

Assuring Professionalism in our Learning Environment

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Objectives

- Explain LCME standard on professionalism attributes and the learning environment (MS-31-A).
- Describe several methods that attempt to evaluate, remediate, and ultimately promote professionalism in the learning environment.
- Employ a methodical approach to addressing this at your own institution.

LCME Guidelines: MS-31-A

Medical schools must ensure that the learning environment for medical students promotes the development of explicit and appropriate professional attributes (attitudes, behaviors, and identity) in their students.

Professionalism and Critical Incident Methodology

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Understanding Professionalism

- Past work:
 - Video clips of “common event”
 - Rated by students, residents and faculty
 - significant differences in perceptions
- Creation of intersessions
 - Goal: common vocabulary and discussion of why perceptions differ

Critical Incident Technique

- Developed in 1954 (Flanagan)
 - Used in multiple arenas
 - Allows reflection on critical events
 - often laden with emotion
- Structured reflection on personal experiences → personal growth
 - Maximizes learner investment

Your own Critical Incident

- Complete the CIT worksheet
 - Identify an incident from your recent past where you were concerned about professional behavior
 - Include
 - Context
 - Brief description of the incident
 - Who was involved
 - What happened
 - What emotion you experienced

Next Step: Defining Professionalism

- We review ABIM “characteristics”
 - Integrity/Honesty
 - Excellence
 - Altruism
 - Accountability
 - Respect
 - Duty

Definitions

- **Integrity/Honor** - regard for highest standard
- **Excellence** - effort to exceed expectations
- **Altruism** - putting the patient first
- **Accountability** - you are responsible
- **Respect** - regard for all others
- **Duty** - commitment to doing what is expected

Facilitated Discussion

- Using the ABIM characteristics
 - Identify which characteristics were violated in your incident
 - Discuss why the violation may have occurred
 - Why would a rationale person do this?

At end of discussion

- Has your perception of any of the incidents changed?

Our Use of Professionalism CITs

- Intersessions held for MCW M3 students
 - N = 200 students/year (since 20020)
 - Faculty and AOA students serve as facilitators
- Workshops at AAMC and CGEA
- Grand Rounds
- Faculty Development Program
 - CIT Casebook

Results:

Student Sessions

- M3 Intersession (2006 data, N = 186)
 - 91%: CIT helped define personal aspects
 - 97%: helped define concepts in concrete/action level
 - 96%: workshop changed their understanding
 - 94%: workshop would impact behavior

Analysis of M3 incidents

- Ongoing analysis
 - Lots of respect issues
 - Lots of duty issues
 - Interactions between
 - Faculty and students
 - Nurses and students

Results: Faculty sessions

- High satisfaction with workshop
- Grand Rounds positively received
 - Comment: “It was very stimulating to consider how I would approach the incident and then listen to the other panelists’ and audience members responses. We so rarely talk about teaching this way even though this is how we improve patient care all the time”

Uses/Plans for Use

- Discussion with hospital administration
- Revision of RAT curriculum to address respect and altruism issues

- Expand to more real time
 - May allow for interaction when specific issues raised

Conclusions

- CIT is a useful way to discuss professionalism in the context of student activities
- Help students understand the environment
- Content analysis useful in addressing specific issues

References

- MedEdPORTAL Palma Sisto, et al. 2007, *Professionalism Workshop: Applying the Elements of Professionalism Through Scenario Learning*. Available:
<http://services.aamc.org/jsp/mededportal/retrieveSubmissionDetailbyId.do?subId=666>
- MedEdPORTAL Critical Incident Casebook Simpson, D. & McLaughlin, C. 2005, Available:
<http://services.aamc.org/jsp/mededportal/retrieveSubmissionDetailbyId.do?subId=165>

References (continued)

- Flanagan, J.C. 1954, "The critical incident technique", *Psychological Bulletin*, vol. 51, no. 4, pp. 327-358.
- Kern, D.E., et al. 2001, "Personal growth in medical faculty: a qualitative study", *Western Journal of Medicine*, vol. 175, no. 2, pp. 92-98.

Professionalism and Narrative Paper Analysis

Janet Lindemann, MD
CGEA Spring Meeting
March 27, 2009



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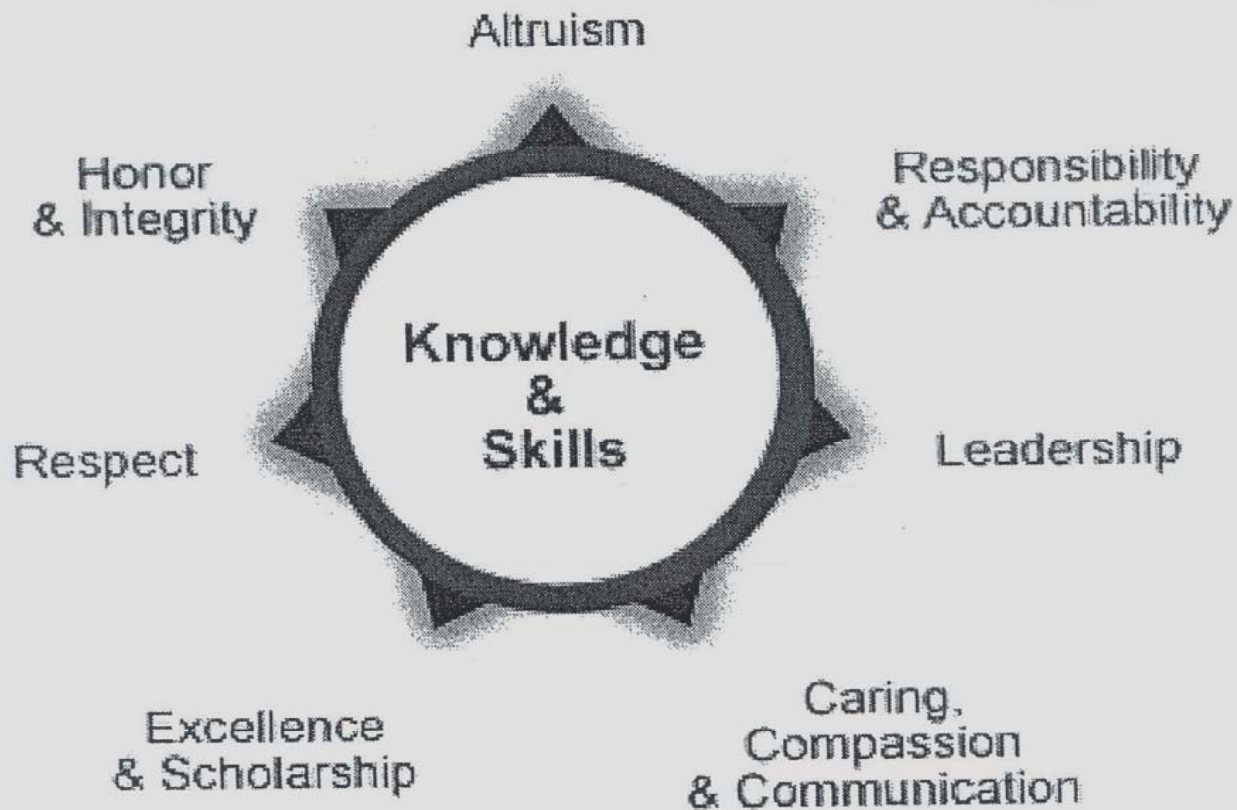
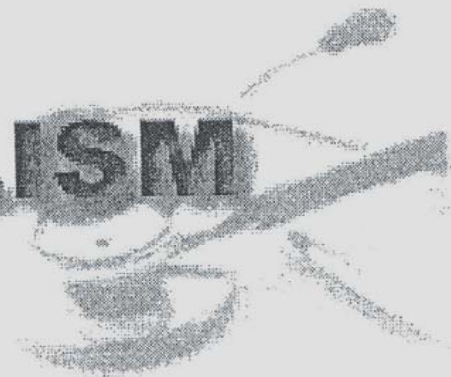
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LCME Guidelines: MS-31- A

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The Behaviors of

PROFESSIONALISM



Professionalism Paper

- 3rd year students; due late February
- \leq 8 pages
- Specific examples illustrating minimum of 3 domains, positive or negative, & reflection on incidents
- Read by academic dean, evaluation director and campus dean

Analysis of 2009 Papers (N=51)

Gender	Domain	+/-	Weight	Setting	Who	Specialty	Descrip.
F	RA	+	3	Inpt	O	SU	Giving bad news

- 214 occurrences or behaviors (4.2/paper)
 - Males 3.9
 - Females 4.5
- 65% positive vs. 35% negative
 - Males 64% positive
 - Females 66% positive

Ambulatory vs. Inpatient Setting

Setting	Total	Negative	Positive
Ambulatory	108 (53%)	38 (35%)	70 (65%)
Inpatient	79 (39%)	27 (34%)	52 (66%)
Other	16 (8%)	5 (31%)	11 (69%)
TOTAL	203 (100%)	70 (34%)	133 (66%)

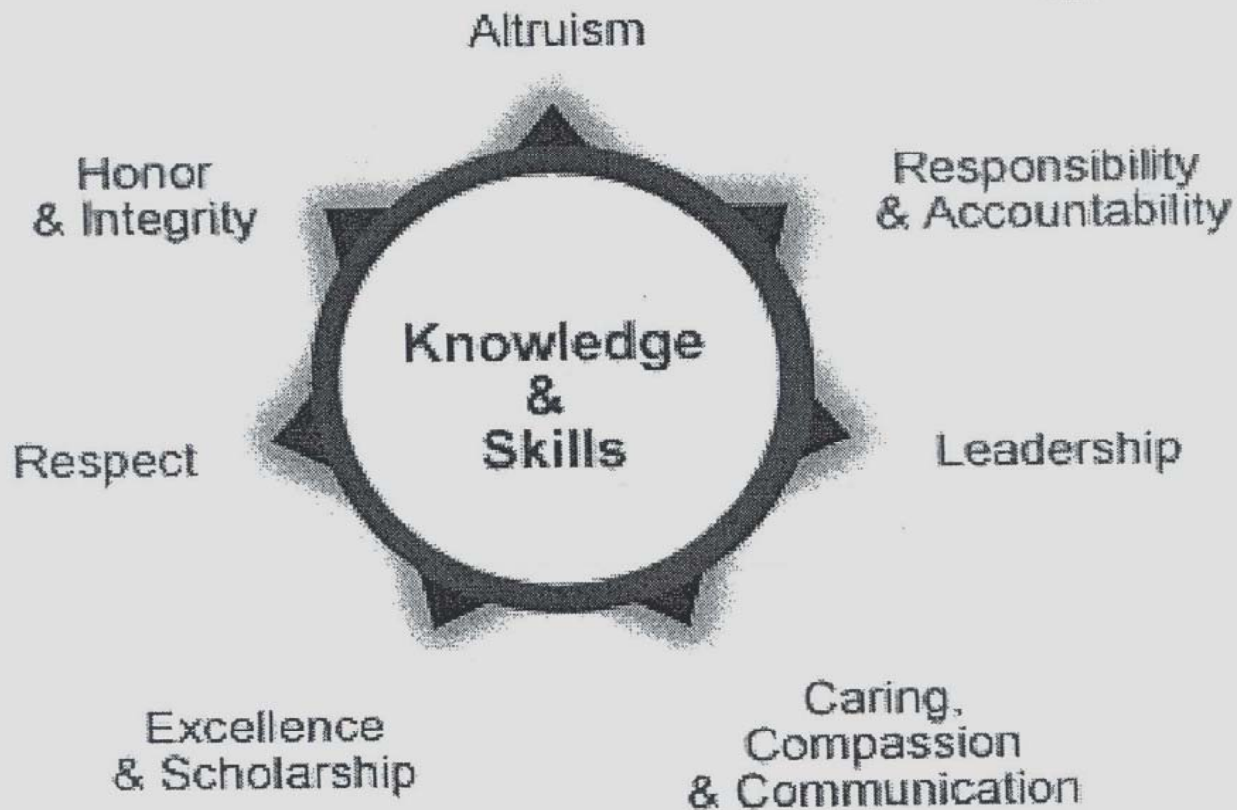
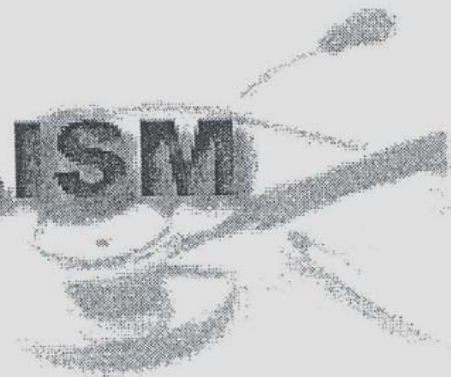
- More ambulatory than inpatient
- 2/3 positive in both settings

Occurrences by Specialty

Specialty	Total	Negative	Positive
Fam Med	7 (8%)	0 --	7 (100%)
Primary Care	6 (7%)	1 (17%)	5 (83%)
Peds	10 (11%)	2 (20%)	8 (80%)
Int Med	11 (12%)	3 (27%)	8 (73%)
Psych	7 (8%)	2 (29%)	5 (71%)
Surg	29 (33%)	11 (38%)	18 (62%)
ObGyn	13 (15%)	5 (39%)	8 (61%)
Other	6 (7%)	3 (50%)	3 (50%)
TOTAL	89 (100%)	27 (30%)	62 (70%)

The Behaviors of

PROFESSIONALISM



Professionalism Domain

Domain	Total	Negative	Positive
Respect	47 (22%)	28 (60%)	19 (40%)
Caring, Compassion, Communication	47 (22%)	19 (40%)	28 (60%)
Altruism	40 (19%)	8 (20%)	32 (80%)
Respons/Acc.	26 (13%)	7 (27%)	19 (73%)
Excell/Schol	22 (10%)	3 (14%)	19 (86%)
Honor/Integri	15 (7%)	6 (40%)	9 (60%)
Leadership	10 (5%)	1 (10%)	9 (90%)
TOTAL	212 (100%)	74 (35%)	138 (65%)

Nature of occurrence

- Negative
 - Speaking disrespectfully of patients, staff or colleagues.
 - Confidentiality
- Positive
 - Caring communication
 - Admitting mistakes

Using the Information

- One of several profess. instruments
- LCME visit, October 2009
 - *Medical schools must ensure that the learning environment for medical students promotes the development of explicit and appropriate professional attributes (attitudes, behaviors, and identity) in their students.*
- Inform faculty
- Prepare students
- Improve the environment



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