

Developing a Culture of Professionalism: Teaching, Managing and Recognition of Professional Behavior in Residency

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Objectives

- Learn approaches to teach professionalism and create a platform for residents to self-regulate professionalism amongst their peers
- Utilize strengths-based approaches to promote professionalism within a resident cohort
- Evaluate resident perceptions of professionalism

Professional Practice Gap* to be Addressed

- Everyone's Favorite: Professionalism!
- Preventing/addressing resident professionalism issues.
- Improving resident professional development in professionalism.
- Better defining professional behavior.



FD Point: * Represents required element for submission

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Today's Session

- Thoughts on professionalism and my early struggle.
- Present how we orient and address professionalism issues.
- Provide the example of how we teach it.
- Describe our professionalism recognition process.

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Professionalism

- Do you formally teach professionalism?
- How do you manage professionalism issues?
 - Manage it positively or just with negative consequences.
- My educational question (as a new PD, years ago): How do you move the culture of the program and enhance professionalism?

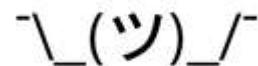
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Professionalism Issue Examples

- Too many to count!



- What do you think?



- What you define as Professionalism issues are important (especially if some things get a pass).



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Program Director = Managing Chaos

- But they are not children



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Oaths and Rules

Hippocratic Oath Today

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow. I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism. I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug. I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery. I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But if it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God. I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems. If I am to care adequately for the sick, I will prevent disease whenever I can, for prevention is preferable to cure. I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm. If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

Louis Lasagna, Academic Dean of the School of Medicine at Tufts University, 1964

(c) 2007, Joann M. Lindenmayer, D.V.M., M.P.H.

Boy Scout Motto: Be Prepared

Boy Scout Oath

*On my honor I will do my best
to do my duty to God and my country
and to obey the Scout Law;
To help other people at all times;
To keep myself physically strong,
mentally awake, and morally straight.*



Boy Scout Law

A Scout is:

- Trustworthy
- Loyal
- Helpful
- Friendly
- Courteous
- Kind
- Obedient
- Cheerful
- Thrifty
- Brave
- Clean
- Reverent

Class Rules

1. Be on time, on task & prepared to learn EVERYDAY #kindergarten
2. Respect the teacher, the classroom, other students and yourself #kindergarten
3. Be responsible for your own learning #kindergarten
4. Clean up after yourself and your peers #kindergarten
5. Keep all personal electronic PLATE AND DAY #kindergarten #kindergarten #kindergarten #kindergarten

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My Novice Approach, circa 2008

- Professionalism Focus, DAY 1
- Start addressing professionalism behavior issues as equal to educational issues
- Start Teaching Professionalism
- Devise a way to reward, honor the good

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Program and Professionalism

- Day 1: Basic Tenet
 - Work/Life Balance
 - Learning
 - Be Responsible
 - Be Prepared



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Program and Professionalism

- Day 1: Recognition Awards

Recognition

- Residency Recognition Award
 - Patient Care
 - Service (residency, clinical, other)
 - Teaching/Education
 - Leadership
- Awarded 2-3 times per year
- Selection by Residency Faculty and Staff, any Faculty, staff or resident may nominate for consideration
- Must be free of clinical, educational or professionalism issues at the discretion of the PD / APD

And yes, they don't remember any of it!

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Addressing Professionalism Issues

Educational & Professionalism Issues

- In general, the following are mechanisms for addressing these issues:
 - Verbal warning/feedback
 - Written warning (shared with Faculty)
 - Notice of Concern (written, shared with GME)
 - Suspension (may be immediate if situation is warranted)
 - Probation
- Examples of professionalism issues to be monitored / addressed:
 - medical record deficiencies, patient complaints, staff/resident concerns, tardiness/late, failure to abide by program rules/policies, not going to rotations



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Key: Intervene, Correct, Formally Address, Be Consistent

As an early/new PD:

- After “verbal warnings,” started giving what I called professionalism citations or written warnings (+/- shared with faculty).
- Quick shock for most of the upper-level residents!
 - I was picking on them
 - I was too harsh compared to the previous PD
 - “Everybody does this, why me.”
 - Every time, the discussion was about “everyone else.”
- Redirection toward:
 - Let’s keep this about you.
 - Personal responsibility.
- Focus on culture of the program and people working together.

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Changing Culture, Attitude of Professionalism

- Clear Policies, expectations
- Disclose how you will address issues
- For individuals, identify issues early, address formally
- Involve the Residents

➤ Unfortunately, sometimes it takes the people changing

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The People: Poll Question for all!

- A. Would you rather have hard-working, team players who need academic guidance.

VS.

- B. Intelligent people who are only in it for themselves and have difficulty understanding professionalism.

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Professionalism

- How do you define or describe professionalism?
- Best definition or descriptions:
 - You know it when you see it.
 - Good and bad (how do you define the line!)
 - Doing the right thing when no one is watching.
 - I don't know if you can really teach that!

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“The Presentation”

- Introduce Professionalism
- Audience Response examples so they define the line of professionalism
- Reinforced in orientations, PGY1, then in combined PGY2/3

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Physician Professionalism

University of Kentucky
Family Medicine Residency Program

Michael King, MD



Objectives

- Discuss the rationale for overt evaluation of medical professionalism in practicing physicians
- Use one model to classify professionalism behaviors according to levels
- Practice assessing medical professionalism using the audience response system.

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Professionalism

(ACGME, 1999)

- Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

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Professionalism

(ACGME, 1999)

Residents are expected to demonstrate:

- Respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and ongoing professional development
- A commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Sensitivity and responsiveness to patients' culture, age, gender, and disabilities

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Other Perspectives on Professionalism

- Medical professionalism is the ability to meet the relationship-centered expectations required to practice medicine competently (Kuczewski et al, 2003; Lynch et al, in press; Surdyk et al 2003)

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Professionalism

- Physician Professionalism Fundamental Principles:
 - Primacy of Patient Welfare
 - Patient Autonomy
 - Social Justice
- Also characterized by a set of personal/professional responsibilities that include a commitment to:
 - Professional Competence/Lifelong Learning
 - Honesty with patients and others
 - Patient Confidentiality
 - Maintaining appropriate relationships with patients and others
 - Improving quality of care
 - Improving access to care
 - Just distribution of finite resources
 - Scientific knowledge
 - Maintain trust by managing conflicts of interest
 - Professional responsibilities individually and in collaboration with others

(ABIMF, ACP-ASIM, & EFIM 2002).

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Professionalism

- Important Considerations, this includes:
 - Direct/indirect patient care
 - Teamwork - other physicians/residents/staff/health care providers
- Important to remember:
 - No one is perfect
 - Everyone has issues, does the severity or frequency adversely affect patients or others that may indirectly impact patients?

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Professionalism Issue? A schedule change (clinic, backup, jeopardy)?

1. Ideal
 - i.e., consistently goes beyond call of duty
2. Expected
 - i.e., complete care and disposition of patients before signing them out
3. Unacceptable
 - i.e., make passes at students or patients
4. Egregious
 - i.e., falsify records
5. Not a professionalism issue

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Research on Physician Professionalism

Strongly associated with higher professionalism scores:

- Completion of required evaluations
 - “Conscientious behaviors”
- Higher ITE scores (medical school grades, MCAT as well)
- Mini-CEX
- Also had higher didactic attendance (although not statistically significant)

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Research on Physician Professionalism and Patient-Physician Relationship

- Hall et al, 2002; Hauck et al, 1990
 - Patients more likely to be **satisfied** with physicians who behave professionally (Hall, et al 2002; Hauck et al 1990)
 - Patients more likely to **follow through with treatment** recommendations when they trust their physicians
- Hall et al, 2002
 - Patients more likely to **stay with physicians** they perceive as behaving professionally and are likely to **recommend these physicians to others**
- Hickson et al, 2002
 - Most patient **complaints involve professionalism issues**
 - Patients are more likely to **bring legal action against** physicians they **perceive as behaving unprofessionally** than against other physicians
- Baldwin et al, 2000
 - Evidence suggests a relationship between **physician excellence and professionalism**

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Examples: Levels of Professionalism (Larkin, 2003)

- **Ideal**
 - i.e., consistently goes beyond call of duty
- **Expected**
 - i.e., complete care and disposition of patients before signing them out
- **Unacceptable**
 - i.e., make passes at students or patients
- **Egregious**
 - i.e., falsify records
- **Not a professionalism issue**

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**Poll Question: Professionalism Issue?
Schedule changes (clinic, backup, jeopardy),
a few times?**

1. Ideal
2. Expected
3. Unacceptable
4. Egregious
5. Not a professionalism issue

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**Poll Question: Professionalism Issue?
Schedule changes (clinic, backup,
jeopardy),
rarely with an apology?**

1. Ideal
2. Expected
3. Unacceptable
4. Egregious
5. Not a professionalism issue

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Poll Question: Professionalism Issue?
Schedule changes (clinic, backup, jeopardy),
a few times every couple months,
a reoccurring problem for the individual?

1. Ideal
2. Expected
3. Unacceptable
4. Egregious
5. Not a professionalism issue

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Poll Question: Professionalism Issue?
Calling in sick for clinical responsibilities,
multiple occurrences?

1. Ideal
2. Expected
3. Unacceptable
4. Egregious
5. Not a professionalism issue

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**Poll Question: Professionalism Issue?
Reoccurring tardiness for clinic, rotation or
other professional responsibilities?**

1. Ideal
2. Expected
3. Unacceptable
4. Egregious
5. Not a professionalism issue

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**Poll Question: Professionalism Issue?
Medical records suspension or note
completion delays for multiple
occurrences?**

1. Ideal
2. Expected
3. Unacceptable
4. Egregious
5. Not a professionalism issue

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Poll Question: Professionalism Issue? Failure to answer pages from clinic or in hospital?

1. Ideal
2. Expected
3. Unacceptable
4. Egregious
5. Not a professionalism issue

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Poll Question: Professionalism Issue? 2-3 different complaints of being rude to patients?

1. Ideal
2. Expected
3. Unacceptable
4. Egregious
5. Not a professionalism issue

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Professionalism

- In general, there are four mechanisms for addressing unprofessional behavior
 - Verbal warning/feedback
 - Written warning
 - Notice of Concern (shared with GME and Faculty)
 - Suspension (may be immediate if situation is warranted)
 - Probation
- Examples of issues to be monitored/addressed:
 - medical record deficiencies, patient complaints, staff/resident concerns, tardiness/late, failure to abide by program rules/policies, not going to rotations

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References*

Professional Practice Gap Validation

- Medical professionalism in the new millennium: physician's charter. *Lancet*. 2002;359: 520-522.
- Hall MA, Zheng B, Dugan E, Camacho F, Kidd KE, Mishra A, et al. Measuring patients' trust in their primary care providers. *Med Care Res Review* 2002; 59: 293-318.
- Hauck FR, Zyzanski SJ, Alemagno SA, Medalie JH. Patient perceptions of humanism in physicians: effects on positive health behaviors. *Fam Med* 1990; 22:447-52.
- Hickson GM, Federspiel CF, Pichert JW, et al. Patient complaints and malpractice risk. *JAMA* 2002;287-2951-7.
- Baldwin DC, Bunch WH. Moral reasoning, professionalism, and the teaching of ethics to orthopedic surgeons. *Clin Orthop* 2000;378:97-103.

The END!

Of the example presentation



After “The Presentation”

- Learned that a few residents were upset that these things were happening.
 - They are doing their job and expect everyone to do well.
- For two years this became a topic of the resident retreat.
 - Discussed issues of abusing back up and jeopardy
 - Conference etiquette.

Professionalism By Residents

- Added to orientations
- Reinforced, is resident driven

Wednesday Conference Etiquette

- Attendance is mandatory, exceptions include: approved time off (i.e. vacation, personal day, etc.), night float/prev-call, community delivery, family emergency, & sickness.
- Do not schedule appointments for Wednesday afternoon unless it has been approved.
- Arrive on time.
- Give 100% of your attention & refrain from conversations with colleagues.
- NO LAPTOPS, NO CHARTING, NO TEXTING. If you need to make a call or answer a page excuse yourself briefly and don't slam the door on your way out.
- If you are addressing a pt care issue, take care of it, and then you are to return to conference.
- Save questions or anecdotes for the end, lecturers are on the clock now.
- Conference room is not your living room.
- Business casual dress code.

Reasons for Conference Rules:

- Professional environment for learning
- Protected Time: Non-clinical
 - Takes away from clinic volume and resident numbers for Program

Possible Sanctions (if other issues as well):

- Program/Assistant program directors discretion
 - Additional educational assignments (didactic) or
 - Professionalism citations or
 - Withdrawal of Moonlighting

Backup & Jeopardy

- No backup/jeopardy abuse will be tolerated.
- If you are the victim of abuse contact chiefs

Call Abuse examples:

1. Calling backup to do admission at Chandler when you have adequate help.
2. Routing backup calls to backup/jeopardy during checkout when there are no admissions.

Possible Sanctions (if other issues as well):

- Program/Assistant program directors discretion
 - Additional educational assignments (didactic) or
 - Professionalism citations or
 - Withdrawal of Moonlighting

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Everyone will have Professionalism Issues?

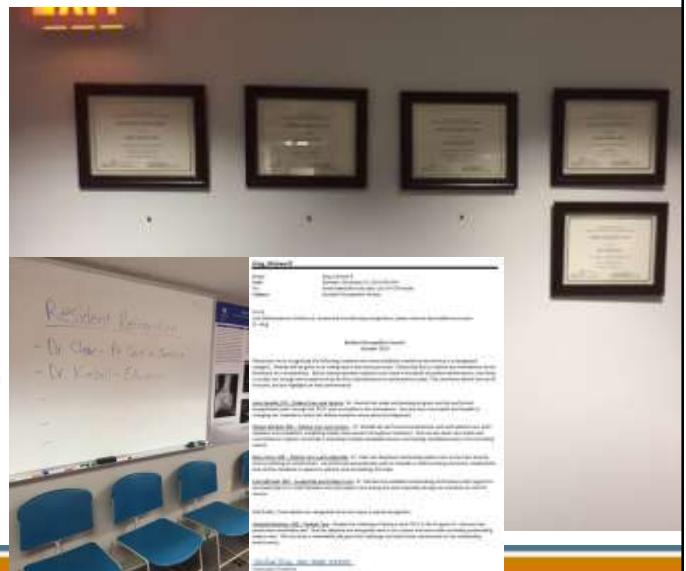
- In my mind, nearly all residents could be corrected, given verbal feedback or even a written warning sometime in 3 years!
 - I tell them that during orientation.
- Thus the reason I struggled to come up with a way of also recognizing good behavior.
- GOAL: Recognize everyone at some point during their residency.
- Rationale: Recognize and push the bar up so others will do better in residency in general.

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Simple but Effective

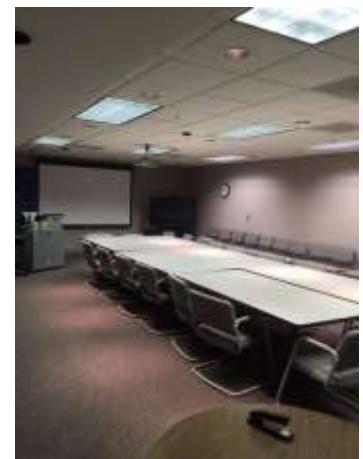
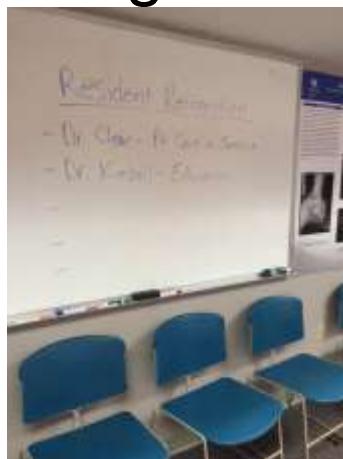
Recognition

- Residency Recognition Award
 - Patient Care
 - Service (residency, clinical, other)
 - Teaching/Education
 - Leadership
- Awarded 2-3 times per year
- Selection by Residency Faculty and Staff, any Faculty, staff or resident may nominate for consideration
- Must be free of clinical, educational or professionalism issues at the discretion of the PD / APD



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Consider the benefit of public recognition!



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Announcements

- Announcements to Faculty and Resident Listservs
- They actually read that email!

King, Michael R

From:
Sent:
To:
Subject:

King, Michael R
Monday, November 03, 2014 8:56 AM
michaelrking@uky.edu; UofFOM Faculty
Resident Recognition Awards

To All,
Last Wednesday in Conference I presented the following recognitions, please note we have added one extra!
Dr. King

Resident Recognition Awards October 2014

Please join me in recognizing the following residents who have exhibited excellence and service in a designated category. Awards will be given on a rolling basis a few times per year. Please feel free to submit any nominations to the Residency for consideration. Before being awarded residents must attain a threshold of positive performance, one thing is usually not enough and residents must be free of professional or performance issues. The comments below are not all inclusive, but are highlights of their performance:

Amy Gerasi, DO – Patient Care and Service: Dr. Gerasi has made outstanding progress and has performed exceptionally well through her PGY3 year as evident in her evaluations. She was also very helpful and flexible in changing her schedule to assist her fellow residents when necessary happened.

Morgan Kimball, MD – Patient Care and Service: Dr. Kimball has performed exceptionally well with patient care, both inpatient and outpatient, exhibiting steady improvement throughout residency. She has also been very active and committed to Program recruitment, attending multiple candidate interviews and hosting candidates early in the recruiting season.

Julian Graw, MD – Patient Care and Leadership: Dr. Graw has displayed outstanding patient care in the clinic directly and by assisting the clinical team. He performed exceptionally well on hospital as chief resident by receiving numerous compliments and positive feedback in regards to patient care and leading the team.

Jody Mitchell, MD – Leadership and Patient Care: Dr. Mitchell has exhibited outstanding performance with regards to his leadership as Co-Chief Resident and with patient care during this year especially during July transition as chief of service.

And finally, I have added one recognition from last week, a special recognition..

Alexandra Heppner, MD – Patient Care: Despite the challenge of being a new PGY2 to the Program Dr. Heppner has performed remarkably well. She has adapted and integrated well to our system and team while providing outstanding patient care. She has done a remarkable job given this challenge and many have commented on her outstanding performance.

*Michael King, MD, MPP, FCFP
Associate Professor*

Award

- In their file!
- On their CV!



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Maslow's Hierarchy of Needs

Purpose of Recognition

To drive greater levels of "discretionary effort." Such discretionary effort comes when we, as people, feel inspired to do more.



Employee Recognition: Low Cost, High Impact

Gallup Poll: Business Journal June 28, 2016

- Most effective recognition is honest, authentic and individualized to how each employee wants to be recognized.
- Nearly one-quarter said the most memorable recognition comes from a high-level leader or CEO. Employees will remember personal feedback, a leader taking time to show appreciation is very impressionable.
- Most Memorable:
 - Public recognition or acknowledgment via an award, certificate or commendation
 - Private recognition from a boss, peer or customer
 - Receiving or obtaining a high level of achievement through evaluations or reviews
 - Promotion or increase in scope of work or responsibility to show trust
 - Monetary award such as a trip, prize or pay increase
 - Personal satisfaction or pride in work

Results

- 6 years of Awards
- Cannot get back to back recognition
- Recognized all residents at least once by their 3rd year (36 residents)
- If not count initial 3rd years, 61% (19 of 31) have received at least 2 awards
 - 2 residents awarded 3 times (real stars!)
 - 6 residents only 1 time (issues, or less motivated).

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Key Takeaways – Lessons Learned

- Consider recognizing excellence in professional behavior!
- Clear Policies, expectations
 - Disclose how you will address issues.
 - For individuals, identify issues early, address formally
- **Involve residents in creating a culture of accountability**



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Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).

5
1

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?

Social Q & A

5
2

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Please...
Complete the
session evaluation.



Thank you.

Questions?

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