Chapter 4
Stress and Its Impact on Professionalism

Stress pervades pediatrics residency programs. Studies indicate that the prevalence of burnout is significant among all residents, ranging from 55% to 76%. Professional behavior is particularly threatened during times of burnout. Stress caused by a combination of factors including sleep deprivation, the pressures of the work environment, the vulnerabilities (lack of knowledge and experience) of residents inherent in the training process, and the acuity and complexity of patients.

The ways in which stress can influence professionalism may include a lack of commitment to one’s professional responsibilities or a state of detachment in providing clinical care, a lack of insight and failure to recognize when one is practicing in an impaired state, and a state of tension in attempting to balance one’s personal and professional life. In addition to the impact that stress has on the individual, stress within a patient care team can have a substantial impact on team members and team function. The aim of this section is to raise awareness and promote understanding about the impact of stress on professional behavior in individuals and team members.

The Charter’s preamble contains an explicit statement demanding that the interests of patients be placed above those of the physician. This demand may at times be the basis for the state of tension that exists as an individual attempts to balance personal and professional life. The Physician Charter addresses stress and its impact on professionalism in several sections:

- **Principle of primacy of patient welfare**
  One of the fundamental principles of the charter is that physicians are expected to be dedicated to serving the interests of the patient, not allowing market forces, societal pressures, or administrative exigencies to compromise this principle. Implied, but not stated, is the importance of not allowing one’s personal life to impact adversely the primacy of patient welfare.

- **Commitment to professional responsibilities**
  This responsibility includes the obligation to participate in the process of self-regulation, including remediation and discipline of members who have failed to meet professional standards. Maintaining high standards for professional behavior even under times of stress is a responsibility that we share for ourselves and for our colleagues. Recognizing and reporting lapses in professional conduct through the appropriate professional channels is an element of this commitment.
Behavioral Statements

The components of professionalism and the impact of stress listed above provide general goals. It may be helpful to identify specific behaviors or practices that would exemplify professional conduct in this domain and some that would represent lapses of professionalism.

Examples of Exemplary Professional Conduct

- Demonstrates a commitment to professional responsibilities, even during periods of stress, by making a personal commitment to a respectful workplace, working collaboratively with other members of the health care team, engaging in self-assessment, and accepting external scrutiny to maintain professional standards
- Maintains poise during difficult interactions with patients/families or colleagues
- Recognizes risk factors and signs of burnout, depression, drug and alcohol abuse, and mental health disorders
- Recognizes the importance of confidential reporting of impaired professionals within their institution
- Accesses support services and treatment for self and others
- Balances personal and professional commitments by discharging professional responsibilities effectively to another practitioner so as to provide continuous and high-quality patient care
- Recognizes the potential for tension and proactively addresses issues before a crisis erupts
- Develops methods for personal self-assessment

Examples of Lapses in Professional Conduct

- Demonstrates disruptive or disrespectful behavior in the workplace: abrupt, dismissive comments to staff; angry interchanges with staff; or gestures or body language that convey frustration or anger
- Communicates with colleagues in a hurried or incomplete manner regarding a patient
- Ignores a colleague’s obvious distress or impairment
- Fails to ask for help when too fatigued to complete work

Behaviors That Warrant Immediate Intervention

- Exhibits repeated behaviors that exemplify lapses in professional conduct, such as those described above, despite feedback
- Behaves in a disruptive manner leading to a hostile workplace environment as evidenced by multiple complaints from team members
- Practices with an impairment and is unwilling to seek help or treatment
- Fails to meet professional obligations (duty to a patient) on the basis of an unresolved conflict between personal and professional responsibilities
Teaching Professionalism

Learning Objectives for the Residents

- Residents will understand and appreciate the impact of stress on professionalism as it relates to a lack of commitment to or frank detachment from one’s professional responsibilities.
- Residents will identify signs of impairment (in themselves or other professionals) and know where to seek further intervention.
- Residents will recognize and respond to personal stress that might interfere with professional responsibilities.
- Residents will recognize the state of tension that develops in attempting to balance one’s personal and professional life.

Teaching Strategies

Reflective Exercises

These reflective exercises can be used for individual reflection on professionalism issues or can be modified and discussed as part of a larger group meeting.

- After holding a discussion about professional responsibilities of physicians, ask residents to describe, in one page or less, an incident in which they were challenged with a decision that involved professionalism in stressful situations.
- Using any of the vignettes below, ask residents to describe a similar real-life situation. Ask them to identify the conflicting values and what they learned from the situation.

Vignettes

The vignettes that follow were developed for use in a small group or noon conference setting to help stimulate discussions about issues of professionalism. Program directors are encouraged to expand upon these to reflect local issues and experiences.
Vignettes: Stress and Its Impact on Professionalism

1. Your son is scheduled to graduate from high school this afternoon. You have finished seeing all of your patients and are trying to get out of the office when you receive a call from the Emergency Department that a child with asthma whom you follow has just been admitted with severe respiratory distress. The mother is insisting that you be contacted to come in because you are the only one who has been able to keep her son out of the hospital.

Points to consider during discussion
• How will you handle this dilemma?
• In retrospect, is there anything you could have done differently to avoid this predicament?

2. You are a resident who is presenting a case to your attending, and you detect alcohol on the attending’s breath. Her speech seems a bit rapid, but she is clear and lucid.

Points to consider during discussion
• What if this resident were a surgical resident or attending?
• What if the patient was your child?

3. A fourth-year medical student is completing a rotation as a sub-intern in the PICU. Her performance has been outstanding, and the senior resident on the service has already submitted an evaluation. It is the last day of the rotation, and she arrives at work obviously intoxicated and unable to care for her patients appropriately. The senior resident, without knowledge of the attending, sends her home to “sleep it off.” She receives Honors for the course. Approximately five months later, at the Resident Selection Committee, two resident members describe the incident and recommend that she be excluded from the list of potential candidates for the residency program.

Points to consider during discussion
• What other courses of action could the senior resident in the PICU have taken five months previously?
• What should the program director do at the present time?
• Should this incident affect her ranking in your program?
• What is the obligation to the medical student?

4. During the second year of your pediatric residency, you gradually observe that one of your resident colleagues has become less responsible in his patient care duties and attends conference less often.

Points to consider during discussion
• What is your responsibility if one of your colleague’s behavior changes?
• What are possible reasons for changes in behavior?
• What if you suspect the behavior is secondary to the use of alcohol or an illicit drug; a result of depression; a result of physical illness?
5. Dr. Z is the senior resident on the ward team. Recently, he was overlooked for a fellowship position in nephrology in the Department of Pediatrics and is moving out of the area to start a nephrology fellowship in another institution. During resident work rounds, he makes a glib remark about the nephrology service attending: “He is such a compulsive idiot. It is not necessary to follow the electrolytes so frequently. It is obvious that the patient is improving.” The medical student and intern on the team appear uncomfortable with his remark.

Points to consider during discussion
• Assume that you were the intern on the service and wanted to convey your discomfort to the senior resident.
• What standards of professional behavior were breached?
• What does the term “respectful workplace” mean to you?
• How does this remark affect a collaborative working relationship?
• How would you approach the senior resident, and what words would you use?

6. One of your senior resident colleagues arrives late each morning for morning report and does not check in with the night team as she is supposed to do in her role as ward supervisor. In addition, you notice that she seems withdrawn and anxious. She shares with you the fact that she is really burned out, is unhappy with her career choice, and just wants to get through residency so she can work part time and travel. She admits that she is not sleeping well and has “no interest in things.”

Points to consider during discussion
• Assume that you want to help her seek counseling for depressive symptoms. What are her risk factors?
• What are the symptoms of depression?
• How would you approach the senior resident?
• If you do not feel comfortable bringing up this issue, what other ways could you bring this issue forward in a confidential manner? Who else could you approach? Is there a “Well-Being Committee” at your institution?

7. The holiday schedule was just posted in the residency program office and you have been scheduled to work during the Christmas holiday for the second year in a row. Your spouse was upset last year because you were on-call Christmas Eve and post-call on Christmas Day, and it was a particularly busy night on-call. You and your spouse left the family Christmas party early so that you could get some sleep and get up early to pre-round. You are not looking forward to informing your spouse about this year’s holiday schedule.

Points to consider during discussion
• Assume that you are this resident and are conflicted about what to do. Think about how you feel about the choice of schedules, how your spouse will feel, and what you want to do next.
• Do you approach the chief resident about the schedule?
• Do you accept the schedule as is and not make an issue out of it?
Mary has arrived late for morning report every day for the past week. She is the ward supervisor and is responsible for three interns and two medical students. Residents have complained to the chief resident that she has never checked in with the overnight call team on any of these mornings for the handoff that is required. According to the interns on the team, Mary has not conducted any teaching sessions, has ignored the medical students, and seems detached from patients and her work.

A fellow senior resident has real concerns for Mary’s well-being and wants to approach the chief resident to convey her concerns, but she feels ambivalent about the situation because the ward rotation is a really tough month and follows the intensive care rotation. She wonders if it is just a transient situation and feels uncomfortable saying anything to the chief, but she eventually does approach the chief resident.

The chief resident asks Mary to come to the office to discuss her role and responsibilities on the ward rotation. During the meeting, Mary expresses the feeling that she is burned out and overwhelmed and just wants to be finished with the program so that she can moonlight as a hospitalist and travel. She acknowledges that she has been unable to attend morning report or obtain sign-out because she has had difficulties with sleep and repeatedly slept through her alarm. She also claims that she is disinterested in her work and is not happy with the program in general. The chief resident outlines the expectations of the role of ward supervisor: attending morning report, obtaining a proper morning sign-out, conducting regular teaching sessions, supervising medical students, and being dedicated to the highest quality patient care. Mary flatly states, “I will try to be better, but I do not really care!”

The chief resident contemplates what she should do next. She decides that the program director needs to be informed, tells Mary that she is concerned about her, and gives Mary information about the resources available for confidential counseling. Mary protests, “I am not crazy or depressed. I am just tired of being a resident!” Later that day the program director pages Mary to arrange a meeting.
Case 1
What’s Up With Mary?

Guiding Questions

1. If you were the chief resident, how would you initiate the conversation with Mary about her lapses in professionalism?

2. If you were the program director, what should be done next?

3. What other issues does this case bring up in your opinion?
Case 2
Amanda’s Nerves Are Frayed

Amanda was the intern on call covering a busy ward service. Her pager had not stopped ringing all evening with calls from the floor nurses: “Karen has a fever of 101°F”; “Jim just vomited”; “Jeremy’s albuterol treatment just finished and he’s still tachypneic.” Amanda couldn’t wait for her call to end.

As she was about to go check on Jeremy, her patient with asthma, her senior resident Lara called from the Emergency Department. “I have a couple of patients waiting to be admitted. One of them needs a lumbar puncture. Could you come help me?”

At the same time one of the floor nurses called. Brittany, a patient who had been hospitalized for weeks for a second round of chemotherapy, wanted to speak with Amanda. Brittany was anxious about her chemo, and her mother felt that only Amanda would be able to calm her. Brittany asks to speak to Amanda almost every time she is on call. Although honored that Brittany and her family felt so comfortable with her as a physician, Amanda was feeling overwhelmed. Talks with Brittany could take “forever,” rarely lasting less than 30 minutes. How could she see Brittany and take care of the two admits in the ED plus the many calls from the floor?

Amanda decided to check on Jeremy first. She noticed that he was still tachypneic but otherwise stable. In the middle of discussing the plan with Jeremy’s mother, one of the nurses came into the room: “Can I get an order for acetaminophen for Julia in 513 with RSV? Her temperature is 100.8°F.”

Amanda was furious! Why was she being interrupted for such a trivial order when she was obviously so busy? Amanda snapped at the nurse, “Of course you can give her acetaminophen. Now stop bothering me.” The nurse shouted back, “Why are you yelling at me? I’m only doing my job.”
Case 2
Amanda’s Nerves Are Frayed

Guiding Questions

1. What are the lapses in professionalism illustrated by this case? What contributed to this event and how could these factors have been dealt with more effectively?

2. Discuss the case from the viewpoint of the parent.

3. Discuss the case from the viewpoint of the nurse. What are the repercussions for the resident? What if the nurse hesitates to call in a more critical situation?

4. Discuss system issues, such as staffing issues at night, how to balance being compassionate/empathetic under time constraints, and unrealistic expectations of different members of the team.

5. Discuss the resident’s responsibility to call for help if she thinks patients may be endangered by insufficient staffing.