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# Just Ask Jody! It's Anonymous. A Q&A Blog Session About Professionalism

Faculty and Staff Ask the Questions. Jody Answers. All Week: June 3-June 7. CLICK THE PINK PLUS ICON TO BEGIN.

FACULTY AFFAIRS JAN 19, 2018 11:29AM

## Welcome to Just Ask Jody.

During the week of June 3-June 7, Dr. Foster will be checking in here to answer your questions about professionalism.

### How Does it Work?

1. Post your professionalism questions or concerns between June 3-7.
2. Jody will reflect on your questions and post responses here.
3. Return here to read Jody's reply.

[>>>Learn more about Jody Foster, MD, MBA, Assistant Dean of Professionalism ...](#)

### Jody Talks About This Blog (1:27)



The Just Ask Jody Blog  
[www.med.upenn.edu/fpd/just-ask-jody.html](http://www.med.upenn.edu/fpd/just-ask-jody.html)  
with our Assistant Dean of Professionalism  
Jody Foster, MD, MBA

**About the Just Ask Jody Blog.1.27**  
1:27 video  
PADLET DRIVE

*Jody has helped so many of us with extremely complex and difficult situations. We are truly grateful!* — ANONYMOUS

*Excellent initiative! And Jody Foster is pretty awesome.*  
— VIVIANE\_KHOURY

**Hi Jody- I was in the middle of a conversation with a patient when an attending brushed past me, ignored me, and began**

**to interview that same patient. This attending does stuff like this often. What do you suggest?**

### Jody's Response

*The first thing I'd suggest is that you say something directly to the attending. Although potentially uncomfortable, this strategy works in about 75-80% of cases. Most people who act in a manner that we might find rude or brusque are not aware that their behavior is affecting us this way and will simply stop when they are told! This is the magic of direct feedback. And once you start to give direct feedback and it's well-received, you can experiment with it over and over again until it's no longer terribly uncomfortable to do. The attending might be so preoccupied with tasks as to have no idea this behavior is even happening.*

*I wish I could stop there. Reality tells us, though, that we may well give direct feedback to this attending and instead of receiving an apology might receive "Yeah, so what?" as a rejoinder. People don't always want or feel they need to change. You may leave the interaction feeling a tad better that you said something anyway, or perhaps you'll feel worse because you were disrespected by the attending yet again.*

*Know that, even if the attending doesn't offer the satisfaction of an acknowledgement in the moment, your message may still have penetrated. Sometimes people need to "chew" on these things. The behavior may yet change because you made the attending aware. However—if the behavior continues or escalates, I think it would be appropriate to say something to your manager or supervisor and determine a path forward together.*

**This resource provides some ideas and best practices for Giving Real Time Feedback.**

**In the operating room, there tends to be a need (at times) for some level of focused, fixed discipline with little in terms of pleasantries that are common on rounds, or in conference, or during clinic. This approach has been found off putting to medical students - determined both from direct and indirect feedback - to the point where the students may not feel comfortable despite they not being the ones in the "firing" line. This may manifest itself in a raised voice or forceful direction of a technical procedure with a structure at risk towards the learner or may involve raising one's voice to accelerate staff's procuring blood or equipment, etc. There are no do-overs in the operating room and mental**

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#### Jody's Response

*Hi, it looks like your question was cut off at the end so I will work with what I have.*

*It would be easy for me to tell you that you just shouldn't raise your voice or be forceful in this way, especially since you are attuned to the fact that it can be off-putting. And indeed, you should always try to exercise as much control as you can in these situations because these more harsh expressions of urgency or concern can raise the anxiety of the people around you and, in the worst case scenario, impact the quality of care. Ideally, particularly with students, you want to model what it looks like to respond calmly to stressful situations and thus help them learn what is or isn't a true emergency.*

*All that said, acutely stressful situations arise and we know we don't always behave as our best selves under stress. Here's where preemptive communication comes in. Rather than wait for these events to occur and receive negative feedback, a "rules of engagement" orientation that clarifies, as you note, that there are times when focused communication sans pleasantries might occur, could go a long way. This should not be misconstrued as a strategy to give yourself permission to act out. Clarify that sometimes things get tense and members of the team might appear constricted or angry, but clarify that, even still, it's never appropriate to be abusive to anyone, ever. Invite them to ask you about any interactions they find uncomfortable. And consider debriefing with the team after any high-emotion events.*

*The sear early conversations about the culture, before anything actually happens, prepares trainees emotionally, humanizes you and ideally will help the team function as comfortably as possible in any situation.*

## Hi Jody-

As radiologists -as many other MDs- we have a lot of phone consultations and discussions with other MDs (and their staff/assistants). What is the most professional way to deal with rudeness or inappropriateness? When should one stay cool, calm, and collected, versus telling another doctor what you think? I have seen colleagues both ignore such incidents, while others speak up, and am wondering when to 'pick the battle' (and how). Just an example to illustrate (but there are many others): I overheard a radiology colleague of mine on the phone with another doctor say, a little loudly and very firmly, in a clearly irritated tone: "It is COMPLETELY inappropriate to interrupt an attending radiologist during their workday for a stat read just because you want to discharge a patient; this does not qualify as a real 'stat' read ", and banged the phone down hanging up. The radiologist is right, but it left me wondering if this is the best way to deal with it (although undoubtedly a very effective way). We do want to teach people how to treat us, so how to best do so professionally?

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#### Jody's Response

*Rather than ask, 'When should one stay cool, calm, and collected, versus telling another doctor what you think,' consider asking 'When should one stay cool, calm, and collected AND tell another doctor what you think?' And then answer: almost always!*

*On the one hand, I applaud the fact that your colleague said something directly, concisely and in the moment about someone else's bothersome behavior. But I can't applaud the tone, the irritation, or the banging of the phone. The person on the other end may have had a whole host of pressures that made a stat read feel necessary, and the radiologist's approach did not invite any conversation or attempt to understand the other side of the story.*

*Imagine instead if, in a friendly tone, your colleague said 'I'm glad we got your situation handled, but I must tell you: it's neither usual nor the standard to interrupt an attending radiologist during the workday for a stat read just because there is urgency to discharge a patient; this does not qualify as a real 'stat' read. Was something else going on in this case? Because I'd respectfully ask that you not use 'stat' in this way in the future, it really disturbs our workflow. I'd be very appreciative.'*

*The rejoinder might be "Oh, I'm sorry, I didn't realize," or perhaps "Whatever. We all have workflow issues," or something in between. But you will have declared your rules of engagement and, I'm guessing, that person will think twice about calling 'stat' in this manner again.*

**I was at a team meeting recently and a person who I know can't stand me passed out copies of an abstract. Everyone got a copy except me. This person is always doing stuff like that to me. What should I do?**

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### Jody's Response

The first thing you should do is check yourself. Are you sure this person can't stand you? Why not? Are you sure you were purposefully excluded from receiving a copy of the abstract? Does this person really always do stuff like that? It's not that I don't believe you, not at all. It's just that we sometimes develop beliefs about people or situations and find that they are simply products of where our minds choose to take us. Was there ever a conflict between you two? Did you address it directly? If not, have your ideas about the relationship simply taken root such that now you accept them as fact, without any supporting data?

Maybe there is real bad blood between you and this person is intentionally acting in a manner to exclude you. Or you've checked yourself as I suggested and you really think this is happening, even if you can't fathom why that might be. Guess what I'm going to recommend? Direct feedback. If there was a past conflict that was never resolved, maybe it's time for a conversation and resolution now? Or maybe you just want to tell this person that you feel disliked and ignored and want to understand why you're being treated this way?

By forcing a conversation and calling behavior out, it becomes harder for the person to maintain passive aggression. You may end up resolving a long-term issue, dispelling a personal myth you've carried or just standing up for yourself. In any case, the next time you're passed over it'll be much easier to say, "I think you forgot to give me my copy of the abstract." And I'm guessing you'll get one.

This resource provides some ideas and best practices for [Giving Real Time Feedback](#).

I would like your thoughts on how to tell someone that he is making me uncomfortable. I don't think he is trying to be offensive, but he is. Basically, he does not respect my personal space. For example, I was leaning over a chart, and he came up behind me and started massaging my neck. He's also done things like straightened my back and shoulders to "improve my posture." He does it to others, too. Again I don't think his intent is to be inappropriate.

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### Jody's Response

Once again, I will suggest direct feedback as an option, but so is an immediate report to HR. As clearly disturbing as this behavior may be to you, he may be oblivious to the fact that it's upsetting. And in hearing that it is, he will ideally be mortified and stop. Or just stop, regardless of how he internalizes the message.

You mention twice in your question that you don't feel he is trying to be offensive or inappropriate. This may well be true, or it may be that you are making excuses for him. He may be adept at aggressive acts that leave you confused as to his intentions. This confusion should make you especially cautious.

If you elect to try direct feedback first, you can say, "I trust you don't mean for this to happen, but it makes me uncomfortable when you stand too close to me or touch me without asking. I'd appreciate it if you'd respect my personal boundaries."

All that said, it may understandably feel too awkward to offer direct feedback and, as such, I would also consider going right to your chair, division chief, or department professionalism representative. Realize that any behavior like this that continues or progresses may well fall into the realm of sexual harassment and should be managed (as noted above) through your chair, division chief, or department professionalism representative. Definitely don't hesitate to report this behavior.

[Here is a link to the university sexual harassment policy.](#)  
[Here is a link to department professionalism representatives.](#)

**What rules exist about accepting gifts from patients? Is there a monetary limit? Or is subjective? For instance, a patient offered once to connect me to tickets for a performance, like VIP access, and even though it was just the access he was offering - I would pay for the tickets, my instinct was definitely no, but I feel guilty as I still think about it.**

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### Jody's Response

To start, here is one of the gift-related policies to consider:

"In order to avoid a conflict of interest or the appearance of a conflict of interest, at no time should an employee solicit or accept personal gifts from current or potential vendors, contractors or their agents, local businesses, University departments, or others with whom there is a potential or ongoing business or professional relationship. Employees may accept ordinary business courtesies, such as payment for a modest meal or event, or gifts which are promotional items without significant value and which are distributed routinely. If the value of the gift is undetermined, it should be returned.

Gratuities or gifts of money to the employee cannot be accepted at any time and should be returned immediately to

the donor.

All employees are responsible for becoming familiar with and adhering to this policy. In addition, supervisors are responsible for ensuring that this policy is known by their employees and that all employees are following it.

In the decision as to whether or not to accept any gift, employees should use good judgment and avoid in all cases any actual conflict. For example, University officials are often offered good will gifts when on a mission abroad, visiting other domestic institutions, or when officials from other institutions visit Penn. Because a refusal of a gift could offend the hosting officials, such gifts can be accepted. If the gifts are of significant value (i.e. greater than \$100, consistent with IRS policy), they become the property of the University and should be discussed with the head of the department."

#### Here are a Few Gift-Related Policies

- [CPUP Guidelines](#)
- [Handbook for Faculty and Academic Administrators](#)
- [University HR Policy](#)

>>>In my opinion, it's always best to avoid gifts of any significance from patients. Doing so can alter the boundaries of the relationship and this can cause unintended consequences. Accept the flattery that you're someone to whom your patient wants to offer gifts, and leave it at that. The guilt you note that you still feel when you think about it is your best measure. Better safe than sorry!

**I am suffering from moral despair regarding the state of health care (and the world). I am deeply concerned that this is affecting my professional behavior. I am exhausted, cranky, and (although generally considered a warm and caring person), find I am seething with anger and simply not as nice as I would like to be some times at work. Please advise how one can maintain high standards of professional behavior and model such behavior when the environment in which we work is so terribly broken. Thanks**

#### Jody's Response

It sounds like you don't like the direction health care (and the world) are taking and you believe this is making you feel and act in ways that you don't like about yourself. It's time to look inward. Given the realities you describe, what would it

take to help you find a balance between accepting the current state of affairs but being true to yourself? If we assume that the changes you reference are large and immutable, at least in the foreseeable future, what must you do to recapture the parts of medicine that you love and minimize the parts you don't? Does it mean changing your schedule? Your specific environment? Does it mean working to reduce your focus on work and redirecting some of your attention elsewhere, to pursuits that make you happy?

We often find ourselves feeling "trapped" in places and situations and can't imagine any solutions. While in the eye of the tornado, it's challenging to grasp that we do in fact have agency and ability to change our lives, even in the context of our current environments. A slight alteration in perspective alone can be the catalyst for dramatic change. Maybe it's time to reinvent yourself. Talk to people who appear to be managing well in similar circumstances. Talk to people who have changed course. There are ways to rethink just about any situation.

All that said, with words like suffering, despair, exhausted and seething in your query, do take a moment to be certain that you're not developing actual symptoms and please have a very low threshold to reach out for support—there's lots available and lots of different types. I'd be happy to help locate resources.

[Jody.Foster@penmedicine.upenn.edu](mailto:Jody.Foster@penmedicine.upenn.edu)

**What are some appropriate responses when a colleague starts to complain about/badmouth another colleague? What about when an email directed at you or a cc'ed group of people is strongly worded due to a disagreement/argument?**

#### Jody's Response

Yet again, I'm going to recommend direct feedback. I would, in person, tell your colleague that badmouthing others makes you uncomfortable and adds a layer of negativity to your work environment. I would advise your colleague to speak to, rather than about, the person being badmouthed. Isn't this what you might tell a child who is behaving this way? So many of the behaviors we find difficult in our peers mirror the behaviors we find ourselves redirecting in our kids. The interventions are the same.

Regarding the email, again, I'd suggest direct feedback in person. Trying to call behavior out via email is a setup for escalation of the problem. So many miscommunications occur via email or text simply because of the way our written words are interpreted. When this happens, it's important to stop emailing or texting and, instead, speak with one another. Conflicts will resolve far more effectively and efficiently this way.

**This resource provides some ideas and best practices for [Giving Real Time Feedback](#).**

## Experience

In a high stakes sub-speciality, as a junior faculty, I am often told by senior faculty that there is no substitute for experience and judgement in clinical decision-making. By default, by being junior, my experience is limited. My senior colleagues, however, routinely point this out in the presence of potential referring physicians, who ultimately choose to continue to refer to the senior physicians in my field, which I believe is influenced by comments like this. Other than wait until time allows me more experience and my outcomes speak for themselves, how can I actively build a practice around nay-sayers like this who influence others to mistrust younger/"less experienced" doctors?

### **Jody's Response**

*It's always important to take a step back before reacting and ask yourself, "Why is this person saying that or acting that way?" Then try to take an empathic posture. Imagine yourself as the senior faculty observing the constant influx of new clinicians. If I were doing this exercise I might wonder, "What must I do to stay in this game? How can I remain relevant?" And then it becomes clear that my years of experience become the edge that I carry.*

*Nonetheless, it's never okay for a physician to publicly undermine another practitioner or to disparage the institution.*

*You might find that asking your more senior colleagues to mentor or supervise you in some way may do just the trick to get them more interested in your development. You can ask that they invest in you and help "bring you up." Who doesn't want to be a role model? And how will you gain judgment and experience if you can't see enough patients? Unless you're in an area with limited patients, there should be enough to go around.*

**Hi Jodi - thanks for doing this. I am an attending physician and had an incident where I emailed my division chief asking to change a certain way that I thought was unfair about our scheduling system. He/she responded very defensively by berating me for my criticism and stated that disagreement with their policies is an expression of lack of teamwork. This was then reflected in my yearly bonus, where I was marked down points for "citizenship", resulting in a monetary fine in a sense. I requested a meeting with the Chair, who allowed me to let off steam, but was essentially not bothered by the insulting email back I received, and the ability for the division chief to single handedly determine bonus amounts. Does this cross into a professionalism issue and if so, how can it be solved? Thanks!**

### **Jody's Response**

*I think much of this falls under administrative structure and bureaucracy so I'm not sure how specifically helpful I can be about the tangibles. That said—it seems clear that you felt bullied for expressing your concerns and that is, of course, not okay. And it seems that your situation isn't improving.*

*Whenever there's an interpersonal conflict, I suggest we carry ourselves through five key steps:*

- 1. Check yourself. What, if anything, are YOU bringing to the table?*
- 2. Name the beast. What specific behaviors did you find objectionable from your chief?*
- 3. Try to empathize. What might be going on to have lead your chief to react in this way?*
- 4. Call it out. Ask to speak, not about the scheduling system, but about the behaviors that upset you. The goal is to improve your communication and experience.*
- 5. Be direct and concise. If you've clearly defined the specific behaviors that were problematic for you, you can express this in one or two sentences. Don't add noise. "I expressed a concern about the scheduling system and I felt berated by you for doing so. I want to be able to express myself without fearing your reaction." Done.*

*I'm by no means promising that this will solve everything. But you will have gotten some of it off your chest, the chief will hopefully own the effect of his/her affect upon you, and perhaps you can inch forward together with a little bit more mutual understanding.*

## Lack of professionalism by students and residents

With the current social media

### **Jody's Response**

*In many ways, social media has been a great addition to our lives. It enables us to connect with others, it is immediate and accessible, it gives us information whenever we need it, and it provides networking opportunities both personally and professionally. At the same time, we must be cautious and responsible in our use of social media. Once we share personal information on social media, it is difficult or even impossible to “un” share it. Privacy may be compromised. Comments or pictures posted thoughtlessly can negatively impact one's personal or professional life. Recall: We must never post about patients even if the information appears de-identified. We must always consider our roles as professionals when posting to social media and be mindful of just about everything: written content, attire, references to use of substances, anything. As teachers we must give direction to learners about this and be clear about the potential consequences of social media missteps. Specific guidance on this issue can be found in the Social Media Policy for students which can be accessed at <https://www.med.upenn.edu/student/social-media-policy.html>.*

makeup, collared shirt (men, no polo), and so forth.

### **Jody's Response**

*First, for full transparency, I should note that the dress code has never been my personal strong suit. Those who know me well might chuckle at the thought of me even discussing the topic. That said, as I have grown older and wiser, I do feel that there should be an expectation of professional dress in the workplace, whether it be a clinical setting when one is interacting with patients, a laboratory/research setting, or in an office. I have personally witnessed some of the deleterious effects of dressing in a manner inconsistent with the patient care environment, both in terms of interpersonal role misinterpretation and loss of confidence in a provider or the institution. There are also safety and regulatory issues that impact dress.*

*In consulting my HR colleagues, I have learned that each department/area can work with HR to draft a dress code policy based upon “reasonable” and professional expectations. Perhaps it would be helpful for your department to consult with HR on developing a dress code.*

**I don't have a question, but I have found it very informative to read through the questions and your answers. Thank you for making this material available.**

### **Jody's Response**

*Thank you so much! I really appreciated reading this.*

## Dress code

Is it reasonable to get highly specific about appropriate dress for members of a research lab that interacts with patients?  
E.g. knee-length skirt or longer, no jeans, no excessive

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