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Strategies to Promote Professionalism

Andrea Donovan MD, DipMedEd



University of Toronto
andrea.donovan@sunnybrook.ca

Disclosure of Commercial Interest

*I have no relevant financial relationships
to disclose*

Q: Do you have a professionalism curriculum for radiology clerkship?

Objectives

At the end of this session, you will be able to:

- Teach professionalism to trainees
- Evaluate professionalism among trainees
- Promote professionalism at your institution

Why teach and assess professionalism?

- Expected and required
- Improved medical outcomes
- Does not happen by chance
- Can be taught, learned and assessed

Four Key Messages

1. Develop a plan
2. Link objectives - teaching - assessment
3. Use multiple methods
4. Create a positive environment

Background

1. Environment influences professional behavior
2. Self-monitoring is not easy



Stern, 1998 Acad Med

Norman 1999 Acad Med

Steps to professionalism curriculum

1. Identify core competencies for your learner
2. Identify where best demonstrated in the program
3. Establish explicit performance expectations
4. Develop a specific evaluation tool

Barriers for learning

- Knowledge and skills learner priority
- Frequent change in learning environment
- Trainee role not well defined

Barriers for faculty to teach

- Professionalism is not a static concept
- A gap exists between faculty member's real and ideal experience of teaching professionalism
- “Unprofessionalism” persists

How to impart knowledge of professionalism to trainees?

Teaching methods

- Explicit teaching with clear objectives
- Role modeling
- Identify teachable moments
- Opportunities for practice and self-reflection
- Supportive environment

Learning opportunities

- Knowledge
 - Lectures
 - Web-based learning
- Application
 - Role play
 - Critical incidents
- Understanding
 - Case discussion
 - Video review
- Self-evaluation
 - Portfolios
 - Narratives

Gaps in physician belief and action

- Self-regulation (reporting impaired colleague)
- Conflict of interest
- Distribution of limited resources

Radiology specific issues

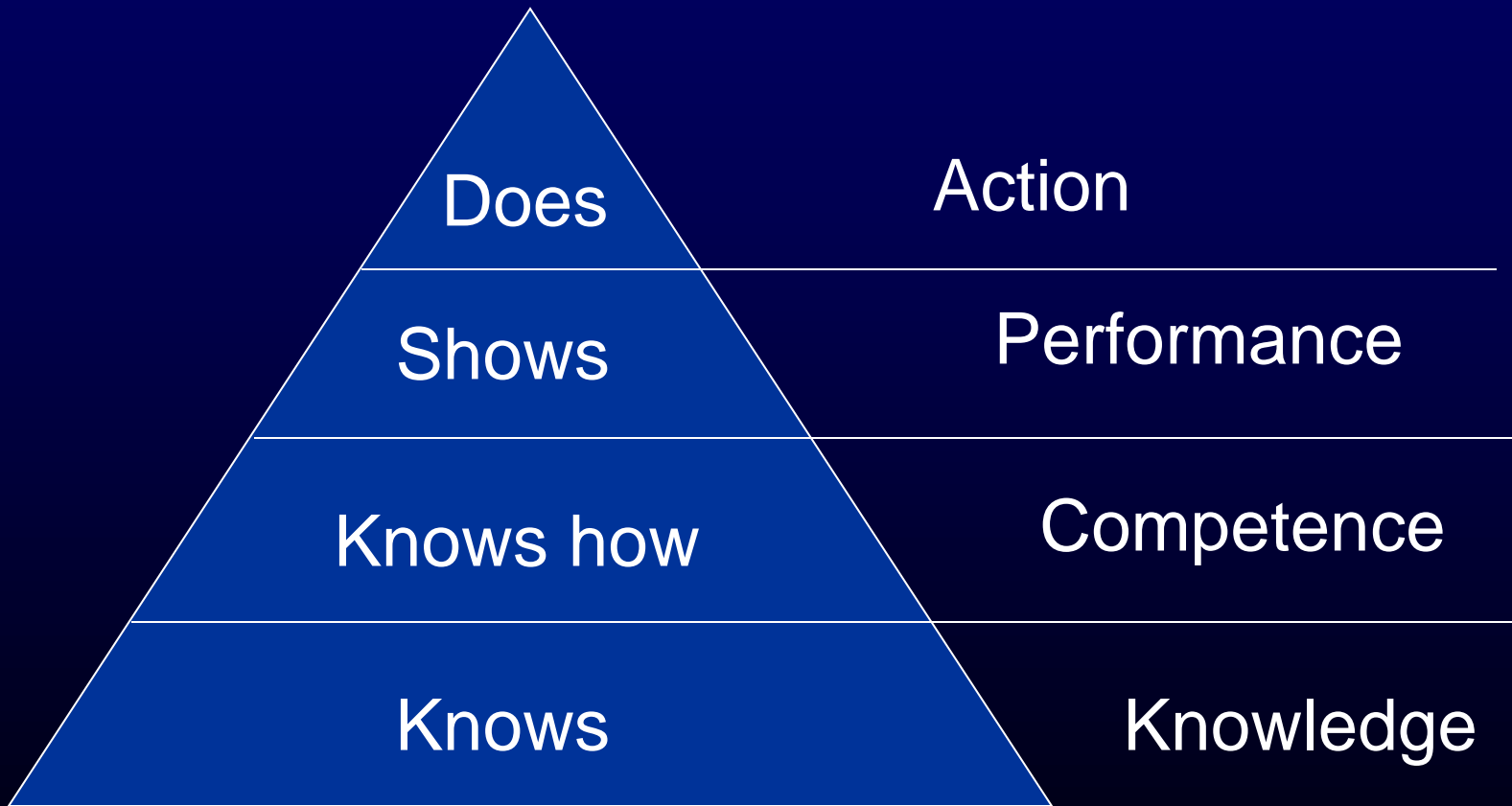
- Communication of critical imaging findings
- Communicating imaging results to patients
- Patient confidentiality: image viewing
- ACR Appropriateness Criteria ®

How to assess professionalism?

Strategies for evaluating professionalism

- Multiple observations by multiple evaluators
- Provide timely feedback and mentoring
- Include professionalism in evaluation forms
- Incorporate professionalism items into exams
- Identify and remediate unprofessional behavior

Competency Pyramid



Assessment of Professional Competencies

- Criteria or a “picture” of what successful performance looks like
- Categories for benchmarking performance need to be explicitly described

Clear performance expectations

Acceptable

- Arrive on time and prepared
- Protect patient's confidentiality
- Teach other team members
- Accept criticism
- Work well with other team members
- Treat patients, learners and staff with respect

Unacceptable

- Arrive late or unprepared
- Cannot be relied upon to complete tasks
- Expose patient information
- Harass patients or staff
- Falsify medical records or research data
- Demonstrate arrogance
- Does not accept responsibility for errors

“demonstrates ability to communicate critical findings to referring physicians”

- **Below expectations**

Unaware of the importance of timely communication with other health care professionals

- **Meets expectations**

Understands the importance of timely communication of critical findings

- **Exceeds expectations**

Consistently communicates critical findings to clinicians, and takes on additional responsibilities if necessary

Assessment tools

- Exams: written, OSCE, ABR
- Self-assessment
- Global ratings by faculty
- Direct observation
- Multi-source feedback (360°)

Professionalism Mini-Evaluation Exercise (P-MEX)

Doctor-patient relationship skills

1. Listened actively to patient
2. Showed interest in patient as a person
3. Showed respect for patient
4. Recognized and met patient needs
5. Accepted inconvenience to meet patient needs
6. Ensured continuity of patient care
7. Advocated on behalf of a patient and/or family member
12. Maintained appropriate boundaries with patients/colleagues

Reflective skills

8. Demonstrated awareness of limitations
9. Admitted errors/omissions
10. Solicited feedback
11. Accepted feedback
13. Maintained composure in a difficult situation

Time management

15. Was on time
16. Completed tasks in a reliable fashion
18. Was available to patients or colleagues

Interprofessional relationship skills

12. Maintained appropriate boundaries with patients/colleagues
14. Maintained appropriate appearance
17. Addressed own gaps in knowledge and skills
19. Demonstrated respect for colleagues
20. Avoided derogatory language
21. Assisted a colleague as needed
22. Maintained patient confidentiality
23. Used health resources appropriately
24. Respected rules and procedures of the system

4 = exceeded expectations

3 = met expectations

2 = below expectations

1 = unacceptable

“not observed” or “not applicable”

Exam questions

- Old standard
 - List three radiographic findings in osteomyelitis
- New standard
 - There is no osteomyelitis on radiographs. What is the next appropriate imaging test?

Example radiology professionalism curriculum

- Cincinnati Children's
 - Department Mission Statement
 - Professionalism in Radiology Booklet
 - Radiology conference guidelines
 - Assessment (360° including patients)
 - Evaluation of quality of radiology reports and communication skills

Professionalism in Radiology Booklet

The Radiologists Should:

- Introduce themselves, including name, year of training, and or position in department and role.
- Effectively address patient concerns when discussing imaging results
- Concentrate on image interpretation rather than “film reading”.
- Display willingness to help technologists and faculty.
- Prioritize patient and referring physician needs over other tasks.
- Talk directly to parents when there are issues (multiple repeat exams, delays relating to finding referring physicians, etc.).
- Utilize open-ended questions to obtain historical information from clinicians or parents.
- Utilize historical information available via hospital information systems (Discharge Summary, Integrating Clinical Information Systems ICIS)
- Attend to patients and families in a timely fashion. When delays occur, direct communication with the family is appropriate.

Regarding Referring Physicians:

- Facilitate patient care by helping referring physicians with appropriateness of imaging or emergency studies.
- Set a proactive and realistic tone for radiology consultation with referring physicians.
- Display empathy when interacting with referring physicians, technologists, patients and parents.

Professionalism in Radiology Booklet

The Radiologists Should Avoid:

- Stating how busy “you” are and implying you do not have time for consultation for referring physician or patient or parent.
- Talking negatively about referring physicians. For example:
 - “Your physician does not know how to order.”
 - “Your physician should have ordered an Ultrasound first.”
- Talking negatively about hospital systems. For example:
 - “Central Scheduling makes mistakes all the time”.
 - “I rarely find the information I need in this system.”
- Talking negatively about hospital equipment. For example:
 - “This equipment frequently malfunctions.”
 - “We used to have equipment that worked!”

Strategies to promote professionalism

- Establish a culture of professionalism
- Make curriculum practical and relevant
- Provide practice opportunities for learners
- Encourage self-reflection
- Award professional behavior

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