Teaching Professionalism

Unveil Your Hidden Curriculum
• We have no conflicts of interest or financial disclosures
Introductions

- **Brian Lurie, MD, MPH**, Atlantic Health / Goryeb Children’s Hospital, Morristown, NJ
- **H. Barrett Fromme, MD, MHPE**, University of Chicago, Chicago, IL;
- **Kathleen Gibbs, MD**, Icahn School of Medicine at Mt Sinai, New York, New York;
- **Auxford Burks, MD**, Albert Einstein College of Medicine, Jacobi Medical Center, Bronx, NY;
- **Caren Gellin, MD**, University of Rochester, Rochester, NY; **Jay Peacock, MS**, SUNY Upstate Medical University, Syracuse, NY
Objectives:

- By the end of this workshop, participants will be able to:
  - Describe different aspects of professionalism as defined by the ABP, ACGME and the Pediatric Milestones Project
  - Use Kern’s six-step approach to develop a curriculum and identify strategies for teaching professionalism to pediatric residents
  - Discuss opportunities to use a Pediatric Professionalism curriculum for evaluation of the ACGME Professionalism Domain of Competence
Format

- Format:
  - Work in small & large groups to begin creating workshops to teach professionalism
  - Share ideas with others – when complete will have developed a professionalism curriculum
Professionalism

Housestaff professionalism requires a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse background.
What is professionalism??

Honesty/Integrity
Reliability/Accountability
Respect For Others
  • Appropriate attire
  • Appropriate salutations
Altruism
Empathy
Commitment To Excellence
Record Keeping
  • Completed evaluations
    • Procedure log
    • Medical records
Work Hours
  • Timely attendance for rounds, conferences, and clinical responsibilities
Cultural Competency
Leadership
Digital professionalism
  • Social networks
  • Security of information
  • Smartphone use
Stress And Fatigue
  • Self-awareness of one’s own knowledge, skill, and emotional limitations that leads to appropriate help-seeking behaviors
  • The capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty
Professionalism Tracking Form

Based on review of your overall program performance over the last six months:

You have met expectations in professionalism

You have not met expectations in professionalism because you did not meet one or more of the following expectations:

- Semiannual program director meeting
- Semiannual mentor meeting
- Completed evaluations
- Required conference attendance
- Timely attendance for rounds, conferences, & clinical responsibilities.
- Duty hour compliance
- Documentation of procedural competence
- Appropriate attire

Other: ____________________________________________

Program Director: ____________________________________________

Resident: ____________________________________________
Pair-Share and Report Back

- How do you define professionalism?
- Identify good examples of professionalism.
- Identify examples of lapses of professional behavior.
DEFINING PROFESSIONALISM
Just like obscenity

• *We may not be able to define professionalism intelligibly but “we know it when we see it”*
Why do we need to define and teach professionalism

- Each year, program directors are asked by the American Board of Pediatrics to determine whether each resident in their program has met expectations in the area of professional conduct.

- Program directors must certify that the resident has achieved competence in professionalism at the end of training in order for the resident to be eligible to take the certifying exam.
Why do we need to define and teach professionalism

- Professionalism can no longer be taken for granted as a core of behavioral expectations that are inherent to becoming a physician

- Residents confront situations that challenge their professionalism on a daily basis, but they may need assistance to recognize the nuances of professionalism

- Expectations about professionalism began at the institutional level - must establish a culture of professionalism

- Can values be taught?
Barriers to teaching professionalism

- There is no common understanding of what is meant by medical professionalism
- Much of what is learned about professionalism during medical education training comes from the “hidden curriculum”
- Presenting residents with lists of what is involved in professionalism may be daunting
- Negative role models in the media
- Difficult to give feedback: values are difficult to measure and observe
- Professionalism is in the eye of the beholder regardless of written definitions
- Without objective standards, medical educators are more likely to evaluate appearance, formality, and conformity, as “professional”; rather than the virtues of honor, altruism, and responsibility
Webster’s Definition

- **professionalism**
  
  *noun* \prə-ˈfesh-nə-li-zəm, -ˈfe-shə-nə-ˌli-\* : the skill, good judgment, and polite behavior that is expected from a person who is trained to do a job well*
What is medical professionalism

- There is a need for a definition that is precise and inclusive, that can be utilized by a wide variety of groups including practicing physicians, medical educators, graduate medical education programs, professional organizations, licensing bodies, and regulatory agencies.

- A definition must be grounded in the nature of a physician’s work.

- Values and behaviors that individual physicians demonstrate in their daily interactions with patients and their families, and with physicians and other professional colleagues.
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<tr>
<th>Swick</th>
<th>A Physician Charter</th>
<th>Stern</th>
<th>American Academy of Pediatrics</th>
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<tbody>
<tr>
<td>Altruism and Empathy</td>
<td>Altruism</td>
<td>Altruism</td>
<td>Altruism/Advocacy</td>
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<tr>
<td>Caring and Compassion</td>
<td>Professional Competence</td>
<td>Humanism</td>
<td>Compassion and Empathy</td>
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<tr>
<td>Honesty and Integrity</td>
<td>Honesty with Patients</td>
<td></td>
<td>Honesty and Integrity</td>
</tr>
<tr>
<td>Respect for Others</td>
<td>Maintaining appropriate relationships with patients</td>
<td></td>
<td>Respect for Others</td>
</tr>
<tr>
<td>Trustworthiness</td>
<td>Confidentiality</td>
<td>Accountability</td>
<td>Reliability/Responsibility</td>
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<tr>
<td>Commitment to service</td>
<td>Managing conflicts of interests</td>
<td>Excellence</td>
<td>Self Improvement</td>
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<td>Self Awareness/ knowledge of limits</td>
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<td>Communication/ Collaboration</td>
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</table>
ACGME - Common Program Requirements

- Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. (Outcome)
- Residents are expected to demonstrate:
  - IV.A.5.e).(1) compassion, integrity, and respect for others; (Outcome)
  - IV.A.5.e).(2) responsiveness to patient needs that supersedes self-interest; (Outcome)
  - IV.A.5.e).(3) respect for patient privacy and autonomy; (Outcome)
  - IV.A.5.e).(4) accountability to patients, society and the profession; and, (Outcome)
  - IV.A.5.e).(5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
ACGME - Pediatric Specific

- A commitment to engage in personal and professional development that will sustain them in balancing a commitment to their profession with a healthy and productive personal life. This must include:
  - self awareness of one’s own knowledge, skill, and emotional limitations that lead to appropriate help seeking behaviors
  - healthy responses to stressors
  - manage conflict between one’s personal and professional responsibilities
  - flexibility and maturity in adjusting to change with the capacity to alter one’s behavior
ACGME - Pediatric Specific

- trustworthiness that makes colleagues feel secure when one is responsible for the care of patients

- leadership skills that enhance team function, the learning environment, and/or the healthcare delivery system/environment with the ultimate intent of improving care for the patients

- self confidence which puts patients, families, and members of the health care team at ease, and

- the capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty
Lapses in Professional Conduct

- Usually occur in a context and often a result of a conflict between two competing values.

- Most residents come into training with a general understanding of professional conduct, but unlikely to have been challenged with the stresses of competing priorities.

- Can we promote professionalism through identification of lapses?
Kern’s Six Step Approach

1. Problem Identification and General Needs Assessment
2. Needs Assessment of Targeted Learners
3. Goals and Objectives
4. Educational Strategies
5. Implementation
6. Evaluation and Feedback
Introduction to Kern

Step 1: Problem Identification and General Needs Assessment

- **What is the problem?**
- **Whom and what does it affect?**
Step 2: Needs Assessment of Targeted Learners

- Who are the stakeholders?
- What information do you need?
- How will you obtain the information?

*Remember: More rigorous needs assessment = Opportunities for scholarship*
Step 3: Goals and Objectives

- Must consider:
  - WHO
  - Will have done WHAT
  - By WHEN

- Can focus on knowledge, skills or attitudes
Your Task

• Create a Workshop to Teach a Professionalism Theme
  • Develop Goals and Objectives
Trustworthiness

• Goals & Objectives
• Define what “Trustworthiness” is
• List five personal qualities that demonstrate Trustworthiness
• Measurements for each personal quality
Teaching Behavior

• “Teachers don’t teach the way they were taught to teach. They teach the way they were taught.”
• Coaching appropriate conduct
• Measuring behavioral growth
• When do we say they get it?
Kern’s Step 4

EDUCATIONAL STRATEGIES
Considerations

- Select methods that address your specific, measurable objectives (Step 3)
- Promote deeper and retained learning with active engagement
- Think about available resources
Ways to teach professionalism

1. Set expectations

2. Performing assessments: summative, formative, 360 degree

3. Remediation of inappropriate behaviors

4. Preventing inappropriate behaviors

5. Implementing a culture change
Kolb’s Experiential Learning Cycle
# Addressing Professionalism Objectives

<table>
<thead>
<tr>
<th>Method</th>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readings</td>
<td>$\times$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lectures</td>
<td>$\times$</td>
<td></td>
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<tr>
<td>Audiovisuals</td>
<td>$\times$</td>
<td>$\times$</td>
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<tr>
<td>Discussions</td>
<td>$\times$</td>
<td>$\times$</td>
<td>$\times$</td>
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<tr>
<td>Problem-solving activities</td>
<td>$\times$</td>
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<td>$\times$</td>
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<tr>
<td>Simulations</td>
<td>$\times$</td>
<td>$\times$</td>
<td></td>
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<tr>
<td>Clinical experiences</td>
<td>$\times$</td>
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Consider combining different methods based on your objectives.
Examples: Discussion

- Facilitated discussion of readings or online learning modules
- Written reflection about a critical incident with a patient and/or team member followed by discussion
Examples: Problem-solving Activities

- Online modules
- Problem-based learning
- Team-based learning

![Diagram showing phases of readiness assurance and application]

- Phase 1: Pre-Class Individual Study
- Phase 2: Readiness Assurance
  - Individual (I-RAT)
  - Group (G-RAT)
  - Team Appeals
  - Instructor Feedback
- Phase 3: Application
  - Team Application Exercises
Examples: Simulations

- Standardized patients
- Role-plays

Audiovisual recording of simulations can help with self-reflection.
Your Task

Develop a teaching strategy for professionalism that addresses your goals and objectives
Kern’s Step 6

EVALUATION AND FEEDBACK
Evaluation and Feedback

- Completed for an individual and/or the curriculum
  - Evaluate a program, assess an individual
  - Feedback: provides information on individual or curricular performance to stakeholders

- Why?
  - Completes the cycle of curriculum development
  - Did you meet your goals and objectives?
  - Use to adjust curriculum in efforts of ongoing improvement
  - Maintain support, satisfy external requirements, serve as basis for scholarly work
# Evaluation

<table>
<thead>
<tr>
<th>Individual</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formative – identify areas to improve performance</td>
<td>• Progress along the milestones</td>
</tr>
<tr>
<td>Summative – used to make judgments or decisions</td>
<td>• PD must certify individual is competent to practice without supervision</td>
</tr>
</tbody>
</table>
Evaluation

**Writing your evaluation questions**

- Align with curricular objectives
- Specific (who will do)
- Measurable (how much)
- Time limited (by when)
- Include program and participants
- Curriculum, learners and faculty
- Quantitative and qualitative data
- Including open ended questions may provide unanticipated input to strengths/weaknesses

“Your evaluation is based on the next 30 seconds. Go!”
Evaluation

- Evaluation methods – a workshop in itself
  - Global rating forms
  - Self assessment
  - Knowledge tests
  - Direct observation
  - Questionnaire/survey
Evaluation
The Next Accreditation System

- Six Professionalism Milestones must be reported twice a year to the ACGME
  - Humanism
  - Professionalization
  - Professional conduct
  - Awareness of limitations
  - Trustworthy
  - Accept ambiguity
## Professionalism 1: Humanism

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sees patients in a “we vs. they” framework</td>
<td>Compassion in select (tragic) circumstances</td>
<td>Consistently demonstrates kindness &amp; compassion</td>
<td>Altruistic, goes beyond expressed needs</td>
<td>A proactive advocate on behalf of individual patients, families and groups of children in need</td>
</tr>
<tr>
<td>Insensitive to needs of patient/family</td>
<td>Generally still insensitive to many needs of others</td>
<td>Sensitive to needs of others</td>
<td>Anticipates needs of patient/family and works to meet them</td>
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</table>
## Professionalism 2: Professionalization

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appears to be interested in Pediatrics but not fully engaged</td>
<td>Appreciates role but does not always see self as a professional</td>
<td>Demonstrates understanding of being “the doctor”; has a sense of duty</td>
<td>Accepts full responsibility of the professional role</td>
<td>Extends professional role beyond the care of patients – to something larger (the community, the specialty, the profession)</td>
</tr>
<tr>
<td>Results in an observational of passive role</td>
<td>Results in not taking primary responsibility</td>
<td>Rare lapses that don’t reflect a professional self view</td>
<td>Fluent in patient and professional relationships</td>
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</table>
## Professionalism 3: Professional Conduct

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<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeated lapses – role to patients, peers, the program are not met</td>
<td>Lapses under stress or fatigue</td>
<td>Professional in nearly all circumstances</td>
<td>Helps other members of the team with professionalism</td>
<td>Others see as a role model of professional conduct</td>
</tr>
<tr>
<td>May be due to lack of insight or other problems (mental health)</td>
<td>May have insight but cannot modify behavior under stress</td>
<td>Has insight into triggers, uses to remains professional</td>
<td>Identifies potential triggers and uses to prevent lapses</td>
<td>Uses emotional intelligence to prevent lapses in self and others</td>
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### Professionalism 4: Limitations

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<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacks insight into limitations</td>
<td>Concern that limitations may be seen as a weakness and impact evaluations</td>
<td>Recognizes limitations</td>
<td>Recognizes limitations</td>
<td>Personal drive to learn and improve results in help seeking behaviors</td>
</tr>
<tr>
<td>Need for help goes unrecognized; results in unintended consequences</td>
<td>Help seeking behaviors in response to external prompts</td>
<td>Perception that autonomy is key may interfere with internal drive to seek help</td>
<td>Help seeking for the patient supersedes need for autonomy</td>
<td>Role models this behavior for others</td>
</tr>
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</table>
### Professionalism 5: Trustworthy

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gaps in knowledge/skills impact ability to correctly gather data or follow through</td>
<td>Knowledge &amp; skills ok but doesn’t always seek help when confronted with barriers</td>
<td>Knowledge &amp; skills ok, seeks help when needed</td>
<td>Broad scope of knowledge/skills and assumes full responsibility of all aspects of patient care</td>
<td>Same as level 4 but uncertainty brings about a rigorous search for answers (the literature, a master clinician)</td>
</tr>
<tr>
<td>May omit or misrepresent data leaving team uncertain re truth, accuracy or attention to detail</td>
<td>Demonstrates lapses in follow through or escalation to others when barriers are met</td>
<td>Requires little prompting for follow up</td>
<td>Pursues answers to questions, is transparent with expression of uncertainty and limitations in knowledge</td>
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## Professionalism 6
### Ambiguity & Uncertainty

<table>
<thead>
<tr>
<th>Level 1</th>
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<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overwhelmed, inadequate when faced with uncertainty</td>
<td>Recognizes uncertainty, tension from inability to control outcomes</td>
<td>Anticipates uncertainty, to resolve looks for additional information</td>
<td>Uncertainty is likely, uses as motivation to seek information</td>
<td>Aware of and keeps risk aversion or risk taking position in check</td>
</tr>
<tr>
<td>Communicates with family in rigid, authoritarian fashion</td>
<td>Communicates in a framework most familiar to the physician</td>
<td>Communicates optimal outcomes framed by MD goals</td>
<td>Explores individual patient goals</td>
<td>Uncertainty discussed with patient/family while setting goals</td>
</tr>
<tr>
<td>Defensive, protective of physician approach</td>
<td>Seeks rules and statistics</td>
<td>Physician expectations take precedence</td>
<td>Expresses open to patient position and uncertainty</td>
<td>Emphasizes patient/family control of choices</td>
</tr>
</tbody>
</table>
Your Task

Review your Goals/Objectives and Educational Strategies, then:

Map the professionalism milestones to your curriculum
Gallery Walk
References


• The American Board of Pediatrics. (2013). A Guide to Board Certification in Pediatrics. [https://abp.org/content/residents-fellows-evaluation-tracking](https://abp.org/content/residents-fellows-evaluation-tracking)


References


- Ludwig S. Domain of Competence: Professionalism Academic Pediatrics
