



University of Michigan  
Medical School

# *Promoting Professionalism*

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May 5, 2007

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# *Promoting Professionalism*

- What is it?
- How is it learned?
  - Experiences
  - Expectations
  - Evaluation



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# *Professionalism*

*Professionalism is demonstrated through a foundation of clinical competence, communication skills, and ethical understanding, upon which is built the aspiration to and wise application of the principles of excellence, humanism, accountability, and altruism.*

Arnold and Stern, 2006



Arnold and Stern, 2006

# *Three Ways to Teach Professionalism*

- Expectations
- Experiences
- Evaluation

# *Expectations*

- White Coat Ceremonies
- Policies and Procedures
- Mission Statements
- Orientation sessions



# *Experiences*

- Formal Curriculum
  - Ethics Lectures/Seminars
  - Patient-Doctor Courses
  - Standardized Patients
  - Reflective Exercises
  - International and Cross-Cultural Experiences

# *Experiences*

- Formal Curriculum
  - Ethics Lectures/Seminars
  - Patient-Doctor Courses
  - Standardized Patients
  - Reflective Exercises
  - International Experiences
- Informal Curriculum
  - Hidden Curriculum

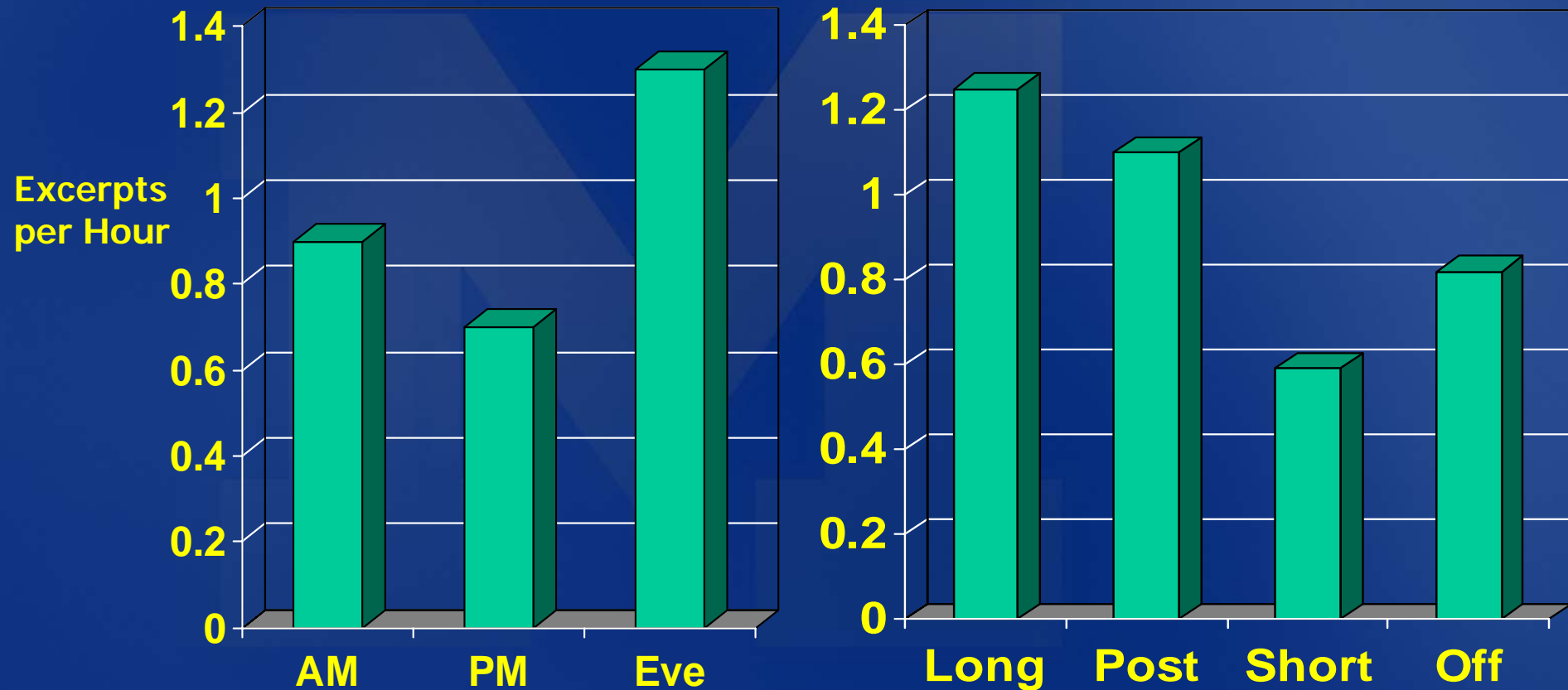


# *The Hidden Curriculum*

This hidden curriculum can also be represented by the three R's but not the familiar one of reading, 'riting, and 'rithmetic. It is, instead, the curriculum of rules, regulations, and routines, of things teachers and students must learn if they are to make their way with minimum pain in the social institution called the school.

Jackson, 1966

# *When Are Values Taught?*

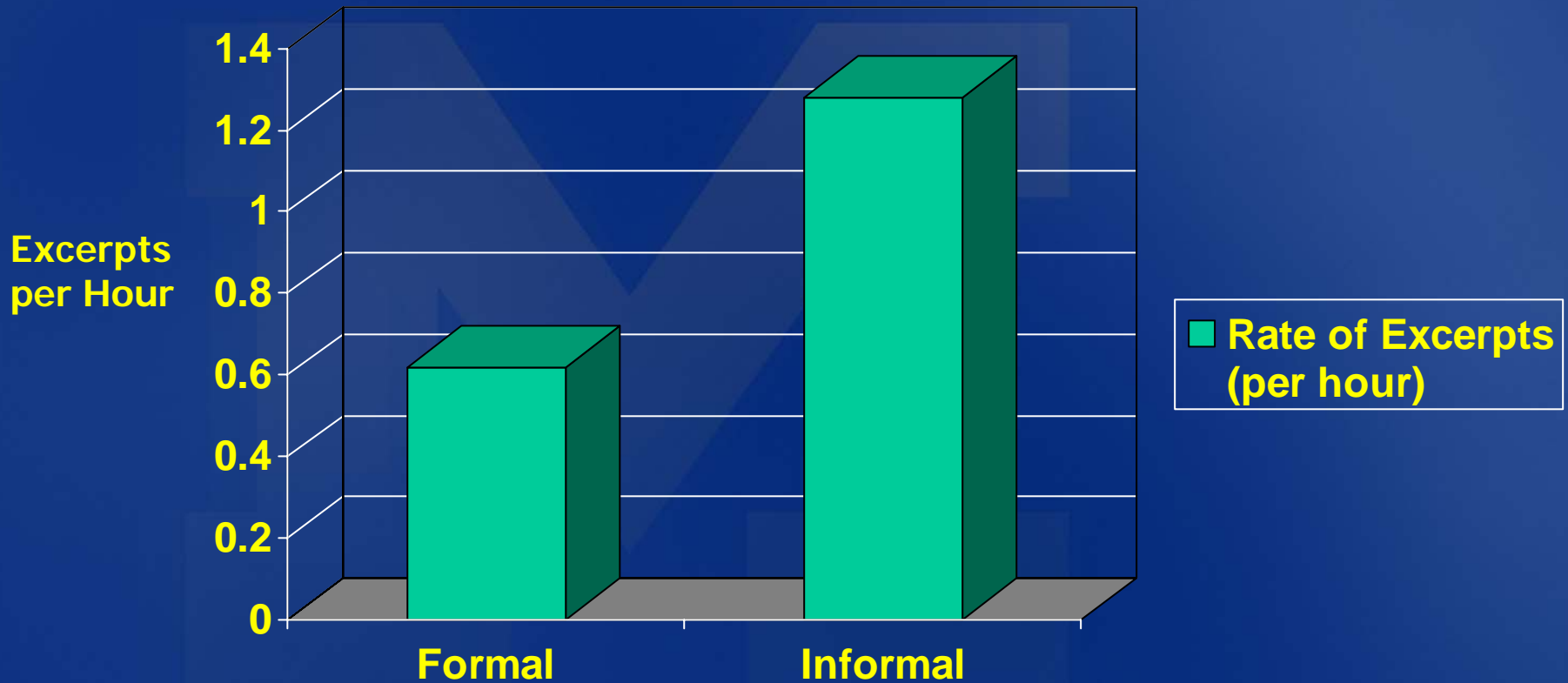


$P < 0.01$

Stern, 1998

$P < 0.01$

# *Where Are Values Taught?*



$P < 0.01$

Stern, 1998

# *Which Values Are Taught?*

- Some are well-taught (responsibility, confidentiality)
- Some are ignored (public service, self-policing)
- Some are inhibited in medical school (inter-professional respect)



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# *Using Parables to Teach Values*

In my whole career, I've been a nephrologist now for 25 years. Uh, I've lost one kidney doing biopsies every year. And there was this schizophrenic patient who we biopsied, I did not allow the fellow to do the biopsy because I knew it was going to be a difficult one. I did it myself because I know I'm fast. And the patient screamed at the moment I was in the kidney, . . . and there was a tear in the kidney. We tried to do angiography to stop the bleeding. The kidney was finally removed, this patient lost the kidney. This was one of the most dramatic situations I've ever had, and it's actually quite rare to have a significant complication, to have a nephrectomy, it's one in one thousand.

# *Teaching Professionalism*

- Expectations
- Experiences
- Evaluation



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# *Evaluation*

- Administrators
- Faculty
- Peers
- Patients

# *Administrative Evaluations*

- Cohort study of the entering Class of 1995 at University of Michigan medical school
- Question: What predicts professional behavior in the clinical years?
  - Nothing from the admissions packet
  - Evaluation completion
  - Immunization compliance

# *Faculty Evaluations*

- Identified all Federation of State Medical Board sanctions for unprofessional behavior from graduates of 3 medical schools
- Selected 2 controls for each case by year of graduation and specialty
- Abstracted all student records, looking for any grades, indications or evaluations that comment on professionalism

# *Predictive Validity of Faculty Evaluations*

**Table 4.** Adjusted Analyses of Medical-School Predictors of Disciplinary Action among 235 Disciplined Physicians and 469 Control Physicians.\*

Variable	Adjusted Odds Ratio (95% CI)	P Value	Population Attributable Risk (%)
Male sex	0.8 (0.5–1.4)	0.46	
MCAT z score	0.6 (0.4–0.8)	0.001	1
No. of medical school courses not passed			
In years 1–2	1.6 (1.2–2.2)	0.004	7
In years 3–4	1.1 (0.6–1.8)	0.83	
Unprofessional behavior in medical school (overall rating)	3.0 (1.9–4.8)	<0.001	26

\* CI denotes confidence interval, and MCAT Medical College Admission Test.

# Important Types of Behavior

**Table 3.** Types of Unprofessional Behavior in Medical School and Association with Subsequent Disciplinary Action.\*

Unprofessional Behavior	Disciplined Physicians (N=235)	Control Physicians (N=469)	Odds Ratio (95% CI)	
			Unadjusted	Adjusted†
<b>Overall</b>	<i>number (percent)</i>			
Displayed unprofessional behavior in medical school	92 (39.1)	90 (19.2)	2.8 (1.9–4.1)	3.0 (1.9–4.8)
<b>Type of unprofessional behavior and number of search terms per student</b>				
<b>Irresponsibility</b>				
1–2	49 (20.9)	76 (16.2)	1.5 (1.0–2.3)	1.0 (0.6–1.7)
≥3	20 (8.5)	4 (0.9)	13.7 (4.0–46.6)	8.5 (1.8–40.1)
<b>Diminished capacity for self-improvement</b>				
1–2	57 (24.3)	85 (18.1)	1.7 (1.1–2.5)	1.5 (0.9–2.5)
≥3	20 (8.5)	12 (2.6)	4.3 (1.9–9.7)	3.1 (1.2–8.2)
<b>Immaturity</b>				
1–2	26 (11.1)	41 (8.7)	1.3 (0.8–2.2)	
≥3	2 (0.9)	2 (0.4)	1.1 (0.1–11.8)	
<b>Poor initiative</b>				
1–2	63 (26.8)	100 (21.3)	1.5 (1.1–2.3)	



# *Peer Evaluations*

- Peer you would like to have work at your side in a medical emergency  
– 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_
- Peer whose data you would unhesitatingly accept in the event of conflicting observations about the same patient  
– 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

# UF Peer Nomination Survey

**Factor analysis identified two major factors:**

## Factor 1

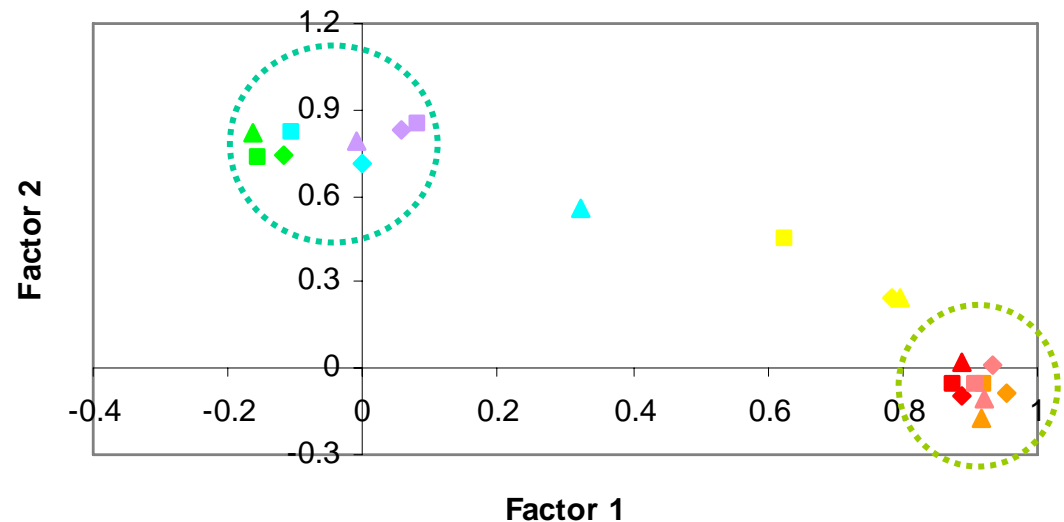
accounts for 50-55% of variance  
weights on questions 1, 3, 5 & 7  
related to clinical competence

## Factor 2

accounts for 20-25% of variance  
weights on questions 2, 4 & 6  
related to interpersonal skills

1. medical emergency
2. invite to party
3. best all-around doctors
4. discuss a personally disturbing event
5. accept data if conflicting observations
6. most likable
7. choices for a highly desired residency

Factor Analysis of Peer Evaluation Questions



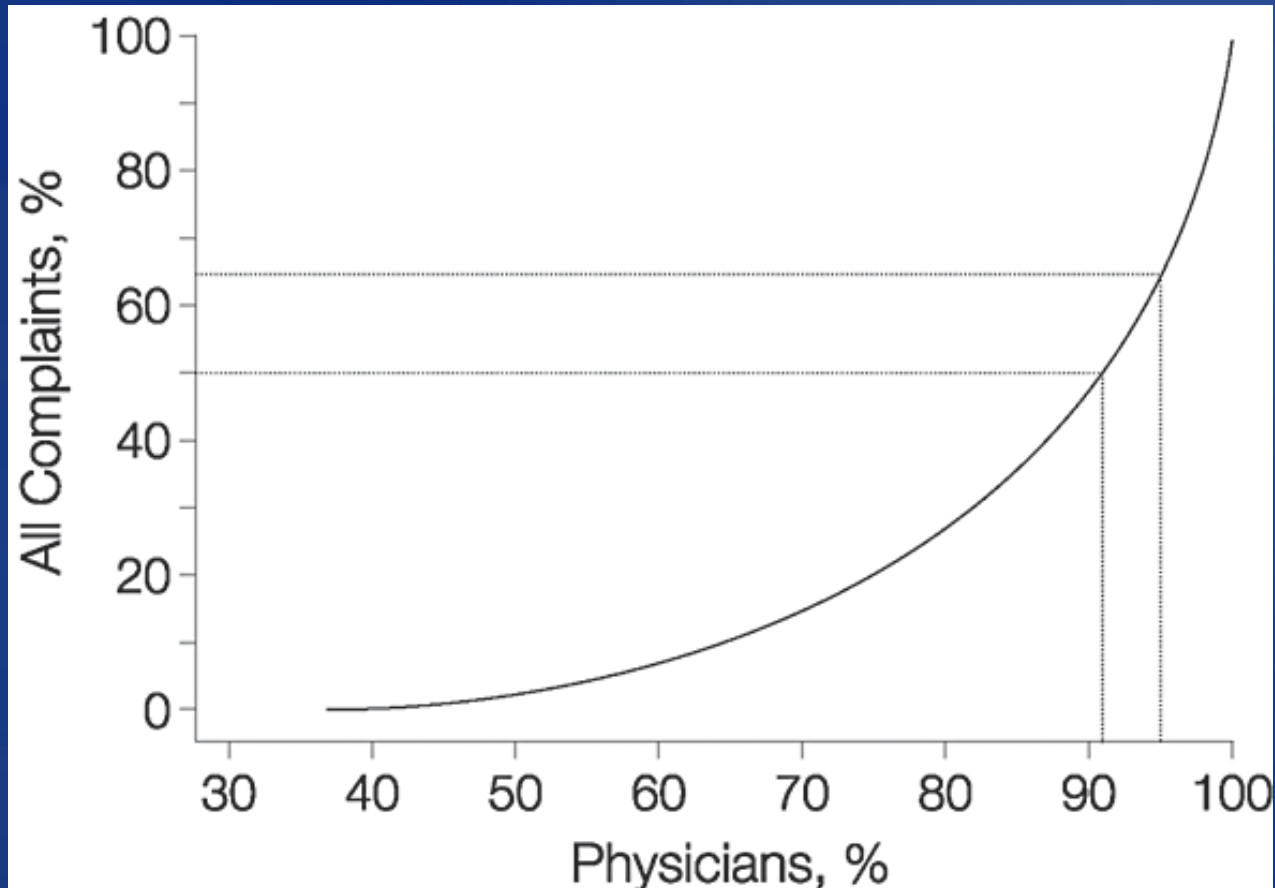
**Factor analysis defines two qualities**

(◆ class of 2000; ■ class of 2001; ◆ class of 2002)



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# *Patient Evaluations*



Cumulative Distribution of Physician Cohort Members and Unsolicited Complaints

Hickson GB, et al., *JAMA*. 2002;287:2951-2957.

# *Promoting Professionalism*

- Clear and powerful expectations – statements of vision and purpose
- Formal and informal experiences that promote ethical perspectives
- Evaluations that reinforce the ethical principles to which we aspire

# *Special Thanks*

- Arnold P. Gold Foundation for Humanism in Medicine
- Institute on Medicine as a Profession
- Research Collaborators:
  - University of California, San Francisco
    - Maxine Papadakis
  - University of Michigan
    - Alice Frohna, Barbara Kritt, Paul Gauger, Larry Gruppen, James Woolliscroft
  - University of Missouri, Kansas City
    - Louise Arnold, Carrie Shue
  - University of Toronto:
    - Shiphra Ginsburg, Brian Hodges, Lorelei Lingard, Nancy McNaughton, Glenn Regehr