Reclaiming Professionalism -
What’s new?

Inter-Professional Perspective

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Overview:

- What is Professionalism?
- OK, so what is the problem?
- Are there any solutions?
- What does this have to do with IPE – Inter-Professional Education?
- The UNMC experience
- Can You make a difference?
What is Professionalism?
Professionalism is about:

- Patient care!
- Learners
- Clinicians
- Educators
- Leaders
- Culture
- Patient care!
Assumptions about our environment:

• Commitment to Professional, Humanistic, Ethical practice
• Commitment to Patient-Centered Care
• Learner-Centered, Adult-Learner Approach
• Team Approach –
  – Collaborative practice
  – Collaborative learning
  – Collaborative leadership
Living the paradox:

- Competition
- Desire for control
- Arrogance
- Power/Authority
- Productivity
- Efficiency
Change in Approach to Patient Care:

1970 Bio-medical Model
- Patient
- Compliant
- Behavior-change
- Instructed
- Passive
- Dependent

2000 Patient-Centered Model
- Client
- Autonomic
- Participatory
- Empowered
- Active, SDM
- Independent
Relationship Centered Care - RCC

Parallel process with PCC -
Meaningful respectful relationships among students, faculty staff, and administration are at the core of a strong positive learning environment, and good patient care.

‘Checking In’
The (Physician) Charter
A framework for contemplating contemporary Professionalism
For healthcare professions
Charter on Medical Professionalism
ABIM Foundation, ACP-ASIM Foundation, and European Federation of IM, 2/2002

- **Patient Welfare – Altruism**
- **Patient Autonomy**
- **Social Justice**
Charter on Medical Professionalism
ABIM Foundation, ACP-ASIM Foundation, and European Federation of IM, 2/2002

- **Patient Welfare – Altruism**
  Develop moral reasoning and humanistic qualities: integrity, respect, courtesy, compassion, sensitivity to patient needs; competency, accountability…

- **Patient Autonomy**
  Empower patients to make informed decisions, be an honest clinician, respect confidentiality, maintain appropriate relationships, develop good communication, use patient-centered interviewing skills, see patient in a broad context …

- **Social justice**
  Fair distribution of finite sources, improving access to care, eliminating disparities, managing conflicts of interests…
Table 1. Charter on Medical Professionalism: Principles and Responsibilities

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<tr>
<th>Fundamental principles</th>
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<tr>
<td>Principle of primacy of patient welfare</td>
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<td>Principle of patient autonomy</td>
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<td>Principle of social justice</td>
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<table>
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<th>Set of professional responsibilities</th>
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<tr>
<td>Commitment to professional competence</td>
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<td>Commitment to honesty with patients</td>
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<td>Commitment to patient confidentiality</td>
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<td>Commitment to maintaining appropriate relations with patients</td>
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<td>Commitment to improving quality of care</td>
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<td>Commitment to improving access to care</td>
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<td>Commitment to just distribution of finite resources</td>
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<td>Commitment to scientific knowledge</td>
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<td>Commitment to maintaining trust by managing conflicts of interest</td>
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<td>Commitment to professional responsibilities</td>
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Source: Data from ABIM Foundation, ACP-ASIM Foundation, European Federation of Internal Medicine.
Shared ethical principles for everybody in health care: a working draft from the Tavistock Group

1. Health care is a human right
2. The care of individuals is at the centre of healthcare delivery but must be viewed and practiced within the overall context of continuing work to generate the greatest possible health gains for groups and populations
3. The responsibilities of the healthcare delivery system include the prevention of illness and the alleviation of disability
4. Cooperation with each other and those served is imperative for those working within the healthcare delivery system
5. All individuals and groups involved in health care, whether providing access or services, have the continuing responsibility to help improve its quality.
Figure 1: A Definition of Professionalism
Louise Arnold, Ph.D. and David T. Stern, M.D., Ph.D.
Renewed interest in Professionalism

- Healthy People 2010, 2020
- IOM Reports (Crossing the Quality Chasm, To Err is Human, Health Disparities)
- The Charter on Medical Professionalism (ABIM Foundation, ACP-ASIM Foundation, and European Federation of IM, 2/2002)
- 2002 ACGME 6 Competencies
- 2005 National Board of Medical Examiners CSA
- LCME - 2/07
- Allied Health – PT, PA accreditation
- Nursing accreditation
- Pharmacy accreditation
MS-31-A –

Medical schools must ensure that the learning environment for medical students promotes the development of explicit and appropriate professional attributes (attitudes, behaviors, and identity) in their medical students. [New standard and annotation approved by the LCME in February 2007, to be effective as of July 1, 2008]

* The medical school, including faculty, staff, students, and residents, and its affiliated clinical teaching sites, share responsibility for creating an appropriate learning environment.

* The learning environment includes formal learning activities as well as attitudes, values, and informal “lessons” conveyed by individuals with whom the student comes into contact.
OK, so what is the problem?
The ‘Brutal Facts’ about our Environment

(Kirch D, AAMC 07)

• Pressure on clinical revenues
• ‘Hard landing’ for NIH funding
• Upward spiral of tuition and debt
• ‘Privatization’ of public institutions
And -

• This is a time of unprecedented change
• Society is now questioning, demanding
• Professions have lost status

• Professionalism is a key to Public Trust
Will we turn our institutions into Cradles of Professionalism? or Cubicles of Cynicism?

Cohen J AAMC 02
Student perspective:

“The chief barrier to medical professionalism is unprofessional conduct by medical educators”

“Professionalism education does more to harm students’ virtue, confidence, and ethics than is generally acknowledged”

Brainard & Brislen Acad. Med. 2007;82:1010-14
“Medical educators … are forced to operate within the larger medical culture… Rather than the consistent teaching or expert care-giving,… providers… seem to operate on an ethic of crisis control…

The environment has evolved to accept substandard behavior in exchange for efficiency and productivity”

Brainard & Brislen Acad. Med. 2007;82:1010-14
“The only way to navigate this minefield is to adopt an implicit set of rules that places hospital etiquette, adherence to academic hierarchy, and subservience to authority above patient centered virtues”

Brainard & Brislen Acad. Med. 2007;82:1010-14
Are there any solutions?
• Check In
• What may be a solution in your field?
“put the Charter into practice”
“weave professionalism into the fabric of the organization”
“ongoing assessment of the professionalism journey”.

Teach Professionalism; Integrate it into the curriculum
We teach Adult Learners:

- Motivated to learn
- Have life-long orientation to learning
- Acknowledge that experience is the richest resource – ready to jump in
- Self-directed
- Reflective, self aware
Where do we teach?

- **Formal curriculum** — Explicit, stated
- **Informal curriculum** — Implicit, hidden, not stated explicitly but actually practiced; the environment where learners practice, which may or may not demonstrate desired skills and values (the language used, attitudes expressed, behaviors, and social interactions).
Where/how to teach?

- Role Models !!!
- Formal Rounds/Didactic lectures
- Small group discussions (PBL, ICE)
- Morning reports; noon conferences
- Reflective exercises/Narratives
- Bedside teaching
- Service learning
- Mentoring
- Observation of the environment (hidden curriculum)
- Self- assessment/reflection
Integrated Model for Teaching and Learning

- Teach knowledge, skills, and attitudes simultaneously (not sequentially or in isolation)
- Model the method by interactions
- Use developmentally appropriate learning
- Use learner centered approach
- Use longitudinal approach – e.g. portfolio
Assess Professionalism
(see handout)
Assess professionalism because

“Assessment is a statement of institutional values”

Epstein R, Hundert E. 
Defining and assessing professional competence. 
JAMA 1/9/02 287:226-235
Defining and Assessing Professional Competence

Ronald M. Epstein, MD; Edward M. Hundert, MD

The Developing Physician
Becoming a Professional

David T. Stern, M.D., Ph.D., and Maxine Papadakis, M.D.

The new England Journal of Medicine
355;17 www.nejm.org october 26, 2006
1794

medical education
One winning method – AI
Appreciative Inquiry
Appreciative Inquiry - AI

- Language defines reality!
- Focusing on what works creates ‘success mentality’! (vs. focus on what doesn’t)
- Asking questions creates change.
- Positive questions lead to positive change
- “Collaboration” brings out our best. Involving many, engaging fully committed individuals, seeking and hearing the full story - leads to success.
AI Themes (UNMC)

- There is leadership in everyone
- Collaboration is essential (between faculty and students)
- Appreciation of strengths of peers is rewarding
- Cohesive team work exists
- Good learning atmosphere develops
- Important to learn to relate to others
- We take care of each other
- We walk the extra mile
- We Thank each other
- Appreciation of other professions is important
- Support of others exists
Instructions

Please think about a situation or a circumstance that you have witnessed and/or experienced, that reflects a positive professionalism in action. It could be with one of your colleagues, your own experience, or something you had witnessed with a family member or a friend. Take a few minutes to reflect on what particularly struck a nerve with you, and what you have learned from the situation. Please don't name names or identify individuals - your patients, faculty, or peers. Then, please select the Professionalism components that your story illustrates.
Please select all the Professionalism components that your story illustrates:

• Honesty/integrity
• Compassion
• Excellence
• Altruism
• Accountability/responsibility
• Duty
• Self-regulation
• Social justice
• Trust
• Good communication
• Competence
• Leadership
• Respect
• Honor
• Caring
• Sensitivity to patient values/culture
• Others: Please list ____________
Example: M-1 UNMC

I worked as a phlebotomist at a hospital and was to respond to "codes". On one of these calls, the patient was on dialysis when he arrested, and the wife of the patient was in the room. While approaching the room I noticed the nurse who was running the dialysis machine; she got the patient off of the dialysis run so the other staff could run the code. After this, she walked over to the patient's wife and put her arm around her to console her. I think that this nurse had amazing professionalism by reaching out to the patient's wife.

Compassion, Accountability, Responsibility, Trust, Leadership, Respect, Honor.
AI –
The display of positive professionalism stories from the environment informs others to what is possible; the alternatives that exist, and provides a good reminder to what we really want to be.
Professionalism-Pearls Booklet – “Expanding the Ripple”

By the Professionalism Initiative UNMC

Booklet given at the White Coat Ceremony to the incoming class, promoting a value-based culture.

Contributors – M2, M3.

2008 – Interprofessional Booklet! All colleges.
expanding the ripple
one story at a time

a collection of student experiences
at the university of nebraska medical center
Student Feedback:

- Did you read the book or plan to read it in the near future – Yes - 85%
- On a scale of 1-10 how do you evaluate this booklet – 70% 7-10, 3% 1-4
- I would recommend giving such booklet to incoming students – Yes - 80%
Comments:

- I liked the student perspective
- Inspiring, insightful, interesting stories!
- Reinforces reasons to pursue medicine
- Shows why the hard work is worth it
- Provoked thought about my own behavior
- Helped me see the big picture again
- It’s so good to see other students’ views
Suggestions:

• Give it at orientation or class
• Not at WCC
• Send an email with a story once a week
• Add stories from faculty, from M3,4
• Continue to add stories
• Include inspirational quotes
What does this have to do with Inter-Professional Education (IPE)?
Interprofessional Education - IPE:

“Occasions when two or more professions learn with, from, and about each other to improve collaboration and quality of care”.

Barr H. 2002
Cone in the Box
Why IPE?

• To modify negative attitudes and perceptions between professions
• To reinforce collaboration
• To enhance job satisfaction and ease stress
• To cope with problems that exceed the capacity of any one profession
• To counter system fragmentation as professions proliferate
Interprofessional Curriculum Design

- Daunting? – scheduling, coordination
- Exciting! – identification of common goals
- Engagement and integration of core perspectives
- Negotiations and agreements
- Early-on appended evaluations and teaching assessments
Uni-professionalism (McNair 2005)

- Builds on Exclusion
- Draws boundaries
- Creates Power and Status
- Creates a ‘profound disconnect’ – inadequate preparation for team work
- Creates a ‘hidden curriculum’
- Undermines inter-professionalism
Professional Multi-player environments

Social workers

Students

Nurses

Staff
Technicians, labs,

Supporters:
Family members, Friends

Physicians; Pharmacists

Chaplain
Inter-Professional
Inter-player environments

Social workers

Students

Nurses

Staff
Technicians, labs,

Supporters: Family members, Friends

Physicians; Pharmacists

Chaplain

Patient
Interprofessional Education for Patient-centred Practice: An Evolving Framework

- Interprofessional Education to Enhance Learner Outcomes
- Interdependent
- Collaborative Practice to Enhance Patient Care Outcomes

Educational System (e.g., Accreditation, institutional structures)
- Institutional Factors (Meso)
  - Leadership/Resources
  - Administrative processes
- Teaching Factors (Micro)
  - Faculty development
- Educators
- Learning context

Systemic Factors (Macro)
- Health Professional Learner Outcomes
  - Competencies
    - Knowledge
    - Skills
    - Attitudes
    - Behavior
- Structuring clinical care

Professional System (e.g., Regulatory bodies, liability)
- Organizational Factors (Meso)
  - Governance
- Interactional Factors (Micro)
  - Sharing goals/Vision
- Professionals
- Task Complexity
  - Sense of belonging

Patient/Provider Outcomes
- + Patient clinical outcomes
- + Quality of care
- + Satisfaction
- + Professionals satisfaction
- + Well-being
- + Organization efficiency
- + Innovation
- + System cost effectiveness
- + Responsiveness

Government Policies: Federal/Provincial/Regional/Territorial (e.g., education, health and social services)

Social & Cultural Values

Research to Inform & to Evaluate
- Understand the processes related to teaching & practicing collaboratively
- Measure outcomes/benchmarks with rigorous methodologies that are transparent
- Disseminate findings

Restoring public and personal trust (in the health care profession) requires us to work as a community!
The UNMC experience –

Can we too put the Charter into practice?

Progress notes from the Interprofessionalism Initiative (IPI)
To develop an ‘Interprofessional Climate at UNMC, that will enhance professionalism and improve the learning, working, and service environment for the healthcare community as a whole - patients, students, residents, staff, faculty, and administration.
The IPI

- Started 5/05
- 5 to 45 interprofessional faculty, staff, students
- Grass root initiative, Volunteers
- Looking for change in healthcare profession education
- Cultural (environment) change – towards collaboration and appreciation
3/06 - The mission of the IPI is to advance Professionalism at the University of Nebraska Medical Center – by strengthening interprofessional communication; enhancing appreciation of the human experience in its diverse manifestations; and promoting stewardship of human, environmental, and institutional resources. Our IPI fosters an integrative approach to professionalism throughout UNMC operations, management, education (both formal and informal), research, and community service.
Climate/Culture of Professionalism

Who?
UNMC - Colleges: COM, CON, COD, SOAH, COP, students, staff, faculty, patients, community, Hospital - faculty and staff

What?
Common values, definitions >>>> common behavior

How?
Communication, Collaboration, Inter-professional Education

So what?
Assess and Evaluate Programs

Reflection/Self Awareness
Rewards
Increase quality and safety

Collaborative Patient Centered Care
Activities:

• 2007, 2008 Booklet
• Interprofessionalism Website
• Appreciative Inquiry stories and themes
• Schwartz Center Rounds
• Interprofessional ‘Induction into the Profession’ ceremony
• Gold Humanism Society IP Award
• Patients as Teachers Program
The inter-professionalism initiative began as a grassroots effort on the part of 45 faculty, students and staff. By January, 2006 these individuals had unified with the mission of enhancing the practice of inter-professionalism at The University of Nebraska Medical Center. This website is a result of that collaborative effort.
Inter-professional education (IPE) opportunity

**The Schwartz Center Rounds - SCR**

- A unique forum for improving relationships and communication between patients and caregivers, and among teams of caregivers
- Team panel presentation – 4-6 members of the health care team involved with the case (nursing, physicians, SW, Pharmacist, Chaplain, Tech)
- Open to all UNMC community members
SCR summary data 2/06-11/07:

- Nine noon conference Rounds, next 1/08 TBA
- 908 multi-level interprofessional caregivers and students attended
- 316 filled evaluations - activity highly evaluated
- Average participation per Round – 101
- 3 year grant extended!
Overall Rating of Excellent/Exceptional

Feb-06: 84%
May-06: 55%
Aug-06: 76%
Nov-06: 82%
Feb-07: 97%
Apr-07: 88%
Jun-07: 95%
Aug-07: 90%
Nov-07: 61%
% Attendees by Profession who Agreed with the Statement:
"Today's Rounds will help me work better with my colleagues."

- Chaplain: 62.5%
- Doctor: 81.3%
- Nurse: 91.4%
- Other: 54.5%
- Social Worker: 94.0%
- Physician Assistant: 66.7%
- Resident: 93.3%
- Student: 100.0%
Interprofessional Day at UNMC - pilot

February 5, 2008
What have we done/need to do:

- Create a sense of urgency
- Share a vision
- Generate short term wins
- Consolidate gain and promote more change
- Empower others to act
- Seek leadership support
You are invited to join the Inter-professionalism Initiative (IPI)

Interested? please call or email:
Ruth Margalit MD
559-7458
rmargalit@unmc.edu
You have been telling the people that this is the Eleventh Hour. Now you must go back and tell the people that this is The Hour. There are things to be considered. This could be a good time! See who is in there with you and celebrate. Gather yourselves! We are the ones we’ve been waiting for.

The Elders, Hopi Nation, Oraibi, Arizona