

PROFESSIONALISM

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Assessing Professionalism

The need to teach professionalism during residency has been affirmed by the ACGME.

How to Measure Professionalism:

Triangulate assessments by multiple overseers in realistic contexts over time to get complete and accurate picture of professionalism

- Numerous assessors over time
 - Get input from non-physician professionals as well

- Observations within realistic contexts
 - Involve conflict...situations likely to challenge professionalism
 - Symmetric across organization
 - Not overly stringent because no one is perfect
 - Transparent

Key takeaway: Use assessments for ongoing self-improvement

Association of Medical Student Behaviors with Professionalism:

- Lack of conscientiousness among med students correlates with negative faculty assessments
- Unprofessional behavior in medical school predicts disciplinary action by state medical boards
- Medical school grades correlate with professionalism
- Test scores correlate with professionalism (MCAT, ITE)
- Timely completion of required assessments/evaluations (including self-assessment) correlates positively with professionalism
- Available professional role models coordinates positively

Key takeaway: Assess medical school behaviors in predicting possible need for additional proactive intervention

Effect of Institutional Culture on Professionalism:

- Formal and informal curricula
- Available role models

- Discipline and intervention styles
- Practice characteristics
- Personal factors
- Environmental factors

Takeaway: Cultural transformation may be necessary to achieve high professionalism levels

Teaching Professionalism:

(A model proposed by the American Academy of Pediatrics)

Five day retreat focusing on factors important in professionalism

Honesty, Integrity, Reliability, Responsibility

- Incorporates four principles of biomedical ethics:
Respect for autonomy, No maleficence, Beneficence, Justice
- Respect for others

Compassion, Empathy

- Quality of doctor-patient relationship
- Self-awareness
- Communication processes (USF Communications program)

Are addressed through role play

Self-improvement/ Self-awareness, Knowledge of limits

- Best and worst situations as the resident /teacher analyzed through discussion and role play
- Ethics/Decision-making
- 4 factors of biomedical ethics

Communication, Collaboration

- Team building, working together

Altruism, Advocacy

- Perspectives on death/dying
- Coping skills

Sources of Professionalism at USF:

House Officer Contract

Failure to honor the terms of the contract can legally be considered breach of contract.

- 1. D. and E. Professional standards and conditions for reappointment and discipline and discontinuation are defined.
- G. and H. Grievances or Harassment. Initial concerns should be reported to the GME office. PD may refer to GME office. GME office can elevate as needed. There is a mandatory duty for supervisors to report clear harassment to university DEO.
- C. Leave policies. Must be approved in advance. Handbook further states leave must be requested in writing and approved by PD. Unexcused absences can mean loss of pay and disciplinary action. Make up time is at PD discretion

House Staff Handbook

Unexcused absences include failure to give advance notice to chief or PD, and are subject to discipline, deducted from leave days and payback to fellow residents will be made at PD discretion.

Legally, infractions should be treated similarly

ACGME Core Competencies:

Professionalism is an ACGME core competency. Performance will be evaluate on these competencies and should be discussed with PD.

Definition of professionalism includes:

- Compassion, integrity and respect for others
- Responsiveness to patient needs that superseded self interest
- Respect for patient privacy and autonomy
- Accountability to patients, society and profession

Another ACGME core competency is **Interpersonal and Communications Skills**, including:

- Exchange with patients, families and health professionals Expectations
- Communicate with patient's families and public across a broad range of backgrounds
- Communicate effectively with physicians and other health care professionals and health related agencies
- Work effectively as a member or leader of a health care team or group
- Act in consultative role to other physicians and health professionals
- Maintain timely and legible records
- Sensitivity and responsiveness to diverse patient populations.

Interpersonal issues can have an impact on quality of care, collegiality, timeliness, dedication to learning, following rules/ policies

Interpersonal issues can have legal ramifications, e.g., harassment, discrimination, patient abandonment

Relevant GME Policies:

208 Work Hours Reporting: Failure to record may result in discipline/dismissal

208/208B Call Responsibilities: Those scheduled to take night call and are not available or fail to execute responsibilities are subject to adverse action

209-A Resident Responsibilities: Resident must comply with appropriate COM policies and /or requirements on leave of absence must institute a personal program of learning to provide safe, effective patient care, must teach other residents and/or students

218 Disciplinary and Appeal Policy and Procedures: Lapse of clinical judgement or proficiency in clinical skills, medical knowledge, patient care or deficiency in any of the six ACGME core competencies including professionalism and interpersonal and communication skills may result in discipline

219 Resident Assistance Program: Confidential service intended to help the resident complete his/her program in the healthiest condition possible, whether mental, physical or spiritual

228 Grievance Policy and Procedure: Disputes and complaints which may arise between a house officer and their residency program, program director or other faculty member, including working conditions may be addressed by resident initiating grievance with Program Director or GME office

300 Sexual Harassment: Individuals with knowledge are encouraged to report to Office of the Dean or Associate Dean of GME. The GME policy includes:

USF System Policy 0-007 Diversity and Equal Opportunity: Discrimination and Harassment:

Complaints are filed with Office of Diversity and Equal Opportunity (DEO) for employees and Office of Student Rights and Responsibilities (OSSR) if complaint concerns a student. Office reviews and provides an appropriate response including counseling, mediation, and/or referral for disciplinary action. Any action criminal in nature will be reported to law enforcement.

Prohibited conduct: unwelcome touching; impeding or blocking movement; continuing any conduct after being made aware action is unwelcome; singling out or targeting an individual for different or adverse treatment.

Filing can be voluntary or compulsory. Anyone may file an internal USF complaint with DEO or OSSR or law enforcement. Should report: victim, any student, faculty or staff with direct or indirect knowledge. Mandatory: Supervisory employees, Deans, department chairs, coordinators, unit heads, managers and principal investigators, those who supervisor or oversee students, all members of faculty, graduate students with instructional responsibilities when they are supervising or teaching students; University Police.

External complaints can be filed with the EEOC; Department of Education, Office of Civil Rights ; Department of Labor, Office of Federal Contract Compliance Program; Florida Commission on Human Relations

304 Physician Impairment/Substance Abuse: PRN provides therapeutic alternatives to disciplinary action. Individuals declining referral will be reported to the Board of Medicine. A purpose is to ensure public health and safety by assisting the practitioners. Includes behavioral issues.

Dean or designee, or Program Director may suspend resident pending further investigation if there is reliable information. PD, faculty or referring party notifies office of GME and program chairman. Program Director refers to PRN and monitors. RAP may also be contacted

308 Equal Opportunity: Discrimination is prohibited. Discrimination should be reported to the PD, GME office or DEO. Also see USF policy 0-007 above.

Key Takeaway: Involve PD and GME office asap. Legal, DEO office and other support personnel can be contacted as needed

Resources:

RAP

PRN

Olga Skalkos, PhD