Assessing professionalism: the biggest challenge of all

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AUB and professionalism

Graduates will be individuals committed to creative and critical thinking, life-long learning, personal integrity, civic responsibility, and leadership.

Kaiser Health News Blog......

Doctors Admit To Unprofessional Behavior In Study At 3 Chicago Hospitals

By Jordan Rau, June 13th, 2012, 1:22 PM

- A new study has identified unprofessional behaviours to which hospital-based doctors most frequently admit, including badmouthing fellow doctors and finding medical excuses to get out of having to care for patients.
- Two-thirds of doctors surveyed at three Chicago hospitals admitted to having personal conversations, such as discussing evening plans, in earshot of patients, and 62% said they had mischaracterized a routine test as "urgent" to get it done faster.
- Four out of 10 said they mocked another physician to colleagues. The same number said they bad-mouthed emergency room doctors for missing part of a patient's medical problems.
- Three out of 10 said they made disparaging comments about a patient on rounds. One third said they had attended a dinner or social event sponsored by a drug or medical device manufacturer or other business that stood to gain by a doctor's decision.
This workshop

- Importance of professionalism
- Concepts of professionalism
- Issues around defining professionalism
- Learning from real life cases
- Measuring & Assessment professionalism
- Current tools and frameworks
- Remediation

Why is professionalism important? – evidence from the USA

- Papadakis et al 2004 and 2005
  - Disciplinary action by a medical board was strongly associated with prior unprofessional behavior in medical school
  - The types of unprofessional behavior most strongly linked with disciplinary action were the level of irresponsibility of the action and lack of insight

More recently

- Papadakis et al 2008
  - 2 performance measures independently predicted disciplinary action
  - A low professionalism rating on the Residents’ Annual Evaluation Summary
  - Poor performance on cognitive tests also predicted such as the ABIM
Most complaints against doctors are because of conduct not competence. Present behaviour can predict future actions. Students do not arrive at medical school with a full complement of professional behaviours - needing only teaching of medical knowledge and skills. Professionalism does not osmose. All doctors are vulnerable to lapses in professional behaviour and can benefit from explicit systematic attention in this domain. Evidence that there may be a deterioration in professional attitudes: idealism → cynicism.

Fitness to practice 2009

The overall curriculum must set out the necessary knowledge, skills and behaviours students must have by the time they graduate. Student’s knowledge skills and professional behaviour must be assessed. Only those students who are fit to practice as doctors should be allowed to complete the curriculum. Students who do not meet the necessary standards in terms of demonstrating appropriate knowledge, skills, and behaviour must be advised to follow alternative careers.
Ottawa Conference 2010
Recommendations

- Individual
- Interpersonal
- Societal/institutional

Constructivist view: construction through interpersonal interaction
Constructivist power relations view: socially constructed from cultural context

Essentialist/positivist view: inherent/fixed

Psychometric tests
- Pre-admission: not much predictive value
- In-course: maybe...

Rating observable behaviours
- P-MEX
- MSF
- Mini-PAT
- Critical incident reports
- 88 tools....

Professionalism as an individual characteristic

But........

- Predicated on some assumptions
  - Stability of traits and attitudes
  - Traits are relatively fixed before entry into medical school
- Doesn't really....
  - Account for Professionalism as learned behaviour throughout the curriculum
  - Or.....measure changes or relationships with behaviour change
- Assessing only behaviours loses context on the environment in which the behaviour takes place
Professionalism as an Interpersonal process

- Take into account learning/practice environment
  - MSF
  - Longitudinal data
  - Effects of teachers/other health professionals/institutional cultures
- Observation is not enough
  - Feedback is key: discussion, explanation: individual/team

A note of warning

- Ginsberg et al 2004:
  - 30 Faculty assessors showed 3 videotaped scenarios
  - Little agreement between assessors
  - Abstracted principles (e.g., honesty, altruism) were applied inconsistently
  - There was no apparent "shared standard", and similar behaviours (e.g., lying) could be interpreted as either professional or unprofessional.

Professionalism as a societal/institutional phenomenon

- Socially constructed way of acting
  - Interaction of profession with society
  - Associated with power, status
- Assessment: macro outcomes
  - Team/professional group outcomes (related to individual attributes and behaviours)
  - Institutional processes
Definitions

- UK’s GMC
  - Duties of a Doctor
  - Good Medical Practice
- CanMEDS
  - Medical expert, communicator, collaborator, manager, health advocate, scholar, professional
- ABIM/ACP/EFIM – “A Physician Charter”
  - Patient welfare
  - Patient autonomy
  - Social justice

Group work 1 - defining professionalism

In your group:

- Think about the most professional doctor you have ever worked with
- Write a list of the characteristics of this person
- Use the list to write a definition of professionalism
Definition

Royal College of Physicians  
‘Doctors in Society’

Medical professionalism signifies a set of values, behaviours, and relationships that underpins the trust the public has in doctors.

RCP 2005

Medical professionalism – description

Medicine is a vocation in which a doctor’s knowledge, clinical skills, and judgement are put in the service of protecting and restoring human well-being. This purpose is realised through a partnership between patient and doctor, one based on mutual respect, individual responsibility, and appropriate accountability.

Group work 2 – judge H&C cases

Read the scenarios for each case:

- Define what the issues are  
  Severity
- What additional information would you need to help deliberations  
  Assessment & Measurement
- What do you think the outcome should be?  
  Remediation
Case discussion

Assessments – multiple biopsies

- Multiple sampling gives a more complete understanding
- Multiple assessors reduces bias
- Multiple occasions covers different situations

Principles for the assessment of professionalism

- Should be part of a programme of assessment
- Should begin early
- Should be assessed summatively
- Conducted frequently and longitudinally
- Include many different assessors
- Assessors should be trained
- Use multiple methods in different settings
- Provide learners with opportunities to change
Professionalism evolves over time

- Multiple opportunities in multiple contexts
- Guided reflection and feedback on real life experiences of professional behaviours
- Longitudinal assessment

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What aspects are you going to assess?
- Knowledge, skills, attitudes
- Behaviours?

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Level of competence

Hawkins et al 2009
Attitudes or behaviour

<table>
<thead>
<tr>
<th>Principles oriented framework</th>
<th>Behaviour oriented framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellence*</td>
<td>Learning and improving*</td>
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<tr>
<td>Commitment to excellence</td>
<td>Service excellence:</td>
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<tr>
<td>Vegetable</td>
<td>Personal excellence</td>
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<tr>
<td>Nutritional awareness</td>
<td>Professional excellence</td>
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<td>Accountability</td>
<td>Accountability</td>
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<tr>
<td>Ethnic–sensitivity</td>
<td>Public service/volunteer</td>
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<tr>
<td>Alienism</td>
<td>Bilingual communication</td>
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</tbody>
</table>

Hawkins et al 2009

In summary: assessment of professionalism

- Must exist in an overall programme of assessment
- Use a range of tools (written, observational)
- Be longitudinal (repeated measures) – with evidence of positive development
- Involve feedback
- Ensure follow-up of behavioural change
- Be part of a system which is both supportive and regulatory
- Involve training and guidance for Faculty

Group work 3 – constructive alignment

In your group think about your programme

- What are the professionalism outcomes?
- What system do you have for assessing these outcomes?
- What tools do you use to assess your outcomes?
In your booklets there are examples of assessment tools

- Review and compare these tools
- Comment on usefulness, feasibility, validity issues etc.

- Is it possible?
- Attitudes vs. behaviours
**Attitudes and behaviours**

- Relationship between attitude and behaviour is complex
- Behaviour is influenced by attitude
- Measures of general attitudes do not necessarily predict specific behaviours
- They do have a good correlation to behaviour over a period of time in a range of situations and contexts (aggregation principle)

Azjen 1985
Fishbein and Ajzen 2010

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**Faculty & Professionalism**

- Role models and enculturation
  - Longitudinal opportunities to impact positively on students
  - BUT – literature reveals disconnect between faculty behaviour & what they teach
  - Need for programmatic faculty development
- Assessment of Faculty Professionalism
  - A challenge? (but 360 feedback in clinical practice)
  - 16 item form = feasible, reliable, valid and acceptable

Bryden 2010; Steinert 2007; Todhunter 2010
Changing behaviour probably means changing underlying fundamental beliefs for students and faculty.