Patient Safety, professionalism and you
Northern Constellations 2017

Summary:
Teaching professional behavior and addressing professional lapses is essential for safe patient care. Recent conceptualization of the relationship between health care professional identity formation and professionalism provides a framework for the development of relevant educational activities for teaching professionalism. Through case based scenarios and role play, participants will explore how learners, faculty, health care team members and educational staff all have a role to play in supporting safe learning and working environments which support professional identify formation.

Take Homes:
-Multiple studies link unprofessional behavior in health care with patient safety issues.
-Physician/Nurse training in communication, collaboration, and respectful relationships improves patient outcomes and reduces patient mortality.
-Medical student unprofessional behavior associated with increased rate of licensing body disciplinary actions when in practice.
-We all have a responsibility in supporting professional identify formation and health professional behaviors.

Professionalism Frameworks:
Three professionalism frameworks can be of assistance to medical educators. **Virtue based framework** focuses on the development of moral character and reasoning including humanistic qualities of caring and compassion. **Behavioral based framework** emphasizes observable measurable behaviors, demonstrating professional competence, and educational milestones**. Identity formation framework** focuses on identify development and socialization into a community of practice.

Unprofessional Behavior Conversations:
-Goal is to provide timely feedback to allow the person to reflect on their behavior.
-Maybe able to point out gap existing between intent (how we judge ourselves) and impact (how others judge us).
-Conversation should be in private, a cup of coffee conversation, include lots of listening, trying to understand their perspective, and starts with "I am concerned about you. . ."
-Examination your motivation for the conversation as should not be done to be right, punish, win, save face or blame.
-During conversation avoid emotional words such as why, don't take this personally, you always, you never, and with all due respect.

Strategies for Preventing Conversation from Becoming Unprofessional:
-Can we discuss this later? This issues make me a bit uncomfortable. Perhaps we can move on to the next patient? I can see that this is frustrating, let's chat at the end of the day when we have more time.

Goertzen J. Adapted from professionalism, patient safety and you. Northern Constellations 2017, Northern Ontario School of Medicine, Sudbury, April 22, 2017.

Reference Abstracts:

Cruess RL et al. A schematic representation of the professional identify formation and socialization of medical students and residents: A guide for medical educators. Academic Medicine 2015;90(6):718-25.

Identify formation is a dynamic process achieved through socialization. Each student entering medicine arrives with a personal identity and as they proceed through the educational continuum, they successfully identify as a medical student, a resident and a physician. Medical educators must understand the nature of professional identity, professional identity formation and the process of socialization through which a professional identify is formed. Communities of practice offer a lens through which many aspects of the educational environment can be shaped to ensure students and residents come to think, act, and feel like a physician.

Irby D, Hamstra S. Parting the clouds: Three professional frameworks in medical education. Academic Medicine 2016;91(2):160-11.

Three dominant frameworks in medical education are described (moral, behavioral, and identity formation) which can assist preceptors with curriculum development, teaching strategies, assessment and remediation. These frameworks provide useful perspectives for physician educator and clinician.

Neily J et al. Association between implementation of a medical team training program and surgical mortality. JAMA 2010;304(15):1693-1700.

Medical team training adapted from aviation industry developed: clinicians trained to work as a team, challenge each other when safety risks identified, conduct pre-op and post-op briefings, implement communication strategies, rules of conduct, and effective communication during care transitions. Compared 74 facilities who implemented training with 34 untrained facilities. As training programs implemented, surgical mortality dropped over the three year study period (training dose response relationship with mortality). Training facilities experienced 18% reduction in annual surgical mortality rate.

Rosenstein AH. O'Daniel M. A survey of the impact of disruptive behaviors and communication defects on patient safety. Joint Commission on Accreditation of Healthcare Organizations 2008;34(8):464-71.

Survey assesses significance of disruptive behavior and impact on communication, collaboration, and patient care. Total of 4,530 participants (2,846 nurses, 844 physicians, 700 health care workers, and 40 administrator) working in 102 hospitals. Total of 77% respondents reported witnessing physician disruptive behavior, 65% respondents witnessed nurse disruptive behavior, 67% respondents agreed disruptive behavior linked with adverse events including medical errors with associated patient mortality. Study shows disruptive behavior leads to adverse events, errors, compromises safety and quality, and patient mortality. Recommendations organizations can implement to reduce disruptive behavior: recognition and awareness, policies and procedures, incident reporting, education and training, communication tools, discussion forums, and intervention strategies.

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