

Radiologic Resident Education

Reflective Practice:

Assessing Its Effectiveness to Teach Professionalism in a Radiology Residency

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Rationale and Objectives: Professionalism can be challenging to teach during residency training. We undertook this study to evaluate the impact of a case-based, reflective practice (RP) curriculum on the attitudes of radiology residents about professionalism.

Materials and Methods: We developed a case-based radiology-specific RP curriculum focused on topics related to professionalism and ethics. This year-long curriculum was comprised of six individual sessions and was attended by radiology residents. We assessed the program using the Penn State College of Medicine Professionalism Questionnaire, a validated instrument designed to assess attitudes toward professionalism, with anonymous responses collected before and after completion of the 1-year curriculum. We also obtained feedback on individual sessions.

Results: Our curriculum affected the professional attitudes of residents in 7 of 36 sample items on the professionalism questionnaire ($P < 0.05$), when analyzed as unpaired data. When stratified into seven specific elements of professionalism, significant differences in resident response were identified in the areas of accountability, honor and integrity, enrichment, and duty. Furthermore, residents generally agreed that the individual sessions were meaningful and were important to their future careers (3.8–4.4 on a five-point scale).

Conclusions: A case-based, RP curriculum centered about professionalism offers a unique practical approach to expose residents to the concepts of professionalism and ethics in a small group setting. Based on a widely used validated survey instrument, our results indicate that this method raises resident awareness about professionalism and impacts the way in which residents think about this topic and their eventual career.

Key Words: Professionalism; reflective practice; medical education; residency training.

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Over the past two decades, there has been an increased focus on professionalism within the medical community. The Physician Charter (1), one of the most widely referenced publications about medical professionalism, states that “Professionalism is the basis of medicine’s contract with society.” The increased emphasis placed on professional patient-centered care has been noticeable in many fields including radiology. Major organizations such as the American Board of Radiology (ABR), Radiologic Society of North America (RSNA), and American College of Radiology have jointly made strides to educate radiologists about professionalism and ethics (2). Furthermore, the Accreditation Council for Graduate Medical Education (ACGME)

has mandated the incorporation of professionalism into residency training as one of the six core competencies (3).

There is no single validated, reliable instrument to measure professionalism (4). Nevertheless, the ACGME requires that training programs ensure that residents “demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles” (3). Because the definition of professionalism continues to evolve, teaching professionalism can be challenging. In addition, professionalism is not a competency that is readily quantifiable and therefore necessitates a more qualitative approach. In an effort to teach and evaluate professionalism, most residency training programs have integrated multiple approaches into the curriculum. These primarily include dedicated lectures, role modeling, and multisource feedback from peers, attending physicians, patients, technologists, nurses, and other support staff (5–10). Recently, a group of family physicians developed a comprehensive list of appropriate and inappropriate observable behaviors related to professionalism that would permit specific formative feedback to occur in the clinical environment (11). They recognize that professionalism is a complex topic best learned in a clinical context, where conflicts with value-based expectations can be recognized, discussed, and resolved. In practice, however, this approach may be challenging to effectively implement in training programs as residents work with a wide array of subspecialists and

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different services. However, it may be possible to incorporate these expectations and values into small group sessions, where reflection on clinical scenarios permits a valuable discussion about professional behavior.

Reflective practice (RP) is a process in which an individual thinks critically about a thought, experience, or action with the ultimate outcome being increased self-awareness and professional competence (12). It is assumed that reflecting on one's actions and thinking critically can improve one's own performance. In one recent study of a family medicine residency program, this approach was shown to enhance professional growth by providing greater personal insight and a strategy for future learning (13). However, RP-based exercises may have an even greater role in educating physicians; in this same study, reflective exercises enhanced clinical knowledge and improved understanding about the patient–doctor relationship. A similar study in an obstetrical residency confirmed that routine engagement in reflective exercises leads not only to more professional behavior but also to enhanced communication and surgical skills (14).

Therefore, we undertook this study to determine the impact of integrating a curriculum of small group, case-based, radiology-specific reflective sessions into a residency program based at an academic medical center and on furthering the development of self-reported professional skills in the residents.

MATERIALS AND METHODS

This study was deemed exempt by the institutional review board. Our university-based, academic teaching institution has 9–10 radiology residents per year for a total of 38 trainees across the postgraduate year 2 (PGY-2) to postgraduate year 5 (PGY-5). After a critical review of the existing literature, a curriculum of six radiology-specific, reflective, case-based sessions designed to foster professionalism and ethical behavior was established by a consensus of the authors and refined through a collaborative iterative process by the educational leadership of our department.

Individual sessions were held approximately every other month between July 2011 and June 2012, with required attendance by all on-site PGY-2 through PGY-5 residents. The three program directors (JWK, PJS, RLE) facilitated the sessions after undergoing formal faculty training in both education and professionalism through membership in the BIDMC Academy of Medical Educators. Each session was 90 minutes in length and was held in lieu of morning resident didactic conference. Before the start of the first session, two key ground rules were established. The first rule was to guarantee that all discussions were to remain confidential and not extend outside the session. The second rule was that every participant would respect each other's contributions as there was no right or wrong answer to anything being discussed. The individual sessions centered on the following topics: 1) Patient-centered care in radiology training and beyond; 2) unprofessional behavior in the workplace; 3) digital professionalism (15); 4) mentor–mentee

relationship; 5) managing the unexpected or poor outcome; and 6) impaired and/or incompetent colleague.

We used a round-table–open microphone format in which all residents were encouraged to participate. Aside from the program directors, no faculty were present. The program directors presented various scenarios, which were followed by an open discussion. For all sessions, residents were permitted (but not required) to preview the written cases. During the session, with facilitation from the program directors, residents were asked to reflect on how they might handle each case and to share their approaches and frustrations on how best to resolve the situation. The conversation was usually free-flowing, and the resident participants were highly engaged. Case-specific questions were used by the facilitators to steer the discussion when necessary. On average, approximately three to five cases were discussed during each session. For two of the sessions (unprofessional behavior in the workplace and digital professionalism), residents also completed a presession survey to create a baseline of views on these topics to help guide the discussion. For the session on managing the poor outcome, a risk manager joined the group to offer expert advice on the role of apology. Finally, as one of the program directors is also an attorney, legal expertise was always available during the open discussions.

Participants used the validated Penn State College of Medicine Professionalism Questionnaire (16) to self-report attitudes regarding professionalism before and at the end of the 1-year curriculum, with anonymous responses collected through SurveyMonkey (<http://www.surveymonkey.com>). As previously reported by Blackall et al. (16), this survey includes 36 items linked to seven specific professional attributes—altruism, duty, accountability, enrichment, equity, honor and integrity, and respect. The survey is designed to track changes in professional attitudes over time and, as one of few validated tools, represents a reliable means to measure the potential educational impact of this intervention. We also collected effectiveness data on each of the sessions anonymously through SurveyMonkey, which focused primarily on their logistics and content.

In addition to the 36 specific items, we collected basic demographic data including age, year of training, and educational background. We compared positive responses (“much” or “a great deal”) to attitudinal questions before and after intervention, as linked data (by individual) using the McNemar test and as unlinked data (by group) using the chi-square and the Fisher exact tests. We used Stata version 12.0 (College Park, TX) for all statistical analyses. We used *P* values <0.05 to indicate statistical significance.

RESULTS

Thirty residents completed the Penn State College of Medicine Professionalism Questionnaire before and after the 1-year curriculum. Surveys were completed by ten PGY-2, six PGY-3, seven PGY-4, and seven PGY-5 radiology residents.

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