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PROFESSIONALISM
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

- 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

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

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

- 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

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

- Commercially prepared: 5%
- Hospital-all staff: 25%
- Hospital-residents: 70%
TYPE OF REMEDIATION PLAN

- Commercially purchased: 3%
- Hospital generated (std): 24%
- Case by Case: 73%
HOW IS PROFESSIONALISM EVALUATED

88%
10%
2%

General Evaluation Form  Professionalism Eval Form  No specific tool
HOW IS FEEDBACK PERFORMED

- Face to Face Evaluation: 49%
- Written Evaluation: 23%
- Other: 17%
- Evaluation only if issues: 11%
SENTINEL EVENTS OUTCOMES

Termination

- Arrogance/condescending
- Inability to accept...
- Inappropriate attire
- Failure to report for clinicals
- Unexcused absences
- Breach of Confidentiality
- Lying
- Cheating on exams
- Sexual Harassment
- Alcohol or drug use
- Falsifying medical records
- Sexual Impropriety
- Theft of drugs
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

- Next Event: 8%
- Severity: 8%
- Number of events: 84%
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

<table>
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<tr>
<td>Substance Abuse</td>
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<tr>
<td>Psychological</td>
<td>30</td>
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<tr>
<td>Neither</td>
<td>17</td>
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<tr>
<td>Both</td>
<td>53</td>
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</tbody>
</table>
IF TERMINATED: OFFERED COUNSELING

- Substance Abuse: 1
- Psychological: 19
- Neither: 37
- Both: 43
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

- Professionalism Curriculum: 75% have a curriculum specifically for residents
- Professionalism Evaluation: 88% have a general form encompassing the Core Competencies. <10% have an 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?

- 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?

- 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

- Principles of Professionalism
  Excellence
  Humanism
  Accountability
  Altruism

Louise Arnold and David Stern

*What is Medical Professionalism*
What needs to be covered?

- Altruism
- Honor and Integrity
- Caring and Compassion
- Respect
- Responsibility
- Accountability
- Excellence and Scholarship
- Leadership
Why do we care?

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, are productive work environments”

Things to consider when assessing?

- 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

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

- 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

- 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

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

- 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

- 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

- 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

- 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)
“All I care about is learning everything I can about “medicine” or “surgery”
WHERE TO WE GO FROM HERE

- 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?
14. Papadakis MA. Unprofessional Behavior in Medical School Is Associated with Subsequent Disciplinary Action by a State Medical Board. Academic Medicine. 2004;79(3):244-249.