



Exploring Identification and Assessment of Professionalism— Sharing Tools to Navigate Murky Waters

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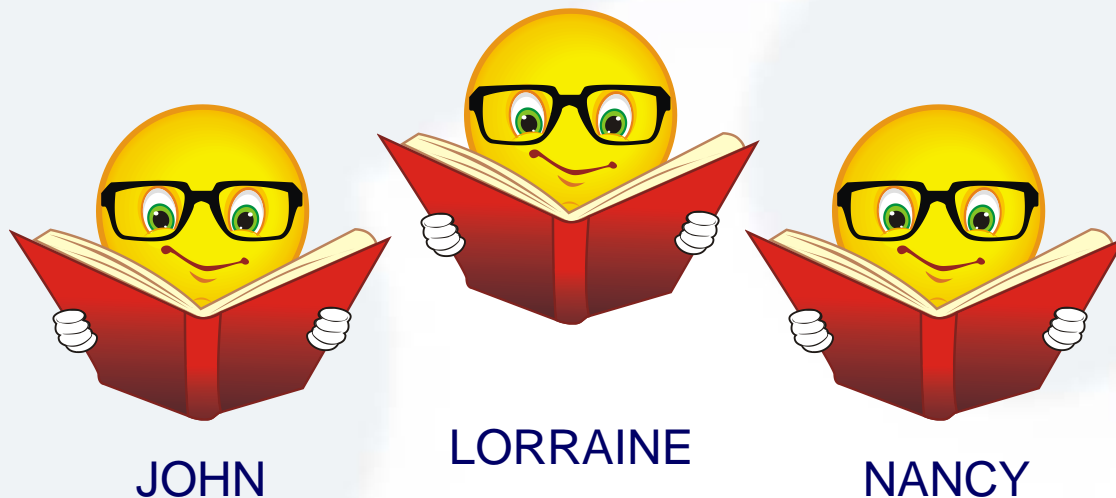
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Disclosure Statement



We have nothing to disclose.



Objectives



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

- Identify specific behaviors that represent elements of professionalism
- Link measureable components of professionalism with an appropriate evaluation tool
- Discuss challenges to implementing tools for assessment of professionalism

On Assessing Professionalism



Small Groups Brainstorming

Who?
Why?
What?
How?
When?
Where?



Who and Why do we need to
teach and assess professionalism
in medical school?



ACGME Core Competency



- **Professionalism**

- Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles:
 - 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
 - Sensitivity and responsiveness to a diverse patient population

LCME Standards 2010



- MS-31 Development of professional attributes
 - Learning environment **promotes the development of explicit and appropriate professional attributes.**
- MS-32 Defining standard of conduct and policies for reporting
- MS-33 Published standards of assessment
 - Must publicize standards and procedures for the **assessment**, advancement, graduation, and disciplinary action.

APGO Medical Student Objectives

- **UNIT ONE: APPROACH TO THE PATIENT**

1. History
2. Examination
3. Pap Smear and DNA Probes/Cultures
4. Diagnosis and Management Plan
5. Personal Interaction and Communication Skills
6. Legal and Ethics Issues in Obstetrics and Gynecology
7. Preventive Care and Health Maintenance

*Additional Educational Topics address professionalism as related to examination, communication, and counseling skills



Literature Supports Early Identification Unprofessional Behavior



“Unprofessional behavior in medical school associated with disciplinary action by state medical boards”

- Irresponsibility
- Lack of self-improvement
- Poor initiative



What should be assessed?





Defining Professional Behavior



- AAMC Medical School Objectives Project:
 - Must be Altruistic
 - Trustworthy and truthful in all professional dealings
 - Must be Dutiful
 - Obligated to meaningful collaboration with other healthcare professionals and commitment to advocacy

Dimensions of Professional Behavior



Standard

- Altruism
- Accountability
- Commitment and self-reflection
- Compassion and sensitivity
- Integrity
- Respect
- Teamwork

Contemporary

- Cultural awareness
- Community responsibility
- Lifelong learning
- Social Networking
- HIPAA



How should professionalism be assessed?

Myriad Assessment Formats for Professionalism



Standard

- Checklists
- Clinical rating forms
- Surveys
- Rating scales
- Records of praise or complaint
- Standardized patient exams

Newer Innovations

- Self, peer, and patient assessments
- Writing/Portfolios
- Critical incidents
- Concern cards
- Rubrics



When and Where should professionalism be assessed?

Setting, Timing, Frequency

Assessing the Environment



- Don't forget the hidden curriculum
- These samples illustrate:
 - MS-31
 - Surveys, Likert scales
 - Samples from
 - UC Davis
 - JHU

Professionalism Environment Survey: UC Davis



- 1** During this rotation I met individuals who I consider role models
- 2** During this rotation I have encountered individuals who display and promote professional behavior
- 3** During this rotation I have been treated with disregard/not felt part of the team
- 4** My resident/ attending have assisted me in attaining educational material pertinent to my patients
- 5** I have observed residents place their needs of patient ahead of their own self interest
- 6** I have observed resident /attendings educating their patients
- 7** I have been instructed to withhold data from a patient chart
- 8** I have observed someone lie to a patient
- 9** I have observed residents/attendings referring to patients as “hits, losers, frequent flyers”
- 10** I have observed residents/attendings making derogatory statements about other medical/surgical specialty groups or other health care workers
- 11** I have observed resident/attendings scheduling tests or performing procedures at times that are more convenient for themselves than for the patient.

Professionalism Climate Survey: JHU



	Medical Students				Residents				Faculty			
<i>Please rate the frequency that you have observed each group exhibiting each behavior during the clerkship</i>	Frequently	Occasionally	Rarely	Never	Frequently	Occasionally	Rarely	Never	Frequently	Occasionally	Rarely	Never
Show disrespect to patients, students, faculty, staff or other healthcare personnel												
Advocate for the well-being of patients, students, colleagues, the community and/or the medical profession												
Make selves look good at the expense of others												
Finish their work and help others finish theirs												
Complain about professional obligations												
Lie to patients, professors, colleagues/peers or in the medical record												
Accurately and spontaneously report their own mistakes or uncertainties												
Ignore the unprofessional behavior of others												
Do just enough to get by in patient care, class, conferences and/or rounds												
Refer to patients in derogatory terms such as, "hits," "gomers," "frequent flyers."												
	SD		D		N		A		SA			
This clerkship promoted and supported professional attitudes and behaviors among students												

Adapted from Climate of Professionalism Survey - UMKC-SOM
Quaintance JL., et. al. Acad Med 2008; 83 (10 Suppl); S5-S8

Assessing the Individual

- **Formative** observation of professional behaviors
- Promoting self awareness
- Opening the door to change
- Feedback
 - Peds
- Concern Card
 - JHU
 - UC Denver



Professionalism Mini-Evaluation Exercise



Level: (please circle) PGY1 PGY2 PGY3 PGY4 PGY5 PGY6

Setting:

Ward Clinic ER ICU

Other _____

	N/A	UN	BEL	MET	EXC
Listened actively to patient					
Showed interest in patient as a person					
Recognized and met patient needs					
Extended him/herself to meet patient needs					
Ensured continuity of patient care					
Advocated on behalf of a patient					
Demonstrated awareness of own limitations					
Admitted errors/omissions					
Solicited feedback					
Accepted feedback					
Maintained appropriate boundaries					
Maintained composure in a difficult situation					
Maintained appropriate appearance					
Was on time					
Completed tasks in a reliable fashion					
Addressed own gaps in knowledge and/or skills					
Was available to colleagues					
Demonstrated respect for colleagues					
Avoided derogatory language					
Maintained patient confidentiality					
Used health resources appropriately					

► Please rate this resident's overall professional performance during THIS encounter:

UNacceptable BELow expectations MET expectations EXCeeded expectations

► Did you observe a critical event? no yes (comment required)

*ABP & APPD,
2008*

ABP Professionalism Praise Card



Subject: Praise Card about Physician Performance
From: Program Director

Please complete and submit this card to me when you wish to praise the performance and/or professional behavior of a physician colleague. This information will be conveyed to the physician and noted in the departmental file.

Name of Physician: _____ Date: _____

My praise about the performance of this physician is based on his/her demonstration of exceptional ability in the following:
(please ✓)

<input type="checkbox"/> clinical judgment	<input type="checkbox"/> humanistic qualities
<input type="checkbox"/> clinical skills	<input type="checkbox"/> professionalism
<input type="checkbox"/> medical knowledge	<input type="checkbox"/> team management and leadership
<input type="checkbox"/> communication skills	<input type="checkbox"/> critique of medical/scientific literature
<input type="checkbox"/> teaching	<input type="checkbox"/> conduct of research

Comments: _____

Name: _____ Phone: _____

*ABP & APPD,
2008*

ABP Professionalism Early Concern Note



Subject: Early Concern Note About Physician Performance
From: Program Director

Please complete and submit this card to me when you have any concerns about the performance and/or professional behavior of a physician colleague. This information will be used confidentially and constructively to help the physician.

Name of Physician: _____ Date: _____

My concerns about the performance and/or professional behavior of this physician are based on: (please ☒)

- ☐ critical incident
- ☐ gut level reaction
- ☐ series of "red" flags

I have discussed my concerns with the physician ☐ Yes ☐ No

I feel uncomfortable discussing my concerns with the physician ☐ Yes ☐ No

Please call me about these concerns ☐ Yes ☐ No

Comments: _____

Name: _____ Phone: _____

*ABP & APPD,
2008*

JHU Professionalism Concern Note



Student name: _____ **Course/Clerkship:** _____

Course/Clerkship Director: _____ **Date:** _____

The above-named student evidenced a need for further development in one or more of the following areas: (Please check all that apply.)

Honesty/Integrity

- ☐ The student misrepresented the work of others as his/her own.
- ☐ The student did not accurately report research or clinical data.
- ☐ Other: _____

Responsibility/Reliability/Dependability

- ☐ When acting in the clinical role, the student did not appear to put the care of the patient as his/her highest priority.
- ☐ The student did not comply with course/clerkship policies.
- ☐ Other: _____

Respect for Others

- ☐ The student was disrespectful of patients, peers, teachers, and/or staff members.
- ☐ The student was not respectful of patient confidentiality/privacy.
- ☐ The student's behavior was disruptive to the learning environment.
- ☐ The student was insensitive to the differences in patients and how they affect the delivery of healthcare.
- ☐ The student's dress was inappropriate for the educational/clinical context.
- ☐ Other: _____

Altruism/Empathy

- ☐ The student seemed insensitive to the needs or others or the suffering of patients and their families.
- ☐ Other: _____

Commitment to Excellence, Self-Assessment, and Improvement

- ☐ The student did not appear to devote the time or energy required to fulfill curricular responsibilities.
- ☐ The student did not show much evidence of self-directed learning.
- ☐ The student seemed unaware of his/her limitations.
- ☐ The student did not seek assistance when handling situations beyond his/her experience level.





☐ The student did not accept constructive criticism about his/her performance.

☐ Other: _____

Communication

☐ The student showed difficulty in communicating with patients, peers, teachers and/or staff.

☐ The student provided disrespectful or harmful feedback.

☐ Other: _____

Ability to form and sustain appropriate relationships

☐ The student demonstrated difficulty in forming relationships with fellow learners, team members, patients, and/or their families.

☐ The student engaged in romantic/sexual relationship with a patient or patient's family member.

☐ Other: _____

Narrative Comments: (Mandatory)

UC Denver Student Professionalism Feedback Form



Student Name _____

Setting (e.g., Course) _____ Year (circle) I II III IV

Individual Filing the Report _____ Title _____

Date of contact and discussion with the student _____

A student with any of the following patterns of behavior is not meeting the personal or professional standards inherent to the profession of medicine. Please mark the area which best describes your concerns about this student. Provide comments in the space provided.

Unmet professional responsibility:

- ☐ Student needs continual reminders in the fulfillment of responsibilities to faculty, colleagues, staff or patients
- ☐ The student cannot be relied upon to complete tasks
- ☐ The student misrepresents or falsifies actions and/or information (refer to Honor Council)
- ☐ The student fails to maintain a professional appearance/attire
- ☐ Other _____

Lack of effort toward self improvement

- ☐ The student is resistant or defensive in accepting criticism
- ☐ The student remains unaware of his/her inadequacies
- ☐ The student resists considering or making changes
- ☐ The student does not accept blame for failure, or responsibility for errors
- ☐ The student is abusive or critical during times of stress
- ☐ The student demonstrates arrogance
- ☐ Other _____

Inadequate rapport with patients or families

- ☐ The student does not adequately establish rapport with patients or families
- ☐ The student appears insensitive to patient or family needs, feelings or wishes
- ☐ The student uses his/her professional position to engage in romantic or sexual relationships with patients or families
- ☐ The student fails to display empathy
- ☐ The student displays an inadequate personal commitment to honoring the wishes of patients
- ☐ Other _____

Inadequate rapport with fellow students, faculty or other members of the health care team

- ☐ The student does not interact appropriately within the small group
- ☐ The student does not interact appropriately in the lecture setting
- ☐ The student does not function appropriately within a health care team
- ☐ The student appears insensitive to the needs, feelings or wishes of other members of the small group
- ☐ The student appears insensitive to the needs, feelings or wishes of other members of the health care team
- ☐ The student appears insensitive to issues of diversity (e.g., cultural, spiritual, ethnic, etc.).
- ☐ Other _____

*Includes narrative

* Signed by faculty and student



Assessing the Individual



- **Summative Evaluation**
 - UC Denver
 - JHU
 - UC Davis

UC Denver Professionalism Excerpt



Professionalism

8)

OBSERVER TO NOVICE REPORTER

Is sometimes unreliable in completing work or inefficient in carrying out required duties.

☐

☐

☐

☐

☐

☐

Unable
to
Assess

☐

REPORTER TO NOVICE INTERPRETER

Is punctual and reliable in day-to-day tasks; fulfills basic patient care responsibilities required of him/her; helps with team tasks when requested.

INTERPRETER TO NOVICE MANAGER

Takes primary responsibility for patients and advocates for their needs; anticipates the needs of the team and actively attempts to meet these needs.

9)

OBSERVER TO NOVICE REPORTER

Can be disrespectful or defensive to one or more members of the team including but not limited to nurses, pharmacists, social workers, medical students, housestaff, and other teams.

☐

☐

☐

☐

☐

☐

Unable
to
Assess

☐

REPORTER TO NOVICE INTERPRETER

Interacts respectfully with ALL members of the health care team, consultants and fellow physician providers.

INTERPRETER TO NOVICE MANAGER

Actively integrates all members of the inter-professional team into the care of patients.

10)

OBSERVER TO NOVICE REPORTER

Lacks sensitivity, insight, or empathy with certain patients; disregards patient preference.

☐

☐

☐

☐

☐

☐

Unable
to
Assess

☐

REPORTER TO NOVICE INTERPRETER

Is sensitive to patient differences (race, culture, gender, socioeconomic status) and preferences.

INTERPRETER TO NOVICE MANAGER

Actively seeks to understand the patient's views; is able to incorporate patient differences and preferences into plan of care.

JHU Professionalism Excerpt



Responsibility / Reliability (Question 16 of 37 - Mandatory)

<input type="radio"/> Not Observed	<input type="radio"/> Unacceptable Unexplained absences. Unreliable. Inappropriately dressed. Does not follow through with assigned tasks.	<input type="radio"/> Needs Improvement Often unprepared, lackadaisical, needs reminders in fulfillment of responsibilities. Often late, appears uninterested.	<input type="radio"/> At Expected Level Punctual. Fulfills assigned tasks consistently. Responsible and reliable.	<input type="radio"/> Above Expectations Seeks and is capable of taking on additional responsibility.	<input type="radio"/> Outstanding Excellent initiative. Unusual dedication to patient care and education.
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Integrity (Question 18 of 37 - Mandatory)

Unacceptable

- ☐ Unreliable. Lapses in: truthfulness, honesty with patients and peers, respect for other health professionals, patients or families. Disregards need for self-assessment.
- ☐ At Expected Level
- ☐ Appropriate behaviors of honesty, truthfulness and respect.

Rapport with colleagues (Question 28 of 37 - Mandatory)

<input type="radio"/> Not Observed	<input type="radio"/> Unacceptable Avoids contact with team members. Inadequate skills to establish relationships with medical colleagues and other health professionals.	<input type="radio"/> Needs Improvement Sometimes has difficulty in relating well to medical colleagues and other health professionals. Maintains distance from the team.	<input type="radio"/> At Expected Level Relates well with medical colleagues and other health professionals. "Good team player." Functions well within the team structure.	<input type="radio"/> Above Expectations Able to establish excellent rapport with medical colleagues and other health professionals. Gains confidence of team leaders.	<input type="radio"/> Outstanding Establishes tone of mutual respect and dignity with medical colleagues and other health professionals. Highly integrated into the team structure.
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JHU Professionalism Excerpt



Respectfulness (Question 22 of 37 - Mandatory)

<input type="radio"/> Not Observed	<input type="radio"/> Unacceptable Inconsiderate, lacks respect. Unable to work with medical team. Indifferent to concerns/opinions of others.	<input type="radio"/> Needs Improvement Occasional lapses in respectful behavior Often intolerant to opinions/concerns of others.	<input type="radio"/> At Expected Level Considerate and shows appropriate deference. Treats patients, families, and staff with respect. Culturally sensitive.	<input type="radio"/> Above Expectations Shows respect in difficult situations such as conflict resolution. Extra effort in cultural sensitivity.	<input type="radio"/> Outstanding Actions can both foster and maintain respectful environment
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Response to feedback (Question 24 of 37 - Mandatory)

<input type="radio"/> Not Observed	<input type="radio"/> Unacceptable Completely unaware of own inadequacies. Uninterested in receiving feedback on performance. Refuses or makes no effort to improve.	<input type="radio"/> Needs Improvement Resistive or defensive in accepting feedback. Makes marginal efforts to improve with feedback.	<input type="radio"/> At Expected Level Accepts and generally makes efforts to improve with feedback.	<input type="radio"/> Above Expectations Seeks and accepts feedback. Shows consistent improvement.	<input type="radio"/> Outstanding Able to self assess and make necessary changes for growth and progress.
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UC—Davis Professionalism Excerpt



Instances of Non Professional Behavior- The following are examples of non-professional behavior. Please indicate yes if you have observed this behavior in a student. Three or more positive will institute an immediate evaluation.	yes
Tardiness- Arriving late without notifying appropriate individuals	
Availability- Occasions of being unavailable for required clinical responsibilities	
Deadlines Difficulty meeting deadlines or following through	
Unprepared- problems being prepared or participating in discussion	
Team Player- Difficulty working as a team	
Difficulty accepting feedback	
Difficulty recognizing limitation and calling upon assistance of others	
Lack of Respect- or civility towards others	
Confidentiality Lapses in patient confidentiality	
Compassion- Problems/lapses in addressing fears and suffering of patients	
Civility- Lack of civility towards students faculty or staff	
Prejudice- Occasions of comments/behaviors harmful to professional relationships	

Certain types of behaviors should be reported IMMEDIATELY to the IOR <ul style="list-style-type: none">• Dishonesty• Anything that compromise the safety or endangers a patient• Instance of threats of harm to a patient, family, student, staff or faculty	
--	--

If you would recommend this student for commendation for professionalism please make comments to support this recommendation.	
---	--

ACGME Professionalism Assessment Instruments



- Wake Forest Physician Trust Scale
- ABIM Scale – Professional Attitude & Behaviors
- Musick 360-degree Assessment
- Barry Challenges to Professionalism Questionnaire

NBME Assessment of Professional Behaviors



- Standardized approach using ACGME competencies, and LCME and Joint Commission requirements
- Designed for formative feedback
- Focus on observable behaviors
- Survey format – 2 relational items, 23 behaviors, 2 comment fields
- Web-based using E*Value or New Innovations
- Individual and program reports twice yearly

NBME Assessment of Professional Behaviors



Ongoing areas research utilizing data from this program

- Generalizability analysis
- Implementation process evaluation
- Observability study
- Characteristics of written feedback
- Feedback experience

MedEd Portal Resources



- **Assessment of Medical Student Professionalism Development**
 - Nowack et al, 2010
 - Faculty development course on assessing professionalism
 - 13 measures designed to assess professionalism development over four years of medical school career



Operationalizing Assessment of Professionalism

What works?

What are the pitfalls?

Choice of Assessment Tool



1. Assess learner's attainment of competency-based objectives
2. Facilitate continuous improvement of the educational experience
3. Facilitate continuous improvement of learner performance
4. Facilitate continuous improvement of the education program performance

Dimensions of Professional Behavior



Standard

- Altruism
- Accountability
- Commitment and self-reflection
- Compassion and sensitivity
- Integrity
- Respect
- Teamwork

Contemporary

- Cultural awareness
- Community responsibility
- Lifelong learning
- Social networking
- HIPAA

Operationalizing Assessment Tools



- Individual or Pairs
 - Identify professionalism issue you have encountered
 - Positive or negative behaviors
 - Choose a tool(s) for evaluating and reporting these behaviors
 - When and how would you use this tool?
 - What would you do with the assessment information?
 - Identify barriers in implementing this tool(s) in your institution

Summary of Assessment Tools



Our Institutions

- Environment Survey
 - UC Davis
 - JHU
- JHU Concern Note
- UC Denver Prof. FB Form
- Summative Evaluations
 - UC Davis
 - UC Denver
 - JHU

Literature

- ABP Professionalism
 - Mini Eval Exercise
 - Praise and Early Concern Cards
- Wake Forest Trust Scale
- ABIM Prof. Attitudes & Behaviors Scale
- Musik 360 Degree Assessment
- Barry Challenges to Prof. Questionnaire
- NBME Assessment Program
- Nowack Prof. Assessment

Group Discussion



Overcoming Barriers to Implementation



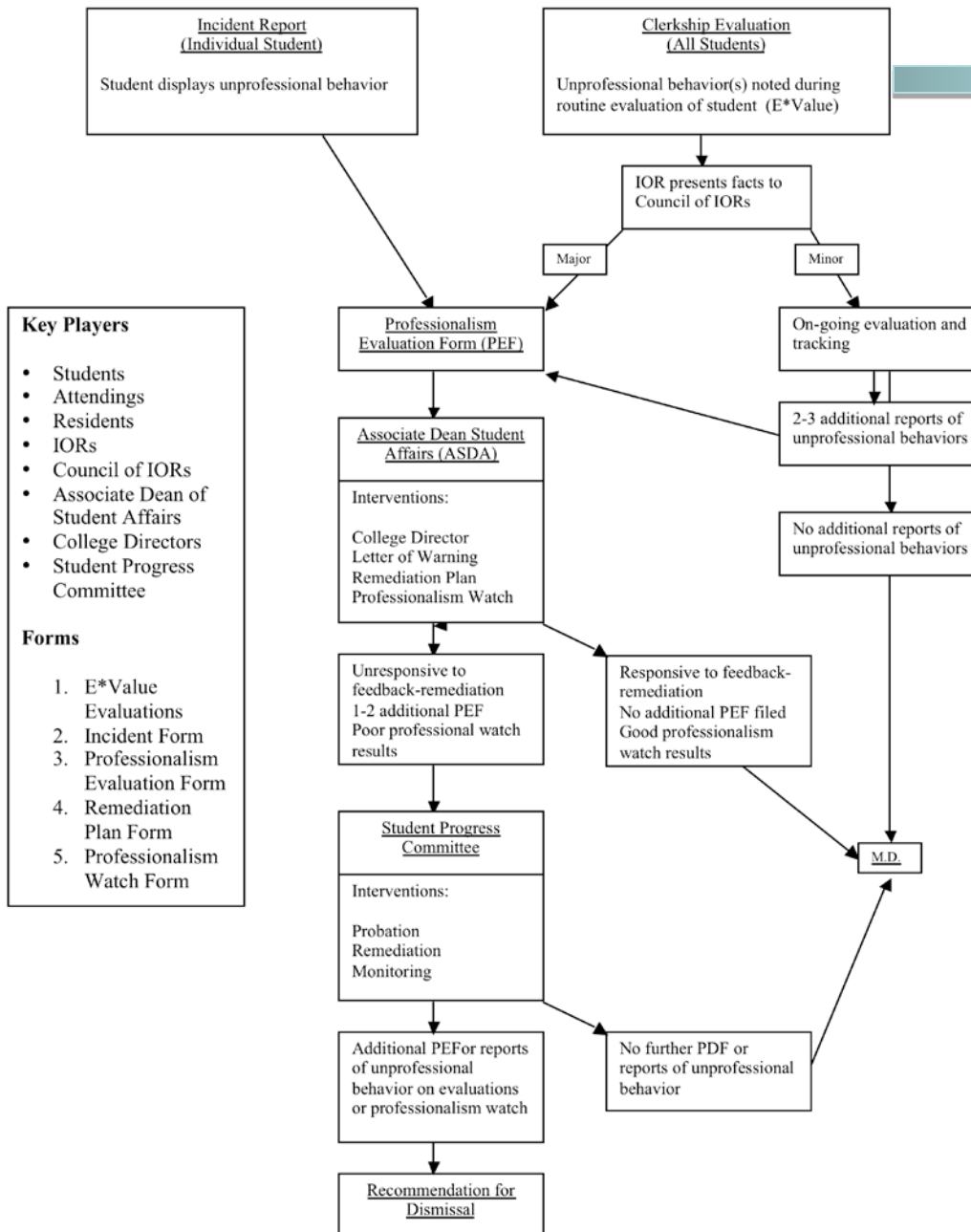
- Needs assessment of environment
- Supported by Department Chair or SOM Dean mandate
- Faculty development opportunity
- Resource for follow-up:
 - Dean of Students
 - Student Assistance Office
 - Professionalism Committee
 - Advisory College faculty

Evaluating Professionalism



- Longitudinal assessment
- Definitions of unprofessional behavior
- Multiple components required:
 - tracking mechanism
 - reporting mechanism
 - feedback mechanism
 - remediation system
- Criteria for “passing” and therefore “failing”

PROFESSIONALISM EVALUATION



- 
- Tardiness
 - Lack of Availability
 - Missed Deadlines
 - Unpreparedness
 - Not a Team Player
 - Resistance to feedback
 - Not recognizing limitations towards others
 - Breach of Confidentiality
 - Lack of Compassion
 - Prejudice

Professionalism Evaluation Form - Excerpt



	1	2	3	4	5	6	7	8	9	UA
PERSONAL & PROFESSIONAL RESPONSIBILITY										
Does not accept responsibility for own actions and decisions; blames patients or other professionals. Fails to acknowledge errors; does not consider needs of patients or families. Fails to communicate with faculty, fails to follow up on tasks, is late or misses meetings.										Fully accepts responsibility for own actions and decisions. Accepts inconvenience to meet the needs of patients, is an advocate for the patient. Teaches/role models responsible behavior; total commitment to self-assessment; willingly. Follows through on promised action and notifies others of problems
Comments:										
RESPECT										
Shows inadequate personal commitment to honoring the choices and rights of other persons, especially regarding their medical care.										Always shows exceptional personal commitment to honoring the choices and rights of other persons, especially regarding their medical care.
Comments:										
INTEGRITY										
Shows inadequate commitment to honesty and trustworthiness. Is not truthful, does not keep one's word, and does not meet commitments. Places personal gain over interest of the patient or team.										Always shows exceptional commitment to honesty and trustworthiness and demonstrates the highest behaviors and commitment to personal/professional codes.
Comments:										
PSYCHOSOCIAL AWARENESS										
Does not establish even minimally effective therapeutic relationships with patients and families; does not demonstrate ability to build relationships through listening, narrative or nonverbal skills; does not provide education or counseling to patients, families, or colleagues. Does not recognize or respond to psychosocial aspects of illness, patients or families.										Establishes a highly effective therapeutic relationship with patients and families; demonstrates excellent relationship building through listening, narrative and nonverbal skills; excellent education and counseling of patients, families, and colleagues; always "interpersonally" engaged. Recognizes and responds to psychosocial aspects of illness, patients and families.
Comments:										
COMPASSION										
Shows inadequate appreciation of patients and families' special needs for comfort and help, or develops inappropriate emotional involvement										Always appreciates patients' and families' special needs for comfort and help, but avoids inappropriate emotional involvement. Altruistic – places interest of patient first.
Comments:										

Beyond the Assessment Process



- Can students fail a clerkship for unprofessionalism?
- If so, how does a student remediate the clerkship(s) when unprofessional behavior is the cause of failure?
- How and when does a student remediate unprofessional behavior?
- What are the criteria for dismissing a student for unprofessional behavior?



Thank You All for Participating

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