It has been well documented that empathy decreases rather than increases in medical students during training (Hojat, 2009). For example, medical-specific empathy decreased dramatically in students during their third year of school (Hojat, Vergare, Maxwell, et al, 2009). Moreover, emotional empathy had dropped in the average student from the 52nd to the 33rd percentile after three years of pre-doctoral training (Newton, Barber, Clardy, et al, 2008). Emotional empathy is an independent determinant of relationship success (Mehrabian, 2000), and good relationships with patients and coworkers promote patient satisfaction, foster adherence to treatment plans and minimize malpractice claims (Hojat, 2007). In short, good relationships foster the best patient outcomes most effectively (Lee, 2010).

Cohen (2007) suggested that such professional behavior is animated by humanistic values. Values and characteristics animating professionalism include altruism, duty, excellence, honor and integrity, accountability and respect for others (American Board of Internal Medicine, 1999). Definitions of such values often remain abstract to students, however, and are thus difficult for them to use to grow and develop personally and professionally (Wear & Nixon, 2002).

Activities to foster critical reflection can help to animate the humanistic values needed for professional behavior by giving students concrete contexts in which to consider the values and behavior. In this way, activities to foster students' critical reflection can be expected to promote professionalism (Mann, Gordon & MacLeod, 2009). Such exercises using literature have been employed by others (Wear & Nixon, 2002) to foster student engagement in concrete ways with the daily challenges of medicine. Engagement with literature evokes the discomfort, distraction and even irritation needed to stimulate critical reflection (Wear & Nixon, 2002). Literature evokes these feelings in students, especially when it causes them to see their own (or others') behavior as incongruent with their humanistic values.

When students see their own (or others') behavior as inconsistent with their values, they experience dissonance. In a recently published model of students' processing of an activity meant to foster critical reflection, the activity either did or did not cause dissonance (Thompson, Teal, Rogers, et al, 2010). Dissonance triggers critical reflection and work by students either to make their professional behavior more consistent with their humanistic values or to preserve their values in the face of poor behavior by others.

Thus, dissonance causes critical reflection, and critical reflection leads either to reconciliation or preservation of values or behaviors. Both reconciliation and preservation can be positive (Thompson, Teal, Rogers, et al, 2010). Positive reconciliation occurs when students strive better to live up to their humanistic values. Positive preservation occurs when students observe, say, unprofessional behavior by an attending physician, reflect on the resultant dissonance, and choose to continue to hold their extant humanistic values and professional behavior.

Fostering these considerations of professional behavior by students is the responsibility of all basic and clinical sciences departments. No single department should bear alone the possible negative student responses to such training (Brainard & Brislen, 2007; Leo & Eagen, 2008). In the fall of 2006, we began introducing into our medical biochemistry courses activities to foster student dissonance, critical reflection and professional behavior. This year, we introduced poems written by physicians to stimulate

dissonance and critical reflection in students organized into learning teams. We then determined the proportion of student teams exhibiting dissonance in response to poems by physicians; whether the dissonance (if it occurred) triggered reflection (R)[1] or critical reflection (CR); and finally whether the teams used CR to reconcile or preserve their values or behavior. This study was found to fulfill the criteria for exemption by the Midwestern University IRB.

Subjects and Methods

Two hundred one first-year students in the Chicago College of Osteopathic Medicine class of 2013 were organized at their medical school orientation into 30 biochemistry learning teams of six or seven members each. Each team was balanced in regard to gender (45% of the class was female) and expertise (e.g., proportions of biochemistry and other majors on each team). The average age of the class was 24 years, with a range of ages from 20 to 35 years. By the time of the Team Exercise (described below) in January, 2010, five members of the class had been lost to leaves of absence or withdrawal. Consequently, two teams had only five members. Prior to the exercise, the equivalent of about 55 class session hours had been devoted to team-based learning. About 40 such hours are needed for teams to function best at cognitive tasks, such as team tests and application exercises (Michaelsen, Knight & Fink, 2004). Such teams also provide safe spaces for discussions of the daily challenges of medicine, medical education and life.

We use a total of 20 activities in our Biochemistry courses to foster good relationships and professional behavior among medical students. Most of these activities are meant to promote R and CR in students, as defined by Plack, Driscoll, Blissett et al (2005). Such activities are graded based on the amount of CR exhibited by students in written assignments. (See definitions below.) The activities to foster R and CR have been included in our courses without decreasing the biochemistry content.

Some of the activities have relatively well defined topics for discussion by students, while others are more open-ended. For example, the team exercise described in greater detail below concerns relating values and characteristics of professionalism to poems written by physicians. Two such activities are included in our series of three biochemistry courses for medical students. Ten other activities are relatively open-ended, however, and ask student teams to discuss difficult issues in medicine. The students usually identify the issues they will discuss, and they submit minutes of their discussions along with written individual R and CR (if any). One function of such open-ended activities is to provide tacit opportunities to further consider issues raised by more defined assignments that fall outside the limitations of those assignments. (See results below.)

Team exercise

Thirty teams of five to seven students each (total of 196 students) attended a previously recorded 30-minute interview with a breast cancer patient concerning her experiences with the health care system. Unlike most interviews of standardized patients in our courses, this patient was real, and our focus was on emotional needs that often fall outside the "rules" of medicine. The interview was conducted by one of us (Dr. Robson),

a family physician, and it was followed by a 15-minute discussion with students about the patient's experiences.

Because of their demanding schedules in traditional curricula, medical students can sometimes be inattentive in class. Nevertheless, class time is important preparation for the practice of medicine, especially when it involves simulated or real patients. For these reasons, and in keeping with our intention in this exercise to produce in students a greater propensity to exhibit professional behavior, we distributed the following brief assignment for completion in class. After finishing this short assignment, students received the poems to be read and the related work to be completed before the next class. The short assignment read as follows;

> Please list and describe in two sentences one example of professional and one example of unprofessional behavior on the part of one of your classmates during Dr. Robson's discussion today.

After submitting brief descriptions of professional and unprofessional behavior, teams of students were asked to relate four humanistic values and characteristics of professional behavior to four poems written by physicians. Students were instructed to work first on their own and then meet as a team prior to class to share their thoughts and feelings about the relationships between each value and its associated poem. Teams then came to class prepared to share and discuss their team's ideas with other teams and to submit their written individual and team R and CR. These written reports were graded based on the amount of CR they exhibited.

Report assessment

One of us (LJV) formulated our definitions and examined the written reports for dissonance (Thompson, Teal, Rogers, et al, 2010) and CR (Plack, Driscoll, Blissett et al, 2005). For our purposes, teams of students exhibited dissonance when their behavior (or that of others) was incongruent with their values. By this definition, the poems we used were highly likely to elicit dissonance, since behavior described in the poems was virtually certain to be inconsistent with students' values. Such dissonance leads to R usually involving a critique of the undesirable behavior of others. When the dissonance also helps students come to see their own behavior as inconsistent with their humanistic values, however, they may exhibit CR.

That is, when dissonance elicits R, students think about an issue and critique behavior. They may even refer to clichés on how best to behave. If they do not think about how they might improve their own behavior, however, then the R is not, by our definition, CR. In CR, students turn their thoughts and critique back onto themselves, see their own behavior as incongruent with their humanistic values, and describe concrete ways to better align their behavior with their values.

When a report exhibited dissonance and R or CR, we determined whether the reflection led to reconciliation, preservation or both reconciliation and preservation in the students (Thompson, Teal, Rogers, et al, 2010). In preservation, students continued to hold their own values and rejected the unprofessional behavior of other health care personnel or the poor behavior of patients described in the poems. Reconciliation occurred when students described concrete ways to make their own behavior more

consistent with their humanistic values. Thus, reconciliation followed CR, but it was not observed after R, whereas preservation followed either R or CR, at least according to the definitions used here.

CR outside the formal assignments of the exercise

In some cases, students chose further to discuss issues of professionalism either raised by this exercise or exemplified in it. As discussed above, tacit opportunities to consider issues raised by an exercise that lie outside the restrictions of the assignments can lead to deeper CR. Two teams elected to incorporate aspects of the present exercise into one of their discussions of difficult issues in medicine. The written team minutes and individual written components of these discussions were assessed for dissonance, CR, preservation and reconciliation.

Results

Dissonance

All 30 teams exhibited at least one instance of dissonance in their written reports. By our definition, poems such as those we used were virtually certain to elicit dissonance. For example, in the poem, "I'm Gonna Slap those Doctors," the recovering alcoholic patient's angry description of the doctors' condescending and aloof behavior caused some students to express hate for the poem. Clearly, the behavior of the doctors in the poem was inconsistent with the students' values. (See below.)

Another team defended the doctors' behavior as misunderstood by the complaining patient. But even then, the perceived complaints elicited dissonance, since the team felt that the complaints were unwarranted. Thus, they constituted behavior inconsistent with their values. This team went on to say that, since the poem was written by a physician, it was an empathetic attempt to "walk in the patient's shoes." The team appeared to feel that physicians need to know patients' feelings, even if those feelings are negative and unjustified.

Reflection

All 30 teams showed R in their written reports, and 18 teams exhibited at least one instance of CR. Numerous instances of dissonance and CR appeared in reports of one-third of the teams. An example of one team's R (but not CR) concerning the poem, "I'm Gonna Slap those Doctors," was found in the following excerpt from their report.

> …From the patient's perspective, the doctors are prescribing him drugs and formulating treatment plans that he doesn't want to conform to. Looking at the health providers perspectives, they have to make sure that the patient (even if it is a difficult one) receives excellent treatment like every other patient. This particular patient had aggressive feelings as he was thinking about the doctors. The staff maintained excellence because they continued taking care of this patient despite all of the complaints and fits from the patient. In the patient's eyes, they are evil doctors who try to persuade him that he still has problems. However, the doctors make sure that they do everything right to help the patient and keep him healthy…[Moreover], because the author of the poem is a physician, this shows

> an excellence beyond just understanding the patient, but instead taking 'a walk in the patient's shoes'…

The team clearly thought about the poem and even mentioned a cliché about good behavior by physicians. The poem did not, however, cause the team or its members to see their own professional behavior as incongruent with their humanistic values, in this case the value; excellence. Consequently, CR was unlikely and did not occur.

In contrast, the following excerpt from a team report concerning the poem, "Line Drive," clearly showed CR.

> …The patient was offered no human touch or comfort from the doctor during his illness. Once the doctor realized how important it was to have emotional support he decided to return to the patient. It made me think that a lot of times during my life I am only motivated to do something when I see that something will benefit me. I need to try to do things for others simply for the sake of helping and not because I expect something out of it. When I get bogged down in daily life this is a difficult thing to do, but with reflection and meditation I think I can improve my mindset and become more altruistic…

The team member used the good example of altruism on the part of the doctor in the poem to help him to see how he might become more altruistic. He seemed to understand the pitfalls he faced and began to see concrete ways in which he might do better at behaving in a more altruistic manner.

Reconciliation

The preceding excerpt concerning "Line Drive" also showed reconciliation. The student saw the physician change his behavior and decided that he should change his own behavior as well. He wanted to be more altruistic and less self-absorbed. He then described concrete ways in which he would attempt to make his own behavior more consistent with his humanistic values. Half of the teams exhibited reconciliation after CR in their written reports, and one-third of those teams displayed preservation along with reconciliation. The remaining half of the teams showed preservation in response to their dissonance and R (12 teams) or CR (3 teams).

Preservation

As anticipated, when students saw the behavior by physicians as unprofessional in "I'm Gonna Slap those Doctors," they exhibited preservation rather than reconciliation. The following is an excerpt from one such team report.

> …The main reason he (the patient) is angry with his doctors is exactly the same reason some of us hated the poem – a failure to form a connection that can allow us to appreciate a person's individuality, thoughts and feelings. The doctors were too flat of character for some of us to appreciate the poem, but these doctors were also too flat with their patient for him to appreciate them. Most likely, they failed to appreciate their patient as well. To properly achieve this connection requires personal investment and skill even when time constraints are not a factor (like

> they are when practicing medicine). … steps we could take would include setting specific goals (such as looking into patients' eyes when speaking to them, taking time to let them say what is on their minds, or asking about their feelings and emotional well-being in a consistent manner) and measuring to what degree success in those goals results in improved patient care…

As can be seen from this passage, the aloof physicians described in the poem irritated students who exhibited dissonance at least initially. They proceeded to criticize the physicians' behavior and finished by explaining how to properly behave with patients, thus preserving their own values and behavior.

Deeper CR outside the formal assignments

Perhaps most important, students' deepest CR seemed to occur outside the formal assignment. For example, the exercise inspired one team of students to write poems for a team discussion on difficult issues in medicine. In this discussion, the team began by sharing their poems concerning Gross Anatomy Lab. An excerpt from one poem follows. (See appendix for a more complete excerpt.)

> …Head covered by garbage bag remains a mystery.
> Some students rest their hands on the head. Do they realize it?
> Others balance Grant's, precariously. Respectfully?
>
> …A promise. To respect and honor this body by embracing lab.
> By learning everything I can. To gain knowledge. Understanding. The big picture.
> Guilt. Dreading lab. Not preparing. Wishing away anatomy. Looking to February.
> Jokes with friends pass the time. Otis would joke too, right?
> Just a shell on the table. Not really a body…. Maybe just a vessel? Where is he now?
> Yet, completely a body. A reflection of the human experience: joy, suffering.
> Who held these hands? Rocked in these arms? Longed for this face?...

In this passage, classmates' possible disrespect of their cadaver caused the author dissonance, and she resolved (probably through CR) to honor and learn from the body. The student then struggled with practical aspects of the effects of medical school demands, and she experienced further dissonance for not living up to her stated values. Finally, however, the student reconciled her dissonance (again probably through CR) simply by recognizing her cadaver as a human being. As a result, the author made her attitude and demeanor congruent with her humanistic values.

In perhaps a more obvious example of deeper CR outside the formal assignment, another team discussed professional behavior productively and extensively as a difficult issue in medicine. Their dissonance grew out of the short assignment they completed immediately after we had discussed with the class the breast cancer patient's experiences with the health care system. The following excerpt shows the extent of their dissonance and need to reconcile it through CR. (See the appendix for a complete set of discussion minutes and members' individual reflections.)

> … After the presentation on Relationship Centered Care, we huddled together as a group attempting to rapidly answer the team question and race out of class. The question undoubtedly stopped us in our tracks. "What unprofessional behavior did you view during Dr. Robson's presentation?" You could tell by the looks on our faces that we were thinking back to 5 minutes earlier to what we were doing; our minds rushing back to see if we had done something wrong. Begrudgingly we answer the question: some of us were checking our grade on the Physiology exam, some of us were texting, some of us were napping and hoping no one noticed. As we walked out of the room that day, we couldn't help but acknowledge that we had not acted as professionals. We were just there because it was mandatory and all we wanted to do was to leave the room and move forward in our lives.
>
> In our group discussion, … Phil stated, "Respect has shades of gray. Coming to class from a hugely stressful exam, it was difficult to focus, and a lot of people did what they could to get through it even if it was reading other things or checking their phones. We simply can't be expected to be at our best 24/7". Each of us agreed with this statement. The exam was stressful and the challenge of that took our focus away from the Biochemistry presentation. Susan acknowledged this point and posed the ultimate question, "What do you do when you're in a crappy mood and you have to deal with patients?"

Conclusions

Teams displayed all anticipated outcomes for students asked to relate poems written by physicians to humanistic values and characteristics of professionalism. All teams showed dissonance, and most exhibited CR. Teams resolved dissonance successfully either by preserving their own values and behavior or by reconciling their own initially incongruent humanistic values and professional behavior.

We attribute our success at eliciting dissonance in all teams of students to the use of a structured activity (Mann, Gordon & MacLeod, 2009) similar to ones used previously by others (Wear & Nixon, 2002). Provision of too much structure might, however, also limit R and CR due to the constraints of the assignment. Additional opportunities for CR outside the assignment led at least two teams to deeper CR than they had exhibited in the assignment itself. One of these teams created its own poems concerning their experiences in Gross Anatomy Lab. The other was moved to display extensive CR concerning professionalism by our short assignment concerning which of their classmates had exhibited unprofessional behavior during the presentation of the breast cancer patient.

Ideally, students would continue deeper CR on their own, outside of assignments. For example, the team expressing dissatisfaction with doctors' behavior toward patients first resolved this dissonance by preserving their own humanistic values. They could have continued their CR, however, to compare and reconcile the negative behavior exhibited by physicians in the poems with their own negative professional behavior in the classroom after the stressful physiology exam. Such additional reflection is likely too much to expect from more or less inexperienced learners.

For these reasons, we encourage the use of both structured and relatively unstructured activities to foster CR. These activities should be available at the same time,

so that students have tacit opportunities to continue R and CR initiated by more structured assignments. Such CR is expected to foster empathy (Hojat, 2009), professional behavior (Mann, Gordon & MacLeod, 2009) and the good relationships needed to achieve the best patient outcomes most effectively. Future studies should examine the effects of regular student CR on their emotional and medical-specific empathy (Newton, Barber, Clardy, et al, 2008; Hojat, Vergare, Maxwell, et al, 2009), patient-centered orientation (Ogur, Hirsh, Krupat, et al, 2007; Krupat, Pelletier, Alexander, et al, 2009) and burnout scores (e.g., Dyrbye, Thomas, Power, et al, 2010).

[1]For our purposes, reflection (R) and critical reflection (CR) are distinct and should not be used interchangeably. (See definitions under Subjects and Methods.)

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Appendix: Poem and CR concerning professional behavior

Kelly Donovan

The Cost of Knowing

I take a deep breath before I enter.
Just a little bit more fresh air. One chance to fill my lungs.
Inhale, exhale. Anticipating the thick plastic smell.
As if I could capture enough oxygen to last all afternoon.
Icy cold, I recall the warmth of August's sun.
The bleakness of January makes it easier to endure.
The contrast between life and death is less.

…Table 7. Male. Cause of Death: Non-small cell lung cancer. Age: 78.
Otis.
By September, I knew we were lucky. Thick muscles. No fat.
Still nervous for hidden parts…. Chest, arms, hands, legs, genitals, anus, feet.
Head covered by garbage bag remains a mystery.
Some students rest their hands on the head. Do they realize it?
Others balance Grant's, precariously. Respectfully?

…A promise. To respect and honor this body by embracing lab.
By learning everything I can. To gain knowledge. Understanding. The big picture.
Guilt. Dreading lab. Not preparing. Wishing away anatomy. Looking to February.
Jokes with friends pass the time. Otis would joke too, right?
Just a shell on the table. Not really a body…. Maybe just a vessel? Where is he now?
Yet, completely a body. A reflection of the human experience: joy, suffering.
Who held these hands? Rocked in these arms? Longed for this face?

…The day with the bone saw. A fine dust in the air, made me feel warm, dizzy.
As I witnessed ribs clipping/snapping easily, as if no stronger than landscape shrubbery.
But now a distant memory. Three out of four units complete.
Finished with perineum, anus, genitals. No more poking, prodding, slicing.
Pelvis split in two. Out of necessity. To see bladder, rectum, prostate.
And face. For the first time. Otis, given an identity. Made whole. The big picture. A moustache.
At peace.
And, soon, so soon, it is gone. Skin into the bucket. Parotid gland found. Searching for nerves.
Strands of muscle… buccinators, orbicularis oculi, risorius, mentalis…found!
The mystery gone. Knowledge in its place. Can I look at faces as I used to?

Team and individual CR

"*We arrived at the Professionalism Presentation worn out to say the least. We had just had our 2nd Physiology Exam and needless to say, it was brutal. You could tell by walking into the classroom that we were a group of sleep deprived, worn out med students each of us worrying about some impeding goal that needed to be accomplished.*

After the presentation on Relationship Centered Care, we huddled together as a group attempting to rapidly answer the team question and race out of class. The question undoubtedly stopped us in our tracks. "What unprofessional behavior did you view during Dr. Robson's Presentation?" You could tell by the looks on our faces that we were thinking back to 5 minutes earlier to what we were doing; our minds rushing back to see if we had done something wrong. Begrudgingly we answer the question: some of us were checking our grade on the Physiology exam, some of us were texting, some of us were napping and hoping no one noticed. As we walked out of the room that day, we couldn't help but acknowledge that we had not acted as professionals. We were just there because it was mandatory and all we wanted to do was to leave the room and move forward in our lives.

In our group discussion, we talked about this question at great length as we re-evaluated our own actions and those of our entire class. How did we act un-professionally as students? Why was that? What could we do to alter our behavior?

Phil stated, "Respect has shades of gray. Coming to class from a hugely stressful exam, it was difficult to focus, and a lot of people did what they could to get through it even if it was reading other things or checking their phones. We simply can't be expected to be at our best 24/7". Each of us agreed with this statement. The exam was stressful and the challenge of that took our focus away from the Biochemistry presentation. Susan acknowledged this point and posed the ultimate question, what do you do when you're in a crappy mood and you have to deal with patients?"

"As a group we acknowledged that this was a difficult issue to deal with. We, as future physicians and physicians, are human and can't always be expected to interact with patients without other things creeping into our minds. However, we acknowledged the importance of taking a moment and stepping back from the situation to understand what we as a professional should do. So, that means as a physician, when you're having a bad day, it may mean you need to take a couple extra minutes between each patient to

re-evaluate whether or not your mood is being conveyed to your patients in a derogatory manner. It may mean asking your colleagues to help make sure you didn't convey this to your patients. As students, how can we implement this in our lives? Perhaps the best manner is to allow ourselves a moment to breath, to leave the stress of the exam at the door and walk in with an open mind to listen to the presentation."

*"**Anita:** As physicians, I think this will be one of the most difficult aspects of our lives. Devoting ourselves to a demanding career can make us realize what we're missing out on or the demands of our personal lives may serve to distract us. As students, I think this may be an even more difficult task. Not that our lives as students are going to be more stressful than our lives as physicians but rather, because every exam or quiz seems like an earth-shattering, life-changing moment. (Which is most cases it is). It is hard to step outside of that stress bubble and acknowledge that you need to leave that worry at the door because, we are so used to having it loom over us. It may even seem impossible. Maybe it is important that we answer questions like the one that was posed at the end of the Relationship Centered Care Presentation in order to look at ourselves in a different light, and acknowledge our shortcomings. Perhaps that is the only way we will learn professionalism.*

***Phil:** I have always loved being challenged. This quality has undoubtedly helped bring me academically to where I am now. When someone says to not bother setting your sights on a lofty goal, it fuels my desire to achieve that goal, and often helps me to become a better person.*

I was initially annoyed at being called out for being unprofessional in a class where I didn't want to be there after a grueling several days preparing for an exam. Even until we got together as a group and decided to talk about how we were asked to discuss our collective lack of professionalism, I was the first person to defend those of us who were not showing professionalism. During our discussion, as we probed the situation, someone mentioned how as interns, residents and doctors, we will not always have the luxury of being well-rested, or of being carefree, and that others' expectations of our professionalism will not (and should not) be adjusted to accommodate our schedule. As I thought about this, the question of what unprofessional behavior we had seen in class became less about making us feel bad for being unprofessional. It became instead a challenge for me from here into the future. I don't expect to be drilled often about my professionalism. It isn't a lesson we should need to be taught as we enter clinics and hospitals. It is a value we should highly esteem. Because of this experience, I expect that reprimanding lectures from future attendings about my lack of professionalism will be even more rare as a result of my new commitment to be as professional a doctor as I possibly can - even when (and perhaps most especially when) I am feeling least like giving the effort it takes to be truly professional.

As I said, I have always loved being challenged. It helps me define myself in terms of my capabilities, even when others have said something is to hard to be done. In this case, I feel I have been given a very real and very personal challenge to prove myself capable of being what a doctor needs to be: a professional.

Ahmad*: As we learned in our ICM class a professional is a person who has special set of knowledge and skills usually obtained through a bachelor's degree or higher. They have certain privileges that usually the normal public does not and are also given responsibilites usually not given to the public. Characteristics that we as medical professionals should have are self-sacrifice, self-effacement, compassion, and integrity. We were told that most medical students learn moral values which are part of our professionalism mostly through the "hidden" curriculum which encompasses the rules, regulations, and routines set by the institution the student is in. When were posed the question about being unprofessional during Dr. Robson's lecture in workshop I was surprised to see we were even being asked that. I don't mean that I took offense to the question but surprised that someone is actually scolding me indirectly. I started to think that I have acted like this many times in the past whether I'm in class or just plain talking to people in a group. I have to realize that I am becoming a professional and I need to acknowledge the "torch" that is being passed down to me and uphold the values embedded within it. Time is already passing by quickly and soon I'll be seeing patients on a regular basis. At that time there will be no one looking behind me correcting my unprofessional mannerisms. The patients will just leave me for another physician and my colleagues will probably distance themselves from me. I cannot allow this to happen. I'm glad we were posed this question because the more we practice now and learn from our mistakes the better our future will be as healthcare professionals.*

Susan: *I was at first taken aback by the question that was posed after Dr. Robson's lecture, and I'm sure many more than just Team Nucleotides were as well. However, I do believe that the question was warranted; we were (as a whole) being unprofessional in a situation where we should have been paying attention and listening to a great physician who was excited and capable of teaching us. There really was no excuse— as tired and disappointed as I was, I should have taken advantage of that presentation more than I did. In my future years of training to become a physician, I need to remember times like this, in which I am learning without knowing it and in which the teacher is learning about me. I hope that Dr. Robson was not horribly disappointed in us as a class, because he has been through this same process, but I cannot expect a patient to be quite as understanding (if Dr. Robson was at all). Even if I am tired why should a patient care? They are probably seeing me because they are ill with something, or taking time out of their busy schedules to stay healthy. I don't care if my doctors have seen twenty patients that day and their baby kept them up the night before—they are MY DOCTORS, and that is how most patients will probably view me as well. I will be expected to perform certain duties regardless of my feelings or energy level, and I will do those duties to the best of my ability.*

Kristin: *After getting over the shock of the bluntness of the question - how are your classmates unprofessional - I was excited about the conversations it might spark and attitudes it might change. Yes we pay a lot of money to attend medical school and yes some exercises or classes may seem like a drain on our time but they are still responsibilities we hold (whether or not we enjoy fulfilling them is another issue) and we, despite what some of my classmates may believe, are still subordinates to the faculty and*

there is, as there should be, a chain of command and a continuity of respect. I have been astounded this year at the unprofessionalism I have witnessed in class - and I am no saint myself but I do feel that I recognize my failings where as others are oblivious. There is the constant talking during lecture, feet up on chairs as if class is a movie, and incessant texting. One might say 'its just school' and 'Im paying for it anyway' but they are forgetting how their actions impact students around them and make us look as a collective whole. I worry about where the line is drawn from student to professional - because it is indeed a gray one, as we will be continuous students in medicine, is there a definitive day when we will wake up and take ahold of our responsibilities as professionals? Would it not be prudent to practice being professional as we learn to be one? Lately I seem to be falling asleep in class despite my best efforts and it frightens me because I worry about the future patients I will treat after seven long days or a night on-call...will I fail them as I seem to be failing myself and my education lately? I know I need to work on sleep and balance and reducing stress but it doesnt feel like there is time, but the other side of the coin is the knowledge that my life is only going to get busier. It is a daunting road that I, as all my classmates, have chosen and I hope we all make it through to our destination having improved ourselves in the process.

Alex: *When I came to class that day, it was the last place that I wanted to be after all of our exams. I was exhausted, deprived of sleep, hungry, and irritated. As the lecture went on, I was laying my head down on my desk, looking around at the other people in the class, but definitely not paying attention. When our group got the sheet with the question to answer, I quickly awoke out of my daze. I was shocked and almost insulted by the question that was presented to us. But then I thought about it. We were being quite unprofessional as a class. Most of us were not paying attention whatsoever. As professional medical students, more is expected of us. In our future as physicians, we aren't going to be able to just zone out and forget about what is going on. If we do, we are going to have many dissatisfied and maybe even deceased patients. I think that that lecture really stuck with me. It taught me that at certain times when we don't want to be somewhere or we just can't focus, we are going to need to be on our A game. When we're going on the 25th hour of a shift and a patient comes in complaining of chest pain, we are going to need to be able to help the patient as quickly as possible. Being professional is not only going to be required of us by our supervisors and colleagues, but also is a necessity for us to be the best physicians that we can be."*