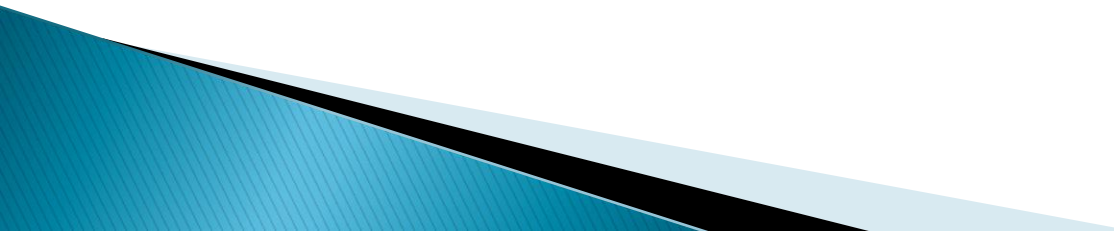


# Professionalism, a Missing Link in Teaching & Assessment

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2015

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# What we discuss today

- ▶ **Definition**
  - ▶ **Explanation**
  - ▶ **Examples of Exemplary Professional Conduct**
  - ▶ **Examples of Lapses in Professional Conduct**
  - ▶ **Behaviors That Warrant Immediate Intervention**
  - ▶ **How to address unprofessional behavior**
  - ▶ **Teaching Methods of Professionalism**
  - ▶ **Measuring Professionalism**
- 

# Definition

- ▶ “Medical Professionalism” is:
  - the basis of medicine’s contract with society
  - everything a doctor needs to do to undertake his or her job
  - a commitment on the part of the individual practitioner to self-monitor and improve

# Definition

- ▶ “Medical Professionalism” is defined as:

“A set of values, behaviors, and relationships that underpin the trust the public has in doctors”

# Society's Expectations of Medicine:

- ▶ services of the healer,
- ▶ assured competence,
- ▶ altruistic service,
- ▶ morality and integrity,
- ▶ accountability,
- ▶ transparency,
- ▶ promotion of the public good,
- ▶ ....

# Medicine's Expectations of Society:

- ▶ trust,
- ▶ autonomy,
- ▶ self-regulation,
- ▶ health-care system value driven and adequately funded,
- ▶ participation in public policy,
- ▶ shared (patients and society) responsibility for health,
- ▶ financial and non-financial, respect and status,
- ▶ ...

# Seven roles expected of the competent specialist:

- I. Medical Expert,
- II. Communicator,
- III. Collaborator,
- IV. Manager,
- V. Health Advocate,
- VI. Scholar,
- VII. Professional,

# Medical Professionalism in the New Millennium: A Physician Charter

Three fundamental principles:

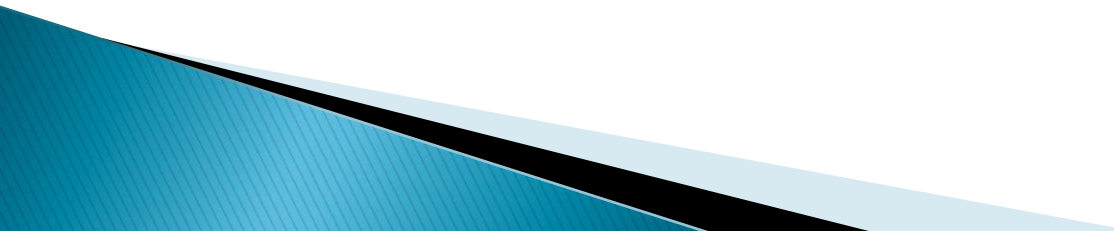
- I. Primacy of patient welfare,
- II. Patient autonomy,
- III. Social justice,

& A total of 10 professional responsibilities

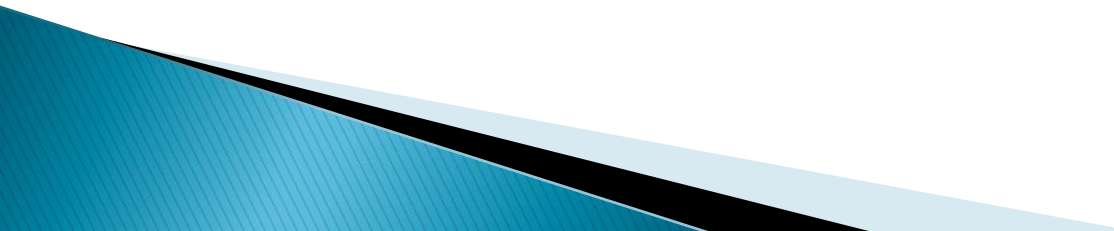
Medical Professionalism Project, 2002  
Developed by  
the American Board of Internal Medicine,  
the American College of Physicians, and  
the European Federation of Internal Medicine



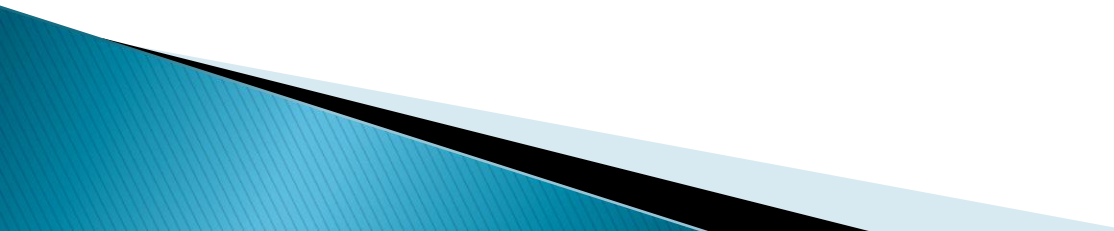
# 1. Commitments to “professional competence”:

- ▶ Maintaining:
    - medical knowledge
    - clinical skills
    - team skills
- 

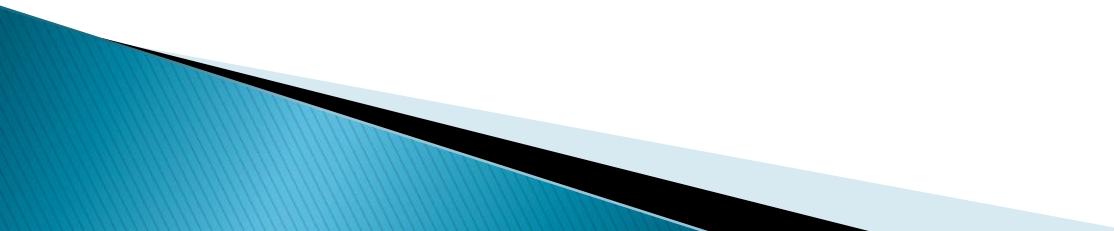
## 2. Commitments to “honesty with patients”

- ▶ Completely informing patients
  - ▶ Empowering them to make decisions about their therapy
  - ▶ Promptly disclosing medical errors that have occurred to patients
- 

### 3. Commitments to “patient confidentiality”

- ▶ Applying safeguards to the disclosure of patient information
  - ▶ Especially important given the widespread use of electronic information and the availability of genetic information
- 

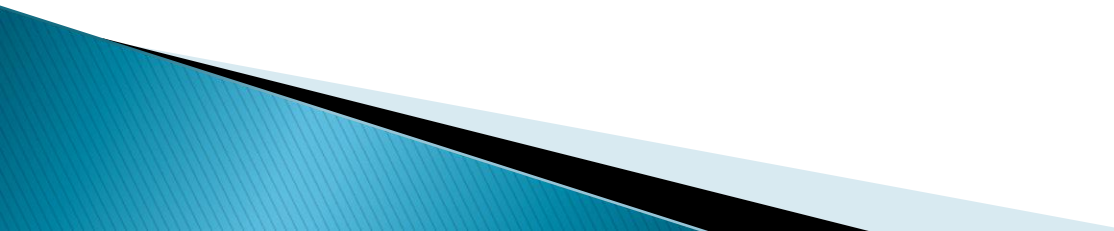
## 4. Commitments to “maintaining appropriate relations with patients”

- ▶ Not exploiting patients for:
    - sex
    - financial gain
    - other private purposes
- 

## 5. Commitments to “improving quality of care”

- ▶ Maintaining clinical competence, and working with colleagues to:
  - reduce medical errors,
  - increase patient safety,
  - minimize overuse of health care resources,
  - optimize the outcomes of care

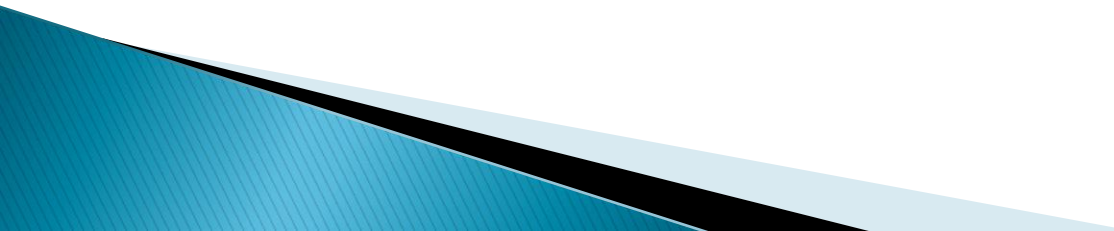
## 6. Commitments to “improving access to care”

- ▶ Reducing barriers to health care,
  - ▶ Promoting equity through the promotion of public health and preventive medicine, and public advocacy
- 

## 7. Commitments to “a just distribution of finite resources”

- ▶ Developing guidelines for cost-effective care, and avoiding superfluous tests and procedures

## 8. Commitments to “scientific knowledge”


- ▶ Promoting research
  - ▶ Upholding scientific standards
  - ▶ Creating new knowledge
- 



## 9. Commitments to “maintaining trust by managing conflicts of interest”

- ▶ Disclosing to the public any relationships that may exist with for-profit industries such as pharmaceutical companies

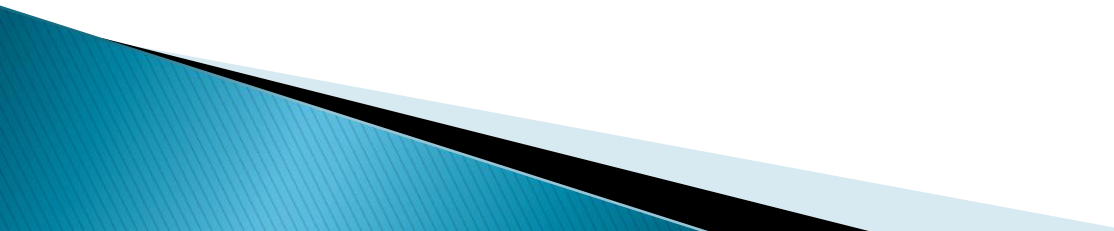
# 10. Commitments to “professional responsibilities”

- ▶ **To work collaboratively to**
    - maximize patient care,
    - be respectful of one another,
    - participate in the processes of **self-regulation**, including remediation and discipline of physicians failing to meet professional standards
    - engage in **internal assessment** and **accepting external scrutiny** of all aspects of their professional performance
- 

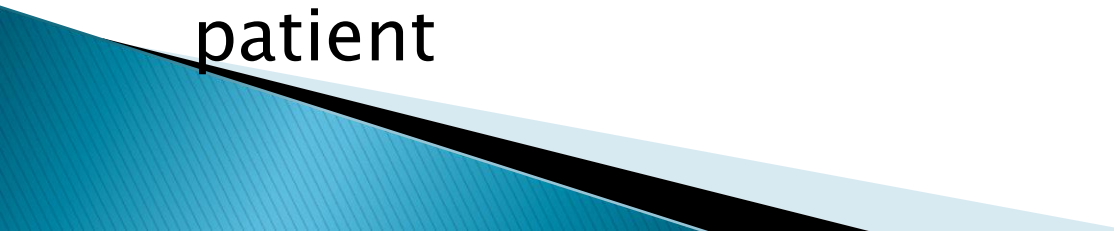
# Professionalism in Patient Care



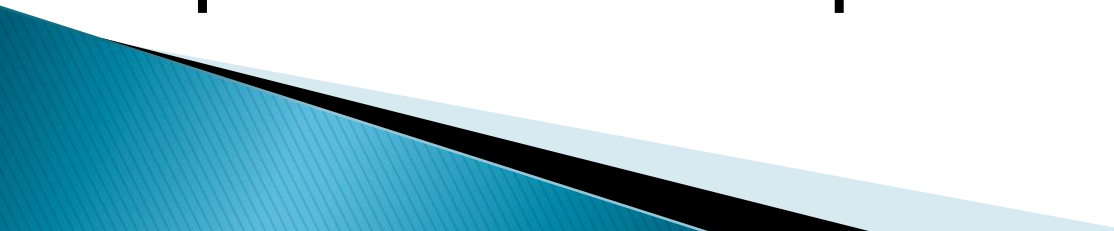
# Behavioral Statements

- ▶ **Examples of Exemplary Professional Conduct**
  - ▶ **Examples of Lapses in Professional Conduct**
  - ▶ **Behaviors That Warrant Immediate Intervention**
- 


# Examples of Exemplary Professional Conduct

- ▶ **Respect for patients and families, including appropriate verbal and nonverbal communication**
  - ▶ **Maintains comprehensive, timely, legible medical records and correspondence**
  - ▶ **Communicates collaboratively with colleagues and all health care providers, patients, and families to provide the best care for each patient**
- 

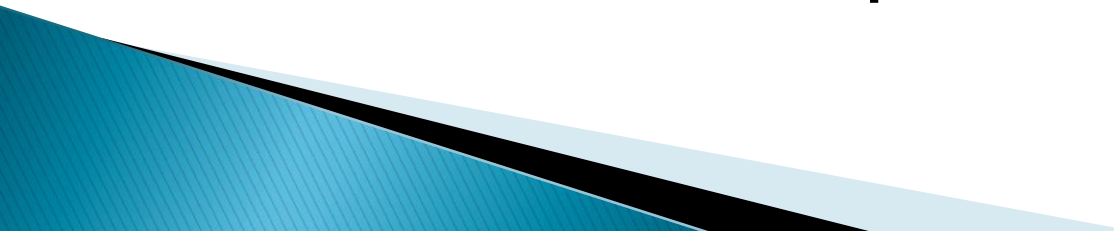
# Examples of Exemplary Professional Conduct ...

- ▶ Demonstrates commitment to ongoing professional development through attendance at conferences and consulting medical literature
  - ▶ Responds to constructive feedback by improving behavior and/or skills
  - ▶ Demonstrates appropriate boundaries for patient relationships
- 

# Examples of Lapses in Professional Conduct


- ▶ Provides **unsupervised care** of a patient without previous experience or training in the appropriate skills
  - ▶ Provide **treatment that is inconsistent with best practice**
  - ▶ Documents information that does not accurately describe the care provided
  - ▶ Fails to ensure that patient records are legible
- 

# Examples of Lapses in Professional Conduct ...

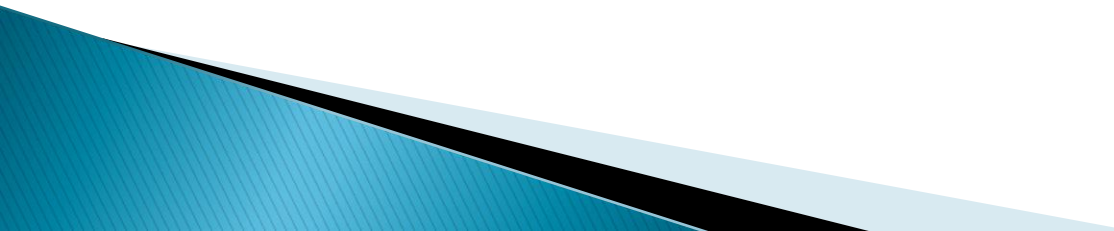
- ▶ **Fails to consult a supervisor or a clinician who is more experienced in caring for the problems being confronted**
  - ▶ **Provides preferential treatment of patients or families to the detriment of others**
  - ▶ **Fails to apologize for discourtesy or for errors in treatment or judgment**
  - ▶ **Fails to respond to a request by the family or by other professional to provide care for a patient for whom s/he is responsible**
- 



# Behaviors That Warrant Immediate Intervention

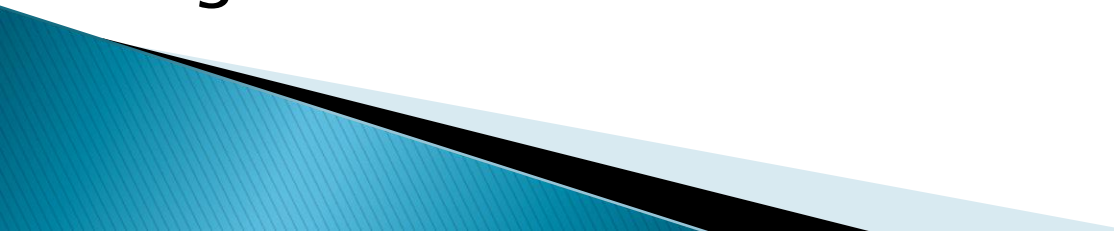
- ▶ Exhibits **repeated behaviors** that exemplify lapses in professional conduct **despite feedback**
  - ▶ **Willfully misrepresents clinical data** in communication with other health care providers
  - ▶ **Willfully fails to ensure appropriate transfer of patient information** such that patient welfare is put at risk
- 

# Behaviors That Warrant Immediate Intervention ...

- ▶ Becomes involved in illegal activities
  - ▶ Participates in physical or verbal abuse toward colleagues, staff, patients, or family members
  - ▶ Engages in sexual misconduct or violates appropriate patient–physician boundaries
- 

# Professionalism with Physician Colleagues » and other Health Professionals


# As a Leader of a Team

- ▶ **Avoid abusing any power** that may come with the title “physician”
  - ▶ **Use a leadership position** to guide and facilitate team dynamics
  - ▶ **Balancing supervision with independent decision-making** is critically important for the safety of patients and the developmental growth of learners
- 


# As a Leader of a Team ...

- ▶ It is important to set an example for others
- ▶ Comes the added responsibility of teaching and evaluating colleagues

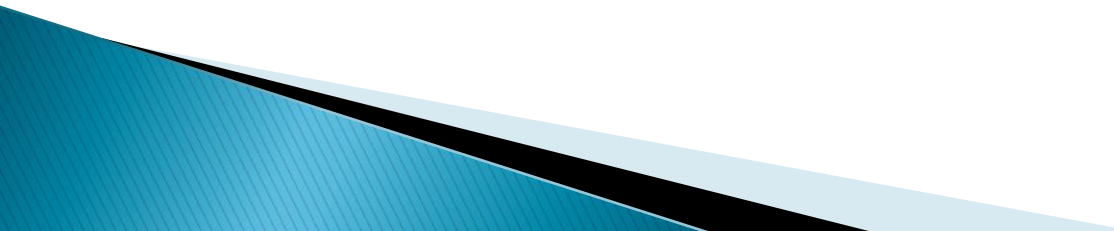
# Accountability

- ▶ It begins with **self-awareness**
  - ▶ It is **necessary for continued professional development.**
  - ▶ Physicians need to demonstrate **respect for other physicians, across all disciplines.**
  - ▶ Negative comments made about a specialist or a referring physician diminishes the professionalism of all physicians.
- 

# Accountability ...


- ▶ Professional responsibility does **not stop with one's own practice.**
  - ▶ Physicians are **accountable for each other.**
  - ▶ Whenever possible this **should be addressed with the individual.**
  - ▶ Because of the hierarchical nature of medicine, there should be a **“safe” process for reporting unprofessional behaviors** of more senior colleagues so as not to put residents in the uncomfortable position of addressing these issues directly.
- 

# Behavioral Statements


- ▶ **Examples of Exemplary Professional Conduct**
  - ▶ **Examples of Lapses in Professional Conduct**
  - ▶ **Behaviors That Warrant Immediate Intervention**
- 




# Examples of Exemplary Professional Conduct

- ▶ **Follows institutional policies and procedures**
  - ▶ **Accepts feedback from others and develops goals for improvement**
  - ▶ **Works collaboratively and cooperatively as a member of a health care team**
  - ▶ **Provides appropriate guidance and help to team members when entrusted with supervisory responsibilities**
- 

# Examples of Exemplary Professional Conduct ...

- ▶ **Takes on extra work, when appropriate, to help the team**
  - ▶ **When supervising, ensures the safety of patients by not allowing team members to go beyond their limits of knowledge and skill in delivering care**
  - ▶ **Accepts the responsibility of teaching colleagues by developing the knowledge base, skills, and attitudes necessary to be a competent teacher**
- 

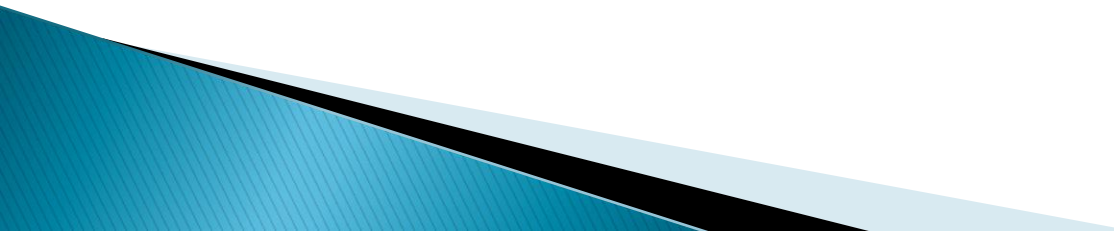
# Examples of Exemplary Professional Conduct ...

- ▶ Gives appropriate feedback to peers
  - ▶ Arrives on time for scheduled activities and appointments
  - ▶ Accepts responsibility for assigned coverage duties or, in the event of an emergency, arranges appropriate coverage
  - ▶ Addresses lapses in professionalism or reports them to appropriate authority
- 

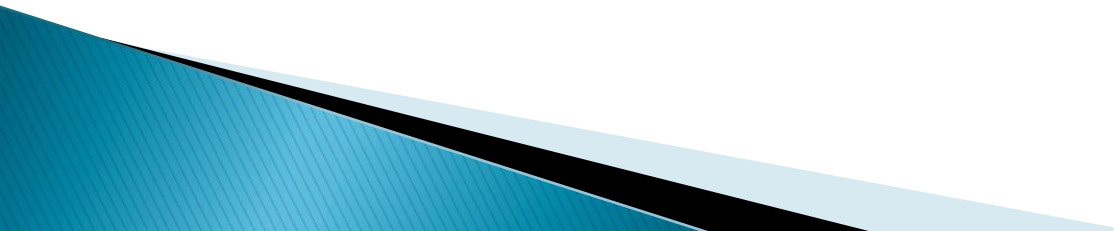
# Examples of Lapses in Professional Conduct

- ▶ **Disregards feedback from others that would be helpful in setting learning goals**
- ▶ **Fails to notify supervisors of inability to work in a timely manner**

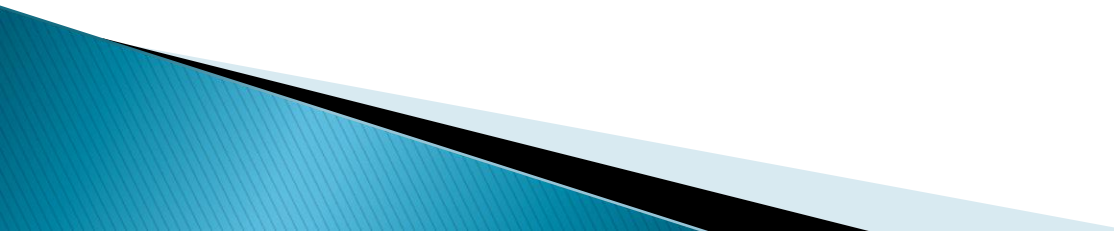
# Examples of Lapses in Professional Conduct ...

- ▶ **Does not always distribute work assignments in a way that is fair to all team members**
  - ▶ **Avoid responsibility to negotiate conflict among team member**
  - ▶ **Ignores the opportunity to acknowledge and incorporate the expertise of other team members in enhancing patient care**
- 

# Examples of Lapses in Professional Conduct ...

- ▶ Does not expend the effort to acquire knowledge, skills, and attitudes that are necessary to demonstrate competence as a teacher
  - ▶ Ignores responsibility to address or report lapses of professionalism
  - ▶ Fails to engage in critical self-reflection
- 

# Behaviors That Warrant Immediate Intervention


- ▶ Exhibits **repeated behaviors** that exemplify lapses in professional conduct **despite feedback**
  - ▶ Engages in **prejudicial behavior** by favoring **particular colleagues** on the basis of culture, beliefs, race, gender, sexual orientation, or religion
  - ▶ Leads through **humiliation tactics** or **harassment**
- 

Stress  
&

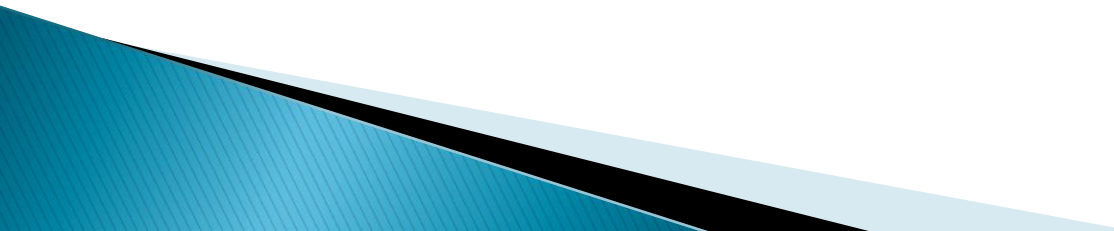
» Its Impact on  
Professionalism




# Stress & Its Impact on Professionalism

- ▶ Prevalence of **burnout** is significant among residents, ranging from **55–76 %**
  - ▶ **Professional behavior is particularly threatened during times of burnout**
  - ▶ **Stress caused by a combination of factors including sleep deprivation, the pressures of the work environment, the vulnerabilities of residents inherent in the training process, and the acuity and complexity of patients**
- 

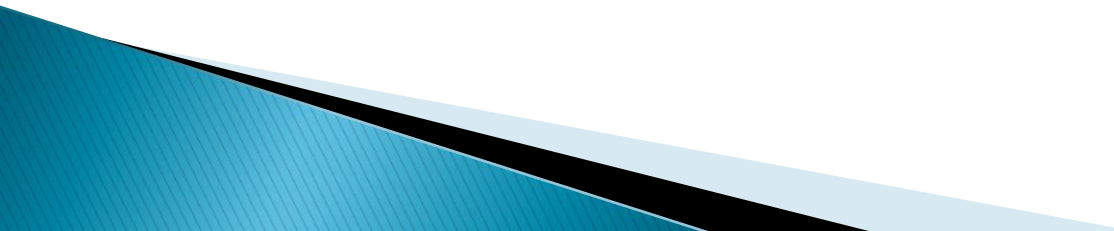
# Behavioral Statements

- ▶ **Examples of Exemplary Professional Conduct**
  - ▶ **Examples of Lapses in Professional Conduct**
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- 


# Examples of Exemplary Professional Conduct ...

- ▶ **Maintains poise during difficult interactions**
  - ▶ **Confidential reporting of impaired professionals within their institution**
  - ▶ **Balances personal and professional commitments by discharging professional responsibilities effectively to another practitioner so as to provide continuous and high-quality patient care**
- 

# Examples of Lapses in Professional Conduct

- ▶ Communicates with colleagues in a hurried or incomplete manner regarding a patient
  - ▶ Ignores a colleague's obvious distress or impairment
  - ▶ Fails to ask for help when too fatigued to complete work
- 

# Behaviors That Warrant Immediate Intervention

- ▶ Exhibits **repeated behaviors** that exemplify lapses in professional conduct **despite feedback**
  - ▶ Behaves in a **disruptive manner** leading to a **hostile workplace environment** as evidenced by **multiple complaints** from team members
  - ▶ Practices with an impairment and is **unwilling to seek help or treatment**
- 

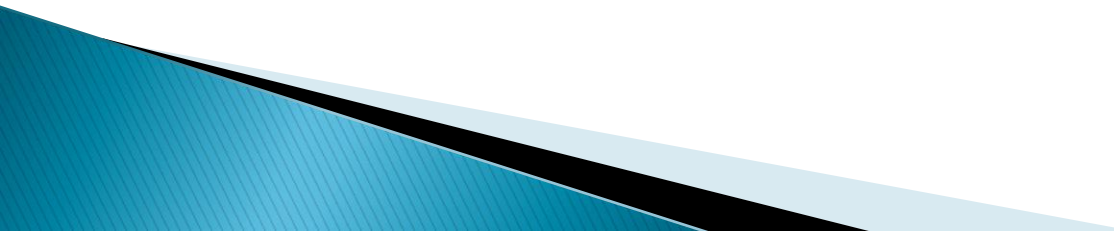
# Behaviors That Warrant Immediate Intervention

- ▶ **Fails to meet professional obligations (duty to a patient) on the basis of an unresolved conflict between personal and professional responsibilities**

# Professionalism & Society

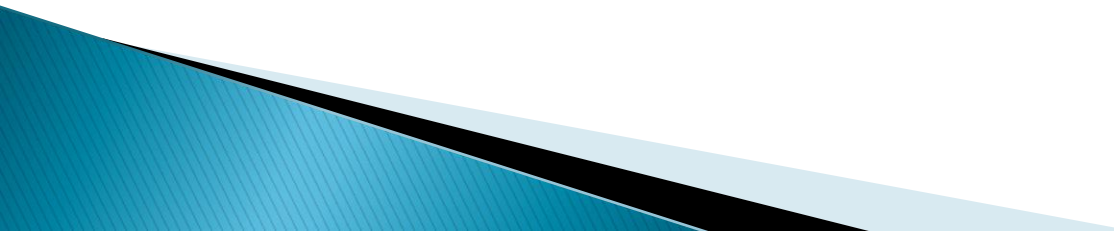


# Behavioral Statements

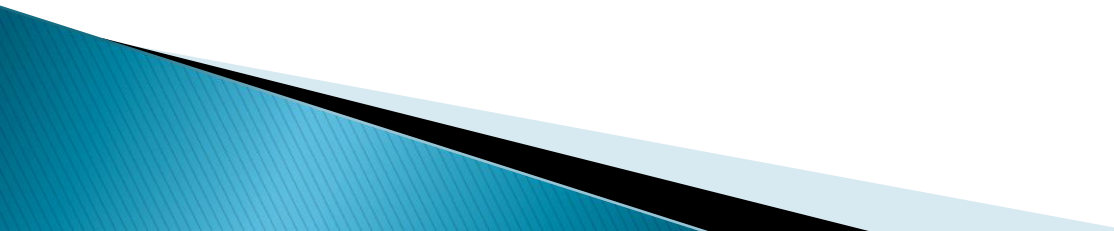
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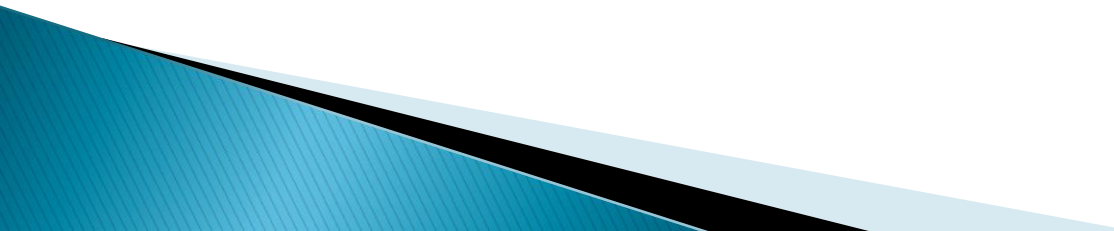
# Examples of Exemplary Professional Conduct

- ▶ **Advocates for patients**
  - ▶ **Provides a high standard of care for patients of diverse backgrounds**
  - ▶ **Works at all levels to promote access to care**
  - ▶ **Recommends care that is mindful of cost and limited resources**
  - ▶ **Conducts or supports the ethical conduct of research and other scholarly activities**
- 

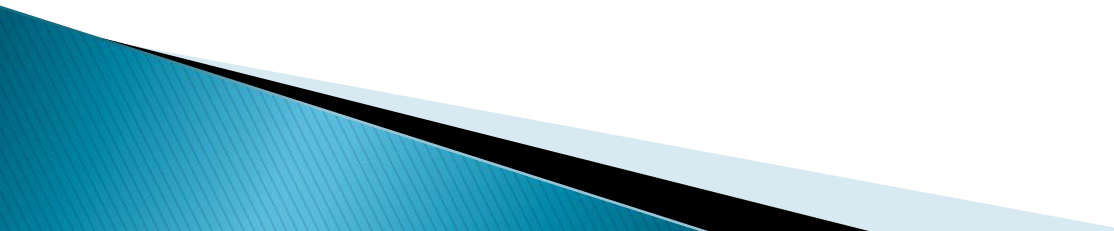
# Examples of Lapses in Professional Conduct

- ▶ Demonstrates **prejudicial behavior** based on race, ethnicity, religion, disability, gender, age, socioeconomic status, or lifestyle
  - ▶ **Intentionally distorts or misrepresents medical evidence** in the development of practice guidelines or medical policies
- 

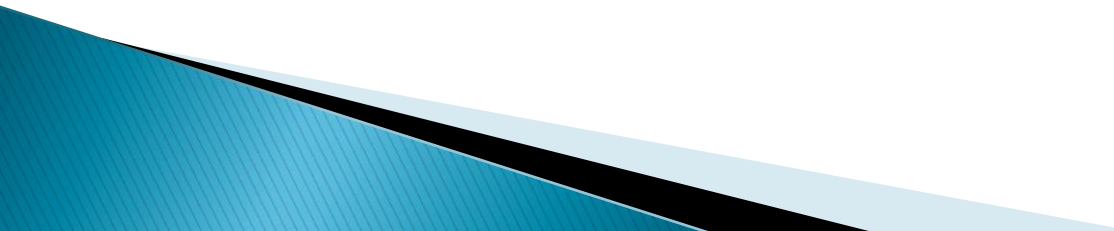
# Examples of Lapses in Professional Conduct ...

- ▶ **Accepts gifts from industry or patients/families with an implied or explicit outcome that changes patient care**
  - ▶ **Fails or refuses to participate in advocacy for the legitimate needs of patients**
  - ▶ **Refuses to seek legitimate support for patients and families, such as in gaining access to needed resources**
- 

# Behaviors That Warrant Immediate Intervention

- ▶ Exhibits **repeated behaviors** that exemplify lapses in professional conduct **despite feedback**
  - ▶ **Falsifies research data** in any public presentation or publication of that research
  - ▶ **Fails to obtain approval or consent for research**
- 

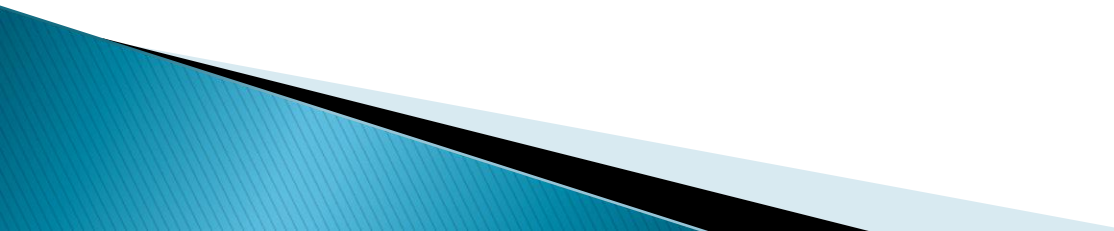
# Behaviors That Warrant Immediate Intervention ...

- ▶ **Coerces any patient participation as a subject in research in any way**
  - ▶ **Fails or refuses to participate in the legal process designed to protect the welfare of patients and their families**
  - ▶ **Fails as an opinion leader to disclose relationships to industry**
- 

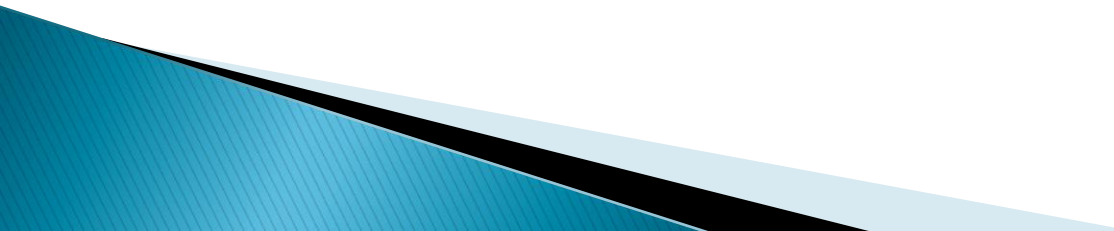
# Professionalism Beyond Residency



# Professionalism Beyond Residency

- ▶ Professionalism itself is not a competency to be achieved.
  - ▶ It is a developmental process that continues throughout the life of a physician.
  - ▶ Each and every day, in each encounter and at every decision-making point, the physician must confront the issue of the ideal professional behavior and try to achieve that ideal.
- 

# Professionalism Beyond Residency

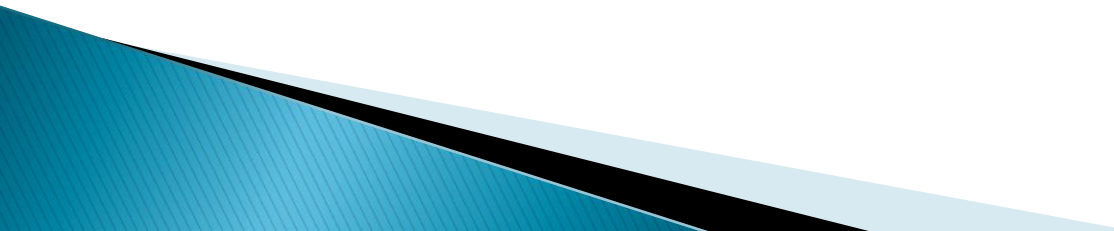
- ▶ Professionalism should **not be focused just on the very unusual and serious unprofessional behaviors** that are demonstrated by a few.
  - ▶ Although we begin to teach and shape professional behavior in medical school and during residency and fellowship training, the **lesson is never fully learned.**
  - ▶ Residents need to self-monitor their behavior
- 



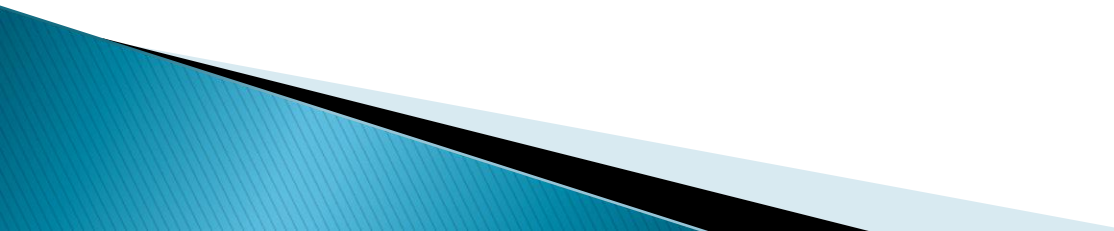
# How can you find support for your professionalism?

- ▶ Find a mentor
- ▶ Discussing issues, problems, and positive and adverse events with a mentor is helpful in monitoring professionalism

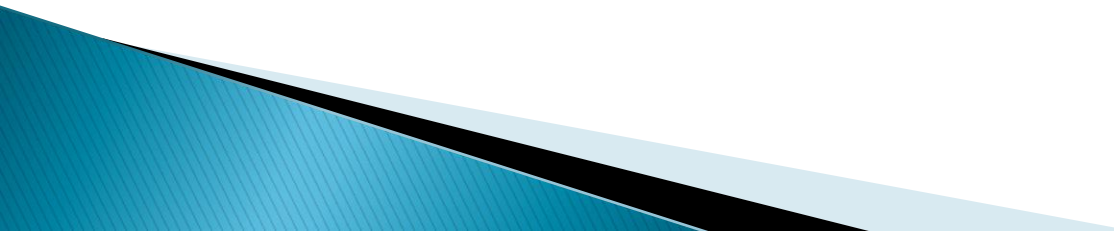
# Behavioral Statements

- ▶ **Examples of Exemplary Professional Conduct**
  - ▶ **Examples of Lapses in Professional Conduct**
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- 

# Examples of Exemplary Professional Conduct

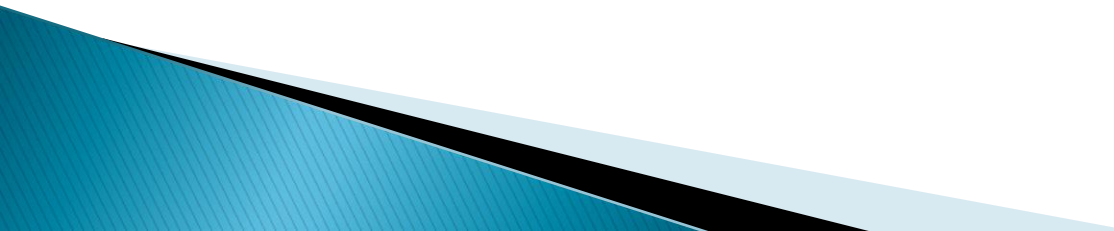
- ▶ Constructs and participates in a **lifelong learning plan**
  - ▶ Participates in **CME activities**
  - ▶ Participates in **community-based patient advocacy** activities
  - ▶ **Completes charts, reference letters, and patient forms in a timely fashion**
  - ▶ **Continually strives to improve care**
- 

# Examples of Lapses in Professional Conduct

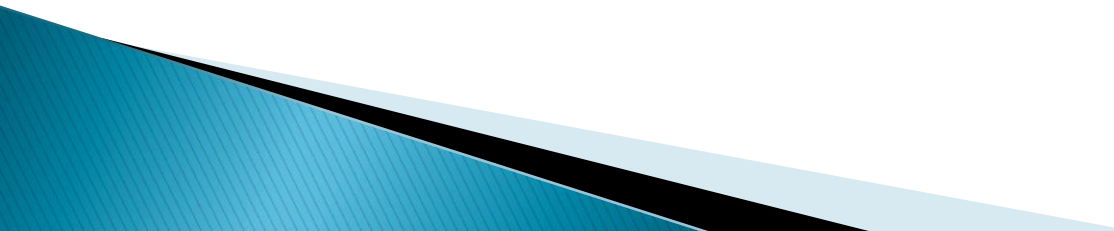
- ▶ **Promotes the business of medicine above duty to patients**
  - ▶ **Conducts practice without regard to monitoring quality or safety**
  - ▶ **Continues to care for patients the same way that s/he was taught during residency**
- 

# When a Resident Is Not Meeting Expectations » Related to Professionalism

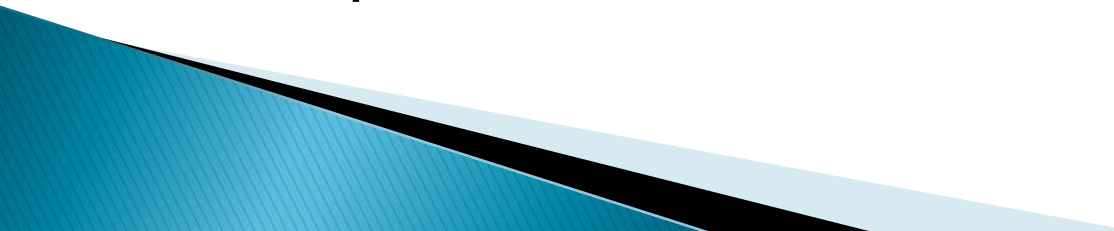
# When a Resident Is Not Meeting Expectations Related to Professionalism

- ▶ One of the most challenging situations for a program director
  - ▶ Interpersonal stress, institutional and program upheaval, and occasionally legal entanglements
  - ▶ To determine the weight of the infraction and to chart a course of action
- 

# Some suggested guidelines

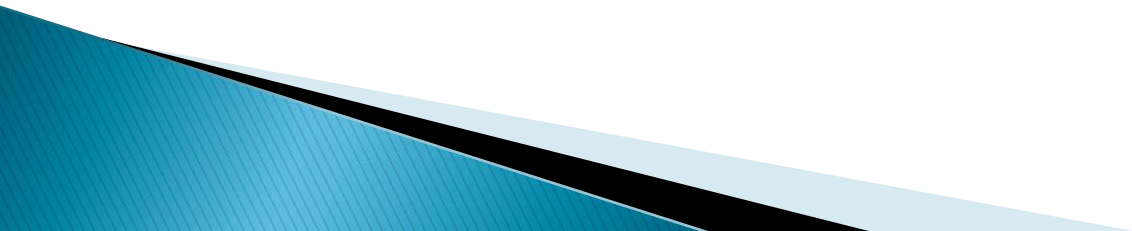
- ▶ To say a few words about documentation
  - ▶ To document the conversations, meetings, and actions
  - ▶ The documentation should be placed in a separate and non-discoverable file
- 

# Some suggested guidelines ...

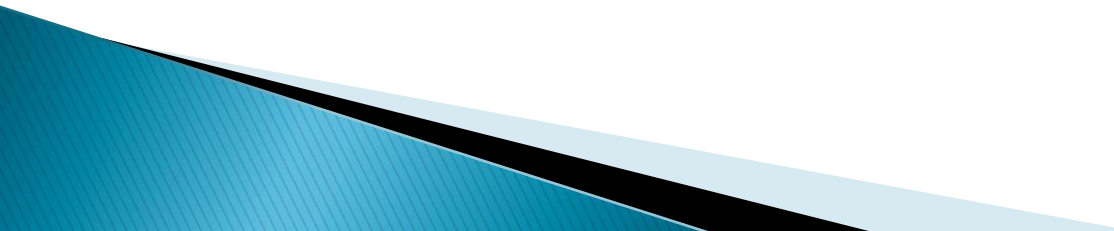
- ▶ A single lapse could be considered part of a resident's developmental process
  - ▶ Serious professional problems will require a notation on credentialing forms
  - ▶ Program director may want to meet with a resident who is having trouble in the presence of a third party such as a chief resident or assistant program director.
  - ▶ This may be necessary for the program director's own protection.
- 



# What Actions May Be Taken

- ▶ Counseling
  - ▶ Remediation
  - ▶ Leave of Absence
- 

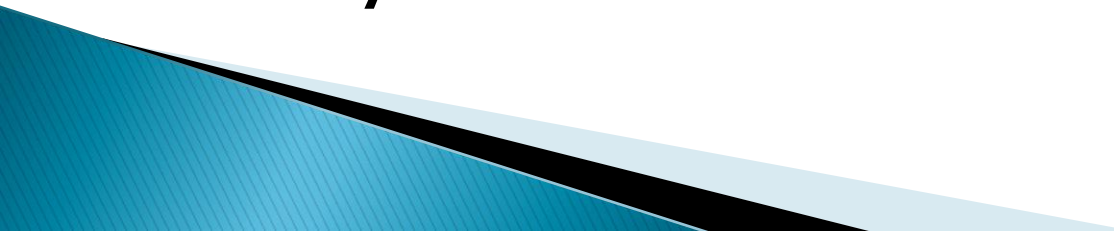
# Counseling

- ▶ **Lapses** in professional behavior are often the **result of stress**, anxiety, depression, and exhaustion.
  - ▶ The **first course of action** may be to try to **identify any condition** and to see if **they can be alleviated** or at least diminished.
- 

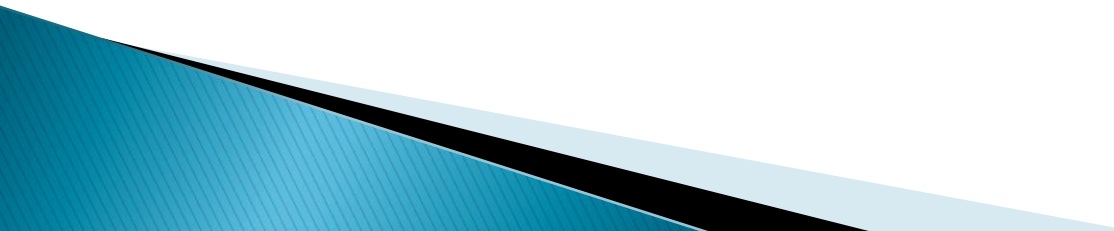
# Remediation

- ▶ May want to establish a **contractual remediation plan**
- ▶ A plan would **specify tasks or criteria** that the **trainee must fulfill** before returning to a **position of good standing within the program**

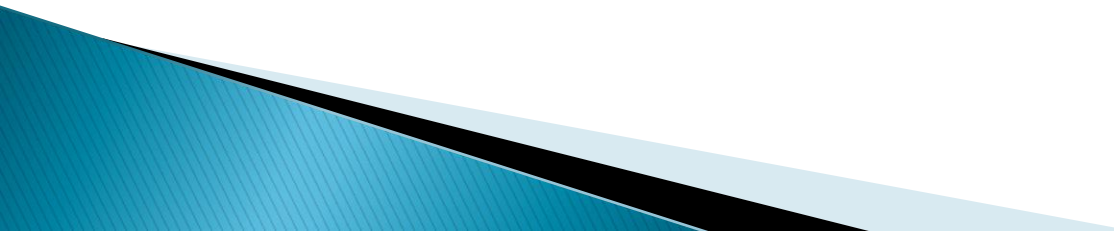
# Leave of Absence

- ▶ It may be necessary to recommend or even enforce a leave of absence
  - ▶ When behaviors fall to a level that may be harmful to the trainee or potentially to a patient
  - ▶ A leave requires that the trainee seek the kind of help that s/he needs in order to return safely to work
- 


# What Constitutes Egregious Action

- ▶ **Willful misrepresentation of clinical data**
  - ▶ **Providing care while under the influence of alcohol or drugs**
  - ▶ **Involvement in illegal activity**
  - ▶ **Physical or verbal abuse** directed toward patients, families, colleagues, or staff
  - ▶ **Sexual misconduct or violation** of appropriate physician–patient boundaries
- 

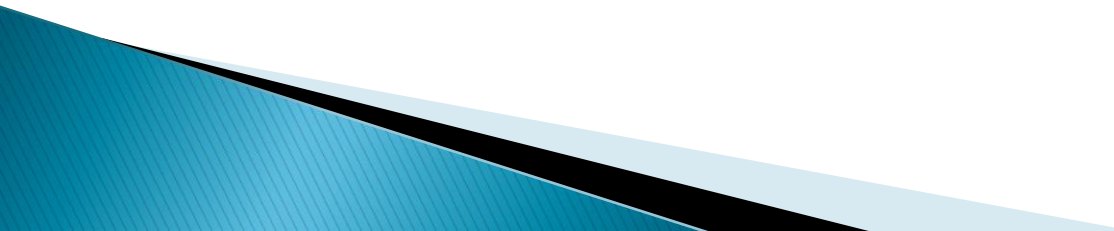
# What Constitutes Egregious Action

- ▶ **Prejudicial behavior**
  - ▶ **Failing to notify supervisors of inability to work**
  - ▶ **Falsification of research data**
  - ▶ **Failure to disclose ties to industry**
  - ▶ **Coercion of a patient to join a research study**
  - ▶ **Refusal to participate in a legal process designed to protect the welfare of patient**
- 

# Consideration of Context and Pattern of Behavior

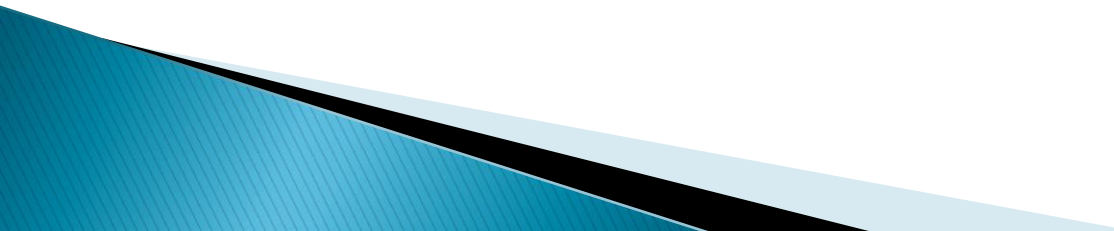
- ▶ Whether the lapse is a **single** event or part of a pattern of behavior.
  - ▶ There is clearly a **gradation** in the seriousness of offenses.
  - ▶ Consideration can be given to the **meaning** of that episode for the individual trainee and the program.
  - ▶ The **program must articulate** what constitutes **acceptable** and clearly **unacceptable** behaviors.
- 

# When Context Does Not Matter

- ▶ There will be some instances in which **absolute legal and ethical standards have been breached** and which require that action be taken **regardless of context** or pattern of behavior.
  - ▶ Such acts might include **physical assault, sexual misconduct, and harm of patients or their families.**
- 



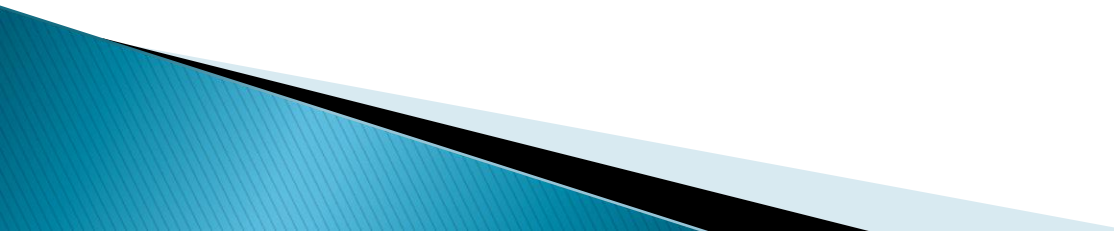
# What to Do About It

- ▶ Consultation
  - ▶ Documentation
  - ▶ Physician Impairment Program
  - ▶ Involvement of Law Enforcement
  - ▶ Notification of the National Board
- 


# Teaching Methods of Professionalism



# Teaching

- ▶ Almost everything that a medical student or physician needs to know about professionalism should have been **learned from teachers and parents during elementary school.**
  - ▶ Ultimately, the **single most effective** method of teaching professionalism is **modeling** of appropriate behavior by faculty members
- 

# Role modeling in three levels

- I. **Formal**
  - II. **Informal** (unspecified, predominantly ad hoc and highly interpersonal form of teaching and learning that takes place among and between faculty and students)
  - III. **Hidden curriculum** (set of influences that function at the level of organizational and culture)
- 


# Measuring Professionalism



# Measuring Professionalism

- ▶ There is much debate over whether professionalism is a trait or a state.

# Summative vs. Formative

- ▶ The **National Board** asks for a **summative** assessment of professionalism
  - ▶ Professionalism **during residency** will be **formative**
  - ▶ These assessments ought to come from **multiple evaluators in multiple settings**
  - ▶ Combined with **self-assessment**
  - ▶ These evaluations provide **important feedback to foster residents' professional development**
- 


# Tools

- ▶ Recent reviews of tools available to assess professionalism reveal **few robust tools** with good reliability or validity.
- ▶ A number of tools have promise:
  - I. critical incidents,
  - II. peer assessment,
  - III. a professionalism mini-evaluation exercise (P-MEX),
  - IV. multisource assessment instruments (360)
- ▶ **Not recommend the use of the global, end-of-rotation evaluations as a primary tool for measuring professionalism**


Lynch et al., 2004;  
Veloski et al., 2005;



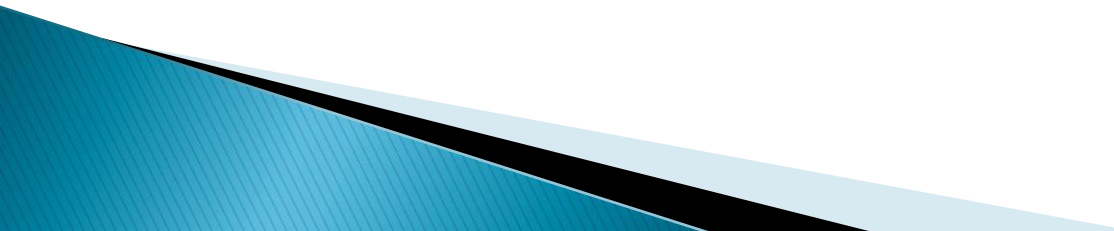
# Critical Incidents

- ▶ Critical incidents can serve as a **window into the professionalism** of residents professionalism.
  - ▶ Some programs have a **specific Praise/Early Concern Card** that can be completed by faculty or peers to provide written documentation of a critical event.
  - ▶ Notation of these incidents could also be specifically requested on the global monthly evaluation form.
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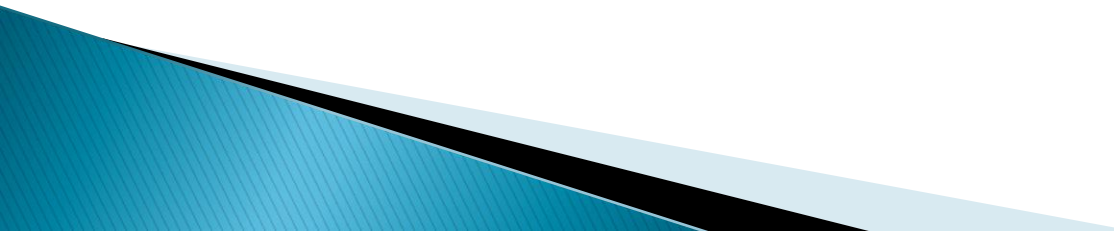
# Critical Incidents ...

- ▶ If the **critical incident is positive**, the resident should receive **appropriate positive feedback** to indicate that the program values this behavior.
  - ▶ If it is a negative incident, the resident should receive **specific feedback** and have a chance to address it with the program director.
  - ▶ In either case, the resident should have the opportunity to reflect on the event.
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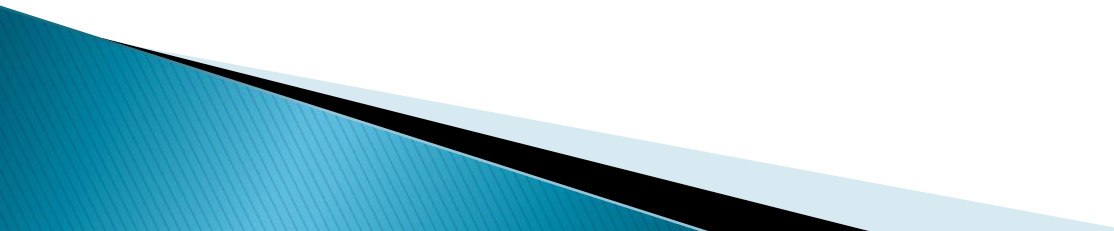
# Critical Incidents ...

- ▶ If programs wish to incorporate critical incidents, they need to develop a consensus and culture among the faculty to support their use.
  - ▶ **Faculty development** should include:
    - I. identifying for faculty the behaviors, both positive and negative, that should be reported,
    - II. encouraging faculty to document the behavior of residents, especially if an incident is negative.
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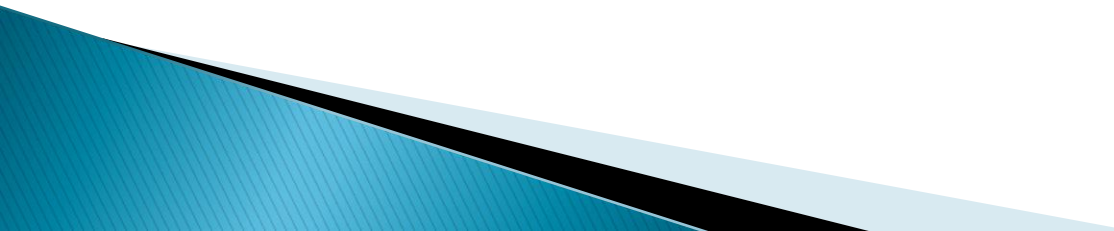
# Peer Assessments

- ▶ Peers often have a **distinct perspective** on professional behavior because they can **observe and provide feedback** on professional attributes such as conscientiousness, respect for patients and health professionals, effective communication, and acceptance of responsibility.
  - ▶ Peer assessments have been **used very successfully** in a number of medical schools
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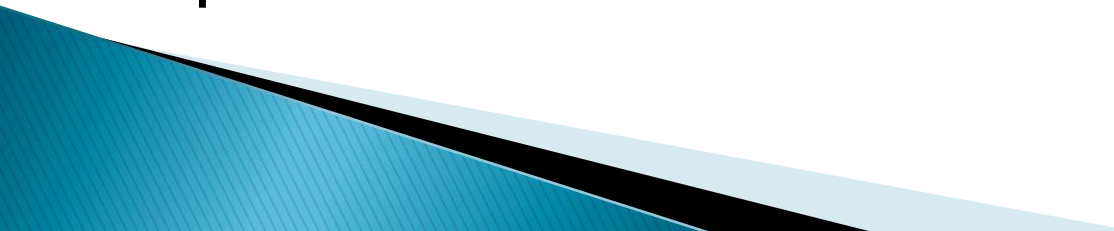
# Peer Assessments ...

- ▶ A peer assessment system must be:
    - 100% anonymous,
    - **feedback** should occur **immediately**,
    - the focus should be **equally** on **unprofessional** and **professional** behaviors,
    - data should be used **formatively** to reward exemplary behavior and to address repetitive negative lapses.
  - ▶ It may be helpful to have **residents participate in defining the items** that should be included on the assessment instrument.
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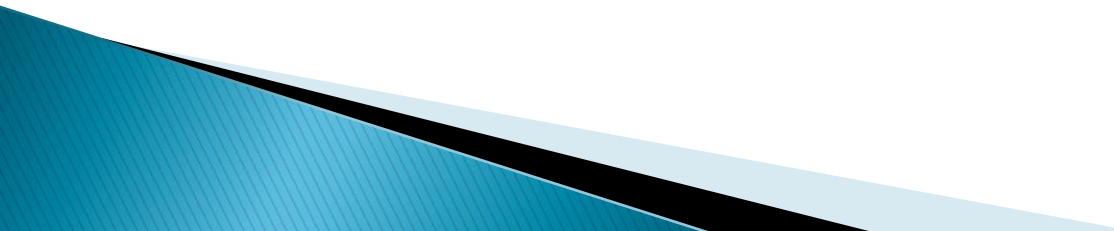
# Peer Assessments ...

- ▶ Research on the reliability and validity of peer assessments indicates that between 6 and 11 **peer assessments are necessary to achieve a reliability coefficient of 0.7**
  - ▶ There is good support for face, content, construct, and predictive validity
  - ▶ Most studies indicate that **peer assessments address unique aspects** of professional behavior
- 

# Professionalism Mini-Evaluation Exercise


- ▶ The Professionalism Mini-Evaluation Exercise (P-MEX) is a promising new tool developed by educators at McGill University.
  - ▶ It is based on the successful mini-clinical examination tool (mini-CEX) developed by the American Board of Internal Medicine.
  - ▶ Consists of **24** items designed to assess professional behaviors
- 

# Professionalism Mini-Evaluation Exercise

- ▶ Evaluations from 10–12 raters result in a reliability coefficient of 0.8, but the confidence intervals were small enough for most evaluation purposes with as few as 6–8 raters
  - ▶ Qualitative evaluation has also suggested that this tool can stimulate reflection on behavior
- 



# Multi Source Assessment

- ▶ A multisource assessment collects feedback from **several different types of raters** (eg, patients, peers, nurses, clerks, supervising physicians)
  - ▶ It is an **ideal way to include the patient's voice** in the assessment of residents.
  - ▶ The preferred format for multisource evaluations is a core set of items evaluated by all raters, along with other items that might be answered by selected groups of evaluators.
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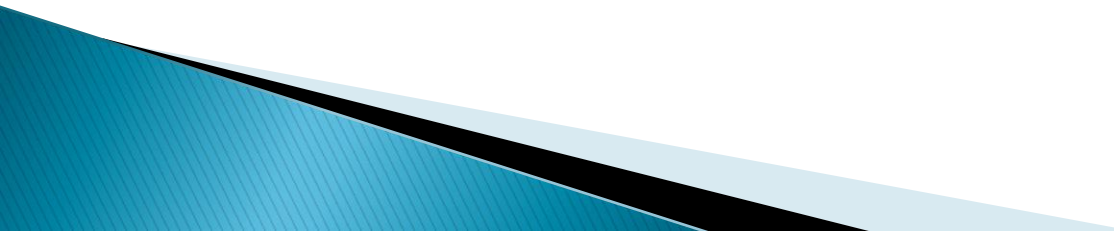
# Multi Source Assessment

- ▶ Multisource assessments are well-suited to evaluating professionalism across all domains: in clinical care, in the work environment, and in society

# Need for Multiple Perspectives?

- ▶ Nurses rated residents lower than Attendings ( $p < 0.05$ ) on
  - respecting staff (69% vs 97%),
  - accepting suggestions (56% vs 82%),
  - teamwork (63% vs 88%),
  - being sensitive and empathetic (62% vs 85%),
  - respecting confidentiality (73% vs 97%),
  - demonstrating integrity (75% vs 92%),
  - demonstrating accountability (67% vs 83%).
  - Attendings often noted they could not assess some areas well
- ▶ Nurses rated residents higher than Attendings ( $p < 0.05$ ) on
  - anticipating post-discharge needs (46% vs 25%) and
  - effectively planning care (52% vs 33%)

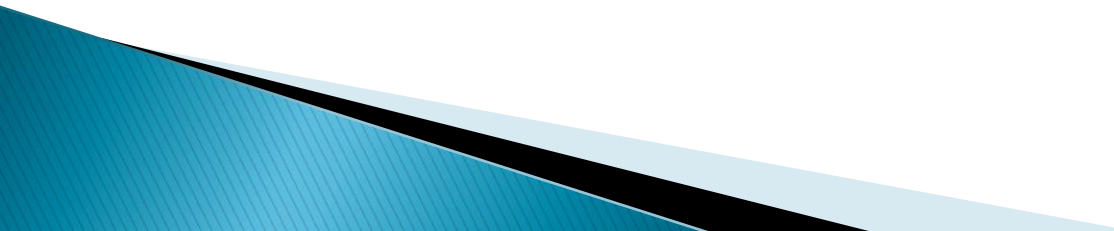
# Multi Source Assessment

- ▶ Because of the complexity of distributing, collecting, and analyzing these instruments, **electronic systems** are recommended by most assessment experts.
  - ▶ The advantage of this tool is that **several perspectives** can be obtained and the **formative feedback** can be useful for residents.
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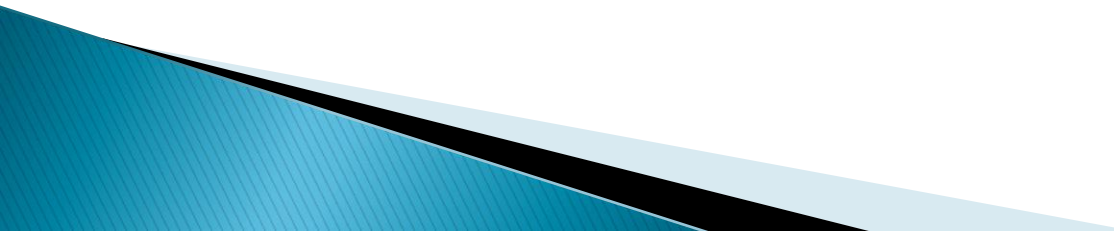
# Multi Source Assessment

- ▶ One disadvantage is that a **large number of evaluations is required** to provide a reliable measure of performance.
- ▶ A classic study indicated that **15 or more patient evaluations**

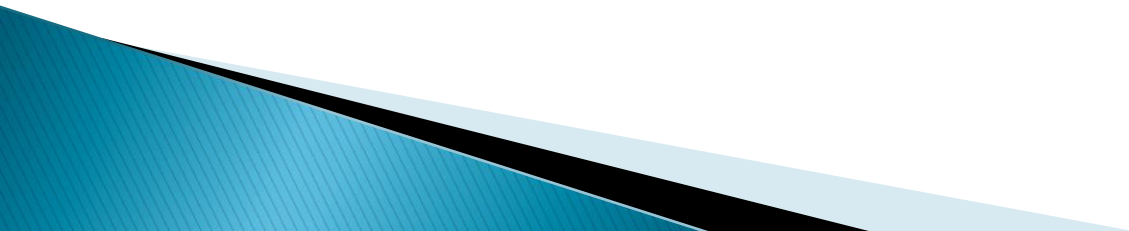
# Conclusion

- ▶ Medical Professionalism is defined as a set of values, behaviors, and relationships that underpin the trust the public has in doctors
  - ▶ It is a developmental process that continues throughout the life of a physician.
  - ▶ The physician must confront the issue of the ideal professional behavior in **each encounter** and at **every decision-making point** each and every day
- 

# Conclusion ...

- ▶ The **single most effective** method of teaching professionalism is **modeling** of appropriate behavior
  - ▶ Multisource assessments are well-suited to evaluating professionalism across all domains
  - ▶ Professionalism is a Missing Link in Teaching & Assessment
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# What's your opinion?





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