Richard Sarkin Memorial Lecture
October 16, 2009
Attributes of Exemplary Physicians

• Caring
• Nurturing
• Enthusiastic
• Respectful
• Creative
• Role Model
• Centered

John Milton, Spike Lee, and the Practice of Medicine
William V. Raszka, Jr., MD
University of Vermont College of Medicine

Objectives

• Define key attributes of physicians
• Review how we assess key attributes of physicians
• Characterize a different view of health care reform
• Delineate the role of culture in institutions

Disclosure

• I am partially salary supported by the American Academy of Pediatrics
• I have neither financial resources nor financial disclosures
• I do not intend to discuss unapproved use of pharmaceutical products
More Disclosures

• The views expressed are my own and do not necessarily reflect those of the University of Vermont, Fletcher Allen Health Care, or the American Academy of Pediatrics
• The names of individuals or organizations discussed have been changed

Vignette 1

• A second year medical student, Helen, leaves her laptop unattended
• While away from her computer, two fellow students write an inappropriate and suggestive e-mail about homosexuality on her e-mail account which is inadvertently forwarded to all faculty and students in the school
• Minutes later, two crestfallen students, who could not have been identified, report their activities to the Dean
• It turns out that Helen is gay
• What are the issues and what should the school do?

Vignette 1

• What is professionalism and what are professional behaviors
  – Defining appropriate and inappropriate behaviors
  – Monitoring behaviors
  – Evaluating behaviors
  – Consequences of inappropriate behaviors
  – Modeling of appropriate behaviors
• Emergence of new social networks
• Defining what is in the scope of medical practice

Part I: Setting expectations

• Emergence of new social networks

Physician Charter

• Ten Professional Responsibilities with commitment to:
  – Professional competence
  – Honesty with patients
  – Patient confidentiality
  – Maintaining appropriate relations
  – Improving quality of care
  – Improving access to care
  – Just distribution of finite resources
  – Scientific knowledge
  – Maintaining trust by managing conflicts of interest
  – Professional responsibilities
Part II: Measuring Professionalism

- Cognitive assessments
- Critical incidents
- Peer assessments
- Objective structured clinical examination
- Professionalism mini-evaluation exercise
- Multi-source assessments

Validity of Critical Incidents

- Case control study
  - 235 physicians disciplined by state medical boards between 1990 and 2003

<table>
<thead>
<tr>
<th>Predictor variable</th>
<th>Unprofessional behavior in medical school</th>
<th>Severely diminished capacity for self-improvement</th>
<th>Severe irresponsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior</td>
<td>Odds ratio</td>
<td>95% CI</td>
<td>Odds ratio</td>
</tr>
<tr>
<td>Unprofessional behavior in medical school</td>
<td>3.0</td>
<td>1.9-4.8</td>
<td>3.1</td>
</tr>
</tbody>
</table>
Peer Assessments (N=213)

- General internal residency program
- Peer assessments of professional conduct have little correlation with other performance measures

Objective Structured Clinical Examination (OSCE)

- 3 SP, 3 MD, and 3 lay people rated 20 videotaped encounters between 3rd-year medical students and standardized patients
- Evaluated:
  - introduction
  - respect for patient
  - verbal behavior
  - non-verbal behavior
  - overall conduct
  - overall professionalism rating

OSCE

- Discrepancies between raters were numerous
- Patients, doctors and SPs consider a wide range of behaviors
  - Different groups value different attributes
- Professionalism score correlated best with
  - Giving information
  - Non-verbal behavior/self-presentation
  - Introduction

Professionalism mini clinical exercise

- 211 forms
  - 74 students
  - 47 evaluators
  - variety of clinical settings

- Four questions might be early indicators of unprofessional behavior
  - demonstrated awareness of limitations
  - solicited feedback
  - was on time
  - addressed gaps in own knowledge and skills
- Need 8 observations to get reproducibility coefficient over .75
Multi-source assessments

- NBME is developing the Assessment of Professional Behaviors
  - Multisource feedback tool
- 1,006 questionnaires
  - Medical students (61)
  - Residents (778)
  - Faculty (167)
- Evaluated missing information
  - Observers responded unable to observe on a higher proportion of items when rating observers whom they viewed less positively.

University X physicianship

- The following examples describe the kinds of behavior that would warrant an institutional physicianship evaluation
  - Not responding in a reasonable manner to multiple communications from the Offices of Curricular or Student Affairs
  - Not meeting the requirements that are in place to progress to clinical responsibility, including but not limited to
    - Receiving required immunizations

Vignette 1: Medical School Response

- Statement that the school does not tolerate such behavior
- Implementation of rules
  - Limitation of E-mail access
  - Monitoring of
    - Faculty evaluations
    - Course evaluations

Key Question to Address

- Is professionalism rules based?

Miller’s Triangle

- Do we want physicians who are professional or those who can act in a professional manner?

Always new challenges

- Survey of Deans regarding online posting of unprofessional content
  - 60% (47/78) reported incidents of students posting unprofessional online content
    - use of profanity (52%)
    - frankly discriminatory language (48%)
    - depiction of intoxication (39%)
    - sexually suggestive material (38%)
    - patient confidentiality (13%)

Mazor K. Acad Med. 2007;82(10 Suppl):S44

Chretien K. JAMA. 2009;302:1309-15
Second key question

• Are attributes of professionalism learned or intrinsic?

Vignette 2

• A new electronic medical records system is instituted
  • All notes are on the computer
  • Multiple enhanced templates and cut and paste features exist
  • The senior resident and teaching attending complain to the clerkship director that the medical students are copying notes (which is unprofessional and poor learning).
  • They plan to force the students to write their notes
  • What should the clerkship director do?

The Hidden Curriculum

• The lessons that come from the structure, process, and content of the educational experience itself, including the organizational culture of the institution.

The role of mentors

residents [learners] cannot be expected to perform in a more professional manner than those leading them

Professionalism Untaught?

• Survey of medical students
  – Tolerant of derogatory comments about patients by attendings or residents
    • 24% of first year students
    • 55% of fourth year students
  – Self perception of personal code of ethics unchanged

Professionalism Untaught?

• Internal Medicine residency program
  – In-training examination scores rose
  – Interpersonal Reactivity Index fell
Is there institutional accountability?

- Survey of schools conducting a comprehensive assessment in years 3 or 4
- Consequences of failing
  - Remediation (74%)
  - Retesting (47%)
- No school demographic characteristics or measures of institutional commitment were related to external reporting of students' comprehensive assessment scores

Reporting of Professionalism by Medical Schools

- 293 MSPEs
  - 70% of MSPEs specifically mentioned professionalism
  - Often cited
    - interactions with colleagues/faculty (94%)
    - motivation (91%)
    - relationships with patients (90%)
    - accountability (80%)
    - interactions with the team (79%)
  - Less commonly cited
    - truthfulness (8%)
    - confidentiality (8%)
    - compliance (4%)
    - goal setting (4%)
  - Negative comments extremely rare

MSPE

- College of Medicine uses the following summative assessment of comparative performance relative to peers:
  - Superior 5%
  - Outstanding 25%
  - Excellent 50%
  - Very Good 20%

Selection criteria for residency

- Survey of 2,528 program directors
- Top five selection criteria were
  - Grades in required clerkships
  - USMLE Step 1 score
  - Grades in senior electives in specialty
  - Number of honors grades
  - USMLE Step 2 Clinical Knowledge (CK) score
- MSPE lowest ranked

Residency application data

- Medical students
  - 1/3 asked how they planned to rank programs
  - 57% told to keep in touch if they wanted to match at a program
- Residency directors
  - 36% of family practice program directors stated that hearing they will be ranked “high” or “No. 1” improves an applicant’s ranking
- Deception
  - 51% of radiology fellowship program directors believe that others are not abiding by the rules
  - 31% and 90% of applicants and program directors believe that they are lied to during the application process

Consequences of unprofessional behavior

- Survey of OB/GYN program directors remediation of professionalism lapses
  - Expectation of improvement (95%)
  - Psychological counseling (68%)
  - Placing resident on probation (59%)
  - Dismissal (30%)
  - Not successful (most)
- Willing to communicate professionalism concerns to potential employers, but 42% provide this information only if asked
What should we do?

Understand Ambiguity

Learning Professionalism

• Focus groups of medical students
• Role modeling was the best
  – Classroom faculty
  – Peers
  – Physicians in clinical settings
• Small-group discussions and lectures often viewed negatively
• Their professionalism derived from values, upbringing, and experiences

Importance of Role Models/Mentors

Baernstein A. Acad Med. 2009 May;84(5):574-81
Stage-Specific Achievement Levels

- Development of Professional Identity
  - Early: Professional values and standards as rules to be followed
  - Transition: Internalize profession’s values as internal qualities
  - Later: Own the values, can assess them, and are able to reconcile conflicts

White Coat Ceremony

Importance of Reflection

- Faculty and residents need to gain additional experience in observing and reflecting on their own and others’ behavior
- Celebrate
  - Success
  - Failure

Watch and report warning signs

- Case control study of disciplined physicians
  - 68 case (disciplined) and 196 matched control
- Three domains of unprofessional behavior were related to later disciplinary outcome
  - poor reliability and responsibility
  - lack of self-improvement and adaptability
  - poor initiative and motivation

Organizational alignment

- Institutional integrity depends upon personal virtue.
- Our hope for growing professionalism depends less on a code of professional conduct than on the personal character of the individuals subject to it
- The real role of the chief executive is to manage the values of the organization

Do the right thing (for the patient)
University of Buffalo

- Great role models
- Established culture