

# **CURRICULUM ON PROFESSIONALISM MSU INTERNAL MEDICINE RESIDENCY PROGRAM**

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## **I. Educational Purpose and Goals**

The MSU College of Human Medicine (CHM) has developed *The Virtuous Professional: A System of Professional Development for Students, Residents and Faculty* ([http://humanmedicine.msu.edu/Medical\\_Education/Assets/The-Virtuous-Professional.pdf](http://humanmedicine.msu.edu/Medical_Education/Assets/The-Virtuous-Professional.pdf)). This document describes:

1. The Three CHM Virtues -- Courage, Humility, and Mercy;
2. The Six Professional Responsibilities -- Respect for Others, Honesty, Competence, Compassion, Professional Responsibility, and Social Responsibility; and
3. The Three Processes of Professional Growth – Dialogue, Reflection, and Practice.

The Accreditation Council of Graduate Medical Education (ACGME) describes four areas of competency within professionalism, with developmental milestones to be achieved throughout graduate training. The American Osteopathic Association (AOA) espouses very similar competencies. These are:

1. Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel).
2. Accepts responsibility and follow through on tasks.
3. Responds to each patient's unique characteristics and needs.
4. Exhibits integrity and ethical behavior in professional conduct.

Our curriculum unites the ideals expressed by CHM, ACGME, and AOA.

## **II. Principal Teaching Methods**

- a. Supervised Direct Patient Care - Preceptors will directly observe a resident's professional competencies during continuity clinic and during patient care settings for each rotation.
- b. Counseling and Mentoring Relationships
  - a. At the outset of the first year, residents are assigned a faculty mentor to meet with at least twice per year. Residents may later choose to change their mentor.

- b. R1 residents are assigned a senior resident mentor. This relationship provides R1s with informal guidance during the transition to residency, and provides senior residents with leadership and mentoring experience.
- c. Twice a year residents meet with the residency director or his/her designee to discuss a wide range of issues including professional development and performance. During this semiannual review meeting the faculty member reads and provides feedback on the resident's portfolio and CV.
- c. Small Group Discussions
  - a. Psychosocial rotation - This required rotation addresses important professionalism attitudes, behaviors and skills, particularly those involving the medical interview, caring for somatic disorders, and counseling. The rotation includes small group discussions on ethics topics, cultural competency, and self reflection. See the psychosocial rotation curriculum for detail.
  - b. Balint group discussions - These quarterly small group experiences, facilitated by a trained faculty member, occur during continuity clinic and allow residents to freely dialogue and reflect upon their experiences.
  - c. Orientation - Faculty and staff of the residency, MSU, and associated hospitals provide new residents with professional expectations for each institution. Resources for impaired physicians are noted.
  - d. Town Meeting - Residents meet monthly with the Chief Resident to discuss issues facing the program. This meeting models and focuses on professional behaviors of staff, faculty, and residents.
- d. Didactics:
  - a. Morbidity and Mortality – These monthly sessions typically involve discussion of professional responsibility, competence, honesty, and respect for others.
  - b. Additional topics are incorporated into the block conferences, including medical ethics, physician impairment, and professional development. Optional sessions on professional development and financial planning are also offered.
- e. Independent Learning:
  - a. Portfolios - Residents must maintain academic portfolios as a part of their professional development. Portfolios include but are not limited to the resident's CV, presentations, publications, awards, committee service notes, and independent curricular products.
  - b. Fraud and HIPPA online training is required for all residents.
  - c. The American Medical Association Introduction to the Practice of Medicine modules include a number of professionalism topics, include mitigation of fatigue.
  - d. Research ethics training. All residents must complete MSU Institutional Review Board research training.

### **III. Educational Content**

- a. Topic Mix – See section VII outline
- b. Patient Characteristics - Residents care for patients who have socially difficult conditions and presentations. It is important to note that residents may care for patients with conditions and presentations that the residents themselves find contemptible, but residents will treat all patients with respect and dignity and provide excellent patient care regardless of their personal feelings about the patient or condition. Our residents care for patients and work with fellow residents with manifold cultural and ethnic backgrounds. The patient mix is drawn from rural, suburban, and urban communities. Residents are expected to work with and care for people from diverse economic, educational, ethnic, religious, and social backgrounds.

**IV. Principal Ancillary Educational Materials:** Table of Virtues as well as skills, attitudes and behaviors (see the Master List of Virtues – Section VII)

#### **V. Methods of Evaluation**

- a. Resident Performance:
  - a. *Global evaluations – faculty, peers, nurses.* Faculty, nursing staff and peers complete resident rotation evaluations and twice yearly continuity clinic evaluations, including assessment of competency in professionalism. The evaluations are shared with the resident, are available for on-line review by the resident at their convenience, and are available to the residency office for internal review. Evaluations are part of the resident file and are incorporated into the semiannual performance review for directed resident feedback.
  - b. *Mini-CEX.* Required mini-CEXes also assess professionalism.
  - c. *Simulation training.* Residents receive separate evaluations for the R1 OSCE. Formative feedback regarding professionalism is provided during face to face interactions and in generated reports.
  - d. *Patient evaluations.* Patients from the continuity clinics complete evaluations of physicians as previously described in the Interpersonal and Communication Skills curriculum.
  - e. *Praise/Concern Cards.* Personnel across the spectrum of training sites – including residency administrative staff – may complete “on the fly” praise or concern cards using the electronic evaluation system; forward concerns to the program director or another faculty member directly; or use institutional processes present within the hospital for all physicians. Concerns are discussed with the resident(s) with action as described in the residency manual. Praise cards are added to the resident portfolios.
  - f. *Administrative compliance.* The hospital and MSU HealthTeam monitor compliance with chart completion; delinquent charting is reported to the residency office and then to the resident. The chief resident monitors problems and notifies the program director for residents with repeated problems.
- b. Program and Faculty Performance

Residents complete rotation evaluations of faculty, including comments on faculty modeling of professionalism. Evaluations are sent to the residency office for review and attending physicians receive periodic copies of aggregate anonymous evaluations. The Training and Evaluation Committee reviews results annually. Residents complete an annual program evaluation survey, including a global assessment of the effectiveness of the professionalism curriculum and the quality of instruction in the professionalism competency.

**VI. Institutional Resources: Strengths and Limitations**

- a. Strengths – The MSU CHM Center for Bioethics and Medical Humanities is a national leader in medical ethics scholarship and pedagogy and has been a resource for this curriculum. The Psychosocial rotation provides structured professionalism training opportunities. The College of Human Medicine is dedicated to fostering strong professional behavior at both the graduate and undergraduate level.
- b. Limitations – Critical appraisal of resident professionalism performance is difficult. Unprofessional behaviors may occur at times or in settings that are not obvious to faculty members.

**VII. Virtue-Based Master Professionalism Competency Objectives**

The following chart has been adapted from Michigan State University CHM’s “The Virtuous Professional.” While the wording does not correspond directly to the ACGME Milestones, it covers similar content.

<b>The Six Professional Responsibilities</b>	<b>The Virtuous <u>Student</u></b>	<b>The Virtuous <u>Resident</u></b>	<b>The Virtuous <u>Attending Physician</u></b>
	The resident should consistently meet these expectations <i>throughout</i> his/her training.	The resident should consistently meet these expectations <i>by the PGY level indicated</i> .	The resident should consistently meet these expectations <i>by completion of training</i> .

<b>Competence</b>	<ul style="list-style-type: none"> <li>✓ take responsibility for learning individually and in a group setting</li> <li>✓ strive consistently for mastery</li> <li>✓ exhibit a conscientious effort to pursue excellence in patient care, when applicable</li> <li>✓ reflect accurately on the adequacy of personal knowledge and skill development</li> <li>✓ identify and begin to address personal limitations and other barriers to learning and growth</li> <li>✓ reflect with colleagues on the success of group work</li> <li>✓ avoid assuming responsibility beyond their level of competence</li> </ul>	<p><u>PGY1 (end of year)</u></p> <ul style="list-style-type: none"> <li>✓ exhibit a conscientious effort to pursue excellence in patient care</li> <li>✓ acknowledge intellectual and technical limitations to self, students, and teachers</li> <li>✓ avoid assigning responsibilities to learners that are beyond their level of competence</li> </ul>	<ul style="list-style-type: none"> <li>✓ acknowledge intellectual and technical limitations to self, residents, students, and colleagues</li> <li>✓ have a commitment to lifelong learning</li> <li>✓ meet Continuing Medical Education annual goals</li> <li>✓ maintain board certification credentials</li> <li>✓ see safety as a priority in patient care and role model this for students and residents</li> </ul>
<b>Honesty</b>	<ul style="list-style-type: none"> <li>✓ avoid cheating, plagiarism, and misrepresentation of the truth</li> <li>✓ answer questions in relationships with patients openly and accurately</li> <li>✓ openly admit when he/she does not know the answer to a question</li> <li>✓ record on a patient's chart only data that have been observed and verified</li> <li>✓ report observed instances of dishonesty to appropriate authorities, regardless of their relationship to the subject of the report</li> <li>✓ assure that all research data for which they are responsible are recorded fully and accurately</li> <li>✓ take credit in publication only for work actually performed</li> </ul>	<p><u>PGY1 (end of year)</u></p> <ul style="list-style-type: none"> <li>✓ respond to patient and student questions with accuracy and openness</li> <li>✓ report dishonest behavior of colleagues using appropriate lines of communication</li> </ul>	<ul style="list-style-type: none"> <li>✓ avoid fraudulent activities and conflicts of interest</li> <li>✓ disclose errors to patients and offer a sincere apology</li> <li>✓ assure that publications only include data that have been obtained by appropriate research methodology</li> <li>✓ disclose teaching errors to trainees and offer a sincere apology</li> <li>✓ conduct research ethically and without conflict of interest</li> <li>✓ accurately represent research findings in scholarly work</li> </ul>

<b>Compassion</b>	<ul style="list-style-type: none"> <li>✓ identify, articulate, and respond to the fear, suffering, and hopes of others</li> <li>✓ seek to assist colleagues in dealing with the challenges of professional work</li> <li>✓ seek feedback on the effect of his or her behavior on others</li> <li>✓ understand the context of illness within a biopsychosocial model</li> <li>✓ use empathy to sense others' experiences and concerns</li> <li>✓ understand the vulnerability of learners and patients</li> <li>✓ articulate possible concerns of learners and patients and respond to them with empathy</li> <li>✓ give "bad news" in an honest, understanding, and empathic manner</li> <li>✓ attend to the needs of the dying patient</li> </ul>		
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<p><b>Respect for Others</b></p>	<ul style="list-style-type: none"> <li>✓ demonstrate humility in interactions with others</li> <li>✓ treat fellow students fairly and consistently</li> <li>✓ value the dignity of every human being</li> <li>✓ understand the meaning of cultural and lifestyle differences among people and strive to embrace those differences</li> <li>✓ value the role of every person in the health care system</li> <li>✓ value the role of the family in the care of the patient</li> <li>✓ respect the personal and sexual boundaries of others</li> <li>✓ avoid sexism, racism, and sexual orientation bias in interactions</li> <li>✓ continuously question assumptions about others</li> <li>✓ articulate and embrace differences among people and demonstrate an awareness of how such differences affect personal interactions</li> <li>✓ demonstrate a commitment to resolve conflict in a collegial manner</li> <li>✓ show sensitivity to the needs, feelings, and wishes of health team members</li> <li>✓ respect patients' autonomy, privacy and right to control access to personal information about their lives and health by disclosing information only to those who are directly involved in the care of the patient.</li> </ul>	<p><u>PGY1 (end of year)</u></p> <ul style="list-style-type: none"> <li>✓ embrace the principles of patient autonomy and shared decision-making</li> <li>✓ openly present thorough management options to patients</li> <li>✓ embrace principles of confidentiality and informed consent</li> <li>✓ understand how much can be learned from medical trainees</li> <li>✓ recognize the power differential between self and, especially, patients, students, and allied health care personnel</li> <li>✓ resolve conflicts in medical encounters with patients, students, and colleagues in a respectful manner</li> </ul>	
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## Professional Responsibility

	<ul style="list-style-type: none"> <li>✓ contribute to a positive learning and health care delivery environment</li> <li>✓ be present and punctual for activities that are integral parts of the learning experience and patient care</li> <li>✓ take responsibility to notify others, in advance whenever possible, when unavoidable absence or tardiness occurs</li> <li>✓ be able to put patient needs ahead of one's own needs</li> <li>✓ cope with the challenges, conflicts, and ambiguities inherent in professional health care</li> <li>✓ avoid activities that involve substance abuse or sexually offensive behavior</li> <li>✓ demonstrate a willingness and ability to identify, discuss, and/or confront both his or her own problematic behaviors and those involving colleagues</li> <li>✓ be available and responsive when "on call"</li> <li>✓ be available to help other students, residents and colleagues</li> <li>✓ set aside time and energy to care for one's own wellness and relationships with friends and family</li> </ul>	<p><u>PGY1 (end of year)</u></p> <ul style="list-style-type: none"> <li>✓ confirm patient history and physical examination findings of students</li> <li>✓ give students prompt and respectful feedback about performance and when appropriate, ways to improve</li> <li>✓ follow-up on promises to patients and students</li> <li>✓ return patient calls in a timely fashion</li> <li>✓ be accountable to and meet reasonable expectations of patients and students</li> <li>✓ avoid activities that involve abuses of power</li> <li>✓ recognize boundary issues of intimacy with patients and students</li> <li>✓ recognize the drug industry's influence on the medical profession</li> <li>✓ evenly share the workload with colleagues</li> </ul>	<ul style="list-style-type: none"> <li>✓ follow-up on promises to patients and learners</li> <li>✓ confirm patient history and physical examination findings of learners</li> <li>✓ give learners prompt and respectful feedback about performance and when appropriate, ways to improve</li> <li>✓ be accountable to and meet reasonable expectations of patients and learners</li> <li>✓ recognize boundary issues of intimacy with patients and learners</li> <li>✓ recognize financial or scholarly credential greed as a potential motivator and seek ways to reduce it</li> <li>✓ mentor junior faculty, residents and students</li> <li>✓ be prepared and on time for teaching responsibilities and committee assignments</li> <li>✓ actively participate in committee meetings</li> </ul>
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<b>Social Responsibility</b>	<ul style="list-style-type: none"><li>✓ be able to identify the multiple social factors that threaten the health of patients</li><li>✓ be proactive, outside the singularity of the patient-physician relationship, in addressing the social factors that adversely affect the health of patients</li><li>✓ freely accept a commitment to service</li><li>✓ advocate for the best possible care regardless of ability to pay</li><li>✓ seek active roles in professional organizations</li><li>✓ volunteer one's skills and expertise for the welfare of the community</li><li>✓ create and maintain a positive learning and health care delivery environment</li><li>✓ address the health needs of the public</li></ul>		
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