Professionalism:
A Dynamic and Assessable Competency

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Highly Publicized Illegalities Involving Physicians

- Disruptive Physicians
- Learner Mistreatment
- Conflicts of Interest
- Boundary Transgressions
- Disregard of EBSP
- Daily Incivilities

Collective Tolerance
The Gap between Real and Ideal

- Intention- Behavior gap exists in practicing physicians (Campbell 2007)
- The majority of nurses and physicians in ORs, EDs, L&D units have witnessed unprofessional behavior in their departments. (Rosenstein and Naylor 2012, Saxton 2012).
- 25-50% of Residents report witnessing >4 episodes of disrespect in the health care environment. (Billings 2011)
- Almost all surveyed students report witnessing unprofessional behavior in residents and faculty. (Wiggleton 2010)
Consequences of that Gap

- 75% of personnel in a 100 hospital survey believed that disruptive behavior (passive or overt) contributed to poor quality of care; 18% had personally witnessed such an event. (Rosenstein 2008)
- Intimidation of a nurse or pharmacist by a physician caused 7% of medication errors in one hospital. (Smetzer 2005)
- Two-thirds of nurses subjected to verbal abuse reported a transient decrease in critical thinking. (Saxton 2012.)
- Residents exposed to an environment of verbal abuse have higher rates of burnout and cynicism (Billings 2011)
The Shifting Sands of Professionalism
Figure. Systems View of Professionalism

JAMA. 2010;304(24):2732-2737

Physician-patient interactions

Expressions of professionalism

Interactions with care team
Practice settings
Training environment

External environment
- Payment
- Regulation
- Socioeconomic determinants of health

Influences on professionalism

Strategies to strengthen professionalism
- Develop individual competencies
- Promote physician leadership and supportive organizational culture
- Encourage physician advocacy and engagement in system reform
Professionalism Lapses, Like Medical Errors

- Prevalence is common and inevitable
- Severity and impact vary widely
- Negligence is uncommon
- Caused by good people with transient deficiencies in knowledge, judgment or skills
- Nature of challenges changes with advances in science, technology, expectations
- Systems may set people up to fail
Professionalism Challenges: Dueling Conflicts

Values, Patients, and Maslow Conflicts

- Bryan CS. *The Pharos* 2005; 68(2): 4
Managing a Professionalism Challenge Requires Judgment and Skill

Know Professionalism Values

- Assess Situation
- Identify Options
- Analyze Options
- Take Action
Situation-Competency Mismatch may cause Lapses

Seven Competencies for Building Professionalism Resilience

1. Self Awareness and Control
2. Situational Awareness
3. Alternate Strategy Development
4. Crisis Communication
5. Managing Boundaries
6. Coaching and Intervention
7. Effective Apologies

Slowing down when you should: a new model of expert judgment.
Mewton G1, Reagor G, Mylopoulos M, MacRae HM.
Implications for Maintenance of Certification

✓ Professionalism, as an individual competency, can either advance or decay based on how it is managed across a career.

✓ Professionalism is influenced by advances in biomedical science, care delivery and teamwork, and patient expectations.

✓ Thus, professionalism must be a focus of both continuing medical education as well as maintenance of licensure and maintenance of certification programs.
Current MOC Professionalism Assessment

- Valid License
- Participation in CME/MOC
- Patient Satisf Surveys

No Egregious Behavior
Commitment to Excellence and Improvement
Effective Communicator

= OK Professionalism
Modifying Existing MOC Tools and Strategies to Assess Professionalism

✓ **MCQ Exams**: content related to ethics and professionalism challenges
  ✓ Requires a different type of MCQ than single best answer

✓ **MCQ Exams**: stewardship concepts imbedded in clinical decision making.

✓ **Self Evaluation or Performance Improvement Modules**: Reflection on a professionalism challenge
New Tools and Strategies to Evaluate Professionalism Competencies

- **Multisource Feedback:**
  - Physician Achievement Review (PAR) {Alberta, Canada} (Violato et al 2008)
    - Multisource feedback from patients, peers, coworkers and self
    - Evaluated as valid, reliable, feasible and helpful

- Effectiveness and Respect Questionnaires for physicians who teach (Papadakis et al)

- Structured Letters of Recommendation: Relative Percentile Methods (McCarthy J. 2001)
Thank you!