

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

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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?

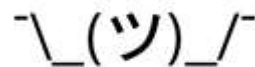
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Professionalism Issue Examples

- 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 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

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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



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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 Tenar
 - Work/Life Balance
 - Learning
 - Be Responsible
 - Be Prepared

Balance



Be Responsible

- Time
 - Punctuality
 - Be quick, but don't hurry
- Personal Responsibility - not compared to others
- Patients
 - Difficult patients (bring them closer)
 - Continuity
 - Patient-centered
- Team
 - Do your part



Learn

- Every patient
- Every day
- Ask questions
- Working/learning (service vs. education)
 - On-call
 - Precepting/Rounding
 - Exploratory/Innovative Questions
 - "Is this, I have a question?"
 - Rotations
 - Didactics



Be Prepared

"Failing to plan is planning to fail"

- Focus
- Dedication
- Planning
- Not Reactive
 - 1st day/week of rotations
 - Problem Cases
 - Academic/Family/Personal
 - Progress and Processors
 - Conferences
 - Rotations Learning
 - Procedures
- Back to Balance/Learning/Responsible



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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



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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

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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

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**

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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

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 complains 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



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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.

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Professionalism By Residents

- Added to orientations
- Reinforced, is resident driven

Wednesday Conference Etiquette

- Attendance is mandatory, exceptions include: approved time off (ie. vacation, personal day, etc.), night float, post-call, continuity of care, family emergency, & sickness.
- Do not schedule appointments for Wednesday afternoon unless it has been approved.
- Arrive on time
- Give lectures 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 silently and don't slam the door on your way out.
- If you are addressing a pt case 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 too!
- 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
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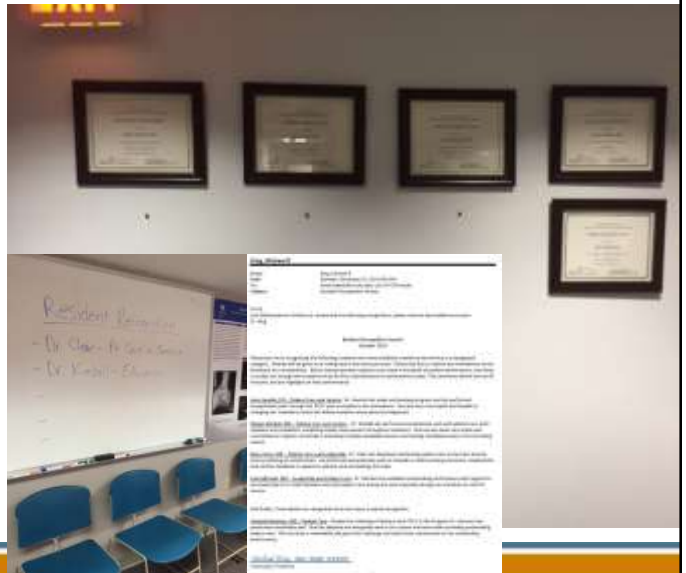
Everyone will have Professionalism Issues?

- 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.

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!



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.



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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

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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:

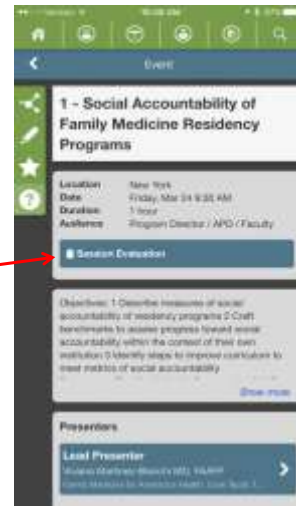
Enter your email address to be included in any follow-up communication from the presenter(s).



Social Q & A

Please...
Complete the
session evaluation.

Thank you.



Questions?

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