

*Advancing Education in*

# **MEDICAL PROFESSIONALISM**

*An Educational Resource  
from the*



**ACGME**

**Outcome Project**

*Enhancing residency education  
through outcomes assessment*

# ADVANCING EDUCATION IN MEDICAL PROFESSIONALISM

## OVERVIEW

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*PURPOSE:* To provide educational resources for program directors and other medical educators to aid teaching and assessing professionalism, one of the six ACGME general competencies

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# What is Professionalism?

## **PROFESSIONALISM**

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities (ACGME, 1999)

## Other Perspectives on Professionalism

Medical professionalism is the ability to meet the relationship-centered expectations required to practice medicine competently (Kuczewski et al., 2003; Lynch et al., in press; Surdyk et al., 2003).

Examples

- \**patient-physician relationship*: being careful and thorough when performing physical examination
- \**community-physician relationship*: participating in initiatives to improve health care safety
- \**health care system-physician relationship*: interacting respectfully with other health care providers
- \**physician-physician relationship*: taking time to teach medical students and residents
- \**self-physician relationship*: reflecting critically on own performance

Professionalism is based on the principles of primacy of patient welfare, patient autonomy, and social justice. It involves the following professional responsibilities: competence, honesty, patient confidentiality, appropriate relations with patients, improving quality of care, improving access to care, just distribution of finite resources, commitment to scientific knowledge, maintaining trust by managing conflicts of interest, commitment to professional responsibilities (ABIMF, ACP-ASIM, & EFIM, 2002).





# There is a broad scope of approaches to **Teaching Professionalism** in Graduate Medical Education

## Examples

<i>Example</i>	<i>Method</i>	<i>Description</i>
Hospital to Home Program <small>Matter CA, Speice JA, McCannTd 8j -0.0021</small>	CLINICAL/ <small>Tc 0 Tw 14.25 0 0 14.25</small>	Each resident visits a patient post- <small>2879 Ts.efT0 14.25 6rofession1673am4an1673endels 287.25 699</small>

## **Hospital to Home Program**

**Goal:** Expand resident understanding of patients and their care in a range of settings

### **What happens?**

The resident follows a patient (who has consented to participate) from discharge to about one week post-discharge and completes the following activities.

# Assessing Professionalism: System Considerations

**WHY**



# There is a broad scope of approaches to **Assessing Professionalism** in Graduate Medical Education

## Examples

<i>Example</i>	<i>Method</i>	<i>Description</i>
Hickson Codes <i>Hickson GB, Federspiel CF, Pichert JW, et al. Patient complaints and</i>		

## The Wake Forest Physician Trust Scale

### What is it?

The Wake Forest Physician Trust Scale is a 10-item rating form that measures physician professionalism and patient care skills. Patients rate each item on a 5-point scale ranging from strongly disagree (1) to strongly agree (5) and can complete the form at any time since it does not pertain to a specific encounter.

### How may it be used?

Information obtained from the Wake Forest Physician Trust Scale may be used to provide residents formative feedback about professionalism and selected patient care skills.

### Benefits of this method

The Wake Forest Physician Trust Scale collects data from the perspective of the patient and is relatively easy to complete. Extensive pilot research has indicated that it yields valid and reliable data. A short form (i.e., 5 items) of the scale has also been developed.

### Disadvantages of this method

Stable estimates of performance may require forms from several patients per physician. Also, it may be difficult to obtain a reasonable response rate from patients.





# ABIM Scale to Measure Professional Attitudes and Behaviors in Medical Education

The following survey is designed to elicit the experiences residents in internal medicine have during their training that affect their professionalism. Therefore, your participation is greatly appreciated. Please complete the survey and return it to your program director expeditiously. Thank you.

Age: \_\_\_\_\_

Sex: ? Female ? Male

Check (Y) level of training that applies: PGY1 ? PGY2 ? PGY3 ? PGY4 ?

Indicate (Y) your immediate career goal: ? primary care practice ? undecided  
? academic general internal medicine  
? subspecialty training: Area \_\_\_\_\_  
? other (describe) \_\_\_\_\_

Indicate (Y) the average number of hours per week that you commit to your training (including formal rotations, teaching conferences, clinics, on call, reading):

? 50 – 60 hrs ? 61- 70 hrs ? 71 – 80 hrs ? 81 – 90 hrs ? > 90 hrs

**For the following questions, circle the rating that applies (1=never, 9=always).**

1. During this residency training, I have met individuals whom I consider role models.  
Never 1 2 3 4 5 6 7 8 9 Always
  2. During residency training, I have encountered individuals on clinical rotations who display and promote professional behavior.  
Never 1 2 3 4 5 6 7 8 9 Always
  3. My resident colleagues have assisted me in attaining educational materials (e.g., journal articles, textbooks) pertaining to my patients.  
Never 1 2 3 4 5 6 7 8 9 Always
  4. I have observed that my resident colleagues place the needs of their patients ahead of their own self-interests.  
Never 1 2 3 4 5 6 7 8 9 Always
  5. I have observed that the residents I have worked with educate their patients about their illnesses.  
Never 1 2 3 4 5 6 7 8 9 Always
-





# Musick 360-degree Assessment

University of Kentucky College of Medicine, Department of Physical Medicine & Rehabilitation  
*Resident Interaction with Interdisciplinary Team Members Inpatient Rehabilitation Rotations*

Resident's Name: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

Rotation (circle one): GRU    SCI    TBI    CVA

Dates of Rotation: \_\_\_\_\_

Evaluator's Name (optional): \_\_\_\_\_

INSTRUCTIONS: Estimate ability for each item\* listed. Please evaluate on the basis of your standards for expected performance and resident's knowledge at the current level of training. Circle the most applicable rating (1 through 9). Please check the "N/A" column if you are unable to rate the resident on that item, or if it does not apply.

		N/A or Unable To Rate			Unsatisfactory			Satisfactory			Superior		
1. Overall competence/performance	_____	1	2	3	4	5	6	7	8	9			
2. Clinical judgment/clinical decision making	_____	1	2	3	4	5	6	7	8	9			
<b>3. Leadership skills</b>	_____	1	2	3	4	5	6	7	8	9			
4. Application of medical knowledge	_____	1	2	3	4	5	6	7	8	9			
5. Examination skills	_____	1	2	3	4	5	6	7	8	9			
6. Diagnostic skills	_____	1	2	3	4	5	6	7	8	9			
7. Documentation	_____	1	2	3	4	5	6	7	8	9			
8. Education of patient and family.													
9. Participation/supervision of all aspects of treatment	_____	1	2	3	4	5	6	7	8	9			
10. <b>Dependability/sense of responsibility</b>	_____	1	2	3	4	5	6	7	8	9			
11. <b>Sensitivity/compassion</b>	_____	1	2	3	4	5	6	7	8	9			
12. <b>Initiative</b>	_____	1	2	3	4	5	6	7	8	9			
13. <b>Organizational skills</b>	_____	1	2	3	4	5	6	7	8	9			
14. <b>Management skills</b>	_____	1	2	3	4	5	6	7	8	9			
15. <b>Respect for others</b>	_____	1	2	3	4	5	6	7	8	9			
16. <b>Self-confidence</b>	_____	1	2	3	4	5	6	7	8	9			
17. <b>Promptness</b>	_____	1	2	3	4	5	6	7	8	9			
18. <b>Receptivity to criticism</b>													
19. Rapport with nonphysician personnel	_____	1	2	3	4	5	6	7	8	9			
20. Rapport with patients and families	_____	1	2	3	4	5	6	7	8	9			
21. General interpersonal skills	_____	1	2	3	4	5	6	7	8	9			
22. Clarity of communication	_____	1	2	3	4	5	6	7	8	9			
23. Frequency of communication	_____	1	2	3	4	5	6	7	8	9			
24. <b>Collaboration/goal setting</b>	_____	1	2	3	4	5	6	7	8	9			
25. <b>Attendance at meetings</b>	_____	1	2	3	4	5	6	7	8	9			
26. <b>Participation in meetings</b>	_____	1	2	3	4	5	6	7	8	9			

*\*professionalism items are in bold type*

*Note 1: Used with permission from David Musick, PhD,*





## Barry Challenges to Professionalism Questionnaire

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Please read the following cases. Recognizing that there may be other approaches, select the single best answer from those listed.

1. A pharmaceutical company approaches you about a clinical research project involving your office patients. Your patients with high blood pressure will be eligible to be treated with a new medication that has just been released by the FDA. The object of the study is to evaluate risks and benefits of this medication in an unselected office population. The pharmaceutical company will pay \$250 per patient for the expenses generated by the study, and one year's salary for a data manager and will supply the drug free of charge. Meetings to discuss the initiation of the study and follow-up results will be held in New Orleans and Honolulu. Your spouse will be invited as the company's guest to attend these meetings since they will take you away from home.

Participating in the study would be considered appropriate professional behavior if:

- A. Your patients signed an informed consent.
- B. Your patients sign an informed consent and your partners approve the study.
- C. An oversight committee of the hospital where you have privileges or your regional medical society approves the study.
- D. None of the above.

2. You are practicing hematology and oncology in a suburb of a large metropolitan area. Currently, you refer your patients who require radiotherapy to one or two hospitals in the city depending on where the patients live and the type of problem. A radiotherapist whose knowledge and skill you respect informs you that she will be joining a for-profit national radiotherapy company that is thinking of locating in your area. This new company will bring both the latest equipment and up-graded service to your community. She informs you that an excellent opportunity now exists to invest in this company and that the larger the number of investors from the area, the greater the likelihood the company will locate the unit in your community.

Which of the following statements most accurately assesses the possibility of conflict of interest regarding your investment in this company?

- A. An investment will pose a conflict of interest and you should not make it.
- B. Your investment will pose no conflict of interest because the new radiotherapy unit will offer superior treatment and will be available to your patients.
- C.

- B. Return the call and tell the patient's mother you can't discuss the matter, knowing this will look suspicious to her.
  - C. Return the call but be evasive when questioned about the nature of the visit.
  - D. Don't return the call.
4. You are the chief of service at a hospital and a medical student informs you that she smelled alcohol on the breath of an attending physician during morning rounds on more than one occasion. This report is confirmed by another student and a resident. How do you proceed?
- A. Approach the physician in question and ask if he/she has a drinking problem.
  - B. Talk to friend and family members of the physician to see if they suspect a drinking problem.
  - C. Review the physician's file and monitor him/her closely.
  - D. Report the physician to the Colorado State Board of Medical Examiners.
5. During your rounds with the housestaff team, a male staff member comes up to the group, places his arm around the waist of a female house officer, and thanks her for the terrific job she did she did taking care of one of his patients. You sense that the house officer is made uncomfortable by the gesture. An appropriate first response would be which of the following?
- A. Do nothing, on the basis that the faculty member was simply showing his appreciation for a job well done.
  - B. Report the incident to the program director as an example of sexual harassment.
  - C. Tell your colleague, the faculty member, that you thought the gesture was inappropriate and that you were made uncomfortable by it.
  - D. Ask the resident if the gesture made her uncomfortable.
  - E. Ask the resident if there are actions she would like you take on her behalf.
6. An established patient of yours presents with symptoms of depression. This is the second time in three months that the patient has visited you for these complaints. You wish to start treatment with anti-depressant medication. As you are filling out the prescription, the patient asks you not to document the diagnosis or medication in the chart. She is concerned that her employer will find out about her diagnosis and she could potentially lose her job like a coworker did. She knows that her insurance company has access to her diagnosis. How do you proceed?
- A. Inform the patient that you must document the diagnosis to provide any treatment.
  - B. Agree to not document the diagnosis but prescribe the medication anyway.
  - C. Agree to not document the diagnosis but refuse to provide the prescription.
  - D. Terminate your relationship with the patient because she is inhibiting your ability to provide adequate care.
  - E. Document an alternative diagnosis, such as fatigue, and provide the prescription.

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*Note:* Reprinted from "Barry D, Cyran E, Anderson, RJ. Common issues in medical professionalism: Room to grow. Am J Med. 2000;108:136-42." Copyright 2000, with permission from Excerpta Medica Inc, <http://www.elsevier.com/locate/jnlabr/ajm>, <http://www.sciencedirect.com>.

PROFESSIONALISM  
ACGME Web-based Resource Guide

<i>WHAT?</i>	<i>WHERE?</i>
<p><b>RSVP</b> Learn about initiatives underway at programs and institutions to integrate the teaching and assessment of professionalism into GME curricula.</p>	<p><a href="http://www.acgme.org/outcome/implement/rsvp.asp">www.acgme.org/outcome/implement/rsvp.asp</a></p>
<p><b>Assessment Toolbox</b> Find out about the characteristics of various methods of assessment.</p>	<p><a href="http://www.acgme.org/outcome/assess/toolbox.asp">www.acgme.org/outcome/assess/toolbox.asp</a></p>
<p><b>Example Assessments</b> Identify specific tools that may be used to assess professionalism, including some practical and technical features of each.</p>	<p><a href="http://www.acgme.org/outcome/assess/profIndex.asp">www.acgme.org/outcome/assess/profIndex.asp</a></p>
<p><b>Think Tank Recommendations for Assessing Professionalism</b> Read about approaches to assess professionalism recommended by the RRC Outcome Project Think Tank, which is an ad hoc advisory group whose purpose is to facilitate implementation of outcomes assessment according to ACGME program requirements.</p>	<p><a href="http://www.acgme.org/outcome/project/thinktank.asp">www.acgme.org/outcome/project/thinktank.asp</a></p>
<p><b>References</b> (i) Scan references related to the theory/concepts/rationale and the teaching and learning of professionalism (ii) Scan references related to assessing professionalism</p>	<p><a href="http://www.acgme.org/outcome/comp/refProf1.asp">www.acgme.org/outcome/comp/refProf1.asp</a></p> <p><a href="http://www.acgme.org/outcome/assess/refList.asp#prof">www.acgme.org/outcome/assess/refList.asp#prof</a></p>

*PROFESSIONALISM*  
Specialty-specific Web-based Resource Guide

<i>SPECIALTY ORGANIZATION</i>	<i>WHERE?</i>
American Academy of Orthopaedic Surgeons	<hr/>
American Board of Psychiatry and Neurology	<hr/>
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