

Fostering Professionalism

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Stated Objectives

- ❑ Review the fundamental principles of medical professionalism.
- ❑ Identify generational differences that may affect efforts to foster professionalism.
- ❑ Discuss methods used to foster professionalism across the span of medical educational experiences.

Fundamentals of Medical Professionalism

- Primacy of patient welfare
 - Altruism, trust, patient interest
- Patient autonomy
 - Honesty, ability to educate and empower
- Social Justice
 - Societal contract and distributive justice

Action Agenda for Academic Institutions

- Define professionalism
- Improve selection
- Improve instruction
- Sustain environments emblematic of professionalism
- Assess professionalism

Operationalization of Fundamentals

- Cognitive Skills
 - e.g: Data gathering, diagnosis, patient education
- Noncognitive Skills
 - e.g: Communications, collaboration, continuous improvement
- Linked to specific observable behaviors

Generational Divide

- The Traditionals
 - Schwarzkopf Generation: before 1946
- The Boomers
 - Woodstock Generation: 1946 – 1953
 - Young Boomers: 1954 – 1964
- The Xers
 - Generation X: 1965 – 1977
- The Yers
 - Generation Y: 1978 – 1989

How are Xers often misperceived?

- ❑ Lack of involvement in job
- ❑ Lack of commitment to institution
- ❑ Short attention span
- ❑ Lack of work ethic overall

Generation X – Major Influences

- Latchkey Kids
- Faltering Economy
- Social Rebellious Parents
- World Events

What they are looking for:

- ❑ Teams build around information
- ❑ Commitment to training by coaches
- ❑ Increased spheres of responsibility
- ❑ Greater balance between “work” & “home”

How are Yers often misperceived?

- ❑ Entitled
- ❑ Pushy
- ❑ Impatient
- ❑ Uncommitted

Generation Y – Major Influences

- ❑ Kids of the "Boomers"
- ❑ Expansive Economy
- ❑ "Scary" world events
- ❑ Technology

What they are looking for:

- ❑ Openness to giving and receiving feedback
- ❑ Respect for their opinion
- ❑ Collegial vs. authoritarian style
- ❑ Recognition of individual as well as team

Methods to Consider

- Self reflection of current methods used
- Role modeling
- Mentoring

Self Reflection

- ❑ Honesty with patients
- ❑ Respect patient confidentiality
- ❑ Avoid inappropriate patient interactions
- ❑ Improve quality of care
- ❑ Improve access to care
- ❑ Promote the just distribution of care
- ❑ Maintain trust by managing conflicts of interest

Role Modeling

□ Professional

- Behavior with patients, organization, knowledge

□ Personal

- Behaviour towards colleagues, reliability, enthusiasm

□ Educational

- Encourage participation, preparation, learner level, feedback, promotes problem solving

Mentoring

- ❑ Share backgrounds and influences
- ❑ Clear picture of agenda, achievable goals
- ❑ Focus on outcomes
- ❑ Participative approach vs top-down
- ❑ Conscientious feedback
- ❑ Variety of rewards
- ❑ Avoid comparing today with yesterday

Practicality – One Minute Manager

- ❑ Set goals
- ❑ Praise and reprimand behaviors
- ❑ Encourage people
- ❑ Speak the truth
- ❑ Laugh, work, and enjoy!

See One, Do One, Teach One?

- ❑ See and Address the behavior
- ❑ Tell the person what was right (wrong) about the behavior
- ❑ Tell the person how you feel about it (impact of behavior)
- ❑ Encourage the person
- ❑ Make contact (shake hands)

Practicality – Neher's Microskills

- ❑ Get a commitment: What do you think?
- ❑ Probe for support: Why do you think this?
- ❑ Teach in general rules
- ❑ Reinforce what was right, tell them what they did right and the effect that it had
- ❑ Correct mistakes, tell them why its was not right and how to improve it next time

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