Remediating without shaming
Addressing unprofessional behaviors without inducing shame

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What we’re exploring:

- Shame as a **driver** of unprofessional behaviors or **moderator** of the response to remediation

- The psychology of self-conscious emotions

- **Specific strategies** to remediate in a way that mitigates shame
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.”
"I was let down and I felt like just like whatever I did wasn't good enough. I felt inadequate, just shocked, and I didn't want to think about it. I was just kind of angry."
“I’m not ________________ enough”
Tracy & Robins’ Theory of Self-Conscious Emotion

Focus directed inward

Self-representations activated

Self-evaluation generated

Image credit: Banksy (google images)
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

Current self-representations
“How I view myself now”
My current self

Image credit: Banksy (google images)

To what do I *attribute* the action/event?

Something **GLOBAL & STABLE** about myself

- **SHAME**
- **HUBRISTIC PRIDE**

Something **SPECIFIC & UNSTABLE** about myself

- **GUILT**
- **AUTHENTIC PRIDE**
“SHAME”

“I AM BAD”

“I AM NOT ___ ENOUGH”

“I AM INHERENTLY FLAWED”

“I NEED TO FIX MYSELF”

“GUILT”

“This thing I did is bad”

“I MADE A MISTAKE”

“I AM ENOUGH”

“I NEED TO IMPROVE AT _____”

Desire to hide
Disengagement with learning
Impaired belonging
Emotional distress

Reparative Action
Engagement with learning
Promotes belonging
Healing

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

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

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

- **Personal Goals**
  - e.g., failing to become chief resident

These factors can contribute to shame:

- **Perfectionism**
  - high focus on performance

- **Comparisons to others**

- **Difficulty with subjective standards**

- **Fear of judgment**

- **Social isolation & impaired belonging**

- **Diminished psychological & physical wellness**

- **Impaired empathy**

- **Disengagement from learning**
Yells at ED attending

"I just had to feel good and react to negative self depicted as good about the negative feelings. It was a primitive response."
“That was when the proverbial shit hit the fan. All of a sudden, the program descended on me rather abruptly and kind of impressively, honestly. I went from feeling like there was a chance I could have been part of program leadership to literally feeling like the program's pariah. And that was a huge fall of real shame."

"Nothing I did or said in that emergency room was productive for the patient's care. I [yelled at the attending] to make myself feel better, and that was a moment of real shame."

"That was when the proverbial shit hit the fan. All of a sudden, the program descended on me rather abruptly and kind of impressively, honestly. I went from feeling like there was a chance I could have been part of program leadership to literally feeling like the program's pariah. And that was a huge fall of real shame."
“They dug up stuff from old evals that didn’t really have much to do with the current circumstance and things that have ever been said about you and to collate them into a packet and give it to you is about as shaming as it gets.”

They kind of just let it just snowball until it was this massive abscess that had to be debrided in the OR.”
Chief resident

Amount of shame

- Not selected
- Yells at ED attending
- Remediation proceedings begin

Time (days)

Loss of self-care
Disengagement from learning
Social withdrawal and isolation
Depressive feelings
“This is starting to feel like a martyr complex/victim complex. It’s all ‘them’ who are attacking ‘amazing me.’”

“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
<table>
<thead>
<tr>
<th>Behavioral themes described in evaluation forms (n = 37)</th>
<th>Brusque–hostile or argumentative communication</th>
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<tr>
<td>Student mentioned personal circumstances to teacher</td>
<td>Not meeting deadlines</td>
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<tr>
<td>Insecurity and inability to work independently</td>
<td>Not following up on activities related to patient care</td>
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<tr>
<td>Work too detailed and working pace too low</td>
<td>Poor initiative</td>
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<td>Inadequate relationships</td>
<td>Avoiding feedback</td>
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<td>Failure to engage</td>
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<td>Unprofessional nonverbal communication</td>
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<td>Not listening</td>
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<td>Ignoring e-mails or other contacts from teaching or administrative staff</td>
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<td></td>
<td>Inadequate communication</td>
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<td>General disorganization</td>
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<td>Poor collaboration</td>
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<td>Poor academic skills</td>
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<td>Does not act in a truthful and trustworthy manner</td>
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<td>Plagiarism</td>
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<td>Does not obey rules and regulations</td>
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<tr>
<td>No self-improvement</td>
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<td>Lack of commitment</td>
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<td>Late or absent for assigned activities</td>
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<td>Unprepared for activities</td>
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<td>No accountability</td>
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<td>Inadequate mastery of Dutch language</td>
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<td>Inadequate written communication (including e-mail and social media)</td>
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Key Take-Aways

- Learner shame may contribute to or drive unprofessional behavior.
- 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.
How are you feeling about yourself?

“I’m not good enough”
“Something’s wrong with me
“Others are better”
“Wants to leave”
“You’re the problem, not me”

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”
DROP THE DEAD WEIGHT

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

*I AM BAD*
*I AM NOT ___ ENOUGH*
*I AM FLAWED & DEFICIENT*
*I DON’T BELONG HERE*

Potential Effect:
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?”

Establish trust & rapport
✓ Carefully manage your own emotional reaction to the learner
✓ Maintain the privacy of the learner

Partner & Empathize
De-stigmatize & Normalize
with the learner

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.
Thank you!

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