Professionalism

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Professionalism - ACGME

- One of six competencies
- Demonstrating a commitment to carrying out professional responsibilities and an adherence to ethical principles
- Residents are expected to demonstrate compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population

American Board of Internal Medicine

- Charter on Professionalism, 2002
- Defines professionalism as the basis of medicine's contract with society
- Essential is the public trust in physicians, which depends on the integrity of individual physicians and the whole profession
American Board of Internal Medicine

- Three fundamental principles:
  - primacy of patient welfare, patient autonomy, and social justice
- Set of professional responsibilities:
  - professional competence, honesty with patients, patient confidentiality, maintaining appropriate relations with patients, improving quality of care, improving access to care, a just distribution of finite resources, scientific knowledge, maintaining trust by managing conflicts of interest

Relationships

- What professionalism is really about
- How we relate to others is influenced by many people: parents, relatives, friends, school teachers, clergy, coaches, organizations, and other social groups
- Faculty members and housestaff can influence us in medical school and in residency and fellowship training
- Different specialty cultures within a particular institution can also have bearing

Systems-based View

Surdyk et al, Curr Opin Anaesthesiol, 2003

Overlapping physician relationships:

- Patient
- Society
- Health care system
- Physician
- Self

Role Models

- Some physicians embody professionalism and serve as role models for all of us
- Sir William Osler
Character, Behavior, and Discipline

- Professionalism is multifaceted
- Character is the core of professionalism
- An individual with good character can be taught and apply professional behavior
- If good character is lacking, knowledge and mentoring will not compensate for it
- Professionalism is not all or none
- Requires discipline in order to achieve consistency

Why Professionalism Matters

- Physicians support professional norms
- Professionalism relates positively with patient satisfaction and patient trust
- Patients who trust their physicians are more likely to follow their doctor’s recommendations
- Physicians are held to higher standards for professional behavior than others

Unprofessional Behavior

- Behavior not conforming to standards of a profession
- Patient complaints and malpractice claims commonly involve unprofessional behavior
- Leads to diminished intraprofessional and interprofessional communication
- Can negatively influence patient safety and diminish quality of care

Papadakis MA et al; NEJM 2005

- Impaired professionalism is the most common cause for disciplinary action
- Unprofessional behavior in medical students correlates with state licensing board disciplinary action later in their careers
- Three domains of unprofessional behavior relate to later discipline: poor reliability and responsibility, lack of self-improvement and adaptability, and poor initiative and motivation
Risk Factors - Professional Misconduct

- Male gender
- Early academic difficulties in medical school
- Lack of board certification
- Increased age
- International medical school education
- Systematic approach to early identification and remediation of physician deficiencies over full career spans
- Some groups may benefit from support

Unprofessional Behavior

- Regulatory oversight
- Increased demands for documentation
- Diminished reimbursement
- Medicolegal climate
- Complex technology
- Increased commercial nature of health care
- Pace and time pressure of practice
- Increased patient demands

Unprofessional Behavior

- Factors can contribute to:
  - stress
  - fatigue
  - depression
  - erosion of professional values
  - burnout
- Burnout related to:
  - reduced professionalism and empathy
  - less altruistic values

Unprofessional Behavior

- Not always a personality flaw
- UCSF medical student study: professionalism correlated with measures of responsibility, communality, well-being, and rule respecting on the California Psychological Inventory
- Role for psychological assessments with applications?
Drivers of Unprofessional Behavior
Hickson et al; Acad Med, 2007
• Substance abuse and psychological issues
• Narcissism
• Perfectionism
• Selfishness
• Family and home problem spillover
• Poorly controlled anger
• System that rewards bad behavior
• Clinical and administrative inertia

Hidden Curriculum
• Institutional “acceptance” of the behavior
• Unchecked unprofessionalism is perceived as normal by individual and others
• Prominent individuals behave unprofessionally without ramifications:
  - behavior acceptable and advantageous
• Influences an institution’s culture in subtle ways
• Insidious environment = “hidden curriculum”
• Trainees learn this behavior by observation
• Emulation perpetuates unprofessional behavior

Unprofessional Behavior - Prevalence
• Survey of physicians and nurses (102 hospitals):
  - 77% of respondents reported witnessing disruptive behavior in physicians
  - 65% witnessed it in nurses
• Ainsworth and Szauter; Acad Med, 2006
  - medical student unprofessional conduct most frequently relates to professional responsibility and integrity
  - failure to attend a required activity or to meet a specific responsibility being most common

Unprofessional Behavior - Prevalence
• Study of students (6 medical schools):
  - 98% of students noted the use of derogatory language about patients by physicians
  - 61% reported observation of unethical behavior by team members
  Lynch DC et al; Med Teach, 2004
Unprofessional Behavior - Prevalence

- Physician survey self-reported professional behaviors:
  - 3% of respondents admitted to withholding medical information that a patient or patient’s family should have known
  - 11% breached patient confidentiality
  - Of those who encountered impaired or incompetent colleagues, 45% had not reported them


UCSF – LCME Site Visit

- Liaison Committee on Medical Education
- AAMC 2010 Medical School Graduation Questionnaire
- Graduating medical students’ perceptions of their medical education experience
- Overwhelming majority of students indicated satisfaction with their medical education
- 1/5 medical students indicated that they were personally mistreated during medical school
- Same proportion personally witnessed a fellow student being mistreated

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- Mistreatment source was identified to be housestaff, in-hospital clinical faculty, and nurses
- Only 18% of students reported the incident(s) to a designated faculty member or member of the school’s administration
- Of those that did not report:
  - 39% did not know what to do
  - 28% feared reprisal
- Need for a confidential system for students to safely report faculty behavior (exists at UCSF)

Professionalism - Assessment

- Can be difficult due to complexity
- In evolution, no longer subjective
- Formal process that utilizes various assessment tools
- Observation, formal direct supervisor evaluations, and 360 degree evaluations from individuals that are not direct supervisors such as peers, patients, nurses, administrators and office personnel
**Professionalism - Assessment**

- Effective way is direct observation of behavior during a clinical interaction
- Goal of the evaluator: recognize and constructively modify undesirable behavior
- Explicit written scoring system is suggested
- Improves assessment reliability and validity
- Small group seminars, role-playing exercises, standardized patients, and directed readings

**Pattern Recognition**

- Longitudinal approach to monitoring important
- Assess for patterns and trends
- Emphasize the career-long importance of professionalism
- Recognition of a pattern of unprofessional behavior difficult but important
- Selection of medical students, residents, fellows, and colleagues - investigate professionalism with due diligence
- Requires direct questions of an applicant’s supervisors rather than reliance on letters of recommendation or evaluation forms

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- Physicianship report for medical students whose professional skills are deemed inadequate
- Delineates unmet professional responsibility, lack of effort toward self-improvement and adaptability, diminished relationships with patients and family, and diminished relationships with members of team
- Academic probation if reports occur from > 2 rotations
- Can lead to dismissal even if passing grades are attained
- Goals are remediation, demonstration of the school’s priority on attainment of professional behavior, and leverage for the school to address issues of professionalism

**Teaching Professionalism**

- Professional behavior should come naturally in medicine
- Good evidence that professional and unprofessional behaviors are learned
- Because it can be taught:
  - opportunity to root out bad examples
  - teach proper behavior
  - modify behavior to conform to appropriate expectations
Teaching Professionalism

- Most effective method for professionalism education:
  - have all instructors model appropriate behavior
  - create a consistent policy of zero tolerance for unprofessional behavior
- Formative evaluations used to provide feedback and help individuals improve their performance
- Consequences for lack of improvement including probation and dismissal are made clear

Institutional Resolve

- Provide an environment that is clearly and consistently professional
- More institutional value on professionalism
  - more influence on students, housestaff, and faculty
- Leadership must be committed to addressing unprofessional behavior:
  - consistently
  - regardless of who exhibits it

Institutional Resolve

- Requires fortitude, resolve, and uniformity amongst the leadership
- Some individuals are unable or unwilling to respond to interventions and make behavioral adjustments accordingly
- Threat to quality and safety
- Require disciplinary action including restriction or termination of privileges

Other Teaching Methods

- Lectures and seminars
- Ethics curricula
- Instructive case studies and role playing
- American College of Surgeons Professionalism CD (clinical vignettes pertaining to professionalism)
- Symbols (honor codes, pledges)
- Special events (white coat ceremonies, cadaver donor ceremonies)
- Provide clarity and focus on professional values
**Constructive Feedback**

- Important to effect improvement
- Individuals benefit from help and guidance
- Most respond appropriately, make adjustments, and demonstrate improvement after being informed of a behavior pattern that sets the individual apart from peers
- Small proportion do not engage in the introspective process of self-analysis and control
- Need a higher level of intervention that includes improvement and evaluation plans with continued accountability

**Incident Reporting System**

- Key element for the evaluation and improvement of the quality of care given to patients
- UCSF Medical Center: policy for incident reporting includes a separate category for unprofessional behavior
- Category is used to report rude, abusive, unethical, or other unacceptable behavior by a physician or other staff
- Generated with an on-line reporting system

**Constructive Feedback**

- Some individuals will appreciate the feedback
- Positive behavior modification
- Others will resist
- Some will retaliate
- Specter of legal retaliation
- Unwillingness to address unprofessional behavior perpetuates it
- To not address unprofessional behavior is in itself unprofessional

**Joint Commission Mandate**

- 2010 mandate that hospital leaders create and maintain a culture of safety throughout the hospital
- Elements of performance:
  - development of a code of conduct that defines acceptable, disruptive, and inappropriate behaviors
  - create and implement a process for managing disruptive and inappropriate behaviors
UCSF Committee on Professionalism

- Evaluates referrals of unprofessional behavior among credentialed physicians
- Manages disruptive or unprofessional behaviors by these individuals
- Actions are memorialized, sent to the individual, the President of the Medical Staff, and the physician’s department chair
- Intent is to be a supportive rather than punitive

San Francisco General Hospital

- Elaborate Code of Conduct for all staff
- Defines acceptable, unacceptable, and disruptive behaviors
- Clear processes for management of these behaviors
- Tier approached actions are based on the severity of an incident and/or recurrent behaviors
- Include: no action warranted, meeting for resolution, verbal counseling, written counseling, or corrective action

Code of Conduct

- Are codes of conduct the solution?
- Some are simple and work well
- U. S. Military Academy Honor Code "A cadet will not lie, cheat, steal, or tolerate those who do."
- Institutions try to make codes that are complete and contractual (attorneys like them that way)
- Clear in conduct expectations
- Clear elucidation of blameworthy acts including disruptive behavior and failure to follow safety and quality rules But how specific should these codes be? Can we really delineate all aspects of professionalism?

Are Codes the Answer?

- Can we delineate all aspects of professionalism?
- Practice of medicine should not be contractual
- Contract connotes a formal agreement that often implies a relationship of distrust
- Medicine should be practiced based on trust, which is fundamental to the physician-patient relationship
- A professional practices not based on stipulated standards but instead to be worthy of trust due to a genuine commitment to professional values such as those provided in the Hippocratic Oath
Core Institutional Values

- UCSF PRIDE
  Professionalism, Respect, Integrity, Diversity and Excellence
- Characteristics are actively promoted
- Monthly awards to individuals that best exhibit them

Core Institutional Values

- UCSF OHNS - Kelvin C. Lee, MD Resident Award
- Established to recognize a high degree of professionalism
- Criteria: dedication to the field of otolaryngology-head and neck surgery in the form of knowledge acquisition and clinical skill, selflessness with regard to the team, absolute dedication to patient care, and outstanding leadership with regard to one’s fellow residents
- Serves to promote the core professional values that we value and raises awareness of professionalism as a valued characteristic

Physician Assessment and Clinical Education Program (PACE)

- University of California, San Diego
- Established to evaluate impaired physicians including those patterns of disruptive behavior
- Provides assessment and remedial education for attendees
- Serves as a valuable mechanism to help physicians to practice safely

Benefits of Addressing Unprofessional Behavior

- Can be significant
- Creation of a culture of professionalism allows the faculty to serve as role models to trainees and fellow colleagues
- Improved staff satisfaction and retention, enhanced institutional reputation, improved patient safety, reduced liability exposure, and more productive work environment
Professionalism Challenge

• Continue to learn about professionalism
• Hone our professionalism skills
• Be responsible and reflect upon on our own professional behaviors
• Understand the factors that may negatively affect our professionalism
• Each of us has triggers and stressors
• Combating stress and burnout is important

Professionalism Challenge

• We must be good examples to our trainees
• We must police ourselves
• We need to recognize and reward those who enhance professionalism
• We need to hold those that exhibit unprofessional behavior accountable
• We need to support our colleagues who need help
• We must show that it matters

Conclusion

• An investment in our professionalism will allow us to continue to be leaders in medicine and society
• Without professionalism we will lose the autonomy and esteem that society gives us

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