

**ENHANCING PROFESSIONALISM IN OSTEOPATHIC MEDICAL EDUCATION**

**AACOM ANNUAL MEETING**

**JUNE 29, 2007**

**2:45 – 4:15 PM**

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Agenda:

- Introduction (5 min)
- Attributes of professionalism: interactive individual work (20 min)
- Assessment of professionalism (15 min)
- Application and evaluation of real-life scenarios: small groups (25 min)
- Discussion
- Review and next steps

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### I.

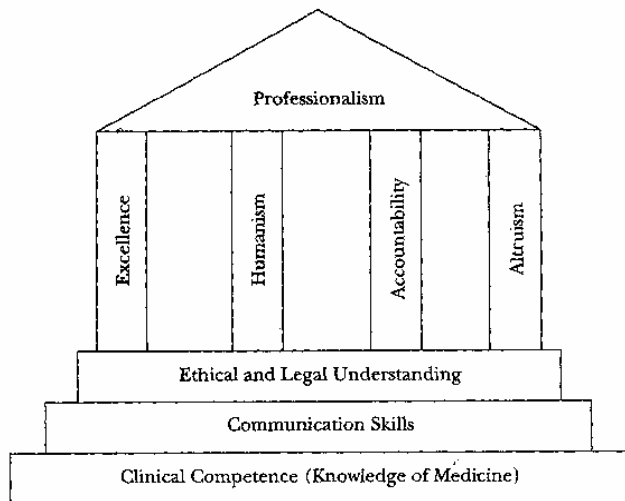


Figure 2-1 A definition of professionalism.

“Professionalism is demonstrated through a foundation of ...competence, communication skills, and ethical and legal understanding, upon which is built the aspiration to wise application of the principles of professionalism: excellence, humanism, accountability, and altruism.”

Stern, DT *Measuring Medical Professionalism*. Oxford University Press, New York. 2006.

### II.

<b>American Board of Internal Medicine</b>	
<b>Commitments</b>	<b>Elements</b>
Highest standards of excellence	Altruism
Patient interest and welfare	Accountability
Response to health needs of society	Excellence
	Honor
	Integrity
	Respect

*Project Professionalism*. (1995). Philadelphia, PA: American Board of Internal Medicine

### III.

Physicians subordinate their own interests to the interests of others.

Physicians adhere to high ethical and moral standards.

Physicians respond to societal needs, and their behaviors reflect a social contract with the communities served.

Physicians exhibit core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others and trustworthiness.

Physicians exercise accountability for themselves and for their colleagues.

Physicians demonstrate a continuing commitment to excellence.

Physicians exhibit a commitment to scholarship to advancing their field.

Physicians deal with high levels of complexity and uncertainty.

Physicians reflect upon their actions and decisions.

Swick, H. M. (2000). Toward a normative definition of medical professionalism. *Acad Med*, 75(6), 612-616.

**Report Questions:**

- What is the professionalism issue in your scenario?
  
- What tools would you use to assess professionalism in this instance?
  
- What could be done on an individual or institutional level to prevent this behavior from re-occurring or, if positive, to reinforce the behavior?

# Enhancing Professionalism in Osteopathic Medical Education

## Scenarios for Small Group Work

### Scenario #1

#### Description of Incident:

1. A MS4 student was on a rotation at an affiliate hospital and did not show up for his service that day and left early the day before complaining of a headache.
2. On the 2<sup>nd</sup> day the resident, at the request of the preceptor, called the medical education coordinator and questioned the student's whereabouts. She paged the student and when she did not get a return call she called the DME.
3. The DME paged the student and continued to all that day.
4. In the meantime, the next morning the DME received a call from the student's father stating that he had been trying to contact him for over a week and had not heard from him. The DME immediately called his home number and there was no answer or a working answering machine; called his cell phone and it was out of order; continued paging him with no reply.
5. After no response the DME called my appropriate dean with oversight for the student and discussed the issue
6. Finally, the student responded to his pages and was instructed to call the dean's cell phone immediately. He stated he had a headache and took some medication and just didn't want to talk to anyone. He had returned to the rotation that afternoon-- a day and a half later after this began.
7. The dean scheduled a meeting for the next morning to discuss the issue and time to be made up on the rotation.

### Scenario #2

#### Description of Incident:

1. A student and resident were in a well-known "relationship" which made for a greater topic of discussion than the current noon medical lecture.
2. The student had a residency interest in the very program the resident was currently practicing.
3. Upon hearing of the relationship, the student was counseled by Hospital staff to be more discreet with her liaison, as other students, residents and staff were bothered by their "topic of discussion" throughout the hospital.
4. The relationship had a negative effect on students due to the "favoritism" showed by the resident toward the student. The student received notification of procedure opportunities even though the student was currently assigned to another service.

5. The resident also had previous relationships with other students, who are now his colleague, and the former person of interest now harbors great dissension with the student and resident, which is well known throughout the ranks in the department.

### **Scenario #3**

#### **Description of Incident:**

1. Dr. Uno teaches the 8:00 AM section of Pharmacology on Monday, Wednesday, and Friday during the Winter Quarter, November through January
2. Dr. Uno starts and ends class on time, is well organized and the students are responsive to his teaching style and enthusiasm for the course material.
3. Dr. Uno has recently been agitated by the number of students who arrive 10 – 15 minutes late for class. The door they enter makes noise, the seats available are in the front and each time a person arrives late, there is some disruption to the attention span of the students.
4. Adding to Dr. Uno's frustration is a group of 6-8 students in the northeast corner of the classroom that are not attentive as demonstrated by their regular use of their computers, non verbal gestures, and personal conversations.
5. The class liaisons have complained to Dr. Uno about these students. He tells them that it's "out of his hands" and that they need to talk to the school administration about it.

### **Scenario #4**

#### **Description of Incident:**

1. Students had expressed that the structure of daily lecture, was not at a student level but instead at an attending level and that this was a waste of their time.
2. Upon learning some of the concerns, a meeting was scheduled with the students, the hospital medical education coordinator and the site coordinator.
3. A few of the students were yelling, confrontational and very negative, instead of wanting to become a part of a solution, they wanted to focus on the negative. Some showed disrespect and unprofessional behavior.

## **Scenario #5**

### **Description of Incident:**

1. Two faculty members waiting for an elevator in a high traffic hallway:
2. Faculty 1 asks, "Would you have time on Monday afternoon for a meeting to talk about the student research day?"
3. Faculty 2 responds, "Don't you remember what is on Monday afternoon? It's (indignant) 'professionalism training.' It's ridiculous. I can't believe they are forcing us to do that. Like I don't have anything else to fill my time. My research is far more important than professionalism. What am I going to get for it? I don't get paid enough and I don't have time that kind of nonsense. I am personally offended that they even suggest that we are not professional. Who are they to judge me?"

## **Scenario #6**

### **Description of Incident:**

1. We had a visiting student come to our site for a 4 week cardiology rotation. Upon arrival she was advised (as all students are) that absolutely ALL students, residents, and interns are required to attend morning and sometimes even noon lectures. The residents and students choose the topic and speakers, so they are always an extra learning tool.
2. The student was also advised that absences would count against her.
3. This particular student complained about having to come to morning lecture at 7 am because her preceptor did not require her until 9 am and she just was not a "morning person".
4. After she missed her 8th lecture, our Chief Resident advised the student that she was now required to speak at the morning lecture in front of the Residents and other students on how to perform a stress test.
5. The day of her lecture, she called in sick with cramps. The following day she called stating she still was ill and could do her lecture at noon. The Chief Resident told her that was fine, but that she hoped the lecture was well put together.
6. At noon the student showed to present her lecture that ending up being completely unprepared and a very poorly presented.
7. The other students were upset that her presentation was so poor. Many of the core students are required to present lecture at different times of the year and they always take it very seriously.

## **Scenario #7**

### Description of the Incident:

1. A student is not performing up to expectations and is having to be coached and prompted on many procedures and must rewrite reports.
2. The clinical preceptor has been giving the student the feedback and calls the university to discuss the situation with the clinical coordinator.
3. The preceptor holds this conversation with the office door open and with other students and staff able to hear at least her side of the conversation which is rather negative and uses the student's name.
4. The student hears from other staff and students about her negative evaluation. Although the student is already aware of the feedback, she felt that her grade/report should have been confidential and is angered.
5. The student reports this problem to the Associate Dean, but does not want her preceptor contacted right away because the preceptor will know that the students reported the incident. The student is afraid this will reflect more poorly on her grade for the rest of the rotation.

## **Scenario #8**

### Description of the Incident:

1. A staff physician, a medical student, and a resident are in a patient's room. They stand near the door. The patient is being attended by a nurse. They are talking, are quiet, but tense tones that can be overheard by the patient and the nurse. The staff physician speaks first in a hushed, angry tone.
2. The staff physician says to the student, "I am somewhat surprised at your comment in front of a patient. You should know never to question any of my statements in front of a patient."
3. The student responds that she was only trying to get clarification of the instructions to help her understand them.
4. The resident steps in and states that it was his fault for not briefing the student on the staff physician's preferences.
5. This angers the staff physician who warns the resident not to interfere when he is instructing a student. The staff physician storms out of the patient room.
6. The resident apologizes to the student stating that Dr. X has been in a miserable mood all week and may be having marital problems.