



Ethics and Professionalism

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A group of diverse people in a meeting or conference setting. A woman in a white shirt is talking to a woman in a blue top and red patterned scarf who is holding a white cup. A man in a dark jacket is looking towards them. The background is blurred with other people. A graphic overlay features a white circle with a dashed line, a solid horizontal line, and four white 'X' marks at the corners. Two white dots are on the dashed line, and two are on the solid line.

CULTURE

Culture
Reinforces
ideology about
the profession &
transfers social values,
beliefs, &
practices



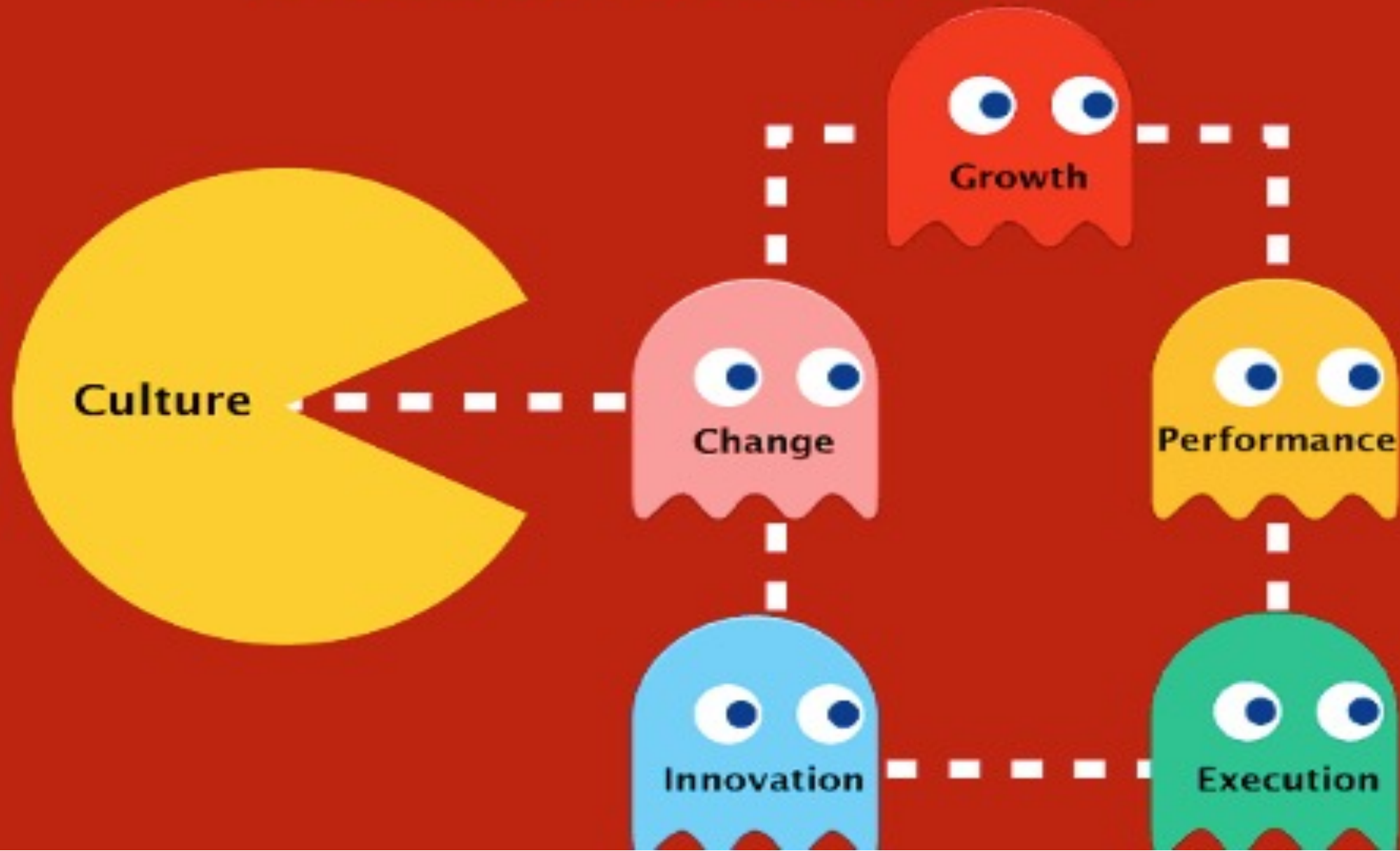
What Defines Our Culture?

Values	Beliefs	Practices
Ideas and principles that a group holds to be particularly important and worthy.	Assumptions that are made about the world and concepts that are held to be true whether or not they in fact are.	The application of a value or belief in behavior, communication, or action.



Understanding how we transmit culture, both deliberately and implicitly, is paramount to understanding its role in medical education and professional enculturation

Organizational culture eats strategy for breakfast, lunch and dinner



Cognitive Apprenticeship Model



(Collins, Brown & Newman, 1998)

Apprenticeship Model in Medicine

Learners spend extended periods of closely supervised time in clinical departments acquiring knowledge & skills

AND

Simultaneously they learn *how to belong* by gaining cultural knowledge and via the influence of the hidden curriculum

Principles of Medical Ethics



- A physician shall be dedicated to **providing competent medical care, with compassion and respect** for human dignity and rights.
- A physician shall **uphold the standards of professionalism**, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
- A physician shall **respect the law** and also **recognize a responsibility to seek changes** in those requirements which are contrary to the best interests of the patient.
- A physician shall **respect the rights of patients, colleagues**, and other health professionals, and shall **safeguard patient confidences** and privacy within the constraints of the law.

Principles of Medical Ethics



- A physician shall **continue to study, apply, and advance scientific knowledge**, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
- A physician shall, in the provision of appropriate patient care, ***except in emergencies, be free to choose whom to serve***, with whom to associate, and the environment in which to provide medical care.
- A physician shall recognize a responsibility to participate in activities contributing to the **improvement of the community** and the betterment of public health.
- A physician shall, while caring for a patient, **regard responsibility to the patient as paramount**.
- A physician shall **support access to medical care for all people**.

Professionalism

National Focus in Medical Education

- ACGME Core Competency
- LCME standard MS-31-A

“medical schools must ensure that the learning environment for medical students promotes the development of explicit and appropriate professional attributes (attitudes, behaviors, and identity) in their medical students.”

The 6 Core Competencies

ACGME

- Practice-Based Learning and Improvement
- Patient Care and Procedural Skills
- Systems-Based Practice
- Medical Knowledge
- Interpersonal and Communication Skills
- Professionalism

LCME

- Practice-Based Learning and Improvement
- Patient Care
- Systems-Based Practice
- Medical Knowledge
- Communication
- Professionalism

ACGME Common Program Requirements:

The program must integrate the following ACGME competencies into the curriculum:

- ***e. Professionalism***

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- (1) compassion, integrity, and respect for others;*
- (2) responsiveness to patient needs that supersedes self-interest;*
- (3) respect for patient privacy and autonomy;*
- (4) accountability to patients, society, and the profession; and,*
- (5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.*

[As further specified by the Review Committee]

Demonstrating Professional Conduct and Accountability

- On-time
- Clean
- See patients during entire shift
- Complete medical records honestly, thoroughly, and punctually
- Advocate for patients and their families
- Give and receive input from colleagues

Demonstrating Humanism and Cultural Proficiency

- Honor the patient's humanity
- Observe simple acts of respect—shake hands, introduce themselves
- Listen attentively
- Protect confidentiality
- Demonstrate an attitude of altruism and advocacy
- Display empathy for unique patient attributes: gender, age, ethnicity, etc

Maintaining Emotional, Physical, & Mental Health, & Pursuing Continual Personal and Professional Growth

- Maintain and set an example for patients via a healthy lifestyle
- Exhibit a lifelong learning approach to professional growth
 - Attend conferences
 - Enhance medical knowledge
 - Positive response to criticism

PROFESSIONALISM:

It's NOT the job you DO,
It's HOW you DO the job.

Shiv Khera

What about outside of
the job?

Boundaries with Trainees

Should you have them??

What do they look like?

How do you know when
you get it right?

How Do You Know When You Have It Right?

1. **The WORK Test** –Would this action/ behavior be easily tolerated at work?
2. **The NETWORKING Test**—Would this action/ behavior be easily tolerated at a networking function?
3. **The FRONT PAGE Test** — Would this action/ behavior be something you would want on the front page of the paper?
4. **The OFFSPRING Test** — Would this action/ behavior be something you would want your child looking at, or hearing when building their career?
5. **The JOB HIRE Test** — Would this action/ behavior be something you would offer a job based upon? Eg. your smile, your looks, etc. If not, then it is objectification and it is not ok
6. **The Mother Test** — Would this action/ behavior be something you would want your mother to brag about?
7. **The 80 Year Old Test** — Would this action/ behavior be something you could sit in your rocking chair at 80 years old and say...I did the right thing?

Is
Professionalism
a Racist
Construct?



Professionalism

Behaving and appearing in a way that engenders a workplace of respect and responsibility. This behavior encompasses heightened self-awareness and is additionally characterized by honesty, integrity, accountability and self-regulation.



Assessment of Professionalism

1. Competency-based formative and summative assessment of professionalism in the clinical years is a key component of medical education.
2. Professionalism assessment should provide clear indication of remediation needs and a structure within which to provide that remediation.
3. The use of a behaviorally anchored instrument provides a place for faculty to begin the dialogue

Exercise

- 10-15 minutes – Work independently and we will review the cases together. Using post-it notes, write all the behavioral anchors that come to mind for each of the following cases
- 5 minutes – place post-it notes on poster board and read all submissions
- work as a team to organize post-its, consolidate. Continue to define your value by writing additional behavioral anchors that fully represent the WHAT areas
- 5 minutes – prepare for report out – you will be reading through the behavioral anchors your group has developed

Case 1.

A student is berated by an attending in the ED for seeing too many patients.

The attending is observed by several other attendings on the shift—this is a repeat occurrence for this attending.

One of the other attendings pulls the student aside and says—its ok—they (the other attending) are like that with all the students, “Don’t worry, it’s not you”.

Case 2.

A senior resident, with a medical student in tow, presents a patient to you with the lead...”

“Doctor, I have an unemployed morbidly obese male with an IQ of 90, who presents today with an acute episode of back pain exacerbated by his narcotic-a-penia. His exam is difficult to obtain because he is eating Cheez-its.

My diagnosis is “too stupid to live”.

Case 3.

A fellow attending walks up to your desk and loudly says:

“I have a great case”. “It’s a priapism.” “I sent the ugliest nurse in the department in to see him, but it didn’t work.”

“Do you think I should send in resident X? She could scare him out of it!

“If that doesn’t work, I guess I’ll have to call urology”.

Case 4.

A female resident comes into the fishbowl after picking up a new patient.

She states, *“The patient says he doesn’t want to see a “cute young thing” he wants me to send in the doctor.”*

I told him “I am the doctor” but he sent me out. Will, you take over for me?”.

Case 5

The department has a tradition of holding an annual holiday party.

This year it is being held at a faculty home— all faculty and residents are invited.

The hostess boldly declares that we will drink more wine than ever this year and that everyone should plan on getting an Uber

After the event, a note is sent to the department list serve (all faculty, staff, and trainees) with a tally of the wine consumed and his vote for the drunkest resident.

A large, solid orange circle is positioned on the left side of the slide, partially cut off by the edge. It contains the text 'What Did we Learn?' in white.

What Did we
Learn?

1. Who ?
2. What ?
3. When ?
4. Where ?



Questions?

