

Professionalism in Healthcare. Why It Matters.

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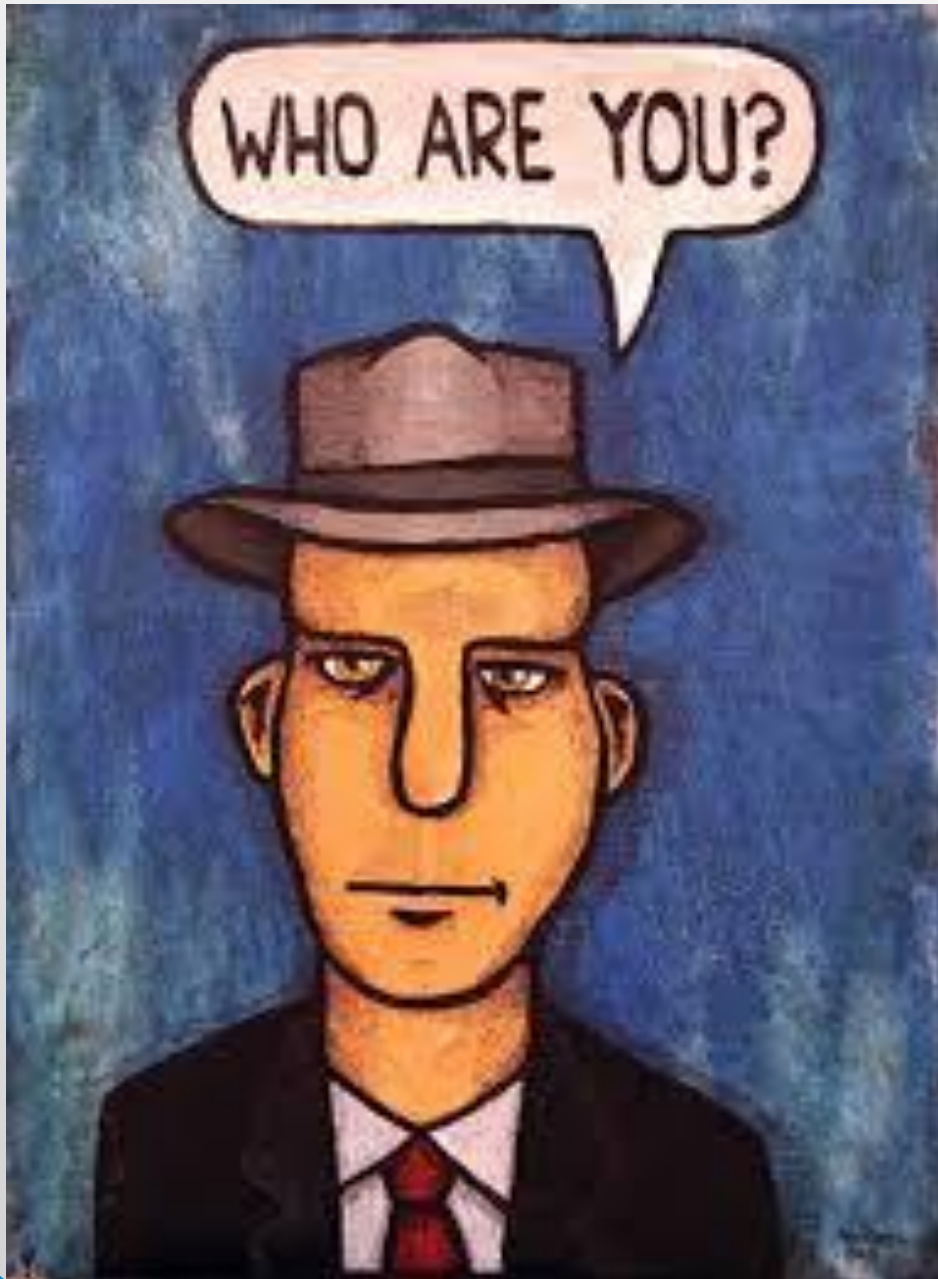
Professor of Pediatrics & Emergency Medicine

Faculty of Medicine & Dentistry, University of Alberta

ACMDTT Conference: April 2017

Who am I?

- Pediatric emergency physician
- Professor, Pediatrics & Emergency Medicine
- Former Assistant Dean, Professionalism, FoMD (2013-2017)



- Practitioners
- Learners
- Teachers
- Administrators
- Who did I miss?



Fostering Professionalism Through Thoughtful Communication.

OVER-ARCHING GOAL

DECLARATION OF CONFLICT OF INTEREST

I do not have any conflict of interest and I do not discuss any off-label use of drugs/devices

I have Women & Children's Health Research Institute, Tri-Council, and Alberta Innovates funding for research, unrelated to today's presentation



Objectives

- Reflect on how professionalism affects our ability to be great healthcare providers
- Learn at least 2 ways to deliver feedback more effectively
- Be more comfortable discussing professionalism with our colleagues and learners



www.bls.gov

Professionalism

What does it mean?



The **Standards**¹ represent the expected minimum level of performance for regulated members and reflect delivery of high quality, effective, safe and ethical care to patients. These Standards are mandatory for all regulated members of the College across all contexts of professional practice. The process used to develop the Standards is described in Appendix A.

This is what your College says.

Standards of Practice

July 5, 2014



Standard Area 1.0 Provision of Patient Care/Services

Standard Area 2.0 Professional Accountability

Standard Area 3.0 Professional Roles

Standard Area 4.0 Practice Management



- Responsibility to the Public
- Responsibility to the Profession
- Responsibility to Oneself

Code of Ethics
Adopted April 16, 2015

Royal College of Physicians & Surgeons, Canada

- Commitment to the Patient
- Commitment to Society
- Commitment to the Profession
- Commitment to Self



Responsibility to the Public

- Competent Care
- Diversity
- Dignity
- Confidentiality
- Collaboration
- Informed Consent
- Professional Judgment
- Professional Boundaries
- Record Management





<http://www.ed.ac.uk/schools-departments/student-disability-service/staff/supporting-students/help-distressed-students>

You can't give, if you have nothing left to give.

Responsibility to the Profession

- Personal responsibility
- Honesty
- Boundaries of Competence
- Duty to Report
- Conflict of Interest
- Advancing the Profession
- Integrity and Respect
- Legislative Requirements
- Professional Communication



Responsibility to Oneself

- Personal Conduct
- Accountability
- *Personal Capacity*



Dalhousie dentistry Facebook scandal is 'deeply troubling, upsetting, offensive.'

- Constance Backhouse

NEWS + OPINION - VOICE OF THE CITY

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To my classmates: I'm sorry

A letter from one of Dalhousie's "gentlemen."

[click to enlarge](#)



The author, Ryan Millet, is part of the class of 2015 at Dalhousie's school of dentistry. He gave The Coast permission to publish this letter after we received it from a third party.

DAL.CA

Dalhousie dentistry scandal: When 'Like' doesn't mean like

13 Dalhousie students at heart of Facebook scandal will be taught apart from classmates

By Michael Oliveira, The Canadian Press Posted: Jan 25, 2015 11:57 AM AT | Last Updated: Jan 25, 2015 12:37 PM AT



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Doctor Sued for Posting Pictures of Drunk Model on Facebook

Posted by [Krystyna Monticello](#) on September 05, 2013

A Chicago physician is being sued by former Northwestern University student and freelance model Elena Chernyakova after the physician allegedly posted pictures of her drunk on Instagram and Facebook. Ms. Chernyakova has filed suit for invasion of privacy and infliction of emotional distress, seeking compensation over \$1.5 million, and claims her career has been damaged.

The physician, Dr. Vinaya Puppala, allegedly knew Ms. Chernyakova through a mutual friend and took pictures of her "while she was on the hospital bed, crying and attached to an IV" in the emergency department at Northwestern Memorial Hospital, according to the complaint as reported by [ABC News](#). He reportedly refused to take the pictures down when requested to by hospital security.

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MailOnline

News

The lawsuit alleges Puppala, now a board-certified anesthesiology pain specialist, came to work smelling of alcohol and walked in on patients while they changed clothes.

It also claims other physicians had accused Puppala of treating his patients 'like goats' and created fake business guards to misrepresent his position.

Northwestern obtained a protective order to seal Puppala's fellowship documents and said it had 'zero tolerance' toward disclosing the private health information of patients, including photographs.

Local

Anesthesiologist trashes sedated patient — and it ends up costing her

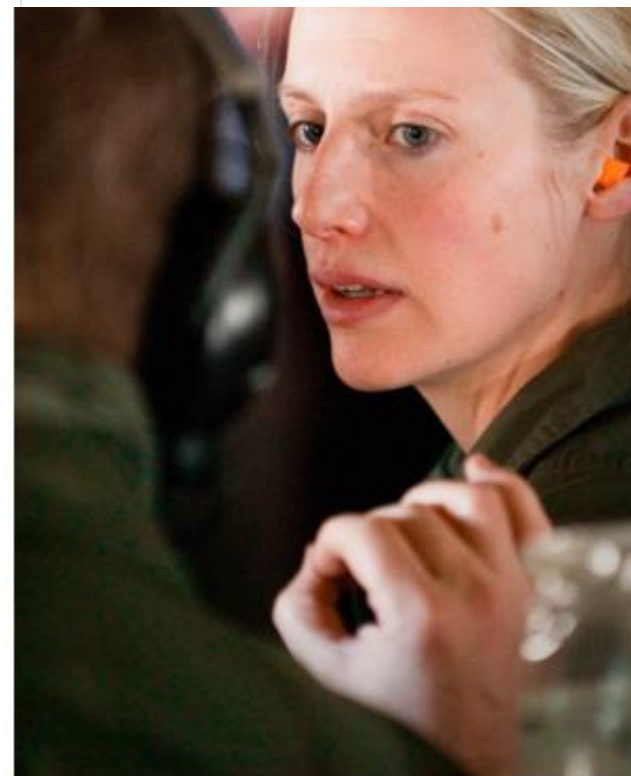
A



2911

The jury awarded the man \$100,000 for defamation — \$50,000 each for the comments about the man having syphilis and tuberculosis — and \$200,000 for medical malpractice, as well as the \$200,000 in punitive damages.

Though the remarks by Ingham and Shah perhaps did not leave the operating room in Reston, experts in libel and slander said defamation does not have to be widely published, merely said by one party to another and understood by the second party to be fact, when it is not.



Tiffany M. Ingham (Maj. Dale Greer/Kentucky)

9-11

September 6, 2011 11:40 am

Canadians compelled to help rushed to U.S. to confront 9-11's aftermath

By Diana Mehta The Canadian Press

WEATHER

Vancouver, BC



4°

Hi 5°
Lo 0°

Weather Few Clouds

Andrew Travers, a 43-year-old doctor, was at Ground Zero hours after the attacks, and soon found it almost impossible to pry himself away.

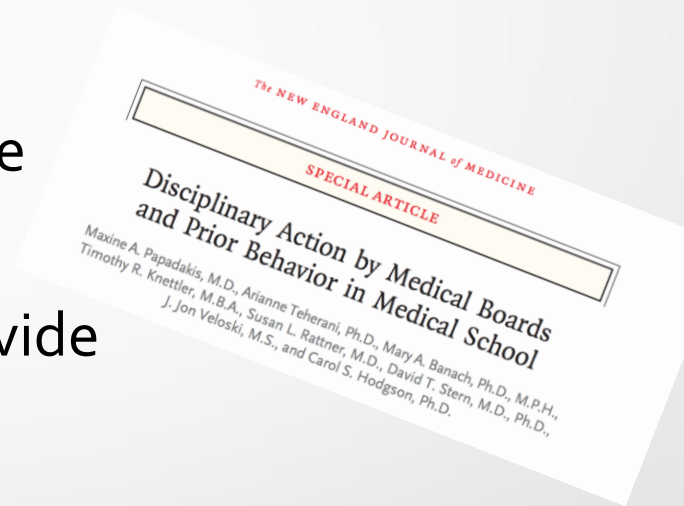
Travers, currently Nova Scotia's medical director for emergency health services, was an Edmonton resident who was in Brooklyn for a meeting when the towers were hit. The scale of the attacks began to sink in as the "walking wounded" began pouring over the Brooklyn Bridge from Manhattan. As he stood near the bridge, someone tapped him on the shoulder.

A police officer was looking for doctors to set up a first aid station at Ground Zero. Without thinking twice, Travers and a few of his colleagues were soon on their way into Manhattan under a crisp blue sky marred by an increasingly large plume of smoke.

By then, both towers had collapsed.

Reflection

- These exceptional examples of positive and negative professional behaviours are not 'isolated' incidents
- There is almost always a predictable pattern, right from training days
- And we have an opportunity to provide feedback



CONCLUSIONS

In this case-control study, disciplinary action among practicing physicians by medical boards was strongly associated with unprofessional behavior in medical school. Students with the strongest association were those who were described as irresponsible or as having diminished ability to improve their behavior. Professionalism should have a central role in medical academics and throughout one's medical career.



So why is it so hard to give
feedback?

Insight

[W]e're all human, adult or not, and it is part of the human condition to suppress our inadequacies, to both ourselves and others. Further, while it would be nice if we could trust folks to seek out education to redress their deficiencies, people generally like the reward that comes from success, and left to their own devices gravitate to studying things they enjoy and are already pretty good at.

Norman G. The adult learner: a mythical species. Acad Med. 1999;74(8):886-889.

Vanishing feedback



[T]he well-intentioned teacher talks around the problem or uses such indirect statements as to obfuscate the message entirely. The student, fearing a negative evaluation, supports and reinforces the teacher's avoidance. The result is that despite the best of intentions, nothing of any real value gets transmitted or received.



www.fanpop.com

reflections

- We gravitate towards things we are good at
- We are afraid to hurt people's feelings

suggestions

- We need to guide our learners to where they need to be
- We will do long-term disservice to our learners



www.greysanatomy.wikia.com


Types of Feedback

- SUMMATIVE feedback: carries a mark or grade and **where failure has consequences**
 - Thesis defense
- FORMATIVE feedback: is given **only to improve student learning**, by identifying areas of strength or weakness
 - Collegial feedback on patient management, swimming lessons



Why does this matter?

It's about intentions....and that changes EVERYTHING.



Our goal is to make them the
best that they can be.

What words will help them achieve that?

Ineffective Feedback

- Empty
- Judgmental
- Personal
- Poor timing
- Too much
- Indirect delivery
- Innuendo
- False praise

Tips For the Frontlines

- Feedback should occur with the teacher and trainee working as allies with common goals
 - Not when you're angry, tired
- Feedback should be well-timed and expected
 - "At the end of today, we will take 5 minutes to review your performance (and my teaching)"
- Feedback should be based on first-hand data (observations)
 - Not 'I heard' or 'Others have said'

Tips For the Frontlines

Feedback should be limited to behaviours that are remediable

"I think your case presentation would be improved if you spoke more slowly and repeated key features"

vs.

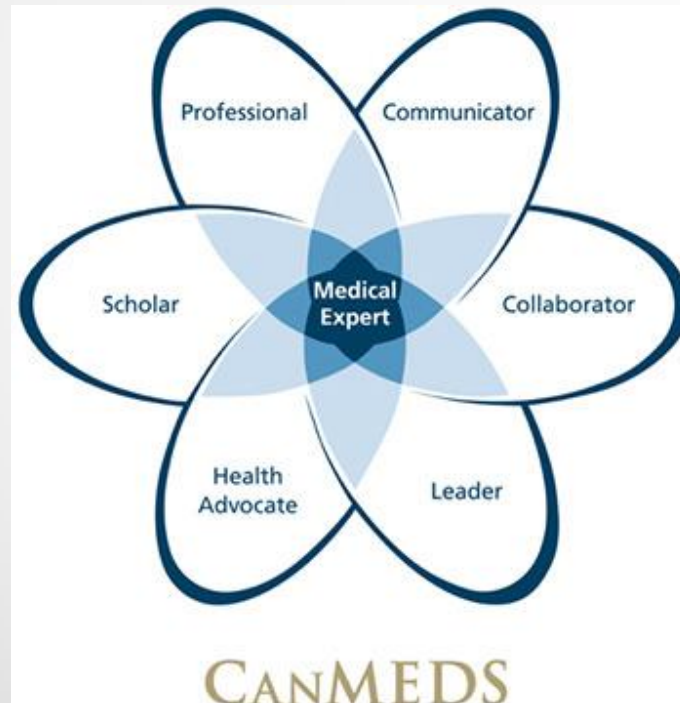
"Your accent is hard to understand."

Tips For the Frontlines

“Your social history of the pancreatitis showed you understood the pathophysiology and allowed us to focus more on biliary tract disease and less on alcoholism.” **vs.** “You took a decent history.”

Feedback should deal with specific performances, not generalizations

Professionalism Feedback



Goes beyond “content expert”

The 'Traditional' Sandwich

- Positive, Negative, Positive
- “Well, Sam, you were a pleasure to work with, very interested in learning. I found your patient presentations ‘a bit’ scattered, and I would like to see you focus on that a bit more. <insert sad student emoticon here> But, overall, you are a good student, and you have potential. Keep it up!”



Challenges with The Sandwich V1.0

- Predictable
- Some students are jaded, and see the positive as 'fluff'/insincere
- Some students miss the key feedback in the center, and walk away thinking they are doing great, and need no change

The Sandwich: Fancy Café Version



[Virginia Apgar Video](#)

Red-Amber-Green

The Milton Keynes vocational training scheme 'traffic light system' for early identification and management of trainees in difficulty

Greg Simons MBChB FRCGP
Associate Dean, Oxford PGDME, UK

- Used in elementary school education
- Has been applied in medical teaching as well
- Green: Has been achieved
- Amber: Improvement is needed
- Red: Suggest immediate change
- May not use all 'lights' for all learner encounters



Exemplar

Colour	Concern
Green	None
Amber	Some
Red	Significant

- Sam, I can see that your simple interrupted suture skills are very well-developed. Keep that up.
- I noticed that when you were using staples, today, you placed them with inconsistent spacing. I suggest always having x mm between staples.
- I also noticed that you began suturing without introducing yourself to the awake patient. I want you to always introduce yourself, before beginning a procedure.

The FoMD Office of Professionalism



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[The Professionalism Button](#)

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Current State of Affairs

- The Professionalism Button is 'pushed' every 7-10 days
- 150 'pushes' over ~2.5 years
- 2/3 Incident : 1/3 Accolades
- A Professionalism Triage Committee reviews cases and informs the handling
- Dr. Penny Smyth is now the Associate Dean for the Office (2017)
- Closed loop communication is a KEY goal

Why Does It Exist?

- Electronic 'Safety Net'
- A faculty-wide uniform approach
- A way to help empower individuals (especially learners)
- Ensure closed-loop communication



<http://web.jhu.edu/counselingcenter/worried/help>

Our goal is to support one another,
not report one another.

Final Reflections

- Professionalism directly influences our ability to be great healthcare professionals and teachers.
- Patient satisfaction and compliance is tied in to their connection with us.
- As teachers, our learners look to us for implicit (role modelling) and explicit (direct feedback) direction.
- Delivering feedback professionally makes it more effective and likely to be integrated into our learner's practice.
- There are simple and easily-adapted methods to delivering feedback that we can integrate into our daily lives, making our message clearer and better received.

Good people can make bad decisions; that does not make them inherently bad.

A lapse in professionalism does not make one 'unprofessional'.





www.siemens.com

Any Questions?

Thank you!

Key Concepts from Professional Accountability

Standard 2.1 Legislation, Standards and Ethics

Standard 2.2 Professional Competence

Standard 2.3 Restricted Activities/Enhanced Practice

Standard 2.4 Professional Boundaries

Standard 2.5 Privacy/Confidentiality

Standard 2.6 Communication

Who you are influences how you function.

The same is true of our colleagues. And bosses.

