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

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.
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?

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).
Program Director = Managing Chaos

• But they are not children

Oaths and Rules

Hippocratic Oath Today

I swear to abide by 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 things that are deleterious and mischievous. I will remember that my health is in my hands, and that wretchedness, sympathy, and understanding may outweigh the arguments of either the patient’s plea or the physician’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 unless the world may know. Most especially must I treat with care and respect the life and death. It is a given to me to save a life, all things. But it may also be within my power to take a life. This awesome responsibility must be faced with great frankness 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 consciousness graph, but a sick human being whose illness may affect the person’s family and economic stability. My responsibility includes these related problems. I will do no harm. Adequately, the sick. I will prevent disease whenever I can. The 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 around me, and those 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 as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

Louis Lavagetto, Academic Dean of the School of Medicine at Tufts University, 1961

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

Program and Professionalism

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

- Day 1: Recognition Awards

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

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
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.

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
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.

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!
“The Presentation”

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

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.

Professionalism

(ACGME, 1999)

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

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)
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).

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?
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

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)
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

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
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

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
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

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
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

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
### 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
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

References*

Professional Practice Gap Validation

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 as 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

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.
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

Consider the benefit of public recognition!
Announcements

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

Award

• In their file!
• On their CV!
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


- 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).

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

Complete the session evaluation.

Thank you.

Questions?

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