Resident Perspectives on Professionalism Lack Common Consensus

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Study objective: We sought to characterize and understand the residents' perspective on how professionalism develops through pediatric emergency medicine experiences.

Methods: Qualitative methods (freelisting—listing words associated with professionalism—and semistructured interviews) were conducted with senior emergency medicine and pediatric residents about their experiences rotating in the emergency department of a large, urban, tertiary care, freestanding children's hospital. All senior residents were eligible, with purposive sampling to maximize demographic variability. Saliency (importance) of words was analyzed with Smith S scores and consensus analysis. Interviews were conducted until content saturation was achieved; transcripts were coded by independent investigators to reach thematic consensus.

Results: Twenty-five interviews (36% emergency, 64% pediatrics) were conducted. Common words associated with professionalism were "respect," "compassion," "empathy," and "integrity"; however, residents did not share a common consensus. The framework for how residents described the development of their professionalism includes observations, interactions, and environment. Examples include resident observation of role models; interactions with patients, families, and coworkers; self-reflection; and the unique environment of the ED. Residents believed that role modeling was the most influential factor. Few reported receiving sufficient observation by attending physicians during their interactions with patients and most reported receiving little direct feedback on their professionalism. Residents' descriptions of professionalism crossed multiple Accreditation Council for Graduate Medical Education (ACGME) competencies.

Conclusion: Residents displayed high variability in their understanding of professionalism, which was frequently at variance with the corresponding ACGME competency definition. The resident perspective and understanding of professionalism may usefully inform refinements in ACGME milestones and entrustable professional activities. [Ann Emerg Med. 2014;63:61-67.]

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0196-0644/$-see front matter

http://dx.doi.org/10.1016/j.annemergmed.2013.07.493

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INTRODUCTION

Professionalism is one of 6 Accreditation Council for Graduate Medical Education (ACGME) core competencies in which residents must achieve proficiency during residency training.[1] Residency program directors in emergency medicine and pediatrics have developed workbooks and toolkits for the instruction of professionalism during residency.[2,3] However, the efficacy of these types of curricula is not well described in the literature. In addition, there is concern that "professionalism" and other core competencies are artificial constructs that lack the ability to accurately represent the true clinical experience or allow accurate assessment.[4-7]

Also lacking is a detailed exploration of the key stakeholder's viewpoint, that is, the resident. Little is known about the way residents regard professionalism, how they learn about professionalism in the emergency department (ED), and whether their perspectives align with those of the ACGME. A handful of studies on resident professionalism are focused in other subspecialties or lack depth of exploration of this key stakeholder's perspective.[8-13] To date, to our knowledge no studies have examined how residents perceive the effect of ED rotations on the development of professionalism.

Pediatric emergency experiences in particular may offer unique challenges to and experiences with professionalism development in the ED. The goal of this study was to explore the resident's perspective on the development of professionalism through experiences in a pediatric ED.

Editor's Capsule Summary

What is already known on this topic

Professionalism is a mandated competency under US standards for emergency medicine training but may not be consistently understood within residency programs.

What question this study addressed

The authors assessed senior resident interpretations of professionalism and relevant training elements during a pediatric emergency rotation in an urban academic medical center.

What this study adds to our knowledge

Residents within a single medical center vary widely in their understanding of professionalism as a clinical competency and in their assessments of effective learning modalities.

How this is relevant to clinical practice

Trainees and evaluators must have a shared understanding of the definition of professionalism before they participate in evaluations of competency in this area.

Through eliciting this perspective, we sought a more comprehensive understanding of how trainees view professionalism and how they perceive it is (or is not) acquired.

MATERIALS AND METHODS

Setting

This was an institutional review board–approved, single-institution study at the Children's Hospital of Philadelphia, a freestanding, urban, tertiary care, children's hospital whose ED evaluates more than 85,000 patients a year. At the time of the study, pediatric and emergency medicine residents (Hospital of the University of Pennsylvania) spent at least 1 month every year in the ED, for a total of 500 to 600 clinical hours during residency. At that time, no regular professionalism didactic curriculum existed in the pediatric ED. The emergency medicine residents had a 2-hour orientation didactic, 1 didactic session per year, and 1 journal club every 2 years about professionalism. The pediatric residents had a 1-hour didactic during orientation, as well as monthly evening journal club sessions on professionalism.

Selection of Participants

Purposive sampling was used, in which only senior pediatric residents post-graduate year (PGY) 3 in the last month or within 3 months after completion of their training) and emergency medicine residents (PGY-4 or finishing PGY-3) were eligible (56 total). All eligible subjects were initially contacted by e-mail; demographic variability was maximized by 1 author (C.S.C.) generally monitoring and balancing participant characteristics (Table 1) when choosing subjects to interview.[14] To maintain participant anonymity, the year of data collection is concealed.

Table 1. Resident characteristics (n=25 of 56 total possible).

Average age (range), y	31 (28–36)
Residency, %	
Pediatrics—end of PGY-3	64
Emergency medicine	36
End of PGY3/PGY4	44/56
Male	40
Marital status, %	
Single	56
Married	44
Have children, %	24
Medical school/residency immediately after college, %	64
Average length of interviews (range), min	34 (19–58)

Given the lack of knowledge about the resident's perspective, qualitative methodology was ideal to obtain rich, descriptive data. Semistructured interviews were chosen for their open-ended nature and detailed exploration of viewpoints[14] and were conducted with an interview guide and basic questions. The interviewer did not strictly adhere to one set of questions, but rather followed the lead of interviewees' responses to explore new ideas as they were introduced. Freelisting was used during the interview as an additional method of gaining insight into how residents defined and conceptualized the idea of professionalism. Freelisting is a systematic data collection method in which the interviewee is asked to list all words they can associate with a given concept—in this study, professionalism.[14-16] It was used to assess whether a common consensus existed among the residents. In our study, subjects were asked to list all words that came to mind that they associated with or used to define the word "professionalism."

The interview guide was developed based on Bandura's social cognitive theory, a learning theory that underscores observation as a primary method of acquiring knowledge.[17] The theory also incorporates the relationships between environment, person, and behavior as an important part of learning.[17] The investigators believed that Bandura's social cognitive theory was most applicable to resident experiences with professionalism in the ED and used it as a theoretical basis for investigation. The 2 primary pediatric emergency medicine investigators created an open-ended question guide[18] (Appendix E1, available online at http://www.annemergmed.com) that was reviewed and developed further by a third investigator with expertise in qualitative research design. To assess face validity, 15 pediatric emergency medicine attending physicians and fellows reviewed the content of the question guide, and it was modified accordingly.

A trained interviewer conducted all interviews. This interviewer was chosen specifically for her familiarity with clinical medicine and the hospital setting but lack of personal