Assessing and remediating professionalism: the biggest challenge of all
Content

- Is concern about professionalism new?
- Why is professionalism important?
- Definition
- GMC guidance
- The fluid nature of professionalism
- Assessing professionalism
- Remediation
- Future issues
History

- Paget, J

Results

- Distinguished: 23
- Great success: 66
- Fair or moderate success: 507
- Very limited success: 124
- Failed entirely: 56
- Left the profession: 96
- Died within 12 years: 87
- Died during pupillage: 41
Failed entirely

- A very mixed class – agreeing only in their want of success
- 15 never able to pass exams due to idleness, listlessness or want of intellect
- 6 failed because of scandalous misconduct
- 10 due to continued intemperance and dissipation shown as an undergraduate
- 10 through bad luck
Left the profession

- 13 left or were expelled in disgrace
- 3 were wisely removed by friends
- 3 became actors
- 3 became homeopathic practitioners but took with them no repute for wisdom or working power
- 2 retired too rich to need to work
Concern about professionalism is not new
Papadakis et al 2004 and 2005

- Disciplinary action by a medical board was strongly associated with prior unprofessional behavior in medical school
- The types of unprofessional behavior most strongly linked with disciplinary action were severe irresponsibility and severely diminished capacity for self-improvement
More recently

- Papdakis et al 2008
  - 2 performance measures independently predicted disciplinary action
  - A low professionalism rating on the Residents’ Annual Evaluation Summary
  - Poor performance on cognitive tests also predicted such as the ABIM
Medical professionalism signifies a set of values, behaviours, and relationships that underpins the trust the public has in doctors.
Medical professionalism – description

Medicine is a vocation in which a doctor’s knowledge, clinical skills, and judgement are put in the service of protecting and restoring human well-being. This purpose is realised through a partnership between patient and doctor, one based on mutual respect, individual responsibility, and appropriate accountability.
The overall curriculum must set out the necessary knowledge, skills and **behaviours** students must have by the time they graduate.

Student’s knowledge skills and **professional behaviour** must be assessed.

Only those students who are **fit to practice** as doctors should be allowed to complete the curriculum.

Students who do not meet the necessary standards in terms of demonstrating appropriate knowledge, skills, **and behaviour** must be advised to follow alternative careers.
Is professionalism a static concept?

- Or is it much more fluid than we think?
Is professional behaviour contextual?
Is professionalism generational?
A Framework for thinking about Professionalism
Areas of unchanging professionalism

- Competence
- Code of ethics
- Integrity
- Honesty
- Trust
- Altruism and vocation
Areas of modified professionalism

From
- Internal self regulation
- Mastery of knowledge

To
- Accountability and openness
- Continued professional development
Areas of changing professionalism

From
- Paternalism
- Tribalism
- Self sacrifice

To
- Partnership and mutuality
- Collegiality
- Shared responsibility
A framework is helpful to examine professionalism
Most complaints against doctors are because of conduct not competence.

Present behaviour can predict future actions.

Students do not arrive at medical school with a full complement of professional behaviours - needing only teaching of medical knowledge and skills.

Professionalism does not osmose.

All doctors are vulnerable to lapses in professional behaviour and can benefit from explicit systematic attention in this domain.

Evidence that there may be a deterioration in professional attitudes:

  idealism → cynicism
Assessing professionalism

- Considerations
  - **Why** assess professionalism?
  - **What** should be assessed?
  - **How** should professionalism be assessed?
  - **Who** should assess professionalism
  - **When** should professionalism be assessed?
  - **Where** should professionalism be assessed?
Development of professionalism

- Students do not enter medical school as fully formed professionals
- There should be development overtime
- Assessment might be different or have a different standard at various points within the programme of study
NEW MEDICAL STUDENT

PERIOD OF PROTO-PROFESSIONALISM

MATURE PROFESSIONAL

NAIVE

SDL

EXPERIENCE

MATURITY

PHRONESIS

TBL

+ve ROLE MODELS

Y1 Y2 Y3 Y4 Y5 Q Reg → PGT

Hilton and Slotnick
New Medical Student

Period of Proto-Professionalism

Mature Professional

Idealistic

Addictive Behaviours

Bad Experiences

-ve Role Models

Fatigue

Politics

Y1 Y2 Y3 Y4 Y5 Q Reg PGT

Hilton and Slotnick
What - elements of professionalism

- From research with practitioners
  - Knowledge
  - Altruism
  - Accountability
  - Respect
  - Integrity
  - Submission to an ethical code
  - Lifelong learning
  - Honesty
  - Compassion
  - Excellence
  - Self regulation
What - elements of professionalism

- From research with patients
  - Reliable
  - Dedicated
  - Honest
  - Accountable
  - Respect patient’s autonomy
  - Non-judgemental
  - Respect patient’s confidentiality
  - Compassionate
  - Accessible
  - Confident
  - Composed
Conclusions 3 & 4

- Institutions need to agree and articulate their definition and description of professionalism.
- These should be derived by consultation with all stakeholders.
How - review of literature

- Assessing professionalism: a review of the literature
  - Lynch et al 2004


- A systematic review of studies assessing and facilitating attitudes towards professionalism in medicine
  - Jha et al 2007

Little evidence that reported measures are effective
A review 2009 by Wilkinson et al found 30 methods of

They placed the highest emphasis on “assessment of an observed clinical encounter,”

They concluded that of the tools that the Professionalism Mini-Evaluation Exercise (P-MEX) was useful combined with other supplemental evaluation methods
How - tools to assess professionalism

- Self/peer assessment
- Multi source feedback
- Simulated encounters
- Faculty and patient observations
- Portfolios – reflective diaries/logbooks
- Mentoring
- Global judgements
- Surveys/questionnaires
P-mex

- 4 different skill categories
  - Doctor patient relationship
  - Reflection
  - Time management
  - Interprofessional skills

Each category contains between 3 and 9 items making up 24 items in total.

Each item is scored on a 4 point scale.

As few as 8 observations are sufficient.

Four items frequently marked below expectations are identifiers for potential “problem” individuals.
A note of warning

- Ginsberg et al 2004:
  - 30 Faculty assessors were showed 5 videotaped scenarios
  - Little agreement between assessors about what students should and should not do in each scenario
  - Abstracted principles (e.g., honesty, altruism) were applied inconsistently, both between and within individual assessors
  - There was no apparent “shared standard”, and similar behaviours (e.g., lying) could be interpreted as either professional or unprofessional.
Principles for the assessment of professionalism

- Should begin early
- Should be assessed summatively
- Conducted frequently and longitudinally
- Include many different assessors
- Assessors should be trained
- Use multiple methods in different settings
- Implemented long-term
- Provide learners with opportunities to change
Assessing professionalism is not easy and patterns are behaviours are more important than single events
Remediation

- Is it possible?
- Attitudes vs behaviours
Relationship between attitude and behaviour is complex

Behaviour is influenced by attitude

Measures of general attitudes do not necessarily predict specific behaviours

But

They do have a good correlation to behaviour over a period of time in a range of situations and contexts (aggregation principle)

Azjen 1985
Fishbein and Ajzen 2010
Theory of Planned Behaviour

- Attitude to performing behaviour
- Subjective norm to performing behaviour
- Belief about ability to perform behaviour

Behaviour intent

Behaviour
Changing behaviour probably means changing underlying fundamental beliefs
Future issues

- To find a holistic measure(s) of professionalism
- Understanding ways of changing professional attitude/behaviour
Thank you