

Successful and Unsuccessful Strategies for Addressing Professionalism during Experiential Learning

Michele "Shelly" Lewis, PT, DPT, EdD, GCS, Thomas Jefferson University; Nicole K. Biltz, PT, DPT, NCS, Western University of Health Sciences
 Jamie Dunlap Coates, PT, DPT, GCS, Seton Hill University; Moyo B. Tillery, PT, DPT, OCS, FAAOMPT, Tufts University; Elsa Maria Drevyn, PT, DPT, University of Miami

Background

- The importance of professional behavior in the workplace is well documented in literature for various professions, ranging from health care to teaching to computer science.
- There are concerns that, even when students are explicitly taught professional behaviors, they are not displaying them in the workplace.
- Guidance for assessing and addressing professional behavior is often unclear.
- Primary purpose:** To describe successful and unsuccessful strategies implemented to address professional behavior issues.

Methods

- A novel survey was developed with input from an expert panel and was distributed to experiential learning supervisors across the country in various health care settings.
- The survey included questions related to the supervisor's demographic information, student professional behavior issues observed in the clinic, and strategies used to address the behavioral issues.
- Demographic data was analyzed via SPSS to generate descriptive statistics.
- Behaviors and strategies were analyzed via thematic analysis.

Results

- 240 respondents completed the survey
- The majority:
 - were between 30 and 49 years old
 - had between 4 and 20 years of being an experiential learning supervisor
 - had been a supervisor for 4 to 20 students
- 152/240 (63%) reported being a supervisor for at least one student who exhibited professional behavior issues (Table 1).
- 67/152 (44%) noted these behaviors jeopardized the successful completion of one or more experiences,
- Sixty-seven percent of these jeopardized experiences were reported as unsuccessful.

References & Contact Information:



Table 1. Unprofessional Behaviors Witnessed

Themes	Subthemes	Exemplar Quotes
Accountability Not meeting expectations; lack of follow-through; not taking work seriously	- Attire - Preparedness - Responsibility - Timeliness - Time management	"Lack of responsibility" "Dirty tennis shoes, wrinkled top, crop tops, t-shirts with inappropriate language" "Laxity surrounding HIPAA compliance." "Not completing outside work as requested. For example, asked student to review special tests for an upcoming initial evaluation, the student had not reviewed the material by the day of the evaluation."
Emotional Intelligence Recognizing, managing, and expressing emotions inappropriately based on the setting and/or situation; poor responses to feedback and immature behavior	- Emotional intelligence/control - Maturity - Self-awareness	"Crying due to being frustrated" "A student left a session in the middle of it because he became irritated with the patient." "Defensiveness when feedback is provided" "A student was angry and kicked a bookbag across a treatment room."
Engagement Not being proactive or attentive to tasks; acting disinterested, appearing distracted, or inappropriately addressing personal matters while in the clinic.	- Attention - Initiative - Phone Use	"Falling asleep while observing interventions." "Zoning out during patient care and messaging friends on computer rather than documenting" "Playing with their phone even after it being acknowledged, had a sit down with their professor and subsequently began wearing an apple watch to continue being 'plugged in' without a visible phone"
Interpersonal Skills Inappropriate, disrespectful, and biased behaviors toward clinic staff and patients; difficulty with establishing rapport; not trustworthy; poor verbal and nonverbal communication	- Appropriateness - Coachability - Communication - Respect	"A student commented on his patient's appearance by saying loudly [expletive] while looking her up and down." "A student made an inappropriate racial joke." "If I would ask him clinical questions related to a patient (i.e. billing) that he did not want to answer he would say things like "I did not think that had to be a teaching moment" meaning he just wanted me to give him the answer instead of thinking about it for himself." "Conversations that are overly chatty/inappropriate" "Lack of appreciation for [supervisor]'s time and effort put into teaching."
Safety Inability to maintain a safe environment for self and patients; improper hand hygiene, body mechanics, equipment use, and cell phone use; poor reasoning skills	- No subthemes found	"Leaving patients unattended in the bathroom before it was safe." "Advancing a patient's exercises without prior discussion/authorization from the [supervisor]." "Providing a patient with thin liquids when the patient was on a modified diet that required thickened liquids."

Note: No major differences were found between general reporting of unprofessional behaviors and reporting of unprofessional behaviors that rose to the level of jeopardizing the experience.

Table 2. Successful Strategies for Addressing Unprofessional Behavior

Themes	Subthemes	Exemplar Quotes
Action Plan Development Devising strategies with multiple stakeholders to address the unprofessional behaviors.	- Collaboration - Goal Establishment - Preparatory and/or Additional Work	"We were able to establish a time for the student to get remedial help for chart reviewing patients and discussing difficult cases with their professor." "Providing tasks for the student to complete outside of clinic hours to prepare for patients." "Created a behavior plan with the student, [school] and [site]." "Made a behavior plan/contract with the school to address behaviors and create goals"
Communication Verbal and/or written interactions between 2 or more of the following stakeholders: academic program, clinical partner, and student.	- Feedback (Constructive, Immediate, Private) - Formal Documentation - Information Sharing	"Contacted the [school] regarding the student's refusal to prepare outside of clinic hours. The [school] communicated with the student and the behavior changed." "Speaking frankly with the student, I spoke with the [school] as well who also met with the student separately." "Starting a formal weekly meeting with written feedback on goals for the week" "Positive feedback as often as possible and every time the correct behavior was observed." "Having a code word. If I noticed the student teetering on unprofessional behavior, I would give her time to self-correct and if she did not, I would say a code word. That way, the student knew what I was talking about but I wasn't calling her out in front of the patient."
Expectation Setting Establishing and maintaining a baseline for appropriate professional behaviors.	- Clarify Consequences - Describe Appropriate Behaviors - Policy Review - Role Modeling	"I typically tell a student that the behavior will be written on their [formal assessment tool]. If the behavior happens again, there will be a call made to their school. If the behavior continues beyond that, their internship maybe terminated." "Discussing respectful interactions with everyone including support staff." "Review of dress code. Informed student that additional dress code infractions would result in being sent home and the hours would be made up another day." "Citing policy regarding cell phone/social media." "Demonstration of appropriate interaction."

Conclusions

- Any unprofessional behavior can rise to the level of jeopardizing an experience.
- Ineffective strategies to address student unprofessional behavior involve:
 - delaying or avoiding addressing unprofessional behavior
 - feedback that is subtle
 - sole focus on consequences of not meeting expectations
 - leniency of expectations
- Effective strategies to address student unprofessional behavior involve:
 - being specific about observed unprofessional behavior
 - clarifying expectations
 - role-modeling
 - giving private, immediate, and constructive feedback,
 - communicating and collaborating with all stakeholders
 - developing an action plan to address the behaviors.

Implications

- Supervisors who address professionalism issues successfully contribute to the student's professional development, better preparing them for entry into the workforce.
- When faculty are aware of effective and ineffective methods of addressing professional behaviors, they can better collaborate with experiential learning supervisors to foster student professional growth and successful learning experiences.

Table 3. Unsuccessful Strategies for Addressing Unprofessional Behavior

Themes	Subthemes	Exemplar Quotes
Expectations Clarifying standards of professional conduct and ramifications of misconduct.	- Consequences - Describe Appropriate Behaviors - Leniency - Preparatory Work	"Not having actionable consequences." "Verbal warnings, explanation of expectations, written warning." "Specific reminders to clean hands between patients." "...the Covid leniency and multiple "chances" schools were forced to give during pandemic education are carrying over to the clinic. I feel the student knew they would continue to get re-dos and more chances from school." "Instructing student in increased preparatory work to feel comfortable with clinical reasoning and improve student's comfort in the visit. The student was unable to consistently commit to preparatory work."
Feedback The type and timing of communication regarding the unprofessional behaviors.	- Delayed - Immediate - Subtle	"Delayed communication at the end of the week during goal setting." "Discussing immediately afterward - student was too emotional to process." "Subtle suggestions, this student required clear input." "Hinting at the situation, less direct communication."
Inaction Not addressing or delaying addressing unprofessional behaviors.	- Clinical Instructor with Student - Clinical Instructor with Program - Program Support	"Not addressing the behavior and waiting for them to just get that it is not appropriate." "Letting behaviors slide because I felt it was their first clinical and they were nervous." "Waiting until the midterm meeting to discuss all areas of concern was a mistake. It would have been better to address these items individually with the student as they arose." "I should have involved the [school] sooner." "Did not receive [school] support to resolve issues / concerns." "Weekly reflection form in this case wasn't successful because I needed assist from the school."
Information Sharing Notification of, and discussion about, the unprofessional behaviors among 2 or more stakeholders through verbal and/or written means.	- Discussions - Formal Documentation - Meetings	"Reporting behaviors on [formal assessment tool]." "We had meetings with the [supervisor], student, [school], and [site coordinator] but could not resolve the issue." "Only speaking with student one-on-one. It would have been more helpful to have a second person witness the conversation." "Weekly meetings with the student to discuss weekly goals and challenges."