

Promoting Faculty Professionalism: A Case-Based Approach

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Disclosures

- None

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Session Objectives

At the conclusion of this session, participants will be able to:

1. List common professionalism issues among faculty.
2. Describe approaches for open discussion of professionalism among faculty.
3. Indicate the value of routinely incorporating discussion of faculty professionalism within meetings.

Session Outline

- I. Introduction
- II. Small Group Discussion
- III. Large Group Discussion
- IV. Conclusions

Professionalism Defined

- **Competencies for the PA Profession**

Professionalism

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must acknowledge their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

- understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- professional relationships with physician supervisors and other health care providers
- respect, compassion, and integrity
- accountability to patients, society, and the profession
- commitment to excellence and on-going professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- sensitivity and responsiveness to patients' culture, age, gender, and abilities
- self-reflection, critical curiosity, and initiative
- healthy behaviors and life balance
- commitment to the education of students and other health care professionals

- **ARC-PA**

A1.04 The sponsoring institution *must* provide the opportunity for continuing professional development of the program director and *principal faculty* by supporting the development of their clinical, teaching, scholarly and administrative skills.

B1.05 The curriculum *must* include instruction about intellectual honesty and appropriate academic and professional conduct.

C3.02 The program *must* document student demonstration of defined professional behaviors.

- **Institutional**

- Broad and specific
- Duke “Statement on Faculty Professionalism”
- PA program: Professional behavior: valued and expected throughout matriculation

- **Medical Boards**

- Stress professionalism as educational component
- Partnership with FSMB
 - Knowledge, life balance & respectful interactions

The Value of Professionalism

- Profession Perspective
 - Professionalism is at the heart of everything we do and represent as physician assistants
- Faculty Perspective
 - Faculty development and “buy-in” critical
 - culture change
 - available resources
 - Model professionalism
 - avoid the “hidden curriculum”

The Value of Professionalism

- Staff Perspective
 - Vital part of the team
 - Stress respectful interactions
 - Encourage staff to report unprofessional behaviors
- Student Perspective
 - The bar is higher
 - Begins of first day of matriculation; on-going dialogue
 - Address unprofessional behavior promptly
 - Professionalism is a competency
 - Encourage reflection
 - Teachable moments

Recommendations from the Literature

“Boundary issues should be openly discussed among faculty, residents, and students, and should include consideration of boundary dilemmas likely to be confronted in the educational setting.”

Plaut SM, Baker D. teacher-student relationships in medical education: Boundary considerations. Medical Teacher. 2011;33(10):828-833

Recommendations from the Literature

“...new understanding of professionalism as an institutional responsibility has helped UWSOM teachers and administrators recognize and promote mechanisms that create a ‘safe’ environment for fostering professionalism.”

“In such an institutional culture, students, residents, faculty, staff, and the institution itself are all held accountable for professional behavior, and improvement must be addressed at all levels.”

Goldstein EA, Maestas RR, Fryer-Edwards K. Professionalism in medical education: An institutional challenge. *Academic Medicine*. 2006;81(10):871-878.

Innovations in the Literature

“UW Medicine has defined professional development as a continuous process, built on concrete expectations, using mechanisms to facilitate learning from missteps and highlighting strengths.”

“To this end, the school of medicine is working toward improvements in feedback, evaluation, and reward structures at all levels (student, resident, faculty, and staff) as well as creating opportunities for community dialogues on professionalism issues within the institution.”

Fryer-Edwards K, Van Eaton E, Goldstein EA, et al. Overcoming institutional challenges through continuous professionalism improvement: the University of Washington experience. *Academic Medicine*. 2007 Nov;82(11):1073-8.

Innovations in the Literature

“In 2005, the University of Chicago Pritzker School of Medicine unveiled an institution-wide Roadmap to Professionalism designed to both increase awareness about issues of medical professionalism across the institution and gain a better understanding of how medical trainees' professional behaviors' change during their training as a result of the medical learning environment.”

“The establishment of a series of medical education grants aimed at supporting professionalism research has helped raise faculty awareness.”

“This institution's approach and experience to date may provide valuable lessons for educators and leaders aiming to assess and improve their learning environments.”

Humphrey HJ, Smith K, Reddy S, Scott D, Madara JL, Arora VM. Promoting an environment of professionalism: the University of Chicago "Roadmap". *Academic Medicine*. 2007 Nov;82(11):1098-107.

Innovations in the Literature

“Fostering professionalism requires institutional leadership and faculty buy-in. At the University of Pennsylvania School of Medicine, policies and educational programs were developed to enhance professionalism in three areas: conduct of clinical trials, relations with pharmaceutical manufacturers, and the clinical and teaching environment.”

“Professionalism in the clinical and teaching environment has been addressed with interdisciplinary rounding, experiential learning for medical students and residents in small groups, increased recognition of role models of professionalism, and active management of disruptive physicians.”

“The understanding and endorsement of faculty, staff, and trainees are an essential element of the professionalism effort.”

Wasserstein AG, Brennan PJ, Rubenstein AH. Institutional leadership and faculty response: fostering professionalism at the University of Pennsylvania School of Medicine. *Academic Medicine*. 2007 Nov;82(11):1049-56.

Discussion

- *Do you discuss faculty professionalism issues on a regular basis?*
 - *Is it required by your institution?*
- *How do you discuss faculty professionalism issues?*
 - *Formal dedicated time? Reactive to an event?*
 - *Venue for discussion?*
 - *Who is involved in the discussion?*

One Model for Discussion

- Institutional Requirement
- General Faculty Meetings
 - Quarterly; Approximately 20 Minutes
 - Case Scenario Presented
 - Specific Questions for Discussion, Facilitated by Faculty Member
 - Often follow-up article, resource, or discussion
 - At every faculty meeting, opportunity to present any professionalism issues

Case Examples

- Not following the appropriate reporting process among faculty
- Self-Disclosure
- Advisee with Pending Legal Charges
- Civic Professionalism
- Ethics in Research and Publishing
- Prior staff member applying to be a student
- Student request for medical advice
- Email correspondences

- Other situations at risk for crossing professional boundaries with students

One Case Example

- Case Scenario
 - A student has recently completed a psychiatry rotation and has self-diagnosed ADHD then reports this to you as the faculty advisor who is also the program's content expert on psychiatry.
- Questions for Discussion
 - *What do you do?*
 - *What do the accreditation standards have to say about this?*
 - *How do you make sure the patient receives appropriate medical evaluation?*
 - *Does record of this encounter remain in the student's academic or advising file?*
 - *What considerations need to be made regarding making testing accommodations if the diagnosis is confirmed?*

Small Group Discussion

15 Minutes

- Instructions
 - Develop a *specific* case scenario that presents a professionalism issue for faculty
 - » Consider past experiences at your program
 - Create several questions that could be utilized to facilitate discussion among faculty
 - Select one member of your group to report the scenario and questions to the large group
 - If time allows...
 - Create additional scenarios and related questions
 - Discuss how your faculty are involved in professionalism training and/or discussion
- Other considerations
 - Sit at a table with participants from other programs
 - This can be a sensitive topic

Group Reporting

20 Minutes

1. Describe the case scenario
2. Share questions that would be utilized to facilitate discussion
3. Opportunity for feedback from the large group

Conclusions

- Case discussion is an opportunity for professionalism development among faculty
- Learning from past and present experiences
- Making it a priority means making time and space for discussion
- We teach it, we should model it
- Recognize and document discussion of faculty professionalism and its value
- Take these cases and ideas back to your program

References

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