HPERS Highlights

The Health Professions Educational Research Symposium (HPERS) held its fourth conference on January 15. Attendance at the event was up compared to the last few conferences. While the majority of presenters were NSU faculty members, guests from South Carolina, Nevada, Ohio, and Virginia contributed to an enriching day of keynote addresses, presentations, workshops, and discussions.

The theme of this year’s event—Recognizing, Teaching, and Modeling Professionalism—prompted a wide range of excellent presentations, from how to teach in the affective domain, to how to guide students in becoming self-monitoring professionals. Abstracts of the presentations are available on the HPERS Web site located at www.nova.edu/hpers. If you would like help in reaching a presenter, please contact Kathleen Hagen at khagen@nova.edu.

Franklin Medio, Ph.D., a professional educator with an independent consulting practice, gave the opening keynote address entitled “Teaching Professionalism: Do Generational Differences Really Make a Difference?” Drawing upon 30 years of experience in medical education, most recently 10 years as director of the Office of Graduate Medical Education at the Medical University of South Carolina, Dr. Medio gave the attendees clear, practical, and insightful approaches to dealing with problem students.

He backed up the concepts with real-world examples. Two of his foundational principles can guide educators and administrators faced with difficult student situations. First, all institutions accredited to train future health professionals must have as their primary duty protection of the public. Second, all decisions dealing with student behavior should be based upon sound educational and clinical (i.e., patient safety) principles. He pointed out that faculty members can get sidetracked by factors such as likeability (“But he’s such a nice guy.”), effort (“She’s trying real hard.”), or cognitive abilities (“His test scores are very high.”).

Faculty members are often uncomfortable dealing with incidents of unprofessional conduct and avoid talking with the student (e.g., “I don’t want to upset her,” “I don’t want to be mean, be the bad guy,” etc.). Faculty members and administrators can also get distracted by irrelevant factors such as student loan debt or timing of an incident (e.g., on the last day of a clinical rotation) and allow the student to continue without correcting the problem.

Dr. Medio challenged the audience to address unprofessional student behavior as a teaching opportunity whenever we see it. A behavioral problem or unprofessional conduct rarely appears in full bloom. In most cases, it starts small—a rude comment, an unexcused absence from clinic, a late class assignment, etc. It continues to grow when faculty members and administrators ignore it, make excuses for the student, minimize the seriousness of it, or pass the buck. Eventually, the student does something so outrageous or egregious that it cannot be ignored or excused.

Dr. Medio provided conference attendees with a handout entitled “The Self-Discipline of Being a Professional,” which lists seven essential behavioral elements that promote excellence in patient care...

• Being Present
• Being Presentable
• Being Punctual
• Being Prepared
• Being Polite
• Being Proficient
• Being Proactive
Each element is supported by important patient-care principles. He concluded by reminding the audience that it is the faculty's responsibility to establish standards of professional conduct as part of the curriculum.

The full document can be found at: http://atsstudentalclinic.com/kcom/preceptors/professional_development/pdfs/selfdiscipline.pdf. Please feel free to share it with your students.

Carol M. Davis, D.P.T., Ed.D., professor emerita in the Department of Physical Therapy at the University of Miami Miller School of Medicine, gave the closing address entitled “Educating and Evaluating Students in the Affective Domain/Helping Students Mature into Adult Health Professionals.” Dr. Davis is internationally recognized for her writing and teaching in the areas of affective education, ethics, and complementary therapies in rehabilitation. She also is the author of Patient Practitioner Interaction—An Experiential Manual for Developing the Art of Health Care, now in its fifth edition published by Slack, Inc.

In her talk, Dr. Davis distinguished affective behaviors from cognitive and psychomotor behaviors, and emphasized the difficulty we have in evaluating behaviors that reflect primarily attitudes and values because we do not carefully describe the ideal behavior we are looking for from our students. The behaviors of a mature healing professional are not simply positive personality traits, but instead are those behaviors that have been determined to facilitate healing in health care interactions. They are characterized by positive emotion and a sense of “coming together” in contrast to behaviors that would be determined to be negative, alienating, and fragmenting.

Once a faculty works together to describe precisely the behavior desired, the process becomes easier to spot it—or the lack of it—in the educational interaction. Designing learning experiences to teach appropriate behaviors depends on being creative in helping students to recognize lacks in their behavior, and then through empathy and role playing, help students to change their behavior according to a precise description of what is wanted.

With regard to evaluating professional behaviors, it is important for a faculty to be united in its willingness to call students out for their negative behaviors, and enforce standards of conduct for the good of patient care and healthy collegial interaction. Being consistent and insistent is primary to students who will often interpret inconsistency as permission to do whatever they wish.

HPERS would not be possible without the efforts of many people. In particular, the HPERS co-chairs would like to thank the following individuals for their volunteering their time and expertise to ensuring HPERS success:

- student volunteers from the College of Allied Health and Nursing Physical Therapy Program
- committee members:
  - Stan Cohen, Ed.D.
  - Jolanta Czerwinska, Ph.D.
  - Marti Echols, Ph.D.
  - Patrick Hardigan, Ph.D.
  - Cheryl Purvis, Ph.D.
- panelists:
  - Edye Groseclose, Ph.D.
  - Betty Harris, Pharm.D.
  - Adrienne Lauer, Ed.D.
  - Justin Robison, second-year NSU-COM student (led by panel discussion moderator Hilda De Gaetano, D.O.)
- moderators:
  - Mary Tischio Blackinton, Ed.D.
  - Jennifer Canbek, B.S., P.T.
  - Rose Colón, Ph.D.
  - Patricia Dittman, Ph.D.
  - Patricia Gaffney, Au.D.
  - Kathleen Hagen, M.M.
  - William Hardigan, Ph.D.
  - Cheryl Hill, Ph.D.
  - Susan Ryan, M.P.A.S.
The Best Teachers Are the Best Storytellers

BY STAN COHEN, Ed.D., HPD Executive Dean

One of the most effective methods of teaching is to illustrate an idea or concept by sharing a real story. The thought processes flow in a sequence that show the connection between simple and complex ideas. Let me illustrate: Rachael Remen, M.D., described her story about rock collection with the following dialogue:

“My husband loved to collect rocks, so we took a trip to the Midwest and stopped at a quarry where three men were carving rocks. I approached each one with the questions, ‘What are you doing, and why are you doing it?’ The first man replied that he was carving rocks into 5 x 9-inch pieces, that this is the only thing he knew how to do, and that he wished he could retire. The second man said this is how he earned money to support his three children and his handicapped wife who could not work, so he was the sole source of money. He, too, was cutting the rocks into 5 x 9-inch pieces, and wished he could do something else to earn the money.

“So I turned to the third man, who was smiling, and again he was cutting rocks into 5 x 9-inch pieces, and he seemed so satisfied with what he was doing,” Dr. Remen added. “When I asked him why he was doing this, he replied, ‘Every day at 4:30 the truck comes by to pick up my beautiful rocks and take them about five miles away where they are building a cathedral, and for the next 100 years every person that visits will have the benefit of my rocks. I love the contribution I am making, and I hope to continue this work forever.’”

Dr. Remen could have said in one sentence how important it is to feel good about what you are doing at work, but the story was so much more effective. I heard her story about four years ago, and I will never forget it.

Certainly in your work world, you have experienced real situations that you could share with students. The application of classroom knowledge told in story form grabs the emotions as well as the intellect. The emotional things are the ones that last a long time. Try it once and evaluate the result.

In today’s society, many people feel the need to multitask in order to keep up with the volume of information coming their way. Emails, voicemails, text messages, and tweets all seem to clamor for our immediate attention, and in our struggle to silence the beeps, dings, and pings, we multitask. We listen to our phone messages while driving, text while walking to our next appointment, and carry on an instant messaging conversation while we’re working on a presentation. However, the evidence is mounting that we are not being as productive as we think. When we multitask, most of the time we are really engaged in task switching. When we task switch, both tasks suffer a loss of efficiency and quality (Willingham, 2010).

At this point, you may be saying to yourself, “I’m sure that’s true for most people, but I’m an excellent multitasker.” There are a number of online tests you can take to see how well you multitask. Here is one that can be done in less than three minutes at http://davecreshaw.com/multitasking-example/ (Dave Crenshaw, 2011). It is a great demonstration of the fact that even with two simple tasks, task switching reduces speed and accuracy (Willingham, 2010). Or, you can try this demonstration on selective attention at http://www.youtube.com/watch?v=vJG698U2Mvo (Simons, 1999). If you find the video interesting, you may want to read the author’s book on the limits of attention. You won’t get the full impact of the video if you read the book title before seeing the video, so the author and title are printed upside down at the bottom of this article. You may want to use either (or both) of these online tests with your students to demonstrate why it is so important that they (1) come to class (because if the input of your lecture/presentation never made it into their minds, it won’t materialize later) and (2) pay attention (because if they don’t notice the input, it never happened as far as their brains are concerned).

Your younger students will probably do better on multitasking tests than you. Young people still do worse on multitasking versus single tasks, but in laboratory tests young people do better on multitasking than older people. The advantage is a function of how much working memory is available, and younger people generally have more available working memory than older adults (Willingham, 2010).

There are two areas in which some people can multitask without degrading their performance. First, some studies show that background
**Multitasking**

Music is distracting, although others show it is not. Some studies show that listening to non-vocal music does not distract, but vocal music does. Some studies show that extroverts can listen to music and still perform another task well, but introverts report being distracted by background music. So, if you are an extrovert listening to non-vocal music, you may be able to multitask (Willingham, 2010).

Second, some individuals possess multitasking abilities beyond those of the majority of the world’s population. A study done by two researchers from the University of Utah (Watson & Strayer, 2010) found that 2.5 percent of the population they tested was able to perform two tasks simultaneously without any measurable degradation of performance. The two tasks were driving in a simulator and responding to math and memory questions asked through a headset (thus mimicking the use of a hands-free cell phone). The other 97.5 percent of the study participants exhibited significant reductions in performance quality when the two tasks were combined: increased braking time, decreased following distance on the driving simulator tasks, and decreased scores on the memory and math tests (Watson & Strayer, 2010).

In conclusion, consider this recent finding: A “study examining multitasking ability found that individuals who report multitasking more frequently multitask less well than those who are less frequent multitaskers” (Watson & Strayer, 2010). If we want to do our best on any given task, we should focus on it only. That focus could be seen as a shift from “just do it” to “do just it.”

**REFERENCES**


