

Teaching and Assessing Professionalism in Radiology Resident Education

Aine Marie Kelly, MD, MS, Larry D. Gruppen, PhD, Patricia B. Mullan, PhD

Radiologists in teaching hospitals and in practices with residents rotating through are involved in the education of their residents. The Accreditation Council for Graduate Medical Education requires evidence that trainees are taught and demonstrate competency not only in medical knowledge and in patient care—the historic focus of radiology education—but also in the so-called non-interpretative core competencies, which include professionalism and interpersonal skills. In addition to accreditation agencies, the prominent assessment practices represented by the American Board of Radiology core and certifying examinations for trainees, as well as Maintenance of Certification for practitioners, are planning to feature more non-interpretative competency assessment, including professionalism to a greater extent. Because professionalism was incorporated as a required competency in medical education as a whole, more clarity about the justification and expected content for teaching about competence in professionalism, as well as greater understanding and evidence about appropriate and effective teaching and assessment methods, have emerged. This article summarizes justifications and expectations for teaching and assessing professionalism in radiology residents and best practices on how to teach and evaluate professionalism that can be used by busy radiology faculty in their everyday practice supervising radiology residents.

Key Words: Education; residents; professionalism; ethics; radiology.

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INTRODUCTION

We are now in the age of managed health care and Accountable Care Organizations, which encourages specialties such as radiology to demonstrate the added value of the services we provide. In the context of changed expectations for health care, changes mandated for health profession education included competencies beyond the traditional focus on trainees' acquisition of medical knowledge (1). The Accreditation Council for Graduate Medical Education (ACGME) specifically targets professionalism as a competency that training programs are required to teach and assess. Radiology's established tradition of education—defining and fostering competency in medical knowledge and patient care (the traditional interpretative skills emphasized in radiology education)—facilitates our ability to define the content and scope of our curricula, as well as share best practices in assessing progress on predictable milestones and competency attainment of our trainees. In contrast, formulating teaching and assessment in the essential “non-interpretative skill” of

professionalism has posed challenges to medical education. We learned that challenges medical education encountered in teaching professionalism included diffuse and disparate definitions of professionalism; variability in trainees' experience and opportunity to reflect on professionalism; discrepancies between professionalism in explicitly planned curriculum and informal experience; and findings that faculty are less likely to explicitly articulate and share their standards for professionalism, let alone observe and provide constructive feedback to trainees on their progress in achieving competence in professionalism.

Moreover, generational differences emerge between young trainees, new faculty, and senior practicing radiologists, which along with technology are casting a different light on professional values and beliefs. As trainees mature and gain knowledge and autonomy, their learning and feedback preferences will also change and evolve; educators need to keep these factors in mind. Our collective experiments and experience have also enabled us to share lessons learned for strategic and effective education.

In the first article of this series, the authors outlined how the construct of medical professionalism has evolved, including pivotal historical events precipitating expectations for the practice and teaching of professionalism (2). In that paper, the authors share their insights on the teaching and assessment of professionalism in radiology trainees, supported by a literature review on more successful strategies. Multiple examples of opportunities and ways for readers to teach and assess professionalism to trainees in their radiology practices are provided.

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From the Department of Radiology, Division of Cardiothoracic Radiology, University of Michigan, 500 S State St, Ann Arbor, MI 48109 (A.M.K.); Department of Learning Health Sciences, University of Michigan Medical School, Ann Arbor, Michigan (L.D.G., P.B.M.). Received February 2, 2017; revised February 25, 2017; accepted February 25, 2017. This study was supported in part by the Leonard Berlin Award (Project/Grant # N018042). **Address correspondence to:** A.M. Kelly. e-mail: ainemariakelly@hotmail.com

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WHY SHOULD WE TEACH PROFESSIONALISM? SHARING THE MESSAGE WITH OUR FACULTY AND TRAINEES

There is an explosion in the volume of literature and media coverage on medical professionalism owing to a perceived decline in professional values and behaviors among physicians (3,4). The teaching of professionalism also represents a regulatory and certification requirement, as well as the ethical thing to do.

The teaching of professionalism has assumed a more central place within graduate (medical school) and post-graduate (residency programs) medical education in recent years. There are many reasons underlying the teaching of medical professionalism, which include the medical professions' commitment to address prior transgressions and to prevent their occurrence in the future. In addition, the teaching of professionalism allows us to be transparent and to assure the public, patients, and allied professions that we value professionalism highly and take it seriously. Radiologists should emphasize, model, and teach professionalism to our colleagues and trainees, whenever opportunity permits.

How trainees are inculcated with the values of their profession has a significant impact on their future behavior as practicing professionals and affects the degree to which they will fulfill the social expectations that support the privileged status of the professions (3). Some authors have documented a modest link between unprofessional behavior during medical school and later disciplinary complaints to state licensing boards (5). Students who exhibited irresponsibility and diminished capacity for self-improvement have the highest odds of receiving disciplinary actions later in practice. These findings likely generalize to residency trainees and argue that intervention during residency might later protect patients and colleagues from unprofessional practices and disruptive behaviors. Courses in professionalism and ethics might enable educators to detect residents in difficulty and provide effective intervention to prevent undesirable consequences to patients, colleagues, and the residents' future career (4). Addressing unprofessional behavior can increase staff satisfaction and retention, enhance the reputation of the physician teachers, improve patient safety and risk management experience, enhance productivity, and save money (6,7). Unprofessional behavior in the workplace has been linked directly to medical error, prompting the Joint Commission to issue a Sentinel Event Alert on the topic in 2008 (8–10). When people are afraid to speak out about an unresolved problem because a physician is unprofessional, this can lead to unsafe practices and undermine perceived or actual patient safety.

If we do not emphasize professionalism and ethics in medical school and residency, trainees may be more likely to perceive that it is not important. In previous years, professionalism was less explicitly taught, and learning was more entrenched in the "hidden" or informal curriculum, or through role modeling, parables, and mentors. Even if there were formal courses on professionalism in the preclinical years, they seldom in-

involved summative evaluation of students (3,11). Trainees may therefore see such topics as being less important than the mainstream courses. Therefore, all educators need to place professionalism and ethics courses on par with other topics. Most medical schools and residencies now educate trainees on professionalism and ethics in an explicit fashion, as required by the Liaison Committee on Medical Education and the ACGME (12,13).

It is likely that there will be a greater emphasis on teaching professionalism in radiology residency programs now that there is a greater emphasis on it and on the other non-interpretative skills in the new ABR examination of the future core and certifying examinations (14,15).

We also need to instill professional values, attitudes, behaviors, attributes, and habits into our trainees and junior colleagues if the medical profession is to survive current and future challenges in health care. These include adapting our practices to health care today, which places the emphasis on adding quality rather than merely focusing on quantity. Health-care practice increasingly involves patient- and family-centered care, where patient preferences are valued. These preferences will be influenced by patients' views of the professionalism of the physicians with whom they interact. It is not just a quality issue, and patient safety is at threat whenever professional standards lapse or fall. In addition, difficult economic circumstances, with tougher regulations at federal, state, and local levels, are stretching limited resources, necessitating us to become more resourceful. In summary, for ethical, financial, and regulatory reasons, it is incumbent on all practicing radiologists to teach professionalism and ethics to trainees, colleagues, and allied colleagues alike.

WHAT SHOULD WE TEACH? CLARITY ABOUT THE CONSTRUCT

To determine what should be taught, we need to start by defining professionalism within the context of medicine in general and then as it specifically relates to diagnostic imaging. Historically, the construct of professionalism has included personality characteristic or traits, and values or attitudes or beliefs that one holds, which may not be outwardly expressed or explicit to an observer or assessor. Other definitions include desirable qualities exhibited by workers doing their jobs or interpersonal skills that are perceived as being professional, such as exercising one's best judgment with high levels of complexity and uncertainty; humanism (honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness); and service (to patients, employer, colleagues, trainees, the organization, and society). More examples of professional traits and behaviors are included in Table 1 and overlap those outlined by the American Board of Internal Medicine in its Project Professionalism and the Physicians Charter on medical professionalism in the new millennium, published jointly by the American College of Physicians-American Society of Internal Medicine Foundation and the European Federation of Internal Medicine (16–18).

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