



Assessing Professionalism: It matters. So once we've defined professionalism, how do we teach it, observe it, and measure it?

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University of Oklahoma Health Sciences Center

Cell phones and pagers should be turned to silent or off. Thank you!

Chapter 2

Assessing Professionalism

It matters. So, once we've defined professionalism, how do we teach it, observe it, and measure it?

Chapter 1: **Professionalism**. How can we evolve an optimal environment for teaching and learning about professionalism?

Disclosure statement

- Dr. Williams has nothing to disclose.



“Bad Doctors or Bad Drugs” Patients Speak

<http://youtu.be/hZzjH04ye48>

“I knew in my gut
when that kid was a
student that there would
be problems later...”

“...but nothing big
ever happened in
front of me...”

Former professor of “Doctor X”
who was recently charged with
professional misconduct



Imagine
your
picture
here

RESEARCH REPORT

Unprofessional Behavior in Medical School Is Associated with Subsequent Disciplinary Action by a State Medical Board

Maxine A. Papadakis, MD, Carol S. Hodgson, PhD, Arianne Teherani, PhD, and Neal D. Kohatsu, MD, MPH

SPECIAL ARTICLE

Maxine A. Papadakis, MD, Emilie H. S. Osborn, Molly Cooke, Kathleen Healy, and the University of California, San Francisco School of Medicine Clinical Clerkships Operation Committee

A Strategy for the Detection and Evaluation of Unprofessional Behavior in Medical Students

Professionalism. How can we evolve an optimal environment for teaching and learning about professionalism?

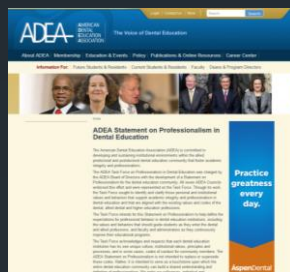
Objectives

1. Define "professionalism" as applied to medicine and the health professions (see example: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1769526/>)
2. Describe 3 fundamental principles of medical professionalism, and
3. List and describe 10 professional responsibilities in the physician charter for medical professionalism (see <http://www.abimfoundation.org/Professionalism/Physician-Charter.aspx>)
4. Reflect on professionalism challenges, feed-forward and feedback approaches suited to the optimal learning environment (see example: Sullivan and Benner in Am Jnl Critical Care <http://ajcc.aacnjournals.org/content/14/1/78.full>)
5. Describe 3 key factors for creating an optimal environment for teaching and learning about professionalism

Assessing Professionalism: Objectives

1. Quick overview of the landscape for professionalism in medicine and health care
2. Discuss 3 factors to create an optimal environment for teaching, learning and professionalism assessment
3. Practice assessment: building a toolkit using the OUHSC policy and PCR*: Student Professional Behavior in an Academic Program

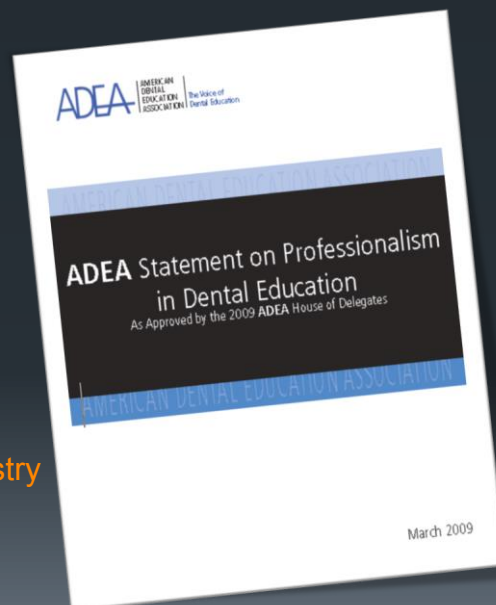
*Professionalism Concerns Report



Source: <http://www.adea.org/Pages/Professionalism.aspx>

The landscape for professionalism assessment...Dentistry

Obj. 1: Quick overview of the landscape ...



The landscape for professionalism assessment...in **Science**

Teaching the Responsible Conduct of Research In Humans (RCRH)

Stanley G. Korenman M.D.

Chapter 1: The ethical basis of RCRH

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Professionalism in Science

Professionalism in science denotes a pattern of behavior identified with scientific integrity that, in turn provides certain privileges. Like other professionals, scientists are expected to behave with intellectual honesty and excellence in thinking and doing. In many respects they perform their professional activities as a monopoly, licensed by society similar to doctors, nurses, lawyers, hairdressers, accountants, and real estate brokers. Besides providing their expertise, professionals are supposed to behave collegially and teach the skills to others, and put society's needs first in their professional activity. In response, society gives them a great deal of autonomy in conducting their professional lives. With scientists, that means selection of one's own research problems and methods of procedure. They also are given the responsibilities to allocate funding, and review of their output in publications. Like other professions they are given responsibility for discipline in the event of poor performance or malfeasance. When self-regulation fails to sustain honesty and high quality, society imposes rules and laws to maintain its interests in professional quality.

Elements of Professionalism:

- Intellectual honesty
- Excellence in thinking and doing
- Collegiality and openness
- Autonomy and responsibility
- Self-regulation

Chapter 1 Quick Links

The Ethical Basis of RCRH

The Nature of Science

Research Integrity

Professionalism in Science

Practical Elements of Professionalism

Professionalism in science denotes a pattern of behavior identified with scientific integrity, that in turn provides certain privileges.

The landscape for professionalism assessment... **Allied Health**

(which exclusive of physicians and nurses includes over 85 professions)

NCBI Resources How To

PubMed.gov PubMed Advanced

US National Library of Medicine
National Institutes of Health

Display Settings: Abstract

Minn Med. 2007 Aug;90(8):47-9.

Professionalism among allied health staff. The PLEASE CARE program.

Locke GR 3rd, Berndt M, Woychick N, Gilles K, Schvrer M, Brennan M.

Department of Medicine, Mayo Clinic, USA.

Abstract

Professionalism affects the quality of medical care in terms of clinical outcomes, safety, and service. Although often talked about by physicians, professionalism is important for all who are engaged in clinical care. In our continuous effort to improve quality at Mayo Clinic, we hypothesized that patient satisfaction was affected by the professionalism of the allied health staff. Our aim was to improve patient satisfaction by training allied health staff in behaviors and attitudes that could significantly affect patient satisfaction. More than 4,000 allied health staff have gone through the training program called "PLEASE CARE." More than 2,000 patients received point-of-care surveys before and after implementation of the program. We found that patient satisfaction with the allied health staff increased from 71% to 77% after the training. We also saw improvement in each of the individual PLEASE CARE attributes. This demonstrates that enhancement of professionalism among allied health staff can have a positive effect on the quality of care for our patients.

See Minnesota Please Care: <http://www.minnesotamedicine.com/Default.aspx?tabid=2242>

The landscape for professionalism assessment... **Nursing**

QPEI

Quality Practice Environment Initiative

PROFESSIONALISM IN NURSING PRACTICE

"Professional nursing practice is a commitment to compassion, caring and strong ethical values; continuous development of self and others; accountability and responsibility for insightful practice; demonstrating a spirit of collaboration and flexibility" (Girard, Linton, & Beiser, 2005, p. 3).

Suggestions for using the Professionalism Guideline & Indicators:

1. Read the guideline thoroughly and keep as a ready reference. The guideline should provide you with a benchmark/picture of what professionalism could look like in a quality practice environment. The in-

The landscape for professionalism assessment... **Pharmacy**



Source:
<http://www.aacp.org/resources/studentaffairs/personnel/studentaffairs/policies/Pages/professionalism.aspx>

Source Toolkit:
http://www.aacp.org/resources/studentaffairs/personnel/studentaffairs/policies/Documents/Version_2%2000_Pharmacy_Professionalism_Toolkit_for_Students_and_Faculty.pdf

PHARMACY PROFESSIONALISM TOOLKIT FOR STUDENTS AND FACULTY

Provided by the
 American Pharmacists Association Academy of Student Pharmacists
 American Association of Colleges of Pharmacy
 Committee on Student Professionalism

VERSION 2.0
 UPDATED 2009

APhA-ASP
 AMERICAN PHARMACISTS ASSOCIATION
 ACADEMY OF STUDENT PHARMACISTS



2003-04 Committee Members

AACP Representatives
 Thomas Reinders, Co-chair
 Virginia Commonwealth University
 Robert Beardley
 University of Maryland
 Nancy Murphy
 University of Washington

APhA-ASP Representatives
 Amit Patel, Co-chair
 University of Cincinnati
 Gail Caballes
 University of Washington
 James Hobbs
 University of Kentucky
 Brea Olson
 University of Tennessee

American Journal of Pharmaceutical Education 2004; 68 (5) Article 120.

VIEWPOINTS

Diversity: A Missing Link to Professionalism

Marie A. Chisholm, PharmD
 College of Pharmacy, University of Georgia

Pharmacy Schools of Pharmacy
 Sarah Phanico
 Mercer University

Additional Representatives
 Jeff Cain
 University of Kentucky
 Megan Thompson
 University of New Mexico

The landscape for professionalism assessment... **Public Health**

PUBLIC HEALTH *Reports*

NCBI Resources How To

PubMed.gov

PubMed

Advanced

Display Settings: Abstract

Public Health Rep. 2008;123 Suppl 2:27-35.

Professionalism and ethics in the public health curriculum.

Slomka J, Quill B, desVignes-Kendrick M, Lloyd LE.

Division of Health Promotion and Behavioral Sciences, University of Texas Health Science Center at Houston, School of Public Health, Houston, TX 77030
Jacquelyn.Slomka@uth.tmc.edu

Abstract

As the public's health-care needs increase in complexity, renewed attention is being given to the ethical dimensions of public health and the development of public health ethics as a bounded area of teaching and research. This article provides an overview of applied health ethics and decision-making, and suggests ways to incorporate the professionalism competencies into the teaching of public health. The teaching of ethics language, concepts, and tools for decision analysis helps to prepare students for the inevitable ethical choices they will make in their professional practice. The teaching of ethics and professionalism and the experiences of professionals enrich each other as a critical link between education and practice.

See Table: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2431097/table/F1/>

ACGME Core Competencies Definitions

Accreditation Council for Graduate Medical Education (ACGME) core competencies.

Patient Care: Identify, respect, and care about patients' differences, values, preferences, and expressed needs; listen to, clearly inform, communicate with and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.

Medical Knowledge: Established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) sciences and the application of knowledge to patient care.

Practice-Based Learning and Improvement: Involves investigation and evaluation of one's own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

Interpersonal and Communication Skills: That result in effective information exchange and teaming with patients, their families and other health professionals.

Professionalism: Commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

Systems-Based Practice: Actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

The landscape for professionalism assessment... **Medicine**

MEDICAL PROFESSIONALISM IN THE NEW MILLENNIUM: A PHYSICIAN CHARTER

Preamble

Professionalism is the basis of medicine's contract with society. It demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health. The principles and responsibilities of medical professionalism must be clearly understood by both the profession and society. Essential to this contract is public trust in physicians, which depends on the integrity of both individual physicians and the whole profession.

At present, the medical profession is confronted by an explosion of technology, changing market forces, problems in health care delivery, bioterrorism, and globalization. As a result, physicians find it increasingly difficult to meet their responsibilities to patients and society. In these circumstances, reaffirming the fundamental and universal principles and values of medical professionalism, which remain ideals to be pursued by all physicians, becomes all the more important.

A Physician Charter, ABIM

Source: <http://www.abimfoundation.org/Professionalism/Physician-Charter.aspx>

For a common framework we could easily adapt the ABIM charter to say,

PROFESSIONALISM IN THE AHC: A PROFESSIONAL CHARTER


...Essential to this contract with society is public trust in clinicians and scientists which depends on the integrity of both the individual and the whole profession to which the individual belongs.

See handout- List your 10 personal favorites.
**Briefly discuss with neighbor – What commonalities?
Differences?**

List 10 Attributes or aspects of professionalism	Note: Observable Behaviors

Discussion notes:





3 key factors for creating an optimal environment for teaching and learning about professionalism

Obj. 2: Three factors for creating the optimal... 

1. Communicate about expectations
2. Check the rearview mirror
 - sharing experiences for shared learning?
3. Practice what you/we teach

Interprofessional competencies for professionalism

IPEC General competency statement

- “Work with individuals of other professions to maintain a climate of **mutual respect** and **shared values**.”

professionalism

A systematic review of studies assessing and facilitating attitudes towards professionalism in medicine

VIKRAM JHA,¹ HILARY L. BEKKER,² SEAN RG DUFFY³ & TRUDIE E ROBERTS⁴

“Although there are several measures of attitudes towards aspects of professionalism in medicine, there is little evidence to indicate measures that are effective in assessing attitudes towards professionalism in medicine as a whole. Few studies have reported measures that may be used longitudinally throughout the curriculum. There is little evidence of interventions that influence attitude change over a period of time...”

Jha, et al. Medical Education 2007: 41: 822–829

Obj. 3: Building a toolkit ...



So how should professionalism be assessed?

professionalism

A systematic review of studies assessing and facilitating attitudes towards professionalism in medicine

Vincent Jha,¹ Hilary L. Branson,² Steve RG Durrant³ & Trevor K Robinson⁴

“...Our data indicate that future research should operationalise generic definitions of professionalism instead of using attributes and/or proxy measures. This may involve establishing a widely agreed construct of professionalism, for example, through professional consensus.”

Jha et al., Medical Education 2007; 41: 822–829

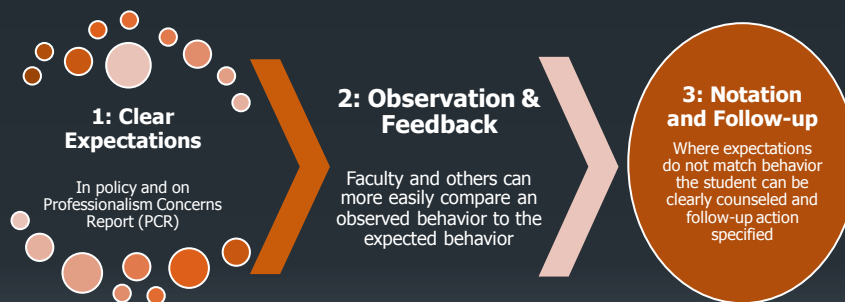
Emphasis added

OUHSC Student professional behavior in an academic program policy

“ The University of Oklahoma Health Sciences Center (OUHSC) strives to attract, matriculate, and train health professions and public health, biomedical, and pharmaceutical sciences graduate students ...who not only possess the intellectual capacity for health professions and graduate study but also have a high capacity for ethical and professional behavior. ”

See: OUHSC Faculty Handbook 2012: <https://www.ouhsc.edu/provost/>
> Faculty Handbook Section 4.2.0 and APPENDIX C

Learners can demonstrate the **adoption of behaviors and values** inherent in the HSC disciplines. This is a shared interest across OUHSC colleges. Clarity about expected core behaviors and values is necessary to assessment.



The **Professional Behavior in an Academic Program policy** provides a framework for any observer of an HSC student to use this **shared standard of expectations** and concrete approach for follow-up and correction as deemed necessary.

Some agreed upon

Characteristics of professionalism

- At OUHSC professional behaviors expected should be observable in six (6) categories. Specifics follow each of these in the PCR* rubric.
 - Integrity & Honesty
 - Patient Centered Care & Patient Safety
 - Respect
 - Service & Working within the Team
 - Responsibility
 - Responsiveness, Adaptability & Self-Improvement
- PCR = Professionalism Concerns Report

Kirkpatrick Four Levels of Learning Outcomes

Four Levels	Learning Outcomes	Conditions	Assessment Methods
Reaction Level 1	Learner satisfaction	Satisfied with learning experience	Event and self-assessment. Personal objectives pre- and post-assessment
Learning Level 2	Learner attitudes	Desire to change	Pre-test; post-test retrospective- post-test; exam at end of learning event
	Knowledge acquisition	Knows what to do; Knows how to do it	High fidelity simulation
Behavior Level 3	Behavioral Change	Work climate is right for new behavior to be demonstrated	Supervisor does NOT prevent; discourage; ignore (neutralize) supervisor DOES encourage or require learning transfer
Results Level 4	Changes in [clinical] practice	Work environment rewards the behavior change	Measure improvements (e.g., increased quality ; decreased cost ; reduced turnover or errors ; improved morale/engagement metrics)
	Benefits to patients		Measure improved patient outcomes; improved patient satisfaction ; improved metrics on reported measures of ptnt care

2011; 33: 206-214

MEDICAL
TEACHER

Criteria for good assessment: Consensus statement and recommendations from the Ottawa 2010 Conference

JOHN NORCINI¹, BROWNELL ANDERSON², VALDES BOLLELA³, VANESSA BURCH⁴, MANUEL JOÃO COSTA⁵, ROBERT DUMMER⁶, ROBERT GALBRAITH⁷, RICHARD HAYS⁸, ATHOL KENT⁹, VANESSA PERROTT¹⁰ & TRUDIE ROBERTS¹¹

¹FAIMER, USA, ²AAMC, USA, ³Universidade Cidade de São Paulo, Brazil, ⁴University of Cape Town and Groote Schuur Hospital, South Africa, ⁵University of Minho, Portugal, ⁶Maastricht University, The Netherlands, ⁷National Board of Medical Examiners, USA, ⁸Keele University, UK, ⁹University of Cape Town, South Africa, ¹⁰University of Cape Town, South Africa, ¹¹University of Leeds, UK

Norcini et al. 2011. Med Teach

Achieving good assessment

Criteria

1. validity or coherence
2. reproducibility or consistency
3. equivalence
4. feasibility
5. educational effect
6. catalytic effect, and
7. acceptability

Practice Points

Consider:

1. perspectives of patients and the public
2. the intimate relationship between assessment, feedback, and continued learning
3. systems of assessment, and
4. accreditation systems

Source: Criteria for good assessment: Medical Teacher, 2011; 33: 206-214



Getting started

Example see:

Society of Teachers of
Family Medicine
“Tools to Measure
Professionalism”

<http://www.stfm.org/RCtoolkit/AssessmentMethods.cfm>

Eric S. Holmboe, MD, PhD says:

- Assess your current tools.
- What **competency** does the tool assess?
- Is it **formative** or **summative** or both?
- Is it appropriate for the **purpose** and **competency**?



- **Are you satisfied with the tool?**
 - If **YES** – keep using
 - If **NO**
 - Improve the tool, OR
 - Identify a new tool

Assessment methods and tools

- Self-Assessment
- Written Exam
- Simulation
- Learner/Faculty Discussion
- Portfolio
- Direct Clinical Observation
- Medical Record/Chart Audit
- Multisource Feedback

Norcini

Observation: preparation

see handout

Building a Professionalism Inventory for Learner Assessment – SAMPLE
 OUHSC Education Grand Rounds June 2013, Williams, VN

Learning Setting					
<input type="checkbox"/> Classroom	<input type="checkbox"/> Clinical-Ambulatory	<input type="checkbox"/> Clinical-Hospital	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Other: Specify below	

Learner Level (of Benner)					
Novice	Advanced Beginner	Competent	Proficient	Expert	
○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	

←Shade in your assessment→

Level of Importance for this Learner/Learning Setting					Professionalism Characteristic Key Characteristic and Description	Performance Demonstrated by Learner: <input type="checkbox"/> Self <input type="checkbox"/> Faculty				
N/A	Low	Mod	High	Very High		N/A	Low	Mod	High	Very High

Observation: formative

Building a Professionalism Inventory for Learner Assessment – SAMPLE
 OUHSC Education Grand Rounds June 2013, Williams, VN

Alternate Assessment Format – SAMPLE ONLY

Learning Setting					
<input type="checkbox"/> Classroom	<input type="checkbox"/> Clinical-Ambulatory	<input type="checkbox"/> Clinical-Hospital	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Other: Specify below	

Learner Level (of Benner)					
Novice	Advanced Beginner	Competent	Proficient	Expert	
○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	

←Shade in your assessment→

RESPECT		
Did NOT demonstrate respect for the rights of others in academic or professional settings.	poor passing good	Demonstrates respect for the rights of others in academic or professional settings.
OBSERVATIONS & COMMENTS:		
Did NOT demonstrate respect in interactions with others.	poor passing good	Demonstrates respect in interactions with others
OBSERVATIONS & COMMENTS:		
Did NOT establish or maintain appropriate boundaries with patients, family members, fellow students, faculty or staff.	poor passing good	Establishes or maintains appropriate boundaries with patients, family members, fellow students, faculty or staff.
OBSERVATIONS & COMMENTS:		

Observation: formative

Professionalism Mini-Evaluation Exercise

Am Board of Peds (ABP) and Assn for Ped Program Dirs (APPD), 2008

Level: (please circle) PGY1 PGY2 PGY3 PGY4 PGY5 PGY6
 Setting: Ward Clinic ER ICU
 Other:

	N/A	UN	BEL	MET	EXC
Listened actively to patient					
Showed interest in patient as a person					
Recognized and met patient needs					
Extended him/herself to meet patient needs					
Ensured continuity of patient care					
Advocated on behalf of patient					
Demonstrated awareness of own limitations					
Admitted errors/omissions					
Solicited feedback					
Accepted feedback					
Maintained appropriate boundaries					
Was on time					
Completed tasks in a reliable fashion					
Addressed own gaps in knowledge and/or skills					
Was available to colleagues					
Avoided derogatory language					
Maintained patient confidentiality					
Used health resources appropriately					

> Please rate this resident's overall professional performance during THIS encounter:

UNacceptable BELow expectations MET expectations EXCeeded expectations

> Did you observe a critical event? no yes (comment required)

JHU example
see handout

Rapport with colleagues (Questions 28-37 – Mandatory)

<input type="radio"/> Not observed	<input type="radio"/> Unacceptable. Avoids contact with team members. Inadequate skills to establish relationships with medical colleagues and other health professionals.	<input type="radio"/> Needs Improvement. Sometimes has difficulty in relating well to medical colleagues and other health professionals. Maintains distance from the team.	<input type="radio"/> At Expected Level. Relates well with medical colleagues and other health professionals. "Good team player." Functions well within the team structure	<input type="radio"/> Above Expectations. Able to establish excellent rapport with medical colleagues and other health professionals. Gains confidence of team members	<input type="radio"/> Outstanding. Establishes tone of mutual respect and dignity with medical colleagues and other health professionals. Highly integrated into the team structure.
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Use high fidelity simulation

ACAD EMERG MED • September 2004, Vol. 11, No. 9 • www.aemj.org

931

EDUCATIONAL ADVANCES

Assessment of Resident Professionalism Using High-fidelity Simulation of Ethical Dilemmas

Michael A. Gisondi, MD, Rebecca Smith-Coggins, MD, Phillip M. Harter, MD,
Robert C. Soltysik, MS, Paul R. Yarnold, PhD

Gisondi et al. 2004. Acad Emerg Med

Use high fidelity simulation

ACAD EMERG MED • September 2004, Vol. 11, No. 9 • www.aemj.org

933

	Yes	No
Ethical dilemma 1: Patient Confidentiality		
→ The resident withheld all details of the case.	<input type="checkbox"/>	<input type="checkbox"/>
The resident withheld the data the patient asked to keep private.	<input type="checkbox"/>	<input type="checkbox"/>
Ethical dilemma 2: Informed Consent		
→ The resident attempted to obtain informed consent.	<input type="checkbox"/>	<input type="checkbox"/>
The resident identified the surrogate decision maker.	<input type="checkbox"/>	<input type="checkbox"/>
The resident discussed risks.	<input type="checkbox"/>	<input type="checkbox"/>
The resident discussed benefits.	<input type="checkbox"/>	<input type="checkbox"/>
The resident discussed alternatives.	<input type="checkbox"/>	<input type="checkbox"/>
The resident gave the alternative of "no intervention."	<input type="checkbox"/>	<input type="checkbox"/>
The resident asked to answer any questions.	<input type="checkbox"/>	<input type="checkbox"/>
The resident confirmed that the patient understood the information.	<input type="checkbox"/>	<input type="checkbox"/>
The resident did not pressure/bias the decision maker.	<input type="checkbox"/>	<input type="checkbox"/>
Ethical dilemma 3: Withdrawal of Care		
The resident determined the surrogate decision maker.	<input type="checkbox"/>	<input type="checkbox"/>
The resident asked for an advance directive/DNAR form.	<input type="checkbox"/>	<input type="checkbox"/>
→ The resident extubated the patient per the advance directive.	<input type="checkbox"/>	<input type="checkbox"/>
The resident offered some intervention of comfort care.	<input type="checkbox"/>	<input type="checkbox"/>
Ethical dilemma 4: Practicing Procedures on the Dead		
The resident raised the issue of consent by family members.	<input type="checkbox"/>	<input type="checkbox"/>
The resident attempted to obtain consent from the son.	<input type="checkbox"/>	<input type="checkbox"/>
→ The resident refused to perform the procedure after the son said no.	<input type="checkbox"/>	<input type="checkbox"/>
Ethical dilemma 5: Do-Not-Attempt-Resuscitation Orders		
→ The resident raised the discussion of end-of-life care issues	<input type="checkbox"/>	<input type="checkbox"/>
The resident discussed:	<input type="checkbox"/>	<input type="checkbox"/>
Intubation	<input type="checkbox"/>	<input type="checkbox"/>
CPR	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillation	<input type="checkbox"/>	<input type="checkbox"/>
Pressors/cardiac medications	<input type="checkbox"/>	<input type="checkbox"/>
IVF/antibiotics/supportive care	<input type="checkbox"/>	<input type="checkbox"/>
The resident did not intubate the patient.	<input type="checkbox"/>	<input type="checkbox"/>
The resident offered some intervention of comfort care.	<input type="checkbox"/>	<input type="checkbox"/>

Use high fidelity simulation

Ethical dilemma 1: Patient Confidentiality

- *The resident withheld all details of the case.*
- The resident withheld the data the patient asked to keep private.*

Ethical dilemma 2: Informed consent

- *The resident attempted to obtain informed consent.*
- The resident identified the surrogate decision maker.*
- The resident discussed risks.*
- The resident discussed benefits.*
- The resident discussed alternatives.*
- The resident gave the alternative of "no intervention."*
- The resident asked to answer any questions.*
- The resident confirmed that the patient understood the information.*
- The resident did not pressure/bias the decision maker.*

Ethical dilemma 3: Withdrawal of Care

- The resident determined the surrogate decision maker.*
- The resident asked for an advance directive/DNAR form.*
- *The resident extubated the patient per the advance directive.*
- The resident offered some intervention of comfort care.*

Ethical dilemma 4: Practicing Procedures on the Dead

- The resident raised the issue of consent by family members.*
- The resident attempted to obtain consent from the son.*
- *The resident refused to perform the procedure after the son said no.*

Case Example: Patient Confidentiality

A critically ill patient asks the resident to keep the cause of his illness a secret. After stabilization of the patient, a very concerned, simulated employer enters the treatment area and asks the resident, "What happened to my friend?" The resident has several options: withhold all information, withhold only the information that the patient asked to keep private, or return to the patient and ask whether the case could be discussed.

We defined professional competency in "Patient Confidentiality" as the resident's not discussing clinical or private information about a patient with others.

Key players in professionalism assessment

- Students (every level)
- Faculty (classroom/laboratory)
- Faculty Attending (clinical)
- Residents
- Independent Observers*
- Program Directors
- Associate/Assistant Dean Student Affairs
- Student progress committee
- Curriculum Committee
- Dean
- Vice Provost Academic Affairs

OUHSC Professionalism Concerns Report

SAMPLE
The University of Oklahoma Health Sciences Center
PROFESSIONALISM CONCERNS REPORT

Please type or print all entries.

Student Name	Course (Name & Course Number)* or Incident Site
Name of Course Coordinator, Program Director or Associate Dean filing the form (type/print legibly)	Date of Incident(s):
Signature of Course Coordinator, Program Director or Associate Dean filing the form (required)	Date Discussed with Student:
Date:	

*If applicable

This report is prepared when a student exhibits behavior not consistent with the OUHSC Student Professional Behavior in an Academic Program Policy. It is intended to assist the student in meeting professionalism expectations in academic, professional or administrative settings. Improvement in the area(s) noted below is needed in order to meet the standards of professionalism inherent in being a (an) [specify: allied health professional, nurse, dentist, physician, pharmacist, public health professional, biomedical scientist].

Check the appropriate category(ies). Comments are required.

PCR details

Check the appropriate category(ies). Comments are required.



Integrity & Honesty

- The student provided false information in an academic, professional or administrative setting.
- The student acted outside the scope of his/her role in an academic, professional or administrative setting.
- The student presented the work of others as his/her own.
- The student used his/her professional position for personal advantage.
- The student used the physical or intellectual property of others without permission or attribution.
- Other behavior that demonstrated lack of integrity:

Patient-Centered Care & Patient-Safety

- The student did not act in the best interest of the patient.
- The student did not demonstrate sensitivity to the needs, values or perspectives of patients, family members or caregivers.
- The student did not establish appropriate rapport with patients, family members or caregivers.
- The student did not demonstrate openness/responsiveness to the patient's ethnic and cultural background.
- The student did not respond to patient needs in a timely, safe or effective manner.
- Other unprofessional behavior related to Patient Centered Care:

Respect

PCR follow-up action

Comments: Briefly describe the specifics of the incident – who, what, when, where. Attach additional information as needed.

To remedy the professionalism concerns listed on this report this student needs further education or assistance with the following:

----- This section is to be completed by the student (optional) -----
 Comments (use back or attach additional information if desired)

I have read this evaluation and discussed it with the Course Director/Program Director/Associate Dean.

Student signature _____ Date _____

Your signature indicates that you have read the report, and it has been discussed with you. It does not represent your agreement or disagreement with the PCR. If you disagree or want to comment, you are encouraged to comment in the space above. The PCR will be sent to the Dean's office. A copy will be placed in the student's file.

PRP: OUMSC Office of the Vice Provost for Academic Affairs-052012

- Includes observed behavior
- Specifies correction needed
- Affords student comment option
- Signed by student and faculty (front)

Other professionalism assessment instruments

- ABIM Scale – Professional Attitude & Behaviors
- Barry Challenges to Professionalism Questionnaire
- JHU Professionalism Questionnaire
- UC Davis Professionalism Instrument
- Musick 360-degree assessment
- Wake Forest Physician Trust Scale

What should influence your selection of an assessment tool?

Under “Professionalism” what are your...

Principle 1 competency based objectives for the learner

How will you approach ...

Principle 2 continuous improvement of the educational experience

Principle 3 continuous improvement of learner performance

Principle 4 continuous improvement of educational program performance

Based on: McMillan JH. Essential assessment concepts for teachers and administrators. Thousand Oaks, CA: Corwin Press, Inc. 2001.

“Surfacing undiscussables”

What’s an “undiscussable”?

- An issue in an organization that is not engaged in order to “avoid surprise, embarrassment or threat”

Argyris, C. 1991. “Skilled incompetence” Managing with People in Mind. Harvard Business Review Press no. 90085.

pro-fes-sion-al-ism

1. professional character, spirit or methods. 2. the standing practice, or methods of a professional, as distinguished from an amateur. [1855-60]

Random House Unabridged Dictionary (Second Edition)


What distinctions do you expect to consistently observe that should also be readily observable by others (e.g., peers, colleagues, patients and society)?

When we build a working consensus we have a route to effective assessment and measures, selecting appropriate assessment tools, and reinforcing what distinguishes the professions from non-professions



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Education Grand Rounds
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Chapter 2

Assessing Professionalism

It matters. So, once we've defined professionalism, how do we teach it, observe it, and measure it?

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Chapter 1

Professionalism

How can we evolve an optimal environment for teaching and learning about professionalism?

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