

New Tools and Paradigms for Assessing Professionalism in the Health Sciences



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Objectives

1. Define 3 models for framing professionalism in the health sciences
2. Describe 3 effective methods for assessing professionalism in health science learners
3. Identify 1-2 methods that you can explore using in assessing professionalism in your learners

Professionalism

- “There seems to be no agreement on what the term (i.e., professionalism) means.” *DeAngelis*
 - “Role modeling must be combined with reflection on the action to truly teach professionalism.” *Stern*
 - “Because of the nature of professionalism, no single tool for assessing it among medical learners and practicing physicians exists.” *Mueller*
 - “Indeed, if the values and commitment that have made modern medicine possible, creating both the powerfully effective technologies and forging the therapeutic partnership with patients, are lost, then medicine will very quickly run into serious difficulties.” *Tallis*
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Professionalism

- “You are in this profession as a calling, not as a business; as a calling which extracts from you at every turn self-sacrifice, devotion, love and tenderness to your fellow man. We must work in the missionary spirit with a breadth of charity that raises you far above the petty jealousies of life.” *Osler*

Professionalism in the 21st Century

Complex, challenging world

Roots in traditions and age-old truths

Multiple approaches, multiple insights

**We need to do better in educating, assessing,
reinforcing Professionalism in our learners, and
ourselves**

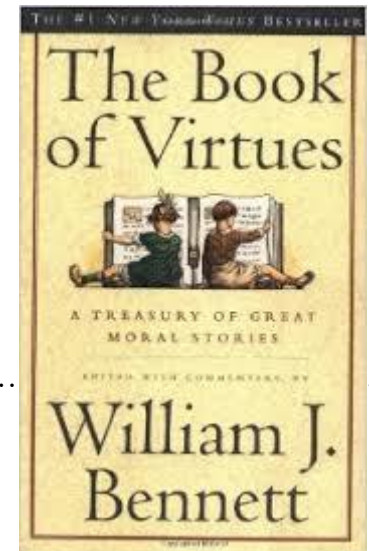
Professionalism Models



Irby, Hamstra. Acad Med 2016

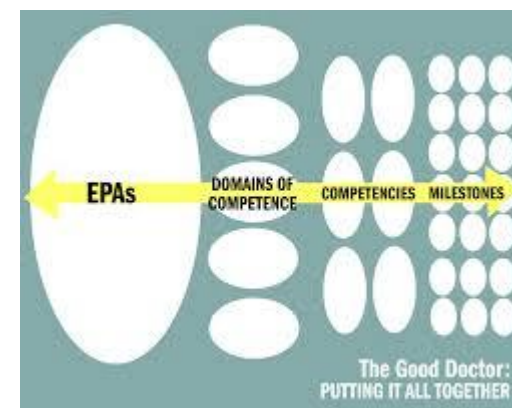
Model 1 - Virtues

- Moral character
- Moral reasoning
- Humanism



Model 2 - Behaviors

- Behaviors
- Milestones
- Competencies



Model 3 – Professional Identity

- Developmental
- Socialization
- Social compact



Question 1

Given that all 3 Professionalism models (constructs) have a long history and real value, which one speaks most powerfully to you as a means to frame the professionalism development and assessment of your learners?

Professionalism Models

Models	Assumptions (Actions result from.....)	Strengths
<i>Virtue based</i>	Internalizing right values and ethics until habits created	Internal values first, moral reasoning later
<i>Behavior based</i>	Clear expectations, feedback and reinforcement	Expectations, direct feedback and evaluation for competence
<i>Professional identity</i>	Developed identity by socialization and community of practice	Developmental arc to 'proper' identity

Adapted from: Irby, Hamstra. Acad Med 2016

Professionalism Development: Recommendations

Virtue:

Help learner
internalize and
gain virtues;
moral reasoning

Behavior:

Clarify
expectations,
teach behaviors,
provide feedback
and sanctions

Professional identity:

Provide positive
role models, warn
against negative
role models



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Professionalism Models: Assessment Strategies

Virtues	Behaviors	Professional identity
<i>Written exams</i>	<i>Written exams</i>	<i>Reflective (self-assessment) exercises</i>
<i>Reflective (self-assessment) exercises</i>	<i>Reflective (self-assessment) exercises</i>	<i>Multisource assessments</i>
<i>Observation/feedback</i>	<i>Observation/feedback</i>	<i>Moral reasoning exercises</i>
<i>Moral reasoning exercises</i>	<i>Multisource assessments</i>	
	<i>Critical incident/lapses reports</i>	
	<i>Professionalism MEX</i>	

Adapted from: Irby, Hamstra. Acad Med 2016

Professionalism Assessment: Challenges

- Lack of clarity about best educational methods & assessments
- Complexity of modern society
- Recognition of moral imperative
- Many choices
- ***Thoughtful attempts, with sound bases, and careful application, can add value to our learners, our profession and society!***

Question 2

Which Professionalism assessment models do you currently use with your learners?

Professionalism Assessment Methods

Methods	Examples
<i>Observed Clinical Encounter</i>	P-MEX, Standardized Direct Observation Tool
<i>Multisource Feedback</i>	Multisource assessment tools
<i>Simulation/Observed Structured Clinical Exam</i>	Patient simulation with ethical dilemmas
<i>Global Evaluation</i>	Rotation, course evaluations
<i>Patient Feedback</i>	RCP Patient Questionnaire, Wake Forest Physician Trust Scheme
<i>Self-Assessment</i>	Groningen Reflection Ability Scale, Interpersonal Reactivity Index
<i>Reflection/Essays</i>	Reflective writing grading/discussion
<i>Knowledge/Moral Reasoning Exams</i>	Case based scenarios: MCQ, essays
<i>Professionalism Lapses/Critical Incident Reports</i>	Formal evaluation of observed lapse or self-reported critical incident

Adapted from: Wilkinson. Acad Med 2009

Professionalism Mini-Evaluation Exercise (P-MEX)

- Mini-CEX framework –
 - Structured Clinical Observation
 - Observed Structured Clinical Exercise
- Evaluates 21 specific behaviors
- Trained raters
- Valuable for formative assessment, feedback, reflection



Professionalism
Mini-Evaluation
Exercise

P-MEX



Evaluation Forms

Cruess. Adapted from: Wilkinson. Acad Med 2009

Standardized Direct Observation Assessment Tool (SDOT)

- Not Professionalism specific
 - contains useful professionalism items in context of clinical encounter
- High inter-rater agreement with minimal training
- Good real world applicability – practical
- Useful for formative feedback and evaluation
- Use of other Direct Observation tools



Cruess. Adapted from: Wilkinson. Acad Med 2009

360° Multisource Feedback (MSF)

- Widely used construct in industry; increasing use in academia
- Good MSF models for formative decisions and feedback about professional behaviors
- Best practices: Large sample of raters (10–30) clustered into groups, rating scales on professionalism competencies, consistent anchor responses, paper vrs online, proper and timely feedback critical to formative assessment process
- Challenges in implementation – potentially great value



Berk. Med Teach 2009

Reflection – a Window to Professionalism Development & Status

- Reflection on real cases, clinical scenarios and/or professional interactions
- Insights can be important starting point for discussion/exploration
- Groningen Reflection Ability Scale (GRAS) – 23 items, 5-point Likert = 1 GRAS score (some ability to explore domain scores)
- GRAS measures personal reflection on important multi-faceted medical problems - one-dimensional scale, covering 3 relevant aspects of personal reflection: *self-reflection, empathetic reflection, reflective communication*



Aukes. Med Teach 2007

Professionalism Climate Assessment

- ***Penn State Professionalism Questionnaire***
 - 36 items (ABIM)
 - 7 factors of professionalism
- ***OSU Professionalism Climate Survey***
 - 36 items [based on Safety Attitudes Questionnaire]
 - 7 factors of professional behavior (including teamwork)
 - More behaviorally based



Sexton. BMC HSR 2006
Mahan. CGEA 2016

Question 3

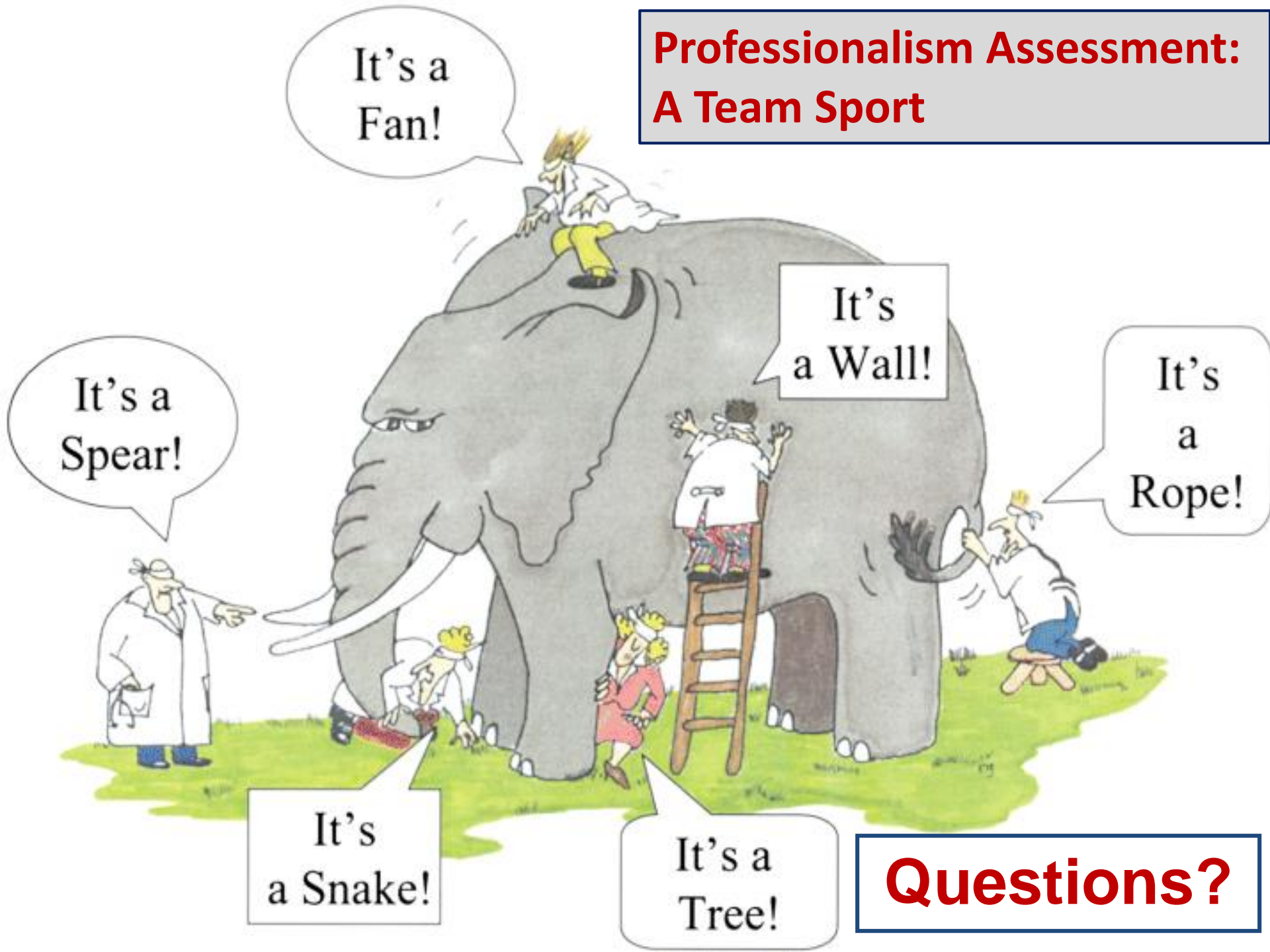
Which Professionalism assessment tool would you like to explore using with your learners?

And why?

Recommendations

1. Define the Professionalism model underlying the assessment tool to be employed.
2. Link assessment to educational task and effort – what is being taught/learned.
3. Multiple assessment methods are superior to 1!
4. Utilize assessments that address multiple Professionalism models (best if all 3).

Professionalism Assessment: A Team Sport



Questions?

Summary



1. The 3 Professionalism models: virtues, behavior, professionalism identity – are constructs that all have merit and power for learners and teachers.
 2. There are multiple methods developed to assess professionalism from at least 10 different assessment methods - multiple methods addressing important Professionalism constructs can allow useful approximation of the learner's state and open areas for further development.
 3. Assessment of the Professionalism climate can provide a valuable 360° measure of the 'hidden curriculum' surrounding your learners.
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William Osler



The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head.

AZ QUOTES



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