Professionalism:
New Thinking about an Old Issue

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ABMS Spring 2015
We have a problem with Professionalism
Highly Publicized Illegalities Involving Physicians

- Disruptive Physicians
- Conflicts of Interest
- 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

Expressions of professionalism

Physician-patient interactions

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

Lesser C, Lucey C et al
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
- 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
Expand Professionalism Teaching to Include Competencies that Support Optimal Performance

Situational Analysis
Self Awareness and Self Control
Alternate Strategy Development
Diplomacy and Crisis Communication
Peer Coaching and Intervention
Professionalism as a Complex, Developmental Competency

Skills Acquisition

Expert
No longer relies on rules, guidelines or maxims
Intuitive grasp of situations based on deep tacit understanding
Analytic approaches used only in novel situations or when problems occur
Vision of what is possible

Proficient
Sees situations holistically rather than in terms of aspects
Sees what is most important in a situation
Perceives deviations from the normal pattern
Decision-making less labored
Uses maxims for guidance, whose meaning varies according to the situation

Competent
Coping with “crowdedness”
Now sees actions at least partly in terms of longer-term goals
Conscious deliberate planning
Standardized and routinized procedures

Advanced Beginner
Guidelines for action based on attributes or aspects
Situational perception still limited
All attributes and aspects are treated separately and given equal importance

Novice
Rigid adherence to taught rules or plans
Little situational perception
No discretionary judgment

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
Patient Centeredness

Personal Effectiveness in Practice

Team Leader and Member

Participation in Organizational Quality and Safety

Educating the Next Generation

Collaborating to advance science

Resiliency

Ethical Decision Making

Stewardship of Resources

Expanded Professionalism Competency Domains to Assess
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.

**Performance Improvement Modules**: Increased requirements for demonstrating system improvement

**Performance Improvement Modules**: Reflection on a professionalism challenge

**Performance Improvement Modules**: Personal performance data (procedures, patient satisfaction)
New Tools and Strategies to Evaluate Expanded 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)
Tools Useful in Other Circumstances* not likely to be used in the MOC environment

- Standardized Patients and Observed Structured Clinical Exams (OSCEs)
- Critical Incident Reports
- Professionalism Mini Evaluation Exercise
- Professionalism Encounter Cards

* UGME and GME environments
Additional Roles For Specialty Boards

Incorporating professionalism issues into continuing education programs and specialty meetings


Saxton R. Communication skills training to address disruptive physician behavior. AORNJ 2012 May;95(5):602-6011

