Physician Attitudes about Professionalism at ALGH

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Tomorrow starts today.

Abstract:

Defining and teaching professionalism are challenging but crucial aspects of graduate medical education (GME). With a national focus on physician wellbeing, professional behavior is being scrutinized even more as a barometer of one's emotional, mental and physical status. Advocate Health Care therefore has Behaviors of Excellence that promotes such professional conduct, and at Advocate Lutheran General Hospital (ALGH), a Physician Commitment to Professionalism (PCP) has been established to solidify that professionalism. All physicians (attendings, fellows and residents) sign this document at appointment and reappointment. By having this tangible document, it is expected that all medical staff are held to such a high standard of professionalism as well as be able to teach such a standard to those in training. Our survey was developed to identify physician recall of the Commitment being signed, whether it helped define professional behavior more clearly and if it affected the teaching of professionalism at ALGH. We hope to find that the PCP created more awareness of professional behavior at ALGH, and that it impacted physician attitudes and behaviors in a positive manner.

Introduction:

Professionalism is one of the milestones by which the progress of resident physicians is tracked through their training. The Accreditation Council for Graduate Medical Education (ACGME) defines professionalism in one of its online documents as demonstrating excellence, humanism, accountability and altruism through clinical competence, effective communication, and ethical behavior (Ludwig and Day, 2011). Yet no consensus has been reached on a definition, which makes teaching and assessing professionalism difficult (Birden, Glass, and Wilson, 2014).

Not only are there problems generating a common definition of medical professionalism, but also there is difficulty generating a curriculum and learning environment that foster the development of professionalism in residents in training. Many believe that professionalism is a learned behavior through observing their colleagues and cannot be taught, and that there is a "hidden curriculum" by which those in training learn by the example of their superiors (Brainard and Brislen, 2007). This becomes detrimental when that hidden curriculum encourages unprofessional behavior (Baldwin, Daugherty, and Rowley, 1998). This role modeling then becomes increasingly important as it may influence a learner's future participation in unprofessional behavior (Nagler, Andolsek and Rudd, 2014).

Furthermore, the ability to assess residents on a professional level is difficult. Even if a definition were provided, knowing that a specific behavior may be viewed as unprofessional does not necessarily prevent the resident from engaging in that behavior. Also being able to identify a physician whose medical knowledge, skills or attitude are compromised depends on how they are monitored and whether unprofessional behavior is reported. Yet some physicians do not support the reporting of concerns related to their colleagues' impairment and overall ability to perform their duties (DesRoches, Rao, and Fromson, 2010). Such a barrier needs to be crossed though if professionalism is to be truly upheld in the cultures of medical institutions.

Concerns regarding disruptive behavior among physicians have been increasing as well. Disruptive behavior has been defined as "to a style of interaction by physicians with others, including hospital personnel, patients, and family members, that interferes with patient care or adversely affects the health care team's ability to work effectively. It encompasses behavior that adversely affects morale, focus and concentration, collaboration, and communication and information transfer, all of which can lead to substandard patient care" (Sanchez, 2014). This disruptive behavior interferes with the values of professionalism and the process of delivering quality care to patients.

Therefore, a disconnect exists between holding up professionalism as a key marker by which we track learners and allowing unprofessional manner to exist. We hope to address this disconnect by understanding how all physicians at our academically focused community hospital view and understand professionalism. At ALGH, we train both residents and fellows in a variety of specialities and subspecialties with the clinical learning environment being always and assessed and evolved to improve how we train and provide high quality and safe patient care. In 2014, the ALGH Physician Commitment to Professionalism (PCP) was developed in alignment with Advocate Health Care System's Behaviors of Excellence to provide specific and behaviorally oriented definitions by which we can live and model. Residents and Fellows sign the PCP annually when they sign their contracts. Attending physicians sign it when they apply for membership on the medical staff and as part of the reappointment process. The PCP then is cosigned by hospital leadership to symbolize how all associates at ALGH are expected to demonstrate their commitment to professionalism through their behavior.

Therefore, this study focuses on this PCP which serves as a crucial tool through which professionalism is viewed at ALGH. We surveyed those who have received and signed this Commitment statement to better understand the professional environment at ALGH as experienced and defined by attending physicians, residents and fellows. The study explored any impact age, gender, and specialty may have had. An additional purpose is to describe physicians' attitudes toward professionalism and to the actual Commitment itself. We expect subjects will report a close association between their attitudes, experience and the PCP. Those who have signed the PCP will report no difference in attitudes or behaviors than those who have not. It is anticipated that creating awareness, providing definitions, and requiring commitment will impact attitudes and behaviors as well in a positive way.

ALGH-MEDICAL STAFF COMMITMENT TO PROFESSIONALISM

ALGH and medical staff physicians commit to a partnership that will provide Safety, Quality, and Service ALWAYS.

As members of the ALGH medical staff and as a key partner in the ALGH team, I commit to the following:

Be Safe
1- Make safety my highest priority and report safety events, near misses, and unsafe conditions
2- Ensure competence, and improve quality, and commit to an environment of life-long learning
3- Communicate clearly and provide complete handovers
4- Give full and undivided attention to the task at hand

Be Responsive
1- Make eye contact, say hello, introduce myself by name and role, and explain what will happen
2- Listen attentively and address each individual's needs with kindness, patience and respect
3- Anticipate and respond to the needs and expectations of others by timely communication and documentation and efforts to improve access and remove barriers
4- Be honest in word and deed

Be Respectful
1-Demonstrate respect for all and understanding of our ethical and legal obligations
2-Eliminate disruptive, offensive and intimidating actions
3-Build trust and resolve conflicts promptly
4-Maintain a professional setting and healing atmosphere by reducing noise and appropriately using electronic devices

Be Professional
1-Act with integrity and compassion in every situation
2-Respect confidentiality and privacy in all oral, written and electronic communications, including social media
3-Create a positive first and lasting professional impression in appearance, attire, personal hygiene, positioning of ID badge for easy visibility, and in use of social media
4-Set an example and lead with civility and altruism

Be Accountable
1-Use resources wisely seeking just and cost-effective distribution of finite resources
2-Honor and follow through on my commitments
3-Follow established standards and practices
4-Contribute to Department, Hospital and System goal achievement

Be Collaborative
1- Partner with others in teams that provide exceptional care and service
2-Contribute to and participate in an environment conducive to learning and improvement
3-Work actively to seek the input of others
4-Accept and offer coaching and mentoring

Physician | President of the Medical Staff | ALGH VPMM

Date | Date | Date

Image: This is a copy of the Commitment to Professionalism statement that all team members are required to sign.

Methods:

Subject Demographics
All attending physicians who have active appointments to the medical staff at ALGH as well as all resident physicians and fellows that are actively enrolled in hospital-sponsored academic GME programs received the survey.

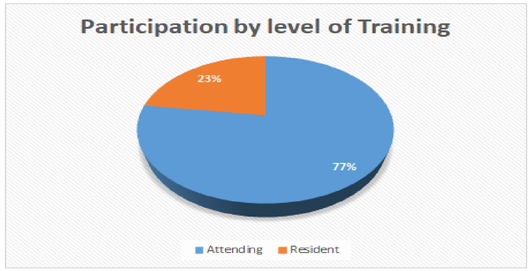
Study Design
The electronic survey was created through the survey software called Qualtrics™. It was then emailed to all the subjects via their hospital-associated email addresses. Anonymous responses were gathered during three waves of emailing the link to the survey over period of 10 weeks (?).

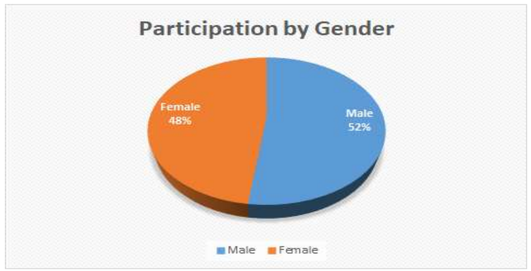
Statistical Analysis
Descriptive statistics (means and standard deviations) were reported for all continuous variables and frequencies for all categorical variables. All descriptive analyses will be performed using SPSS for Windows, version 22.0 (SPSS Inc., Chicago, IL).

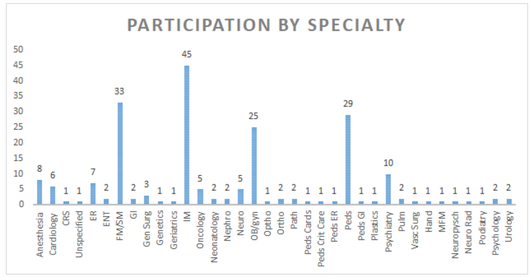
Results:

The survey results showed a range of distribution based on demographics. The charts below show the participation based on level of training, gender, and specialty. There were 170 attendings that participated and 50 residents. In terms of gender 52% of the participants were males and 48% female. There was a wide distribution of specialities that participated in the survey. The primary care specialities had the highest representation with family medicine, internal medicine, and general pediatrics leading with 33, 45, and 29 participants respectively.

The survey further evaluates physician attitudes towards professionalism in critical areas such as personal integrity, patient safety, and communication with colleagues and whether they signed/remembered signing the PCP. It also evaluates enthusiasm to pass these practices forward to trainees and colleagues.







Conclusions:

Analysis on this study was done preliminarily on participation based on demographics. Attending participation surpassed resident participation significantly. The distribution based on gender was more equal and uniform. There was a wide distribution of specialties but the highest participation was seen by the primary care attendings and residents.

Moving forward, we will conduct further analysis of the survey to measure physician attitudes towards professionalism and determine which specific factors define professionalism for them. We will also analyze the impact the PCP had on these attitudes. We anticipate that there will be a consensus about how professionalism is defined and that those attitudes will remain consistent regardless of whether the PCP was signed.

Next Steps:

- Based on further analysis of survey results, construct comprehensive definitions of professionalism at ALGH
- Determine what impact signing the PCP had on professional attitudes
- Determine what factors may be hindering the implementation of professionalism in the workplace
- Determine whether a different tool is needed in order to improve understanding and implementation of professionalism at ALGH

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