Professionalism at the University of Manitoba

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Acknowledgements

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Background

- Medical professionalism is said to be the “keystone of the social contract between medicine and society at large.”

- The meaning of Medical Professionalism is still not clear among many medical students, residents and practitioners due to various published definitions and perspectives of what professionalism is.
Background

- Evidence exists that public trust is waning and that doctors are facing powerful contemporary threats to their professional values. 
  (Cohen, *Medical Education*, 2006)

- Unprofessional behaviour in medical school is “predictive” of future unprofessional behaviour in practice. 

- The informal, or “hidden”, curriculum “constitutes the most powerful influence on students’ understanding of professionalism in medicine.”
  (Inui, 2003)
Study – 2 Components

- **Qualitative**
  - Individual interviews with Faculty of Medicine department heads and residency program directors
    - Perspectives on medical professionalism
    - Teaching of professionalism
    - Experiences with breach of professionalism

- **Quantitative**
  - Online survey of medical learners (medical students, and residents)
  - Observations of professional behaviors
Key findings

- Lots of evidence of professional behavior and education about professionalism occurring within the Faculty Medicine

- Lots of observations of unprofessional behavior by medical students, residents and faculty

- Need to go beyond lectures and tutorials.

- Emphasize modeling and discussion of professional behavior across departments
Quantitative Study of Medical Learners

Melanie Mullins MD, Rae Spiwak MSc, Et al.
Objective

- Elucidate perspectives of medical trainees regarding definitions and experiences of professionalism/unprofessionalism.
Methodology – Study Design

- Cross-sectional survey
- All U of M medical students and residents
- No exclusion criteria

Survey design:
- Internet-based (Survey Monkey, anonymous)
- Demographic data
- Contains 2 validated scales from published literature

Survey has 3 components
Methodology – The Survey

First Component

- Twelve questions probing experiences/observations of professional and unprofessional behavior among physician trainees and staff.
- For each question, participants are asked to assess the frequency of the observed behavior from “rarely” to “often”.
- E.g.:
  - “Finish their work and help others finish theirs.” (Quaintance et al. Academic Medicine, 2008)
  - “Show disrespect to patients, students, faculty, staff or other healthcare personnel.”

- One additional question for online posting.
Methodology – The Survey

Second Component

- Sixteen vignettes examining the respondents’ ability to recognize professional and unprofessional behaviors.
- For each vignette, participants are asked to rate the severity of the infraction from “not a problem” to “severe”.
- E.g.:
  - “An intern who is doing a rotation in the MICU calls in sick. A second year is pulled to cover her MICU call. That night, the intern is spotted at a wedding reception.” (Borrero et al., Teaching and Learning in Medicine, 2008)
Methodology – The Survey

- Third Component
  - Assess experiences of being taught professionalism.
  - E.g.:
    - Please indicate how well you feel that the University of Manitoba has prepared you in the area of medical professionalism.
Results (Preliminary)

- Survey April 24, 2009- June 30 2009.
- Response Rate 337/835 = 40%
- 51% male
- Majority of the sample <30 years of age
- 53% medical students
Medical Students and Residents observations of positive professional behaviors by medical students, residents and Faculty

![Bar chart showing observations of positive professional behaviors by different groups. The chart compares Respect/Compassion, Conscientiousness, Exceed Expectations, and Advocacy across Faculty, Residents, and Medical Students.]
Medical Students and Residents observations of positive professional behaviors by medical students, residents and Faculty

- Enjoy serving others
- Taking responsibility for errors

<table>
<thead>
<tr>
<th>Column1</th>
<th>Faculty</th>
<th>Residents</th>
<th>Medical Students</th>
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<tr>
<td>Enjoy serving others</td>
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<tr>
<td>Taking responsibility for errors</td>
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- Percent
Medical Students and Residents observations of unprofessional behaviors by medical students, residents and Faculty

- Lie to patients, colleagues or in the medical record
- Complain about obligations
- Make self look good at expense of others
- Disrespect

Percent

- Faculty
- Residents
- Medical Students
Medical Students and Residents observations of unprofessional behaviors among medical students, residents and Faculty

- Posting inappropriate content on social networking sites
- Do just enough to get by in patient care
- Ignore unprofessional behavior of others

![Bar chart showing the percentage of observations for different behaviors among different groups: Faculty, Residents, Medical Students](chart.png)
Vignettes of Unprofessional behavior - vignettes

- Misrepresentation
- Lack of accountability
- Tardiness
- Lapse in Excellence
- Inappropriate dress
- Lack of altruism
- Inappropriate dress
- Disrespect
- Risking impairment
- Lack of integrity
- Abuse of power
- Shirking duty
- Lack of Conscientiousness
- Dishonesty
- Laziness
Results of ratings of vignettes

- Wide variability in rating of unprofessional behavior
- Medical students and residents did not differ significantly on the ratings of most vignettes
- Level of training not strongly associated with ratings of vignettes
Self-reported preparedness in Professionalism

- How well does the U of M prepare students in the area of medical professionalism?
  - 73% satisfactorily or well prepared

- How well has the U of M prepared you in the area of medical professionalism?
  - 78% satisfactorily or well prepared

- No significant difference between medical students and residents
Discussion

- Study Limitations
  - Self report bias
  - Non-response bias
- Did not assess faculty.
- Did not assess how often the behaviors were seen
- Study Strengths
  - Specific to the University of Manitoba
  - Findings will be used at the University of Manitoba to shape the teaching of professionalism.
University of Manitoba
Faculty of Medicine
Professionalism Study

Qualitative Component
Corinne Isaak et al.
Qualitative Component

Purpose:

To explore the perspectives of department heads and Resident program directors to understand their views and observations of professionalism in the faculty and to ascertain suggestions for how teaching of professionalism could be improved within the faculty
Methods & Study Participants

- All Associate Deans, Department Heads and Residency Program Directors were invited to participate
  - via faculty meeting presentations as well as e-mail
- Individual interviews
  - 10 questions (focus on 4)
  - In-person and telephone
  - recorded and transcribed verbatim
- 30 Department Heads and Resident Program Directors participated (both clinical and academic)
  - Informed, signed consent was obtained for all participants
Preliminary Analysis

Based on 4 of 10 questions asked
What are some examples of professional behaviours that you have observed here at this institution?

Main Themes

- Professionalism is an everyday occurrence
- Respect (intra & inter-professional, patients, learners)
- Positive role modeling
- Committed to trainee mentorship
Professionalism is an everyday occurrence

I would say it happens every day. I mean, I observe my colleagues and my students having appropriate, mature, responsible, informed conversations with their patients concerning ethical issues in [our department], which happen all the time.
Respect

And I know I’m happy to say I have many good examples of that. Ones where there is a demeanour that’s respectful, where there’s a willingness to listen, the tone of voice being compassionate and yet not – not too aggressive but appropriately – appropriately confident, I guess, is the word.
What have you observed regarding breaches of professionalism at this institution?

Main Themes

- Bullying, Berating, Rudeness
- Lack of responsibility by physicians (teaching, patient care, on-call availability)
- Lack of respect for learners’ time
- Disrespectful conversations (swearing, derogatory)
- Inappropriate attire (by learners)
you see people behaving like bullies and they get away with it, year after year. People work in an atmosphere of intimidation. And so, their perception and level of cynicism – you know, all of those things, I think, wear people down. They become very cynical about their own profession; you know where a minority of people who are predatory end up setting the cultural norms within the institution.
Lack of responsibilities by physicians/faculty

The way people ... breaching the responsibility they have teaching, in committing to ... teaching medical students, residents ... not being involved.

Not accepting patient responsibility. We see it. It’s not like kicking the patient out but trying to convince another physician to take over.
Inappropriate attire

Dress I think is an issue that comes ... that happens with trainees, is that they come to work not dressed appropriately.

well I did have ... a graduate student a few years ago ... it was a few years ago she came to work dressed inappropriately. Like flip-flops and short skirt and a spaghetti top and that was the day we were going to a presentation. So you know it wasn’t just like, she wasn’t in the lab dressed like that but we went to a seminar and I pointed it out to her that she was dressed for the beach.
How well do you feel the University of Manitoba prepares its medical students in the area of professionalism? Please explain.

- Poorly-3; Satisfactorily-10; Well-2

Main Themes

- Need for positive role models to augment teaching
- Need to provide teaching of professionalism throughout training
Need for positive role models to augment teaching

You can do whatever you want in your 1st- or 2nd-year seminars and small group learning. If it’s not reinforced in clerkship and in residency, then it’s just interesting theoretical drivel. And we would learn more from our mentors, not from – not from intellectual altruism.

I think they do get prepared well … the human values… the ethics curriculum I think is very strong and there is really no reason for not knowing how you should behave by the end of it. …observing unprofessional behaviours being tolerated is probably where you undo some of the good that the medical school has done.
Need to provide teaching of professionalism throughout training

I think we need to really be pursuing that all way through their 4 years of training and then their residency and saying, "Look this is part of professional behaviour. Every time there is something that happens and this is what you need to be doing as a professional you need to be always thinking of your patients, your profession, your society. You have to be committed to all of this and your regulatory body and committed to being a good physician and keeping up to date and all of those things".
Do you have suggestions on how the teaching of professionalism could be improved?

- **Main Themes**
  - Case Studies/Simulation Sessions
  - Reinforce professionalism among faculty/leaders
Reinforce professionalism among faculty/leaders

I think you have to start internally in within your departments and say … we need to recognize professionalism issues as important. So we need to talk about them. These are not one of those things that’s a … yeah, yeah, whatever which is traditional. We have to talk about them in our departmental meetings periodically. Get the troops at your faculty meetings talking about how we can do this better? And just raise awareness so that the faculty when they’re working with residents think about it a little more.
Questions and comments?
Key findings

- Lots of evidence of professional behavior and education about professionalism occurring within the Faculty Medicine

- Lots of observations of unprofessional behavior by medical students, residents and faculty

- Need to go beyond lectures and tutorials.

- Emphasize modeling and discussion of professional behavior across departments

- Policies on professionalism and guidance on how to address regular minor breaches of professionalism
Key findings

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References

- Quaintance, J.L. Arnold, L. & Thompson, G.S. (2008). Development of an instrument to measure the climate of professionalism in a clinical teaching environment. Academic Medicine, 83(10) (Suppl October), S5-S8.
Thank you