Assessing Professionalism: It matters. So once we’ve defined professionalism, how do we teach it, observe it, and measure it?

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University of Oklahoma Health Sciences Center

Cell phones and pagers should be turned to silent or off. Thank you!

Chapter 2
Assessing Professionalism
It matters. So, once we’ve defined professionalism, how do we teach it, observe it, and measure it?

Chapter 1: Professionalism. How can we evolve an optimal environment for teaching and learning about professionalism?
Disclosure statement

- Dr. Williams has nothing to disclose.

"Bad Doctors or Bad Drugs" Patients Speak
http://youtu.be/hZzjH04ye48
"I knew in my gut when that kid was a student that there would be problems later…"

"…but nothing big ever happened in front of me…"

Former professor of “Doctor X” who was recently charged with professional misconduct
Professionalism. How can we evolve an optimal environment for teaching and learning about professionalism?

Objectives

1. Define “professionalism” as applied to medicine and the health professions (see example: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1769526/)
2. Describe 3 fundamental principles of medical professionalism, and
3. List and describe 10 professional responsibilities in the physician charter for medical professionalism (see http://www.abimfoundation.org/Professionalism/Physician-Charter.aspx)
4. Reflect on professionalism challenges, feed-forward and feedback approaches suited to the optimal learning environment (see example: Sullivan and Benner in Am Jnl Critical Care http://ajcc.aacnjournals.org/content/14/1/78.full)
5. Describe 3 key factors for creating an optimal environment for teaching and learning about professionalism
Assessing Professionalism: Objectives

1. Quick overview of the landscape for professionalism in medicine and health care
2. Discuss 3 factors to create an optimal environment for teaching, learning and professionalism assessment
3. Practice assessment: building a toolkit using the OUHSC policy and PCR*: Student Professional Behavior in an Academic Program

*Professionalism Concerns Report
The landscape for professionalism assessment... in Science

Professionalism in science denotes a pattern of behavior identified with scientific integrity that, in turn provides certain privileges. Like other professionals, scientists are expected to behave with intellectual honesty and excellence in thinking and doing. In many respects they perform their professional activities as a monopoly, licensed by society similar to doctors, nurses, lawyers, hairdressers, accountants, and real estate brokers. Besides providing their expertise, professionals are supposed to behave collegially and teach the skills to others, and put society's needs first in their professional activity. In response, society gives them a great deal of autonomy in conducting their professional lives. With scientists, that means selection of one's own research problems and methods of procedure. They are also given the responsibilities to allocate funding, and review of their output in publications. Like other professions they are given responsibility for discipline in the event of poor performance or malfeasance. When self-regulation fails to sustain honesty and high quality, society imposes rules and laws to maintain its interests in professional quality.

PROFESSIONALISM IN NURSING PRACTICE

"Professional nursing practice is a commitment to compassion, caring and strong ethical values; continuous development of self and others; accountability and responsibility for insightful practice; demonstrating a spirit of collaboration and flexibility." (Girard, Linton, & Beamer, 2005, p. 3).

Suggestions for using the Professionalism Guideline & Indicators:
1. Read the guideline thoroughly and keep as a ready reference. The guideline should provide you with a benchmark/picture of what professionalism could look like in a quality practice environment. The in-
The landscape for professionalism assessment... Public Health

PUBLIC HEALTH REPORTS

See Table: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2431097/table/F1/

ACGME Core Competencies Definitions

**Patient Care:** Identify, respect, and care about patients' differences, values, preferences, and expressed needs; listen to, clearly inform, communicate with and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.

**Medical Knowledge:** Established and evolving biomedical, clinical, and cognitive (e.g. epidemiological and social behavioral) sciences and the application of knowledge to patient care.

**Practice-Based Learning and Improvement:** Involves investigation and evaluation of one's own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

**Interpersonal and Communication Skills:** That result in effective information exchange and teamwork with patients, their families and other health professionals.

**Professionalism:** Commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

**Systems-Based Practice:** Actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
The landscape for professionalism assessment...

**Medical Professionalism**

**In the New Millennium: A Physician Charter**

**Preamble**

Professionalism is the basis of medicine's contract with society. It demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health. The principles and responsibilities of medical professionalism must be clearly understood by both the profession and society. Essential to this contract is public trust in physicians, which depends on the integrity of both individual physicians and the whole profession.

At present, the medical profession is confronted by an explosion of technology, changing market forces, problems in health care delivery, bioterrorism, and globalization. As a result, physicians find it increasingly difficult to meet their responsibilities to patients and society. In these circumstances, reaffirming the fundamental and universal principles and values of medical professionalism, which remain ideals to be pursued by all physicians, becomes all the more important.

A Physician Charter, ABIM

Source: [http://www.abimfoundation.org/Professionalism/Physician-Charter.aspx](http://www.abimfoundation.org/Professionalism/Physician-Charter.aspx)

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For a common framework we could easily adapt the ABIM charter to say,

**Professionalism**

**In the AHC: A Professional Charter**

...Essential to this contract with society is public trust in clinicians and scientists which depends on the integrity of both the individual and the whole profession to which the individual belongs.
See handout: List your 10 personal favorites.
Briefly discuss with neighbor – What commonalities? Differences?

<table>
<thead>
<tr>
<th>List 10 Attributes or aspects of professionalism</th>
<th>Note: Observable Behaviors</th>
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Discussion notes:
3 key factors for creating an optimal environment for teaching and learning about professionalism

1. Communicate about expectations
2. Check the rearview mirror -- sharing experiences for shared learning?
3. Practice what you/we teach
Interprofessional competencies for professionalism

IPEC General competency statement

- “Work with individuals of other professions to maintain a climate of mutual respect and shared values.”

“Although there are several measures of attitudes towards aspects of professionalism in medicine, there is little evidence to indicate measures that are effective in assessing attitudes towards professionalism in medicine as a whole. Few studies have reported measures that may be used longitudinally throughout the curriculum. There is little evidence of interventions that influence attitude change over a period of time…”

So how should professionalism be assessed?

“….Our data indicate that future research should operationalise generic definitions of professionalism instead of using attributes and/or proxy measures. This may involve establishing a widely agreed construct of professionalism, for example, through professional consensus.”

Jha et al., Medical Education 2007: 41: 822–829

*Emphasis added*
OUHSC Student professional behavior in an academic program policy

The University of Oklahoma Health Sciences Center (OUHSC) strives to attract, matriculate, and train health professions and public health, biomedical, and pharmaceutical sciences graduate students…who not only possess the intellectual capacity for health professions and graduate study but also have a high capacity for ethical and professional behavior.

See: OUHSC Faculty Handbook 2012: https://www.ouhsc.edu/provost/ > Faculty Handbook Section 4.2.0 and APPENDIX C

Learners can demonstrate the adoption of behaviors and values inherent in the HSC disciplines. This is a shared interest across OUHSC colleges. Clarity about expected core behaviors and values is necessary to assessment.

1: Clear Expectations
In policy and on Professionalism Concerns Report (PCR)

2: Observation & Feedback
Faculty and others can more easily compare an observed behavior to the expected behavior

3: Notation and Follow-up
Where expectations do not match behavior the student can be clearly counseled and follow-up action specified

The Professional Behavior in an Academic Program policy provides a framework for any observer of an HSC student to use this shared standard of expectations and concrete approach for follow-up and correction as deemed necessary.
Some agreed upon Characteristics of professionalism

- At OUHSC professional behaviors expected should be observable in six (6) categories. Specifics follow each of these in the PCR* rubric.

- Integrity & Honesty
- Patient Centered Care & Patient Safety
- Respect
- Service & Working within the Team
- Responsibility
- Responsiveness, Adaptability & Self-Improvement

- PCR = Professionalism Concerns Report

Kirkpatrick Four Levels of Learning Outcomes

<table>
<thead>
<tr>
<th>Four Levels</th>
<th>Learning Outcomes</th>
<th>Conditions</th>
<th>Assessment Methods</th>
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<tbody>
<tr>
<td>Reaction</td>
<td>Learner satisfaction</td>
<td>Satisfied with learning experience</td>
<td>Event and self-assessment. Personal objectives pre- and post-assessment</td>
</tr>
<tr>
<td>Level 1</td>
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<tr>
<td>Learning</td>
<td>Learner attitudes</td>
<td>Desire to change</td>
<td>Pre-test; post-test retrospective; post-test; exam at end of learning event</td>
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<tr>
<td>Level 2</td>
<td>Knowledge acquisition</td>
<td>Knows what to do; Knows how to do it</td>
<td>High fidelity simulation</td>
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<tr>
<td>Behavior</td>
<td>Behavioral Change</td>
<td>Work climate is right for new behavior to be demonstrated</td>
<td>Supervisor does NOT prevent; discourage; ignore (neutralize) supervisor DOES encourage or require learning transfer</td>
</tr>
<tr>
<td>Level 3</td>
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<tr>
<td>Results</td>
<td>Changes in [clinical] practice</td>
<td>Work environment rewards the behavior change</td>
<td>Measure improvements (e.g., increased quality; decreased cost; reduced turnover or errors; improved morale/engagement metrics)</td>
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<tr>
<td>Level 4</td>
<td>Benefits to patients</td>
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<td>Measure improved patient outcomes; improved patient satisfaction; improved metrics on reported measures of ptnt care</td>
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</tbody>
</table>
Achieving good assessment

Criteria

1. validity or coherence
2. reproducibility or consistency
3. equivalence
4. feasibility
5. educational effect
6. catalytic effect, and
7. acceptability

Practice Points

Consider:

1. perspectives of patients and the public
2. the intimate relationship between assessment, feedback, and continued learning
3. systems of assessment, and
4. accreditation systems

Source: Criteria for good assessment: Medical Teacher, 2011; 33: 206–214
Getting started

Example see: Society of Teachers of Family Medicine “Tools to Measure Professionalism”
http://www.stfm.org/RCtoolkit/AssessmentMethods.cfm

Eric S. Holmboe, MD, PhD says:

- Assess your current tools.
- What competency does the tool assess?
- Is it formative or summative or both?
- Is it appropriate for the purpose and competency?

- Are you satisfied with the tool?
  - If YES – keep using
  - If NO
    - Improve the tool, OR
    - Identify a new tool

Assessment methods and tools

- Self-Assessment
- Written Exam
- Simulation
- Learner/Faculty Discussion
- Portfolio
- Direct Clinical Observation
- Medical Record/Chart Audit
- Multisource Feedback
  
  Norcini
Observation: preparation

Observation: formative
**Observation: formative**

**Professionals Mini-Evaluation Exercise**

*Am Board of Peds (ABP) and ACOG for Ped Program Dir (APPD), 2008*

**Level:** (please circle)  
PGY1  PGY2  PGY3  PGY4  PGY5  PGY6  
Setting:  
Ward  Clinic  ER  ICU  
Other:  

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<th>N/A</th>
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<th>BEL</th>
<th>MET</th>
<th>EXC</th>
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<tr>
<td>Listened actively to patient</td>
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<td>Showed interest in patient as a person</td>
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<td>Recognized and met patient needs</td>
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<td>Extended him/herself to meet patient needs</td>
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<td>Ensured continuity of patient care</td>
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<td>Advocated on behalf of patient</td>
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<td>Demonstrated awareness of own limitations</td>
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<td>Admitted errors/omissions</td>
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<td>Solicited feedback</td>
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<td>Accepted feedback</td>
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<td>Maintained appropriate boundaries</td>
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<td>Was on time</td>
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<td>Completed tasks in a reliable fashion</td>
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<td>Addressed own gaps in knowledge and/or skills</td>
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<td>Was available to colleagues</td>
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<td>Avoided derogatory language</td>
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<td>Maintained patient confidentiality</td>
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<td>Used health resources appropriately</td>
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</table>

➢ Please rate this resident’s overall professional performance during this encounter:

- UNacceptable  
- BELow expectations  
- MET expectations  
- EXCeeded expectations

➢ Did you observe a critical event?  
- no  
- yes (comment required)

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**JHU example**  
*see handout*

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**Rapport with colleagues**  
(Questions 28-37 – Mandatory)

- Not observed  
- Unacceptable, avoids contact with team members. Inadequate skills to establish relationships with medical colleagues and other health professionals.

- Needs Improvement. Sometimes has difficulty in relating well to medical colleagues and other health professionals. Maintains distance from the team.

- At Expected Level. Relates well with medical colleagues and other health professionals. "Good team player." Functions well within the team structure.

- Above Expectations. Able to establish excellent rapport with medical colleagues and other health professionals. Highly integrated into the team structure.

- Outstanding. Establishes tone of mutual respect and dignity with medical colleagues and other health professionals.
Use high fidelity simulation

Gisondi et al. 2004. Acad Emergc Med
Use high fidelity simulation

**Ethical dilemma 1: Patient Confidentiality**
- The resident withheld all details of the case.
- The resident withheld the data the patient asked to keep private.

**Ethical dilemma 2: Informed consent**
- The resident attempted to obtain informed consent.
- The resident identified the surrogate decision maker.
- The resident discussed risks.
- The resident discussed benefits.
- The resident discussed alternatives.
- The resident gave the alternative of “no intervention.”
- The resident asked to answer any questions.
- The resident confirmed that the patient understood the information.
- The resident did not pressure him the decision maker.

**Ethical dilemma 3: Withdrawal of Care**
- The resident determined the surrogate decision maker.
  - The resident asked for an advance directive/DNAR form.
  - The resident extubated the patient per the advance directive.
- The resident offered some intervention of comfort care.

**Ethical dilemma 4: Practicing Procedures on the Dead**
- The resident raised the issue of consent by family members.
- The resident obtained consent from the son.
- The resident refused to perform the procedure after the son said no.

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**Case Example:**
**Patient Confidentiality**

A critically ill patient asks the resident to keep the cause of his illness a secret. After stabilization of the patient, a very concerned, simulated employer enters the treatment area and asks the resident, “What happened to my friend?” The resident has several options: withhold all information, withhold only the information that the patient asked to keep private, or return to the patient and ask whether the case could be discussed.

We defined professional competency in “Patient Confidentiality” as the resident’s not discussing clinical or private information about a patient with others.
Key players in professionalism assessment

- Students (every level)
- Faculty (classroom/laboratory)
- Faculty Attending (clinical)
- Residents
- Independent Observers*
- Program Directors
- Associate/Assistant Dean Student Affairs
- Student progress committee
- Curriculum Committee
- Dean
- Vice Provost Academic Affairs

OUHSC Professionalism Concerns Report

SAMPLE
The University of Oklahoma Health Sciences Center
PROFESSIONALISM CONCERNS REPORT

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Course Name &amp; Course Number*</th>
<th>Date of Incident(s)</th>
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<tr>
<td>Name of Course Coordinator, Program Director or Associate Dean filling the form (type/print legibly)</td>
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<tr>
<td>Signature of Course Coordinator, Program Director or Associate Dean filling the form (required)</td>
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<tr>
<td>Date Discussed with Student:</td>
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*If applicable

This report is prepared when a student exhibits behavior not consistent with the OUHSC Student Professional Behavior in an Academic Program Policy. It is intended to assist the student in meeting professionalism expectations in academic, professional or administrative settings. Improvement in the area(s) noted below is needed in order to meet the standards of professionalism inherent in being a (an) [specify: student, medical, professional, nurse, dentist, physician, pharmacist, public health professional, allied health] student.

Check the appropriate category(ies). Comments are required.
PCR details

Check the appropriate category(ies). Comments are required.

Integrity & Honesty
- The student provided false information in an academic, professional or administrative setting.
- The student acted outside the scope of his/her role in an academic, professional or administrative setting.
- The student presented the work of others as his/her own.
- The student used his/her professional position for personal advantage.
- The student used the physical or intellectual property of others without permission or attribution.
- Other behavior that demonstrated lack of integrity.

Patient-Centered Care & Patient-Safety
- The student did not act in the best interest of the patient.
- The student did not demonstrate sensitivity to the needs, values or perspectives of patients, family members or caregivers.
- The student did not establish appropriate rapport with patients, family members or caregivers.
- The student did not demonstrate openness/responsiveness to the patient's ethnic and cultural background.
- The student did not respond to patient needs in a timely, safe or effective manner.
- Other unprofessional behavior related to Patient Centered Care.

Respect

PCR follow-up action

- Includes observed behavior
- Specifies correction needed
- Affords student comment option
- Signed by student and faculty (front)
Other professionalism assessment instruments

- ABIM Scale – Professional Attitude & Behaviors
- Barry Challenges to Professionalism Questionnaire
- JHU Professionalism Questionnaire
- UC Davis Professionalism Instrument
- Musick 360-degree assessment
- Wake Forest Physician Trust Scale

What should influence your selection of an assessment tool?
Under “Professionalism” what are your…

**Principle 1** competency based objectives for the learner

How will you approach …

**Principle 2** continuous improvement of the educational experience

**Principle 3** continuous improvement of learner performance

**Principle 4** continuous improvement of educational program performance


“Surfacing undiscussables”

What’s an “undiscussable”? 

- An issue in an organization that is not engaged in order to “avoid surprise, embarrassment or threat”

profession-al-ism

1. professional character, spirit or methods. 2. the standing practice, or methods of a professional, as distinguished from an amateur. [1855-60]

Random House Unabridged Dictionary (Second Edition)

What distinctions do you expect to consistently observe that should also be readily observable by others (e.g., peers, colleagues, patients and society)?

When we build a working consensus we have a route to effective assessment and measures, selecting appropriate assessment tools, and reinforcing what distinguishes the professions from non-professions.

References & Resources

- OUHSC Student Behavior in a Professional Program Policy. OUHSC Faculty Handbook (2012)
Chapter 2

Assessing Professionalism

It matters. So, once we’ve defined professionalism, how do we teach it, observe it, and measure it?

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Chapter 1

Professionalism

How can we evolve an optimal environment for teaching and learning about professionalism?

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