FOR CLARITY/TRANSPARENCY: This is not a transcription. We are creating these minutes in order for there to be insight into the ongoing discussions of the Task Force. This summary is not intended to be, nor is it capable of being, exhaustive. The commentary described below is not intended to reflect direct quotes and may not comprehensively inclusive of all comments/questions/thoughts. Additionally, sensitive discussions/information may be omitted due to respect for the persons coming to speak with us.

Professionalism Task Force, Inaugural Meeting

Present:

Victoria Belancia, Fatima Warsamb, Javier Pineda, Josh Huddelston, Chad Becnel, Darren Cheng, Abby Chaffin, Theresia Sutherlin, Jeff Dumond, Ben Ogola, Lucy Goodwin, Bennetta Horn, Kendra Harris.

Poem: My Brain and my Heart Divorced by John Roedel

- First: Do we want to move forward mostly in person or do we want to move forward mostly with ZOOM?
  ○ Visual vote of those present: ZOOM
- Second: Extended introductions. Each task force member shared why they nominated themselves, what their interests are and information about their backgrounds.

- Discussion of the Professionalism Reporting system
  ○ The Professionalism Program was developed at Vanderbilt - Cup of Coffee. Initially was for faculty.
  ○ But no limitations currently about what could be submitted: residents, staff, medical students
    ▪ Possibly another system under development, specific to medical students?
    ▪ Why?
      □ Desire for a system to be more granular; possibly with involvement of Dr. Anneliese Singh.
      □ Restorative Justice - radial and social justice framework for Medical Education
      □ There is a written prospectus by medical students related to curricular change available
        ♦ What is the difference between seeking curricular change/evolution and having a system to report unwelcome/unprofessional behaviors
      □ NOTE: Karen Weisenburg functions as an ombudsman for medical students
- What is the current definitive of professionalism?
  ○ Proposed: Behaviors and processes that contribute to relational trust
  ○ Professionalism versus psychological safety
  ○ Professionalism encompasses historically important ideas but the term has linguistic baggage
- What is the current availability of training to support development of professionalism?
  ○ If such training exists, what is it?
  ○ Point: It matters what it is and how it is implemented - that is training is only as good as its content
  ○ We all acknowledge there is such a thing as effective versus ineffective teaching/learning
- Correct focus? Why is professionalism important?
  ○ Psychological safety
  ○ Professionalism versus Patient safety - that is care is improved when all members can
- What are the reporting options for Residents?
  - There is complexity in terms of cross institutional training environments
    - Tulane Companion
    - APPLCML "Be-Safe"
    - Oschners "near miss"
    - Resident and fellow
    - congressReps to GME
    - Program directors
    - Department Chairs

- Problems
○ Does not appear there is a cross-institutional body that handles reporting across the learning environments that medical students, residents and faculty inhabit
○ If no unifying system exists, what ought the process be for learners, teachers and trainers across institutions?
  ▪ Who should be involved in terms of administration?
  ▪ How do we define the 'learning system'?
  ▪ Again, patient safety vs. professionalism?
  ▪ What is the difference between a suboptimal learning environment and unprofessional behavior?

- What about the idea of Professionalism as part of the 'Honor code'
  ○ Honor Board - convened body that involves students
  ○ Defined avenues for complaints held up against a set of rules/regulations/expectations
  ○ Who should weigh in? Be involved in terms of concern assessment and feedback?
    ▪ What about a cross section of student-resident-faculty determining the right response as opposed to vertical system wherein those in positions of greater power always adjudicate concerns for those with lesser power?
- Seems like there are redundancies among the administrative bodies?
  ○ Do different systems talk with one another?
  ○ Do the administrative structures communicate adequately with reporters?
  ○ Again, involvement of Dr. Singh in terms of restorative justice system of adjudicating concerns

- How ought we organize the activities of the Task Force?
  ○ With whom should we meet with?
    ▪ It is clearer who designed, participates and administers professionalism programs
    ▪ Less clear how we best gather input from persons using the system?
      □ What is the best tool to do this?
        ◆ Educational reach out - members of groups in the task force could go and do educational work among their cohorts - Harris with chairs, Cox/chaffin/aysenne with program directors, residents with residents, med studs with med studs, staff with staff?
        ◆ What about doing a survey?
          ◎ Where should we get a survey from?
            ▸ Validated versus self-created
            ▸ Specific questions with specific answer options versus qualitative?
            ▸ Expertise: coding qualitative responses
            ▸ Who administers?
              – Direct email from task force? Paper given by PDs/Chairs
              – Interviews/focus groups - requires qualitative expertise
              – Sampling error
              – Survey fatigue
            ▸ Who analyzes?
              – Outside review versus Tulane review
              – What about review by "Tulane" but outside medical school?
            ▸ Can we do a 'process improvement survey' without IRB approval?
            ▸ What about the Sensei Group? What did they do? How did they do it? What did they find?
  ○ First Steps: Group consensus that we start arranging to speak with administrators for the various known system
    ▪ Harris indicated she would reach out via email requesting each member send list of systems that they are aware of for each cohort (medical students, residents, faculty, staff)
      □ Perhaps Harris can arrange for persons to come and present to group
information about each system?
- What about meetings moving forward?
  ○ Advised to resend the DoodlePoll, given plan for ZOOM. Perhaps many additional time slots have opened to facilitate a convened group discussion