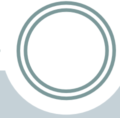
Building a Culturally Sensitive Framework for Medical Professionalism



M. BROWNELL ANDERSON
PETER J. KATSUFRAKIS, M.D.

AMERICAN UNIVERSITY OF BEIRUT
MARCH 2013

Objectives

1. Build a framework for medical professionalism for the country, incorporating your socio-cultural contexts
2. Apply the method of nominal group technique to generate consensus
3. Evaluate appreciative inquiry as an approach to consider promoting medical professionalism in Lebanon.
4. ENJOY!

Action Plan for Today's Workshop: Focus on Developing Definition for AUB

- Examples of medical professionalism
- Published definitions of "Professionalism"
  - Small Groups – Develop a National Definition of Medical Professionalism
  - Identify Common Features of Definitions
- Nominal Group Technique
- Groups Report on Definitions
  - Identify Cross Cutting Features
  - Vote on Definition(s)
- Summary and Closing
  - Questions
  - Preparation for Day Two

Definitions of Medical Professionalism

THREE WORDS THAT DEFINE PROFESSIONALISM

Examples of your "case studies"

Examples

- Who is responsible?
- Context of the hospital – noises, nurses, communication of physician/nurse
- Patient's perceptions
- Baby's blood type: issues are legal, social, ethical
- Students: poor attendance, poor dress, eating, **cheating**, Iphones/Ipads used all the time
- Ownership/multiple consults-communication among physicians
- Giving patients correct information
- Follow up – time to listen to patient- doctor in a hurry
- Powerful leader who helped someone in distress – went out of his way to be certain person was helped-excellent role model
- Perspective of physician – how they view the patient
- Ability to say "I don't know"

Definitions of Professionalism

- Examples of published definitions of professionalism:
  - ABIM and European Federation of Internal Medicine
  - Medical School Objectives Project (MSOP) (USA)
  - CanMEDS (Canada)
  - ACGME
  - Good Medical Practice (UK)

Definition of Professionalism

Professionalism is the social contract between the profession and the society

(Cruess, *et al.*); Ludmerer

- Society's expectations of medicine (healer)
- Medicine's expectations of society (self-regulation)
- Attributes: Healer+ Professional

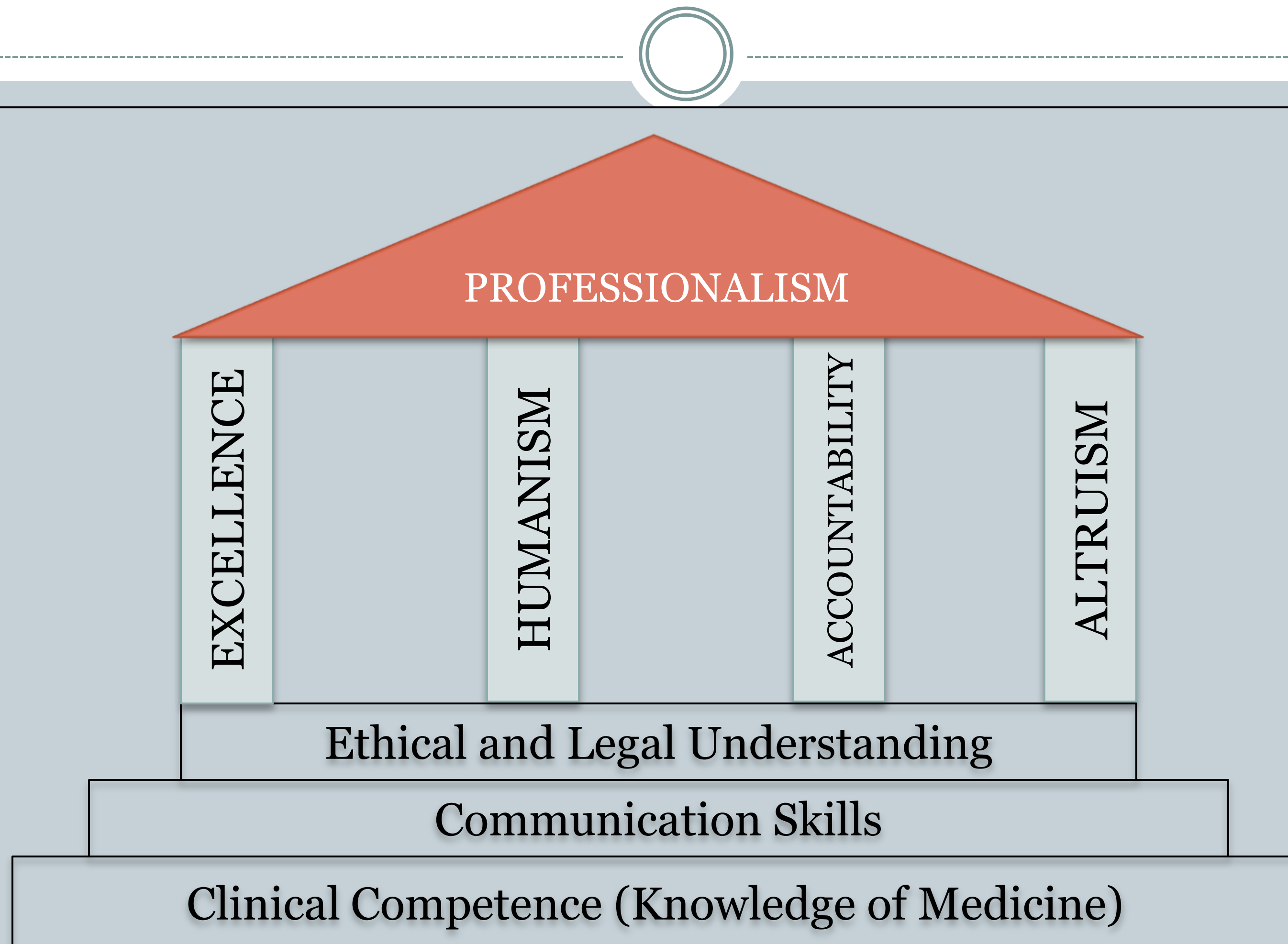
(Cruess 2008, 2010)

Definitions of Professionalism

- “The values and behaviors that individual physicians demonstrate in their daily interactions with patients and their families, and with physicians and other professional colleagues, become the foundation on which medical professionalism rests.”

Swick HM. Toward a normative definition of medical professionalism. Acad Med. 2000;75:613.

A Definition of Professionalism



Stern, et al. “Measuring Medical Professionalism”

American Board of Internal Medicine
Physician Charter

Cultural Differences?

- ABIM Physician Charter
  - Developed by Western physicians/educators; endorsed by 90 professional organizations worlwide in 15 months

Does this document represent the traditions of medicine in your culture?

Writing a Definition of Professionalism for AUB EXERCISE

- Use the Physician Charter from the ABIM
- Identify one item that conflicts with your cultural values
  - Relationship with industry
  - Relationship with colleagues
  - The "hidden curriculum"
  - Hippocratic Oath
- Rewrite the item so that it reflects your cultural values
- Share your writing with your small group

Nominal Group Technique

- Effective and efficient method to elicit group values and derive consensus
- Involves all stakeholders
- Applied in management, clinical guideline development, course evaluations
- The Challenge:
  - No universal definition of medical professionalism
  - Hierarchy in medicine and society
    - Obedience to authority

Steps of Nominal Group Technique

Steps 1& 2

- Write down essential abilities of a "good doctor" individually
- Taking turns, name one item from your list until all unique items are named

Steps 2 &3

- Combine closely related ideas

Steps 4& 5

- Vote on the importance of the items
- Total the voting results and rank the items

STEP ONE – Make a list

BEFORE GROUP DISCUSSION:

Everyone create a list of essential abilities of a "good" (professional) doctor

Write each item on a single "Post-It Note"

DO NOT DISCUSS OR INFLUENCE OTHERS IN THE GROUP

STEP TWO – Take turns with items

- Elect a scribe from each group to record on the flip chart
- Take turns naming ONE ITEM at a time from your list
- DO NOT CHALLENGE or DISCUSS items as they are listed on flip chart
- You can skip or join in any round
- Continue until all participants have expressed all of their ideas

STEP TWO – Combine ideas

- Discuss and clarify meaning of items on list
- Combine closely related items into a single item/idea
  - The individual who raised the item first may decide whether to combine the idea or not
- Report back to the large group with your combined ideas and categories

Is responsible expert or personal trait or skill?

Stress management – personal trait?

Dedicated – ethical vs work ethics OR personal trait (how can it be measured?)

Altruism – personal trait

Patient confidentiality and commitment – work ethics/habits

Caring and humble – personal traits

Doctor’s rights: protection from patient “abuse”

Add section to charter that is about rights/responsibilities of patients

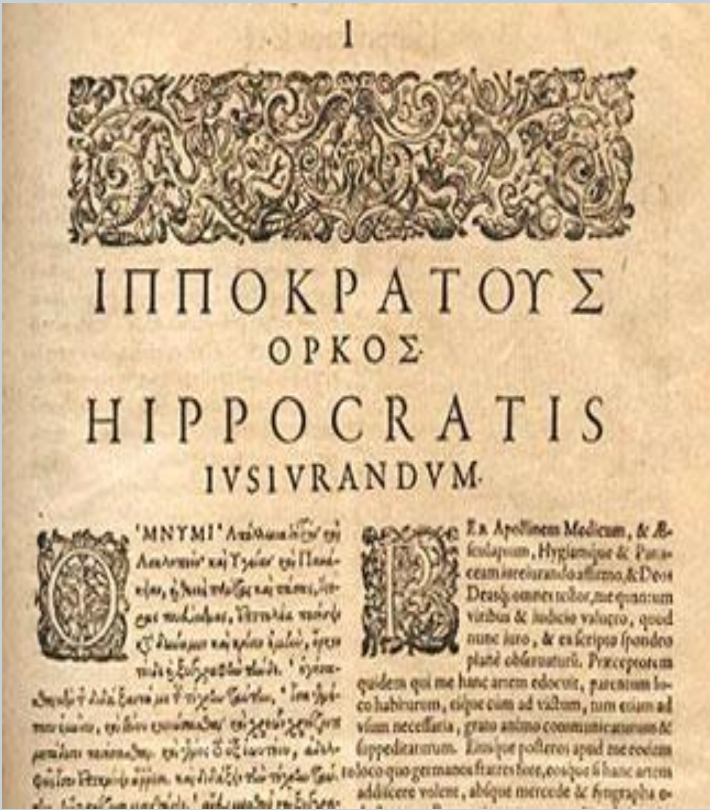
STEP FOUR - VOTE

- Select five items you consider most important
- Vote (using five point Likert scale) on each item
- 5 = most important; 1 = least important

STEP FIVE – Tally the votes; Create a DEFINITION FOR AUB

- What are the most highly rated items/categories
- Draft a national definition of medical "professionalism"

What does the Hippocratic Oath tell us?



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ΙΠΠΟΚΡΑΤΟΥΣ

ΟΡΚΟΣ

HIPPOCRATIS

IVSIVRANDVM

What does the Hippocratic Oath tell us?

Wrap Up for Day One

- Share "pearls" and "AHA" moments
- What have you identified that will make consensus on professionalism easier in Lebanon?
- QUESTIONS?
- Plans for day two

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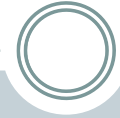

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Workshop – Day Two Objectives

- Draft of Professionalism "Charter"
- Applying the national definition of medical professionalism to:
  - Hidden curriculum
  - Relationships with colleagues, administration, industry
- Promoting medical professionalism in Lebanon
- Basics of Appreciative Inquiry
- Translating ideas into action

Template to Draft Sections of Professionalism Charter for Lebanon

- Description
  - 1-2 paragraph description of the category
- Key Traits
  - Description of each of the traits identified during the workshop
  - Examples may be useful
- Sub-traits
  - Description of any sub-traits or behaviors
  - Examples may be useful
- (Assessment)
- [for future consideration]

The Hidden Curriculum in Medical Education

- What dominates the culture of medicine…[is] a structurally ambiguous training process that too often is characterized by the existence of double messages
- What students learn about the core values of medicine…takes place not so much… at the bedside but via its more insidious and evil twin, ‘the corridor’

Hafferty FW et al. The hidden curriculum, ethics teaching, and the structure of medical education. Acad Med 1994.

Basics of Appreciative Inquiry

- Assumption:
  - Every system has something that works right
- Methods
  - Asset, forward based qualitative method (semi-structure 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**
  - We use 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**
  - Med Teacher/ AMEE Guide #28 (2009)
- **Emory, IU, Rochester, Baylor, Minnesota for Faculty Development**
  - Core Curriculum session to enhance reflective learning - – Acad Med 2009

Directions for Exercise One

- Step back - Think of recent experience (last 3-4 mos) 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, Sim center, Starbucks.

AI Success Worksheet
Write it Down

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

Worksheet cont

- 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?
- Analogy, image, metaphor captures what you learned?

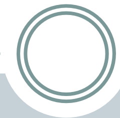
Exercise One and Two - Directions

- 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 Beer, M, & Nohria, N. (Eds.). (2000). *Breaking the code of change.* Cambridge, MA: Harvard Business School.
- Failure can
  - Happen early → failure of buy in/leadership group
  - Not be sustained → failure to live up to agreements
    - Peer pressure
    - Conflicting priorities

So, how can change succeed?

Works on Successful Change: Identifying key characteristics

- Herb Shepard: 8 Rules of Thumb for Change (1975)
- John Kotter: 8 Steps of Change (1996)
- Kerry Patterson, et al: Influencer (2008)
  - Six sources of influence
- John D. Adams – review of various "models:
  - 8 + 4 themes for successful change

John Adams: 8 themes for successful change

- Understand and accept the need for change
- Believe change is desirable and possible
- Sufficient passionate commitment:
  - changing habits (25% of people)
- Specific deliverable goal and a few first steps
- Structures /mechanisms that require repetitions of the new pattern
- Feeling supported and safe
- Versatility of mental models
- Patience and perseverance

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

Herb Shephard's Rules of Thumb for Change Agents

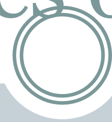
- **Rule I: Stay alive:**
  - **This rule is a *double entendre—Herb*** advised us both to avoid "self-sacrifice" and to be "fully alive" in our work.
- **Rule II: Start where the system is**
- **Rule III: Never work uphill**
  - **Corollary 1: Don't build hills as you go**
  - **Corollary 2: Work in 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**

Shepard, H. A. (1975). Rules of thumb for change agents. *OD Practitioner 7(3), 1-5.*

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

The Influencer: Kerry Patterson, et al.
Six Sources of Influence



	Motivation	Ability
Personal	Make the Undesirable Desirable	Surpass Your Limits
Social	Harness Peer Pressure	Find Strength in Numbers
Structural	Design Rewards and Demand Accountability	Change the Environment

Theme	Y/N	Theme	Y/N
Understand and Accept the Need for Change		Versatility of mental models	
Believe change is desirable and possible		Patience and perseverance	
Sufficient passionate commitment		Clear accountability – visible, vocal, persistent sponsors and stakeholders	
Specific deliverable/goal and a few first steps		Explicit boundary management	
Structures/mechanisms that require repetition of new pattern		Critical mass In alignment	
Feeling supported and safe		Reward new and withdraw rewards for old behaviors.	

Translating "Themes" Into Action Plans

TAKING THE LITERATURE AND THEMES TOGETHER– HOW DO WE IMPLEMENT THE REGIONAL PROFESSIONALISM CHARTER?

ACTION PLANS

- Identify a current change effort (implementing professionalism charter nationally)
- 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

Brief Reports of Selected Action Plans

SUMMARY

- FINAL COMMENTS
- "PEARLS" FROM PARTICIPANTS

A closing thought.....

NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL, COMMITTED CITIZENS CAN CHANGE THE WORLD.
INDEED, IT IS THE ONLY THING THAT EVER HAS.

MARGARET MEAD
U.S. ANTHROPOLOGIST (1901 – 1978)

SHUKRAN