SES 020
Tackling Professionalism
Issues in Residency Training

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Drs. Pepper and Tschanz have no affiliations or involvement in any organization or entity with any financial interest or non-financial interest in the subject matter discussed in this presentation.
Session Objectives

- Define professionalism and the expectations of the ACGME
- Describe common resident deficiencies in professionalism
- Recognize the value of a professionalism contract for a Program Director.
- Describe strategies and methods used to remediate deficiencies in professionalism.
Who are Professionals?

- Professionals involve essentially intellectual operations with large individual responsibility
- They derive their raw material from science and learning
- This material they work up to a practical and definite end
- They possess an educationally communicable technique
- They tend to self-organization
- They are becoming increasingly altruistic in motivation

– Abraham Flexner 1915

“to shape the novice into the effective practitioner of medicine, to give him the best available knowledge and skills, and to provide him with a professional identity so that he comes to think, act, and feel like a physician.”

ABIM Professionalism Charter (2002)

3 core principles related to professionalism:

- The primacy of patient welfare
- Patient autonomy
- Social justice
ABIM Professionalism Charter

Commitment to:

1. Professional competence
2. Honesty with patients
3. Patient confidentiality
4. Maintaining appropriate relationships with patients
5. Improving quality of care
6. Improving access to care
7. Just distribution of finite resources
8. Scientific knowledge
9. Maintaining trust by managing conflicts of interest
10. Professional responsibilities
“Medical professionalism is a belief system about how best to organize and deliver health care, which calls on group members to jointly declare ("profess") what the public and individual patients can expect regarding shared competence standards and ethical values and to implement trustworthy means to ensure that all medical professionals live up to these promises.”

ACGME Core Program Requirements

- Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

- Residents are expected to demonstrate:
  - Compassion, integrity, and respect for others
  - Responsiveness to patient needs that supersedes self-interest
  - Respect for patient privacy and autonomy
  - Accountability to patients, society and the profession
  - Sensitivity and responsiveness to a diverse patient population
Approach to Teaching Professionalism

- Set explicit expectations (the “what”)
- Develop (longitudinal) curriculum to explore (the “why”)
- Expect lapses
- Remediate early and often
An estimated **3% to 5%** of physicians and nurses exhibit ‘disruptive’ (unprofessional) behavior.

Where are the problems?

Table 1. Primary Reported Professionalism Lapses by Physicians/Scientists, January 1, 2010–June 30, 2013 (N = 201)

<table>
<thead>
<tr>
<th>Complaint Category</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demeaning</td>
<td>55 (27)</td>
</tr>
<tr>
<td>Angry</td>
<td>51 (25)</td>
</tr>
<tr>
<td>Uncollegial</td>
<td>16 (8)</td>
</tr>
<tr>
<td>Patient communication</td>
<td>16 (8)</td>
</tr>
<tr>
<td>Shirking responsibilities</td>
<td>11 (5)</td>
</tr>
<tr>
<td>Hypercritical</td>
<td>8 (4)</td>
</tr>
<tr>
<td>Clinical competence</td>
<td>8 (4)</td>
</tr>
<tr>
<td>Misconduct</td>
<td>7 (3)</td>
</tr>
<tr>
<td>Sexual innuendo</td>
<td>6 (3)</td>
</tr>
<tr>
<td>Other (for example, sexual harassment, substance abuse, boundary issues, leadership competence)</td>
<td>23 (11)</td>
</tr>
</tbody>
</table>

Challenges Within Your Programs
Professionalism Issues That We Have Been Forced to Address

- Tardiness
- Substance abuse
- Self-prescribing
- Failure to respond to pages/emails
- Timeliness of medical record completion
- Professionalism in research/human subjects
- Copy forward abuse, not doing own work
- Disruptive behavior
Professionalism Contract
**Professionalism Contract**

- Designed on concept that expectations must be explicit before evaluation and remediation can happen.
- Created at Naval Medical Center San Diego in 2010 to put expectations into writing for trainees.
- Outlined the areas where we have faced issues of professionalism lapses in trainees.
Addressed areas where program directors are challenged on a daily basis

- Commitment to patient above self
- Commitment to colleagues
- Importance of accepting feedback
- Conference attendance
- Use of the internet, text, tweeting, social media
- Alcohol, drugs
- Honesty, integrity, plagiarism
Outlined the potential “punishments” for breaches in the professionalism competency

- Unsatisfactory Evaluations
- Academic remediation or probation
- Termination of residency training
I ________________________, will exercise good judgment, integrity and behavior both inside and outside the workplace to include, but not limited to the following:

I will accept primary responsibility for the delivery of care to all assigned inpatients and outpatients, and will accept responsibility for the complete turn-over of those patients when I am going off duty, regardless of the institution I am working at. This commitment to patients and the medical profession may at times go beyond my own self-interest.
I will do more than just my job, including being available to offer assistance as needed to patients, their families, my colleagues, and the clinic and hospital staff.

I will willingly accept guidance, criticism, and evaluation from those with more experience and use this information to improve my practice and my behavior. I will recognize that I am not perfect, but will reflect on how I can improve.
I will conduct myself ethically and professionally and keep my position as a physician in the care of patients and in relationships between myself and other members of the medical staff. I will avoid unduly familiar relationships in the workplace.

I will develop and participate in a personal program of self-study and professional growth. In doing so, I recognize that my program has a defined academic schedule, and I will attend, at a minimum, 80% of all scheduled didactic sessions. During didactics, I will not text, sext, surf the internet, or act in any inappropriate manner that is disrespectful to those staff members who are working to educate me.
I will demonstrate intellectual honesty and professional integrity in both clinical practice and academic endeavors. I will not plagiarize presentations, and will provide credit/acknowledgement when I adopt or use the work of another as part of a presentation or didactic lecture. I will not knowingly copy or duplicate the patient care documentation of another physician or provider nor represent it as my own. I will comply with all HIPPA regulations, and not access medical records of individuals for whom I am not providing healthcare.

I will always relate the truth in caring for patients and with my colleagues. I will never lie.
Additions to the Contract?
Dr. Arrogant has been noted on several anonymous multisource evaluations from the MICU as being disrespectful to the nursing staff, treating subordinates poorly, and that his negative attitude was disruptive to the Medical ICU.
How Do You Remediate Professionalism?
How do we remediate professionalism?

- Internal remediation, with resident or faculty mentor
- Formal counseling
- Academic probation
Internal Remediation

- Typically a more “casual” setting. Supervising physician/PD/APDs recognize a problem and address it with the trainee.
- Within the professionalism competency, may involve discussions with mentor/senior resident/faculty physician
Formal counseling

- 1:1 counseling with the program director, possibly another witness. Can also include the department chair, head of GME, assistant program director.
- Requires documentation with resident signing the documentation and acknowledging what was discussed and ramifications of further violations
Academic Probation

- For egregious violations of professionalism, can proceed directly to academic probation.
- Typically would follow formal counseling for persistent issues/no change in underlying behavior.
Academic Probation

- Timeline of probation
- Plan must outline that any further violations will result in termination
- Professionalism mentor
- Meeting with patient relations representative
Formal counseling with the MICU director, the critical care program director, chief resident, and the Internal Medicine Program director

Acknowledge that professionalism is a key competency required to graduate

Outline due process

Inquire as to other personal medical or mental health issues

Require in-person apology from the resident to the nursing staff
From: Program Director
To: Training file of Dr. Arrogant

1. I met with Dr. Arrogant on this date. Present at this meeting were the Medical Director of the ICU, the Pulmonary/Critical Care Program Director and the Chief Resident. The purpose of this counseling was to discuss Dr. Arrogant’s interactions with the ICU staff.

2. The Medical ICU does anonymous multisource evaluations on all employees including house staff, on a regular basis. These evaluations are reviewed by the MICU Director. The MICU director presented several negative evaluations on Dr. Arrogant. The underlying tone of each of these evaluations was unsatisfactory professional conduct. In particular, Dr. Arrogant was described as being disrespectful to the nursing staff, as treating subordinates poorly, and that his negative attitude was disruptive to the good order of the Medical ICU.

3. We talked with Dr. Arrogant at length about these evaluations. I explained that professionalism is a key competency for successfully completing the internal medicine residency program. Dr. Arrogant acknowledged that his behavior can be improved and that he will indeed make efforts to rectify his behavior.

4. I explained to Dr. Arrogant that following formal counseling further professionalism lapses would result in academic probation. Dr. Arrogant expressed understanding of the due process system for medical residents. Dr. Arrogant denies any significant stressors impacting his behavior. This includes physical and mental health issues. He states that he has an adequate support network.

5. Dr. Arrogant was counseled that he must formally apologize to all affected members of the Medical ICU staff. In addition, we emphasized that we all have open-door policies and are willing to discuss and assist with any issues. Dr. Arrogant acknowledged full understanding of this counseling and is motivated to change his own personal behavior.

P.V. PEPPER

I, Dr. Arrogant, acknowledge the counseling of (date)
Dr. Arrogant 5 months later

- Complaints from step-down cardiology unit nurses
- Dr. Arrogant is obnoxious, talks “down” to the nurses, and is not a professional. Nursing staff “dread” when he is the resident on call
Counseled at length by cardiology PD
Second formal counseling from IM PD
Evaluated for depression. PD assured by psychiatry that resident is fit to continue training
Due to new treatment for depression, no probation
Extensive counseling that there would not be another chance prior to academic probation
Resident to write an essay for the PD on professionalism, professional interactions, and his role as a physician.
Formal counseling #2

From: Program Director
To: Training file of Dr. Arrogant

Subj: Formal Counseling of (date)

1. I met with Dr. Arrogant on this date. The purpose of this counseling was to discuss his interactions with the nurses on 4W.

2. This is Dr. Arrogant’s second formal counseling for professionalism. The first was (date).

3. The recent complaint alleges that Dr. Arrogant is curt with the nurses, that he talks down to them, and he does not have professional interactions. Dr. Arrogant has already been counseled by the cardiology Program Director.

4. Dr. Arrogant notes that he is well aware of these issues and that he has been working very hard to remedy his own deficiencies. He has recently started medications for depression and notes some improvement in his overall mood. Dr. Arrogant is seeing a staff psychiatrist on a regular basis.

5. I again discussed with Dr. Arrogant that professionalism is one of the six core competencies and is required for successful completion of the training program. I encouraged Dr. Arrogant to think before he speaks in all interactions and to treat junior members of the healthcare team with the same respect that he treats senior members.

6. Dr. Arrogant has already apologized to the nursing staff. I have again counseled Dr. Arrogant that I am available at all times to help him with these issues. I emphasized that any further lapses in the professionalism competency will definitely result in academic probation. Dr. Arrogant acknowledges full understanding of this counseling and is motivated to change his own personal behaviors. I have asked him to write an essay for me on professionalism, professional interactions, and his role as a physician.

I, Dr. Arrogant, acknowledge the counseling of (date)

P.V. PEPPER
Professionalism Scenarios from Our Program
Dr Ego sent an inflammatory email to the head of parking enforcement regarding a parking citation. In addition, the PD was called by a staff neurosurgeon after Dr. Ego was rude and obnoxious when consulted from the ER.
What did we do?

- Formal counseling from the PD regarding communication skills and professionalism
- End of year written evaluations noting resident was struggling in these areas
- Formal counseling from the Director for Medical Services after the parking citation incident. This was a one-way conversation
Case Discussion

- Dr. Abrasive is a PGY–1 in your program. She completed a transitional non–ACGME accredited internship after a career as a RT.
- Within the first week of internship, she requested schedule considerations as she expected to be “bored” by internship
- 3 months into the PGY–1 year, comments surfaced about difficulty receiving feedback and abrasive interactions with faculty
Professionalism concerns

- Argumentative with faculty on rounds
- Unprepared for rounds
- Blames the “system” for errors: “I was never told how to present a patient on rounds”
- Skipped mandatory mentor sessions
- Frequently attended important meetings with key faculty in non-professional attire
What did we do?

- In–program remediation
- Counseling from APD, CCC chair, and faculty mentor
- Formal counseling from the PD
Academic probation

- Initially, 6 months of academic probation with 3 month extension of training
- Assign a faculty mentor and a resident mentor; prescribe regular meetings
- Meet with Patient Relations representative
- Recommend provider wellness/mental health evaluation
Progressed to PGY2 year, however
  - Continued professionalism lapses
    - Allergy clinic: “did not exhibit enthusiasm for learning”
    - Wards: “difficulty maintaining professional decorum in the team room and around junior learners”
    - Clinic: “disorganized presentations, appears disinterested”
    - Admits starting/Stopping ADHD meds weekly
Now What?
Now What?

- Continued academic probation
- Direct observation of clinic sessions
- Healthcare communications course
- Continued mentor meetings
- Counseling that lack of improvement would result in termination
Summary

- Set explicit expectations (the contract)
- Develop (longitudinal) curriculum to explore (the “why”)
- Expect lapses
- Remediate early and often
Questions or Comments

Thank you for your time and participation!