Teaching Professionalism in OB/GYN

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Disclosure

- I have received a grant from the Thomas Jefferson Center for Interprofessional Education.
- I have received a grant from the American Society of Healthcare Risk Management.
- I have received honoraria from Postgraduate Obstetrics & Gynecology.
Objectives

- Understand the importance of professionalism education
- Understand the consequences of unprofessional behavior
- Envision teaching the Narrative Medicine and Cup of Coffee systems in your residency program
- Understand strengths and weaknesses of different professionalism curriculae
ACGME Core Competencies

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

What is Professionalism?

- Altruism
- Respect for other people
- Additional humanistic qualities
- Honor, integrity, ethical and moral standards
- Accountability
- Excellence
- Duty/ Advocacy

American Board of Internal Medicine, 1994.
Why Professionalism?

- Physician Charter:
  - Professionalism is the basis of medicine’s contract with society.
  1. Patient welfare
  2. Patient autonomy
  3. Social Justice

ACGME Requirements

- Commit to carrying out professional responsibilities, ethical principles, and sensitivity
- Demonstrate respect, compassion, and integrity; accountability to patients
- Commit to ethical principles
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities
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Online Posting of Unprofessional Content by Medical Students

- 60% of US medical schools had incidents of unprofessional online content

Infractions:
- Patient confidentiality 13%
- Profanity 50%
- Discriminatory language 48%
- Depiction of intoxication 39%
- Sexually suggestive material 38%

Disciplinary action by medical boards and prior behavior in medical school

- Case-control study with 235 cases and 469 matched controls
- 3x as likely to demonstrate unprofessional behavior in medical school

Significant difference for cases:
- Lower undergrad science GPA
- Lower undergrad science GPA, MCAT Scores, USMLE Step 1 scores
- Unprofessional behavior in med school
- Did not pass med school class at first attempt

OB/GYN Resident Unprofessional Behavior

- Survey of 241 US OB/GYN residency program directors, 58% responded
- Only 25% of program directors would voluntarily share concerns about professionalism to potential employers (42% share only if asked)
- Consequences: express expectations (95%), counseling (68%), probation (59%), dismissal (30%)

Balint Training

- RCT of 16 residents, control group compared to 6 month Balint group, with post- and pre-test
- No change in Musick 360-degree evaluation or Psychological Medicine Inventory
- Residents subjectively liked Balint training

Teaching Professionalism?

- 15 Surgical residents took a 6 month course on Professionalism and Communication
- Pre- and post-test OSCE were used with Standardized Patients
- Statistical improvement in Professionalism and Communication scores

US Healthcare Costs- 2006

- $2 trillion on healthcare
- Medical error costs $17-29 billion
- Medical injury litigation and liability insurance costs $8-9 billion
- Up to 98,000 people die annually due to medical error
- Systems errors in 82% of malpractice cases, 34% communication errors

Disruptive Behavior Pyramid


No Pattern persists

Apparent pattern

Single or isolated "unprofessional" event (merit?)

Level 3 "Disciplinary" Intervention

Level 2 "Guided" Intervention by Authority

Level 1 "Awareness" Intervention

"Informal" Cup of Coffee Intervention

Mandated Issues

Vast majority of professionals - no issues
Failure to Address Disruptive Conduct

Leads To:

- Team members may adopt disruptive person’s negative mood/anger (Dimberg & Ohman, 1996)
- Lessened trust among team members can lead to lessened task performance (always monitoring disruptive person)... affects quality and pt safety (Lewicki & Bunker, 1995; Wageman, 2000)
- Withdrawal (Schroeder et al, 2003; Pearson & Porath, 2005)

Felps, W et al. 2006.
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Does a Narrative Medicine Curriculum improve OB/GYN Resident Professionalism?

- Jefferson Center for Interprofessional Education (JCIPE) grant
- Small group sessions with residents, nurses, and attendings
- Narrative medicine model

Worly, OJOG 2013.
Barry Professionalism Scale
Average Scores by Category

Worly, OJOG 2013.
Tenants of Narrative Medicine Curriculum

- Leader establishes topic
- Learners spend 15 minutes writing about the topic
- Participants read and discuss topics
  - Provide insight
  - Increased understanding of community
  - Decreased feeling of being alone
Challenges of Narrative Medicine Curriculum

- Time
- Resources
- Commitment
- “Science” people not interested in writing
Cup of Coffee
Example

- Dr. Z (an OB/GYN resident) walks into the Operating Room after her patient is asleep. She tells a story about the owner of her apartment building being Jewish, therefore cheap, and only caring about money. She then uses a derogatory word for Jewish people.
What might an “informal” intervention - a “cup of coffee” conversation - sound/look like?

Can anyone have these conversations with anyone?
The Balance Beam

Do nothing

Competing priorities
Not sure how lack tools, training
Leaders “blink”
“Can’t change...”
Fear of antagonizing

A

Do something

Staff satisfaction and retention
Reputation
Patient safety, clinical outcomes
Liability, risk mgmt costs

Unprofessional Behavior in Healthcare Study, Studer Group and Vanderbilt Center for Patient and Professional Advocacy
Principles for “Cup of Coffee” Conversations

- Approach using same principles as for giving bad news to patients - maintain trust and respect
- Minimize distractions (have in private or semi-private area if possible)
- Avoid tendency to downplay seriousness
- Balance empathy and objectivity
- Anticipate range of responses (push-backs) – from rage to non-response
- Understand that the higher in the hierarchy, the more difficult the conversation and reactions
Principles for “Cup of Coffee” Conversations

- Your role:
  - To report an event
  - To let the colleague know that the behavior/action was noticed (surveillance)
- It’s not a control contest. (“I am coming to you as a colleague…”)
- Don’t expect thanks (but you can hope)
- Know message and “stay on message”
- Know your natural default (your communication style; your “buttons”)

Hickson G.
Opening the Conversation

- Offer appreciation (if you can): “You’re important, if you weren't, I wouldn't be here.”
- Use “I” statements: “I heard…,” “I saw…,” “I received…”
- Review incident, provide appropriate specifics
- Ask for colleague’s view…pause…
- Respond to questions, concerns…
Ending the Discussion

- Appreciation, affirmation
- Empathy: “Now I feel I understand..."
- Accountability: "But we've all got to respond professionally..."
- Reminder of behavior standards: “incident did not appear consistent with..."
- If asked what to do use phrases: "reflect on the issues, think about ways to prevent recurrence."
- If appropriate, assure: conversation confidential, known only to...
- Follow-up: necessary only if behavior is repeated
A “Cup of Coffee” Conversation Is Not:

- A control contest
- Therapy (for the individual or yourself)
- A hierarchical conversation
- An enabling conversation
- An opportunity to address multiple other issues
Claims Closed with Payments Per MM RVUs

1992 - 1998 - Pres

Number of claims closed with payment per million RVUs

Fiscal Year

Hickson G
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Works Cited

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