

MEASURING PROFESSIONALISM IN RESIDENCY PROGRAM

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ABSTRACT

Professionalism forms an integral part of residency training. In the past few decades, professionalism in medical practice has been confronted with many challenges. Considering these challenges, the Accreditation Council of Graduate Medical Education (ACGME) and CanMEDS have labeled professionalism as one of their core competencies. The College of Physicians and Surgeons of Pakistan (CPSP) has a specialized department that is training the faculty in Health Professions Education. Professionalism is included among the core competencies of the college. In this review we discuss the most common means of teaching and evaluation of professionalism in residency training. Professionalism can be taught to the residents through lectures, ward rounds, discussion groups and by day-to-day interactions of the residents with their supervisors and senior colleagues. Ensuring professionalism in a residency program requires continuous monitoring and evaluation. The commonly employed methods include multi-source evaluation, self – assessment, direct observation and critical incidence report. Feedbacks from patients, nurses and peers are also an important means to assess professionalism of attending residents. With regards to professionalism, the most common challenges that the medical institutions are facing include lack of development of faculty, unavailability of suitable tools or objectives for evaluation of professionalism, lack of resources and remediation challenges. Considering the need for professionalism training, the accreditation institutes around the world have incorporated teaching of professionalism as an integral component of their residency training programs. Only by proper teaching and evaluation of professional attributes we can prepare the medical practitioners that fulfill the needs of the society.

Key words: Professionalism, residency training, medical education, medical ethics.

Defining Professionalism in Medical Practice

A profession is a discipline that is characterized by organized and systematic training. This training in turn regulates the profession which advances under the light of its specialized and technical knowledge. A profession is governed by a professional code and essentially is service oriented in contrast to a pure professional approach (Saks, 2012). Professionalism forms the basis of our contract with the society. In the medical practice professionalism is demonstrated by clinical competence, thorough understanding of legal and ethical frameworks, communication skills that give rise to the principles of excellence, humanity, altruism, accountability, integrity and respect for others (Stern and Papadakis, 2006). It gives rise to high standards of clinical practice by acquisition of new knowledge, a staunch commitment to hold patient's interests and benefits above self interests and the willingness to accept the responsibility of the social, mental and physical wellbeing of the society (Wagner, et al, 2007). In this review we discuss the importance of professionalism in residency training and discuss the commonly employed means of teaching and evaluation of profession-

alism in residency training. This review summarizes a wide range of national and international literature on the important aspects of professionalism in post graduate residency programs. Various levels of professionalism exist. Larkin, *et al*, has categorized four grades of professionalism. Table 1 shows the grades of professionalism that are commonly depicted by a med-

Table 1: Larkin's Classification of Professionalism (Lee, et al, 2007).

Classification	
➤	Ideal (high level of professionalism is shown persistently and beyond the call of duty)
➤	Expected (meets the requirements of what is minimally expected)
➤	Unacceptable (depicts unprofessional behavior at one or more instances)
➤	Egregious (depiction of unprofessional behavior is persistent)

ical practitioner form a high level to low level of professionalism.

Need for Professionalism in Residency Training

Professionalism forms an integral part and parcel of medical practice and residency training. This aspect of moral practice is well represented in the Hippocratic Oath which stresses on the need of professionalism by stating that “*I will practice my art with purity and holiness and for the benefit of the sick*” (Fleming and Moss, 2011; Zaidi, 2014). Since ancient times the building blocks of medical practice constitute of three basic elements. These include the belief that medical practice is regulated and supervised by a community of peers. Secondly, it is based primarily on scientific knowledge and thirdly, the practice of this profession is governed by the principles of moral values and norms (Shapiro, 2012). In the past few decades, professionalism in medical practice has been confronted with a magnitude of challenges that have surfaced due to actual and sometimes perceived breaches in the professional code of conduct. These challenges have risen as a consequence of growing public distrust towards medical profession, ever increasing impact of the expanding market force, strengthened and autonomous management systems and an expanding sovereign biomedical research industry (Baek, 2012).

The ethical norms of medical practice need to be catered whenever ill; weak and potentially vulnerable patients are being treated. Considering these ethical implications, medical education regulatory authorities in United States and United Kingdom have formulated guidelines to monitor professionalism in their residency training. The American Medical Association, the American College of Physician (ACP) and the American College of Surgeons (ACS) Task Force on Professionalism has laid down foundations of medical ethics that determine the level of professionalism in residency training (American Medical Association, 2010; Snyder, 2012). The code of professional conduct of ACS defines a surgeon as different from a competent technician and emphasizes that surgeons relationship with society and his patients is an integral part of professionalism. The code also states that behavior lacking professionalism must be accounted for and have consequences. The task force has regarded it as a responsibility of the professional organizations to monitor and implement the principles of professionalism in their respective institutions (Shapiro, 2012; Emanuel, 2012). On the similar footings the American Board of Internal Medicine (ABIM) Foundation and the European Federation of Internal Medicine (EFIM) have also imposed charters of professionalism for their physicians and residents (ABIM Foundation, 2002).

Professionalism as a Core Competency of Accreditation Institutes

The Accreditation Council of Graduate Medical Education (ACGME) has labeled professionalism as one of its core competencies and is included in the Milestone Project of the American Board of Internal Medicine (Iobst, et al, 2013; The Internal Medicine Milestone Project, 2015). The ACGME residency program has been based on six competencies which include medical knowledge, patient care, practice based learning, interpersonal communication skills, system based practice and professionalism (Qu, 2012). The ACGME has further categorized professionalism into three subcategories or sub-competencies shown in table 2. The other medical schools and residency programs have followed the competency systems established and introduced by these accreditation institutes and societies (Gibson, et al, 2000; Arnold, 2002).

Table 2: *The Accreditation Council of Graduate Medical Education (ACGME) Sub-competencies of Professionalism (Zuckerman, 2012).*

ACGME recommends that the residents are expected to:	
1.	Demonstrate respect, integrity, compassion and responsiveness to the needs of patients and society with setting aside personal interests.
2.	Show strong commitment to ethical principles that determine the withholding or provision of medical care and ensuring confidentiality of data.
3.	Demonstrate responsiveness and sensitivity to the culture, age, gender and disabilities of the patient.

The ACGME and other accreditation institutes have laid down the fundamentals that can impart desirable professional characteristic to a medical resident. The CanMEDS Physician Competency Framework introduced by the Royal College of Physicians and Surgeons of Canada incorporates most of the components of ACGME. In addition to these many other attributes are also included in the competencies defined for attaining a “professional role” (Frank, 2005). The CanMEDS elements of professional role are depicted in table 3. The CanMEDS defines professionalism on the basis of three core competencies which include delivery of high quality care with utmost honesty, integrity and compassion, exhibition of appropriate professional behavior both at personal and interpersonal level and to practice medicine in consistence with the ethical obligations of a physician (Verkerk, 2007). As per CanMEDS charter and codes, professionalism cannot be taught or transmitted passively during the residency training. Instead the residency program has to be structured and tailor – made to incorporate the fundamental principles of professionalism that may lead

to the building of characteristics that the community desires in the medical residents (Bahaziq, and Crosby, 2011).

Table 3: *CanMEDS 2005, The Elements of “Professional Role” (Frank, 2005).*

CanMEDS 2005, The Elements Of “Professional Role”	
1.	Altruism
2.	Integrity and honesty
3.	Compassion and caring
4.	Morality and codes of behavior
5.	Responsibility to society
6.	Responsibility to the profession, including obligations of peer review
7.	Responsibility to self, including personal care in order to serve others
8.	Commitment to excellence in clinical practice and mastery of the Discipline
9.	Commitment to the promotion of the public good in health care
10.	Accountability to professional regulatory authorities
11.	Commitment to professional standards
12.	Bioethical principles and theories
13.	Medico-legal frameworks governing practice
14.	Self – awareness
15.	Sustainable practice and physician health
16.	Self – assessment
	Disclosure of error or adverse event

The essence of clinical practice lies in the codes of professionalism proposed by these regulatory authorities. Faden, *et al.*, (2013) proposed a complete framework of professionalism that encompasses the ethical and moral responsibilities of a medical professional. These responsibilities and obligations include respecting the rights of patients, respecting the judgment of clinician, provision of optimal care to each and every patient, minimizing risk and burden, avoiding bias and unjust inequalities and participation in continuous learning activities in order to contribute to the improvement in quality of care. Malafoff, *et al.*, (2014) has pointed the most common unprofessional or negative behaviors encountered in the residents. These include missing mandatory lectures, seminars or rounds, communications issues with senior and junior colleagues

and patients, failure in completion of medical records of patients and failure to abide by the deadlines for submission of required documents for residency purpose.

Professionalism Training in the CPSP Residency Program

The College of Physicians and Surgeons of Pakistan (CPSP) has recognized the need for imparting professionalism to the post graduate medical residents of Pakistan. Specialized department that is training the faculty in Health Professions Education was set up in 1979 with collaboration of World Health Organization (WHO) (College of Physicians and Surgeons of Pakistan, 2015). The residency training is structured in accordance to the ACGME and other international institutions standards. Professionalism is included among the core competencies and the curriculum and examination systems are designed to reflect the importance of professionalism. Workshops, seminars, ward rounds, Objective Structured Practical Exam (OSPE) and Task Oriented Assessment of Clinical Skills (TOACS) are designed to evaluate professionalism in trainees (Gondal and Qureshi, 2011). The college has introduced the electronic logbook systems (E-Log) which promote professionalism in the residents by feedback from their supervisors and also help them in timely completion of their tasks. The need for mentorship as a routine in the training program is also addressed so that professionalism may be transmitted through role modeling. However, there is still a need to impart professionalism by lectures, workshops, seminars and comprehensive and structured examination system to promote professionalism that may be carried to the future medical graduates and to the society in general (Minai, 2009).

Teaching Professionalism in a Residency Program

A residency program has to incorporate professionalism into its graduates if it is to produce doctors that the society needs. Gorden (2003) states, “*Personal and professional development is more than an isolated curriculum theme or strand, it is a way of approaching the entire course*”. Professionalism can be taught to the residents by both the official curriculum and the informal curriculum. The official or structured curriculum emphasizes on improving knowledge, skills and attitudes through lectures, ward rounds and discussion groups. The informal curriculum is less structured and is delivered on personal basis by day-to-day interactions of the residents with their supervisors and senior colleagues. Professionalism and moral values are more likely to be taught in the later form of curriculum by more casual discussions, opinions and exchange of experiences over the professional approach and ethical and cultural norms (Stern, 1998). Role modeling by the

Table 4: *Methods of Measuring Professionalism in Residency Training (Reed, et al, 2008; Sutkin, et al, 2009; Nichols, 2014).*

<i>Cognitive Aspects of Professionalism</i>	<ol style="list-style-type: none"> 1. Testing of knowledge pre and post lectures, seminars, discussions etc. 2. Self surveys and self reflection with audit tools and charts. 3. Written or Oral exams designed to assess professionalism. 4. Attendance records and punctuality. 5. Resident portfolio.
<i>Clinical Context of Professionalism</i>	<ol style="list-style-type: none"> 1. Objective Structured Clinical Exam (OSCE) or exams with simulated encounters. 2. Mentorship and role modeling from faculty and supervisors. 3. Clinical chart reviews (counseling sessions with corrections of deficiencies). 4. Chart audits or reviews self reported by residents. 5. Role playing, group discussions and simulation of clinical cases.
<i>Specific Behaviors of Professionalism</i>	<ol style="list-style-type: none"> 1. Direct observation by faculty. 2. Portfolio by self assessment tools for attaining excellence in professionalism and identifying deficiencies. 3. Patient satisfaction surveys, feedback from peers and nurses. 4. Global evaluation forms (e.g. ACGME Global Competency Rating Form, the Conscientiousness Index, Jefferson's Scale of Empathy, ABIM's Mini Clinical Evaluation Exercise). 5. Critical incidence reporting. 6. Longitudinal tracking with disciplinary actions in case of persistence in unprofessional behavior by resident.

mentors is also a common way of transmitting professionalism (Byszewski, et al, 2012). Early patient contact and workplace learning are also useful tools for teaching professionalism (Birden, et al, 2013).

Monitoring and Evaluation of Professionalism in a Residency Program

Residency training programs are vital for the health-care system as they train the future professionals. Teaching of professionalism cannot be successful without continuous monitoring and evaluation. Although many methods are available for measuring professionalism but still monitoring of professionalism in residency training remains a challenge for the regulatory authorities (Gillespie, 2009; Veloski, 2005). The commonly employed methods include multisource evaluation, self – assessment, direct observation and critical incidence report (Lee, 2007). Substantial evidence exists in the favor of implementing a professionalism framework in the residence program with a fruitful outcome of minimizing incidence of unprofessional and unethical behavior that consequently leads to an improved patient satisfaction, better working environment, higher patient safety and risk management (Bahaziq and Crosby, 2011). Ensuring professionalism in a residency program requires continuous monitoring and evaluation. For a monitoring system to be effective it must be supported by high quality research that validates its accuracy, feasibility, applicability and implementation. Training and accreditation institutes around the world use various measures to maintain their standards of professionalism in their residents (Schwartz, 2009). One of the most commonly used meth-

ods is the direct faculty observation, in which the supervisors or senior colleagues keenly observe the residents during their conversations and dealings with patients. The residents are provided feedback on their professional approach and any deficiencies or need for improvement is addressed simultaneously to ensure a high level of professionalism and patient care (Epstein, 2007). Direct observation is, however, best utilized at ward rounds where the residents are given feedback on their shortcomings which serve to improve their professionalism and medical practice in a continuous manner (Kogan, et al, 2009; Brinkman, et al, 2007). Multisource feedback systems can help in monitoring the attitude and behaviors of residents (Brinkman, et al, 2007). Feedbacks from patients is an important means to assess professionalism of attending residents. The interaction between patients and residents may take place in the situations where faculty is not present and thus surveys can help to provide a real insight into the professional conduct of the trainees (Wiggins, et al, 2009). Surveys can also include nurses and peers as their feedback can also serve as an indicator of the level of professionalism exhibited by a resident. But these surveys from peers are often prone to partiality due to fears of retaliation or merely on the basis of personal liking or disliking (Arnold, 2007). ACGME recommends the implementation of OSCE examinations in all the residency programs to assess the competency (Hochberg, 2010). These types of examinations can help in assessing the professional approach of the residents by simulating an angry, fearful or mentally handicapped patient. Another method is the use of multiple choice questions such as the “Defining

Issues Test” which can be used to assess the attitudes of residents towards their patients and colleagues (Bebeau, 2002).

However, both these techniques have their shortcomings as it is a well known that the sense of being observed or being evaluated in an examination may prompt a resident to modify his behavior. Ensuring punctuality and timely completion of academic and administrative tasks is also an important means to establish a sense of professionalism among the residents (Reed, et al, 2008). There are many other methods that can be utilized to measure professionalism in a residency training program. Table 4 shows some of the commonly employed means for evaluation of professionalism in residency training programs.

Medical professionalism in a health care setting can be measured at various levels. It can be measured for individual residents, teams and also for organizations as a whole. Many tools are currently used for assessing professionalism in medical graduates. The most commonly used include ACGME Global Competency Rating Form (Silber, et al, 2004), the Conscientiousness Index (McLachlan, et al, 2009), Jefferson’s Scale of Empathy (Hojat, et al, 2011), ABIM’s Mini Clinical Evaluation Exercise (CEX) (Liao, et al, 2013), Association of Medical Education in Europe guide for portfolio based learning (Challis, 1999) and the ABIM’s Professionalism Mini Evaluation Exercise (P-MEX) (Cruss, et al, 2006).

Challenges and Limitations of Professionalism and Way Forward

Teaching, evaluating and maintaining professionalism is a challenge for residency training and accreditation institutions. Surveys conducted by distributing questionnaires to program directors and coordinators have pointed out some of the challenges that medical institutions are facing (Pauls, 2012). These include lack of development of faculty, unavailability of suitable tools or objectives for evaluation of professionalism, lack of resources and remediation challenges. Finally, if the framework for professionalism has to be implemented to achieve desirable results then these limitations must be addressed. Professionalism training should be considered as an interdisciplinary project that is embraced by all the members of the teaching faculty. The structured and informal teaching must incorporate the element of professionalism and medical ethics. The curriculum and examination systems should address the cognitive attributes of professionalism and its relevance to attaining medical excellence (Buyx, et al, 2008).

It is **concluded** that the nobility of the medical profession demands that a medical practitioner exhibits the highest level of professionalism. Professionalism gives rise to high standards of clinical practice. In the medical practice professionalism is demonstrated by clinical competence, thorough understanding of

legal and ethical frameworks, communication skills and respect for humanity. Residency training programs are vital to the healthcare system as they provide the future medical professionals. Training and accreditation institutes should recognize the importance of professionalism training and should take measures to ensure a high level of professionalism in their residents. Considering the need for professionalism training, the accreditation institutes around the world have incorporated teaching of professionalism as an integral component of their residency training programs. Various means for teaching and measuring professionalism exist. It can be best measured by direct faculty observation, surveys, feedbacks from patients, nurses and peers, OSCE and simulation examinations and longitudinal tracking of the residents for their professional behavior. Only by proper teaching and evaluation of professional attributes we can prepare the medical practitioners that fulfill the needs of the society.

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