

# Professionalism in the Clinical Setting of Medical Education

Patty Hicks, MD

Carol Croft, MD



# Learning Objectives

At the completion of this workshop, the effective teacher should have thought about and have an understanding of:

- The definition and fundamental characteristics of "professionalism."
- Professionalism in caring for patients as well as in interacting with family members and other health care providers (other physicians, nurses, and various support personnel).
- Conflicts that may arise between managed care and the traditions of medicine and professionalism.
- Confidentiality and HIPAA's potential impact on professionalism.

# Presentation

- Overview of Professionalism, elements of professionalism and recognition of absence of professionalism
- Skit illustrating clinical situation in which some elements of professionalism may be lacking – audience identifies issues
- Approach to preventing, and addressing professionalism problems
- Teaching professionalism
- HIPAA and professionalism

# Professionalism

## Merriam-Webster

Professionalism: the conduct, aims, or qualities that characterize or mark a profession or a professional person

Profession: a calling requiring specialized knowledge and often long and intensive academic preparation

# Characteristics of a profession

- A profession is a self-policing group of specially trained individuals who set forth in practice to monitor their own education, expertise and behaviors to sustain the standard they set forth within their group



# Elements of professionalism

- Respect for patients
- Compassion for patients
- Advocacy for patients
- Integrity
- Honesty
- Responsiveness to the needs of patients
- Commitment to excellence and ongoing professional development
- Sensitivity to cultural, ethical, religious or other values of patients
- Empathy in negotiating and designing treatment
- Confidentiality and privacy for all patients

# Behaviors Indicating Lack of Learner Professionalism in the Clinical Setting

<b>Unaddressed professional responsibility</b>	<b>Lack of awareness/effort towards self-improvement and adaptability</b>	<b>Diminished relationships with patients, families or care team</b>
<ul style="list-style-type: none"> <li>• Learner needs continual reminders regarding responsibilities</li> <li>• Learner cannot be relied upon to complete tasks</li> <li>• Learner misrepresents or falsifies actions and/or information</li> <li>• Learner is inappropriately dressed</li> </ul>	<ul style="list-style-type: none"> <li>• Learner is defensive/resistant to advice/criticism</li> <li>• Learner is unwilling to consider/change in behavior</li> <li>• Learner is abusive or critical during times of stress</li> <li>• Learner demonstrates arrogance</li> <li>• Learner does not acknowledge self as cause of failure, error</li> </ul>	<ul style="list-style-type: none"> <li>• Learner is reluctant to listen and accommodate to wishes of patient (when appropriate to do so)</li> <li>• Learner has difficulties with establishing successful collaborative relationships with patients/families/care team</li> <li>• Learner is insensitive to the needs of patients/families/care team</li> <li>• Learner is lacking/ineffective in demonstrating empathy</li> </ul>

# Teacher reluctance

in identifying learner non-professional behaviors

- Learning objectives tend to cover cognitive and skill performance items
- Some teachers may feel judgmental when discussing honesty, integrity and accountability
- Sense that someone else (on another rotation) will address this problem
- The problem will go away without action, it is not serious, the learner's introspection will resolve this problem

# Cultural difference and expectations for professionalism

- Those with different backgrounds may not assimilate many of the aspects of professionalism
- Society expects that all medical trainees learn to develop a commitment to patient advocacy, compassionate care based on the fundamental principles rooted in the patient's welfare and autonomy, balancing justice
- Specific learning objectives may not be enough and additional training for international medical graduates or those with little exposure to our society's expectations

# HIPAA and the professional

- Teacher role model behaviors and attitudes about confidentiality, privacy and respect in clinical settings
- HIPAA Privacy rule provides guidelines about communication of protected health information (PHI)
- PHI can be communicated between providers for the purpose of treatment which is defined broadly
- Clinical context: obtaining outside records, coordinating discharge, work rounds, cross cover sign out

# HIPAA and the professional

- Access to PHI is limited to signed authorization with limited exceptions. There must be legitimate reason for access or disclosures.
- Teachers address this in clinical setting regarding high profile patients
- Stress importance of privilege of accessing electronic PHI and reading clinical documents

# Privacy: Friends and Family

- Disclosure of PHI is allowable in defined circumstances—the patient can determine who may be present during delivery of care. Attending can model respect of this right by asking patient who can be in the room during history/exam.
- When patient is unable to consent to disclosure due to physical distress or disability information can be disclosed in a limited fashion, and as deemed appropriate by providers
- Legal representatives of patients can include parents, those with DPA for healthcare decisions and those responsible for estate of deceased patients

# Disclosure of Undesirable Outcomes

- Supported by the AMA code of ethics NPSF, JCAHO
- Honest communication with patients and families about U.O.s or medical misadventures should be done as promptly as possible
- Much as learners need role models for delivering other kinds of bad news to patients, attending physicians play a critical role in disclosure
- Social psychologist have documented the importance of “high status” figures admitting mistakes resulting in serious consequences

# The Ohmigod Moment

- Upon discovery of the event, the attending should be involved ASAP
- Care of the patient and limitation of injury or future disability is first priority
- Documentation and investigation begin concurrently
- Speaking to the patient and family needs to occur early, or is perceived as “hiding something”

# Disclosures

- Proper procedure for reporting and disclosing a medical misadventure :
  - Contact risk management
  - Preserve any medical equipment or documentation related to the event
  - Document only factual information, never rumor, or statements of blame
  - Comment directly only on care provided by or supervised by you.
  - Empathic statements for pain and suffering are not admissions of guilt

# SKIT



# What did you observe?

➤ Learner actions



# What did you observe?

## ➤ Learner actions

- Poor dress
- Tardy
- Talking about patient's diagnosis when others around (confidentiality breach)
- Disrespectful of cultural preferences
- Lied about knowing the lab results
- Did not communicate to patient honestly about the procedural error/problem

# What did you observe?

- Teacher actions



# What did you observe?

## ➤ Teacher actions

- Joked about some inappropriate behaviors
- At times was complicit with learner's behavior
- Did not confront, acknowledge or redirect the learner's inappropriate behaviors
- Did not go over any expectations at the beginning of the teacher/learner interactions

# How can difficulties with learner professionalism be prevented?

- Can professionalism be taught in the classroom before the clinical rotations begin?
- What orientation to a clinical rotation would be useful to identify desired professional behaviors and establish expectations?
- What other relationships in medical training that precede clinical interactions might be useful to address professionalism?

Once the learner has difficulties with professionalism in the clinical setting, how might you intervene?

➤ **Beginning**

- How would you start your conversation of non-professional behavior with the learner?

Once the learner has difficulties with professionalism in the clinical setting, how might you intervene?

➤ Beginning

- Inquire about insight
- Describe nonprofessional behavior as a series of actions and in a factual manner
- Ask learner to walk through possible outcomes and consequences of such unacceptable actions

Once the learner has difficulties with professionalism in the clinical setting, how might you intervene?

➤ Next:

- As the learner recognizes that they displayed non-professional behaviors, they may tend to blame others

➤ What would you do now?



Once the learner has difficulties with professionalism in the clinical setting, how might you intervene?

➤ Next:

- As the learner recognizes that they displayed non-professional behaviors, they may tend to blame others

➤ What would you do now?

- Wait for another example, but introduce the possibility that this might not be an isolated event/example
- Cite other examples from other situations

Once the learner has difficulties with professionalism in the clinical setting, how might you intervene?

➤ Next:

- When the learner agrees that there is a problem behavior, manifested by specific actions
  - Strategies must be introduced to most learners at this point; few have enough insight and experience to have self-developed strategies correct the problem

Once the learner has difficulties with professionalism in the clinical setting, how might you intervene?

➤ Abstract extension of the problem behavior to novel or anticipated circumstances

- The learner's ability to envision how their behavior might play out in other (novel) situations is critical for sustained change to occur

# Once the learner has difficulties with professionalism in the clinical setting, how might you intervene?

- Once the goal is reached and the desired behavior is achieved, consistency must be maintained
  - Continuous involvement of faculty mentor and learner
  - Tools of daily log of specific desirable actions
  - Behavioral contract needed for some individuals – establishes boundaries and limits of tolerance to breaks in the agreement