I, We, They – Self-, Team-, and Patient-Leadership Education in GME

Presented By:
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President – Leadership Solutions
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Your Presenter.....

Barry A. Doublestein, DSL

- President of Leadership Solutions
- President & COO of the Osteopathic Institute of the South since 1989
- Passionate about physician-professionalism
- Certified AOA Osteopathic Graduate Medical Education Consultant
Agenda

- Defining Professional Formation
- Discuss why it is important in GME
- Discuss self-leadership as the foundational element in Professional Formation
- Discuss team-leadership and the principles surrounding effective practice
- Discuss patient-leadership that results in excellent care
Are you aware of the ACGME requirements for professional formation?
Do you have an institutional plan to meet these standards?
Are you satisfied that this plan is effective and complete in what it is attempting to assess?
Why Profession Formation?
Medical Education Goals

Flexner -- 1910:
- Standardization
- Integration
- Habits of inquiry and improvement
- Professional formation

Flexner 2 -- 2010:
- Standardization and individualization
- Integration
- Habits of inquiry and improvement
- Professional formation
Medical Education Goals

Professional formation:

- Promote formal ethics instruction
- Address the underlying messages expressed in the hidden curriculum
- Offer feedback on assessment of professionalism
- Promote positive role models
- Create collaborative learning environments committed to excellence and continuous improvement

Huge Push to Focus on Professionalism in Medical Education

Thomas Nasca, MD
CEO, ACGME

Darrell Kirch, MD
President & CEO, AAMC

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Defining Professional Formation

Narrowing the Focus
Professional Formation

- Traits, Traditions, Trappings, and Mores of being a physician
Professional Competency

- How these Traits, Traditions, Trappings, and Mores are carried out in the patient/team encounter
- Personalized
Professionalism

- Adept professionals – Think, Feel, and Act in certain ways...
Why Should This Matter to Us?
Miller’s Model of Clinical Competence

Becoming

<table>
<thead>
<tr>
<th>KNOWS (Knowledge)</th>
<th>KNOWS HOW (Competence)</th>
<th>SHOWS HOW (Performance)</th>
<th>DOES (Action)</th>
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<tbody>
<tr>
<td>Knows the behavioral norms expected of a physician.</td>
<td>Knows when individual behaviors are appropriate.</td>
<td>Demonstrates the behaviors expected of a physician under supervision.</td>
<td>Consciously demonstrates the behaviors expected of a physician.</td>
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Patient Safety Issue

• Professional lapses in medical school or residency programs correlate with lapses later in practice

• Earlier intervention mitigates the issues

Patient Safety Issue

- Patients are more likely to comply with physician orders if the physician demonstrates an understanding of patient’s condition.

Kim, SS, Kaplowitz, S., Johnston, MV. *The effects of physician empathy on patient satisfaction and compliance.* Eval Health Prof., 2004 Sep;27(3).
Patient Safety Issue

- Physicians with higher levels of Emotional Intelligence experience less stress, cynicism, and burnout – things that directly affect patient’s safety.

Patient Safety Issue

- Rudeness by fellow team members cause cognition impairment that directly endangers patients.

Patient-centered Care

- Physicians need to be aware of the skills involved in patient-centered medicine.
Professional Formation is Individual and Distinct
Defining Professionalism

PROFESSIONALISM INTELLIGENCE MODEL
Self-Leadership

“I”
Characteristics of Admired Leaders

- They have been mentored – Have you been mentored?
- Humble – submitting to a mentor
- Committed to self-improvement
- Honest
- Consistent
- Competent
- Able to accept responsibility
- Able to communicate

Cognitive Skills
Cognitive Skills

- Able to break problems into workable parts
- Seek counsel from competent others
- Draw conclusions on basis of gathered data
- Explain oneself and their actions
How Do We Do This?

- Case studies – M&M
- Open atmosphere of inquiry
- Considering alternative ways to view problem – asking Why?
- Make this process habitual through practice
Five Elements of Practice

- Designed to specifically improve performance
- Has to be repeated a lot
- Feedback must be continuously available
- It is highly demanding mentally
- It isn’t that much fun
Emotional Skills
Emotional Skills

- Foundational element – Why? What is one’s motivation for doing what they are doing?
- Must know oneself – self-assessment
- Must be dedicated to self-betterment
- Must be able to control oneself
- Must consider others as important as they
- Must have compassion and empathy
Unprofessional Behaviors

Maxine Papadakis, MD

- Irresponsibility – to patients and duty
- Impaired relationships with patients
- Impaired team relationships
- Diminished capacity for self-improvement


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Team-Leadership
“We”
Work Group vs. Team

• Teams share:
  • Collective responsibility
  • Selflessness
  • Shared Sacrifices
  • Common Objectives
  • Rewards
Team Principles

Building Trust

Team Principles

Mastering Conflict

Team Principles

Achieving Commitment

Team Principles

Embracing Accountability

Team Principles

Focusing on Results

Patient-Leadership

“They”
Simplicity

- Physicians and Patients share:
  - Collective responsibility
  - Selflessness
  - Shared Sacrifices
  - Common Objectives
  - Rewards
Take Action
Take Action

Do a Q-sort – shared virtues:

• This is a one-time assessment that is open to various members of the GME program
• It ranks virtues
• Identifies agreed-upon virtues
Take Action

Improve interviewing/on-boarding process:
• Use of ethical-dilemma scenarios
• Require applicants to take the Professionalism Quotient Inventory 360
• Directed letters of recommendation
Take Action

Outline shared values:
• Identify shared values
• Publicize shared values
• Reinforce shared values
Take Action

Practice open feedback:
• Program commitment to providing feedback
• Practice feedback
  • Oral
  • M&M
• Formal -- written
Take Action

Welcome conflict:
• Encourage open/constructive conflict
• Radical: create it if it does not happen naturally
• Commit to ‘appropriate method’ of confrontation
Questions?
Upcoming Live Webinars

Refining the Annual Program Evaluation for Self-Study Visits
Wednesday, March 2, 2016
12:00pm – 1:00pm EST

“Ask Partners” – Spring Freebie
Thursday, March 24, 2016
12:00pm – 1:00pm EST

Self-Study: Who, What, Why & How?
Tuesday, April 12, 2016
12:00pm – 1:00pm EST

GME Check-up:
Is Your GMEC Meeting Its New Responsibilities
Thursday, April 21, 2016
12:00pm – 1:00pm EST

On-Demand Webinars

Self-Study Visits

Introduction to GME for New Program Coordinators

Milestones & CCCs

GME Financing – The Basics

Single Accreditation System

The IOM Report

Institutional Requirements: What’s New?

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