CARE LAPSES model
The behaviors in this model can be identified with practice. To facilitate identification of behaviors used by clinical educators when confronted with learner anger, hostility or disrespect, we have provided some basic guidelines and examples of some clear-cut behaviors. Illustrative role plays are provided. Some of the role plays provide more ambiguous statements and behaviors that can be discussed by the group.

Steps in the Model:
1. Clarify specific choice of words or actions:
   “C” Clarify what the learner meant. This gives the learner a chance to extricate him or herself from a possible misstatement. Not all “disrespectful” behavior is motivated by attitude. The situation or perceived expectations of the learner may have prompted a comment totally out of keeping with the learner’s actual attitude about a particular patient. Repeating is a subset of clarification, and will be described later.
   ● “Why do you think that the patient is so ‘gross’?”
   ● “What do you mean by “a shooter”?”
   ● “What is a GOMER?”
   ● “What is the differential diagnosis of _____?”
   ● “What was going on in the room when you left?”

2. Assess learner’s motivating behavior:
   “A” Assess learner’s situation and things that might be motivating their behavior. Is he or she post call? Is the objectionable remark made, at least in part, because of outside factors? Did they have a prior experience which makes their interaction with this patient particularly difficult. “WHY” questions generally fit into this category. Assessing the learner’s motivating behavior may sometimes lead to an action plan. These items can be questions or statements.
   ● “How are you feeling?”
   ● “Tell me what is going on.”
   ● “You seem to be angry, why is that?”
   ● “Why are you angry?”
   ● “You seem tired. Why is that?”
   ● “Why did you leave the room so quickly?”
   ● “Why are you having such a hard time taking care of this patient?”
   ● “What about this patient really bothers you?”

Assess motivating behavior of patient:
“A” There might be more to discover about the patient that will clarify the learner’s view of the patient as a person. More history taken on rounds and under the supervision of the teacher might bring to light information that “humanizes” the patient in the eyes of the learner. What is the patient’s social story? Assessing the pt’s motivating behavior often leads to an action plan. What factors that are important to the patient in stimulating the patient’s behavior? Did they have prior “poor” experiences with medical professionals? Are there severe stresses in the patient’s life: homeless, substance abuse, physical abuse, depression, sick child or parent at home, recent job loss?
   ● “Why do you think that this patient is noncompliant?”
   ● “Why do you suppose that the patient is disheveled?”
   ● “What could have happened to this patient to make them noncompliant?”

3. Repeat disrespectful words:
“R” Repeat disrespectful word(s). For this intervention, repeating will be defined as a simply repeating of the trigger word. The intonation may be in the form of a statement or a question. Sometime simply saying the words again gives the learner the chance to hear, react to and perhaps, to understand the objectionable nature of the remark.
4. Empathize with learner:
“E” The educator is trying to recognize and address the emotional/motivational needs of a learner by responding with caring and concern.
   - “You seem to be having a hard time. I can understand this.”
   - “You sound really tired. How can I help?”
   - “It sounds like you have had a grueling night!”

Physical examples include:
- Softening of voice/tone
- Touching the learner’s sleeve or hand
- Handing the learner a tissue
- Leaning forward

5. Listen Actively:
“L” Listening actively is a complex phenomenon, that incorporates body language, paraphrasing, feedback during the conversation, and being actively engaged in the conversation. We will define this behavior as paraphrasing (restating what the learner has stated in the educator’s own words) and tracking of the conversation with appropriate follow-up questions.

Paraphrasing
- “What I hear you saying is…”
- “In other words……”
- “So, what happened was….,”
- “Do you mean….,”

Tracking conversation, asking relevant follow-up questions

6. Acknowledge learner’s emotions verbally:
“A” Acknowledge the emotion behind the learner’s reaction. “This patient seems to upset you. Why do you suppose that is?” Likewise, the educator can name anger, frustration, or disappointment as the perceived emotion of the learner. Initiating a discussion on the learner’s emotional reaction to the patient can often lead to a meaningful discussion of the learner’s reaction to a patient or a class of patients.

- “You seem angry.”
- “I think that you are upset.”
- “It seems to elicit a strong emotion in you.”

7. Ponder the impact of learner’s behavior on pt, family, others:
- “What do you think this means for the patient?”
- “Do you know how your behavior will affect the patient?”
- “How do you think the patient would feel if they heard you?”
- “What would happen if the family were to hear you now?”

Ponder the impact of learner’s behavior on him/herself:
- “How do you think this will affect you?”
- “Your evaluation will be affected by this persistent attitude...”

Ponder the impact of learner’s behavior on medical care provided:
- “What kind of care do you think that can/will provide …”
- “You will have a hard time taking care of this patient appropriately, if you are angry/upset/…”
- “The patient needs your care, and I’m not sure how your attitude will affect the care you provide.”
Ponder the impact of learner’s behavior on lawsuits/legal implications:

- “You could get sued!!!”
- “Do you want to get sued?”
- “As your attending, you could get me sued!!!”
- “Physicians who act this way over time get sued…”
- “What sort of physicians do you think get sued…?”

Discuss behavior in the abstract

- “I knew a person who once felt that way…” (parable)
- “People who get angry often lose the respect of their colleagues.” (philosophize)
- “What sort of people do you think get sued…?” (questioning/reflective)

8. Stimulate self-reflection in learner:

“S” Stimulate self-reflection by having person reflect on their own motivations/desires/goals. Helps to guide towards recognizing inconsistent behavior, or behavior incongruent with who they would like to be. This may often be followed up by an action plan. This approach represents an attempt to get at the learner’s internal values.

- “Tell me--thinking back to when you applied to medical school, how did you envision yourself as an intern, fourth year student, practitioner?”
- “Are you being the type of doctor you have always wanted to be?”
- “If you put yourself in this patient’s shoes, how would you feel?”
- “Do you see yourself taking care of your family member in the same way?”
- “Are you treating this patient the way you would treat a close friend?”

9. Educated learner about gaps in knowledge/skills/attitudes:

“E” Educate learner. This educational intervention is only in relationship to the learner’s attitude – NOT TOWARD FACTS THAT DON’T IMPACT ON THE UNPROFESSIONAL BEHAVIOR.

Once the problem has been identified, it might be possible and timely to educate the learner about some key facet of the patient or the patient’s situation. This is often dependent on the educator’s knowledge of the patient or the situation. Learners may be projecting class-based stereotypes onto their patients, and reaching incorrect conclusions. If the educational intervention is done before the problem is identified, it is unlikely that the intervention will be effective, and can in fact erode the trust between the educator and the learner.

- Knowledge: After a learner with a strong religious background had a very strong reaction to an HIV patient, because the learner assumed that the patient was homosexual or a drug user, the educator replied, “Tell me, how else can you get AIDS?”
- Skills: “How do we talk to this patient in the ER who has just thrown up on your shoes and is being verbally abusive?”
- Attitude: “Patients who are non-compliant are often very difficult to take care of, and evoke real frustration in the clinician. There are several strategies that I have found work well in trying to deal with my reactions to non-compliant patients….”
- “What do we need to do to take care of this patient, knowing that you are frustrated with his noncompliance?”
- “It’s OK not to know how to effectively address this behavior. I’m often at a loss myself. So what can we do to fill in the gap?”

10. Made statement(s) to stop/prevent future behavior:

“S” Stop learner’s behavior or stop the intervention. This can be used in cases where the behavior is thought to be too egregious or troubling to continue, and the teacher feels the issue can best be discussed at a private meeting with learner. Alternatively, this technique can also be used when there is insufficient time on rounds or in the clinic for meaningful discussion. There is a fine line between stopping the intervention with a direct statement and moralizing or judging the learner. The “stop” statement is best coupled with a follow-up scheduling statement.

Stopped behavior:

- “You need to stop calling the patient a GOMER.”

Explicitly rescheduled discussion time:

- “You need to stop calling the patient a GOMER; since we are out of time before conference today, let’s talk about your reaction to the patient tomorrow at 8am, before morning report.”
• “You seem tired, go home and get a good night’s sleep, and let’s talk about your reaction to this patient tomorrow.”
• “I would like to see you after rounds today.”
• “Let’s talk about your reaction to this patient later, after conference.”
• “Let’s talk about the patient’s diabetes and hypertension. We need to talk about your reaction to his non-compliance after clinic.”

OTHER BEHAVIORS TO DISCUSS

Used humor:
Humor is an ambiguous intervention method, since it may be unclear what the teacher means or how a learner will react to the humor. The learner might find the attempt at humor disconcerting, patronizing, approving, or actually funny. Given that humor may be open to interpretation by the learner, it might best be used sparingly if at all in correcting care lapses. Unless the educator is confident that they have established a great rapport with the learner, then this is a technique best not used during the discussion of a sensitive topic.

Nonverbal disapproval (i.e. avoided eye contact):
Burack has pointed out that nonverbal responses to care lapses are often misinterpreted by learners.

Judging/moralizing:
Moralizing or judging the learner is often effective at stopping a behavior immediately, but usually leads to learner anger, resentment or frustration. Moralizing implies that the educator is on a superior moral plain to the learner, and has the right/ability to change the learner’s behavior. This technique will usually stop the learner from making statements about the patient in front of that particular educator, but will likely have little effect on behavior when the educator is not present. It may also lead the learner to complain about the educator as being a “prude,” or “holier-than-thou,” or the ever-present “who does he think he is?”

• “Speaking about the patient this way is inappropriate.”
• “That is no way to talk to the patient or to me!”
• “This patient has had a hard life, and needs your concern, not scorn.”
• “Your duty is to this patient’s medical needs, whatever you feel....”
• “Doctors don’t do things like that.”

Redirection toward medical care provided:
Redirection. Educators are often uncomfortable in dealing with attitudes of their learners, and try to refocus the conversation on medical care. This is often appropriate if the patient is critically ill and needs immediate attention, but is not conducive to a good learning environment if the learner is still frustrated, tired, disrespectful, or antagonistic. The problem with redirecting the issue into a medical one is ignoring or not directly addressing the unprofessional behavior.

• “You should know that people with HTN have a higher incidence of stroke ...”
• “Gangrene is a serious disease and the leg may need immediate debridement. Did you call a surgical consult?”
• “We have identified a couple major medical issues with this patient. What shall we do now?”