RISK MANAGEMENT, COMMUNICATION, PROFESSIONALISM:

ABR Perspective
AUR – March 21, 2012
Nothing to Disclose
Simple lesson? Role modeling powerful among ways to teach professionalism; yet:

- **Survey of 1,891 U.S. Physicians (64% resp.)***
  - 1/3: disagree with disclosing errors
  - 1/5: say it is acceptable at times to tell patients something untrue
  - 2/5: do not agree completely with disclosure of financial relationships with drug and device firms

Preamble

Professionalism is the basis of medicine’s contract with society. It demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health. The principles and responsibilities of medical professionalism must be clearly understood by both the profession and society. Essential to this contract is public trust in physicians, which depends on the integrity of both individual physicians and the whole profession.

- Endorsed by hundreds of organizations, including:
  - ACGME
  - ABMS
  - ABR
  - RSNA
“Professionalism is the basis of medicine’s contract with society. It demands placing the interests of patients above those of the physician…”

3 Fundamental Principles

10 Professional Responsibilities (Commitments)
Physician Charter

3 Fundamental Principles

- **Principle of primacy of patient welfare**
  - This trust central to the physician
  - Must not be compromised for any reason

- **Principle of patient autonomy**
  - Physicians must be honest, and
  - Empower patients to make informed decisions

- **Principle of social justice**
  - Fair distribution of healthcare resources
  - Elimination of discrimination in healthcare
Physician Charter
10 Professional Commitments

Commitment to...

...professional competence
...honesty with patients
...patient confidentiality
...maintaining appropriate relations with patients
...improving quality of care
...improving access to care
...a just distribution of finite resources
...scientific knowledge
...maintaining trust by managing conflicts of interest
...professional responsibilities
Charter on Medical Professionalism

Professional competence

Improving access to care

Honesty with patients

Adjust distribution of finite resources

Patient confidentiality

Professional responsibilities

Maintaining appropriate relations with patients

Scientific knowledge

Improving quality of care

Maintaining trust in conflicts of interest
You are a resident on the IR service. A patient with a fem-pop graft occlusion has been referred for thrombolytic therapy. Your attending decides this patient meets the selection criteria of the clinical trial of a new thrombolytic agent, for which she is the local PI. You observe the informed consent interview. To you, it seems unbalanced in favor of the new agent. Moreover, although your attending is a paid consultant and member of the scientific advisory board of the firm sponsoring the trial, she fails to disclose these facts in the informed consent interview.
In this scenario, which fundamental principle(s) of the Physician Charter have been violated?

- Principle of primacy of patient welfare
- Principle of patient autonomy
- Principle of social justice
Which of the 10 commitments of the Physician Charter have been violated?

...professional competence
...honesty with patients
...patient confidentiality
...maintaining appropriate relations with patients
...improving quality of care
...improving access to care
...a just distribution of finite resources
...scientific knowledge
...maintaining trust by managing conflicts of interest
...professional responsibilities
Who is at risk (medical, legal, financial) in this scenario?

- Patient
- Physician-investigator
- Other patient-subjects enrolled in the same clinical trial
- Hospital
- Pharmaceutical company
- Society

What should you do?
You are on a crowded hospital elevator. In a loud voice, one surgery resident is joking about an obese patient, as he explains to his colleague that the patient’s I.V. placement had turned into a protracted affair. Multiple attempts had caused extreme discomfort to the patient, frustration on the part of the resident, and ultimately, failure to access a vein. According to the resident, the patient had yelped and squealed “like a stuck pig,” until he had snapped at her, “Well, if you weren’t so damned fat!”
Which of the 10 commitments of the Physician Charter are at issue here?

...professional competence
...honesty with patients
...patient confidentiality
...maintaining appropriate relations with patients
...improving quality of care
...improving access to care
...a just distribution of finite resources
...scientific knowledge
...maintaining trust by managing conflicts of interest
...professional responsibilities
Questions to consider:

- Whose responsibility is it to remind this resident about patient confidentiality and respect for others?
- What would you do in response to hearing this conversation on the elevator?
- What if it were not a resident making these remarks, but an attending or department chair?

Vignettes, coupled with formative assessment and feedback, are powerful tools to shape professional behaviors.
Board Certification and Managing Risk

- Contract with society
- Through Board Certification, the profession enjoys the privilege of self-regulation.
- Duty is competent members of the profession:
  - Medical Knowledge
  - Patient Care
  - Communication and Interpersonal Skills
  - Professionalism
  - Practice-based Learning and Improvement
  - Systems-based Practice
Competent members of the profession → minimized risk

- Residency: supervised full-time training experience during which competencies are developed
- Practice: post-training; competencies must be maintained through a program of CPD
Initial Certification

- Two pillars:
  - Accredited training
  - Board examinations
Maintenance of Certification

- Absence of accredited training (second pillar)
- Continuous Professional Development takes its place.

Why needed?
- Skills decline with years in practice.
- Patients receive only ~1/2 of indicated care.
- 10 commitments: some physicians falter.
- Proportion of physicians disciplined increases with each decade after first licensure.
- Substantial body of knowledge!
Skills decline with years in practice

  - Systematic review of studies relating medical knowledge, healthcare quality to years in practice & physician age
  - > 50% studies: decline in performance with increasing years in practice
  - Only 1 of 62 studies: improved performance with increasing years in practice
  - 2 studies: initial increase in performance with years in practice, followed by decline
Docs fail to provide recommended care

- McGlynn et. al (NEJM 2003;348:2635-45)
- Mangione-Smith et. al (NEJM 2007;357:1515-23)
  - RAND studies
  - Telephone surveys, coupled with systematic review of medical records
  - Each: 12 metropolitan areas; quality indicators developed by RAND-UCLA modified Delphi method
Overall, About Half of the Recommended Care Is Delivered

American adults receive 54% of indicated care.  
American children receive 46% of recommended ambulatory care.

How Does the Self-Regulating Profession Respond?

- Initial Certification: Well-developed integration of the six competencies into ACGME residency program requirements

- DR General Didactic Content required in:
  - compassion, integrity, and respect for others;
  - responsiveness to patient needs that supersedes self-interest;
  - respect for patient privacy and autonomy;
  - accountability to patients, society and the profession; and
  - sensitivity and responsiveness to a diverse patient population…
**Initial Certification**

- **RRC Requirement:** Program faculty evaluated on professionalism; must ensure a culture of professionalism in their programs.

- **RRC Requirement:** All residents and faculty members must “demonstrate responsiveness to patient needs that supersedes self interest....”

- **ABR Requirement:** PDs attest for each resident before oral exam: he/she “will have achieved adequate professional qualifications....” (i.e., all 6 competencies)
Present Exams

- No blueprint requirement for Professionalism content in “written” exams
- May occur in oral exams, but not explicit

Future Exams

- Explicit inclusion of professionalism content: Certifying Exam, Noninterpretive Skills Module

Attestations

- Attestations regarding exam security by first-year residents (as well as PDs, PCs, and Chairs) represent first time the Board is requiring direct evidence of Professionalism in residency.
Innovative program in process:

- Participants: Boards, RRCs, PDs, Residents
- Milestones Project, with specific incorporation of professionalism milestones in 4 domains:
  1. Responsibility & follow-through on clinical duties
  2. Relationships with physician colleagues & other health professionals
  3. Impact of stress on professional behavior
  4. The physician and society
How Does the Self-Regulating Profession Respond?

- Maintenance of Certification
  - Framework that provides support for all members of the profession to maintain competence
  - Fulfills the contract with society
  - Demonstrates doing so in an official and uniform manner
- → minimizes risk
Component 1: Professional Standing

- Licensure Requirement
- Future ABMS Requirements
  - Patient and Peer Surveys–Communications, Professionalism
  - 360-degree evaluations = feedback
### Physician Discipline Problems

#### Basis for action against license by states

<table>
<thead>
<tr>
<th>Basis for action</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impairment</td>
<td></td>
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<tr>
<td>Quality / competence / negligence</td>
<td></td>
</tr>
<tr>
<td>Unprofessional conduct</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous / other</td>
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#### ABR Professionalism/Licensure Subcommittee activity since 2005

#### Basis for consideration: DANS reports

<table>
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<tr>
<th>Description</th>
<th>Count</th>
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<tr>
<td>Total reports received</td>
<td>1,187</td>
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<tr>
<td>License revoked, suspended, probation (further consideration)</td>
<td>426</td>
</tr>
<tr>
<td>ABR revoked certificates (includes 1 surrender in lieu of revocation)</td>
<td>45</td>
</tr>
<tr>
<td>ABR suspended certificates</td>
<td>17</td>
</tr>
<tr>
<td>ABR certificates placed on probation</td>
<td>26</td>
</tr>
<tr>
<td>Watch status</td>
<td>7</td>
</tr>
</tbody>
</table>
Component 1: Professional Standing

- Papadakis et. al (Jrnl Med Lic & Discip, ‘04, ‘06)
  - Disciplinary action by a medical board was strongly associated with prior unprofessional behavior in medical school, for a population attributable risk of disciplinary action of 26%.
  - Strongest unprofessional behavior predictors:
    - Irresponsibility (unreliable attendance at clinic, lack of follow-up related to patient care)
    - Diminished capacity for self-improvement (failure to accept constructive criticism, argumentativeness)
Component 2: Lifelong Learning & Self-Assessment

- Lifelong learning = CME?
- Self-Assessment = “Guess my grade”?

- Williams (2006: Jrnl Cont Ed in Hlth Prof)
  - CME – Efficacy depends upon involvement of learner, interactivity, practice opportunity.

- Eva & Regehr (2008: Jrnl Cont Ed in Hlth Prof)
  - Self-assessment – More effective when seeks externally generated sources of data, i.e., feedback.
MOC Component 2: LLL & SA

- 34 "Noninterpretive Skills" SAMs:
  - 14 in ethics and professionalism
  - 4 in systems-based learning and QI
  - 1 in communications
  - Remainder in safety
ABRF Ethics and Professionalism Modules

1) Attributes of Professions and Professionals
2) Physician-Physician and Physician-Patient Interactions
3) Ethics of Personal Behavior, Peer Review, and Contract Negotiations with the Employers
4) Conflict of Interest
5) Ethics in Research
6) Ethical Issues in Human Subjects Research
7) Research Involving Vertebrate Animals
8) Relationships with Vendors
9) Publication Ethics
10) Ethics in Graduate and Resident Education
MOC Component 3: Cognitive Expertise

- Practice-profiled, computer-based test, q 10 yrs
  - Required module: Non-Interpretive Skills (NIS) - includes Professionalism content
    - Content must be based on expert consensus for validity.
    - Domain must be well-defined for reliability.
    - Higher-level judgments and vignette-like item types lead to fidelity.
  - Clinical areas (4 elective modules) - include content assessing other competencies
  - Feedback to examinees
Formative Assessment Tools for Professionalism

- *Teaching and Assessing Professionalism: A Program Director’s Guide – ABP, APPD*

- [https://www.abp.org/abpwebsite/publicat/professionalism.pdf](https://www.abp.org/abpwebsite/publicat/professionalism.pdf)
  - Critical Incidents
  - Peer Assessments
  - Professionalism Mini-Evaluation Exercise
  - Multi-Source Assessments
MOC Component 4: Performance in Practice

- Practice Quality Improvement Projects
  - Incorporate competencies such as:
    - practice-based learning and improvement,
    - systems-based practice,
    - communication and interpersonal skills
  - Demonstrate that the diplomate *does*, rather than only *knows*
  - Provide the hard evidence of maintaining competency and professional responsibility
MOC, Professionalism, and Risk Management

- MOC is the framework for continuing to develop as a professional.
  - It includes means of learning and improving in all six competencies.
  - Minimization of risk when radiologist competencies are verified by the ABR in:
    - Medical knowledge
    - Professionalism
    - Patient care
    - Practice-based learning
    - Communications
    - Systems-based practice