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

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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 GIM, 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

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

To be included in self-assessment

• > 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)*

<table>
<thead>
<tr>
<th>Self-Assessment Items</th>
<th>Relevant Practice Areas</th>
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<tbody>
<tr>
<td>Good hygiene (e.g., washes hands, wears clean clothes)</td>
<td>Involves patient and/or family in decision making process</td>
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<tr>
<td>Maintains patient's privacy during exams</td>
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<td>Takes a genuine interest in patient's health</td>
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<tr>
<td>Explores patient's needs and concerns</td>
<td>Pays attention to the cleanliness and comfort of patient areas</td>
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<tr>
<td>Self-Assessment: Additional Items</td>
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<tr>
<td>seeks help when needed</td>
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<td>communicates with other health professionals to coordinate care</td>
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<tr>
<td>pays attention to detail</td>
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<td>practices in an ethical manner</td>
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<tr>
<td>discusses confidential information only with appropriate people</td>
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<tr>
<td>prepares before seeing patient (e.g., reviews chart)</td>
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<td>is open to patient getting a second opinion</td>
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<td>takes responsibility for own actions and decisions</td>
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<td>works in patient’s best interest, regardless of personal gain</td>
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<tr>
<td>is honest</td>
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<tr>
<td>always gives best effort, regardless of circumstances</td>
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<tr>
<td>tailors information to patient’s and family’s needs</td>
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<tr>
<td>discusses confidential information only in appropriate settings</td>
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<td>delivers appropriate care regardless of patient’s personal characteristics</td>
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<td>physically and psychologically fit for practice</td>
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<td>greets patients appropriately</td>
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<td>refers patients to appropriate specialists when needed</td>
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<td>answers questions from clinical / administrative staff</td>
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<td>uses resources effectively and efficiently to optimize patient care</td>
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<td>speaks respectfully about other healthcare providers / specialties</td>
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<td>keeps current with medical literature</td>
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<td>admits when doesn’t know something</td>
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<td>only documents work that has been done</td>
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<td>demonstrates a team-player mentality</td>
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<td>responds to phone calls, pages, and e-mails in a timely manner</td>
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<td>shows commitment to self-improvement and life-long learning</td>
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<td>is willing to take action if physicians deliver substandard care</td>
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<td>is willing to admit mistakes</td>
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<td>is willing to report impaired physicians</td>
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<td>serves as a patient advocate</td>
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<td>shows sensitivity to different cultures</td>
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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
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