Professionalism in Medicine

Robert V. Higgins, M.D.
Professor and Chair
Department of Ob/Gyn
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Carolinas Medical Center
WHAT IS PROFESSIONALISM?
LIST OF ATTRIBUTES?
Ethical Behavior
responsible
Professionalism
Professionalism

ASSESSMENT
Teaching
Unprofessional behavior

you are FREE to choose
but you are not FREE from the consequence of your choice.

A Universal Paradox

One Carolinas HealthCare System
“We are what we repeatedly do. Excellence, then, is not an act, but a habit.”

— Aristotle

Aristotle (384 BC - 322 BC)
Greek philosopher
Healers
Middle Ages – “Learned Professions”
Code of Medical Ethics 1803
CODE OF
MEDICAL ETHICS
OF THE
American Medical Association.

ORIGINALLY ADOPTED AT THE ADJOURNED
MEETING OF THE NATIONAL MEDICAL
CONVENTION IN PHILADELPHIA,
MAY, 1847.
Physician roles

- Healer
  - Caring
  - Listener
  - Respect

- Professional
  - Trustworthy
  - Ethical
  - Responsible
  - Autonomy
  - Self-regulation
  - Responsibilities to society
PROFESSION

Requires acquisition and application of a body of knowledge and technical skills
Contract with Society

Health Professions

Shared Social Contract

SOCIETY

A Shared Health Profession
Contract with Society

- Autonomy
- Status
- Respect
- Self-regulation
- Financial rewards
Contract with Society

Competent
Altruistic
Moral
Address health care needs
Stereotypical good physician

• Independent

• Always available

• Encyclopedic knowledge

• Master of acute care
Questioning authority
Professionalism

Formal statements

• Abstract & principled based

Behavioral definition

• Organizational influence
Professionalism

Autonomy  Accountability
Professionalism

Teamwork

Captain

Shared responsibility
Professionalism

Evidence-based medicine

Expert Opinion
Professionalism

Innate character traits

Competencies
Patient Expectations

• Access

• Customer service, technology, and outcomes
Patient Expectations

- Access
- Alternative payment methods

- Customer service, technology, and outcomes
- Better coordination of care
Patient Expectations

• Access
• Alternative payment methods
• Personalized care

• Customer service, technology, and outcomes
• Better coordination of care
• Access to medical records
Patient Expectations

- Access
- Alternative payment methods
- Personalized care
- Outpatient care

- Customer service, technology, and outcomes
- Better coordination of care
- Access to medical records
- Communication
Knowledgeable
Embrace Quality Improvement
Emotional Intelligence
PROFESSIONALISM 2017
ACTIONS SPEAK LOUDER THAN WORDS
Professional behavior

Individual

Organizational
Linking professionalism values to behavior

- Responsibility
  - Follows through on tasks
  - Arrives on time

- Maturity
  - Accepts blame
  - Avoids inappropriate demands
  - Not abusive in times of stress
Linking professionalism values to behavior

- Communication skills
  - Listens well
  - Avoids hostility
  - Is not loud or disruptive
12-18 seconds
Linking professionalism values to behavior

- Respect
- Maintains patient confidentiality
- Patience
- Sensitive to physical and emotional needs
- Not biased/discriminatory

## Physician Behaviors

<table>
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<tr>
<th>Value</th>
<th>Practice Settings</th>
<th>Physician Advocacy</th>
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<tr>
<td>Integrity</td>
<td>Peer review</td>
<td>Disclosure of meaningful</td>
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<td></td>
<td>Avoid conflict of interest</td>
<td>performance information</td>
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<td>Accountability</td>
<td>Performance feedback</td>
<td>Remediation and discipline</td>
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<td>policies</td>
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</table>
Teaching Professionalism

CHALLENGES
Medical Students
Rating Scale

- Excellent
- Very Good
- Good
- Average
- Poor

Selected: Average
METHODS TO TEACH PROFESSIONALISM
Teaching professionalism

Methods
“Advancing Education in Medical Professionalism.” ACGME Outcome Project, 2004

• Lectures
• Discussion groups
• Role plays, simulation
• Experiential (eg, clinical setting)
• Team learning
• Role modeling
• Independent learning
Teachable skills

Self-awareness

Self-control

Situational awareness

Teachable skills

Alternative strategy development

Crisis communication skills

Peer coaching

Teaching professionalism
POLICY STATEMENTS
360-Degree Feedback
Not only what should be done, but why
remediation
SUPPORTIVE INSTITUTIONAL CULTURE
DO EFFORTS TO IMPART PROFESSIONALISM TO STUDENTS MAKE A DIFFERENCE?
3 MEDICAL SCHOOLS GRADUATED FROM 1970-1999

235 students disciplined by US state medical boards between 1990-2003

Information

• Grades

• Standardized test scores

• Demographics

• Unprofessional behavior coded from all data in the student file

Students with unprofessional behavior in medical school
UNPROFESSIONAL BEHAVIOR

Threats  Conflicts of interest
Destructive Communication  Disrespect
Favoritism  Gossip
Conceit  Verbal Abuse
Taking Gifts  Foul Speech
Retaliation
WE JUDGE OURSELVES BY OUR MOTIVES WHEN AS OTHERS JUDGE US BY OUR BEHAVIOR
Disruptive behaviors

- Psychological factors
  - Substance abuse
  - Personality disorders
  - Depression
  - OCD
  - Bipolar disorder
  - Burnout
  - Stress reaction
Reprimand

agrees that the Board has sufficient evidence upon which it could conclude that he committed unprofessional conduct, including, but not limited to, departure from, or the failure to conform to, the standards of acceptable and prevailing medical practice and the ethics of the medical profession, within the meaning of N.C. Gen. Stat. § 90-14(a)(6), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit license to practice medicine issued by the Board.
Disruptive behavior

• System reinforces this behavior?

• Leadership ignores problems

• Scapegoats
Boundary Violations

• Power differential

• Sexual misconduct

• Social media
In late April or early May 2015, Patient C presented to Dr. [ ] to have the genital warts removed. Patient C alleges that, during the examination, Dr. [ ] inappropriately touched her for his personal sexual gratification and not for a legitimate medical purpose. Dr. [ ] admits that a chaperone was not present during Dr. [ ] examination of Patient C.
Revocation of License

Dr. [Redacted] admits that on December 7, 2015, Dr. [Redacted] was arrested and charged with three (3) counts of Felony 2nd Degree Sexual Offense based on information provided to law enforcement by Patients A, B and C.
Prescriptions

• Poor record-keeping

• Duped

• Disabled – impaired

• Dishonest – financial gain

• Dysfunctional – can’t say no
The Board obtained several patient medical records from Dr. review in November 2015. Five (5) of the medical records, Patients A-E, were submitted for review to an external medical expert. In March 2016, this reviewer criticized Dr. care in all five (5) cases, the criticisms focusing on treatment of pain, controlled substance prescribing and documentation.
Impairment

• Physical
• Cognitive
• Psychological
  – Substance abuse
  – Mental health
PROFESSIONALISM

supportive

ethical

trustworthy

positive

approachable

considerate

punctual

patient

professionalism

empathetic

dependable

accountable

dependable

confidential

integrity

collaborative

One

Carolinhas HealthCare System
People with good intentions make promises, but people with good character keep them.
BEHAVIORS
“The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head. The practice of medicine is an art, based on science.”

Sir William Osler, 1889