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The professionalism curriculum as a cultural change agent in surgical residency education

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Abstract

BACKGROUND: Teaching professionalism effectively to fully engaged residents is a significant challenge. A key question is whether the integration of professionalism into residency education leads to a change in resident culture.

METHODS: The goal of this study was to assess whether professionalism has taken root in the surgical resident culture 3 years after implementing our professionalism curriculum. Evidence was derived from 3 studies: (1) annual self-assessments of the residents' perceived professionalism abilities to perform 20 defined tasks representing core Accrediting Council on Graduate Medical Education professionalism domains, (2) objective metrics of their demonstrated professionalism skills as rated by standardized patients annually using the objective structure clinical examination tool, and (3) a national survey of the Surgical Professionalism and Interpersonal Communications Education Study Group.

RESULTS: Study 1: aggregate perceived professionalism among surgical residents shows a statistically significant positive trend over time ($P = .016$). Improvements were seen in all 6 domains: accountability, ethics, altruism, excellence, patient sensitivity, and respect. Study 2: the cohort of residents followed up over 3 years showed a marked improvement in their professionalism skills as rated by standardized patients using the objective structure clinical examination tool. Study 3: 41 members of the national Surgical Professionalism and Interpersonal Communications Education Study Group rated their residents' skills in admitting mistakes, delivering bad news, communication, interdisciplinary respect, cultural competence, and handling stress. Twenty-nine of the 41 responses rated their residents as "slightly better" or "much better" compared with 5 years ago ($P = .001$). Thirty-four of the 41 programs characterized their department's leadership view toward professionalism as "much better" compared with 5 years ago.

CONCLUSIONS: All 3 assessment methods suggest that residents feel increasingly prepared to effectively deal with the professionalism challenges they face. Although professionalism seminars may have seemed like an oddity several years ago, residents today recognize their importance and value their professionalism skills. As importantly, department chairpersons report that formal professionalism education for residents is viewed more favorably compared with 5 years ago.

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In July 2002 the Accrediting Council on Graduate Medical Education (ACGME)¹ and the Residency Review Committee (RRC) for surgery mandated that residency education specifically include the 6 ACGME competencies: (1) patient care, (2) medical knowledge, (3) practice-based learning

Table 1 The 7 professionalism interactive seminars taught at the NYU Department of Surgery over the academic year
Medical malpractice and the surgeon
Advanced communication skills for surgical practice
Admitting mistakes: ethical and communication issues
Delivering bad news—your chance to become a master surgeon
Interdisciplinary respect—working as a team
Working across language and cultures: the case for informed consent
Self-care and the stress of surgical practice

and improvement, (4) interpersonal and communication skills, (5) professionalism, and (6) systems-based practice. To effectively teach interpersonal skills, communication skills, and professionalism is a challenge for residency training programs. In an earlier publication from the Surgical Professionalism and Interpersonal Communications Education (SPICE) Study Group,² we showed that a specifically designed and targeted professionalism curriculum can effectively improve these resident skills (to statistical significance) as measured by the Objective Structure Clinical Examination (OSCE) tool. A key, and as yet unanswered, question is whether the integration of professionalism into residency education is sustained over time and, as importantly, does the resident culture change as the curriculum is repeated and reinforced each year?

Methods

The goal of this study was to assess whether professionalism (which for this report includes interpersonal and communications skills) has taken root in the surgical resident culture 3 years after fully implementing a 7-session professionalism curriculum at the New York University (NYU) Medical Center. Our curriculum consists of 7 interactive sessions led by 3 faculty facilitators (M.S.H., A.L.K., and S.Z.). These sessions are scheduled throughout the academic year. The seminar topics are listed in Table 1.

Three different methods are used to determine if the professionalism skills of surgical residents are taught effectively and result in a culture change in surgery over time. The 3 specific methods used are as follows.

Study 1 consisted of perceived professionalism skills by NYU surgical residents on their annual self-assessment. Specifically, the perception of the surgical resident learners (postgraduate year [PGY] 1–5) on their abilities in 22 professionalism topics representing the core ACGME professionalism domains of accountability, ethics, altruism, excellence, patient sensitivity, and respect was self-assessed. This anonymous resident survey was administered for each of the 3 years during which the SPICE curriculum has been in place. Table 2 lists the self-assessment questions.

Study 2 consisted of demonstrated professionalism skills by NYU surgical residents (admitting mistakes, delivering bad news, interdisciplinary respect, cultural competence, being accountable, acting ethically, and obtaining informed consent). These specific resident professionalism skills are assessed through a 6-station OSCE using trained standardized patients (SPs) to rate resident performance each year over the 3- year study period. These are objective metrics gathered by blinded SPs. The data are analyzed statistically for each of the 3 years on the same cohort (n = 9) of residents. Consequently, each of the 9 residents rotated through the same 6-station OSCEs each year for 3 years (before their PGY1, PGY2, and PGY3 years). This amounted to 54 OSCEs per year for a total of 162 OSCEs over the 3-year study period. The OSCE scripts and scenarios were unchanged over the 3-year study period to insure study reliability. The New York area has a large selection of actors willing to be trained and participate as SPs. With very few exceptions, we were able to use the same 6 actors each year for the 3-year duration of this study. This was a costly

Table 2 Perceived surgical resident self-assessment of their professionalism skills
Acknowledge medical errors
Act without discrimination or bias when working with patients and colleagues
Answer communications (eg, pages) in a timely manner
Apply appropriate confidentiality safeguards around patient information
Ask patients and families about their beliefs, practices, and values when relevant to the medical issue
Be sensitive to patients’ immediate physical and/or emotional needs
Show tolerance for a range of behaviors and beliefs
Ensure that patients are completely and honestly informed about treatment
Ensure transfer of responsibility for patient
Follow through on tasks you agreed to perform
Identify areas for improvement within your own practice
Maintain appropriate relationships with patients
Present a professional appearance through clothing and hygiene
Receive and respond well to criticism from peers, colleagues, and supervisors
Recognize when you have a conflict of interest
Resolve interdisciplinary conflicts in a collegial and respectful manner
Respect patient rights and dignity by showing respect for patient privacy needs
Serve as a role model for other members of the health care team
Take the time and effort necessary to explain information to patients
Treat nurses and other health care professionals with respect
Treat the patient as an individual by taking life circumstances, beliefs, personal idiosyncrasies, and support systems into account
Work collaboratively with other professionals
Respondents were asked to check how often they used these skills: “rarely,” “some of the time,” “most of the time,” or “all of the time.”

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