

Professionalism, Patient Safety and You

How can we be effective role models for our residents?



Faculty / Presenter Disclosure

- **Faculty:** Catherine Cervin, MD
- **Relationships with commercial interests:**
 - I have no financial or personal relationships to disclose

Learning Objectives

Participants will be able to:

1. Describe the impact of professional behavior on patient safety
2. Describe and discuss tools and strategies to support professional identity development
3. Determine next steps for Dalhousie Family Medicine Department to use some of these approaches



Have you ever felt? ...

- “No one else but me is pulling their weight around here”
- “Medical students/residents these days – they have it easy”
- “Why is everyone being so difficult today?”



Or you are feeling burned out or stressed?

- Stages of Burnout
 - Emotional Exhaustion
 - Irritable, forgetful, anxious, unable to concentrate.
 - Ineffectiveness and reduced productivity
 - Stagnation, hopelessness, powerlessness, sadness, extreme fatigue, disengagement
 - Cynicism and depersonalization
 - Compensate for stress with procrastination, cynicism, apathy, resentment and substance abuse.



AND SOMETIMES LEADS TO behaviour that is “unprofessional”



Behaviour in the Professional Environment - CPSO

- “Expected to act in a respectful, courteous and civil manner towards patients, colleagues, and others involved in provision of health care. “
- “Behaviour that is unprofessional and/or disruptive undermines medical professionalism and the trust of the public.”



Patient Safety



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Unprofessional or disruptive behaviours can negatively affect both **the delivery of quality health care** and **patient safety** by eroding the effective communication and collaboration that underpin good medical practice. “

- Leape et al. Acad Med 2012, 87, 845
- Leape et al. Ann Int Med 2006, 144, 107



Disruptive Behaviour (DB) in Hospital Setting

- - Survey 2846 RNs, 944 MDs, 40 Admin and 100 other HCWs
 - 67% felt that DB by others was **correlated to an adverse event.**
 - 71% felt that DB **contributed to an adverse event**
 - 51% felt that DB **compromised patient safety**

Patient Safety

Institute for Safe Medication Practices 2004

- 7% of medication errors due to intimidation of nurses by physicians

**And if patient safety
is not enough...**



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SPECIAL ARTICLE

Disciplinary Action by Medical Boards and Prior Behavior in Medical School

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J. Jon Veloski, M.S., and Carol S. Hodgson, Ph.D.

**3 times increased risk of future disciplinary
action** for students who exhibited
“unprofessional” behaviour in medical school

“Severe irresponsibility” = **OR 8.5 of future
disciplinary action.**



Video #1

<https://www.cmpa-acpm.ca/serve/gfri/index.html>

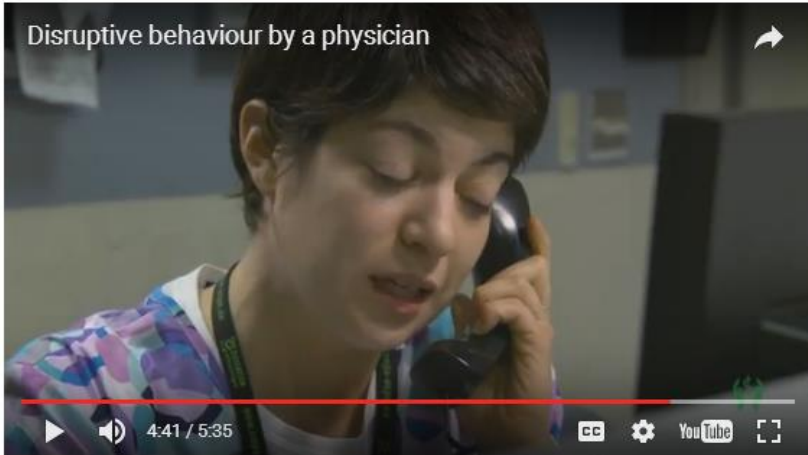
Professionalism

Behaviour: Disruptive behaviour by a physician Video CL P

Activity summary

The video "Disruptive behaviour by a physician" demonstrates the impact of a physician's behaviour on other members of the healthcare team in a hospital. The trigger questions and suggestions to faculty focus on helping learners to identify the negative impacts of disrespectful interactions on team functioning, and ultimately on patient safety. Faculty may wish to explore how lapses in civility may escalate into inappropriate behaviour.

Disruptive behaviour by a physician



Related student content

- [Behaviour](#)
- [Teams/Safe teamwork](#)
- [Communication/Team communication](#)

CanMEDS Roles

- Collaborator
- Professional



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So what are you gonna do?

- A) Do Something
- B) Do Nothing

Doing Nothing

- “What you permit, you promote”

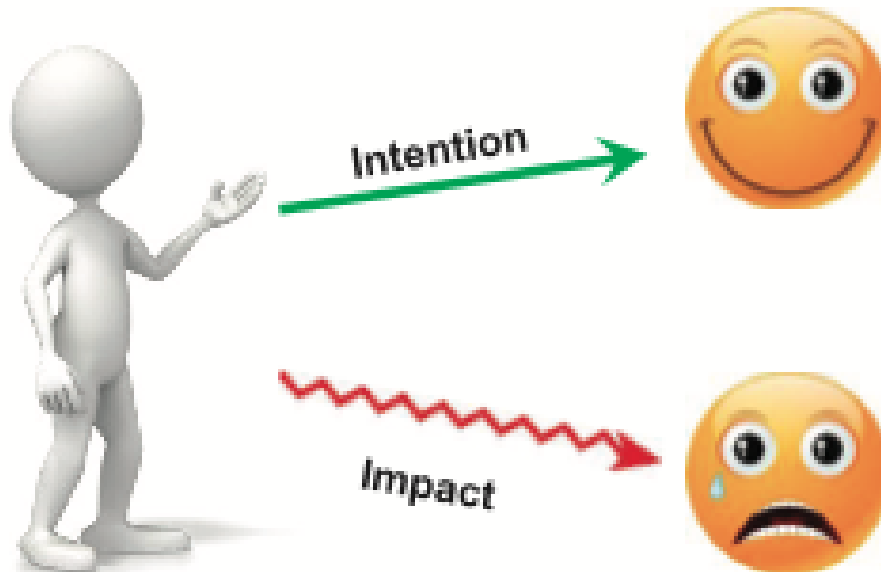
Doing Something

- Goal is to provide timely feedback to allow the person to reflect on their behaviour
 - “When everyone you run into is being difficult – sometimes you need to consider the other possibility....”



Doing Something

- May be able to point out the gap existing between INTENT (how we judge ourselves) and IMPACT (how others judge us).



Doing Something

- Examine your own motivation
 - Should NOT be to:
 - Be right
 - Win
 - Look good
 - Save face
 - Punish
 - Blame



Doing Something

- Words to Avoid:
 - You
 - Why
 - But
 - With all due respect
 - Don't take this personally
 - You always
 - You never
 - No offence

Doing Something

- For most – “doing something” will result in some self reflection and an acknowledgment and/or an apology.

Doing Something

- Intervene Early
- Start with an “I am concerned” chat
- Listen carefully
- Discuss intent and impact
- Be “hard” on the behavior, “soft” on person
- Coach for an apology





Twelve Themes that Define Professionalism in Family Medicine

(Examples of observable behaviours related to each theme can be found on the following pages.)

1. Day-to-day behaviour reassures one that the physician is responsible, reliable, and trustworthy.
2. The physician knows his or her limits of clinical competence and seeks help appropriately.
3. The physician demonstrates a flexible, open-minded approach that is resourceful and deals with uncertainty.
4. The physician evokes confidence without arrogance, and does so even when needing to obtain further information or assistance.

Professionalism in Practice - 2012

DOMAIN #1: PROFESSIONAL RESPONSIBILITY & INTEGRITY				
Subdomains	Inconsistent with Professional Practice	Consistent with Professional Practice	Exemplary Professional Practice	CanMEDS
Task completion	Failure to complete required tasks including administrative tasks	Completes required tasks including administrative tasks	Demonstrates leadership for system improvement, anticipates needs and is proactive in ensuring task completion	<i>Expert</i> <i>Manager</i> <i>Advocate</i> <i>Professional</i>
Honesty	Dishonest or falsifies information	Truthful and honest	Discloses proactively and effectively to improve patient care and educational environment	<i>Collaborator</i> <i>Professional</i>

Video #2

<https://www.cmpa-acpm.ca/serve/gfri/index.html>

Professionalism

Behaviour: Delegation and supervision of a medical trainee Video CL P

Activity summary


The short video "Delegation and supervision of a medical trainee" portrays an unprofessional discussion amongst physicians. The trigger questions and suggestions to faculty focus on helping students to consider how behaviour influences teamwork, how such behaviours may develop, and strategies to ensure professionalism.

Related student content

- [Behaviour](#)
- [Teams](#)
- [Communication/Team communication](#)
- [Communication/Team communication/Speaking up](#)

CanMEDS Roles

- Collaborator
- Professional



1:44 / 2:09

[Transcript](#) Download this video for: Quicktime Windows Media Player

Trigger questions

Your Role in Professional Identity Formation

1. Role modeling
2. Understanding how identities are formed and influenced and how people respond
3. Reflection of self – modeling reflection
4. Feedback to support reflection
5. Linking professional behavior to patient safety

Planning a conversation

- What triggered this meeting?
- Ensure safety & confidentiality within limits
- I am concerned about you. . .
- Get other side of story
- Clarify intent
- Describe impact
- Encourage reflection
- Clarify expectations & responsibility
- Offer resources, suggestions, & strategies
- Identify next steps & follow up



Learner: Prepare to have the conversation

- Make a clear and unambiguous statement of the misalignment of values & unacceptable behaviors.
 - “What you have done is perceived by others as unprofessional”
- Make a relational commitment
 - “I care about you and your development as a physician... so I am concerned”
- Take a developmental view point
 - “this is how you see things now”, “this is what you need to aspire to”
- Set clear expectations- “You must demonstrate improvement”
 - (both the “metacognitive” awareness and the skill to carry it out)”
- Establish a realistic time frame.



Summary

- Your professionalism impacts patient safety
- Everyone has a role in Professional Identity formation.
- Consider “Doing Something”
- Be explicit with learners who have lapses in professionalism



Which of these concepts are useful and –

What are the next steps to implement a supportive approach to professional behavior in the learning and work environment across the sites at Dal Family Medicine?

3 possible next steps - discuss

- faculty - tables 1 & 2
- residents - tables 3, 4 & 5
- other health care professionals tables 6 & 7

All tables consider how administrators can support the above steps

Write each of your 3 ideas on a separate large sticky note and post on the wall

One thing you learned

**One thing you will do differently
when you go back**

