Teaching Ethics and Professional Values in Medical School and Residency

The Top 10 Methods

Matthew Wynia, MD, MPH, FACP
Director, Patient and Physician Engagement
Improving Health Outcomes
American Medical Association
Outline

1. What is “professionalism” and what is it for?

2. Managing challenges to professionalism is not a technical problem, it is a lifelong, complex adaptive challenge

3. Methods for teaching how to manage adaptive challenges
Disclosure and Disclaimer

Matthew Wynia, MD, MPH, FACP

Manages the Climate Assessment Tools program for the AMA, a non-profit endeavor to produce tools to measure the quality climate in health care organizations.

Views and opinions expressed are mine alone and should not be construed as statements of the American Medical Association.
Part I

What is “professionalism” and what is it for?
Hippocrates of Cos (c460-370 BCE)
“Professionalism” in the Hippocratic Era?

• “Throughout the primitive world, the doctor and the sorcerer tended to be the same person. He with the power to kill had power to cure… [With Hippocrates] the distinction was made clear.”
  • Margaret Mead

• Yet, in Hippocratic times “there does not appear to have been anything like a medical profession.”
  • Albert Jonsen
John Gregory (1724-1773)

- Perceived moral laxity in the English medical profession
- Urged renewed “diffidence” (humility) in practice
- Still personal: “Ethics of character”
- Influenced 1823 New York System of Ethics and 1832 Baltimore System of Medical Ethics
Thomas Percival (1740-1804)

Medical Ethics - 1803

- Manchester Infirmary rules: 1792, 1794, 1803
- Recognized the increasingly complex medical environment of hospitals
  - Invented clinical rounds, presenting cases in reverse hierarchical order → Teamwork
- Coined terms “medical ethics” and “professional ethics”
- Profession’s “tacit compact” with society

BUT, failed in efforts to have code adopted nationally
Have a seat Kermit. What I'm about to tell you might come as big shock...
1847 Code of Medical Ethics of the American Medical Association

• Derived directly from Percival’s work
• An explicit professional social compact
  – Obligations to patients, colleagues and community
  – Reciprocity
    • Social/economic rewards for those in the profession in exchange for putting patients’ interests first, guaranteed competence of practitioners, and guarding public health
• The birth of “professionalism”
  – First national code of ethics for any profession
Professionalism defined

- Profess: (v) To speak out in public, openly declare
- Profession: (n) A group speaking out, together, about their shared standards and values
- Professional: (n) An individual member of the group; (adj) acting in conformance with the shared standards and values of the group
- Professionalism: (n) a belief system (an “-ism”), holding that professional groups are uniquely well-suited to organize and deliver certain social goods.
  - Establish our own standards for quality
  - Ensure and support adherence to them…
Recent Theories

• Structuralist-functionalist school (pre-1960)
  😊 Useful social function for each professional characteristic
  😊 Profession as “interstitial go-between”
  😊 Psychologically distinguished people become professionals

• Critical “power” theorists (1960-present)
  🌟 Professional perogratings are hard-won privileges
  🌟 Won by aggressive pursuit of a shared interest in high status and income, and even ...
  🌟 Willingness to make promises without intending to keep them
3 “Ideal Types” for Delivery of Important Social Goods

<table>
<thead>
<tr>
<th></th>
<th>Quality assurance</th>
<th>Ethics emphasize</th>
<th>Resource allocation</th>
<th>Health care is a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market (consumerism)</td>
<td>Competition</td>
<td>Transparency</td>
<td>Optimize “value” (WTP)</td>
<td>Normal good</td>
</tr>
<tr>
<td>State (socialism)</td>
<td>Regulation</td>
<td>Equity</td>
<td>Optimize social benefit</td>
<td>Common good</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Collegial review</td>
<td>Fiduciary obligations</td>
<td>Balance individual and social needs</td>
<td>Service</td>
</tr>
</tbody>
</table>
Mixed Models: Quality Assurance

- **Professional**
  - Peer-review
  - Education, ethics and socialization

- **Economic/Market**
  - Consumer info ⇒ voice/exit
  - Use of accreditation

- **Political/State**
  - licensure
  - malpractice
A Balancing Act

State  Profession  Market

© 2011 American Medical Association. All rights reserved. Unpublished data – do not cite or circulate without permission
Medical professionalism is a belief system about how best to organize and deliver health care, which calls on group members to jointly declare (“profess”) what the public and individual patients can expect regarding shared competency standards and ethical values and to implement trustworthy means to ensure that all medical professionals live up to these promises.
ABMS Definition

Medical professionalism is a belief system about how best to organize and deliver health care, which calls on group members to jointly declare (“profess”) what the public and individual patients can expect regarding shared competency standards and ethical values and to implement trustworthy means to ensure that all medical professionals live up to these promises.
Medical professionalism is a belief system about how best to organize and deliver health care, which calls on group members to jointly declare ("profess") what the public and individual patients can expect regarding shared competency standards and ethical values and to implement trustworthy means to ensure that all medical professionals live up to these promises.
Medical professionalism is a belief system about how best to organize and deliver health care, which calls on group members to jointly declare ("profess") what the public and individual patients can expect regarding shared competency standards and ethical values and to implement trustworthy means to ensure that all medical professionals live up to these promises.
Inherent Tensions
Professional Standards/Personal Virtues

• After 1847 AMA Committees set increasingly stringent educational and quality standards

• But also…

…”there is no tribunal, other than his [the physician’s] own conscience, to adjudge penalties for carelessness or neglect”

AMA Code, 1847
“… the Code is more what you’d call ‘guidelines’ than actual rules.”

Captain Barbossa

Pirates of the Carribean
What does “professional autonomy” mean?

- The right of individual physicians to practice as they please
- The right of the profession, as a group, to establish *and enforce* practice standards
- Core question: How much personal liberty does one relinquish on becoming a professional?
  - Legal ≠ policy ≠ personal ≠ professional duties
Part II

The Challenge of Education

Or, Culture Eats Strategy for Breakfast
Teaching students about...

- **Technical Problems**
  - Clear problem
  - Expert provides solution
  - Solutions easy to accept

- **Adaptive Challenges**
  - Problem hard to acknowledge
  - Solutions are within
  - Solutions require difficult change
Some teaching is easy

How to Fix Technical Problems

- Problem clearly visible
- Independent of other problems
- Non controversial goals
- Off the shelf solution works
- A technician can fix it
- Fix is often permanent

Slides adapted from Catherine Lucey, MD
Some teaching is hard

- How to handle insidious problems
- Lack of agreement on the nature of the problem
- Solutions require new learning
- Those with the problem are the problem – and the solution – a leader can’t ‘fix it’

Adaptive Challenges
The single biggest failure of leadership is to treat adaptive challenges like technical problems.

Maintaining professionalism is an adaptive challenge
We have a problem with Professionalism
Highly Publicized Illegalities Involving Physicians

Disruptive Physicians
Conflicts of Interest
Disregard of safety
Daily Incivilities

Collective Tolerance
Current Educational Approach

Problems at each step…
see Lucey and Souba, Acad Med, June 2010
Dominant Paradigm: Professionalism as a Personal Virtue

- Dichotomous and fixed
- Assumed to be present until proven by a lapse to be absent
- Responsibility for managing the problem lies with the Educational System

Papadakis M. NEJM 2004
Similarly complex adaptive work

• What can we learn from the evolving approach to reducing errors in medicine?
Diligence

Image adapted from John Gosbee, MD
Medical Errors and Lapses in Professional Behaviors …

- Are common and predictable
- Range in severity from invisible to fatal
- Are ‘caused’ by good physicians
- Sometimes result from a lack of knowledge, skill, or judgment to deal with a specific situation
- Are much more likely when organizations and systems set people up to fail
ACGME’s “Systems-Based Practice” and “Professionalism” are related competencies.

They call on physicians to **learn to act** according to professional values, **AND** to **help design** systems that make it easier to live up to these values.
Latent Professional Lapses

- Staffing and Workload Issues
- Inconsistent or Ambiguous Expectations
- Institutional Policy Decisions
- Legal Policies and Indemnity Strategies
- Physician Reimbursement Strategies
Learning to Act in Accord with Professional Values and Standards

Anytime you routinely expect someone to act in a manner that is counter to human instincts and counter to incentives, you are dealing with a problem of acquired competency.

Catherine Lucey, MD

Consistently acting in accord with professional values is difficult and requires knowledge, skills and practice...
Maintaining Professional Behavior is a Multidimensional Competency

- Moral readiness is a prerequisite, but
- Judgment & skills are necessary
- Follows a developmental curve
- Requires practice to get it right
- Even experts can slip
Situation-Competency Mismatch may cause lapses

**Novice**
- Single Value/Pt
- Deficit Needs Met
- No Time Pressure

**Competent**
- Competing Values/Pts
  OR
- Unmet Needs
- No Time Pressure

**Expert**
- Competing Values/Pts
- Unmet Needs
- High Time Pressure
The Top 10 List

One-Way Information Delivery

• #10 Lectures on professionalism
  • Easiest, ubiquitous, but generally ineffective*
  • Tendency to be “theory driven”

• #9 Joint recitation of an oath or other ceremonial 'induction' events (e.g., white coat ceremonies)

* Except this one, of course…
Two-Way Information Exchange

#8 Structured group discussions about dilemmas / cases
- Made up or synthetic cases from faculty
- Literary narrative
- Video vignettes
- Policy vignettes (e.g., dual loyalties, financing)
- Real cases contributed by trainees

#7 Integrating ethical issues into clinical case discussions
- e.g., micro, gross anatomy, pharmacology…
#6 Longitudinal mentoring relationships
- With faculty
- With students/residents further along
- With patients

#5 Diaries or other reflection exercises
- Solitary or shared
- Structured or unstructured
- Learn to recognize when I am hungry, angry, lonely, tired…
Practicing Professionalism

#4 Class collaboration to write a code or oath

#3 Practice with simulated patients
- Informed consent, disclosure, confidentiality, COI, communication or cultural challenges, etc.
- Electronic/online or live
- Actors or volunteer patients
- Integrated into other simulation trainings
ACGME’s “Systems-Based Practice” and “Professionalism” are related competencies.

They call on physicians to *learn to act* according to professional values, AND to *help design systems* that make it easier to live up to these values.
#2 Make organizational changes to support professional values

- Use root cause analysis to identify latent causes of professional lapses
- Adopt a universal “service recovery” approach to lapses
  - Hickson et al, Acad Med 2007
- Celebrate successes/seek out ‘near misses’
- ‘Culture of safety’ and ‘just culture’ initiatives
- Engage student leadership in these activities
#1 Make policy changes to create social systems that support professional values

- Financing reforms
- Workforce reforms
- Liability reforms
- Social policy reforms (education, environmental, criminal justice, etc)
The Role of Associations…

Professionals come together to do what we cannot do alone:
- Articulate shared values
- Support each other
- Help create organizations and systems that make it easier to uphold our values.
ABMS Definition

• Medical professionalism requires an active and iterative process involving:
  – Defining
  – Debating
  – Declaring
  – Distributing
  – Enforcing and Supporting

• The set of discrete, shared standards and values that medical professionals agree must govern our work.

Adapted from the ABMS definition of Medical Professionalism
Sir William Osler was asked by a medical student what he would get out of attending a medical society meeting. He replied…

Do you think I go for what I can get out of it, or what I can put into it?
The punishment of wise men who refuse to participate in the affairs of government is to live under the rule of unwise men.

Plato
Thank You

matthew.wynia@ama-assn.org

What questions do you have?
A case

- It is 2 AM. A second year internal medicine resident is on overnight call. The ICU is full and she is admitting a seriously ill patient with sepsis, in severe pain from metastatic cancer, to the floor. She is repeatedly called by the nurse from another floor about a patient on her coverage list. This patient was signed out with explicit instructions not to increase pain meds for his chronic pain. The patient is demanding to be seen. The nurse is demanding that she come to the floor.

- After the fourth call, the resident screams at the nurse, uses harsh language in referring to the patient and slams down the phone, all in earshot of a busy nursing unit.
Common or uncommon scenario?

- What could we have done to prepare the resident to manage this situation better?
Expand Professionalism Teaching to Include Skills that Foster Resiliency

- Situational Analysis
- Self Awareness and Self Control
- Alternate Strategy Development
- Diplomacy and Crisis Communication
- Peer Coaching and Intervention
Shape the System: Establish the Right Culture

- Expose the Hidden Curriculum
- Teach all to intervene when lapses occur or are threatened: assume that all want to be professional
- Champion positive examples of professionalism
- Facilitate Interprofessional Teamwork
Shape the System

- Remove unnecessary stressors by insuring policies and procedures reinforce desirable behavior
- Devise service recovery systems for all
- Support reflection and renewal through environment and through events
Engage in Continuous Formative Evaluation for Professionalism

- Test professionalism in varied situations (real or simulated)
- Use root cause analysis to identify true causes of problems
- Use a developmental lens when assessing professionalism lapses in trainees
Should CPE be a component of CME?

- View Professionalism as a renewable skill set rather than a permanent label.