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Remediation in Medical Education: Facilitating a midcourse correction

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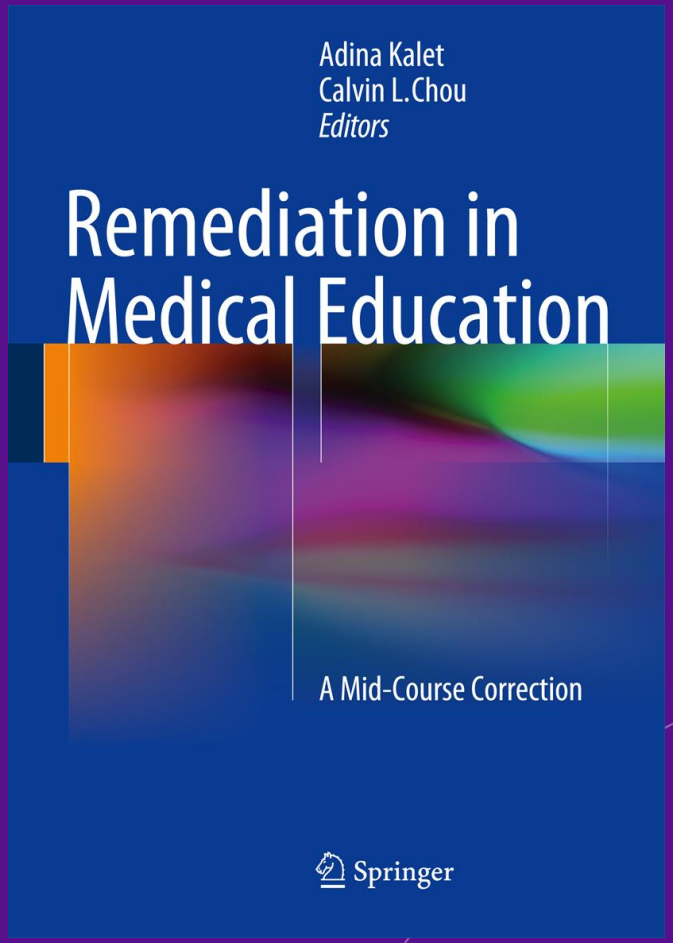
Speaker Disclosure Information

Royalties from:
Remediation in Medical Education: A midcourse correction &
Objective Structure Clinical Exams: A 10-step approach

Go to:
The Arnold P. Gold Foundation for Humanism and Professionalism &
Program on Medical Education Innovation and Research



My Goals:

- Assert that conducting remediation of trainees and colleagues is the responsibility of all medical educators.
- Lay out a framework for both understanding medical competence and identifying and working with individuals who veer off course.
- Emphasis on Professionalism Lapses.
- Discuss faculty's attitude and skill barriers to engaging effectively with trainees and colleagues who are "not competent".
- Argue for the importance of viewing faculty development in remediation as an institutional capacity building activity.

"Every system is perfectly designed to get the results it gets." - Paul Batalden, M.D.

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"The theory of inventor's problem solving"

How would we conduct our educational practice to ensure that we produce at least 20% of our trainees guaranteed to be unable to practice safely without supervision or have high profile lapses in professional behavior?

Remediation in medical education?

"Facilitating a correction for trainees who started out on the journey toward becoming an excellent health professional but have moved off course."

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Remediation in medical education? Why now?

- Assessment of clinical competence and professionalism has become more sophisticated.

- Struggle to find effective and respectful means to work with trainees who don't meet standards, the *vast majority* of whom will become practicing professionals.

- Society allows and expects the medical profession to regulate ourselves, and we must do so as a routine part of medical education.

Remediation in medical education? How?

- institutional capacity building process, which requires both individually and institutionally focused approaches.

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Remediation in medical education?

- Community of practice in remediation, integrated with other important communities of practice (e.g. education and workplace).

- Attributes of individuals and systems; **Judgment and Courage**.

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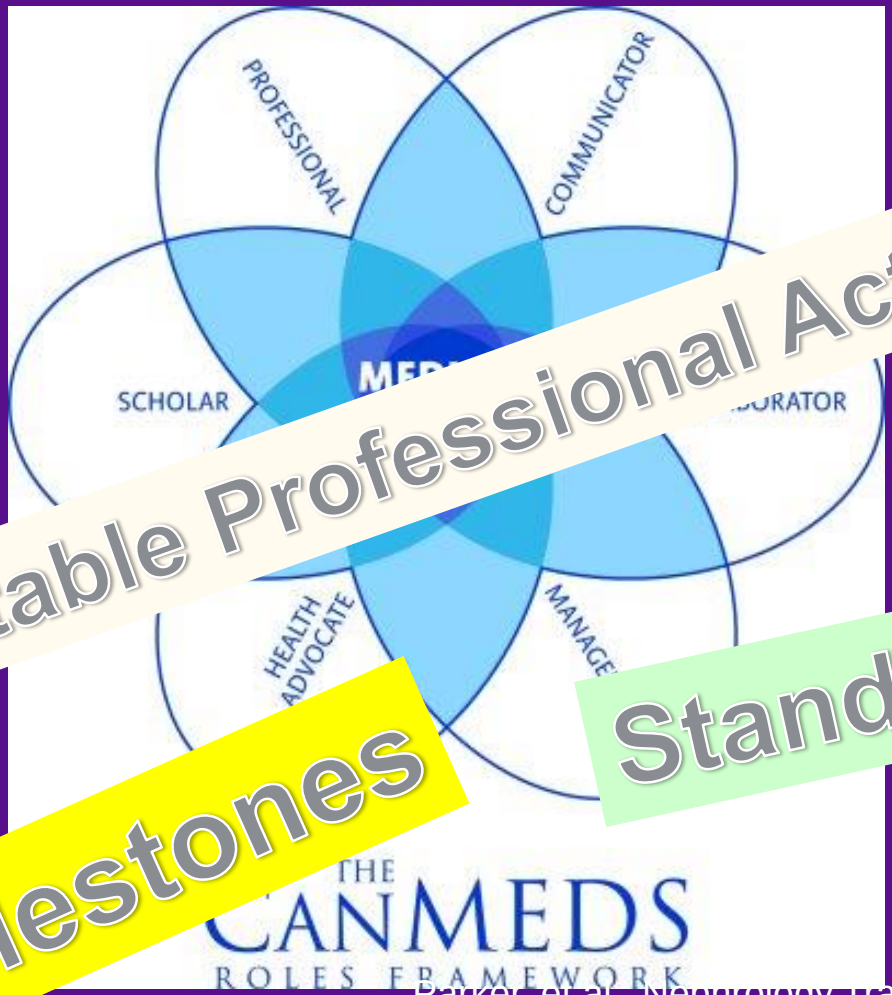
Assessment

Measurement of competence is improving!!

To conduct effective and ethical remediation competence must be defined and expectations set…..



Entrustable Professional Activities

Standards

Milestones

Parker, et.al., Nephrology Training in the 21st Century: Toward Outcomes-Based Education

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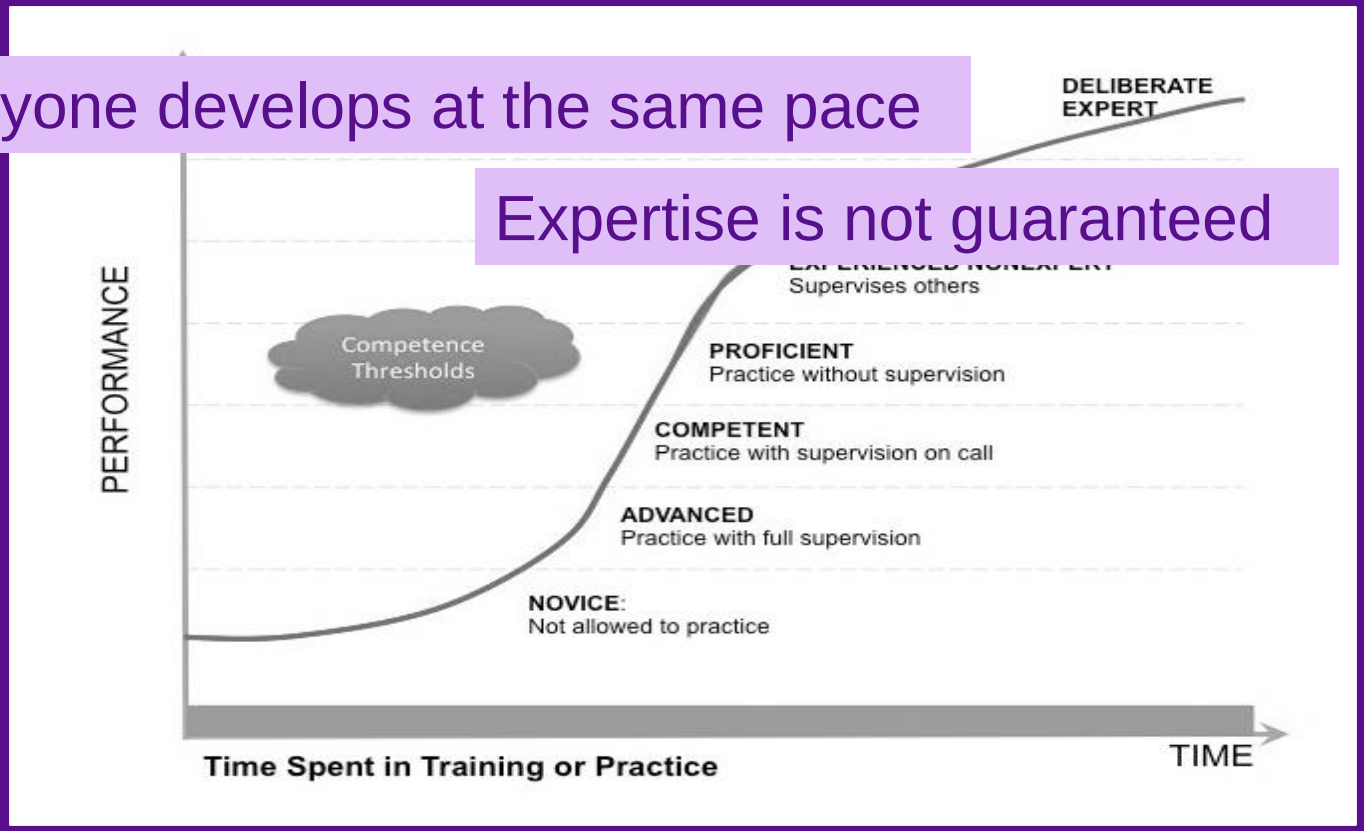
Clinical competence is developmental

Not everyone develops at the same pace

Expertise is not guaranteed



Kalet, Adina, and Martin Pusic. "Defining and Assessing Competence." *Remediation in Medical Education*. Springer New York, 2014. 3-15.

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A Case…

Just yesterday….

DJ, a clinical clerk, arrived 30 minutes late to *clinic*, he was cheerful and unapologetic – almost cavalier, joking about how uncivilized it is to have to start the day so early! He is dressed in a short sleeved polo shirt revealing an elaborate sleeve tattoo- and neatly pressed khakis. He slumps in a chair to finishes his coffee and then finally gets up to see the first patient….

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Just yesterday….

The resident tells you DJ is a “smart enough student” but often shows up late for and occasionally misses conferences.

He is well liked by his peers who regularly cover for him when he is late…

What would you do?

Conventional

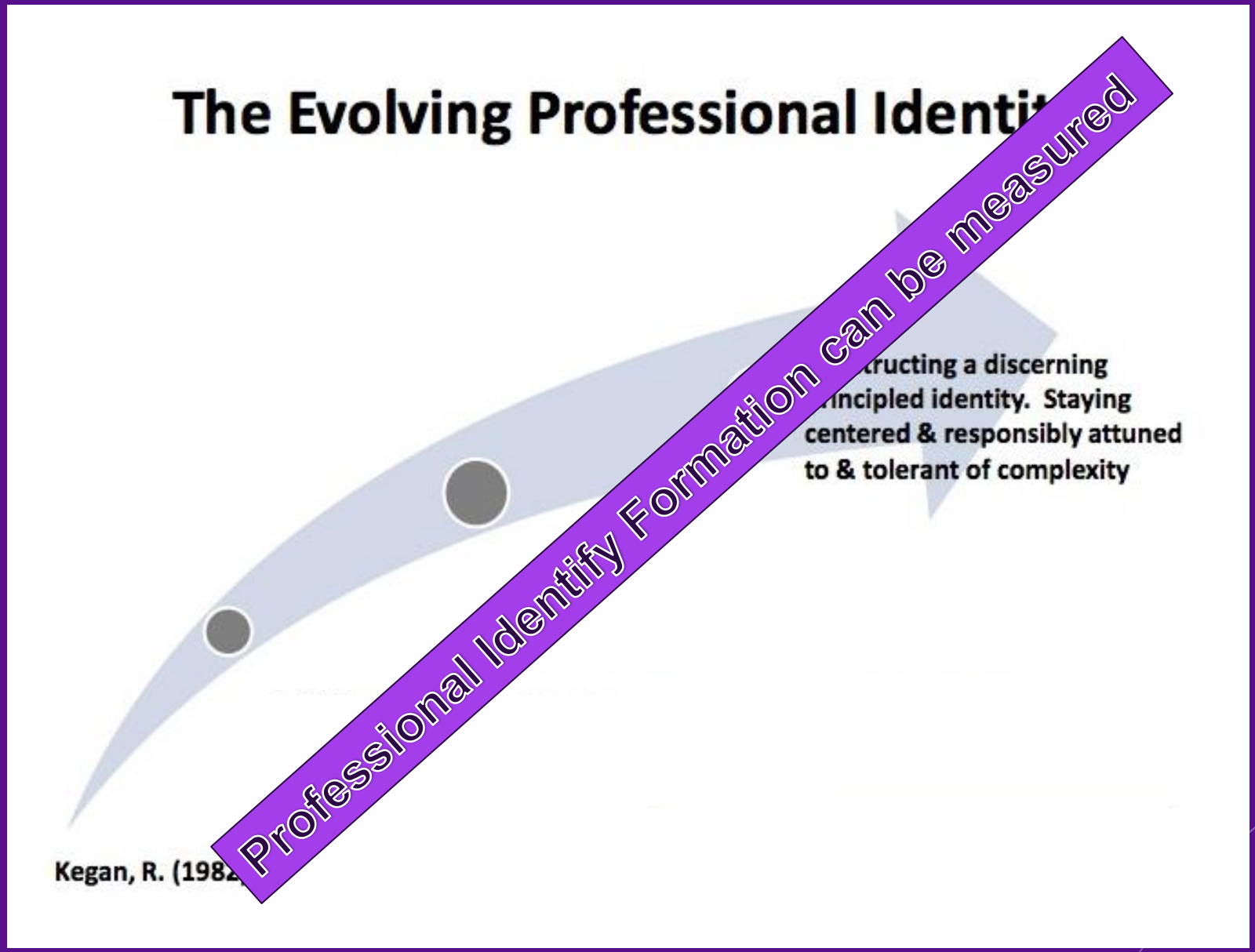
- Professionalism is a trait, virtue, attitude
- Lapses are character flaws
- The absence of unprofessional acts is evidence of professionalism
- Presence of unprofessional acts is evidence of unsuitability for the profession

Developmental

- Professionalism is a dynamic developmental process
- Lapses happen to everyone and have many causes
- Professionalism is demonstrated in every clinical situation
- With supportive systems and professional culture most are professional

Professionalism?

- **Knowledge**? Does he know or ascribe to the values of the profession?
- **Judgement**? Can he articulate the dilemma but chooses the wrong solution?
- **Skills**? Can he articulate the right solution but can't operationalize it?
- **Support**? Is the system supporting him to do the "right" thing?



Bebeau, Muriel J., and Kathy Faber-Langendoen. "Remediating lapses in professionalism." *Remediation in Medical Education*. Springer New York, 2014. 103-127.

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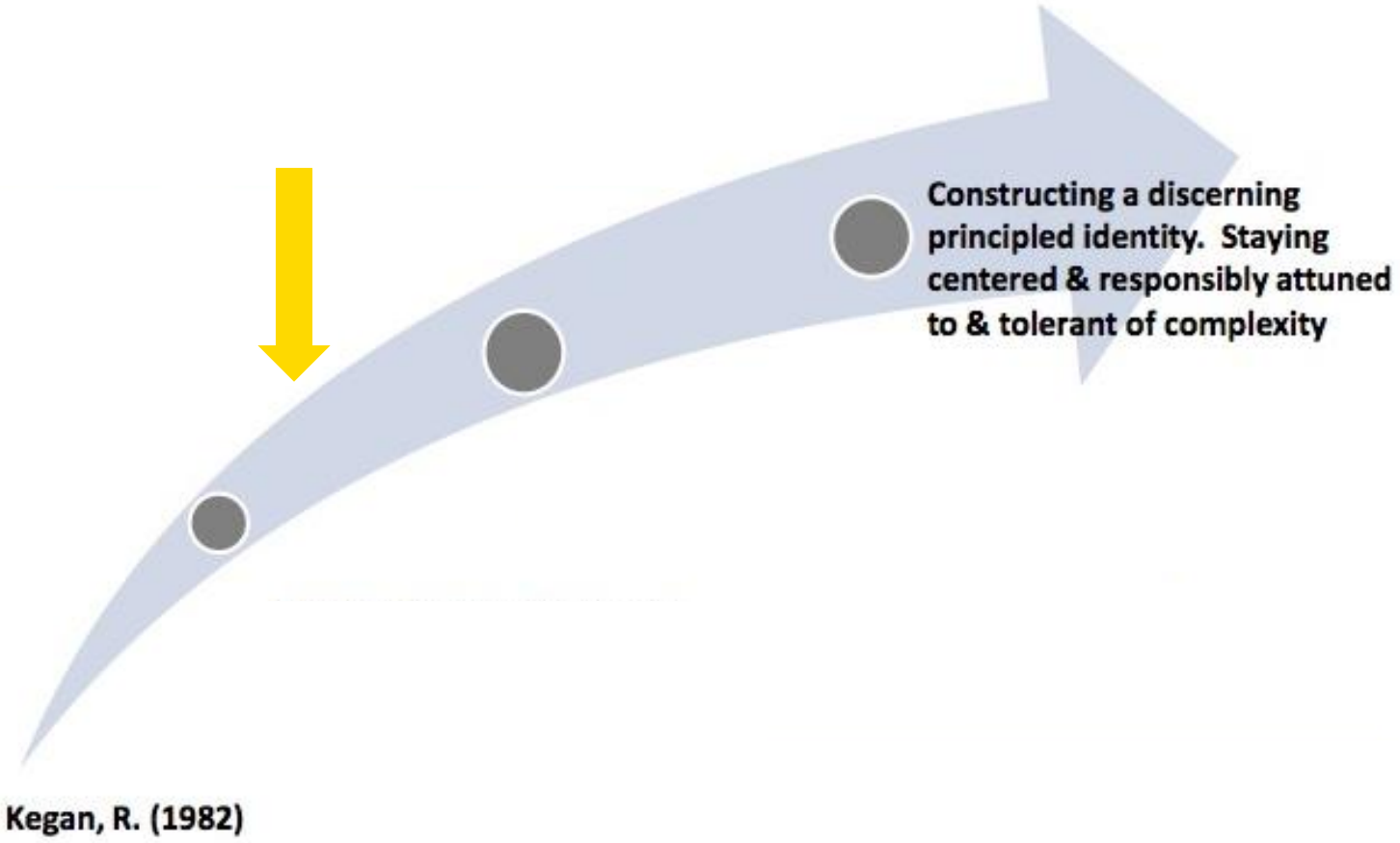
D.J.'s Professional Identity Formation



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D.J.'s Professional Identity Formation
"socialized mind"

This stage is characterized by an **externalized** understanding and expectations of the professional role, shaped by interpersonal relationships, observing others, and a struggle to follow the norms and status quo within organizations without question.

Some adolescents and most adults are in this stage.

Prepare to have the conversation

- Make a clear and unambiguous statement of the misalignment of values & unacceptable behaviors.
  - "What you have done is perceived by others as unprofessional"
- Make a relational commitment
  - "I care about you and your development as a physician… so I am concerned"
- Take a developmental view point
  - "this is how you see things now", "this is what you need to aspire to"
- Set clear expectations- "You must demonstrate improvement"
  - (both the "metacognitive" awareness and the skill to carry it out)"
- Establish a realistic time frame.

Medical training inhibits the stage appropriate development of moral reasoning and psycho-emotional development

Self DJ, Schrader DE, Baldwin DC Jr, Wolinsky FD.

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A lapse in professionalism is clinical incompetence..

Just yesterday….

Don’t avoid…

A brief conversation, setting expectations for timeliness and dress code.

Feed forward!

Suzanne

- An Intern. The Chief Resident reports that Suzanne called asking for coverage today (Friday) because she is leaving for a wedding in Jamaica with her boyfriend and the person who was supposed to cover her backed out at the last minute.

- You discover she is offering someone $250 to cover her call day Saturday.

- She has been reported to be very smart and skillful with patients but her reputation among her peers is that she is "a little lazy" and acts "entitled".

- She missed two required seminars in her first two years- once because of a "personal crisis".

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What would you do?

Don’t just say something, sit there!
Avoid making a psychiatric diagnosis!

Professionalism?

- Knowledge? Does she know or ascribe to the values of the profession?
- Judgement? Can she articulate the dilemma but chooses the wrong solution?
- Skills? Can she articulate the right solution but can't operationalize it?
- Support? Is the system supporting her to do the "right" thing?

*"Professionalism is demonstrated through a foundation of clinical competence, communication skill, and ethical and legal understanding, upon which is built the **aspiration** to and **wise application** of the principles of professionalism: excellence, humanism, accountability, and altruism"*

Stern and Arnold, Measuring Professionalism, 2006

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*"By three methods we may learn **wisdom**: first by **reflection**, which is noblest, second, by imitation which is easiest; third by experience which is bitterest."*

Confucius

Hatem, D. (2014). The reflection competency: Using narrative in remediation. In *Remediation in Medical Education* (pp. 235-248). Springer, New York, NY.

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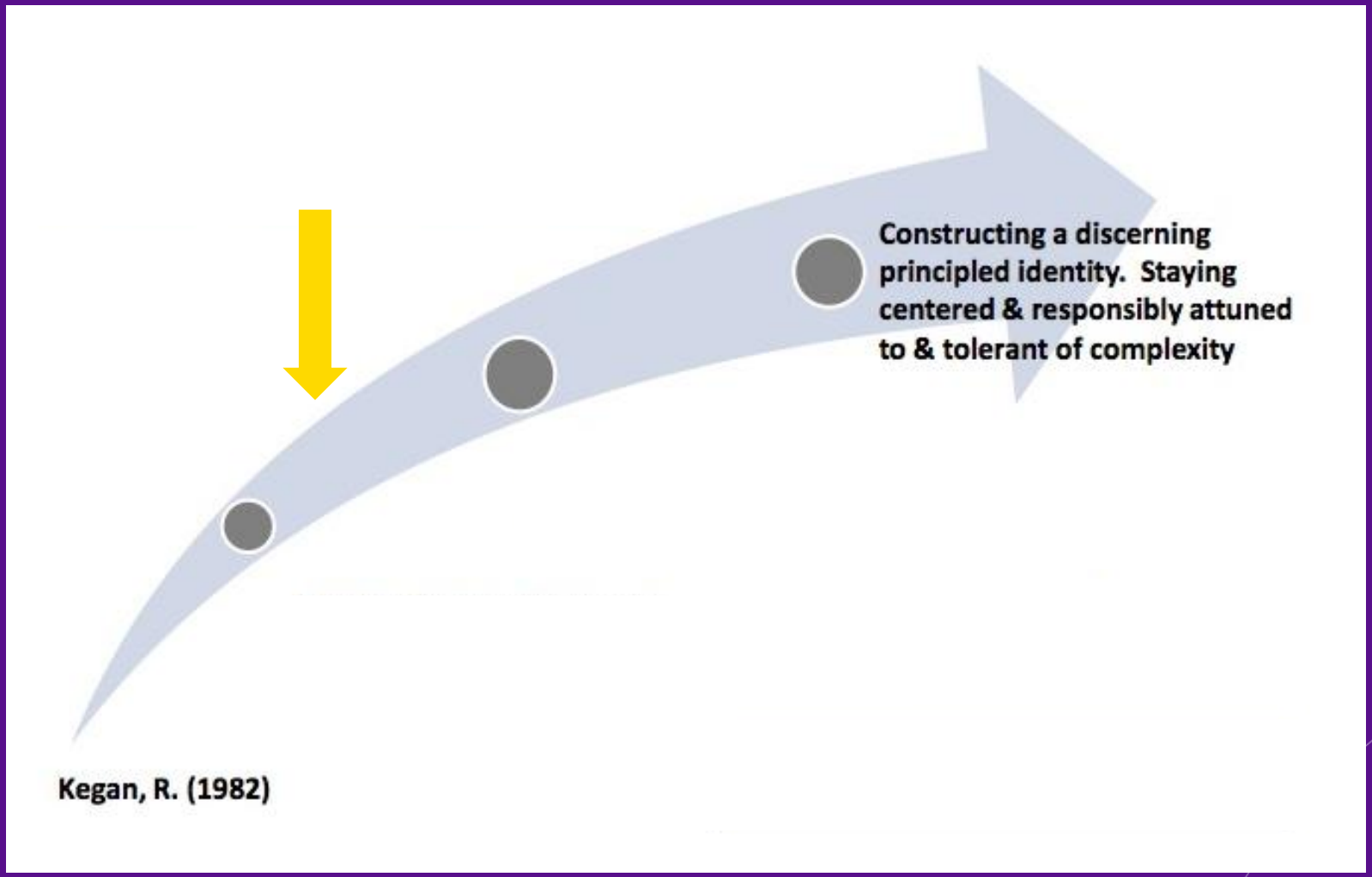
Both D.J. and Suzanne are in the same stage of professional identity formation



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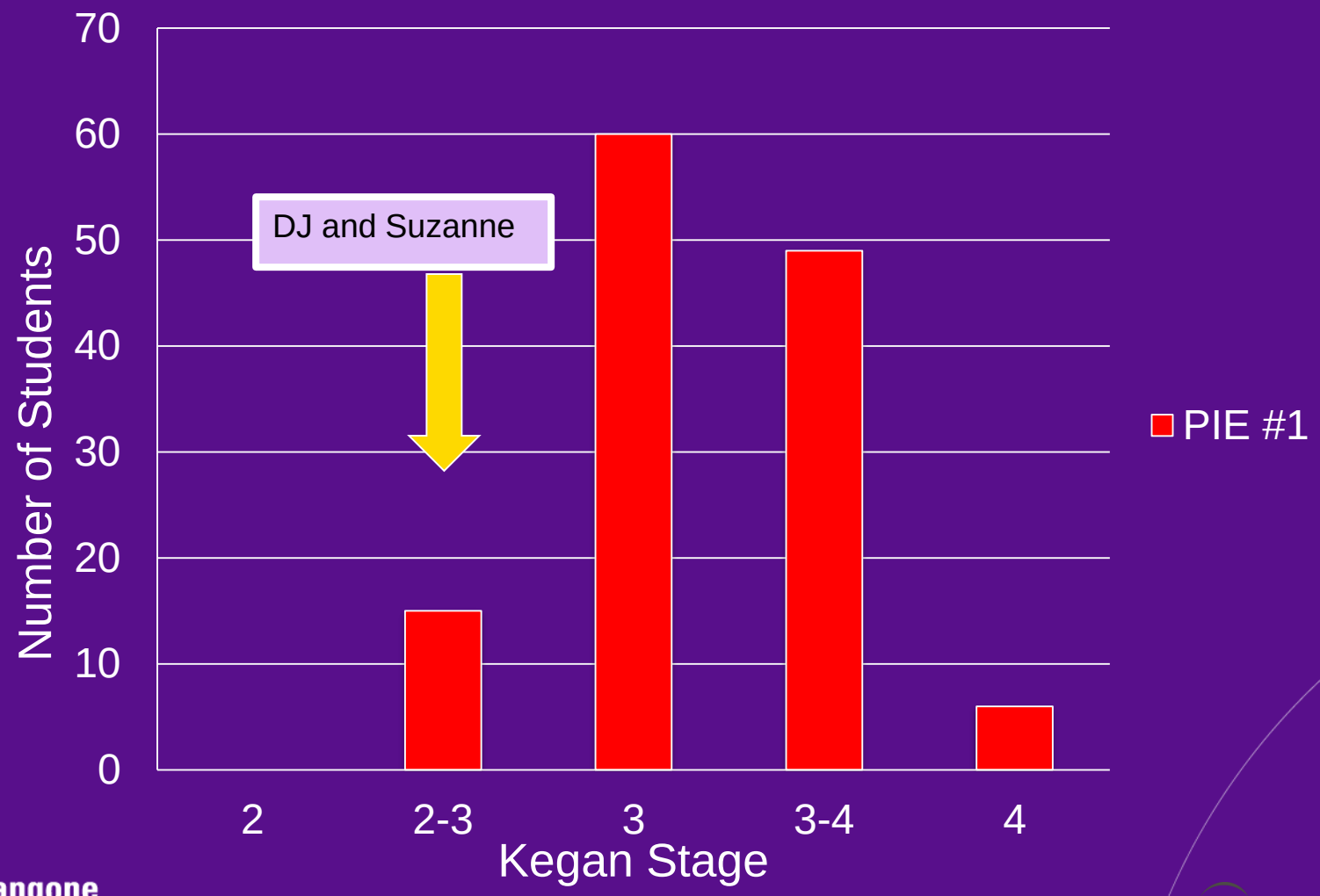
Professional Identity Essay Data
Class of 2019 Orientation to Medical School



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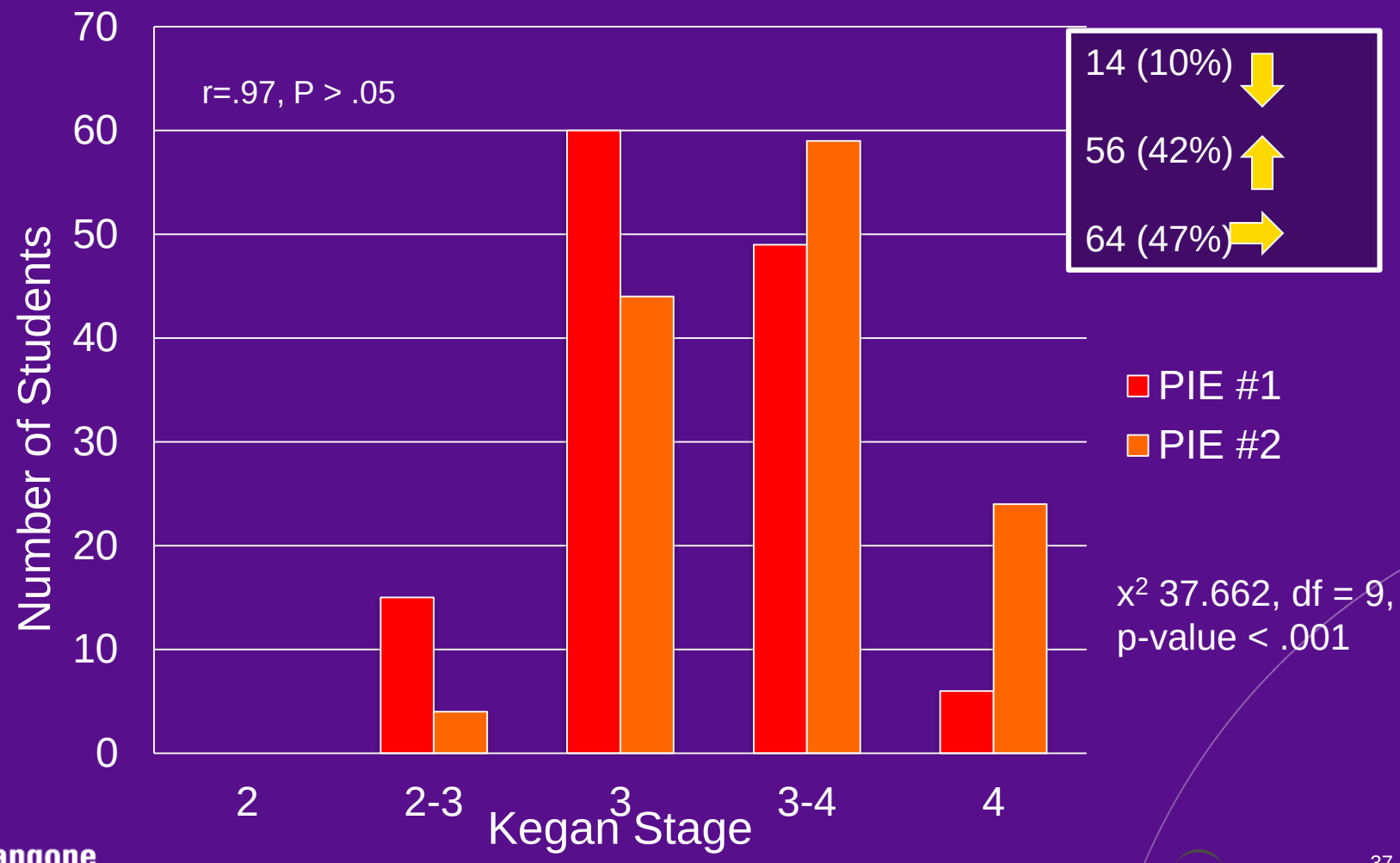
Professional Identity Essay Data
Class of 2019 Orientation to Clerkships 18 months later



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D.J.

- Core clinical competence confirmed
- First generation college student
- Lives with and supports mom and younger brother
- Time management improved with coaching and concrete services
- Prognosis?

Suzanne

- Core clinical competence was confirmed
- Unacceptable behavioral issues addressed with boundary setting.
- Arrogance and defensiveness retreated with respectful coaching and ethical reasoning remediation.
- Demonstrated improvement.
- Prognosis?

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A Case…

The resident….

You are in clinic and you receive a call from the patient representative. It seems a patient just called to lodge a complaint about your resident WD who "*arrogantly and angrily told the patient that she would be 'lucky to see the attending…. since there are 80 patients in clinic today' "*.

The patient called from the exam room. She is demanding to see you and only you.

You look up and there is WD, who is usually on top of things… looking as if he is about to cry…"

Just yesterday….

WD says “that was the worst interaction with a patient I have ever had, I thought she would hit me.. She complained about how much pain she was in, how long she waited, how hard it was getting an appointment and then when I told her doctor Strauss was not in today and she would need to speak with me … because we work as a team…. She threw me out!”

He apologized to you for not being able to handle it himself and for disappointing you. He said “I am devastated that I spoke to her like that”.

What would you do?

@graceferris, Grace Ferris, MD

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Table 2. The PIE instructions and prompts (modified for use in medicine).

Directions: This essay explores how you understand the meaning of professionalism at this point in your development and how that relates to the formation of an ethical professional identity. Research suggests that the meaning of professionalism and one's identity with the profession evolves throughout one's career. Respond as fully as you can to each of the questions. The purpose is to engage you in self-assessment, reflection and goal setting.

Please answer these questions as fully as you can in 1 hour. *Write at least a paragraph for each question.*

1. What does being a member of the medical profession mean to you? How did you come to this understanding?
2. What do you expect of yourself as you work towards becoming a full-fledged physician?
3. What will the profession expect of you?
4. What conflicts do you experience or expect to experience between your responsibility to yourself and others—patients, family, and profession? How do you resolve them?
5. What would be the worst thing for you if you failed to live up to the expectations you have set for yourself?
6. What would be the worst thing for you if you failed to live up to the expectations of your patients?
7. What would be the worst thing for you if you failed to live up to what society expects of physicians? How did you come to this understanding?
8. Think of a physician you consider an exemplar of professionalism. Describe why you chose this person, illustrating with an incident or pattern of decisions or actions that supports your choice.
9. Reflect on your experiences in medical school or in the community that have been critical in fostering change in your understanding of what it means to be a professional – to be a physician

Stages of Medical Professional Identity Formation

Stage 2

2.5

Independent Operator

Concerned with Individualistic performance, achievement and approval.

"My performance is what matters most"

Stage 3

3.5

Team Oriented Idealist

Concerned with being a team member or team player. Concern for societal role, professional ideals, balancing commitments to self, family, & profession.

"I am my identity and follow the rules"

Stage 4

4.5

Integrated, Self-Authored Professional

Concerned with constructing a discerning principled identity, staying centered & responsible attuned to & tolerant of complexity.

"I have an identity and make choices"

Stage 5

Self-Transforming Professional

Able to reconcile contradictory or seemingly paradoxical ways of constructing meaning.
Able to recognize the interdependencies of different systems or ways of being or thinking.

"I hold many identities and embrace principle and paradox"

Externally Defined → Internally Defined

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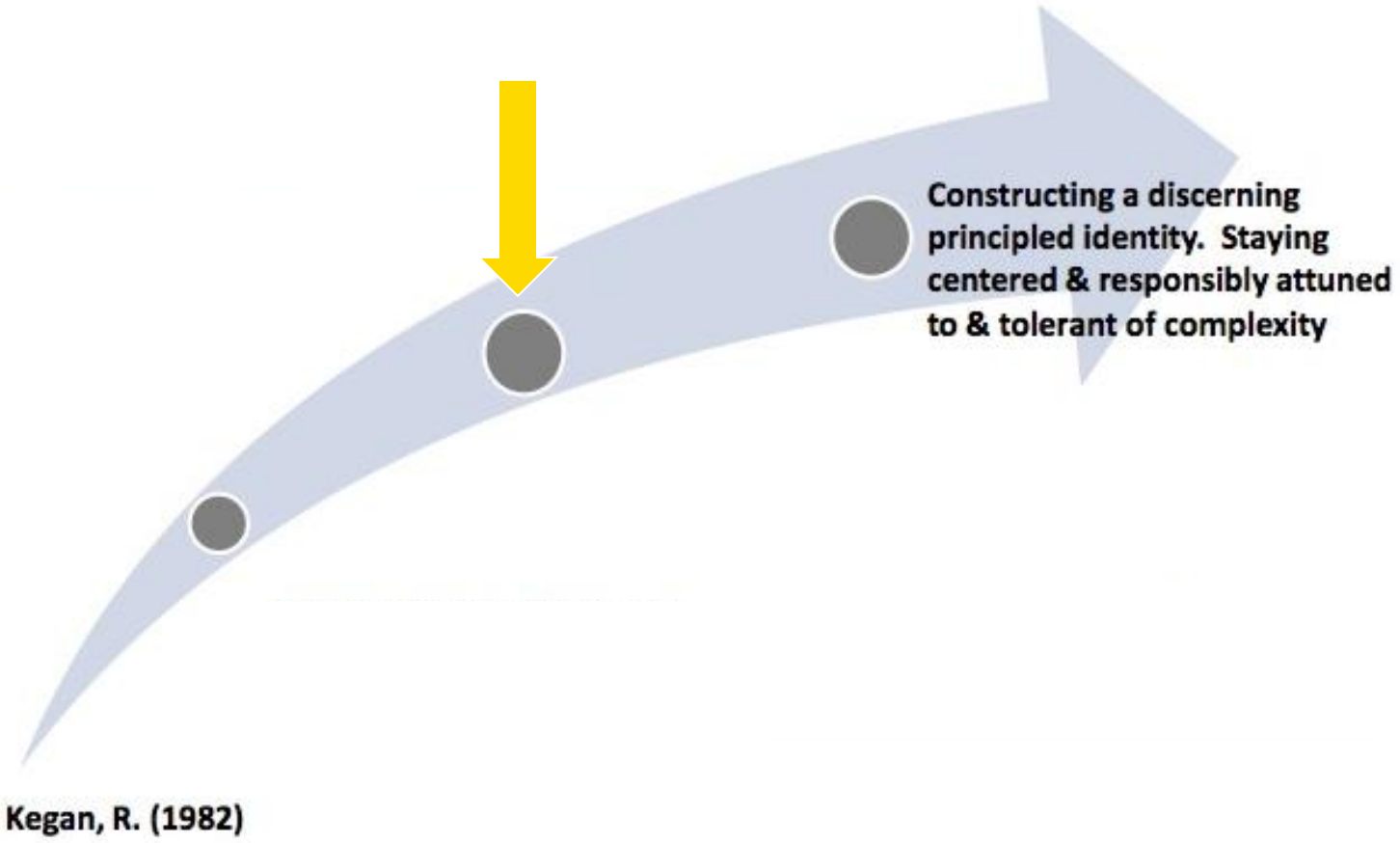
WD's stage of professional identity formation



Kegan, R. (1982)

Bebeau, Muriel J., and Kathy Faber-Langendoen. "Remediating lapses in professionalism." *Remediation in Medical Education*. Springer New York, 2014. 103-127.

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WD needs to aspire to…. **The *Self-Authoring Mind* (Stage Four)**

Characterized by the ability "to step back enough from the social environment to generate a 'seat of judgment' or *personal authority* that evaluates and makes choices about external expectations. This translates to a greater fidelity to one's sense of self within the professional role.

At Stage 4, one can discern negative social influences that can erode one's professional identity and integrity. Effectiveness within high-level professional or leadership roles requires Stage 4 capacities.

Coaching Toward Professionalism: Questions

- What professionalism issues are relevant here?
  - knowledge of expectations, discuss Professional Identify Development as aspirational.
- What were you feeling? Why?
  - Judgment/Skills, self-awareness
- What do you think others were thinking about your behavior?
  - perspective taking, situational awareness
- What could you have done differently?
  - alternative strategy ID
- What would be most difficult for you next time?
  - Self-awareness, anticipatory guidance

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What works?

	Read	Reflect	Discuss/Rehearse
Define Medical Professionalism	Levinson, et. al. *Understanding Medical Professionalism* (behavioral)	In this context… discuss how principles and values apply..	Principles Behaviors Values Commitments Role model analysis
Community Service	Anything not self centered.	Case studies	Social Determinants Policy/Economics
Ethics	Garrett, *Health Care Ethics*	Formal case based learning	Codes Virtues Justice/Caring
Perspective Taking	Select an appropriate narrative…	"In the voice of your supervisor… "	Empathy
Define Character	David Brooks *The Road to Character*	How do challenging life experiences change character…	Fixed vs. Growth Rehearse apology Making amends
Aspiration	Hamstra, Irby "Parting the Clouds"	Letter to future self….	Professional Identity Formation

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Another Case…

Robert

- Robert came to medical training after a 10 year career in landscape design. He is married and committed to staying in the rural underserved area.
- He struggled academically all through medical school, including needing to retake some clerkships and the national board exams multiple times delaying residency.
- Evaluation found no LD, mental and physical health issues addressed.
- In residency he struggles with basic interviewing skills, clinical reasoning and time management.
- He is eager to improve, takes full advantage of the help provided, but hasn’t demonstrated improvement.
- Is well liked by everyone and has a positive attitude.

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What is done at many US medical schools?

What would you do?

2014, 1–5, Early Online MEDICAL TEACHER

Failure to fail: The institutional perspective

JEANNETTE GUERRASIO, KRISTIN A. FURFARI, LAURA D. ROSENTHAL, CARMELLA L. NOGAR, KINSEY W. WRAY & EVA M. AAGAARD

University of Colorado School of Medicine, USA

Table 2. Institutional barriers for placing a student on probation or terminating a student who is significantly underperforming.

Barriers	Number of responses
Fear of legal proceedings	12 (85%)
No barriers	5 (36%)
Limited availability of remediation options	5 (36%)
Personal relationship with the learner	4 (29%)
Concern for students financial investment	3 (21%)
Concern for students future professional career	3 (21%)
Dean or other administrate faculty overturn decision	3 (21%)
Lack of adequate documentation	2 (14%)
Precedent	2 (14%)
Fear of a lengthy appeals process	2 (14%)
Pity over students unfortunately external life events	2 (14%)
Grade inflation	1 (7%)

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Graduate a weak physician?

Courage

Not graduate a weak physician?

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Perspective

Providing Compassionate Off-Ramps for Medical Students Is a Moral Imperative

Lisa M. Bellini, MD, Adina Kalet, MD, MPH, and Robert Englander, MD, MPH

- Career Fit? Medicine should not be an “exercise in survival”
- Few face saving “off ramps”
- Financial and personal debt
- How can medical educators behave compassionately toward students and fulfill their societal obligation to graduate competent and committed physicians?

Factors that enabled systems to dismiss underperforming trainees included a sense of duty to the profession, strong assessment systems and faculty development programs, and opportunities for trainees after leaving training.

Yepes-Rios M, Dudek N, Duboyce R, Curtis J, Allard RJ, Varpio L. The failure to fail underperforming trainees in health professions education: A BEME systematic review: BEME guide no. 42. Med Teach. 2016;38:1092–1099.

Recommendations

- Ongoing engagement of students' commitment to becoming physicians as part of a required professional identity formation curriculum.
- Early identification of struggling learners.
- Career counseling for those using a compassionate off-ramp.
- Give credit or credentials for competencies already achieved.
- Financial counseling and restructuring of debt (including forgiveness)
- Structured remediation programs and debt forgiveness a marker of excellence.

Suicide

Robert

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When Suicide Happens in the Medical Community

Mack Lipkin

Bellevue Hospital Center, Primary Care Internal Medicine Residency Education Program, Division of General Internal Medicine and Clinical Innovation, New York University School of Medicine, New York, NY, USA.

- Grief, shock, anger, denial, and guilt
- Suicide rates are going up and they do cluster.
- Physicians have high rates
- Especially for men
- We search for causes in conditions (e.g. “burnout”)
- Search for preventive interventions that

may or may not be evidence based or healing

- Reasonable measures- offer help from a trustworthy source
- Take care to balance rights and caring

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And another Case…

Francis: The emerging issues

- New arrival at your institution, not performing up to expectations.
- Actively resisting advice, socially isolated, periods of unprofessional behavior.
- Science Olympiad Team and the recipient of awards for mathematics and science.
- He volunteered extensively in the community, winning a scholarship for his academic success and selfless contribution to the community.
- Did well academically except for failing and retaking, Step 2ck.

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What is the right thing to do?

What would you do?

The effect of racism on achievement..

"Racism at any level can create external barriers to achievement and shape interpersonal interactions"

Stereotype Threat and Confirmation Concerns "internalized"

"culturally-shared stereotypes suggesting poor performance of certain groups can, when made salient in a context disrupt performance of an individual who identifies with the vulnerable group".

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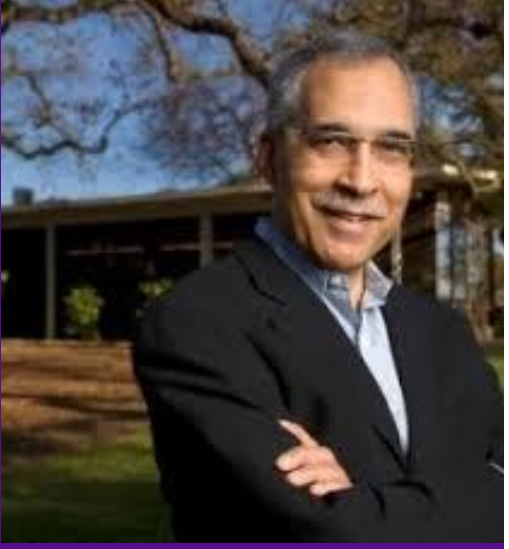
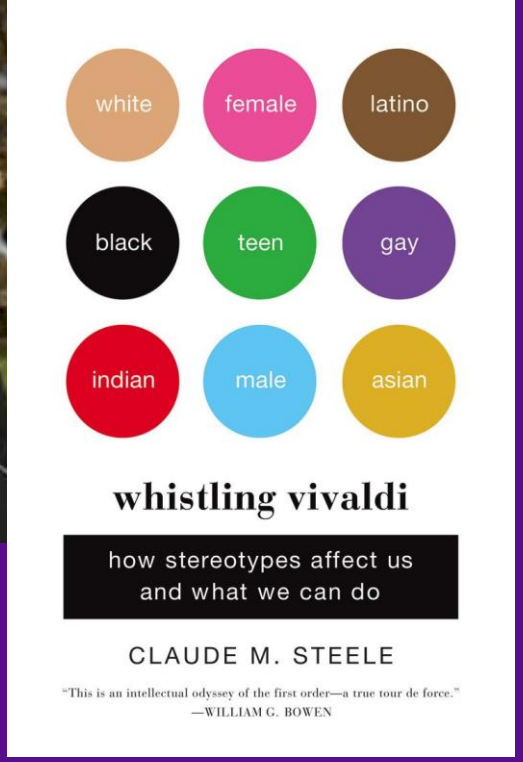


TED Talk



- Read and talk together
- Actively listen
- Don't over identify
- Reinforce competence and capacity

When White Men Can't Do Math: Necessary and Sufficient Factors in Stereotype Threat

Joshua Aronson, Michael J. Lustina, Catherine Good, and Kelli Keough

Aronson, Joshua Claude Steele, et al *Journal of experimental social psychology* 35.1 (1999): 29-46.

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- Be aware of personal and institutional biases (e.g. institutional diversity).
- Recognize stereotype threat and confirmation bias
- Address these issues directly within learner/faculty relationship through reading and dialoguing.
- Avoid exaggerating “tokenism” and understand the ubiquitous nature of “micro-aggressions”
- Address the organizational culture through “Allyship” training.

Bystander to Ally

Agent		Bystander		Ally	
Active	Passive	Passive		Active	
(1) Actively joins in the negative behavior	(2) No response	(3) Educate oneself	(4) Interrupt the behavior	(5) Interrupt & educate	(6) Initiate an organized response

Karen Bradberry, PhD

response to experiences of racism in the health care workforce. *Obstetrics & Gynecology*, *132*(4), 820-827.

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Francis: The emerging issues

- Learning disability identified
- A year of frustrating intensive remediation to confirm core clinical skills
- Episodic and serious family stress was eventually revealed.
- He graduated!

Don’t turf the difficult conversation?

Courage

Learn to do it well!

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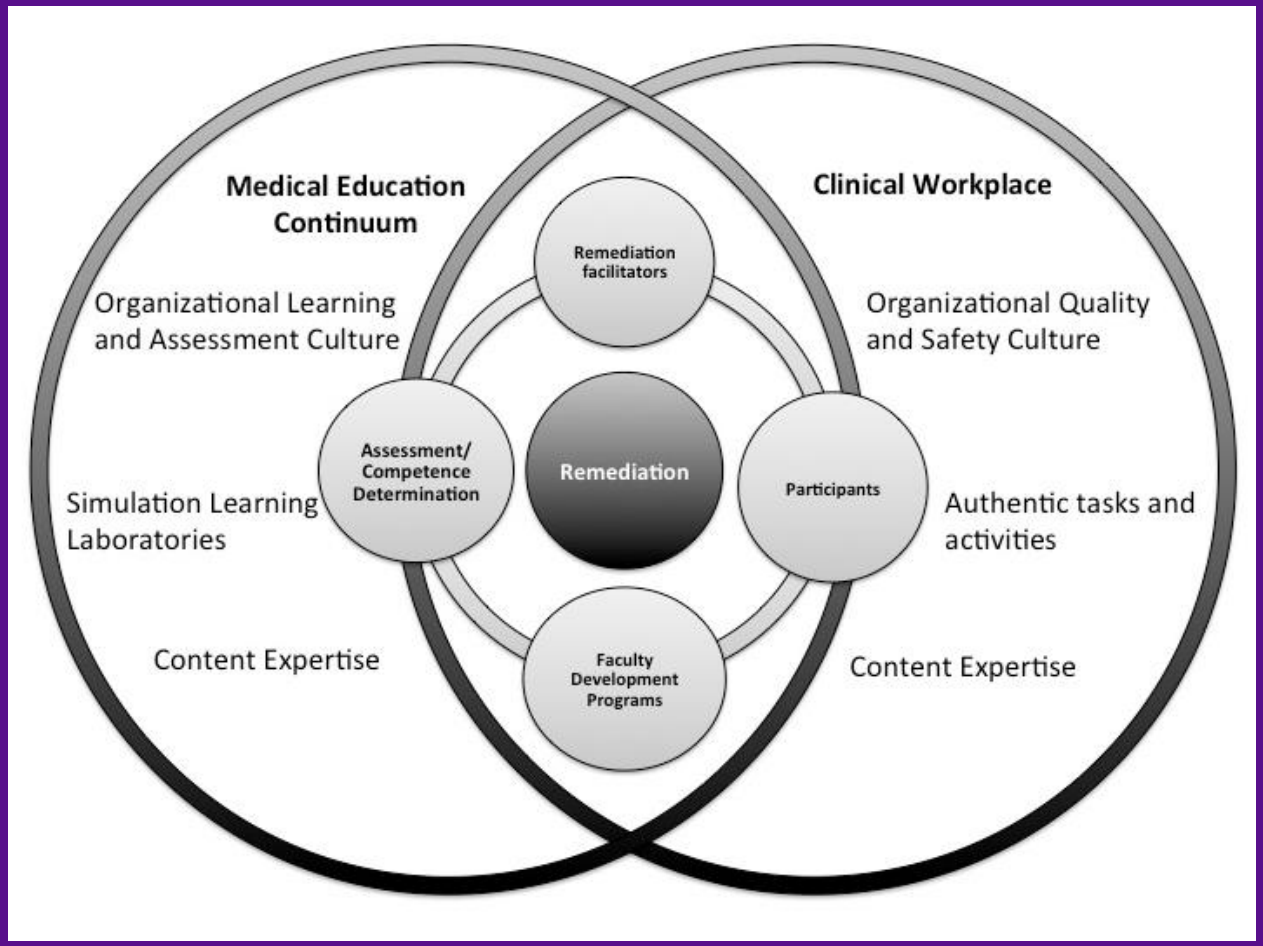
Who do you call when you don't know what to do?

NYU Resources

- Medical Educator to "quarterback"
- Administrative director
- Organizational psychologist (e.g. interpersonal)
- Drama therapist (e.g. patient communication)
- Learning specialist (e.g. coaching, time management)
- Professionalism assessments
- Psychiatrist (intrapersonal, "fitness for duty" evaluations)

A Competent Medical Education System



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Remediation is individualized education which is *competency* based, not *time* based

Thank You!!!

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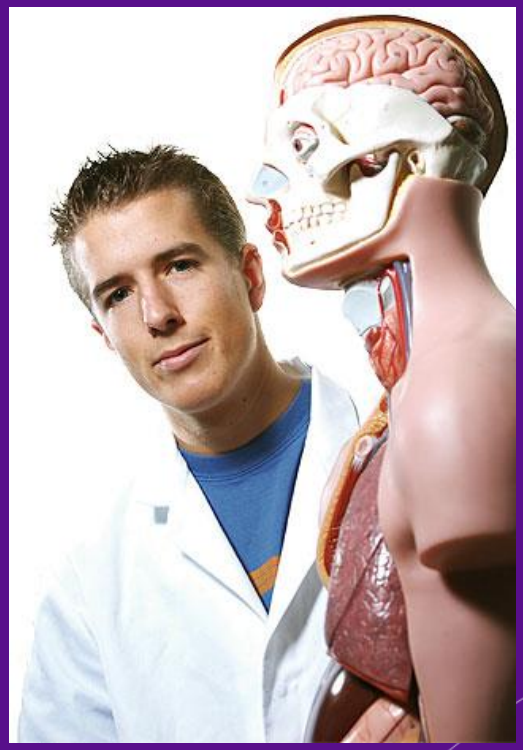
And special cases…

David Justice

- David is a “top” student from an Ivy League residency program who plans a career as an independent investigator.
- He is known for his competitiveness and sometimes perceived as “arrogant” by peers (some are in “awe” of him) has had“spats” with nurses- but responded to feedback.
- Two months in a row there have been complaints made by colleagues of yours.



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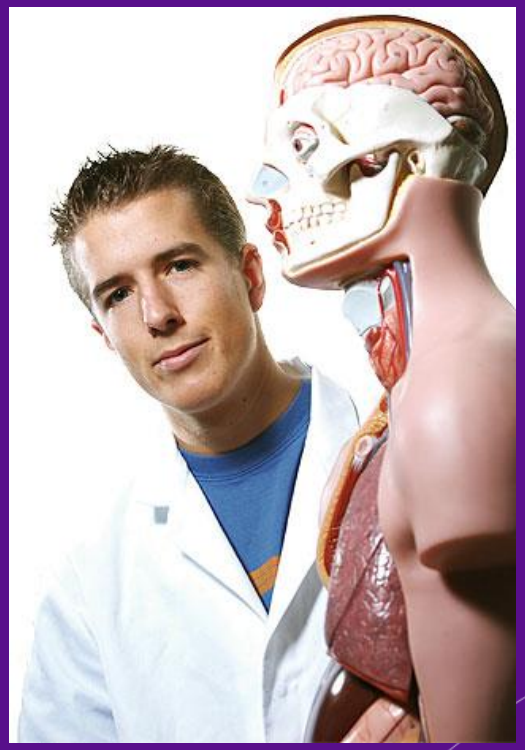
David Justice

- Both colleagues are 30”ish” female attendings who independently report concerns about David’s clinical judgment, arrogance, complete disregard for their clinical judgment, and disrespectful undermining of their authority with other team members.

David Justice

- Core Competence confirmed
- Confronted with pattern of unprofessional behavior
- Had a series of confidential meetings with Chairman to discuss “career issues”
- Report from the field is better (not perfect!)



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Professionalism/ Character Issues (30%)

Features of Student	Strategies
• Arrogant attitude • Prior evidence of lack of accountability; lack of respect for teachers and staff • Remorseless • Unrealistic belief in own abilities • Uses personal charm to distract from poor performance	• Objective normed feedback • Videotape review/ self-assessment • Meetings with respected role models • Directed reading: professionalism and consequences • Reflective essay

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Graduate an otherwise strong student who lied?
remorseless, avoidant, irresponsible?

Courage

Not graduate a strong student
With worrisome character?

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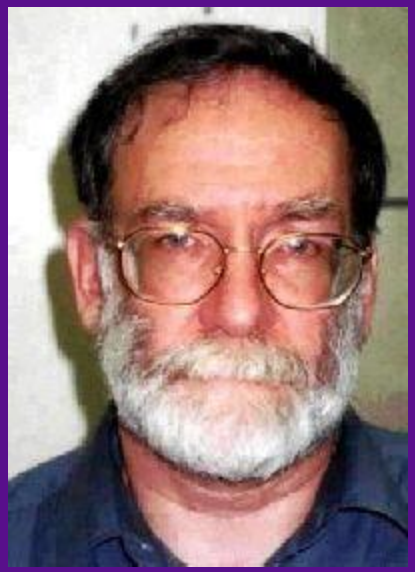
Tip of the Iceberg…..

Jayant Patel, MD
"Dr. Death"
120 Deaths

Michael Swango, MD
Neurosurgeon, EMT, Psychiatrist
60 fatal poisonings



Harold Shipman, MD
Respected GP
250 murders

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Building Capacity for Effective Remediation?

Recommendations for Capacity Building

1. Expertise: Train-the-trainer/fellowship models to develop deep expertise.
2. Raise Awareness: episodic small and large group events in the relevant communities sparingly (e.g. grand rounds, brief workshops).
3. Championship and institutional resources.
4. Research: informs policy and best practices and makes faculty development relevant, efficient, and effective.

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Need Assessment *For* Learning approaches

"As a physician I would never tell a patient 'your glucose is very high' but since your sodium is low- on the whole you are healthy, these two highly reliable and valid measures are not compensatory…it would be ridiculous to make a diagnostic decision based on only these two facts. We act this way when we use single highly reliable and valid measures of knowledge- test scores- to conclude that someone is competent for the complex practice of medicine. If one of the goals of medical education is to produce mature, confident, effective, internally motivated learners we must use the motivation information rich assessment provides to align the incentives with our goal. "

Lambert Schuwirth, Professor of Medical Education, Flinders University, personal communication

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Effective Remediation: Communities of Practice

1.A multidisciplinary interprofessional teams to coach others and lead remediation and faculty development efforts.

2. Episodic small and large group events in the relevant communities of practice sparingly to raise awareness

Effective Remediation: Communities of Practice

3. Institutional support for remediation including championing efforts and financial resources

4. Workplace learning strategies infuse remediation practice competence into authentic work environments.

5. Ongoing study of these efforts informs policy and best practices and makes faculty development relevant, efficient, and effective.

Addressing Values Conflict: First seek to understand

- Why are you different than you peers?
- Why do you feel so strongly about this?
- Are you aware that others disagree on this point?
- Are you aware that what you just expressed is different from the values of our profession?
- How do you see this?
- What do you believe?
- How do you feel about this situation?