Teaching and Assessment of Professionalism: Innovative Pearls from the NIH/OBSSR-sponsored Medical Education Behavioral and Social Sciences Consortium

GEA/GSA Small Group Discussion
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*Not Present
Disclosures

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Aims

• Share practical, innovative methods for teaching and assessing professionalism
• Provide a forum for participants to share their challenges and successes
Outline

• 15 minutes: Context Discussion
  – AAMC/GEA, LCME efforts to improve professionalism in medical education
  – NIH/OBSSR Behavioral and Social Science Consortium goals in the domain of “physician role & behavior.”

• 40 Minutes: Specific Strategies
  – NIH/OBSSR Medical Education Behavioral and Social Sciences Consortium strategies to study and develop student professionalism
  – OHSU, UCLA, IUSM

• 40 Minutes: Large Group Discussion
  – Questions for discussants
  – Share experiences with the “hidden curriculum” and efforts to teach and assess professionalism
Context Discussion

• AAMC/GEA and LCME efforts to improve professionalism in medical education
• 2006-2011 K07 Grants for 9 Medical Schools
  National Institutes for Health Office of Behavioral and Social Sciences Research (NIH/OBSSR)
• Develop, pilot and disseminate behavioral and social science curricula, across six curricular domains, including “physician role and behavior.”
Oregon Health & Science University

• Communication, Curriculum, and Culture (C³) Survey

• Learning Environment’s Patient-centerededness

• 2007-2012 Adapted for the third year clerkships

• Results shared with clerkship directors.

• Improvements in professional environment.

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C³ Excellence Questions

- During this clinical rotation, I have met individuals whom I consider role models.
- My colleagues who are residents or attending physicians have assisted me in attaining educational materials pertaining to patients I am seeing.
- I observed that the residents or attending physicians I have worked with educate their patients about their illness.
- During my most recent clinical rotation, I have encountered individuals who display and promote professional behavior.
- I have observed resident or attending physician colleagues place the needs of their patients ahead of their own self-interest.
Third Year Clerkship Excellence Subscale

† p<0.001 surgery subscale rating less than indicated clerkships

- Child Health
- Internal Medicine
- Psychiatry
- Family Medicine
- OB/GYN
- Rural Health / Primary Care

2007 - 2008
2009 - 2010

Intervention
C³ Altruism/Respect Questions:

- I have observed residents or attending physicians making derogatory comments about other medical/surgical specialty groups or other health care workers.
- I have observed residents or attending physicians referring to patients as “hits, gomers, real citizens, walkie-talkies, players, frequent flyers” or other terms.
- I have observed residents or attending physicians scheduling tests or performing procedures at times that are more convenient for themselves than for the patient.
Third Year Clerkship Altruism / Respect Subscale

* p<0.001 surgery subscale rating less than each of the other six clerkships
Pre-C$^3$ 2007-2011

• Why: Preclinical students lose patient-centeredness, idealism, empathy, and there is a “hardening of the heart”.

• Why: Curriculum reforms vertically integrate the preclinical and clinical years - adding clinical educational experiences to the pre-clinical years.

• Pre-C$^3$ comparable to C$^3$ with patterns:
  • Patients as Objects
  • Support for Student’s Patient-Centered Behaviors
  • Respectful Environment
Using faculty small groups and student reflective writing to foster humanistic care

Margaret L. Stuber, MD
Assistant Dean for Well-being and Career Advising
Disclosures

- Funding for the faculty small group program came from a grant from the Arthur Vining David Foundation to Dr. William Branch at Emory University.

- Support for the reflective writing program is partially from an NIH grant through OBSSR and NCCAM to develop curriculum in the social and behavioral sciences.
Teaching Humanistic Care at the Bedside

• Originally five medical schools, led by Emory and Dr. Branch

• Expanded to another eight schools, including UCLA

• Now being funded by the Macy Foundation to further expand
Method

• Eight to ten faculty are nominated to participate in a group meeting for 90 minutes once or twice a month
• At UCLA this was co-led by Drs. Stuber and Wilkerson
• Blending of instructional sessions and reflective sessions, with reading and writing assignments
• The first group at UCLA included 4 internists, 2 surgeons, a neurologist, a psychiatrist, and an OB-GYN
• Topics included giving feedback, well-being and burnout, explaining what you are modeling, and setting clear expectations
Results

• Initial group wanted to keep meeting twice a month!
• Hospital CEO agreed to support another group in 2011
• Initial group members became advocates, speaking at a variety of conferences and faculty meetings
• Hospital CEO agreed to support a third group in 2012
• Polling of the 29 members of the first three groups at a reunion showed many had gained new leadership positions and awards for teaching
• Hospital CEO agreed to support a fourth group in 2013
Narrative writing

• Third year medical students meet in small groups once or twice a month for a required 3 hour seminar
• Topics include medical error, conflict of interest, death and dying, systems of health care, moral decision-making, and healthcare finance
• Since 2005 students have been required to write a reflective piece on the topic of each session, and share them with their small groups and tutors
• The writing is used to link the topic to their clinical experiences on the wards and their personal beliefs
Results

• Despite expectations, the writing has been generally well-accepted
• The students highly value the chance to problem-solve about their experiences with peers in a safe setting
• Challenges to professionalism come up in every discussion and every topic, as students reflect on events that were disturbing to them
• The small group offers students an opportunity to hear from others with different experiences and reactions, allowing them to normalize or to be challenged by the views of others
Indiana University School of Medicine’s Approach to Teaching and Learning about Professionalism

*Narrative-facilitated formation*

Debra Litzelman MA, MD
Professor of Medicine
Associate Dean for Research in Medical Education
Indiana University School of Medicine
What We Tell IUSM Students

• We don’t teach you values.
• We want you to journal about situations that challenge your values.
• We hope to help you navigate these increasingly complicated situations.
• We want you to have experiences of dialogue with peers about these situations.
Professionalism in Medicine:
How Can We Teach and Learn More Successfully?

- Focus on sentinel/seminal events in the hidden and informal curriculum.
- Create mindfulness, infrastructure for dialogue (e.g. about keeping one’s balance, uncertainty, medical errors, interpersonal conflicts, professional performance, values in medicine).
- Join forces with others in question-facilitated dialogue, get feedback, grow professionally.
Professionalism Journal
Small Group Discussions

• Two sessions per month. Dialogue in the round.
• Closed session with tight document security.
• Students choose narratives to read, faculty facilitate open discussion.
• Much better received and rated by students than prior format (lectures and discussion of paper cases)
  – Discussion of their & their classmates’ own stories and lived experiences → more relevant and interesting
Sample Questions

• What was it about this story that caught your attention?
• Why did this happen?
• Have any of the rest of you seen something like this? What did it make you think? How did you feel in the moment? Now?
• What were the choices in this situation?
• Would you make the same choices?
• If not, why not? What would you do?
• What would you actually say? What are the risks?
Does this Approach (observation, journaling, peer dialogue, focusing on questions) to Fostering Professional Growth Work?

- It fits our ecology, is rewarding, and even fun.
- It’s part of a whole process that begins before admission and proceeds through UME.
- It seems to foster mindfulness and self-awareness.
- It’s just one part of an ongoing IUSM environmental culture change effort, aligning the informal and formal curriculum.

Students’ Prof. Journal Narratives

Professional Competency (UME)

IM Clerkship Prof. Narrative Dialogues

MS3 Intersession

Faculty Development

House staff Orientation & Retreats

Hospital Staff Physician Meetings

Departmental Grand Rounds

National Prof. Meeting Workshops & Plenaries

Other IUSM Courses/clerkships Using similar narratives

Publication: Chapter in Wear & Aultman
Uniting the IUSM Formal and Informal Curriculum to Improve Teaching and Learning at IUSM

IUSM Formal Curriculum

Educational outcomes, captured as quantitative scores and narrative reports.

Quantitative and Qualitative Feedback Input for CQI of curriculum, facilities, learning environment

Conscious reflection on the lifeworld of the academic center changes the hidden curriculum.

IUSM Informal Curriculum

- Narratives mined continuously in student, faculty and staff journals and interviews for stories that capture the IUSM hidden curriculum.

Student and Faculty Professional Development

Curricular Assessment

Curriculum Development

Stories used as core content for development of student educational materials.

Stories used as core content in faculty development.

Student, faculty and staff stories about the IUSM hidden curriculum that express competency-relevant content.
Group Discussion

What are the most significant professionalism issues with today’s students?

• Have there been changes with either students or the “hidden curriculum” at your institutions over the past two decades?

How confident are you that your School of Medicine can:

• a) teach and role model aspects of professionalism?
• b) assess student professionalism and identify students with deficiencies?
• c) appropriately deal with students found to have serious professionalism issues?

What successes have you experienced regarding professionalism efforts at your institutions?
Professionalism Core Competency Graduation Goal

Internal and External Tracking Flow Chart

Curriculum Committee

Core Competency Graduation Goals

PACE COMMITTEE

Concern

Major

First Action
Investigate

Moderate

Mild

Dean of Student Affairs

Second Action
If first
Failed

Actionable Assessment
Dean of Student Affairs/
Promotions Committee

INTERNAL
Within course evaluations

EXTERNAL
Extra-curriculum evaluations
(Web Site)
Inspirational and Disturbing Essays by Clerkship Rotation
Source of Disturbing Essays

- Medical Students: 25%
- Staff: 10%
- Attending: 28%
- Residents: 32%
- Not Identified: 5%