Teaching Professionalism in Medical Education: The Clinician-educator’s Charge

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Why talk about this?

• Professionalism is an ACGME “competency”
• Our charge – to “teach” (and evaluate) professionalism
• Recurrent attitudes and behaviors that undermine professionalism
• Is this something we can even teach?
Goals

- Demonstrate the difference between professionalism and humanism
- Recognize the importance of both in medical education.
- Acknowledge the impact and challenge of “The Hidden Curriculum”
- Demonstrate and apply useful approaches to foster empathic behaviors in learners
- Change the way you think about your interactions with learners, patients, families and the learning environment
Professionalism Defined

• Professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.

—Epstein and Hundert

Professionalism Defined

• A contract with society to heal
• “Right” and “Good” healing actions
• Right Healing Action
  – Evidence-based, based on medical knowledge
• Good Healing Action
  – Patients values and preferences + clinical judgment

Professionalism in Medicine

The Professionalism Movement Begins

• 1999 – ACGME Introduces Competencies
• 1999 – Medical Professionalism Project launched

Professionalism in Medicine

The physician’s charter:

• Primary patient welfare
  – Altruism, trust, patient interest

• Patient autonomy
  – Honesty, patient empowerment, education

• Social Justice
  – Using available resources, following standards of care, equity

The Physician’s Charter

• Putting the Charter into Practice
  – Grants
  – Professionalism blog
  – Top three articles
  – ABIM foundation
Professional Values

- Responsibility
- Maturity
- Communication skills

A “Good Egg”
Professionalism in Medicine: Values vs. Behaviors

- Responsibility
- Maturity
- Communication skills

The Hidden Curriculum

- Behaviors

How?

- Setting expectations
- Performing assessments
- Remediating appropriate behaviors

- **Implementing culture change**

Professionalism: The Stakes
Professionalism: Medical Students

- Unprofessional behavior predicts subsequent disciplinary action by a state medical board
  - Analyzed graduates of UCSF 1990 - 2000
  - Students with unprofessional comments > twice as likely to have issue with state licensure board

Resident Physicians

• **Professionalism as a predictor:**
  – 148 first year medical residents at Mayo Clinic from July 2004 – July 2007
  – >80% -ile on professionalism scores correlated with knowledge and clinical skills
Teaching Professionalism

• Ludmerer, K. Instilling Professionalism in Medical Education, *JAMA*. September 1, 1999. P. 881

• Swick, H. et. al. Teaching Professionalism in Undergraduate Medical Education, *JAMA*, September 1, 1999, p. 830

• “Ironically, while medical educators love discussing professionalism, this word has become despised by medical students.”

• “Any efforts to ‘teach professionalism’ to students seem preachy and insincere. So, what’s a medical educator to do?”

— Vineet Arora, MD of University of Chicago Pritzker School of Medicine on blog KevinMD
“What’s a medical educator to do?”

How we’re doing at Emory

• Setting expectations
  – Student Handbooks, Program Policies, Workshops

• Performing assessments
  – 360 (multi-source) evaluations, rotation evaluations, feedback sessions. RCCC

• Remediating appropriate behaviors
  – Progress and Promotions, RCCC, CCIC

Implementing culture change

Implementing Culture Change

• The IUSM RCCI (Relationship-Centered Care Initiative)

• Culture
  – While “culture” in a deep sense may seem unapproachable and intractable, an organization’s culture is actually manifested and sustained as everyday patterns of human interaction, for example, how one behaves in a meeting, what can or cannot be talked about with those in authority, who makes decisions, or how differences are handled.
“Keep it human.”
Professionalism and Humanism

- Linking **Professionalism** to **Humanism**: What It Means, Why It Matters.

Humanism vs. Professionalism

- **Humanism (Values)**
  - denotes an intrinsic set of deep-seated convictions about one’s obligations towards others

- **Professionalism (Behaviors)**
  - Behaving in accordance to a set of normative values and expectations

Humanism vs. Professionalism

- **Professionalism**
  - What you do
  - May seem intact without humanistic qualities
  - Can be undermined when under duress or when no one is watching

- The “Haskell Effect”
Humanism vs. Professionalism

- **Humanism**
  - Who you *are*
  - Drives authentic professional behaviors
  - Harder to undermine when under duress
  - Actions when no one is watching
The Tip of the Iceberg

Professionalism

Humanism

- Doing
- Experience
- Knowledge
- Feelings
- Expectations
- Assumptions
- Attitudes
- Beliefs
- Values

 Advances in Bioethics. Baker, R.
Professionalism and “The Hidden Curriculum”

• The “Hidden Curriculum”
  – Informal learning that takes place in every hospital
  – Pervasive attitudes and beliefs can develop
  – Can undermine other parts of the curriculum and patient care
  – LCME “New Standard on the Learning Environment”

Fostering Humanism

- The “Habit of Humanism”
- The habit comprises three essential tasks:
  - (1) identifying the multiple perspectives in any clinical encounter;
  - (2) reflecting on how these perspectives might converge or conflict
  - (3) choosing to act altruistically.

Miller S. Academic Medicine. 74(7):800-3, July 1999
Fostering Humanism

• Barriers to Humanism
  – The word “humanism”
  – Hidden curricula in medical education
  – Attitudes and culture

• Approaches to Humanism Barriers

Role Modeling: *Our* Charge

- Interactions with patients on rounds
- Discussions about patients in their absence
- Reactions to patients
- Behavior under pressure
- Conflict management
The Good Guys


• Five Key Factors:
  – Time teaching in overall effort (>25%)
  – Time teaching per week (>25 hours/week)
  – Stresses doctor-patient relationship
  – Focus on psycho-social aspects of medicine
  – Chief residency
A Culture Change to “Authentic Professionalism”

• Building a foundation of humanistic qualities in learners
• Creating unflappable professional behaviors
• Patient driven
• Not evaluation or grade driven
Real role modeling: Our stories

Real Lessons
“Crackhead”
A Crack in the Foundation

• A 36 year old woman is admitted to my team for chest pain after using crack cocaine
• She is the 8th person admitted to our team that day for a crack cocaine-related health problem
• Working with an excellent resident
• Team is capped at 24 and exhausted
“We need a crack team”

- Resident says this on rounds
- Two interns, two M3s, one M4, one pharmacy resident
- Team explodes in laughter
- “Crack team”
  - Could wear a “crack pager”
  - Take “crack call” and do “crack consults”
  - And can follow up the patients in the “crack clinic”
“Crack Limit”

- Resident:
  - Usually demonstrated professional behavior and professional appearance
  - Was under duress
  - Team capped
  - Frustrated with impact of crack on the hospital utilization
  - Some missing humanistic qualities undermined professional behavior
  - Supervisees present to see this modeled
The person, not the “crackhead”
What I learned

• Same age as me
• Also had two children like me
• Loved to draw and write
• Wishes she wasn’t addicted
• Lacked support or resources
• Finished high school and did a year of college
• Tried crack once at 19 with a new boyfriend
Reflecting Alone

- This woman could have been me
- I have “crackheads” in my own family
- Why was my resident comfortable saying these things?
- What climate had I created for my team where this was acceptable?
- Accepted some responsibility for this situation as leader of team
Reflecting with the Team

• Took a picture of the patient with my phone
• Brought her drawing to show the team
• Allowed team to acknowledge frustration
• Discussed feelings about what was said
• Told resident about my family member who is crack-addicted/homeless
• Focused more on the human being
“No hablas ingles?”
“No hablas ingles?”

• 54 year old Guatemalan gentleman admitted to our team for painless jaundice, ascites and a pancreatic mass
• Latin surname
• Lived in states >15 years
• Was an MD/Ph.D. in Guatemala
• Did not repeat U.S. residency
Know-it-all

- Patient prepped/draped for paracentesis
- Lying on back awaiting procedure
- Daughter (Ga Tech grad) on other side of curtain waiting for procedure to end
- Unaware of diagnosis for sure (daughter)
- Patient is a doctor: fully aware of diagnosis
- Member of GI team comes to room
Medical Jargon

- Consultant sees patient getting procedure
- Agrees to come back
- Before leaving makes reference to “lesion not appearing to be amenable to resection” and “at best this will be all palliative.”
- Patient hears this
- Daughter does, too.
- Consultant thought they didn’t speak English
- Or understand medical jargon
Mistaken identity

- Daughter becomes inconsolable
- Patient lying on back hearing daughter cry
- Consultant feels awful
- “Had no idea that he spoke English”
- This is how daughter learns her father is dying (knows about pancreatic cancer)
- Resident doing procedure conflicted
Reflection alone

• Wrote about it
• How must he have felt?
• What does it feel like as a parent to hear your child in pain?
• Compromised position he was in
• What if he didn’t speak English? Would it have been okay?
Actions

• Talked to patient one on one
• Treated him as a senior doctor at all times
• Debriefed with my team
• Acknowledged what happened
• Spoke to GI colleague alone carefully
• Explored our feelings further as a team
• Asked patient’s permission to share his story
From personal reflection to publication

Submitted that reflection for publication
Everyone has a story.
“Everyone was once somebody’s baby.”
“Subsequent Rippling”

• Toward an Informal Curriculum that Teaches Professionalism: Transforming the Social Environment of a Medical School.

  – Indiana University School of Medicine
  – Included Thomas Inui, MD and colleagues
Go there. . . .

“INTENTIONAL” ROLE MODELING
Active Learning Methods

Examples:

• Appreciative inquiry/Critical incident reports

• Narrative writing

• Rounds discussions
  – “Mr. Jones seemed detached on our rounds today. This has to be a lot for him.”

• Engages learners in a “habit of humanism”
Reflective writing

- The Reflective Writing Class Blog: Using Technology to Promote Reflection and Professional Development

Words and Wards

• Use of appreciative inquiry and critical incident reports
  – At the end of ward months
  – Mid-month
  – As an exercise with medical students
  – For publication
  – To understand perspectives in conflict
  – Promoting empathic views
No Boundaries

• “Professionalism is not bound by the confines of the work day.” (Haidet)
  – Social Media (Facebook, Twitter, etc.)
  – Our life experiences
  – Interactions with learners beyond the hospital

“Reflect on everything.”
Peripheral experiences

- The man with the newspaper
Reflect on Funny Things, too.

Grady elder: Why you wear your hair so short?
Me: Beg pardon?
Grady elder: Your hair. Why you cut it all off like a little boy?
Me: Uh, I don’t think it looks like a little boy.
Grady elder: I do.
Me: Well, fortunately, I generally choose my hairstyles based upon what I think.
Grady elder: Well you need to worry about what a man think. And a man don’t like when a woman cut her hair off like a little boy.
Me: Is that right?
Grady elder: Yes. That’s right. Your hair look like a little boy. And a man don’t like hair like a little boy.
Me: Actually, my man likes my hair, and I think I’m going to go with what he thinks on this one instead of you, okay?
Grady elder: You got a smart ass mouth.
Summary

- Professionalism is a challenge and a mandate in medical education
- Values and culture lead to our behaviors
- The stakes are high
- Setting expectations, frequent assessments and remediation is essential
- Implementation of culture change is the goal
Summary

- Professionalism is what you do (when everyone is looking)
- Humanism is who you are (when no one is looking)
- Professionalism without humanism can be difficult to maintain
- Actively engage in activities that foster humanistic behavior – alone and with your learners
- Role model with intention
- There is always “subsequent rippling”
Take home points

• Patients are people
• Learners and faculty are people
• Everybody was once somebody’s baby
• Don’t be afraid to discuss more than just the medicine and the management
• Imagine yourself in the patient’s shoes
• Reflect on everything
What we can do . . .

- Role model *with intention.*
The Ropes

Manning, KD. *Ann Int Med* (accepted Oct 2011)
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