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# **PROFESSIONALISM**

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# Objectives

1. To share with you the research that was done on Professionalism
2. To review the Definition of Professionalism
3. To review the 3 types of assessment tools
4. To discuss the Curriculum being developed at POH
5. To share the pitfalls in my institution and within the Association

# WHAT'S THE PROBLEM

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- ✘ Professionalism is one of the 7 AOA Core Competencies
- ✘ In my experience, the residents imitate the behaviors that they see in their attendings.
- ✘ Professionalism is not being addressed with formal curriculum e.g. written curriculum (goals and objectives), step by step remediation plans,
- ✘ Not standardized; varies from within the hospital (program-program) and from without

# **HYPOTHESIS**

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Professionalism is not “adequately” being evaluated throughout the AOA Residency Programs

Evaluation of Professionalism is not standardized  
Compare and contrast curriculum by residency program; their plan, “sentinel events”, and “remediation plan”

# STUDY POPULATION

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- ✘ The study population was composed of members of the American Osteopathic Directors of Medical Educators (AODME)

## **METHODS OF INVESTIGATION**

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- ✘ I created a Survey of 25 questions with cover letter that was emailed to 288 members of AODME on March 1, 2009.
- ✘ Emailed every two weeks until April 22
- ✘ Hard copies were made available at the AODME Spring Conference, Seattle Washington

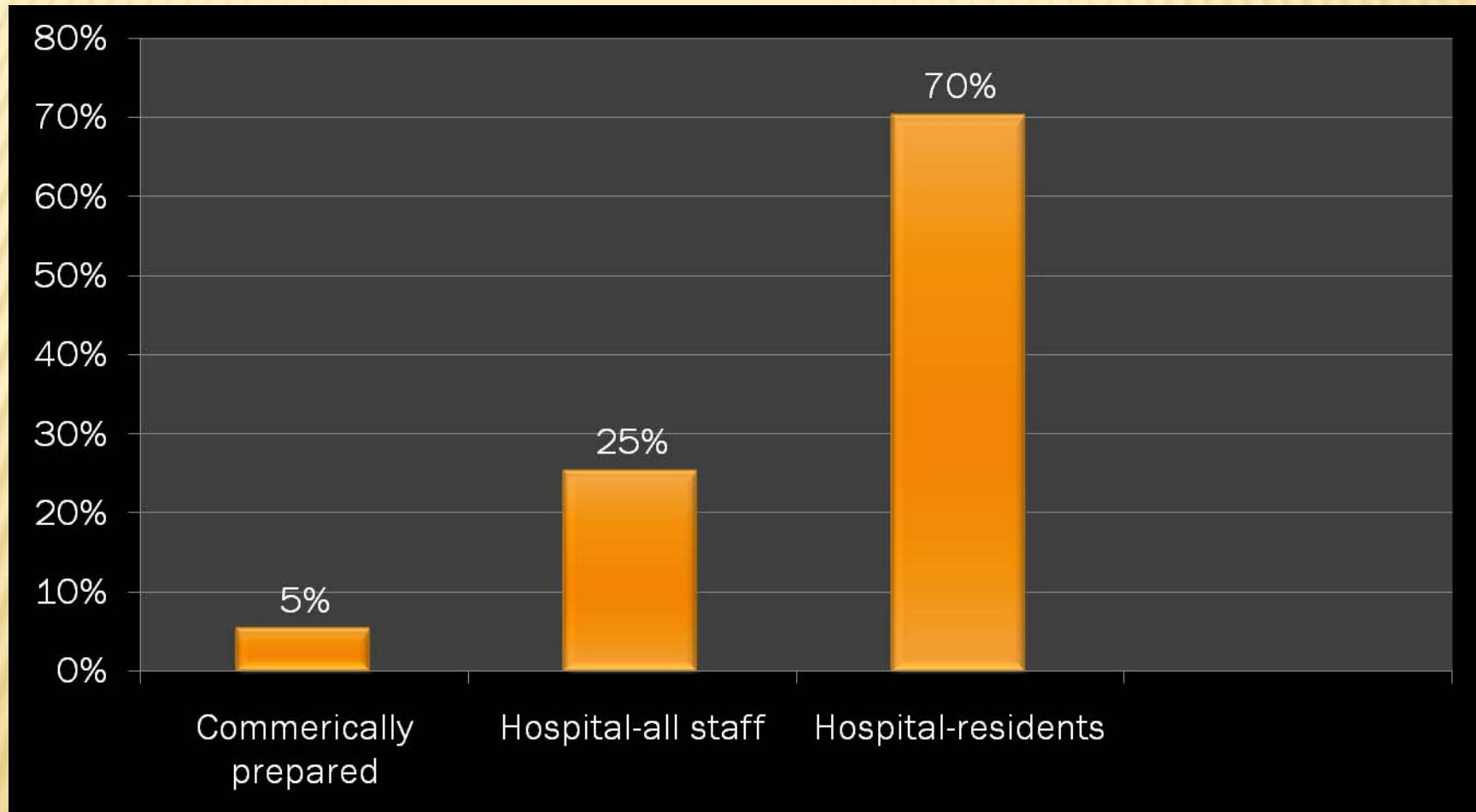
# DATA ANALYSIS

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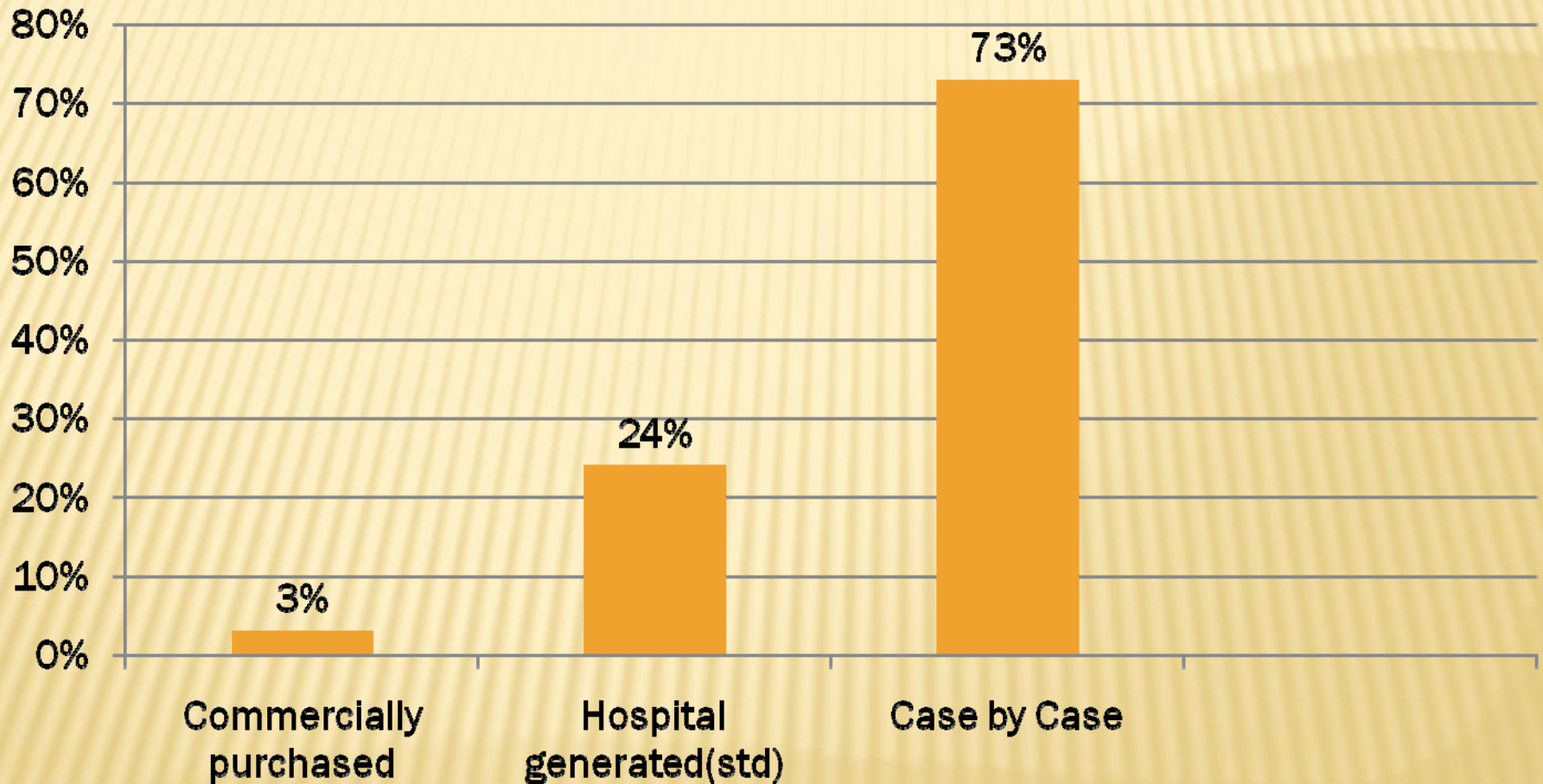
- ✘ Statistical Analysis performed in collaboration with a biostatistician from Wayne State Medical School of Medicine

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- ✘ 114 respondents (this represents approx 40% of total members)
  - ✘ AODME members are comprised of “DMEs”, “Program Directors” “Associate DMEs”, and Deans of Medical Schools
  - ✘ AODME does not identify “the title” of the educator

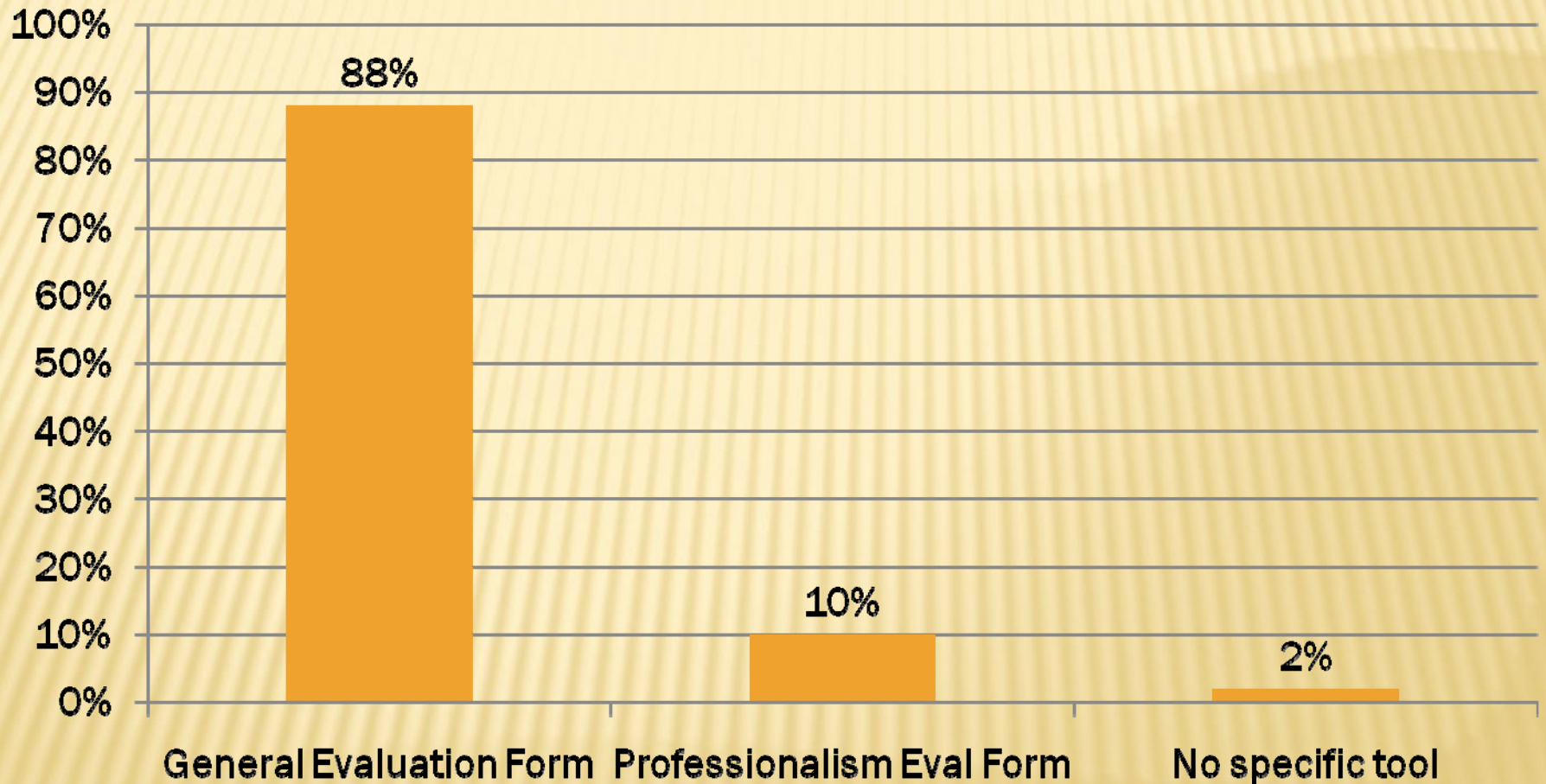
# TYPE OF PROFESSIONALISM CURRICULUM



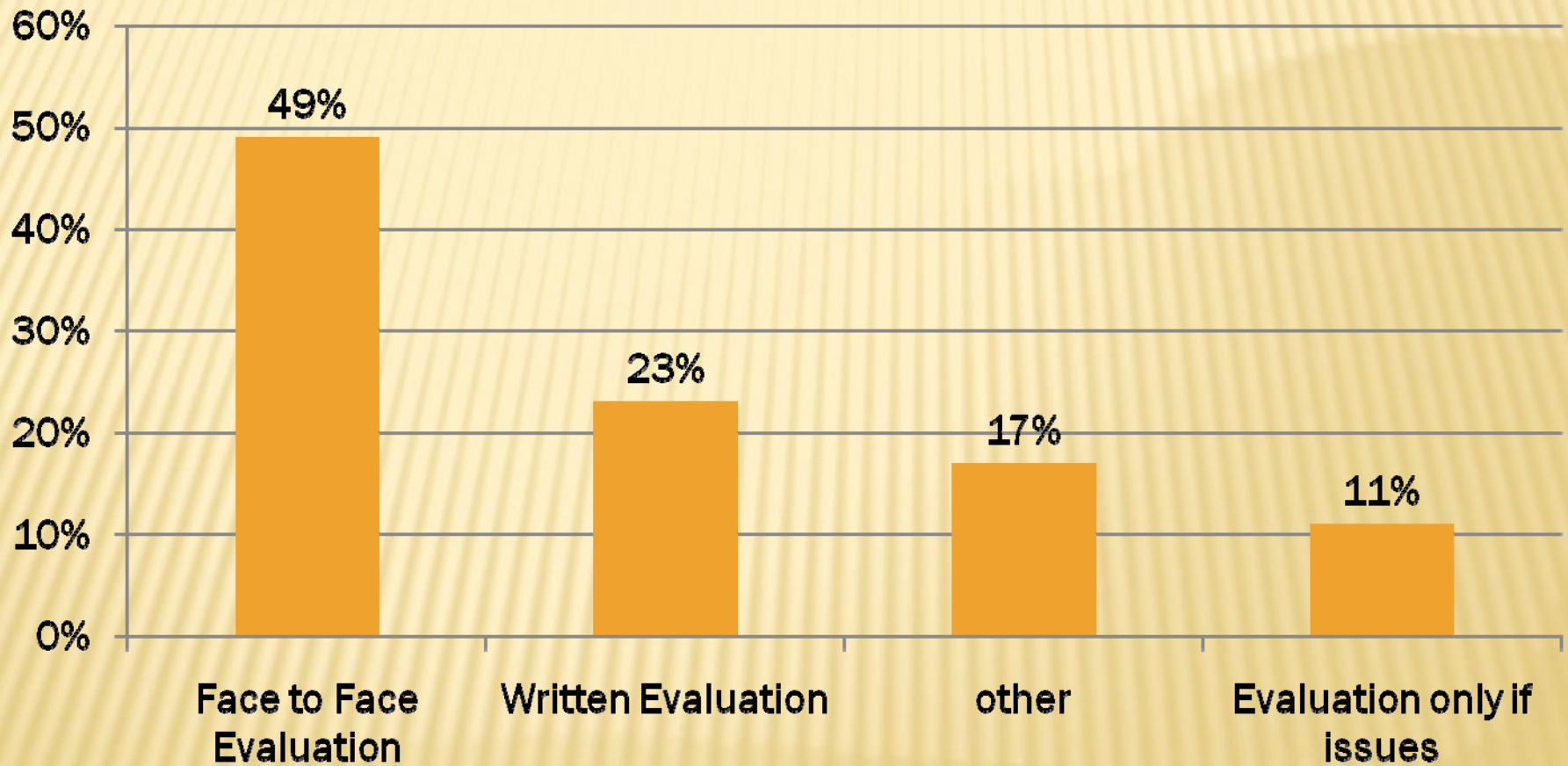
# TYPE OF REMEDIATION PLAN



# HOW IS PROFESSIONALISM EVALUATED

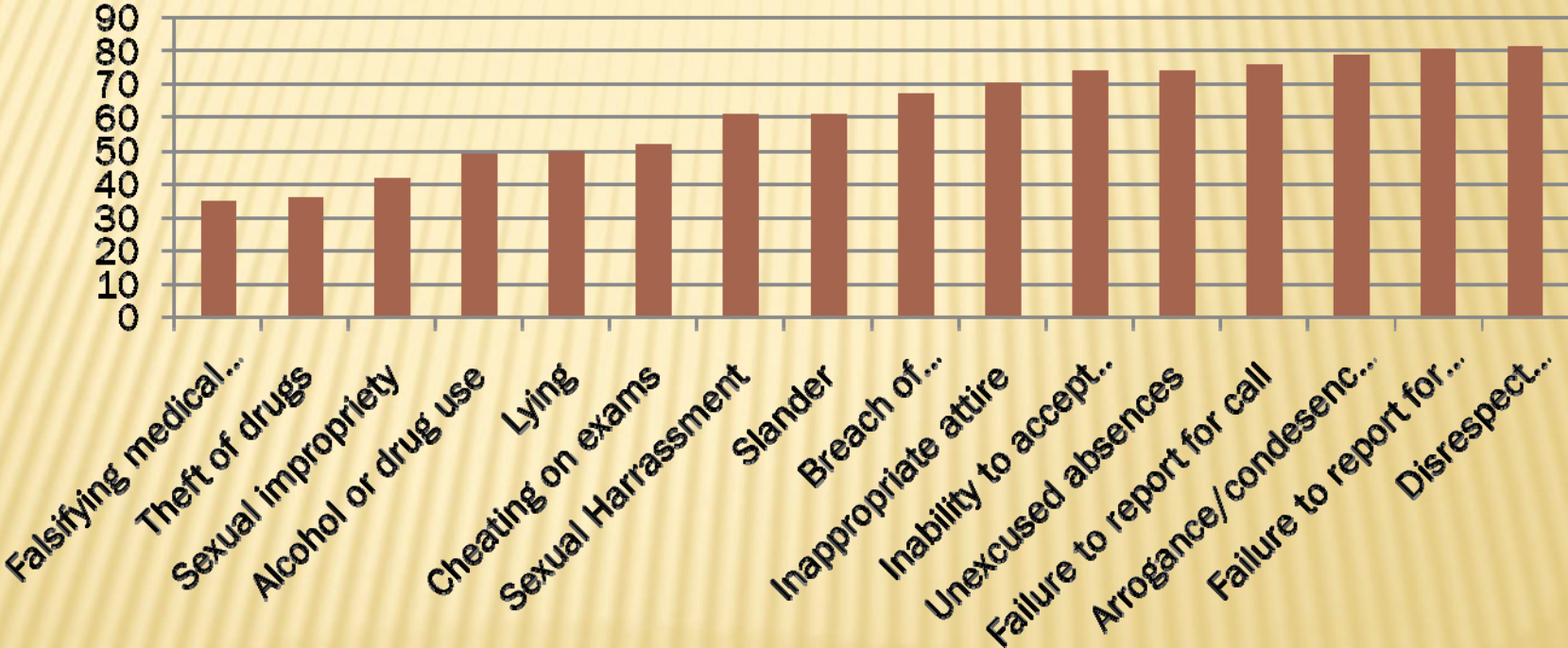


# HOW IS FEEDBACK PERFORMED



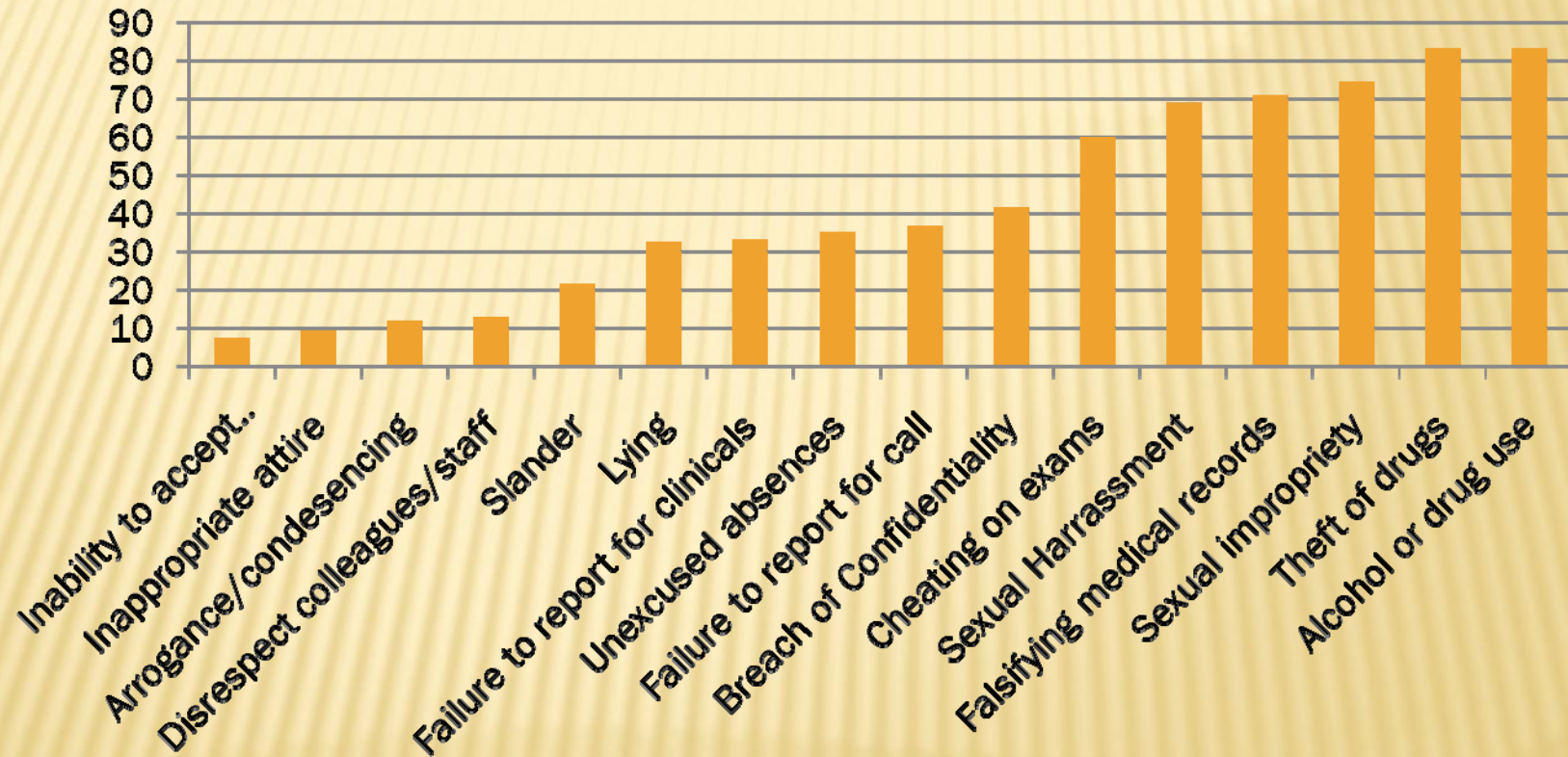
# SENTINEL EVENTS OUTCOMES

Remediation Plan



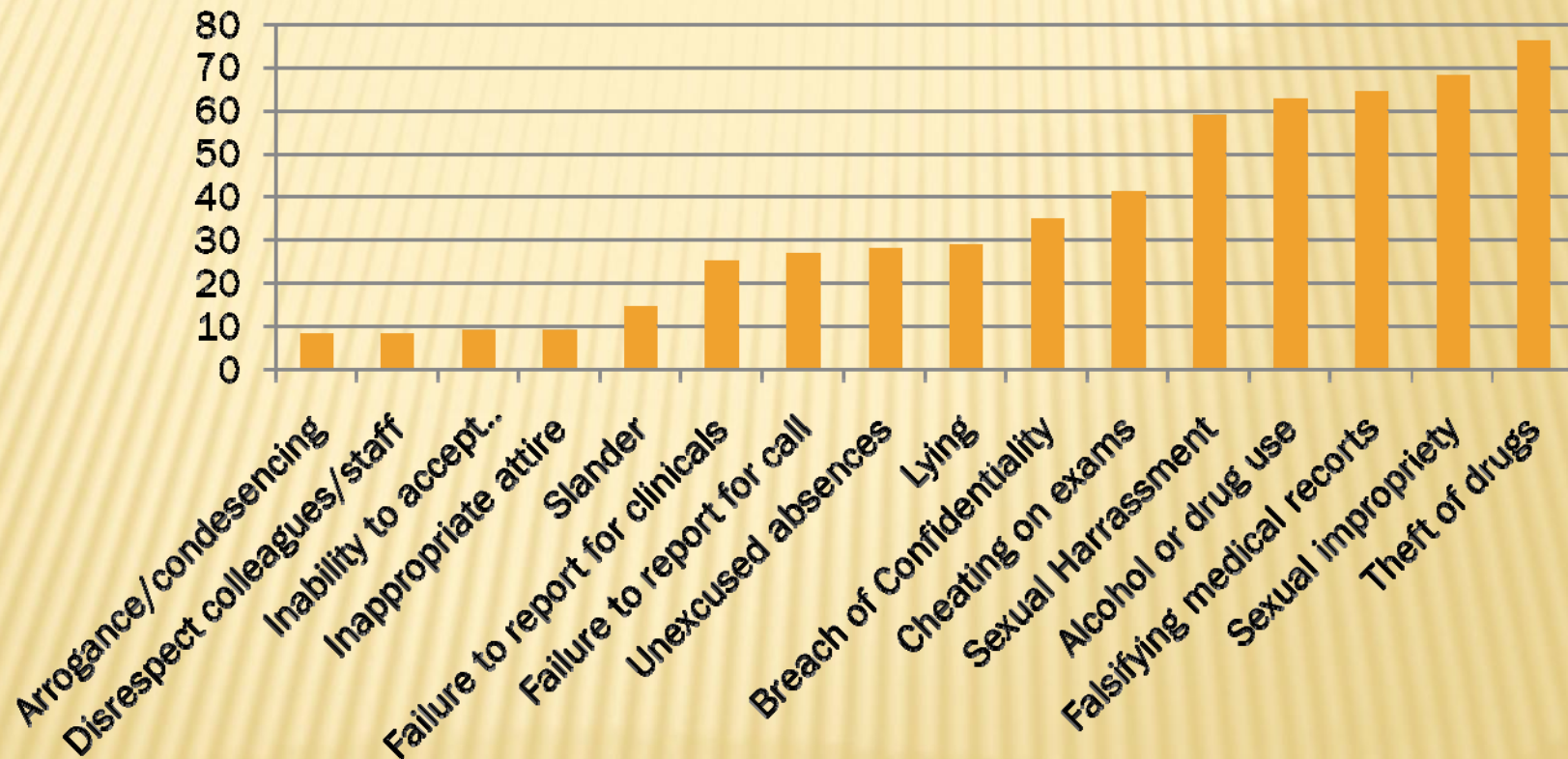
# SENTINEL EVENTS OUTCOMES

## Suspension



# SENTINEL EVENTS OUTCOMES

## Termination



## SUSPENDED

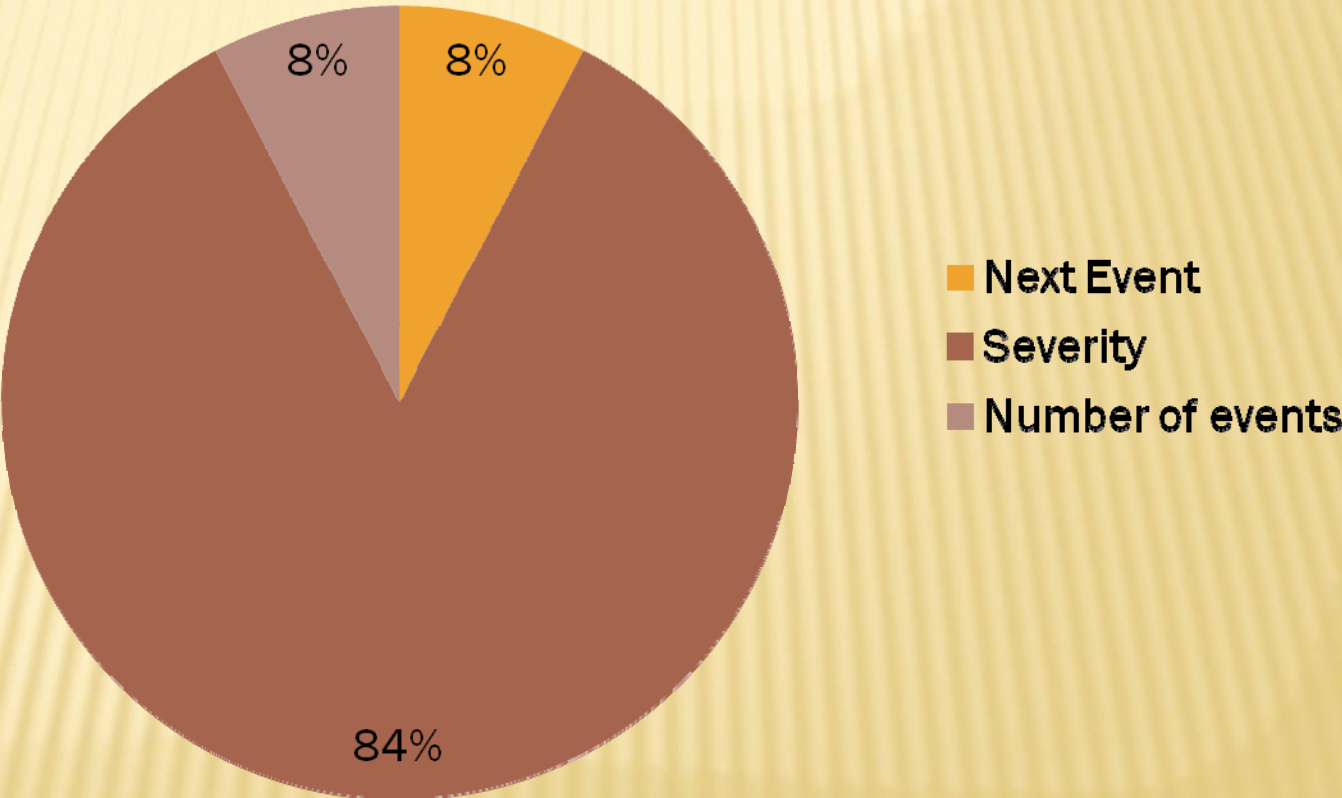
- ✘ Alcohol or drug use
- ✘ Theft of drugs
- ✘ Sexual impropriety
- ✘ Falsifying medical records
- ✘ Sexual harassment

## TERMINATED

- ✘ Alcohol or drug use
- ✘ Theft of drugs
- ✘ Sexual Impropriety
- ✘ Falsifying Medical Records
- ✘ Sexual Harassment

**>50% RESPONDERS THESE TOP 5 REASONS  
FOR SUSPENSION OR TERMINATION**

# CRITERIA FOR TERMINATION ONCE REMEDIATED OR SUSPENDED

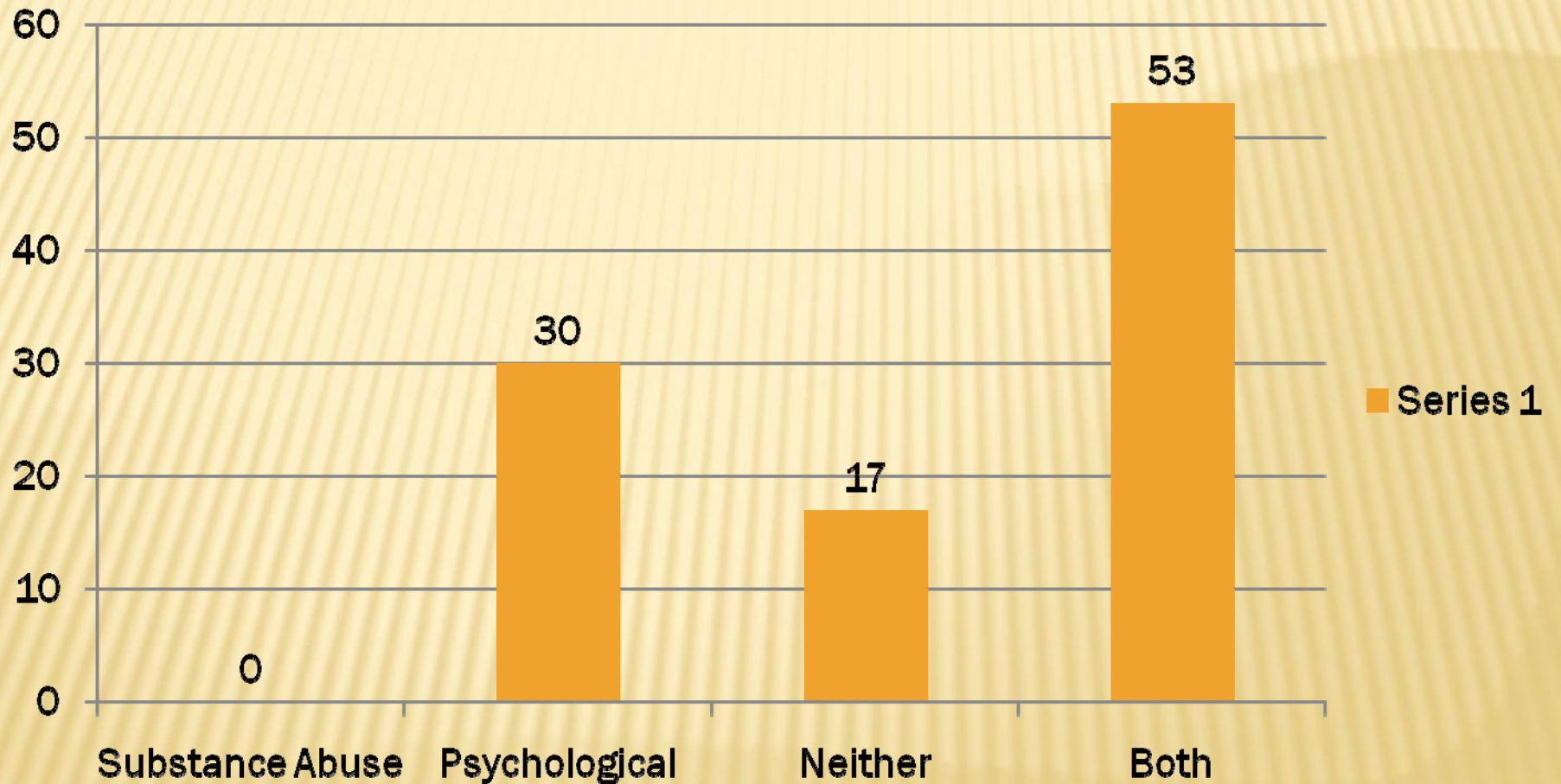


## NUMBER OF RESIDENTS CITED FOR SENTINEL EVENTS

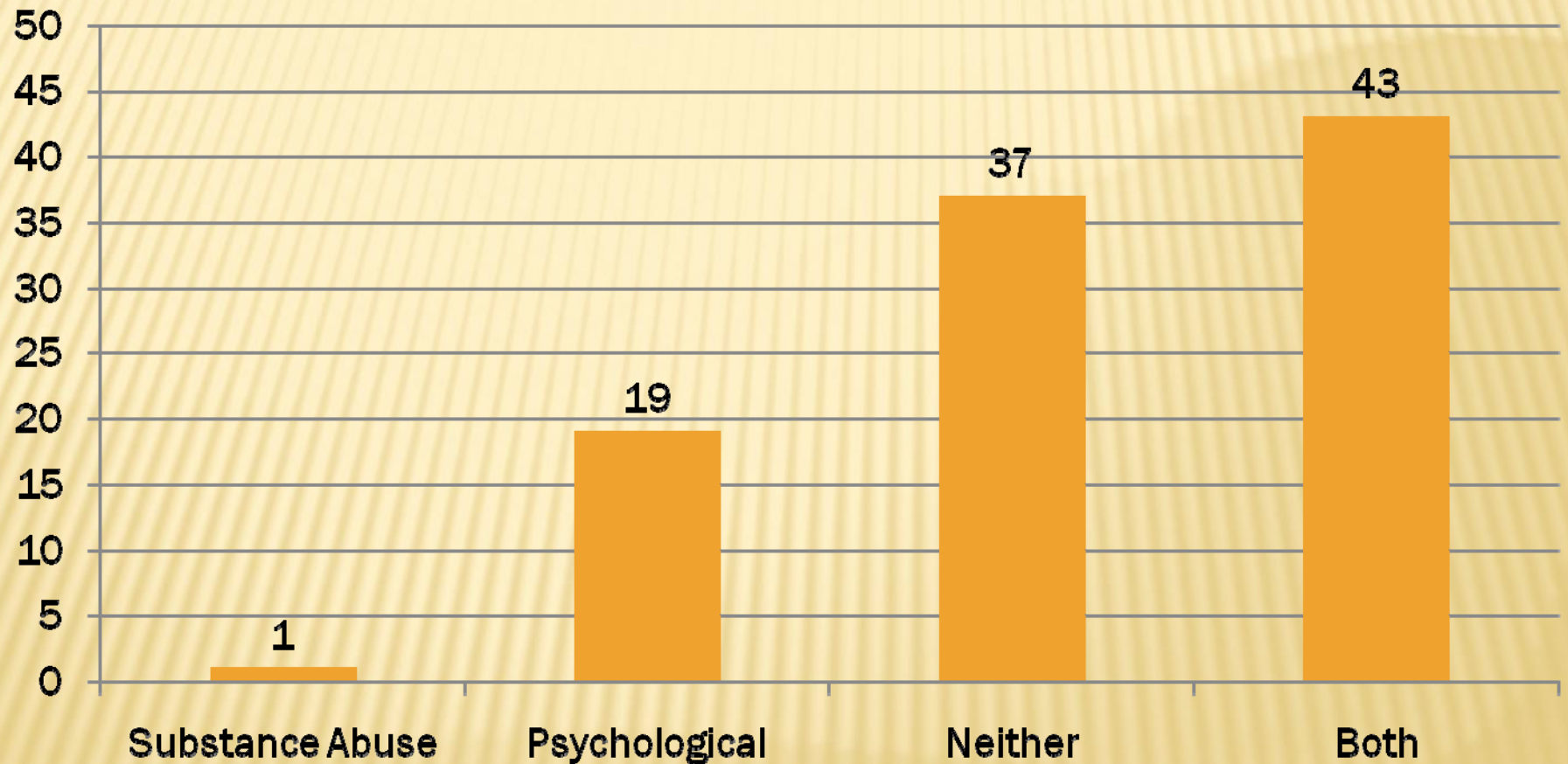
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- ✘ In the past 5 years, more than 80% of the respondents had less than 5 residents cited for unprofessional behavior regardless of residency program type
  
- ✘ ?????

# IF SUSPENDED: OFFERED COUNSELING



# IF TERMINATED: OFFERED COUNSELING



# REMEMBERING MY HYPOTHESIS

Professionalism is not adequately being evaluated throughout the AOA Residency Programs

Evaluation of Professionalism is not standardized

To compare and contrast curriculum by residency program; their plan, “sentinel events”, and “remediation plan”

# CONCLUSIONS

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- ✘ Professionalism Curriculum: 75% have a curriculum specifically for residents
- ✘ Professionalism Evaluation: 88% have a general form encompassing the Core Competencies. <10% have a evaluation form specific to Professionalism
- ✘ Feedback Provided: <50% of respondents provide discussion with the resident on Professionalism, while <11% only address Professionalism if there are “sentinel issues” cited
- ✘ Remediation Plan: 73% do not have a standardized plan, but develop it “Case by Case”
- ✘ If Suspended: 53% incorporate Counseling in the Remediation Plan
- ✘ If Terminated: <50% incorporate Counseling in the plan
- ✘ No one shared individual Curriculum or Remediation Plans so I could not compare or contrast

# What?

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- ✘ What is Professionalism?
- ✘ What should the curriculum look like?
- ✘ What should be assessed?
- ✘ How should it be assessed?
- ✘ Why should it be assessed?

# What is Medical Professionalism?

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- ✘ Professionalism is demonstrated through a foundation of clinical competence, communication skills, 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

*Louise Arnold and David Stern*

*What is Medical Professionalism*

# Back to the Basics

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## ✘ Principles of Professionalism

Excellence

Humanism

Accountability

Altruism

*Louise Arnold and David Stern*  
*What is Medical Professionalism*

# What needs to be covered?

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- × Altruism
- × Honor and Integrity
- × Caring and Compassion
- × Respect
- × Responsibility
- × Accountability
- × Excellence and Scholarship
- × Leadership

# Why do we care?

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Failing to address unprofessional behavior simply promotes more of it. Besides being the right thing to do, addressing unprofessional behavior can yield improved staff satisfaction and retention, enhanced reputation, professionals who model the curriculum as taught, improved patient safety and risk management experience, and better, more productive work environments”

*Hickson GB. A Complementary Approach to Promoting Professionalism: Identifying, Measuring, and Addressing Unprofessional Behaviors. Academic Medicine. 2007;82(11):1040-1048*

# Things to consider when assessing?

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- ✘ Should be continuous across medical school and closely planned and integrated
- ✘ Methods should provide recurrent feedback
- ✘ Need multiple observers and observations
- ✘ Multiple methods should be utilized to ensure that sufficient information is obtained
- ✘ Professional behavior must be required by all staff for the success of the resident, institution and patient

# Assessment Tools

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- × Journals/Portfolios
- × Simulations
- × Real-life observations

# Portfolios and Journals

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- ✘ Involves the resident in active reflection
- ✘ Formative assessment
- ✘ Recording experiences, reflecting upon them
- ✘ Discussing these experiences with mentors to identify strength and weaknesses
- ✘ From strength and weaknesses- resident could develop lectures

## Disadvantage of Portfolios

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- ✘ Mentors; do you have enough, will they review the material with the student
- ✘ Information may be fabricated
- ✘ Lack of interest/participation
- ✘ Self reflection is too touchy feely!

# Simulations

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- ✘ Clinical Vignettes and Standardized Patients
- ✘ Formative and summative assessment
- ✘ Students learn from the discussion and model appropriate behavior

# Real-life Observations

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- ✘ Rotation Evaluations
- ✘ If we are really good, we should pair up with the Medical Schools, and have similar tools so that we can compare the student from year to year.....

## Disadvantages of Real-life Observations

- ✘ As with any evaluation, you can not always get the attending to fill it out or it goes to the wrong attending or the resident fills it out (different level of experience)
- ✘ Attending hesitation to be honest( to ruin someone's career)
- ✘ Difficult to get it on paper...behavioral vs academic issues?
- ✘ Evaluator Bias

# POH Professionalism Curriculum; a work in progress

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- ✘ Professionalism Articles
- ✘ Vignettes with Q and A sessions
- ✘ Lectures
- ✘ MSU SCS-COGMET
- ✘ Portfolios (surgery, ortho?)
- ✘ MSU SCS- developing Modules
- ✘ OSCEs (\$\$ and P.D. don't look at it)
- ✘ GME Today
- ✘ McLaren Leadership Development Seminars(DISC Profile for Chiefs)

# POH Professionalism Evaluations

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- × General Rotation Evaluations
- × Professionalism-specific Evaluation
- × 360 Evaluation
- × Core Competency Report Card
- × Residency Evaluation Committee
- × Press Ganey Survey Questions
- × Kudos Awards (patient testimonial)

# Pitfalls to the Process at POH

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- ✘ Residents out rotations, clinics and surgery
- ✘ Program Directors; private practice
- ✘ Funds; how to pay for Blackboard, GME Today, Core ITV, online seminars etc....
- ✘ Core Faculty are hospital employed. Focus is on volume of patients seen and not on education
- ✘ Lecturers; Who and Where? Pay?
- ✘ AOA Inspections; inconsistent( e.g. Derm and ER)

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*“All I care about is learning everything I can about “medicine” or “surgery”*

## **WHERE TO WE GO FROM HERE**

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- ✘ Collaboration from the AOA and Specialty Colleges
- ✘ Commitment from Program Directors (Professional Behavior!)
- ✘ Buy in from our Administrators
- ✘ Medical Schools need to extend the Professionalism Curriculum into the Clerkship years( standardize)
- ✘ Need to bring this next generation of medical students and residents on board (core competencies)



# VISION

HOW CAN THE FUTURE BE SO HARD TO PREDICT  
WHEN ALL OF MY WORST FEARS KEEP COMING TRUE?

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