Advancing and Assessing Medical Professionalism

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Disclosure

Peter Katsufrakis has no financial relationships and no conflicts of interest relevant to this presentation.

M. Brownell Anderson has no financial relationships and no conflicts of interest relevant to this presentation.
• Most important (in ABIM Charter)
• What is different or overlap with AUB Charter
• Behaviors that are most amenable to observation
Objectives

1. Review the “Professionalism Charter” created in March 2013 and the ABIM Physician Charter

2. Evaluate appreciative inquiry as an approach to consider promoting medical professionalism at AUB.

3. Identify potential approaches to assess professionalism that align with curricular goals and objectives

4. Enjoy!
A Definition of Professionalism

Clinical Competence (Knowledge of Medicine)

Communication Skills

Ethical and Legal Understanding

EXCELLENCE

HUMANISM

ACCOUNTABILITY

ALTRUISM

PROFESSIONALISM

THREE WORDS THAT DESCRIBE CHANGE
Basics of Appreciative Inquiry

• Assumption:
  ○ Every system has something that works right

• Methods
  ○ Asset, forward based qualitative method (semi-structured interview)
  ○ Focus on success; explore in depth key elements

• Analysis → Identification of:
  ▪ Themes
  ▪ Strategies for overcoming barriers
Basics of Appreciative Inquiry
Used with/for:

- **Indiana U – 2004 JGIM - Professionalism**
  - Used an organizational change methodology known as appreciative inquiry, which focuses attention on existing capabilities and successful experiences as a foundation for creating more of what is desired

- **Univ of Washington & UMKC - Professionalism**
  - UW – Strategy for enhancing an institutional culture of professionalism (2007 Acad Med)
  - UMKC – Narrative storytelling as variant of AI to identify principles contained in definitions of professionalism to deepen understanding (2010 Acad Med)

- **Learning in Interprofessional Teams**

- **Faculty Development at: Emory, Indiana, Rochester, Baylor, Minnesota**
  - Core Curriculum session to enhance reflective learning - – Acad Med 2009
Directions for Exercise One

- Step back...
Think of recent experience (last 3-4 months) related to medical student curriculum
  - Pick a time when you have felt most engaged, alive, absorbed, excited, proud.
  - Everyone have an experience?
  - A learning experience with or between students and faculty
  - (Re) Affirmation of your role as a future physician, teacher, learner, educator, faculty member.
  - Occurred in any setting/context – in/out of class, as part of core/non-core pathway time, in a hallway/e-mail, in a clinic or the library, Simulation Center, Starbucks.
Worksheet Part 1: Your Success

1. Most Proud, Engaging, Excited Experience as related to medical student (or other) Education program

2. Describe the experience in sufficient detail so that others can understand why this stands out for you?
   - What did it feel like?
   - Connect to Something You Value? If yes what was it
   - Who, What, Where, When were you involved
• Describe the experience in sufficient detail
  ○ What did it feel like?
  ○ How does it connect to something you value?
  ○ Who, What Where, When were you involved?
  ○ What did you and/or others do to contribute to this success?

• What did you learn that might apply to other aspects of educational programs?

• Is there an analogy, image, or metaphor that captures what you learned?
Worksheet #2- Directions

- Tell Your Story to Your Group
  Record – key words/phrases
- Debrief Group & Record Common Features/Themes on success
- Identify someone in the group to give a 1 minute report of KEY THEMES
Cross-Cutting Themes

STRATEGIES TO BUILD ON?
OVERCOME OBSTACLES?
What does the Literature Tells Us?

**DOES IT MATCH OUR THEMES?**

**EXPAND/ENRICH OUR UNDERSTANDING?**

**WHAT HAVE WE ADDED?**
What Does the Literature Tell Us?

- 50% of all organizational changes fail

- Failure can:
  - Happen early → failure of buy in/leadership group
  - Happen late, when success is not sustained → failure to live up to agreements
    - Peer pressure
    - Conflicting priorities

So, how can change succeed?
 Works on Successful Change: Identifying Key Characteristics

  ○ Six sources of influence
- John D. Adams – review of various “models:  
  ○ 8 + 4 themes for successful change
Herb Shephard’s
RULES OF THUMB FOR CHANGE AGENTS

- Rule I: Stay alive
  - This rule is a double entendre—Herb advised us both to avoid “self-sacrifice” and to be “fully alive” in our work.

- Rule II: Start where the system is

- Rule III: Never work uphill
  - Corollary 1: Don’t build hills as you go
  - Corollary 2: Work in the most promising area
  - Corollary 3: Build resources
  - Corollary 4: Don’t over-organize
  - Corollary 5: Don’t argue if you can’t win

- Rule IV: Innovation requires a good idea, initiative, and a few friends

- Rule V: Load experiments for success

- Rule VI: Light many fires

- Rule VII: Keep an optimistic bias

1. Establishing a sense of urgency
2. Creating a guiding coalition
3. Developing a vision and strategy
4. Communicating the change vision
5. Empowering employees for broad-based action
6. Generating short term wins
7. Consolidating gains and producing more change
8. Anchoring new approaches in the culture
<table>
<thead>
<tr>
<th></th>
<th>Motivation</th>
<th>Ability</th>
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</thead>
<tbody>
<tr>
<td><strong>Personal</strong></td>
<td>Make the Undesirable Desirable</td>
<td>Surpass Your Limits</td>
</tr>
<tr>
<td><strong>Social</strong></td>
<td>Harness Peer Pressure</td>
<td>Find Strength in Numbers</td>
</tr>
<tr>
<td><strong>Structural</strong></td>
<td>Design Rewards and Demand Accountability</td>
<td>Change the Environment</td>
</tr>
<tr>
<td>Understand and accept the need for change</td>
<td>Structures/mechanisms that require repetitions of the new pattern</td>
<td></td>
</tr>
<tr>
<td>Believe change is desirable and possible</td>
<td>Feeling supported and safe</td>
<td></td>
</tr>
<tr>
<td>Sufficient passionate commitment:</td>
<td>Versatility of mental models</td>
<td></td>
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<tr>
<td>Changing habits (25% of people)</td>
<td>Patience and perseverance</td>
<td></td>
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<tr>
<td>Specific deliverable goal and a few first steps</td>
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John Adams: 4 Additional Success Factors

- Clear accountability
- Explicit boundary management
- Critical mass in alignment
- Rewarding the new behavior and withdrawal of rewards for the old behavior
<table>
<thead>
<tr>
<th>Theme</th>
<th>Yes or No</th>
<th>Theme</th>
<th>Yes or No</th>
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<td>Patience and perseverance</td>
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<tr>
<td>Sufficient passionate commitment</td>
<td></td>
<td>Clear accountability – visible, vocal, vocal, persistent sponsors and stakeholders</td>
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<td>Specific deliverable/goal and a few first steps</td>
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<td>Explicit boundary management</td>
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Advancing and Assessing Medical Professionalism - Day Two

ASSESSING PROFESSIONALISM: IMPLEMENTATION
What Does Assessment Do?

- Different types of assessments can measure:
  - Attitudes
  - Knowledge
  - Ability
  - Performance
- Ensures minimum competency
- Defines aspirational goals
- Communicates values
  - What is important, or not important
Hierarchy of Abilities

Practice (does)

Performance (can do)

Competence (knows how)

Knowledge (knows)
Assessment Methods

Knowledge
- MCQ, short answer

Competence
- Essay, oral, PMP

Performance
- Simulations, bedside/lab exam

Practice
- Audit, observation
Value Proposition for Assessment

- Able to enhance products and services
- Communicates values to stakeholders
- Provides actionable information
- Aligns activities to achieve outcomes
Objective: Improve Clinical Skills of Students

● Pre-1971:
  ○ Year 3-4 = discipline-based classes
  ○ Year 6 = didactic teaching
  ○ Evaluation = clinical bedside exam + multiple choice question (MCQ) exam

● Post-1971:
  ○ Year 3-4 = organ-system-based
  ○ Year 6 = internship
  ○ Evaluation = ward assessments + MCQ; clinical bedside exam if unsatisfactory ward assessments

Outcomes of Curricular Change

- Few unsatisfactory ward ratings (3/480)
- Academic success depended on MCQ exam
  - Students moved away from wards and into library to prepare
  - Clinical skills became less important as perceived by students

Attempt to Remedy the Problem

- Added 90 minute Objective Structured Clinical Exam (OSCE) to final examinations
- Added 90 minute essay exam on clinical management
- Retained ward ratings and MCQ exam
- Surveyed students to assess impact of changes

Objective: Improve Clinical Skills of Students via USMLE Step 2 CS exam

- **Step 2 CS Exam introduced in 2004**
  - Previously, basic skills were never or rarely observed throughout a student’s medical school career
  - Approximately 2/3 US medical schools had a high-stakes clinical skills exam

- **Clerkship directors were surveyed at 109 US medical schools in 2005 about changes in teaching**
Objective: Improve Clinical Skills of Students

<table>
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<tr>
<th>Educational method</th>
<th>Use of method increased (%)</th>
<th>Use of method introduced (%)</th>
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</thead>
<tbody>
<tr>
<td>Standardized patients</td>
<td>31</td>
<td>14</td>
</tr>
<tr>
<td>Direct observation of real patients</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>Simulators or synthetic mannequins</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Faculty development programs</td>
<td>11</td>
<td>8</td>
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Lessons About Assessment

- Change in assessment method has greater effect than change in curriculum
- Assessment methods influence study methods chosen by students
- Assessment methods influence faculty behavior
- Assessment method measurement characteristics are important
- Assessments must have consequences to be effective
Using Miller’s Pyramid, what areas might we target when assessing professionalism?

What assessment methods could we use to measure each of these?

- (e.g. test of knowledge of ethical principles; reflective writing exercise; observed performance in a clinical setting, etc.)
Assessing Professionalism
Exercise #2 – Challenges

• In small groups, discuss challenges to assessing professionalism generally and challenges of specific methods previously discussed

• Wherever possible, suggest strategies to mitigate or remove the challenges
  ○ What must be done?
  ○ Who needs to be involved?
  ○ What are most likely approaches that will be successful in the context of the institution?
Assessing Professionalism
Exercise #3 – Ideas to Action

• Individually, identify one particular component of professionalism that is meaningful to you. How might you assess it?
  ○ In one sentence, describe the professionalism component
  ○ Identify 1-3 methods you might use to assess this aspect of professionalism
  ○ Pick one method, outline the tasks necessary that you might accomplish within the next month to implement this assessment

• In pairs, describe and discuss your approach(es)

• Prepare to report to the larger group
Translating “Themes” Into Action Plans

TAKING THE LITERATURE AND THEMES TOGETHER—

HOW DO WE ADVANCE AND ASSESS PROFESSIONALISM?
ACTION PLANS

- Identify a current change effort (implementing professionalism charter at AUB)
- List the key features of your change strategy that connect to the success themes
- What is the ONE thing – based on themes for success – that you can do to transform “half empty” responses to change to positive/forward “half full” perspective:
  - 1st day you return to work
    - Within one week of return
Final Comments, Summary & References

• **AI ENGAGING METHOD**
  - Application to change anxiety
  - Opportunity to talk about success

• **LITERATURE ON “CHANGE”**

• **APPLICATION TO HOME SETTING?**
Using Success to Manage Anxiety → Moving forward in same direction

http://executiveeducation.wharton.upenn.edu/wharton-at-work/0810/images/cartoon2b_lg-0810.gif


SUMMARY

• FINAL COMMENTS
• "PEARLS" FROM PARTICIPANTS
Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.
SHUKRAN