

Teaching and Assessing Professionalism and Communications

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Context Teaching Assessment



The Noble Profession of Medicine

“There is no career nobler than that of the physician. The progress and welfare of society is more intimately bound up with the prevailing tone and influence of the medical profession than with the status of any other class”

Elizabeth Blackwell, M.D., 1889



“The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders”

William Osler, M.D.
1925



What is Professionalism?

“... I know it when I see it ...”

Supreme Court Justice Potter Stewart
1964



Origins of “Professionalism”

from Latin by way of Middle English,
professio, the taking of vows of a
religious order

Origins of “Communication”

from Latin, *communicāre*
to impart, make common



ACGME Competencies

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates.

Residents are expected to:

- Create and sustain a therapeutic and ethically sound relationship with patients
- Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- Work effectively with others as a member or leader of a health care team or other professional group

<http://www.acgme.org/Outcome/>



ACGME Competencies

PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities



A Physician Charter:

Three Fundamental Principles

- Primacy of Patient Welfare
 - Serving the welfare of the patient
 - Altruism is key to the doctor-patient relationship
- Patient Autonomy
 - Empowering patients to make informed decisions
 - Honor patient choice
- Social Justice
 - Fair distribution of resources
 - Eliminate discrimination

Am Board Int Med Foundation, Am Coll Physicians Foundation, Eur Foundation
Int Med. *Ann Intern Med & Lancet* 2002



Professional Responsibilities 1-3

- Commitment to professional competence
 - Lifelong learning of medical knowledge and clinical and team skills
- Commitment to honesty with patients
 - Assuring that patients are completely and honestly informed before and after treatment, including disclosure of errors
- Commitment to patient confidentiality
 - Applying safeguards to the disclosure of patient information

Am Board Int Med Foundation, Am Coll Physicians Foundation, Eur Foundation
Int Med. *Ann Intern Med & Lancet* 2002



Professional Responsibilities 4-6

- Commitment to maintaining appropriate relations with patients
 - Avoiding the exploitation of patients for sexual advantage, personal financial gain, or any other private purpose
- Commitment to improving the quality of care
 - Working collaboratively to create systems contributing to continuous quality improvement in health care
- Commitment to improving access to care
 - Reducing barriers to equitable health care based on education, laws, geography, and social discrimination

Professional Responsibilities 7-9

- Commitment to a just distribution of finite resources
 - Providing health care based on wise and cost-effective management of limited resources
- Commitment to scientific knowledge
 - Upholding current scientific standards and promoting the creation and appropriate use of new knowledge
- Commitment to maintaining trust by managing conflicts of interest
 - Compromising professional responsibilities by pursuing private or personal gain

Professional Responsibility 10

- Commitment to professional responsibilities
 - Working collaboratively and treating one another with respect

Consequences

- The strongest predictor of later career disciplinary action is unprofessional behaviors during training (more than grades, test scores, or demographics).
 - Especially worrisome may be:
 - poor reliability & responsibility
 - lack of self-improvement and adaptability
 - poor initiative and motivation
- Adverse outcomes from non-technical errors are most likely to have a root cause in *poor communication*

Papadakis *Acad Med* 2004; Teherani *Acad Med* 2005; Papadakis *N Engl J Med* 2005; Gawande *Surgery* 2003



Teaching Professionalism and Interpersonal Communication



Teaching Professionalism

Elements of teaching this include

- Setting Expectations
- Providing Experiences
- Evaluating Outcomes

Stern & Papadakis. *N Engl J Med* 2006

Table 1. Teaching Professionalism.

Setting expectations

White-coat ceremonies
Orientation sessions
Policies and procedures
Codes and charters

Providing experiences

Formal curriculum
Problem-based learning
Ethics courses
Patient-doctor courses
Community-based education
International electives
Hidden curriculum
Role models
Parables
The environment as teacher

Evaluating outcomes

Assessment before entry into medical school (multiple medical interview)
Assessment by faculty
Assessment by peers
Assessment by patients (patient satisfaction)
Multiperspective (360-degree) evaluation

Broadening the Setting

“The concept of ‘teaching’ must include not only lectures in the classroom, small group discussions, exercises in the laboratory, and care for patients in clinic *but also conversations held in the hallway, jokes told in the cafeteria, and stories exchanged about a ‘great case’ on our way to the parking lot.*”

Stern & Papadakis. *N Engl J Med* 2006 [emphasis added]



Six Behaviors of Professionalism

- Altruism - best interests of patients, not self interest
- Accountability - fulfilling the multiple levels of the contract of the doctor-patient relationship, to the profession & society
- Excellence - exceed ordinary expectations
- Duty - free acceptance of commitment to service
- Respect for Others - patients, students, staff
- Honor & Integrity - highest standards of behavior and the refusal to violate one's personal and professional codes

Three Keys to Communication

- Exchanging Information - giving and receiving information accurately and in a timely manner to support patient care
- Establishing a Shared Understanding - Ensuring that everyone has not only the relevant information for the situation at hand, but also can share in the “big picture”
- Coordinating Activities - Working together with others to carry out activities in an efficient, simultaneous, collaborative manner

Explicit Curriculum Topics

- Bioethical dilemmas
- Conflicts of Interest
- Breaking “bad news”
- Dealing with death & dying
- “Hand-off” in patient care
- Conflict resolution
- Boundary issues
- Impaired physician
- Student & resident abuse
- Medication errors and “reconciliation”

Multiple Formats for Teaching

- “... just as case presentations of morbidity and mortality can provide compelling teachings, discussion of misconduct may be the most effective way to critically examine principles of professionalism.”

Professionalism in Action

“We are what we repeatedly do. Excellence, then, is not an act, but a habit.”

Aristotle

“... in trying to foster professionalism, very little progress has been made in addressing a fundamental issue: the nature of the clinical environments in which students and residents learn medicine.”

Michael Whitcomb, M.D.

Acad Med 2005



An Implicit or Hidden Curriculum ?

- Day-to-day experiences that challenge or diminish professionalism in trainees include acceptance or tolerance by “The System” of
 - Abuse of power
 - Arrogance
 - Greed
 - Misrepresentation
 - Impairment in colleagues
 - Lack of conscientiousness
 - Conflicts of interest that influence decision-making

Hafferty *Acad Med* 1994; Hunnert *Acad Med* 1996; Wear *Ann Intern Med* 1998;
Stephenson *Lancet* 2001; Coulehan *Acad Med* 2005; Hafferty *N Engl J Med* 2006



Assessments



Multi-rater (360° or Global) Evaluation

- Evaluation of resident by multiple individuals such as self, peers, nurses, technicians, allied health professionals, and patients
- Provides multiple perspectives of residents' performance
- Provides opportunity for residents to improve self-assessment skills

http://www.acgme.org/outcome/e-learn/e_powerpoint.asp



Need for Multiple Perspectives?

Brinkman *Pediatrics* 2006

- 36 PGY1s evaluated by Parents, Nurses, & Attendings using ABIM's *Patient Satisfaction Questionnaire* +
- Parent and Attending ratings generally agreed
- Nurses rated residents lower than Attendings ($p < 0.05$) on
 - respecting staff (69% vs 97%),
 - accepting suggestions (56% vs 82%),
 - teamwork (63% vs 88%),
 - being sensitive and empathetic (62% vs 85%),
 - respecting confidentiality (73% vs 97%),
 - demonstrating integrity (75% vs 92%),
 - demonstrating accountability (67% vs 83%).
 - Attendings often noted they could not assess some areas well
- Nurses rated residents higher than Attendings ($p < 0.05$) on
 - anticipating post-discharge needs (46% vs 25%) and
 - effectively planning care (52% vs 33%)



Multiple Perspectives

- Johnson & Cujec (U. Saskatoon) compared self, nurse, and attending assessments of 60 residents rotating in an ICU. Of their many findings, rating on *humanistic qualities* and on *professional attitudes and behavior* systematically differed comparing self-rating with nurse and attending assessment ($p < 0.001$).
- Musick *et al.* performed 360 ratings on 18 PM&R residents at Penn. Evaluation setting significantly colored measures of professionalism and other behaviors (TBI < SCI unit).

Johnson *Crit Care Med* 1998; Musick *Am J Phys Med Rehab* 2003



Assessments at DGSOM

- UCLA Professionalism and Communication Assessment Tools
 - UCLA PCAT-12 & UCLA PCAT-18
- Both use structured questions and multi-point ratings to elicit impressions and descriptions of a trainee's behaviors
- Grounded in impact on patient care
- Modeled on questionnaires from U Mich (Gauger *Am J Surg* 2005) and NOTSS project (Yule *Med Ed* 2006)



UCLA PCAT-12 - *Professionalism*

PLEASE RATE EACH ITEM:

*Strongly agree : Agree : Neutral : Disagree : Strongly disagree :
Not applicable : Not Observed*

The resident:

1. Established a positive rapport with patients & colleagues
2. Set and maintained standards of appropriate, ethical behavior (honesty, punctuality, appearance, confidentiality)
3. Acted respectfully and courteously
4. Remained calm under pressure
5. Accepted responsibility for his or her actions and their consequences
6. Was able to give and take criticism positively

COMMENTS:



UCLA PCAT-12 - *Communications*

PLEASE RATE EACH ITEM:

*Strongly agree : Agree : Neutral : Disagree : Strongly disagree
: Not applicable : Not Observed*

The resident:

7. Made himself or herself easily accessible to you
8. Encouraged your input in discussions
9. Clarified the objectives, expectations and goals of care
10. Listened to your concerns
11. Explained and discussed progress and any unforeseen problems

COMMENTS:



UCLA PCAT-12 - *Global Assessment*

12. **OVERALL**, this resident's behaviors and actions ...
[select one]

- Were of a consistently high standard, enhanced patient safety; could serve as a positive example for others
- Were of a satisfactory standard but could be improved
- Indicated a cause for concern; considerable improvement is needed
- Endangered or potentially endangered patient safety; serious remediation is required
- Not able to evaluate or not applicable

COMMENTS:



UCLA PCAT-18 - *Areas Assessed*

- Punctuality
- Appearance
- Honesty/Accountability/
Response to Errors
- Compulsiveness
- Responsibility/Sense of
Duty
- Response to Criticism
- Confidence & Ability to
Assess Oneself
- Respect for Others
- Initiative / Self Regulation
- Altruism
- Doctor/Patient & Doctor/Family
Relationships
- Inter-professional Relationships
- Trustworthiness/Confidentiality
- Moral & Ethical Standards
- Attitude Toward Medical
Profession
- Challenging/Difficulty Patients
- Workload
- Enjoyable as a Colleague



UCLA PCAT-18

- **Example: Punctuality**
 - Consistently late; keeps others waiting
 - Sometimes late for no good reason
 - Normally on time; uses time efficiently; only late for good reason
 - Tries to be super efficient with time.
 - Too early; wastes time waiting for others to be “on time.”

UCLA PCAT-18

- **Example: Honesty/Accountability/Response to Error**
 - Makes up information, tries to cover errors, or blames others
 - Minimizes errors and/or is unable to learn from errors
 - Recognizes error, apologizes and alters behavior.
 - Recognizes error, apologizes and alters behavior, but takes errors too personally.
 - Excessive self-criticism/self-doubt interferes with work performance.

Taskforce Resources for UCLA

- Lecture presentations for trainees
 - Live presentations
 - Podcast materials
- Online links to bibliography
- PCAT-12 and PCAT-18 Assessment tools (paper & online (Verinform) versions) as they are refined
- Consultation on uses & misuses of assessment information in summative and formative feedback settings and in self-assessment



Questions for Discussion

- How to adapt and use the instruments in your program and setting(s)?
- What would be most useful for your program?
 - Who has valuable perspectives for evaluations? (physicians in other depts, consulting services, R2 vs R3, nurses, other classmates)
 - Self-paced online materials?

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