The RESOLVES Model – A Process for Addressing Lapses in Professional Behaviour

PURPOSE

The Schulich School of Medicine & Dentistry (SSMD) is committed to providing the best professional, respectful, inclusive, and supportive environment free from conduct by faculty, staff, other learners and public that could be interpreted as unprofessional. Healthy professional interactions are key to the provision of compassionate, caring, and efficient care. Healthy interactions also foster a working, teaching and learning environment that promotes work satisfaction, encourages curiosity and helps to develop confidence, while preventing the development of fear in the workplace.

DEFINITIONS

Professionalism is defined as the words and actions that promote the development of trust and respect from our patients, colleagues, learners and coworkers.

Professional Interactions are those exchanges between individuals who are involved in a clinical and/or academic environment. Individuals may include professional staff/faculty, staff members, students and patients. Exchanges may be verbal, written (paper and electronic) or physical gestures.

Facilitator refers to the individual who is most responsible for navigating a resolution in a conflict involving professional interactions

Mentor refers to someone who is known to and respected by an individual who can help that individual to deal with the sometimes stressful experience of resolving difficulties with professional interactions

Coach refers to an individual who can observe behaviour and make suggestions for strategies for change.

Trusted colleagues are individuals whom we approach informally to help us during challenging times. They have no reporting obligations and generally share the same work type and location and as such understand contextual issues.

THE *RESOLVES* APPROACH TO STRAINED PROFESSIONAL INTERACTIONS

While occasionally difficulty with professional interactions results from the behaviour of one individual, most issues related to strained professional interactions involve the behaviour of more than one individual. An approach to resolution is to use the pneumonic "RESOLVES":

Re =   Reach Out

So =   Solutions

L =   Launch

Ve =   Verify

S =   Support

These steps are based on the model of physician remediation as proposed by Hauer et al[2]. While the Hauer model was developed in the context of remediation, the concept is really one of taking steps to encourage behavioural change, which may involve communication or professional interactions. Details of the Hauer model can be found in Appendix 1. A parallel, graphical depiction of the RESOLVES model can be seen in Figure 1.

1. Reach Out

Crucial to the fair resolution of issues is the gathering of thorough and unbiased information about the struggling interaction from all relevant individuals involved. In the Reach Out step of the RESOLVES model, the leader must meet with all relevant parties involved to hear a direct and unfiltered version of what the issues are from their perspective. These discussions must occur in confidence, with an understanding that information shared will only be shared with others with the permission of the person being interviewed OR if required by law.

The Reach Out step is crucial to developing rapport with individuals along with ensuring that all parties know that the process is fair and inclusive. It is important that at this step information is collected without judgement. All parties should be encouraged to explain both the content of what has transpired, as well as the context as to why they think events have transpired.

If appropriate, personal contextual issues can be explored such as confounding individual stressors that might be contributing to the challenging professional interactions. Individual stressors may include health issues (physical and mental health), personal relationship stressors, work environment stressors, financial stressors, and others. If approached in a thoughtful and non-judgemental way, this may present a safe opportunity for individuals to share their personal stressors with an empathetic audience.

2. Solutions

Once information has been gathered from all parties, the facilitator can begin to develop strategies to implement to resolve the matter. Part of the Reach Out step should involve the facilitator asking each party two questions:

   i. What would you be willing to do to help to help to improve the relationship?
   ii. What do you expect others to do to help to improve the relationship?

In the Solutions step of the RESOLVES model, the facilitator constructs a draft solution plan to be presented to all parties. The strategies will come from information obtained during Reach Out as well as the facilitator's experience. Generally, solutions will require both effort and understanding on the part of all parties.

Solutions should be in a written form, with activities, responsibilities and timelines laid out for all to review. The solutions will vary in complexity from "no further action" to a plan that involves educational experiences, coaching, mentorship, behavioural monitoring and health and wellness supports. All parties should be in general agreement of the initial plan of action.

3. Launch

Once all parties have agreed to the steps to be taken in the Solutions step, the resolution plan should be implemented. In the Launch step of the RESOLVES model, the agreed upon Solution plan is implemented. Where necessary, various components of the plan should be documented as they are completed by individuals involved.

At regular intervals, the facilitator should check in with all parties to ensure that the plan is unfolding as intended and to address any concerns regarding the implementation and progress of the plan. The parallel implementation of the Support structure (see number 5 below) is vital at this step to ensure that all parties are supported by arms length individuals.

4. Verify

Once the resolution plan has been implemented and all elements of the plan completed, the facilitator should circle back to all parties. In the Verify step of the RESOLVES model, the facilitator has several responsibilities:

   i. To ensure that all elements of The Plan have been completed satisfactorily
   ii. To ensure that all parties are satisfied that elements have been completed
   iii. To explore with all parties their satisfaction with the outcome of the plan
   iv. To determine if any long-term monitoring of the relationship is desired or necessary

In general, the Verify step should be the end of the formal process in resolution, however there may be times when the elements in the resolution plan need to be changed or timelines extended. In instances where there is still significant concern about ongoing difficulties with professional interactions, the facilitator may choose to recommend a more regulatory approach to resolution, as one may see in the Vanderbilt model[1].

Support

Though not a step, the Support element of the RESOLVES model is arguably the most important aspect of this model. Support for all parties involved should be offered and/or provided throughout the process. Support should come from Mentors, Coaches and trusted colleagues. Each of these supporting elements should be at arms-length from the process and should not have any position of power over the individual.

Mentors are trusted individuals who are known to and respected by the individual involved. The role of the mentor is to guide the individual through the process, to provide support and occasionally advise on how to proceed. Usually, the mentor is a senior colleague in the same clinical department, however the mentor may be someone from another department, so long as they are known to and respected by the individual. Mentors should have no mandatory reporting obligation to any authority.

Coaches have a role to assist individuals in accomplishing a task. They may or may not be previously known to the individual, but they should be experienced and preferably trained in coaching individuals to facilitate change. Coaches generally will have an obligation to report progress and engagement to the facilitator.

Trusted colleagues are informal support figures who generally are in the same clinical department and are often demographically similar to individuals. Individuals should be encouraged, but not required to engage a trusted colleague. This relationship is with someone with whom they can share their struggles and experiences with an expectation of mutual understanding and an ability to empathize with the individual because they have shared contextual experiences. Trusted colleagues should have no reporting obligation to anyone.

While seemingly complex, in most instances using the RESOLVES model is quite simple. Generally, it will involve a conversation with two or more individuals with an agreement on expectations for future behaviour then revisiting at a prescribed date to check in on behaviours. What is unique about this model is the focus on recommending and identifying a support structure for all encounters.

Figure 1 – The RESOLVES model of Professionalism Challenges
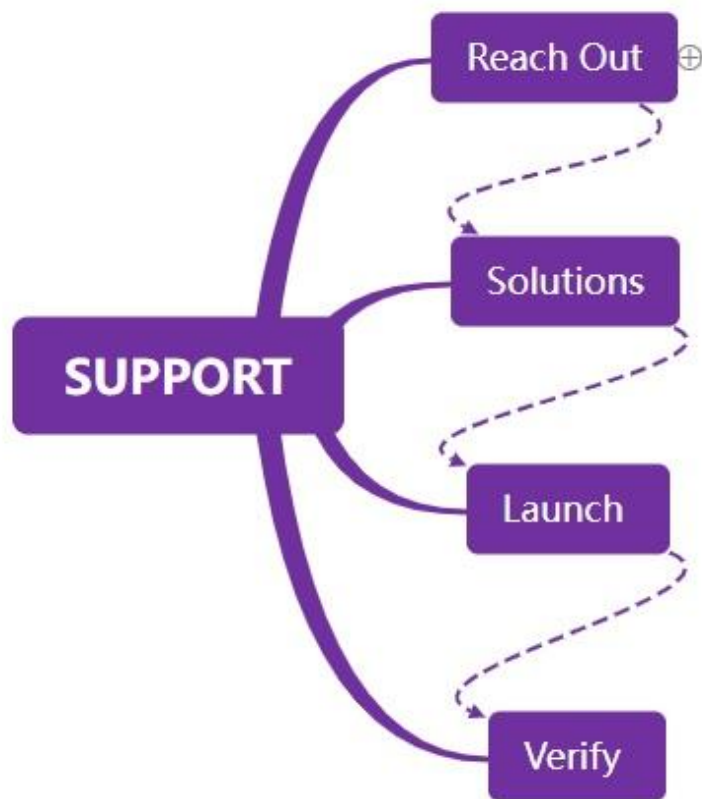
Appendix 1

Background Rationale for Approach

Vanderbilt University School of Medicine (VUSM) has been a leader over the years in developing and describing processes to deal with what they describe as unprofessional behaviour.[1] The "Disruptive Behavior Pyramid" (Figure 1) describes the fact that the vast majority of physician behaviours are professional, as demonstrated in the open base to the pyramid. Single unprofessional incidents should be considered anomalies and the behaviour dealt with through a casual "cup of coffee" conversation.
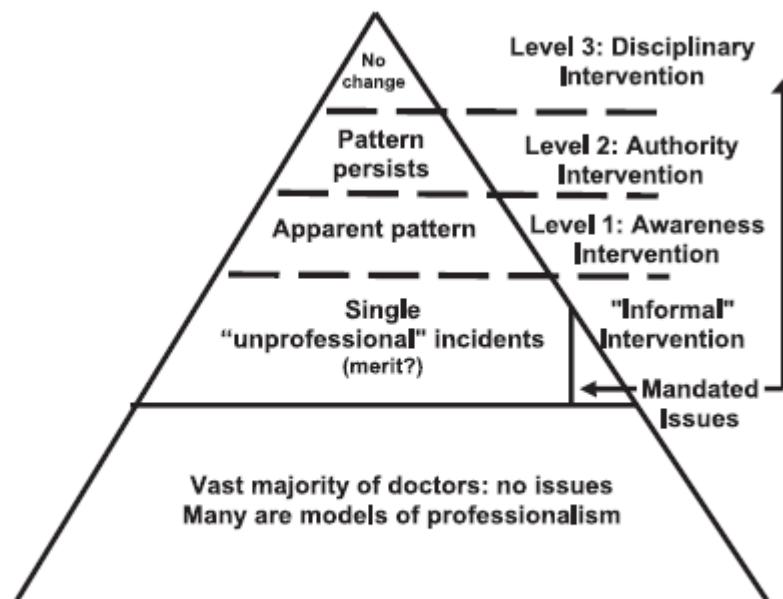

Figure 1 The disruptive behavior pyramid for identifying, assessing, and dealing with unprofessional behavior.

If a pattern of unprofessional behaviour develops, a formal process should be initiated. In the Vanderbilt model, this is addressed through an "awareness intervention". This involves sharing information with the physician to make the physician aware of the pattern as a means of helping the physician to understand that there is a developing pattern. This intervention should take place from an authority figure or sometimes a peer.

Failure to respond to an Awareness Intervention, with evidence of ongoing behavioural challenges will result in an "Authority Intervention" involving the development of improvement and evaluation plans. Finally, in the rare instances of failure to respond, "Disciplinary Intervention"[i] is required to impose restrictions.

While the Vanderbilt model is well-regarded and frequently used as an approach to "unprofessional behaviour", the model is very individually centred, focusing on the behaviour of an individual, rather than consider the context in which that behaviour is taking place. Many scenarios develop involving professional behaviour that are related to environmental and contextual factors as well as interpersonal dynamics. When these issues develop, a broader approach to resolution is required.

In 2009, Hauer et al published a thematic review of the literature on the topic of remediation of poorly performing physicians.[2ii] The review acknowledges that there is a paucity of evidence to guide best practice in remediation. They do postulate that the first step to remediating a physician's practice behaviour is to have an understanding of those factors that are contributing to the behaviour (Figure 2). The group proposes a model that can be modified to address difficulty in professional interactions.
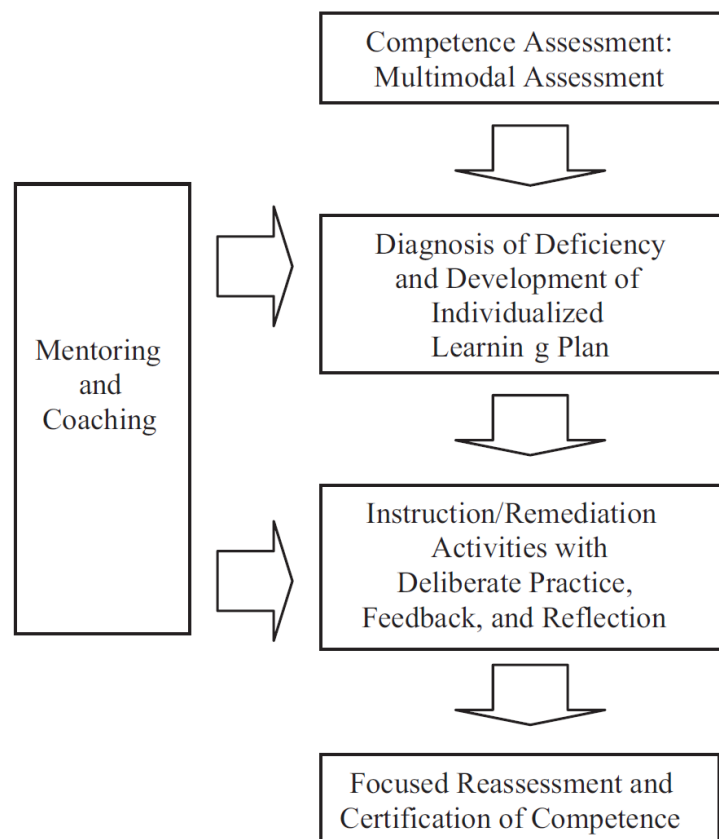
```
                              ┌──────────────────────────┐
                              │  Competence Assessment:  │
                              │  Multimodal Assessment   │
                              └──────────────────────────┘
                                          ▼
┌─────────────┐              ┌──────────────────────────┐
│             │              │  Diagnosis of Deficiency │
│             │   ▷          │   and Development of     │
│ Mentoring   │              │     Individualized       │
│    and      │              │     Learning Plan        │
│  Coaching   │              └──────────────────────────┘
│             │                          ▼
│             │              ┌──────────────────────────┐
│             │   ▷          │ Instruction/Remediation  │
│             │              │     Activities with      │
│             │              │   Deliberate Practice,   │
│             │              │  Feedback, and Reflection│
└─────────────┘              └──────────────────────────┘
                                          ▼
                              ┌──────────────────────────┐
                              │ Focused Reassessment and │
                              │ Certification of Competence│
                              └──────────────────────────┘
```

Figure 2 – The Hauer Model of Physician Remediation

In a revised model, the first step in addressing struggling professional interactions is to perform a multimodal assessment. Essentially this means exploring, through multiple conversations, what the problem is, why it has developed and what are the contributing factors (environmental, personal, etc) that have promoted its development.

The second step is to analyze the "deficiency", meaning what are the "elements" that are flawed that have contributed to the problem interaction and considering what needs to be done to correct those elements. The "elements" could be environmental (e.g. organizational processes or structures that contribute to a stressful work environment), contextual (e.g. personal health problems that are contributing to stress or stresses related to the current pandemic) or personal behavioural elements (e.g. lacking effective communication skills and strategies or lacking an ability to consider the impact of behaviours on others). Correcting the flawed elements may involve strategies such as addressing organizational issues, supporting individuals who may be

struggling with personal issues, implementing wellbeing programs to deal with stresses such as pandemics and developing personal skills such as communications and educating physicians on the importance of person-centredness in addressing relationship challenges.

The third step is to implement strategies that are developed in the second step, with a recognition that all individuals involved will require support through coaching and/or mentoring. Mentoring should be at arms length from persons in a position of authority such that individuals who are mentored feel safe. Additionally, individuals require ongoing feedback on their performance to help them to navigate

necessary change. During this stage it is key to understand that opportunity for reflection and feedback be given to individuals who continue to struggle.

Finally, the issue needs to be monitored and revisited on a periodic basis. Feedback on professional interactions needs to be collected on a regular basis from individuals involved and fed back to those who are struggling.

1. A Complementary Approach to Promoting Professionalism: Identifying, Measuring, and Addressing Unprofessional Behaviors. Hickson GB, Pichert JW, Webb LE, Gabbe SG Acad Med. 2007; 82:1040–1048
2. Remediation of the Deficiencies of Physicians Across the Continuum from Medical School to Practice: A Thematic Review of the Literature. Karen E. Hauer KE, Ciccone A, Henzel TR, Katsufrakis P, Miller SH, Norcross WA, Papadakis MA, Irby DM. Acad Med. 2009; 84:1822–1832.