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Plugging gaps in professionalism education: a resident-generated curriculum

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Outline

- What is professionalism and why does it matter?
- Review of recommended practices to develop professionalism in trainees
- Survey of UNM Internal Medicine residents
- Resident-led intervention to improve professionalism

Project Professionalism

- ABIM initiative started in 1990
- Response to changes in the education establishment that were eroding professional standards
- Aim is to promote integrity in medicine

Professionalism defined:

- *A commitment to the highest standards of excellence in the practice of medicine and in the generation and dissemination of knowledge.*
- *A commitment to sustain the interests and welfare of patients above self-interests*
- *A commitment to be responsive to the health needs of society.*

Elements of professionalism:

1. Altruism
2. Accountability
3. Excellence
4. Duty
5. Honor and integrity
6. Respect for others

Threats to professionalism:

1. Abuse of power
2. Arrogance
3. Greed
4. Misrepresentation
5. Impairment
6. Lack of conscientiousness
7. Conflict of interest



Why is developing professionalism important?

- Direct impact on patient care
- Physician autonomy

Resident Development

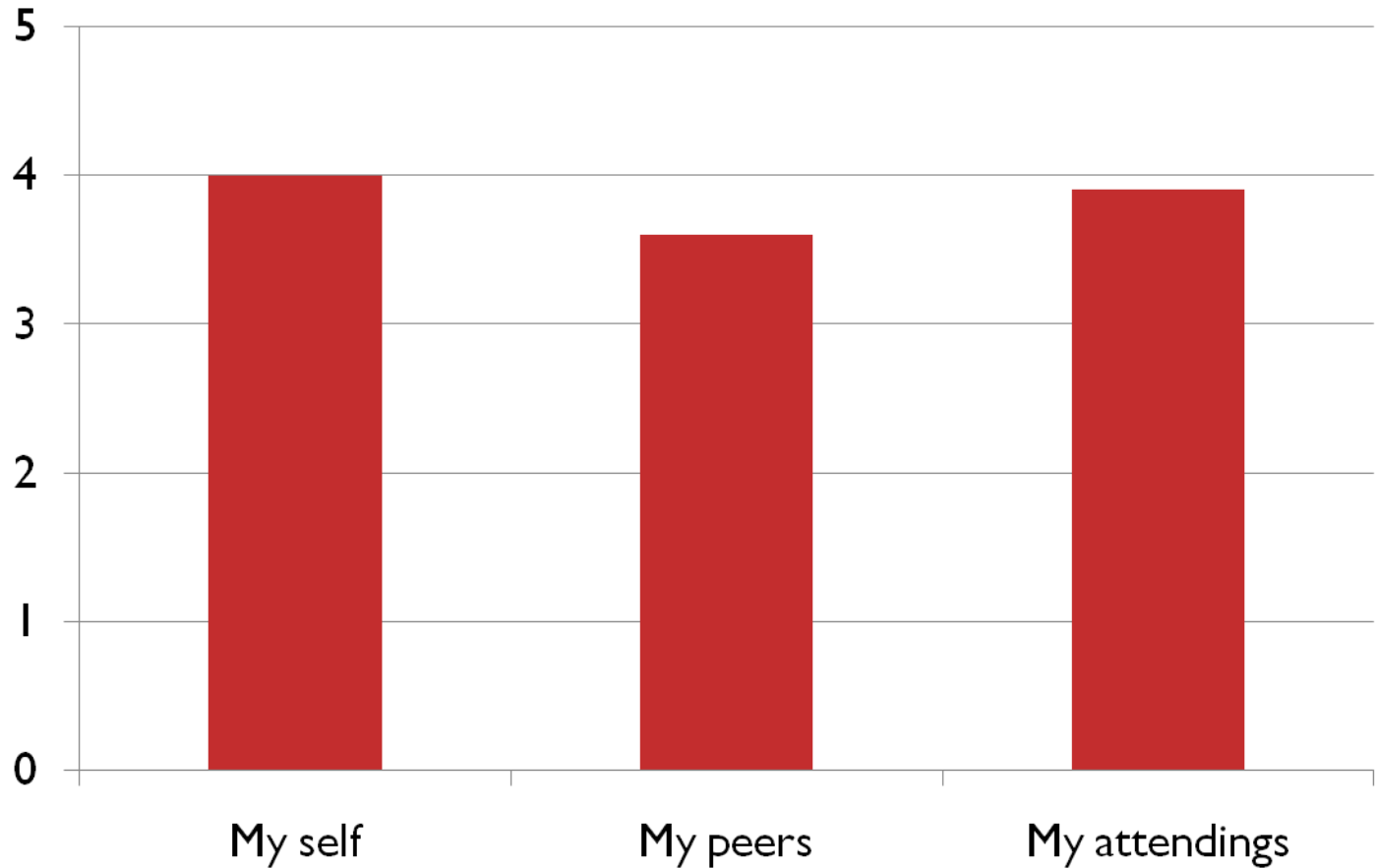
- Faculty development to promote self-reflection and sharing of personal experiences
- Small group discussion
- Attention to the hidden curriculum
 - Remediating physicians in positions of power that deviate from ideals of professionalism

UNM Survey

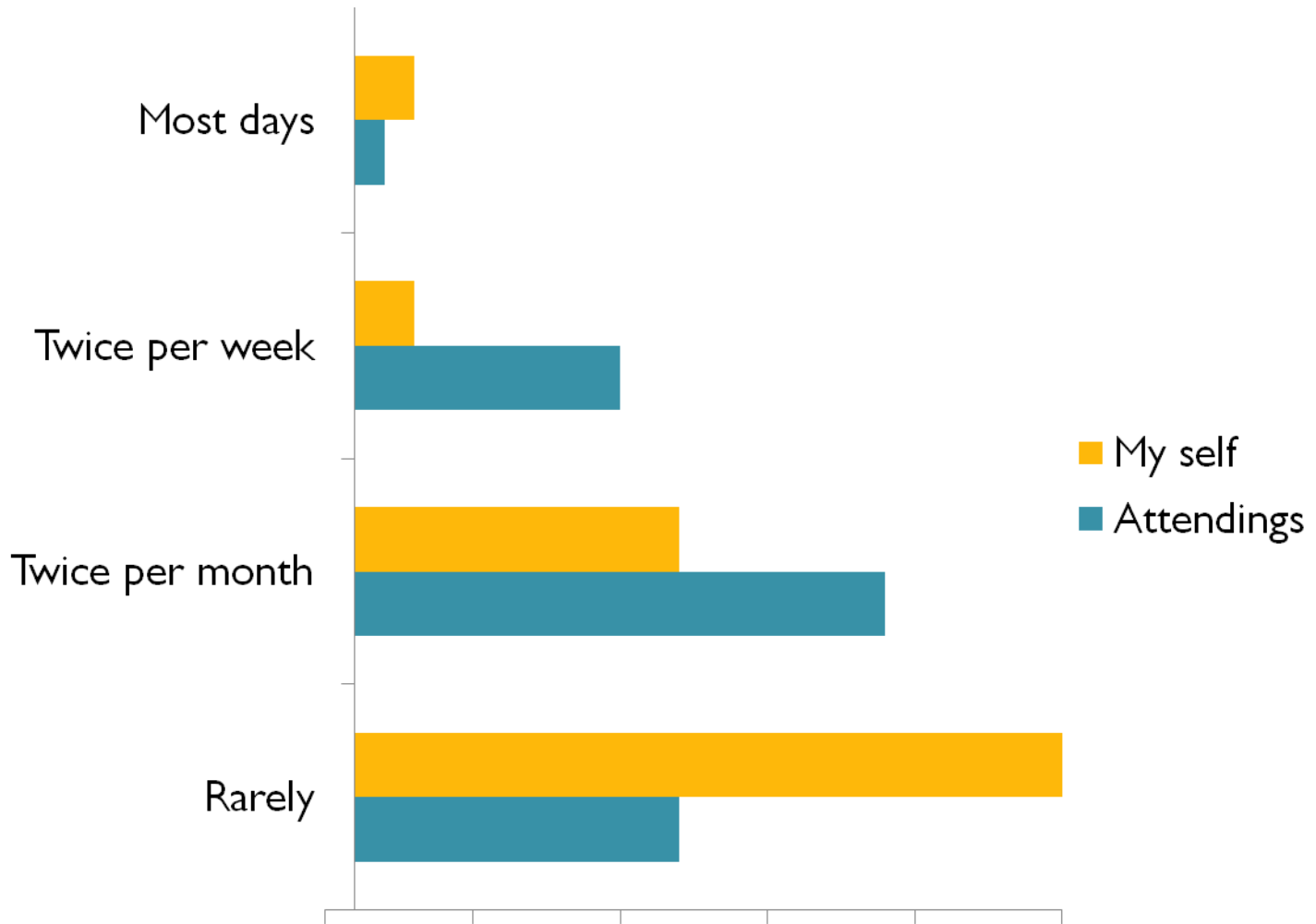
- Distributed at a mandatory education session
- Voluntary participation
- 35 – 40 respondents to most of the questions

Survey Results

Professionalism on a Scale of 1 - 5

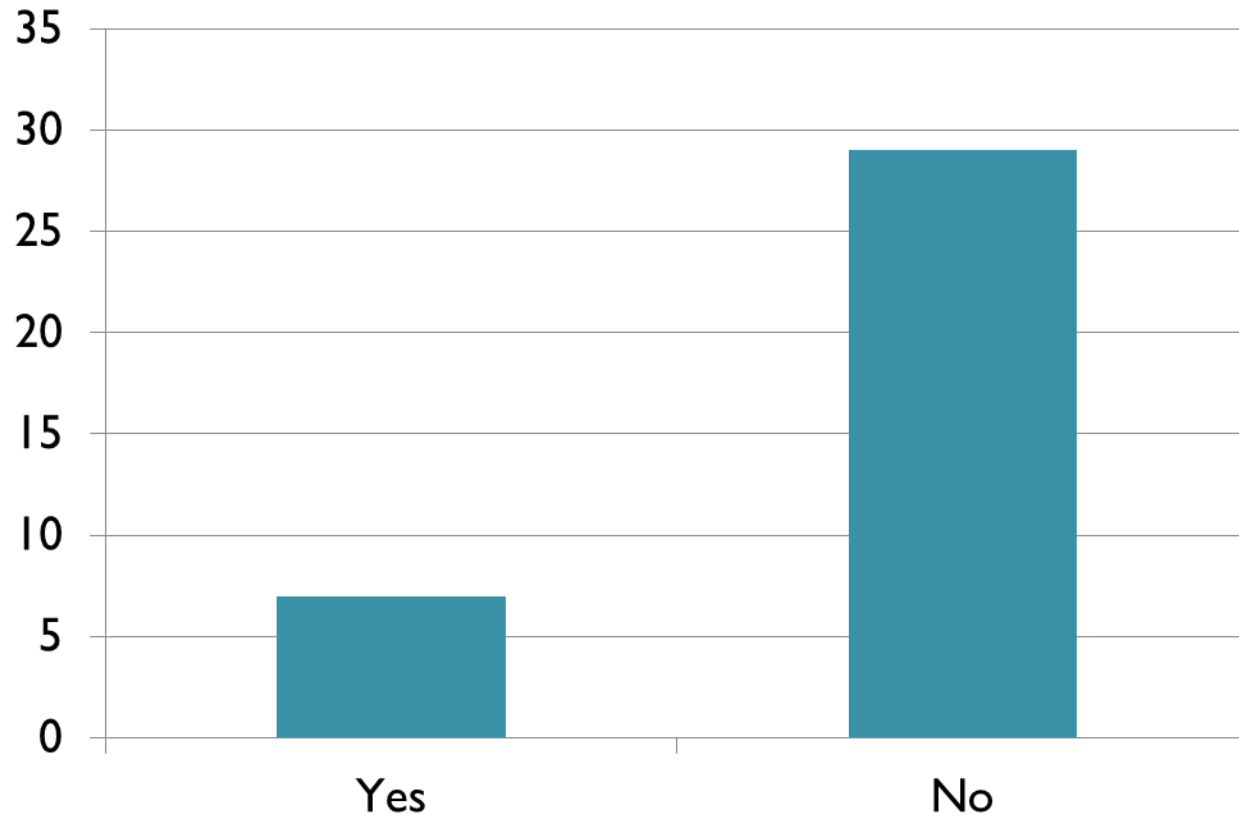


Survey Results: How often are you late for work



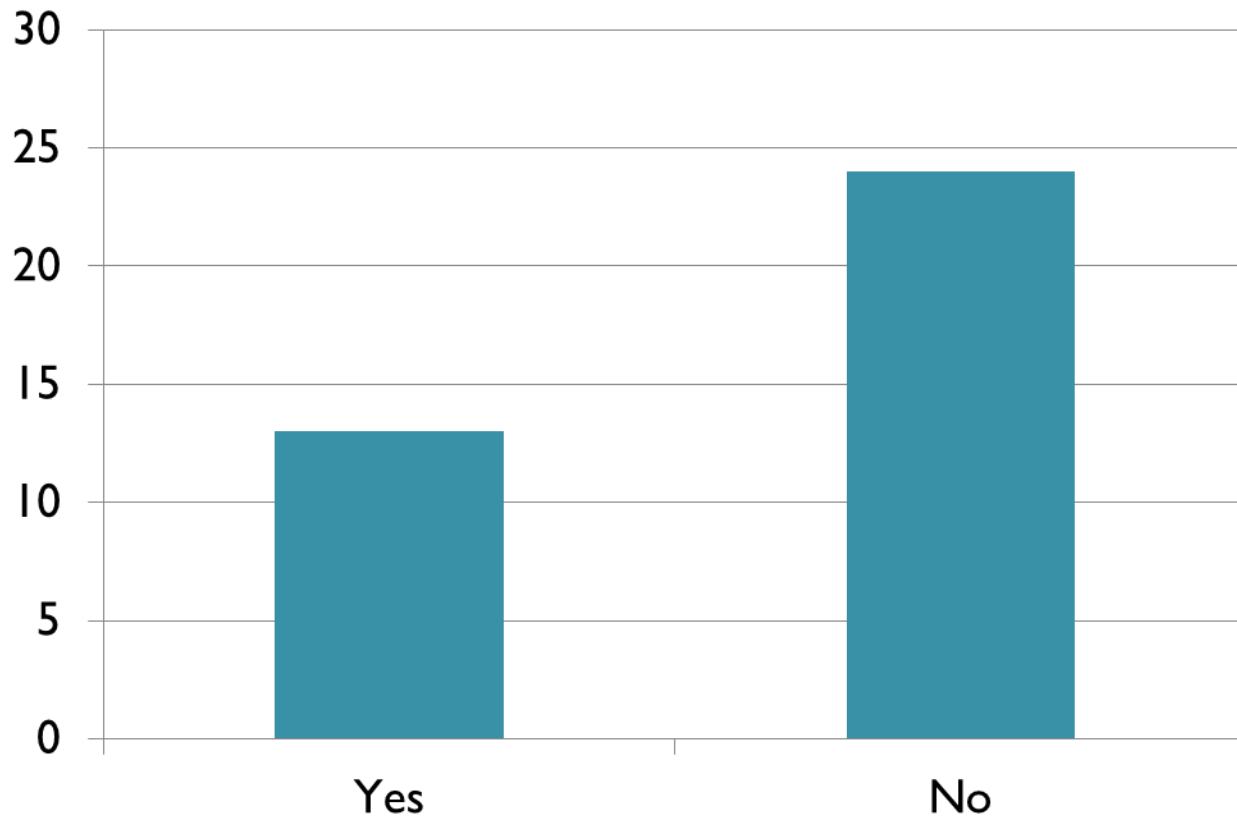
Survey Results

Have you ever been unable to reach your attending?



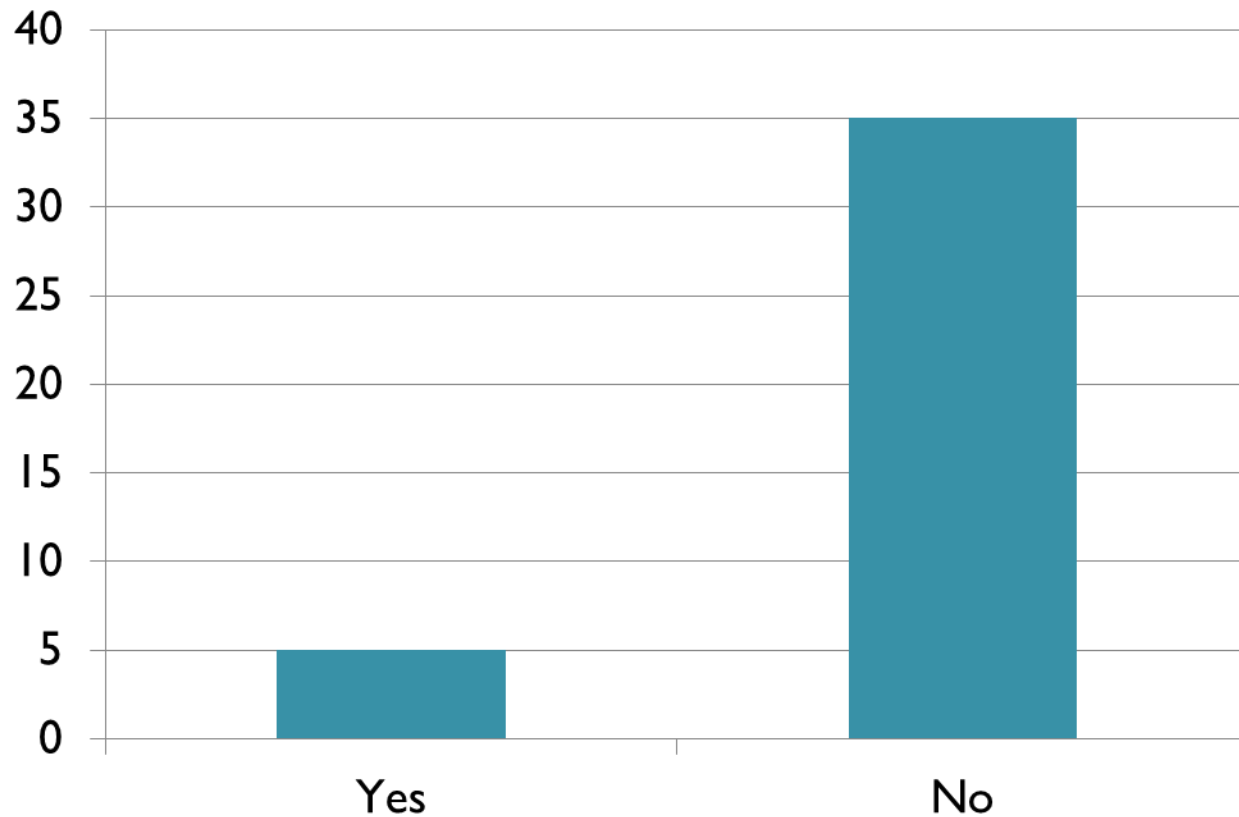
Survey Results

Have you ever signed out patient care responsibilities that could have been better handled by yourself?



Survey Results

Have you ever argued for a patient to be taken care of by another service despite knowing the patient would be better served by your service?



Intervention: Informational presentation

- Lecture format, once per year
- Endorsed by GME dean
- Focused on definitions created by professional societies
- Clearly stated ACGME requirement for assessment of all trainees for professionalism

Intervention: Small group discussions

- Small group of resident leaders wrote vignettes
 - Credible, relevant situations with controversial questions to promote discussion
 - Often situations were drawn from real, personal experiences
- Small group discussions using vignettes held throughout year
 - No attending participation but occasional observation
 - 4 – 6 participants with one discussion leader

Intervention: Small group discussions

- Respect for patients
- Patient care needs vs individual physician's needs
- Conflicts with other admitting services
- Providing medical care to a family member
- Inter-professional relationships with consulting services
- Appropriate means of dealing with non-compliant patients
- Patient ownership between admitting residents and teams providing subsequent care
- Appropriate use of social media
- Appropriate use of cut-and-paste function in the electronic health record

Intervention: Small group discussions

- Exported concept to 3 other residency programs
 - Family Medicine, Pediatrics and Emergency Medicine
- Worked with resident leaders in each department to revise previously written vignettes and write new scenarios
- Led 2 small group discussions per department with 6 – 8 residents at each sessions
 - No attendings present at these sessions
 - Encouraged openness and active participation to engage participants

Intervention: Learning Central module

Professionalism



Vignette 2: Conflict between services

You are working at night providing patient care coverage for your department's inpatient service and are receiving sign-outs from the various day teams that make up your department's inpatient service. A [PGY2](#) signs out his patients and states that you should "block" any attempts from the surgery service for you to write post-operative orders on a patient currently in surgery. The patient is otherwise healthy, was admitted today by the PGY2 and is diagnosed with acute cholecystitis. A few hours pass and you are contacted around midnight by a PACU nurse requesting orders. You call the on-call surgery intern and tell him you will not be writing any orders on this patient. The surgery intern informs you that you should continue to care for the patient because it was a minor operation with no complications.



How could you best handle this situation? How could this middle of the night conflict have been avoided?



Continue to refuse nursing requests for orders and fight all night with the surgery residents.



You dialog with a surgery upper-level resident about the advantages and disadvantages of each service assuming responsibility of the patient from the perspective of the patient's best interests. You reach the conclusion that the patient may best be served by being on your department's service. At the same time, you let the surgeon know that you expect them to be there for the patient if he develops post-operative complications.



When receiving sign-out in the early evening, you stop the PGY-2 giving you check out after he tells you to "block" this patient from returning to his service. You let him know that this is an inappropriate sign-out and that he or his attending should work out this decision now, while the appropriate people to make this decision are available and the patient's condition is stable.

Conclusions

- Resident development in professionalism is important and required by ACGME
- Strategies should be tailored to specific audience
- Small group discussions led by residents were engaging and hopefully effective