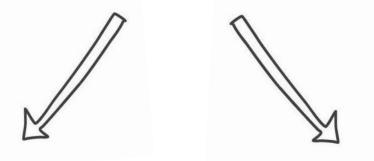
Considering the potential presence of learner shame, how might you have handled that process differently?



What specific strategies can we use to remediate learners without prolonging, amplifying, or inducing shame?

Final Thoughts

8 simple strategies to remediate without inducing shame

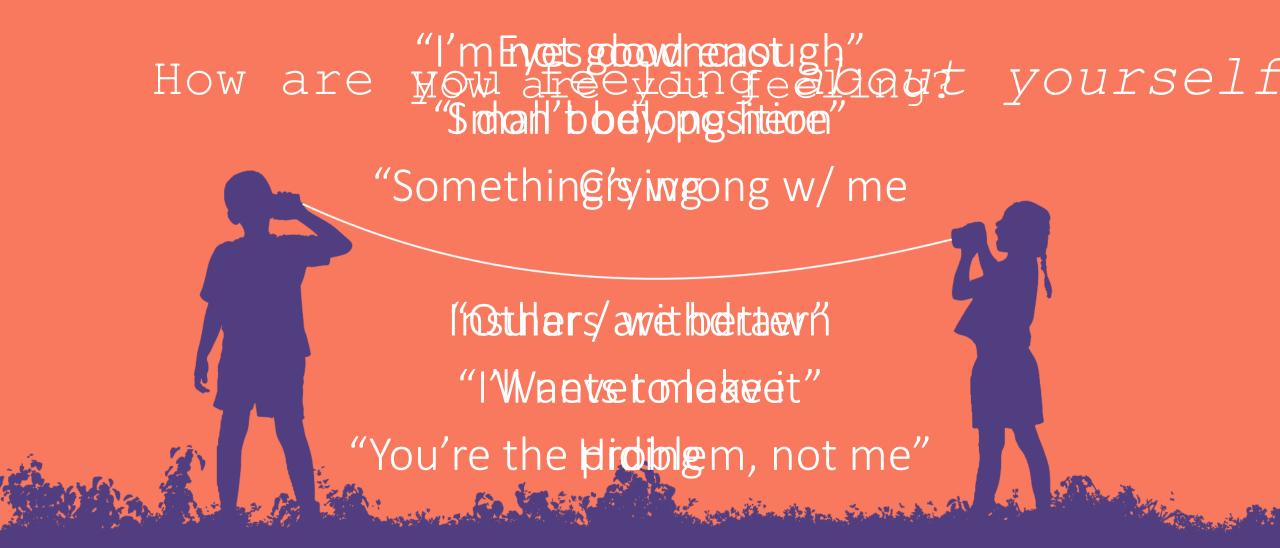


Individual

Program



Be very mindful of your own emotional reaction to the learner



Listen for shame

Look for shame

Ask about shame

Focus on actions or behaviors that can be changed.

You're a bad dog

You did a bad thing

"Let's fix it"



Leverage guilt & transition the blame

The program director is critical

Empathize

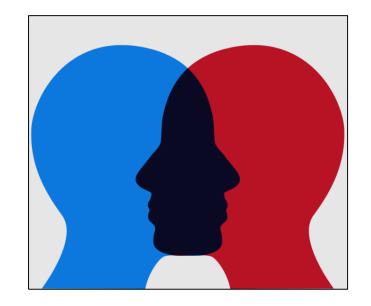
"I know this is difficult"

De-Stigmatize

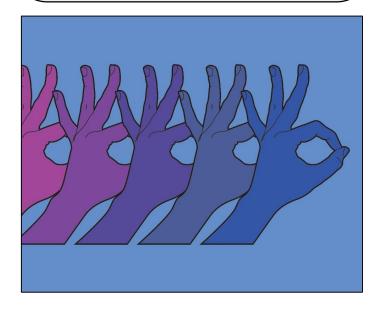
"You are not the 'only' one"

Normalize

"When I was this happened to me"







Remediate with [emotional] safety in mind

Advisor/confidant for resident

Well-being visit

Coaching/ Counseling



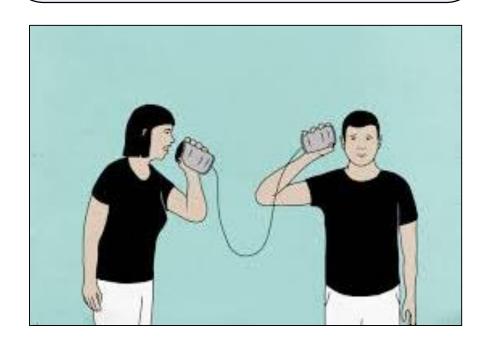
Leverage the CCC to build a partnership

CCC member presents information to resident (engages CCC)

Program Director is

partner for problem solving

(decreases targeting)





Help the resident visualize the future

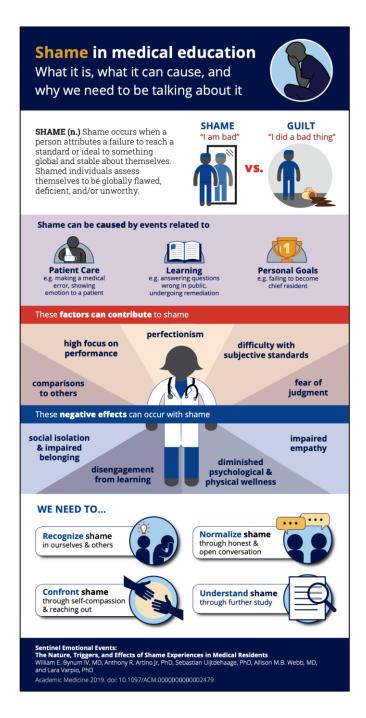
What specific goals remain? How to achieve them?

How can we leverage this disappointment for growth?



On the Conference App...

Reference List



HOW TO REMEDIATE WITHOUT SHAMING



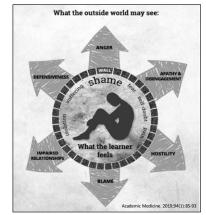
Consider the presence of unrecognized shame

Shame: an emotion that results from a global, negative self-evaluation

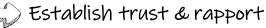
"IAM BAD" "I AM NOT ____ ENOUGH" "I AM FLAWED & DEFICIENT" "I DON'T BELONG HERE"

WITHDRAWAL & ISOLATION DISENGAGEMENT W/LEARNING DEFENSIVENESS, ANGER LOSS OF SELF-CARE

Some unprofessional behaviors may be a manifestation of unrecognized shame. Hold the learner accountable for the behavior without worsening the shame.



✓ To assess for shame Ask "How are you feeling about *yourself?*"



- ✓ Carefully manage your own emotional reaction to the learner
- ✓ Maintain the privacy of the learner

Partner & Empathize De-stigmatize & Normalize with the learner the shame feelings



Remediate via focus on growth, active support

- ✓ Use remediation as growth opportunity w/i safe environment
- ✓ Focus on actions that can be changed & not the whole person "You're not bad. You did a bad thing, and we need to fix it."
- ✓ Provide counseling resources & psychological support
- ✓ Provide active follow-up. Assess for & mitigate shame.

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Thank you!





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