Pursuit of Professionalism: Addressing Challenging Learners

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What are the characteristics of a professional?

Three Characteristics Define a Profession: Justice Louis Brandeis

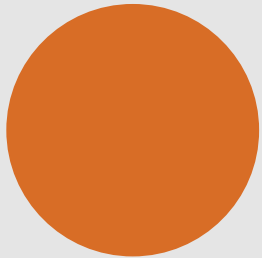Body of knowledge that is owned by the profession; distinguished from mere skill.

Occupation pursued largely for others; financial return not the accepted measure of success.

Obligation for self regulation. *(group regulation too)*

Pursuing the Right Balance

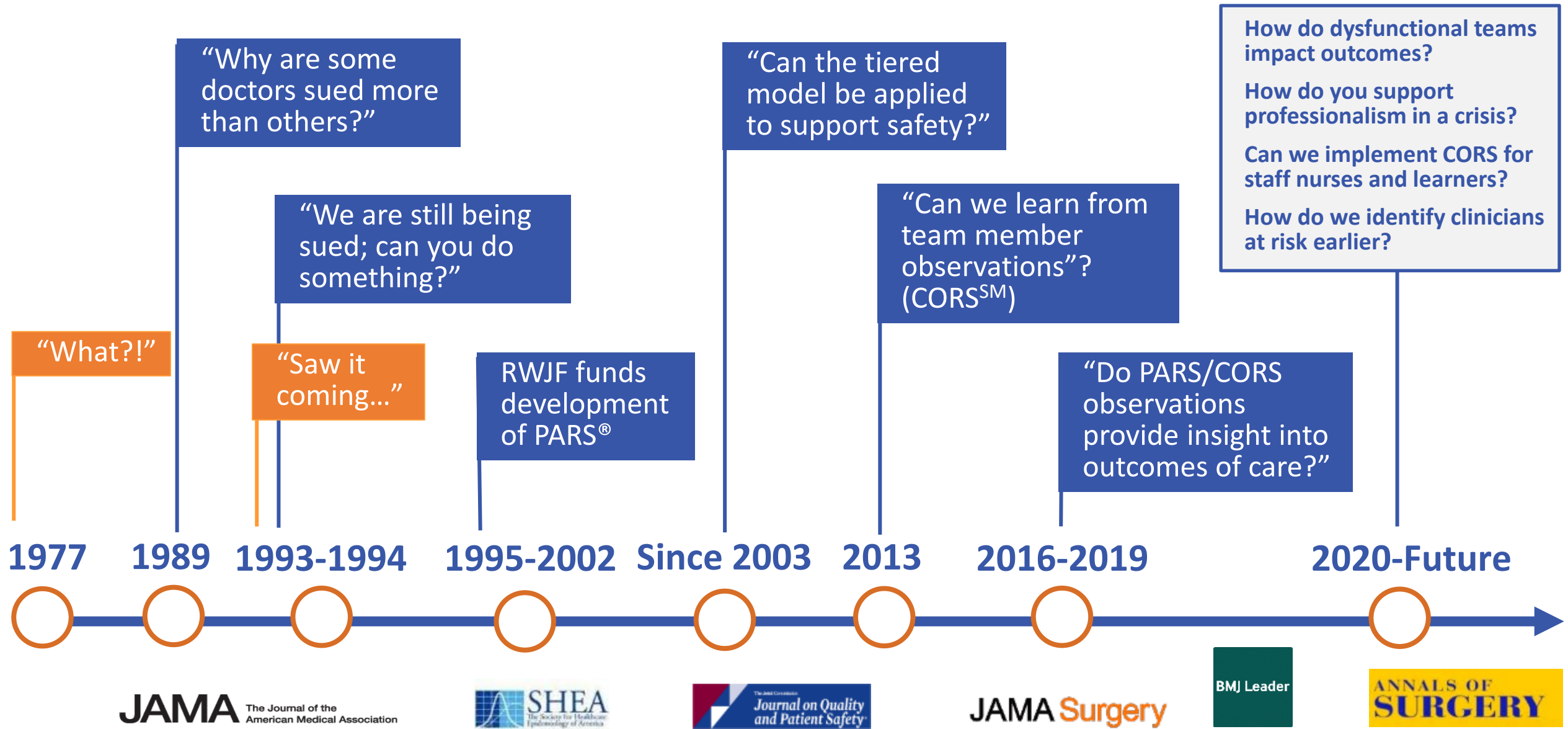
Intentionally
Designed Systems

Professional
Accountability

Hickson et al*., Joint Commission Resources*, 2012.
Talbot TR et al., *Infect Control Hosp Epidemiol.*, 2013.
Cooper, et al., *JAMA Surgery*. 2017. Cooper, et al*., JAMA Surgery*, 2019.

CPPA Timeline

"Why are some doctors sued more than others?"

"Can the tiered model be applied to support safety?"

How do dysfunctional teams impact outcomes?

How do you support professionalism in a crisis?

Can we implement CORS for staff nurses and learners?

How do we identify clinicians at risk earlier?

"We are still being sued; can you do something?"

"Can we learn from team member observations"? (CORS^SM)

"What?!"

"Saw it coming…"

RWJF funds development of PARS®

"Do PARS/CORS observations provide insight into outcomes of care?"

| 1977 | 1989 | 1993-1994 | 1995-2002 | Since 2003 | 2013 | 2016-2019 | 2020-Future |

JAMA The Journal of the American Medical Association

SHEA The Society for Healthcare Epidemiology of America

Journal on Quality and Patient Safety

JAMA Surgery

BMJ Leader

ANNALS OF SURGERY

Hickson et al., *JAMA*, 1992. Entman et al., *JAMA*, 1994. Hickson et al., *JAMA*, 1994. Hickson et al., *JAMA*, 2002. Talbot TR et al., Infect Control Hosp Epidemiol., 2013. Webb et al., The Joint Commission Journal on Quality and Patient Safety, 2016. Cooper, et al., JAMA Surgery. 2017. Cooper, et al., JAMA Surgery, 2019. Cooper, et al., *BMJ Leader*, 2021. Cooper WO, et al., Annals of Surgery 2022 (in press).

Case: Joe
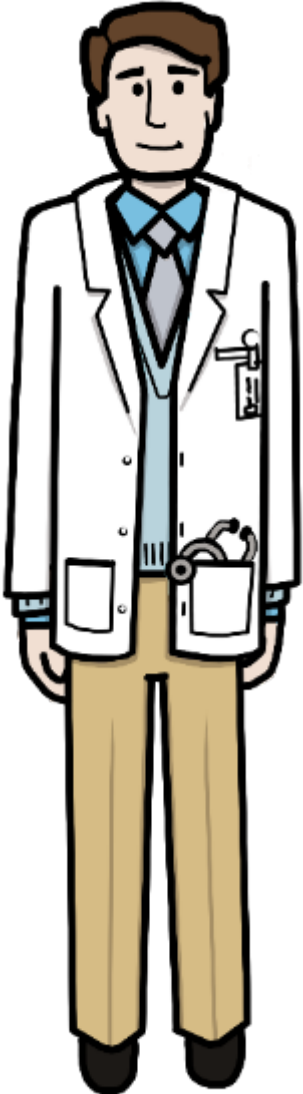
- New Resident
- With institution for 9 months
- Nurse reports:

"Called Dr. Joe about a change in a patient's status…arrived 25 minutes later…briefly looked at the patient…rolled his eyes and said: 'Patient is okay…You can handle this?…Right?…'"

How likely would this disturbance be…?

- Addressed/Reported
- Delivered to you in your program director role
- Shared with Dr. Joe within a week

Physicians who model disrespect account for:

50-70% of your organization's malpractice claims experience and cost

And if you personally need care:

You are 20-30% more likely to have a surgical site infection*

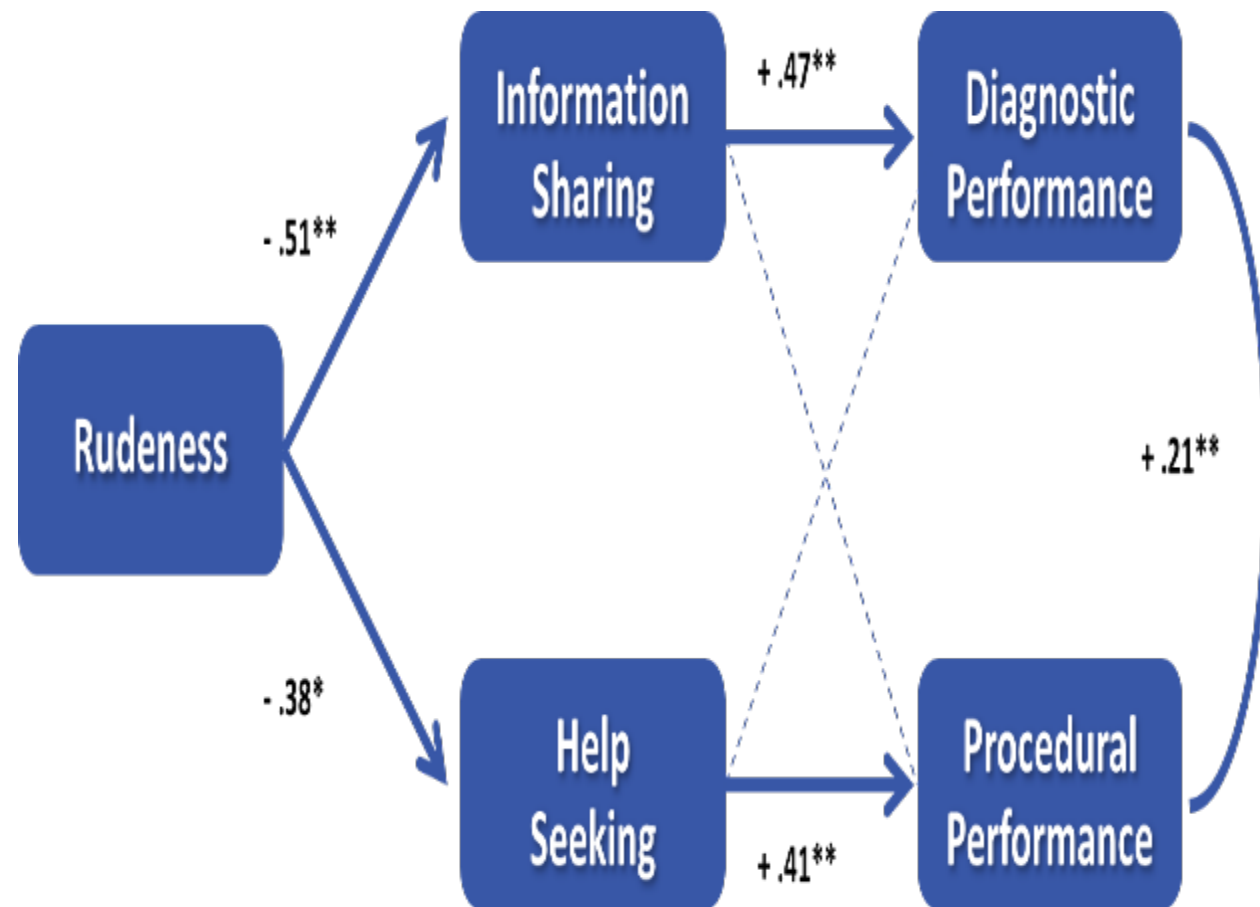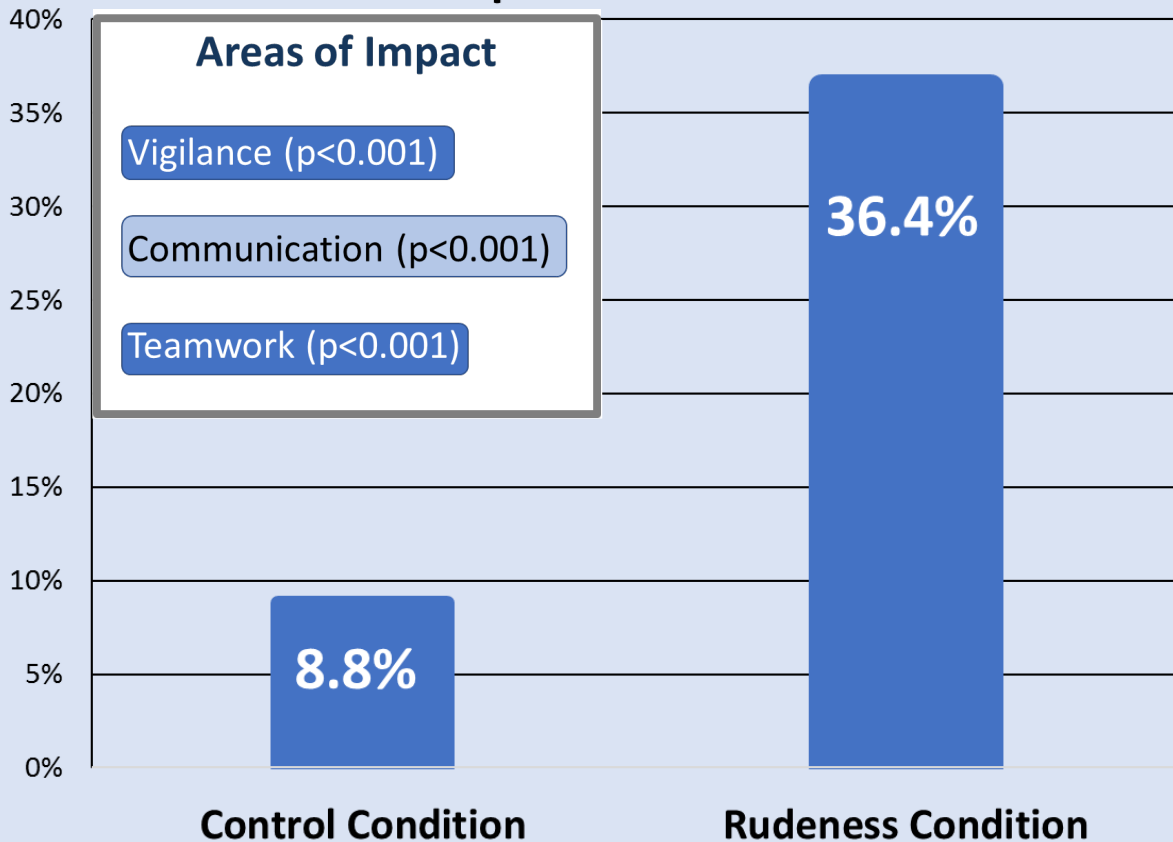**You are 20-40% more likely to develop Sepsis**

You are 24-30% more likely to die if you require trauma care

*Includes surgical site infections, wound disruptions, and medical complications (e.g. pneumonia, embolism, stroke, MI, UTI)

JAMA Surgery — Cooper, et al., *JAMA Surgery*. 2017 & 2019

JAMA The Journal of the American Medical Association — Hickson et al., *So Med J,* 2007. Moore et al, *Vanderbilt Law Review,* 2006. Hickson et al., *JAMA,* 2002.

ANNALS OF SURGERY — Cooper, et al., Annals of Surgery 2022

The Impact of Rudeness on Individual & Team Performance

Residents Who Performed Below Expected Level

Areas of Impact

- Vigilance (p<0.001)
- Communication (p<0.001)
- Teamwork (p<0.001)

Control Condition: 8.8%
Rudeness Condition: 36.4%

Katz et al., BMJ, 2019.

Rudeness → Information Sharing: − .51**
Rudeness → Help Seeking: − .38*
Information Sharing → Diagnostic Performance: + .47**
Help Seeking → Procedural Performance: + .41**
Diagnostic Performance ↔ Procedural Performance: + .21**

Riskin et al., Pediatrics, 2015.

Dr. Joe receives more reports…

"Dr. Joe entered the patient care area not wearing appropriate PPE. A nurse colleague reminded…Dr. Joe replied: "It's okay I like the attention.""
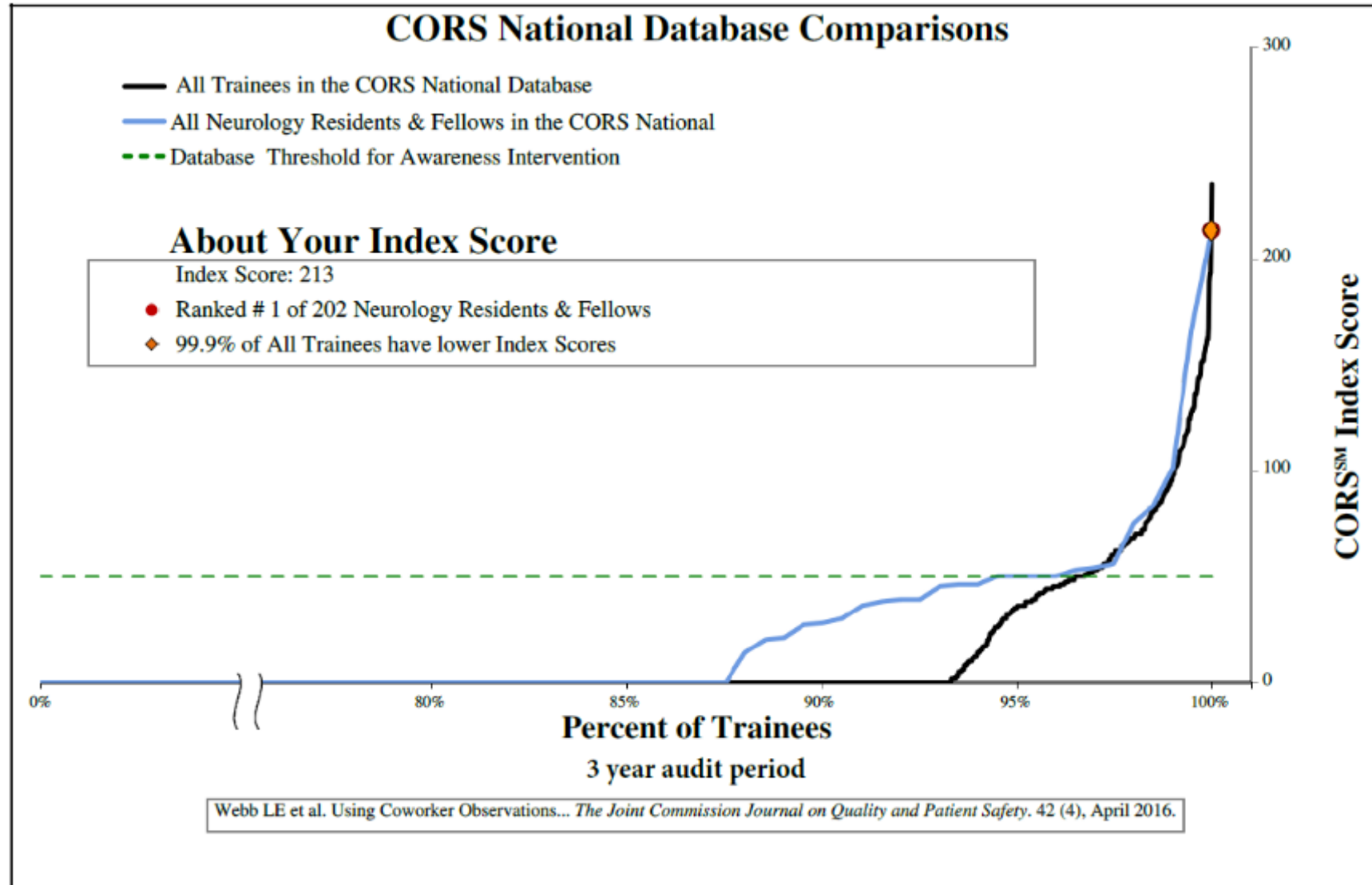
"Dr. Joe called me back to the nursing station and stated: 'You're a nurse and should follow your scope of practice…do you know what that means!?…'"

"Dr. Joe refused to call his attending and referred to himself as the attending when communicating with another service about a concerning patient."

Co-Worker Report Distribution

CORS National Database Comparisons

—— All Professionals in the CORS National Database
—— All Hospitalists in the CORS National Database
- - - - Threshold for Awareness Intervention

About Your Index Score

Index Score: 219
● Ranked #5 of all Hospitalists in CORS
◆ 99.5% of All Professionals have lower Index Scores

3% of professionals are associated with **44%** of reports

85-90% of all professionals are associated with **NO** reports

CORS℠ Index Score

Cumulative % of Professionals

3 year audit period

JAMA Surgery — Webb et al., *The Joint Commission Journal on Quality and Patient Safety,* 2016; Martinez et al. *Journal of Patient Safety*, 2018; Cooper et al. JAMA Surgery, 2019.

Regarding Dr. Joe, are stories…random chance or a pattern?

CORS National Database Comparisons

— All Trainees in the CORS National Database
— All Neurology Residents & Fellows in the CORS National
- - - Database Threshold for Awareness Intervention

About Your Index Score

Index Score: 213
- Ranked # 1 of 202 Neurology Residents & Fellows
- 99.9% of All Trainees have lower Index Scores

Percent of Trainees

3 year audit period

Webb LE et al. Using Coworker Observations... *The Joint Commission Journal on Quality and Patient Safety.* 42 (4), April 2016.

Pursuit of Accountability and Reliability Requires an Infrastructure

PEOPLE

- Committed Leadership
- Project Champions
- Implementation Teams

ORGANIZATION

- Clear Goals and Values
- Policies and Procedures
- Sufficient Resources
- Tiered Intervention Models

SYSTEMS

- Tools, Data and Metrics
- Reliable Review Process
- Training

Joint Commission Resources   Hickson et al., Joint Commission Resources, 2012.

Promoting Professionalism Pyramid

Messenger

Dr. Joe

"Dr. Joe rolled his eyes and said: 'Patient is okay…You can handle this?…Right?…'"

Project Champions
Implementation Teams
Tiered Intervention Models
Training

No change

Pattern persists

Apparent pattern

Single concern (merit?)

Egregious

Mandated

Informal "Cup of Coffee"

Mandated reviews

PARS: Authority
CORS: Authority

PARS: Peer Messenger
CORS: Peer or Authority Messenger

Delivered By:

PARS: Patient Relations
CORS: Peer Messenger

Level 3 "Disciplinary" Intervention

Level 2 "Guided" Intervention By Authority

Level 1 "Awareness" Intervention

Majority of professionals (provide routine feedback)

Adapted from: Hickson GB, Pichert JW, Webb LE, Gabbe SG. A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. Acad. Med. 2007 Nov;82(11):1040-1048.

CPPA Experience

Depart Unimproved
191 | 0.19%

Depart Unimproved
19 | 0.02%

Disciplinary

Authority

Awareness

Cup of Coffee

110   0.11%

332   0.32%

2,585   2.5%

62,247   60.6%

11   0.01%

114   0.12%

901   0.97%

7,636   8.2%
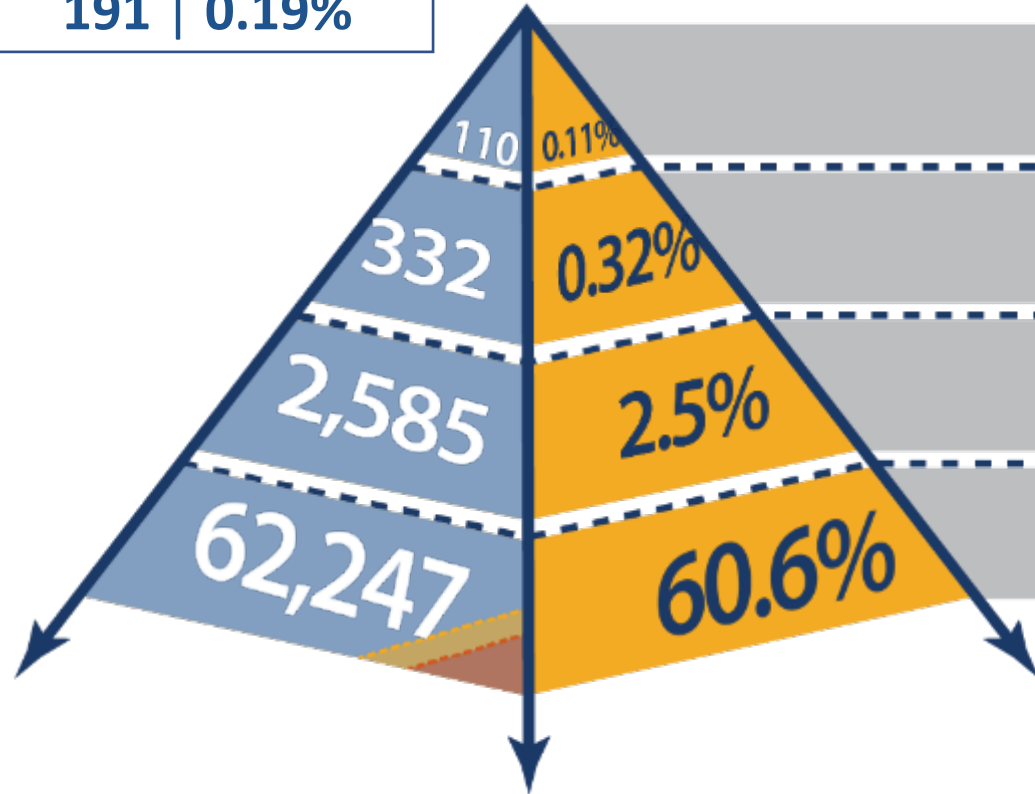
102,744 Physicians in the **PARS** National database
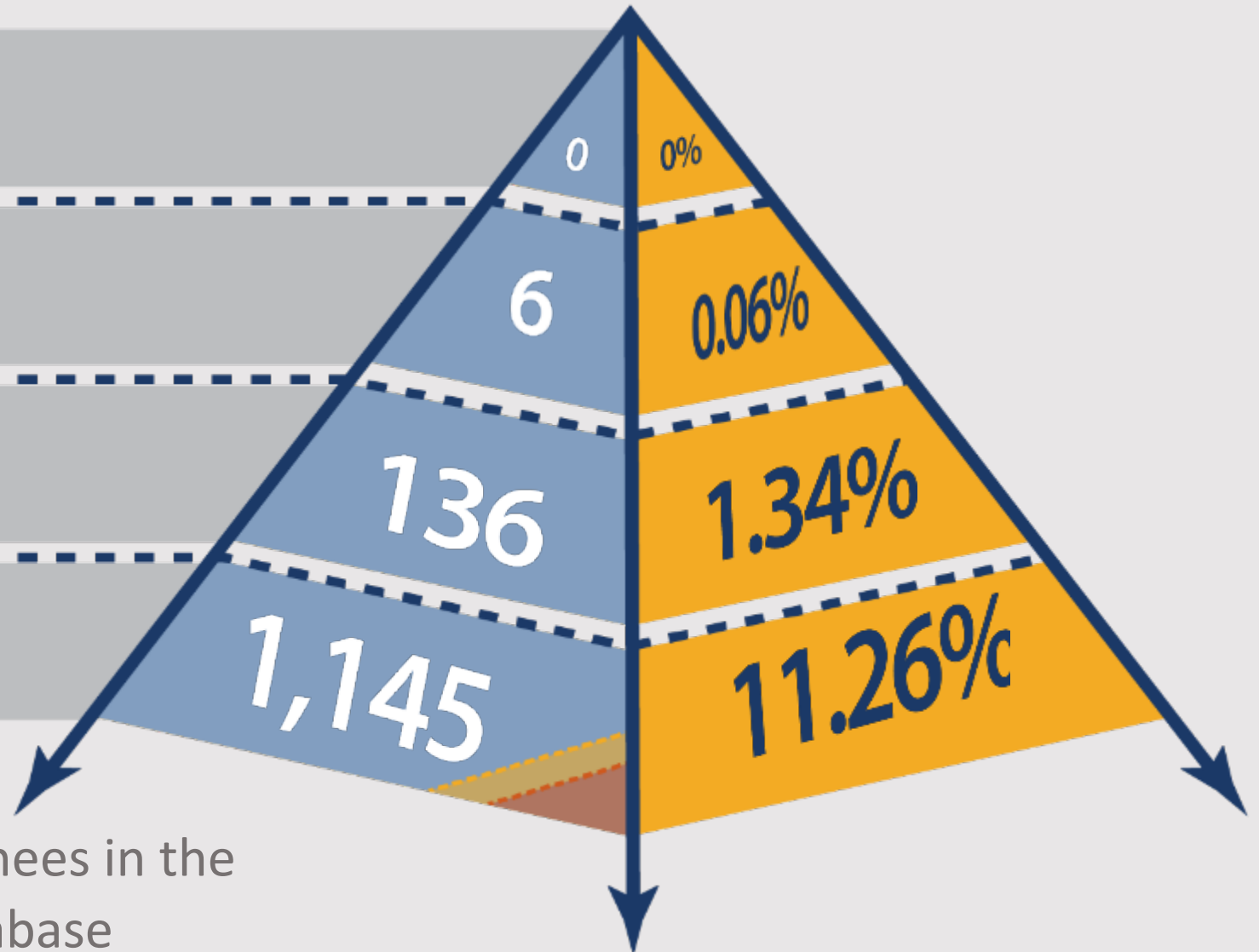
93,050 Professionals in the **CORS** National database

Consider infrastructure…What are the barriers a program director might face?
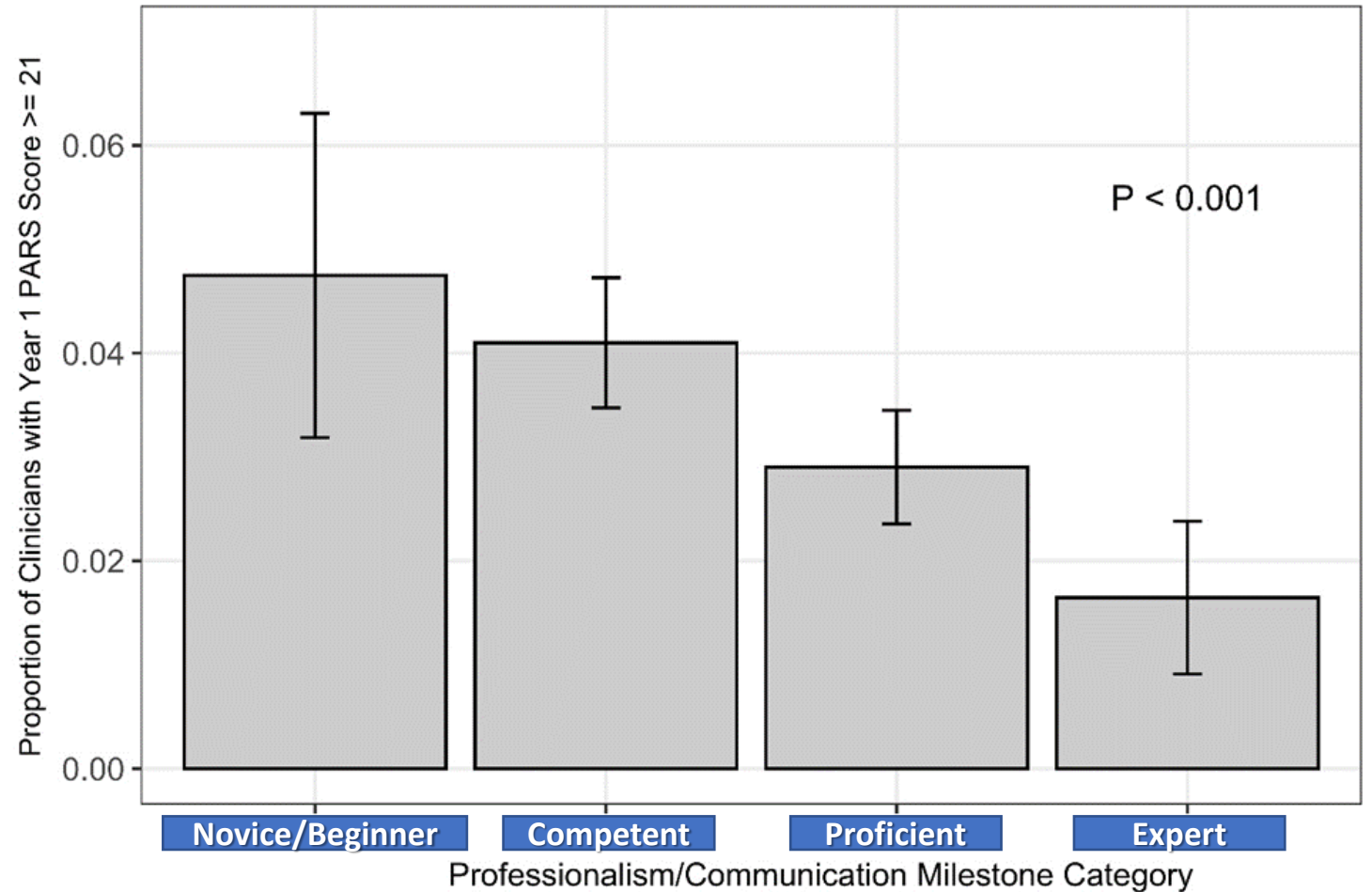
Residency and Early Career Professionalism
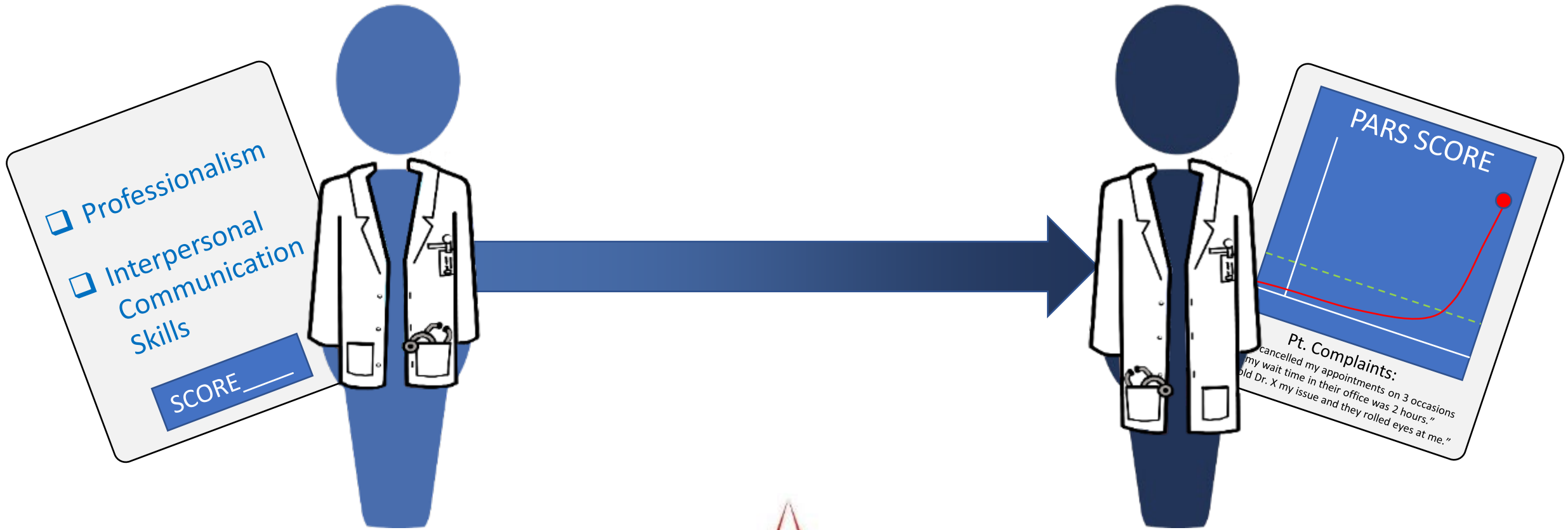
Residency Milestones

Early Career PARS

Resident Professionalism Milestones and PARS

- 9,343 residents from ACGME training programs to PARS sites

- Penultimate Milestones Rating for Professionalism/Communication

- Compared novice to expert

- Year 1 PARS scores

Unpublished data 2022

Identification of Reports Requiring Investigation
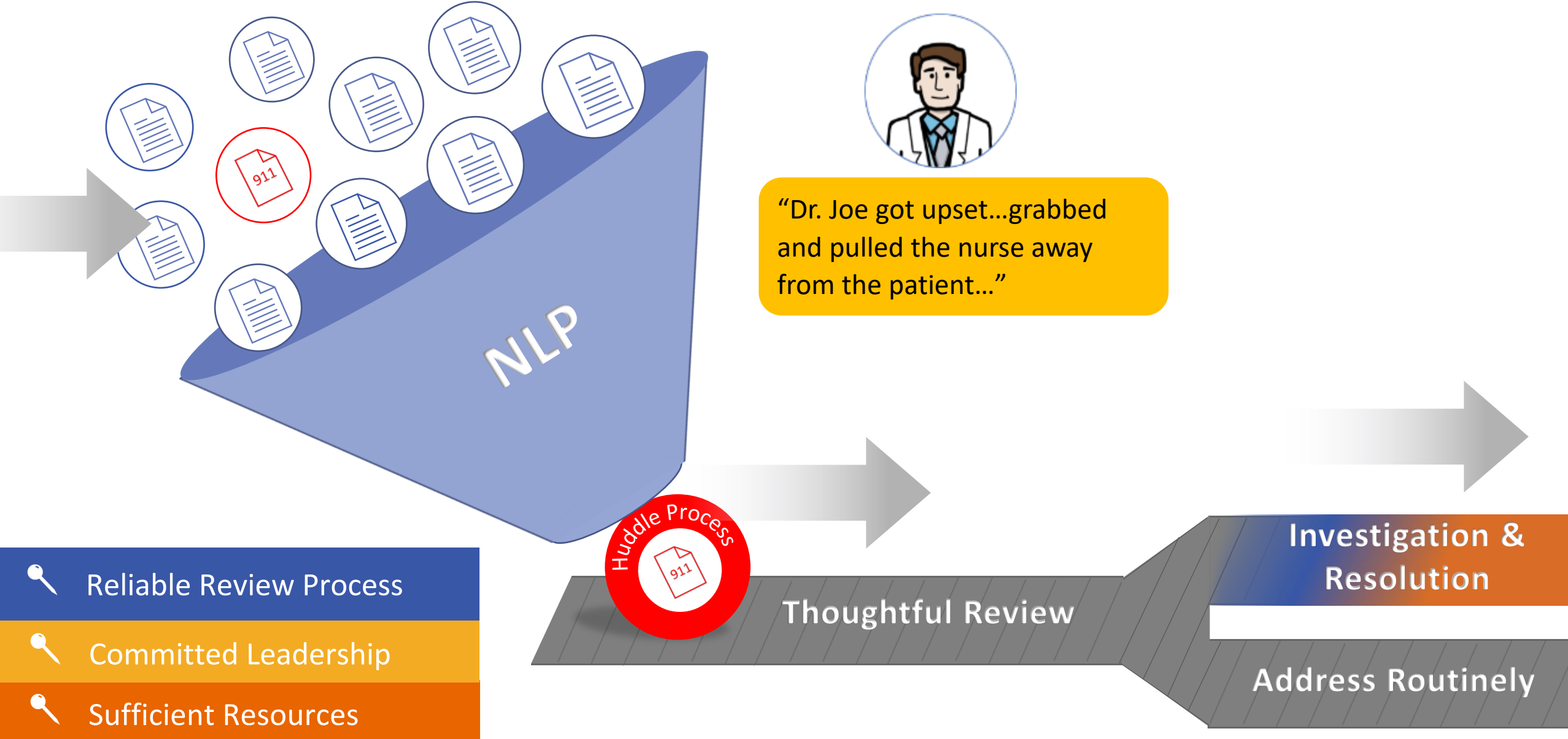
Created a Huddle Process

CPPA PARS/CORS Huddle Procedure & Script
For Internal Use Only

Purpose
To facilitate a huddle with VUMC leadership for review of potentially egregious reports (Including behavior mandated to be investigated by law, regulation, or policy), and to coordinate appropriate next steps.

Pre-Huddle:
1. Determines if a huddle should be scheduled
2. Schedules conference call or in person meeting as soon as possible with a minimum of 3 appropriate leaders *(CMO, VPMA, Human Resources, GME, Faculty Affairs, Legal Affairs, Risk Management, etc.)*.
3. Distributes report as a protected document:
   - Transmits un-redacted report and/or pertinent information to huddle participants securely *(e.g., using encryption or password)*.
   - Document cites relevant law - e.g., peer review or quality improvement statute(s) - related to privilege and confidentiality.

Huddle Script:
Huddle facilitator follows the huddle script to ensure fidelity of the huddle process:
1. "Please confirm who is on the call."
2. "Did anyone not receive the report to be discussed?"
3. "The purpose of today's huddle is to assess whether report #_____ appears to warrant further investigation."
4. "Is anyone aware of any action that has already been taken on this report?"
5. "Would each person on the call provide his/her perspective on whether the report might warrant further investigation and, if so, by whom?"
6. Provides information on whether there have been previous reports for the professional involved.
7. Seeks consensus from participants on whether the report may warrant further investigation.
8. "Who else needs to be made aware of the report and/or action that needs to be taken?"
9. "Is there any concern about this clinician's ability to safely practice at this time?"
10. "Is there any concern about the clinician's well-being at this time?"
11. "Is there any concern about the reporter's well-being at this time?"
12. Summarizes the recommended actions of the group and confirms the individuals accountable for any follow up action.

Post-Huddle:
Huddle facilitator
1. Records all huddle actions and accountabilities in '911 huddle log'.
2. Forwards un-redacted report to officials evaluating the report for investigation and redacted report* to department/service line official as determined *(Note: Privacy of reporter's name should be protected, except for those who are asked to review the report for further investigation)*.
3. Follows up with those accountable for further review of the report to document the disposition of the report and inform huddle call members of the status of the investigation.

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- **Medical Staff**
- **Service Chief**
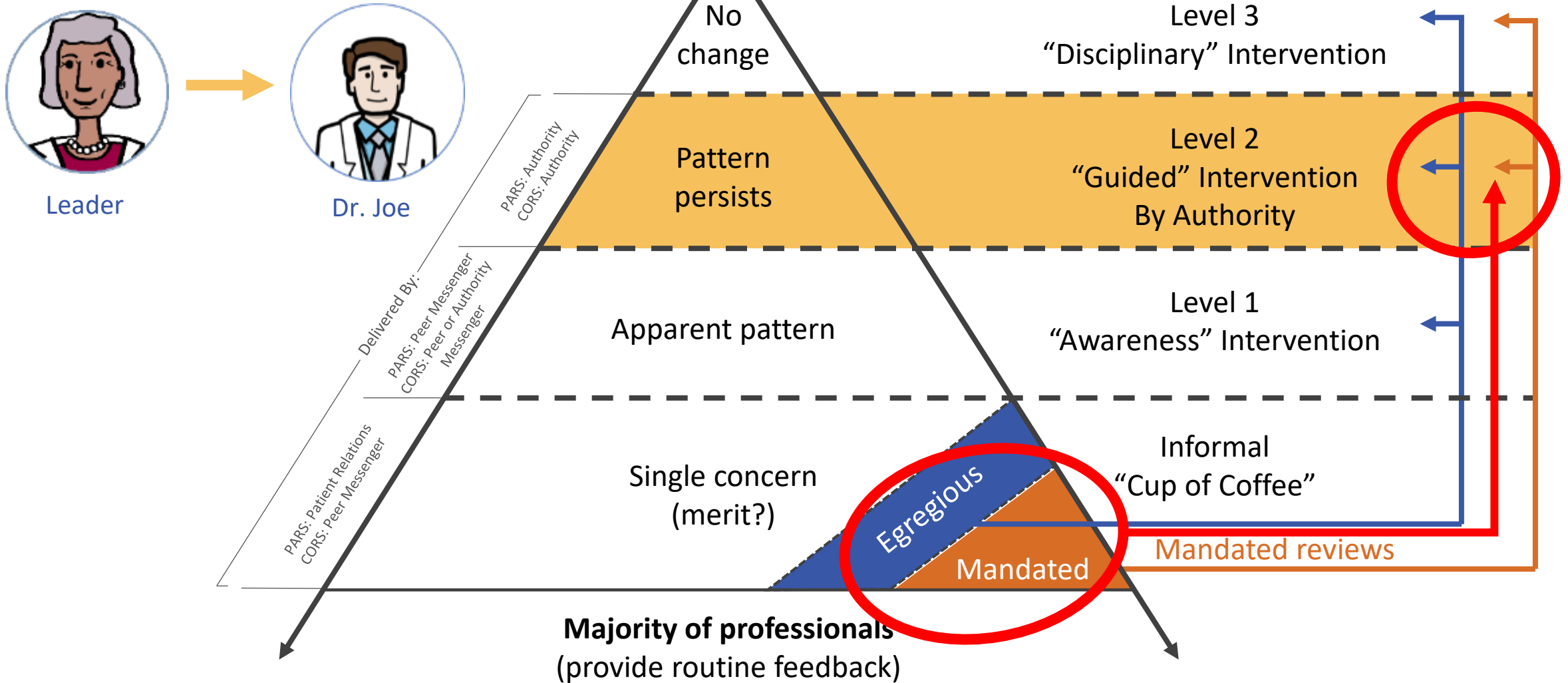- **Nurse Admin**
- **Risk**
- **HR**
- **Prof Committee**

1. Purpose: Does the report **warrant investigation** and by **what office**?

2. **Who** is accountable for follow up and **when**?

3. **Who** notifies the **local leader**?

4. Are there **concerns** about:
   a. *The reported individual and their ability to **continue to work today;***
   b. *The **reporter** and **team's wellbeing**;*
   c. ***The patient***

Promoting Professionalism Pyramid

Leader → Dr. Joe

Project Champions
Implementation Teams
Tiered Intervention Models
Training

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(provide routine feedback)

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By Authority

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Best Practices to Support the Non-Responder

Committed Leadership

Sufficient Resources

Policies and Procedures

Training

Tools, Data and Metrics

Design Game Plan

Determine Policies and Procedures

Understand Professionalism Standards

Engage Leaders (including end around strategy)

Identify Wellness Resources

Access to System and Individual Data

Plan for Refusal to Cooperate

If all infrastructure barriers are removed, anything else holding us back?

Center for Patient and Professional Advocacy

VANDERBILT V UNIVERSITY

MEDICAL CENTER

Thank you
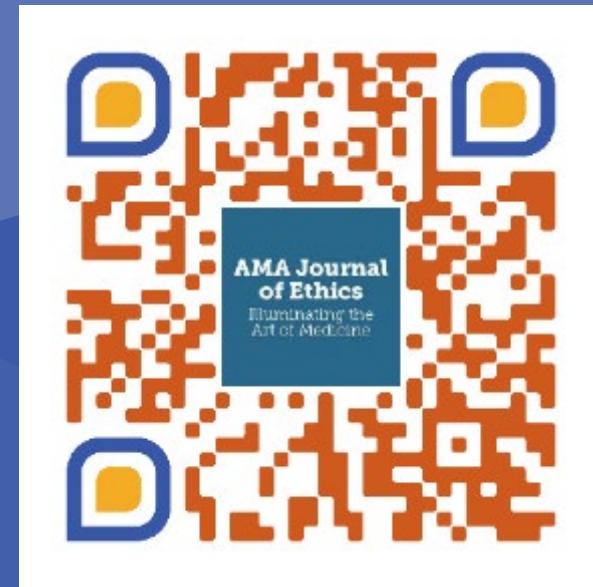
Or visit: vumc.org/patient-professional-advocacy

Let Us Hear Your Comments and Questions

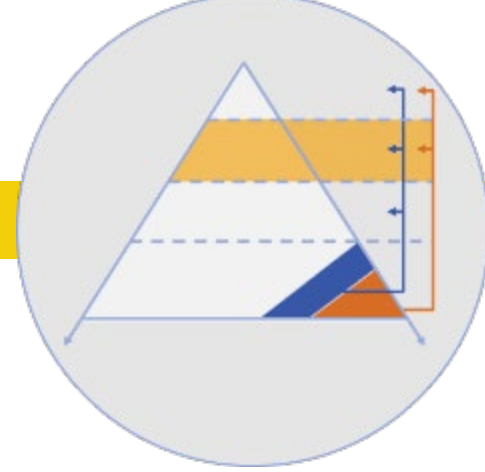My Mentor belittled the patients and their families

My Mentor was respectful

My Mentor blamed the staff…

MY PERFORMANCE GOAL

Martinez et al. Speaking up about traditional and professionalism-related patient safety threats: a national survey of interns and residents, 2017

Reports identified for investigation?

2017 - 2022

Culture 48.3%

Aggressive/Violent 23.9%

Boundary Issues 14.5%

Integrity 11.4%

Impairment 1.9%

CORS[SM]
n = 33,000

7.3%

2,409