

## Teaching and Evaluating Professionalism in Medicine

### 医学領域のプロフェッショナリズムの教育と評価

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## Outline 概要

- What do we mean in medical education by “professionalism”?
- Can we predict professional behaviour?
- Can we measure professional behaviour?
- Can we teach professional behaviour?
- プロフェッショナリズムは何を意味するか
- プロフェッショナルな行動は予測可能か
- プロフェッショナルな行動は測定可能か
- プロフェッショナルな行動は教育可能か

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## Objectives

- Be able to describe the various components of the current definition of medical professionalism.  
プロ…の現状の定義の多様な要素について記述できる
- Be able to describe what existing studies show about predicting professional behaviour in physicians.  
プロ…な行動の予測について現状での研究が示唆することについて記述できる
- Be able to list some ways in which medical professionalism can be measured and taught.  
プロ…の測定と教育の方法を列挙できる

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## Definitions of medical professionalism: プロ…の定義

- “Official”
  - American Board of Internal Medicine Foundation (ABIM), European Federation of Internal Medicine  
公式には米国内科専門医会, 欧州内科連盟
- Commonly held:
  - Being skilled (medical students)
  - Being respectful in your behaviour (nursing)  
一般的には技能(医学生), 敬意(看護学生)
- Historical
  - Some kind of business monopoly based on specialized (scientific) knowledge, and a belief that this is being used for societal benefit  
特別な(科学的)知識に基づく業務独占と, その社会的利益への利用という信念

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## “Official” - ABIM Foundation 米国内科専門医会の公式定義

- 3 Fundamental Principles
  - Primacy of patient welfare
  - Principle of patient autonomy
  - Principle of social justice
 3原則：患者福利，患者自己決定権，社会正義
- 10 professional responsibilities  
10のプロとしての責任

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## ABIM Foundation

- 10 Professional responsibilities: a commitment to
  - Professional competence コンピテンス
  - Honesty with patients 患者への忠誠
  - Patient confidentiality 守秘
  - Appropriate relationships with patients 関係性
  - Improving quality of care ケアの質
  - Improving access to care ケアへのアクセス
  - A just distribution of finite resources 資源分配
  - Scientific knowledge 科学知識
  - Managing conflicts of interest 利益相反管理
  - Commitment to professional responsibilities  
プロとしての責務へのコミットメント

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- “Professionalism is demonstrated through a foundation of clinical competence, communication skills and ethical and legal understanding, upon which is built the aspiration to and wise application of the principles of professionalism: excellence, humanism, accountability and altruism.”

卓越性，人間性，説明責任，利他主義といったプロフェッショナリズムの原則への志と，賢い適用の上に構築された臨床能力，コミュニケーションスキル，倫理や法の理解を通じて示すことができる。

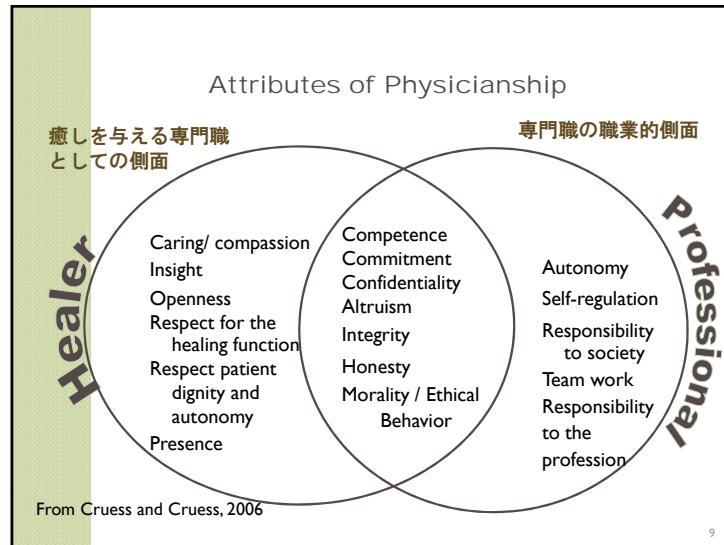
Stern, D ed. In “Measuring Professionalism”, Oxford University Press, 2006

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## Physicianship

- Used by some schools and authors (McGill, UCSF) to combine the attributes of a profession such as:
  - Competence/skill 医師の専門職の属性をいくつかの側面の組合せとして再定義
  - Self regulation
- With attributes related to morality/caring
  - Compassion 倫理性やケアに関して思いやり，利他主義
  - altruism

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- Most of us have been “unprofessional” at times. Therefore, better to use the terms “lapses in professionalism”.  
「プロフェッショナリズムの欠落」という用語がよいが、完全なるプロでないことはしばしば。
- Professionalism often involves a choice between two good values.
  - E.g. Addressing the issue of an older physician who is becoming less competent
  - collegiality and respect for our mentors **vs.** regulating our profession

複数価値の葛藤を含むことが多い。例) 能力が低下した高齢医師の問題、指導者への尊敬と専門職の管理

- ## Outline 概要
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- Papadakis – 2 studies looking at association between unprofessional behaviour during medical school and subsequent state medical board disciplinary action. 医学生時代の問題行動とその後の懲罰に関する2つの研究
- Case-Control Design
  - Looked at disciplinary rulings by state medical boards (cases)
  - Controls were classmates from the same year and specialty.
    - First study looked at University of California at San Francisco (UCSF) graduates and State Board of California disciplinary actions. (Acad. Med. 2004)
    - Second study looked at graduates from 3 schools and 40 different state medical boards. (NEJM 2005)

## Outcome: Disciplinary rulings, State of California, 1990 – 2000 (graduates of UCSF only) 懲罰の種類

- Negligence – 38% 怠慢
- Self-use of drugs or alcohol – 13% 薬・酒
- Unprofessional conduct – 12% 品行
- Inappropriate prescribing – 12% 処方
- Sexual misconduct – 10% 性的
- Conviction of a crime – 4% 犯罪
- Fraud – 4% 詐欺
- Unlicensed activity 1% 無免許
- (Mental illness – 4%) 精神疾患

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## Searched medical school records for 医学生時代の記録

- Undergraduate Grade Point Average (GPA)
- Medical College Aptitude Test (MCAT) score
- Medical school and clerkship grades
- National Board part I results
- Negative comments about professional and personal attributes from clerkship narratives, reference letters, interview reports, other documents.
  - Negative comments then classified by category  
GPA, MCAT, 成績, USMLE Step1, 実習中・推薦文・インタビューなどの陰性コメント

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## UCSF Study Result

- 68 cases, 196 controls
- No significant association:
  - Sex
  - MCAT score
  - Failing at least one medical school course
  - Undergrad GPA
- Significant association:
  - Professionalism problem present in school record
    - OR 2.15 (95% CI 1.15-4.02)
    - 学生時代のプロ・・・の問題とのみ関連

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## Domains of Unprofessional Behaviour

- **Poor reliability and responsibility OR 2.42**  
信頼・責任の低さ
- **Lack of self-improvement/adaptability OR 2.11**  
自己改善・適応能の欠如
- **Poor initiative and motivation OR 1.89**  
イニシアチブ・動機づけの低さ
- Immaturity
- Poor relationships with students/staff/faculty
- Poor relationships with patients/families
- Does not uphold school honor code
- Show off, needs to be the centre of attention
- Anxious, insecure  
非成熟, 学生・教員・患者・家族との関係性, 学校の倫理規程遵守せず, 自己顯示, 不安

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### Study with three schools 3校の研究

- 235 cases, 469 controls
- Unprofessional behaviour in medical school – OR 3.0 (1.9-4.8)
- Low MCAT score, low undergrad science GPA, low USMLE step 1, low marks in years 1 and 2 also associated with disciplinary action, although weaker association.

医学生時代の行動と関連あり。MCAT, 科学科目のGPA, USMLE Step1, 1~2年成績については低い関連性のみ

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### Study with 3 schools

- Of the unprofessional behaviours, those significantly associated were:
  - **Irresponsibility**
  - **Diminished capacity for self improvement**  
無責任・自己改善能力低値が問題行動の中で有意
  - This association was strongest when 3 or more comments were present, not statistically significant for 1 or 2 comments.  
コメントが3個以上なら有意に関連強い

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- Negative professionalism comments were present in approximately 40% of the disciplined physicians' student records, and in approximately 20% of the control physicians' student records.

コメントは懲罰を受けた医師の4割, 対照の医師の2割にみられた

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## McGill History

- P-MEX, developed by Richard and Sylvia Creuss, based on the mini-CEX concept.
- 1 small sheet of paper, with 25 items, to be filled in by the staff physician.
  - Doctor patient relationship skills
  - Reflective skills
  - Time management
  - Interprofessional relationship scores
- Good content validity
- reliability – 8 to 10 required per student
- No predictive validity data available

Creuss夫妻がmini-CEXの概念を用いたP-MEXを開発  
25項目。指導医が記入。信頼性は10人の記入でOK。  
予測妥当性は未確認

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## P-Mex

- Not used “as is” at McGill because
  - Not practical to have faculty to fill in this form 8 different times for each student, in addition to filling in forms about the student’s clinical performance.
  - Separating these attributes out so explicitly from clinical skills not desirable.
- However, the principles and some of the categories have been retained and incorporated into the McGill clerkship evaluation form.

実習評価に加え各学生に8回記入は煩雑で、  
臨床スキルと分けた評価が可能か怪しいので、  
マギル大では実習評価票の一部を採り入れた

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### I form /clerkship rotation (4 to 8 weeks), top of page

Physicianship behaviours	Not observed	Not consistently	Consistently
Listened attentively to the patient			
Demonstrated respect for the patient			
Functioned well as a member of the team			
Accepted feedback			
Maintained an appropriate appearance			
Demonstrated awareness of limitations			
Demonstrated honesty and integrity			
Completed tasks reliably and was on time			
Comments:			

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### I form /clerkship rotation (4 to 8 weeks), bottom of page.

	n/a	U	BE	ME	EE	S
Knowledge of basic and clinical sciences						
Data collection						
Physical exam and mental status examination						
Generation of hypotheses and differential diagnosis						
Clinical judgment						
Technical skills						
Case presentations						
Written skills (medical file)						
Responsibility in performing clinical duties						
Incorporation of preventive measures into management strategies						
Application of evidence from the literature to clinical cases						
Organizational skills						
Comments:						

U = unsatisfactory BE= below expectations ME = meets expectations  
EE = exceeds expectations, S = Superior

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## Follow up of physicianship behaviours: McGill policy

- One “not consistently”
  - in general, no consequences
- Two “not consistently” in the same category
  - Student contacted and asked to meet with assistant dean for student affairs – goal is to help student correct the behaviour – in general, no academic consequences.
- Three “not consistently” in the same category
  - Student appears before the promotions committee and a comment appears on student’s record (Dean’s letter) used for application to residency.

1回はお咎めなし, 2回は副学部長面接(改善目的), 3回は進級判定会議にかけられ, 研修志望書類にコメントが残る

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- Two to three students/year have 3 “not consistently” in the same category
- One student to date dismissed for multiple physicianship “not consistently”s.
- One student repeated a year.  
3回年2~3人が問題行動。以前問題行動により1人だけ退学。1人は留年

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- Concept of symmetry in evaluation
  - If students are evaluated for something, are faculty evaluated for the same thing?
  - 評価の対称性：学生がこのような評価を受けるなら教員も？

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## Students evaluating their clinical supervisors - McGill.

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1. Clinical knowledge and skills</b></p> <ol style="list-style-type: none"> <li>1. Knowledge and skills up to date.</li> <li>2. Good clinical judgment</li> <li>3. Respected patient confidentiality</li> <li>4. Aware of his/her limitations.</li> </ol> <p><b>2. Teaching skills</b></p> <ol style="list-style-type: none"> <li>1. Communicates the art and science of medicine</li> <li>2. Provided feedback</li> <li>3. Available and approachable</li> <li>4. Respectful interactions with students</li> </ol> | <p><b>3. Caring for patients</b></p> <ol style="list-style-type: none"> <li>1. Respected patient dignity and autonomy</li> <li>2. Actively listened and showed interest in patient</li> <li>3. Showed empathy and compassion</li> <li>4. Took time to explain information to patients</li> <li>5. Advocates on behalf of patients</li> </ol> <p><b>4. Professional</b></p> <ol style="list-style-type: none"> <li>1. Respectful interactions with other health professionals</li> <li>2. Good time management</li> <li>3. Maintained appropriate boundaries</li> <li>4. Avoided derogatory language</li> </ol> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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## Students evaluating their clinical teachers:

- Done on-line, is anonymous
- Are compiled annually and sent to faculty members.
- Automatic electronic notifications are sent to the associate dean for a low score on any item.
- Compiled evaluations used for annual performance review/promotions
- Problem cases usually directed by the associate dean to departmental chairs.

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- Cruess:
  - Cognitive base should be taught, and followed with “situated learning” 知識→状況学習
    - Learning “on the job”, discussing real case scenarios
- Extensive 4 year Physicianship curriculum at McGill, including lectures, small groups with mentors, White Coat ceremony, ethics teaching, recall days during clerkship, simulation and evaluations of both students and teachers.
- Comprehensive 6 year program beginning this year at Keio University.

マギル大では、講義、小グループ、白衣式、倫理教育、想起日、シミュレーション。慶應大でも。

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Example: A simulation based training session in ethics and dealing with difficult team member behaviour for clerkship students at McGill

- Before entering the room, the student reads the scenario, which states that they have done the physical exam on Mr. Pelletier, but have not done a rectal exam, because the patient refused, saying he had already had a rectal exam done earlier that day.
- The student enters the room. Then a resident comes in and asks the student if she did a complete physical exam, including a rectal exam.
- The student explains that she did everything except the rectal exam because the patient said he didn't want a rectal exam.

直腸診を嫌がる患者。学生は実施せずにいる。指導する研修医は学生にどう対応すべき？

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- The resident tells the student that she must do the rectal exam. He tells the patient that this is a teaching hospital, and it is also for the patient's benefit.
- The student tries to negotiate with the patient ("it will be very quick, just a small finger") and with the resident – she suggests maybe she come back later and do the rectal exam.
- The resident insists that she has to do it, and that he has to check off that it is done on the student's evaluation.

研修医は学生にしなけなければならないと告げ、患者にも教育病院であること、患者の利益につながることを説明。学生はその場をやり過ごそうとする

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- The patient finally says that all this arguing is making him tense, and that he agrees to have it done to end the argument.
- The resident says "Great. So now he agrees to have it done".
- The student still feels uncomfortable and finally refuses to do the exam.
- The resident is angry and leaves the room, saying he is going to talk to the student's staff.

患者は最後には折れる。学生は違和感があり拒否すると研修医は怒り、指導者に言うと言って離室

- **NB: Both the patient and resident are actors in this scenario. The student is real. Shown with student's permission.**

患者・研修医が演技する学生向けシミュレーション

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## Feedback after scenario: goals

- Learn to be self aware
  - E.g. This is making me feel very uncomfortable. This is because ... 違和感があった。なぜなら...
- Learn to see "both sides" 研修医の行動の理由は...
  - E.g. He (the resident) might be acting this way because ...
- Learn de-escalating techniques
  - E.g. agree with some things, accept blame, use "I" terms more than "you" terms. 段階的緩和による受容
- Learn to look for alternate solutions
  - E.g. instead of rectal exam "yes" or "no" could it be rectal exam "later"? Yes/Noでなく「後で」という回答
- Think through the ethics of the situation:
  - E.g. When has a patient refused? Is this patient being coerced? ある状況下での倫理。患者は拒否？強要された？

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- This is a formative simulation, not a summative evaluation. 総括評価ではなく形成評価
- In our experience, about 75% of the students refuse to do the rectal exam ¾の学生は拒否
  - Patient has not truly consented – he was forced into it by the situation – respecting the patient's choice is more important than following the resident's orders and the student's own evaluation.
- About 25% go to do the rectal exam; ¼ は実施
  - I'm only a student – the resident knows more than I do, and maybe it really is the best thing for the patient – and the patient did, in the end, consent.

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## Comments from our students

- “I think the situations were pretty realistic. It was great to have feedback after each situation and how we handled it.”
- “Seeing the others react was very informative.”
- “The session give me confidence and options for future events, but what I will actually do remains a mystery”
- “I don’t know if I learned how to better deal with these ... there are more politics in real life.”
- “I realized that there are no good or bad answers sometimes. You simply have to be at peace with your decision”.

リアルな状況。FBは有用。他の学生の反応を見るのもよい。将来に向けてのよい経験だが、実際はどうか。場合によって白黒不明瞭なこともあることを悟った。

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- No good studies to date on effectiveness of teaching and/or remediating professionalism by any method. 教育効果は研究不十分
- We know that **knowing** the morally right thing to do is different from **choosing** the morally right thing to do. 知識があっても正しい選択ができるとは限らない
- BUT “Evaluation drives learning”.

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- So: our evaluation systems, institutions and regulations can set expectations, that may lead to behaviour change.

この評価方法により行動変容が期待可能

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## Challenges in Japanese Medical Education

- Clerkship rotations that are long enough to allow for meaningful clinical evaluations of students.
- Developing a culture of narrative clinical evaluation with consequences for residency applications.
  - Clinical competencies and professionalism competences should be evaluated together.
- Is there a culture of accountability once physicians are in practice? E.g. are disciplinary decisions publically available?

臨床の深みが分かるような実習か。臨床研修につながる文化の醸成。臨床能力とプロフェッショナリズムを同時に学ぶべき。

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## In conclusion

1. Whatever the origin, there is widespread agreement on many of the attributes of professionalism for doctors. 同意を得た属性が示されている
2. Irresponsibility and resistance to feedback during medical school predict unprofessional behaviour in physicians in North America. 学部時代に問題への対応不十分な学生は、将来問題行動の率が高い
3. Although there are many methods of teaching professionalism, to date there have been no studies looking at the effectiveness of education/remediation in preventing or remediating unprofessional behaviours. 多様な教育があるが効果は不明
  - Such studies are needed.

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## In conclusion (cont'd)

4. At a minimum, medical schools should be measuring irresponsibility and resistance to feedback, and consider their response to a student with such difficulties. まずは医学部は問題への対応不十分な学生を記録し、対処方針を考慮すべき
5. Evaluating professionalism in students and teachers has the potential to drive culture change in an institution.  
学生と教員のプロフェッショナリズム評価は、組織文化の変化をもたらす可能性がある

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## Professionalism

- Not included as a requirement in the WFME standards for basic medical education.
- What is included:
  - Need to teach medical ethics and medical jurisprudence (B2.4.3 and B2.4.4)
  - Students must acquire sufficient clinical and professional skill to assume appropriate responsibility after graduation (B 2.5.1)
    - Professional skills include patient management skills, team work team leadership skills and inter-professional training
  - The medical school mission must include aspects of social accountability.

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## LCME standards

- Mention “core professional attributes (e.g. altruism, social accountability) (ISI 6)
- As part of their formal training, medical students should learn the importance of demonstrating the attributes of a professional and understand the balance of privileges and obligations that the public and the profession expect of a physician. MS 3 I A.

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