

# Defining Professionalism from the Perspective of Patients, Nurses, and Physicians



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CENTER FOR  
COMMUNICATION AND MEDICINE

# Center for Communication and Medicine

- Improve communication in and about medicine through:
  - Innovative education and assessment.
  - Theory-driven research with practical value.
  - Patient-centered interventions.
  - Network for international exchange of information, tools, and experience.
- Everything we do starts and ends with the patient perspective.



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# Thanksgiving

Marianne Green, MD

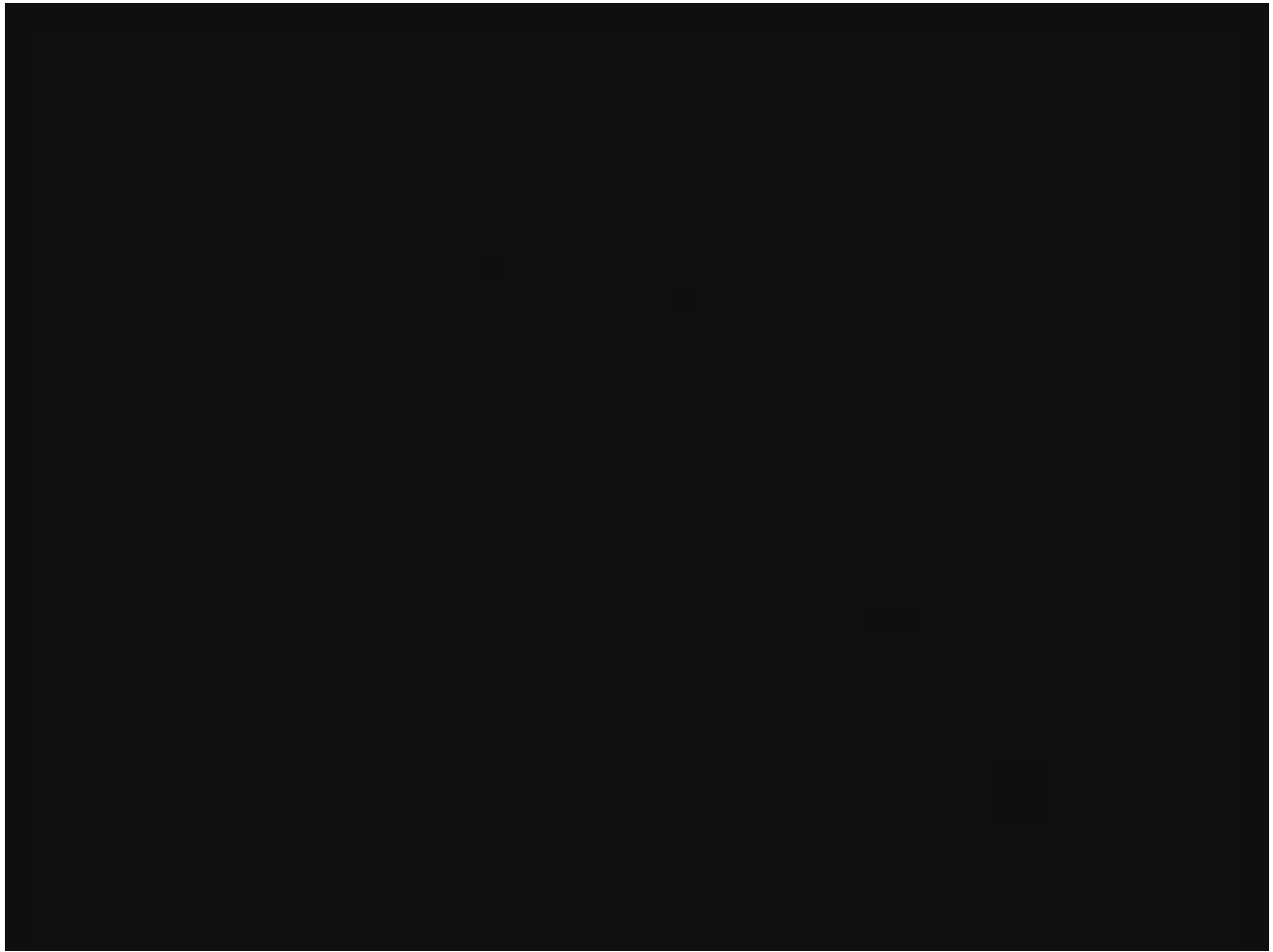
Amanda Zick, MA

American Board of Medical Specialties (ABMS)  
Research and Education Foundation



*“We are being asked to be professional in an unprofessional environment.”*





# Unprofessional Behavior

- 98% of students surveyed at six medical schools reported seeing unprofessional behavior among faculty involved in their teaching.
- Lack of professional conduct has implications that extend beyond medical education:
  - Directly impacts patient care.
  - Drives patient complaints.



# What is Professionalism?

While professionalism has always been a core value in medical practice, it has received increasingly explicit attention over the past several years:

- ACGME / ABMS competencies
- The Physician Charter
- Good Medical Practice (UK)





## Abstract Concepts

- Altruism, Excellence, Duty, Integrity, Respect
- The sharpened focus on professionalism has not been accompanied by enhanced accuracy or sophistication in terms of assessment.



## Goal of Project

Systematically identify and prioritize behaviorally-based signs of professionalism.

Guiding principles:

- Reliable assessment requires definition of behaviors, not attributes.
- Need to involve patients, nurses, and physicians across specialties to ensure relevance.



## Project Design

- Literature review
- National advisory board
- Focus groups
- Surveys



## Focus Groups: Overview

Conducted a series of 22 focus groups designed to explore behavioral signs of professionalism in medicine:

- 1 pilot group of patients recruited in the lobby of an academic medical center
- 20 groups from GLM, general surgery, pediatrics, PM&R:
  - 4 x Patients
  - 4 x Inpatient nurses
  - 4 x Outpatient nurses
  - 4 x Resident physicians
  - 4 x Attending physicians
- 1 group of patients recruited from a rural setting



## Focus Groups: Methods

- Focus groups had an average of 7 participants as well as two trained facilitators.
- Discussions were videotaped to facilitate content analysis and constant comparative analysis.
- All three authors participated in a debriefing session after each group.
- Items generated, whether by patients, nurses or physicians, were included for discussion in all subsequent groups.





## Focus Groups: Results

- Generated a total of 68 behaviorally-based items.
  - Ranging from the very basic, to communication-oriented behaviors, to accountability.
  - Some of the domains outlined in prominent publications (e.g., The Physician Charter) were not evident in the set of behaviors that emerged in the focus groups.

- Examples:

*Just distribution of finite resources.*

*Commitment to improving access to care*



## Literacy Check

- Conducted a Lexile Analysis on each of the 68 items to test readability.
- Lexile scores correspond to a 3rd - 5th grade reading level.
  - Increases the likelihood that items can be appropriately understood whether self-administered or interviewer-administered.





## Surveys: Overview

- Implemented surveys with patients, physicians, and nurses to determine:
  - *How would you rate the importance of each behavior?*
  - *Can you gauge the extent to which a doctor exhibits these behaviors?*



# Patient Survey

Criteria for including items in the patient survey:

- (1) Relevant to the physician-patient relationship, not to “backstage” or back-office behaviors (e.g., communicates *orders* clearly and effectively).
- (2) Relevant to the particular patient, not to patients in general (e.g., shows sensitivity to different cultures).
- (3) Transparent in all cases (e.g., is willing to admit mistakes).

A subset of 41 of the 68 behaviors met these criteria.

Also included a behavior not associated with professionalism.



# Surveys: Format and Samples

## Patient – telephone

- Cross-sectional, random-digit-dial survey of adults in the 48 contiguous states
- 415 completed interviews (28% response rate)

## Physician Leadership – online

- Sent to directors of all 24 specialty boards.
- 214 responses (>50% response rate)

## Nurse – online

- Inpatient and outpatient nurses recruited via flyer.
- 223 responses distributed over several specialties



# Item Selection Criteria

## To be included in assessments by others

- $\geq 75\%$  of respondents deem the behavior very important  
-and-
- $\geq 75\%$  of respondents report that they could know if a physician exhibited the behavior

## To be included in self-assessment

- $\geq 75\%$  of patients, physicians, and/or nurses deem them very important



# PAT - Patient Version (15 items)

## The doctor

(5-point scale, poor – excellent)

Is approachable

Takes a genuine interest in the patient's health

Explores patient's needs and concerns

Listens carefully

Answers questions from patients and families

Communicates clearly and effectively

Maintains patient's privacy during exams

Shows compassion and care

Shows respect for patients and families

Involves patient and/or family in decision making process

Follows up to ensure proper care

Keeps patient and/or family informed and up-to-date

Maintains appropriate behavior with patients and families

Has good hygiene (e.g., washes hands, wears clean clothes)

## The Professional Environment

Cleanliness and comfort of patient areas



# PAT - Nurse Version (11 items)

The doctor

(5-point scale: never – always)

*Is approachable*

Is personable and polite

*Shows compassion and care*

*Communicates clearly and effectively*

Communicates orders clearly and effectively

Shows respect for physician colleagues

Shows respect for clinical and administrative staff

Speaks respectfully about patients

Controls own emotion and maintains composure

Maintains appropriate behavior with co-workers

*Has good hygiene (e.g., washes hands, wears clean clothes)*

Note: Three items (Answers questions from patients and families; Shows respect for patients and families; Maintains appropriate behavior with patients and families) also met the criteria, but were not included on the Nurse PAT because patients are in a better position to assess these items.



# Physician Items

## The doctor

Controls own emotion and maintains composure

Has good hygiene (e.g., washes hands, wears clean clothes)



# Items for Self-Assessment

*(also on Patient and/or Nurse PAT)*

has good hygiene (e.g., washes hands, wears clean clothes)
maintains patient's privacy during exams
answers questions from patients and families
shows compassion and care
maintains appropriate behavior with patients/families
is approachable
shows respect for patients and families
communicates clearly and effectively
listens carefully
takes a genuine interest in patient's health
explores patient's needs and concerns

involves patient and/or family in decision making process
follows up to ensure proper care
keeps patient and/or family informed and up-to-date
is personable and polite
controls own emotion and maintains composure
shows respect for physician colleagues
communicates <u>orders</u> clearly and effectively
shows respect for clinical and administrative staff
maintains appropriate behavior with co-workers
speaks respectfully about patients
<i>pays attention to the cleanliness and comfort of patient areas</i>





# Self-Assessment: Additional Items

seeks help when needed
communicates with other health professionals to coordinate care
pays attention to detail
practices in an ethical manner
discusses confidential information only with appropriate people
prepares before seeing patient (e.g., reviews chart)
is open to patient getting a second opinion
takes responsibility for own actions and decisions
works in patient's best interest, regardless of personal gain
is honest
always gives best effort, regardless of circumstances
tailors information to patient's and family's needs
discusses confidential information only in appropriate settings
delivers appropriate care regardless of patient's personal characteristics
physically and psychologically fit for practice
greet patients appropriately

refers patients to appropriate specialists when needed
answers questions from clinical / administrative staff
uses resources effectively and efficiently to optimize patient care
speaks respectfully about other healthcare providers / specialties
keeps current with medical literature
admits when doesn't know something
only documents work that has been done
demonstrates a team-player mentality
responds to phone calls, pages, and e-mails in a timely manner
shows commitment to self-improvement and life-long learning
is willing to take action if physicians deliver substandard care
is willing to admit mistakes
is willing to report impaired physicians
serves as a patient advocate
shows sensitivity to different cultures



# Conclusion

- It is possible to define professionalism in terms of measurable behaviors.
- Physician peer-assessment tools are unlikely to be accurate.
- The input of patients, nurses, and physicians makes the instruments tangible, relevant, and valuable for the people who use them.
- Providing feedback about professional behavior has considerable potential for improving the educational environment and the quality of patient care.



## Next Steps

- Test and implement the PAT in educational and practice settings:
  - Patient Version
  - Nurse Version
  - Physician Self-Assessment



# National Advisory Board Members

- Mark Albanese PhD (University of Wisconsin)
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- Raymond Curry MD (Northwestern)
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- David Stern MD (University of Michigan)
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