

Assessment of Professionalism as an Obligation for Self Regulation

Maxine A. Papadakis, M.D.

Professor of Medicine

Associate Dean of Students

UCSF

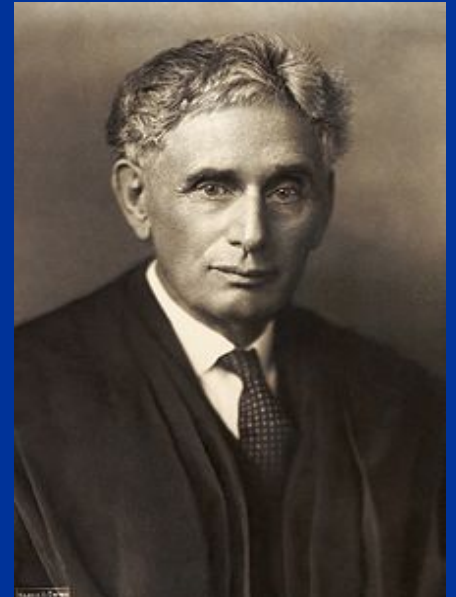
Objectives

1. Link unprofessional behavior in training to licensing boards' disciplinary actions
1. Describe the demographics of disciplinary actions by medical boards

Three characteristics define a profession

Louis Brandeis

1. Body of knowledge that is owned by the profession; distinguished from mere skill
2. Occupation pursued largely for others
3. Financial return not the accepted measure of success; obligation of self-regulation; QI

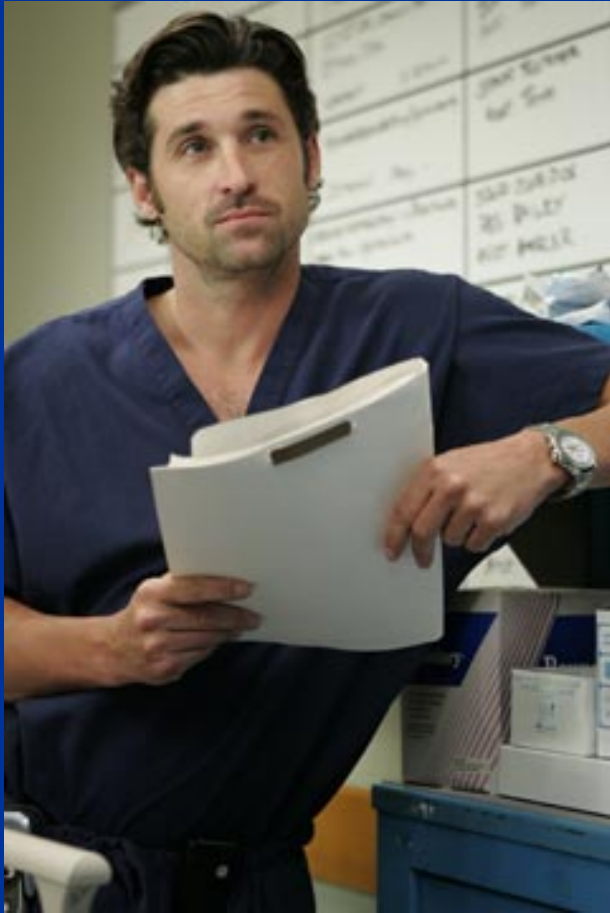


What is Professionalism?

American Board of Internal Medicine Charter on Professionalism

- Altruism
- Accountability
- Excellence
- Duty
- Honor and Integrity
- Respect for others

What is Professionalism?



A professional is someone you can trust to do the right thing even when no one is looking

**It is a privilege and a joy
to be involved in the
education of medical
students**

Evaluation of Third Year Medical Student

- Residents feel that he accepted responsibility to which he was not ready and acquitted his responsibility without consultation. One resident even said he might be “dangerous”. When confronted with the consequences of his precipitous actions, his characteristic response was to be stubborn and argumentative.
- ***We do not feel his behavioral problem is sufficient to invalidate the fact that he passed the course, but it is sufficient to prevent his receiving a grade higher than pass.***

UCSF's Professionalism Evaluation System

- Process implemented in 1995
 - Professionalism became "core"
 - Physicianship Forms
 - Longitudinal overview
- Goal is remediation
- Academic consequences
- Needed outcome data

Research Question

Does unprofessional behavior
in medical school predict
disciplinary action by the state
licensing boards?

Unprofessional Behavior in Medical School and Subsequent Disciplinary Action by State Medical Boards

A Teherani, M Banach, C Hodgson, S Rattner,
J Veloski, D Stern, T Knettler

UCSF, University of Michigan, Jefferson Medical College,
Federation of State Medical Boards

M Papadakis et al NEJM 2005

Methods

Design

Case-control study

Cases

All graduates disciplined
by any state medical
board (1990-2003) from:

Jefferson Medical College

University of Michigan

UCSF

Controls

Matched to:

School

Graduation year

Specialty



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On-line Disciplinary Search Request

To learn if your physician has disciplinary history, please fill out the physician information below. **You must include the physician's first and last name, city, and state where he or she is located.** By including the zip code, degree code or specialty it will further allow us to narrow our search and find the physician for which you are requesting information. The fee per report is **\$9.95**.

Enter search information below:

ALL FIELDS MARKED WITH AN ASTERISK (*) ARE REQUIRED

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*First Name:

Middle Name/Initial:

Association of Unprofessional Behavior in Medical School with Subsequent Disciplinary Action

n = 732 physicians (1/3 cases, 2/3 controls)
3 medical schools
40 state medical boards in the U.S.

Odds ratio	CI (95%)	Attributable risk
3.0	1.9-4.8	26%

Frequency of Unprofessional Behavior in Medical School

Cases

39%

Controls

19%

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Types of Unprofessional Behavior Associated with Disciplinary Action

	<u>Odds Ratio</u>
Irresponsibility	8.5
Poor self-improvement	3.1
Immaturity	Not Significant
Poor initiative	NS
Impaired relationships with:	
Students, residents, faculty	NS
Nurses	NS
Patients and families	NS

Poor Ability to Self Improve

- Does not solicit feedback
- Does not incorporate the feedback
- Critical negatives
 - Lack of adaptability
 - Arrogant, bad attitude
 - Always need to be right

Other Predictors

	<u>Odds Ratio</u>	<u>Attributable risk</u>
Undergraduate science grade point average	1.0	
MCAT scores	0.6	1%
Medical school grades		
Years 1-2	1.6	7%
Years 3-4	1.1	
NBME/USMLE Step 1	0.9	
Unprofessional behavior	3.0	26%

Student Evaluation

We had many problems with this student. She was undependable in checking on patients' problems. She directed much of her energy to impressing the faculty and expended little energy in performing assigned duties. She was manipulative in her dealings with staff and on some occasions frankly offended some of them.

I have considered failing this student. However, this would serve no good function, since she would have to repeat the rotation and doesn't learn from or accept criticism. Her problem, although severe and deep seated, is one of personality and behavior, not academic and therefore not amenable to remedial work.

"Forward Feeding"

- "Acquisition of knowledge & clinical skills, & the behaviors associated with professionalism, are longitudinal and cumulative.
- A series of isolated assessments that begin anew each six or eight weeks often fails to identify inadequate or marginal performance on a timely basis, or at all."



Do These Relationships
Persist During Residency?

American Board of Internal Medicine Study

Design	Cohort study
Subjects	All U.S. medicine residents in 1990-2000 n=66,000
Predictor variables	Performance measures Program Director ratings (6 components) Certification examination score Demographics
Outcome variable	Disciplinary action (17 years)

Six Components of the Program Director Ratings

- Medical interviewing
- Physical examination skills
- Procedural skills
- Medical knowledge
- Professionalism
 - ◆ Embedded in medical school grades
- Overall clinical competence

RESULTS over the 17-year interval of the study

Total study population = 66,171

Disciplined physicians = 1%

Bases of Disciplinary Actions

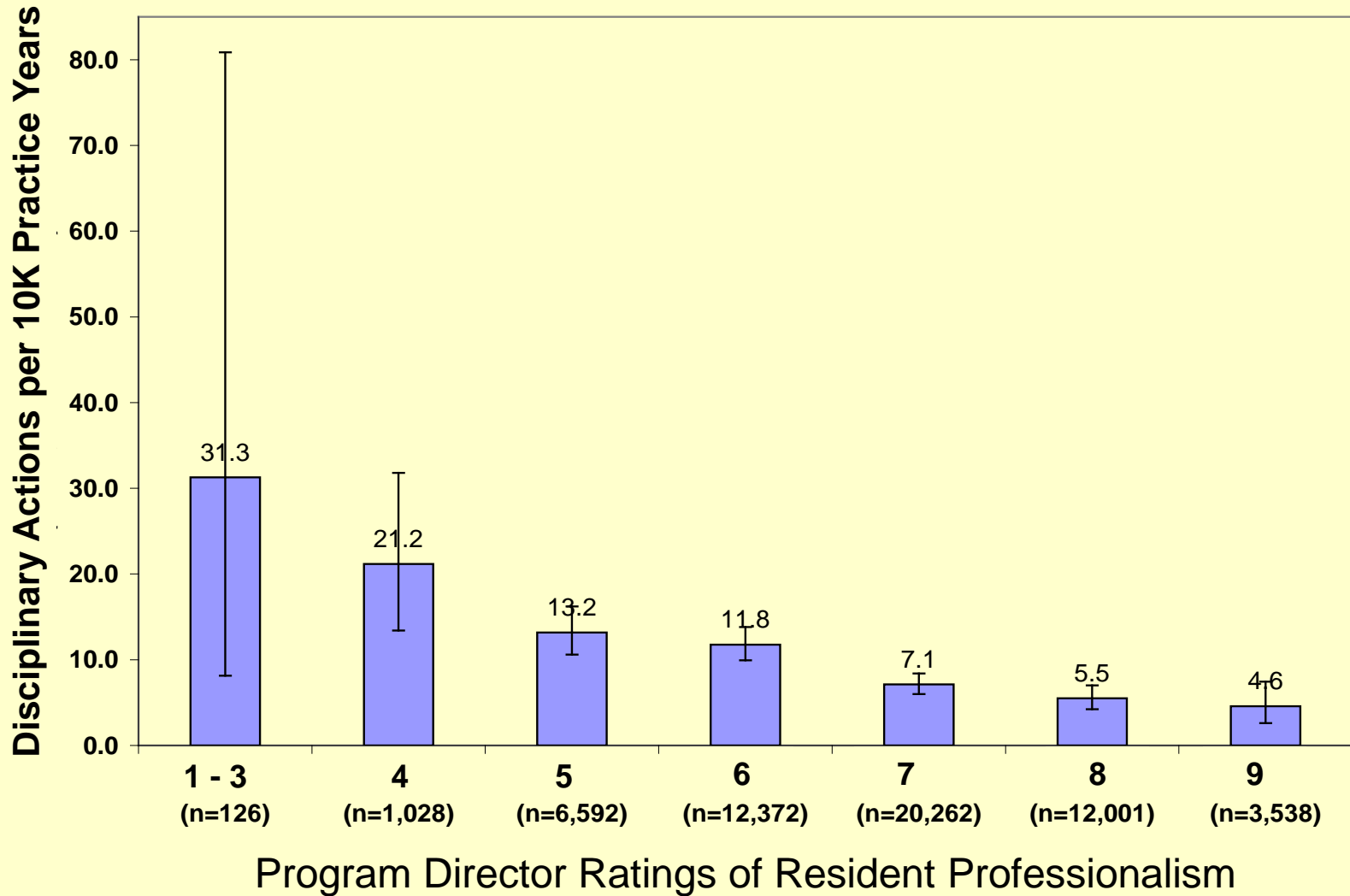
	<u>%</u>
Failure to meet educational requirement (e.g. CME)	18
General	16
Fraud/billing/tax irregularities	10
Controlled substance violations	9
Examination/license irregularities	8
Substance use (e.g. self use of drugs/alcohol)	8
Professional conduct	6
Convicted of a crime	5
Sexual misconduct	5

Significant Predictor Variables

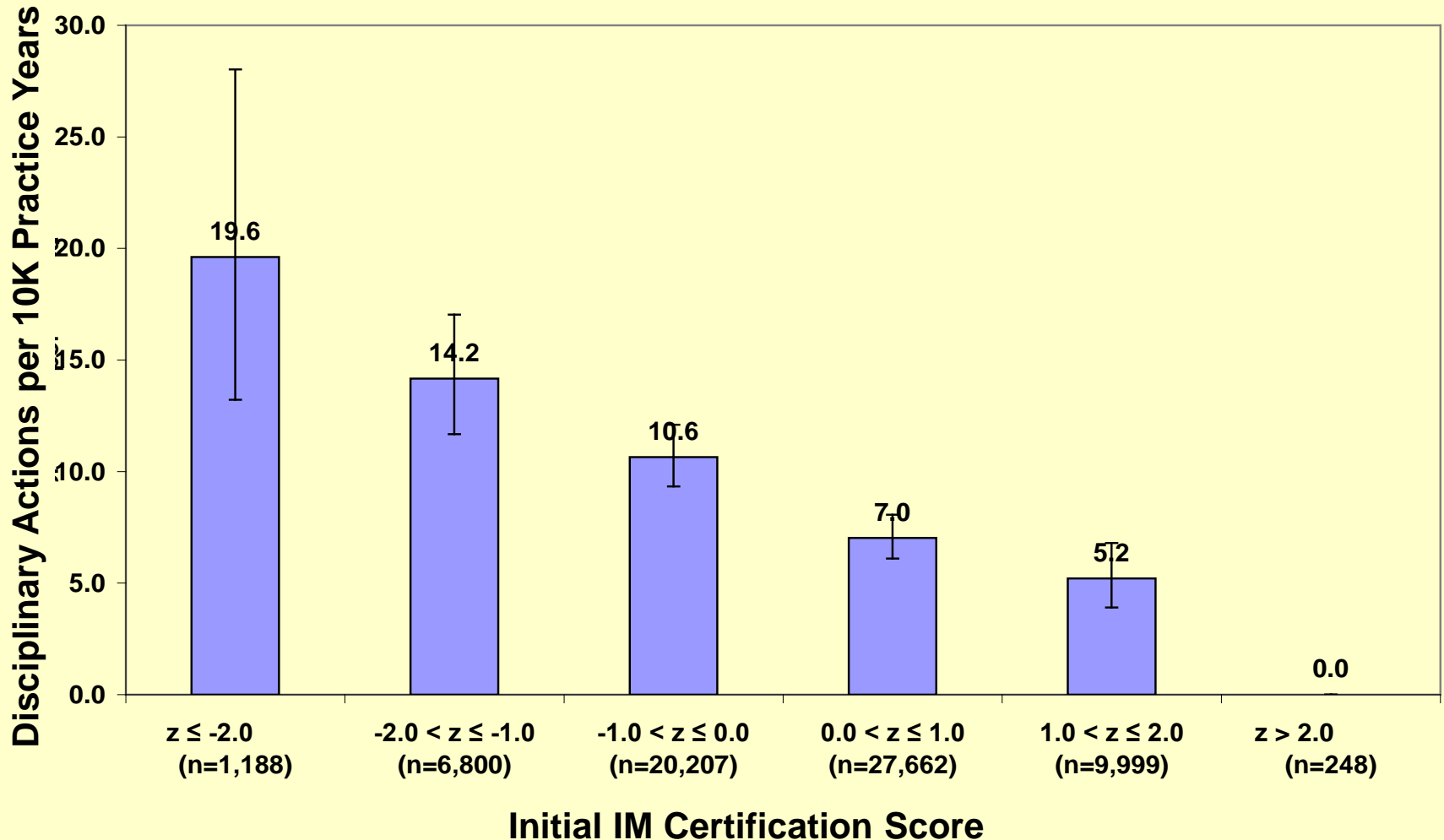
	Odds Ratio
Low professionalism score	2
Low ABIM certification exam score	2

M Papadakis et al Ann Intern Med 2008

Resident's Professionalism Rating and Risk for Subsequent Disciplinary Action



Score on the Internal Medicine Certification Examination and Risk for Subsequent Disciplinary Action



Practical Implications

- Study provides documentation that ratings in professionalism bear on the subsequent care of patients
- Data support ACGME's inclusion of professionalism as a competency

What do the data from these two studies NOT support?

- Dismissal of trainees for fear of subsequent disciplinary action
- Performance measures during training are poor screening tests for disciplinary action
- Decisions to promote residents and fellows should be based on demonstration of ACGME competencies

What do we know about remediation?

Perspective:

The Education Community Must Develop
Best Practices Informed
by Evidence-Based Research to
Remediate Lapses of Professionalism

M. Papadakis et al Acad Med 2012

Challenge to identify applicants who are most likely to be professional

The largest challenge

Personal interview has limited ability to assess non-cognitive domains

Personal statement

Not predictive of performance

Cottage industry-misrepresentation of the applicant's independent capability

Multiple Mini-Interview (MMI)

- Kevin Eva et al
- Admission OSCE
- Scenarios
 - ◆ Medical student with alcohol on breath
 - ◆ You inadvertently give the wrong drug
 - ◆ Patient asks you out for a date
 - ◆ Patient asks for antibiotic for family member to be paid by patient's insurance
 - ◆ Classmate gives you test answer sheet

MMI for Admission to Medical School

- Best predictor of:
 - ◆ Much preclerkship and clerkship performance, including OSCE
 - ◆ Not predicted by other admissions measures or grade point average
- Grade point average best predictor of performance on multiple-choice questions of medical knowledge
- McGill: MMI 70% of final rank

How do we create a "culture of professionalism"?

Learning Environment

Must address
unprofessional behavior
by faculty and residents

Third Year Medical Student:

An attending made me feel like I wasn't a valued member of the team. She cut me off and shut down my ideas, even if they were suggested or backed by the resident. She seemed to go out of her way to hug nurses, interns, & other members of the team, but would barely acknowledge me. The other med student had the same experience with her. I did not report it because I felt like it was "part of third year..."

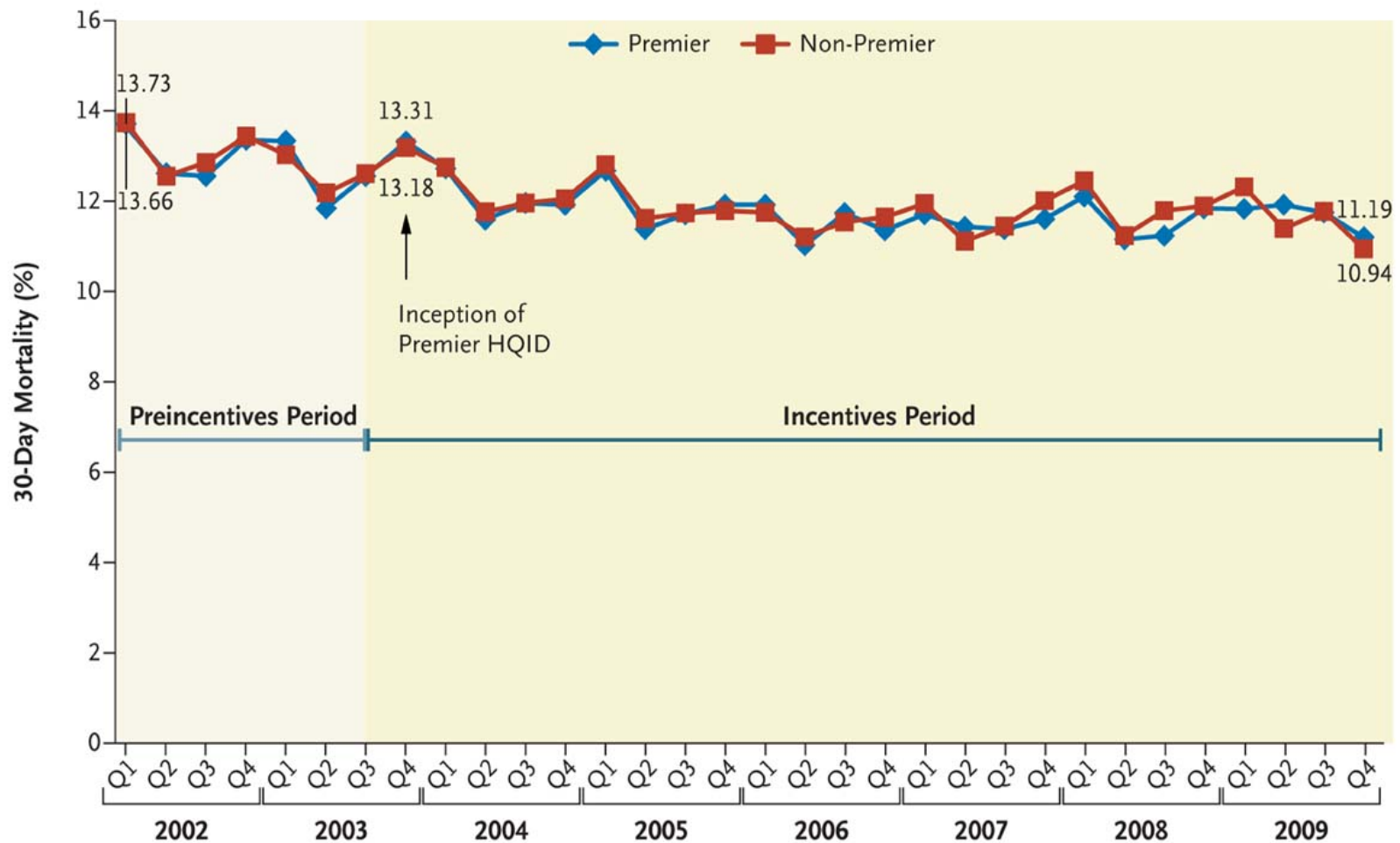
Central Monitoring of Data

- Critical to the success of the initiative
- Know up front what is expected
- Assessment drives performance

Challenges of QI to Professionalism

- Physicians evolve a professionalism instinct in their identify formation development
- Pay for performance is now a central strategy to improve health care
 - ◆ Assumption
 - ☞ The reason we suffer from poorer than desired quality is that physicians are not adequately motivated
 - ☞ Financial incentives will increase physician motivation

Long term effect of premier pay for performance and 30 day mortality



Unintended Consequences?

Day Care Center

- Parents tardy in picking up children
- Intervention
- Desired outcome?

Antibiotics for pneumonia w/in 4 hours of ER

Summary

- Professionalism is rightly a core *academic* (not just disciplinary) competence
- Addressing professional lapses is self-regulation; our profession must “profess” professionalism
- Must be mindful not to erode the fundamental characteristics of our profession

Letters to a Young Poet

Rainer Maria Rilke 1984

“...have patience with everything unresolved in your heart and try to love the questions themselves...the point is to live everything. Live the questions now. Perhaps then, someday far in the future, you will gradually, without even noticing it, live your way into the answer.”