

## **Why Assess Professionalism? Unprofessional Behaviour Predictive of Future Practice**

Maxine A. Papadakis, M.D.  
Professor of Medicine  
Associate Dean, Student Affairs  
School of Medicine  
University of California, San Francisco



### **Objectives**

Discuss data supporting the importance of professionalism as a core competence in medical education

Discuss policy implications of these data

**It is a privilege and a joy to be involved in the education of medical students and residents**

### **Clerkship Evaluation**

### **Research Question**

Does unprofessional behavior in medical school predict disciplinary action by the state licensing boards?

## Unprofessional Behavior in Medical School and Subsequent Disciplinary Action by State Medical Boards

A Teherani, M Banach, C Hodgson, S Rattner,  
J Veloski, D Stern, T Knettler

UCSF, University of Michigan, Jefferson Medical College,  
Federation of State Medical Boards

M Papadakis New Engl J Med 2005

## Methods

<b>Design</b>	Case-control study
<b>Cases</b>	All graduates disciplined by any state medical board (1990-2003) from: Jefferson Medical College University of Michigan UCSF
<b>Controls</b>	Matched to: School Graduation year Specialty

The screenshot shows the website www.docinfo.org with the title 'Federation of STATE MEDICAL BOARDS'. The main heading is 'ON-LINE DISCIPLINARY SEARCH REQUEST'. Below this is a 'Home' button and a 'Main Menu' with links to About Us, History, Data Collection & Maintenance, Frequently Asked Questions, and Privacy Policy. The central section is titled 'On-line Disciplinary Search Request' and contains instructions: 'To learn if your physician has disciplinary history, please fill out the physician information below. You must include the physician's first and last name, city, and state where he or she is located. By including the zip code, degree code or specialty it will further allow us to narrow our search and find the physician for which you are requesting information. The fee per report is \$9.95.' Below the instructions is a form with fields for 'First Name', 'Middle Name/Initial', and 'Last Name'. A note states 'ALL FIELDS MARKED WITH AN ASTERISK (\*) ARE REQUIRED'. There is also a 'Search' button and a 'Contact Us' section with an email address: [info@fsmb.org](mailto:info@fsmb.org).

## Association of Unprofessional Behavior in Medical School with Subsequent Disciplinary Action

n = 732 physicians (1/3 cases, 2/3 controls)  
3 medical schools  
40 state medical boards in the U.S.

Odds ratio	CI (95%)	Attributable risk
3.0	1.9-4.8	26%

## Frequency of Unprofessional Behavior in Medical School

<u>Cases</u>	<u>Controls</u>	<u>P</u>
39%	19%	<.001

## Types of Unprofessional Behavior Associated with Disciplinary Action

	<u>Odds Ratio</u>
Irresponsibility	8.5
Poor self-improvement	3.1
Immaturity	NS
Poor initiative	NS
Impaired relationships with:	
Students, residents, faculty	NS
Nurses	NS
Patients and families	NS

## Poor Ability to Self Improve

- Does not solicit feedback
- Does not incorporate the feedback
- Critical negatives
  - ◆ Lack of adaptability
  - ◆ Arrogant, bad attitude
  - ◆ Always need to be right

## Other Predictors

	<u>Odds Ratio</u>	<u>Attributable risk</u>
Undergraduate science grade point average	1.0	
MCAT scores	0.6	1%
Medical school grades		
Years 1-2	1.6	7%
Years 3-4	1.1	
NBME/USMLE Step 1	0.9	
Unprofessional behavior	3.0	26%

## Do These Relationships Persist During Residency?

## American Board of Internal Medicine Study

Design	Cohort study
Subjects	All U.S. medicine residents in 1990-2000 n=66,000
Predictor variables	Performance measures Program Director ratings (6 components) Certification examination score Demographics
Outcome variable	Disciplinary action (17 years)

## Six Components of the Program Director Ratings

- Medical interviewing
- Physical examination skills
- Procedural skills
- Medical knowledge
- Professionalism
  - ◆ Embedded in medical school grades
- Overall clinical competence

## RESULTS over the 17-year interval of the study

Total study population = 66,171

Disciplined physicians = 1%

### Bases of Disciplinary Actions

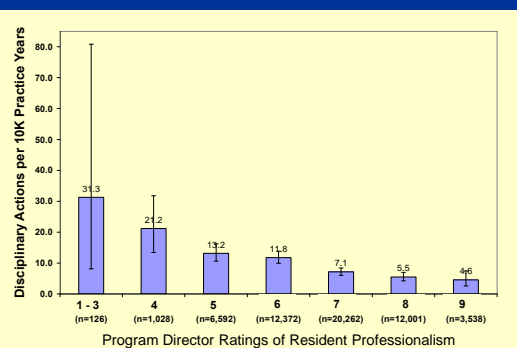
	%
Failure to meet educational requirement (e.g. CME)	18
General	16
Fraud/billing/tax irregularities	10
Controlled substance violations	9
Examination/license irregularities	8
Substance use (e.g. self use of drugs/alcohol)	8
Professional conduct	6
Convicted of a crime	5
Sexual misconduct	5

### Significant Predictor Variables

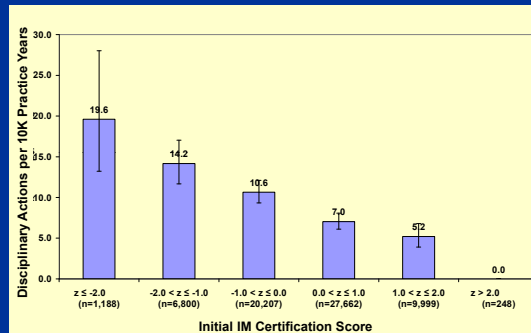
	Odds Ratio
Low professionalism score	2
Low ABIM certification exam score	2

M Papadakis Ann Intern Med 2008

### Resident's Professionalism Rating and Risk for Subsequent Disciplinary Action



### Score on the Internal Medicine Certification Examination and Risk for Subsequent Disciplinary Action



### Practical Implications

- Study provides documentation that ratings in professionalism bear on the subsequent care of patients
  - Online posting?
- Data support the ACGME's expansion of the competencies to include professionalism
- Educational community should advance a mandate to determine best practices for remediation

### What do the data from these two studies NOT support?

- Dismissal of trainees for fear of subsequent disciplinary action
  - Performance measures during medical school and residency are poor screening tests for disciplinary action
  - Decisions to promote residents should be based on achievement of ACGME competencies and specialty standards

## How does a selection committee identify applicants to medical school who may be unprofessional?

The largest challenge

Existing personal interview has limited ability to assess non-cognitive domains

## Multiple Mini-Interview

- Kevin Eva et al, McMaster University
- Admission Objective Structured Clinical Examination (OSCE)
- Scenarios
  - ◆ Medical student with alcohol on breath
  - ◆ You inadvertently give the wrong drug
  - ◆ Patient asks you out for a date
  - ◆ Patient asks for antibiotic for family member to be paid by patient's insurance
  - ◆ Classmate gives you test answer sheet

## Multiple Mini-Interview for Medical School

- Best predictor of:
  - ◆ Much preclerkship and clerkship performance, including OSCE
  - ◆ Not predicted by other admissions measures or grade point average
- Grade point average best predictor of performance on multiple-choice questions of medical knowledge

## We Need

Expertise in remediation

Studies of remediation outcomes

Should students repeat rotations?

Guidance to toxic residents?

Should attending physicians no longer teach?

National Board of Medical Examiners study

How do we create a "culture of professionalism"?

Educational Environment

Must address unprofessional behavior by faculty and residents

## Two "Respect" Questions

1. Treat Me with Respect  
"I was treated with respect by this attending physician"
2. Treat Others with Respect  
"I observed others (students, residents, staff, patients) being treated with respect by this attending physician"

## Student evaluation of "respectful" treatment by faculty at UCSF

This faculty member:

1. Failed to treat me with respect and generally displayed an unprofessional or abusive manner in all interactions
- to
5. Consistently treated me with respect

## Treat me with respect - Reasons

Belittled or humiliated me
Spoke sarcastically or insultingly to me
Intentionally neglected or left me out of the communications
Subjected me to offensive sexist remarks or names
Subjected me to racist or ethically offensive remarks or names
Engaged in discomforting humor
Denied me training opportunities because of my gender
Required me to perform personal services (i.e. babysitting, shopping)
Threw instruments/bandages, equipment etc.
Threatened me with physical harm (e.g. hit, slapped, kicked)
Created a hostile environment for learning
Other

## Central Monitoring of Data

- Critical to the success of the initiative
- Know up front what is expected
- Assessment drives performance

## Cruesses: Medical Teacher 2006

"...Students need to know if they are meeting professional expectations...Professionalism is so fundamental to medicine's relationship to society that evidence that its cognitive base has been learned and its values internalized and reflected by behaviors must be recorded...The public must be assured of the competence and the character of graduates of both undergraduate and postgraduate programs..."

## Summary

- Professionalism should be a CORE academic (and not just disciplinary) competence