Assessment of Professionalism: the Role for Multisource Feedback

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Objectives

- At the conclusion of the presentation participants will be able to:
  - Describe domains to consider when assessing professionalism
  - List assessment methods that can be used to measure professionalism
  - Identify strengths and limitations of using multisource feedback to assess professionalism

Session Outline

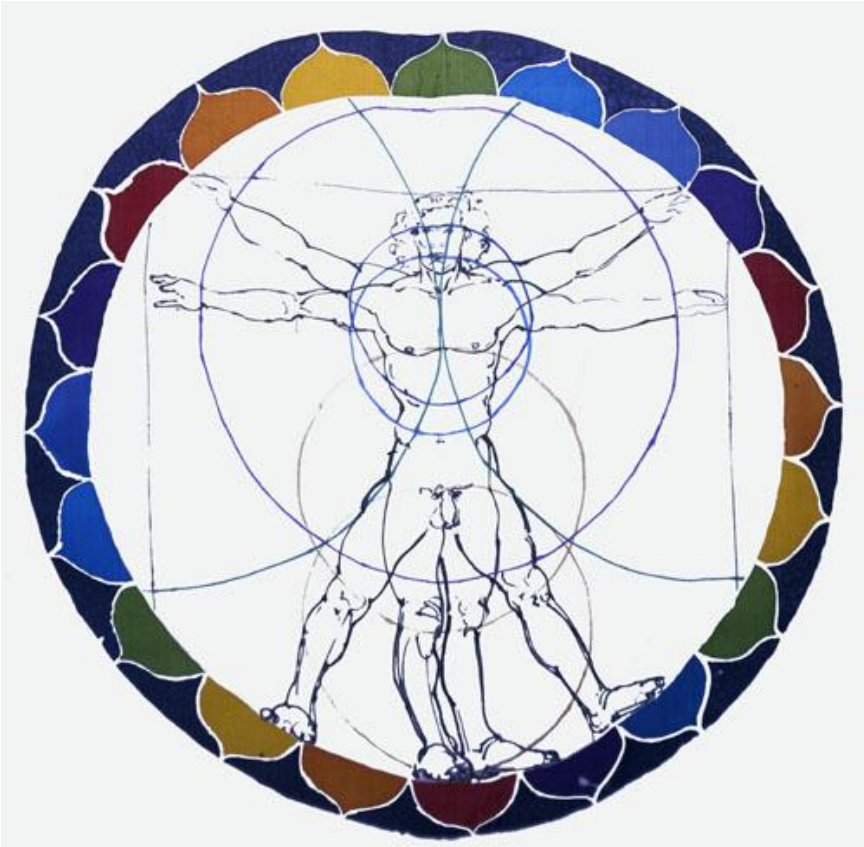
- Professionalism definition
- Assessment tools
- NBME's Assessment of Professional Behaviors (APB) program

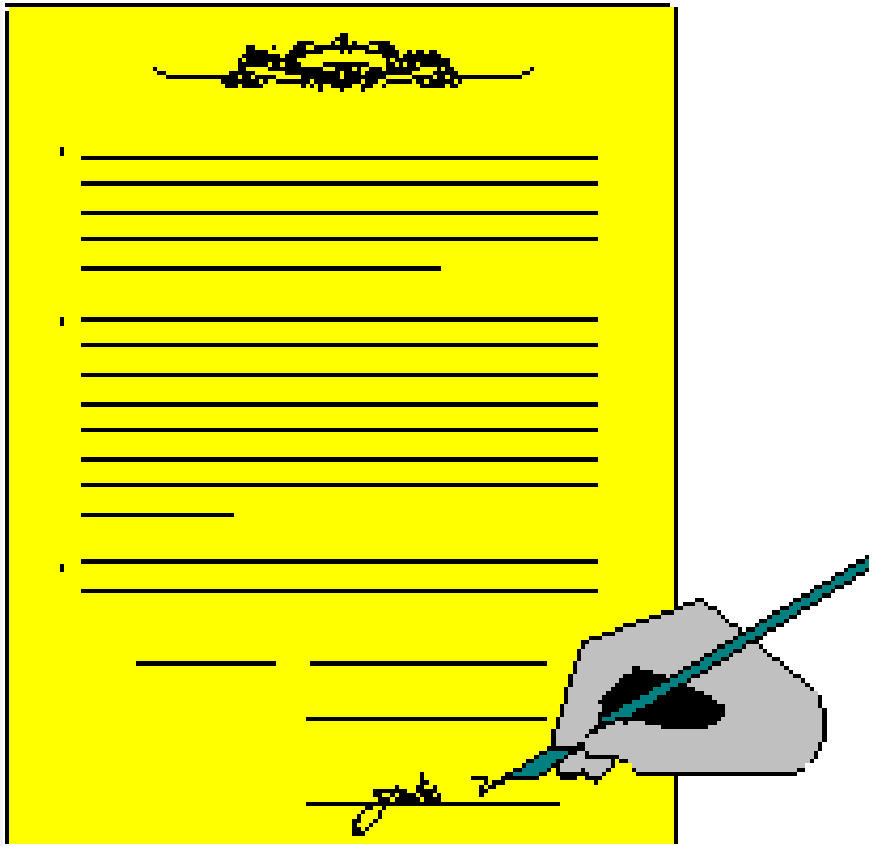
Professionalism Definitions

- Reliability and responsibility, honesty and integrity, maturity, respect for others, critique, altruism, interpersonal skills, and absence of impairment, **OR**
- Reliability and responsibility, honesty and integrity, maturity, critique, and impairment; but including communication skills and respect for patients, **OR**
- Professional responsibility, self-improvement and adaptability, relationships with patients and families, and relationships with members of the health care team, **OR**
- Altruism; respect for other people; additional humanistic qualities; honor, integrity, ethical and moral standards; accountability; excellence; and duty/advocacy, **OR** …

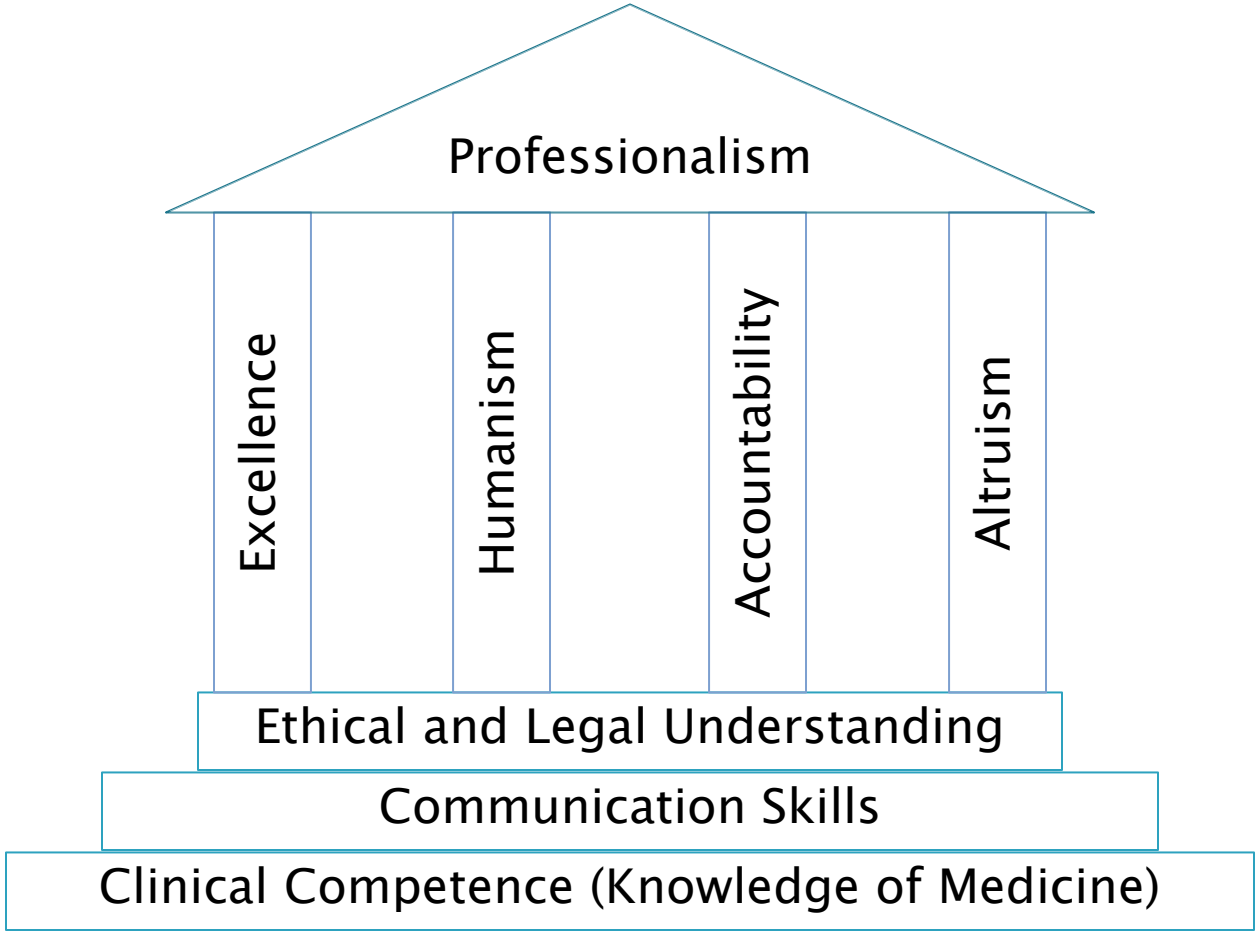
Arnold L. 2002

Elements of Professionalism



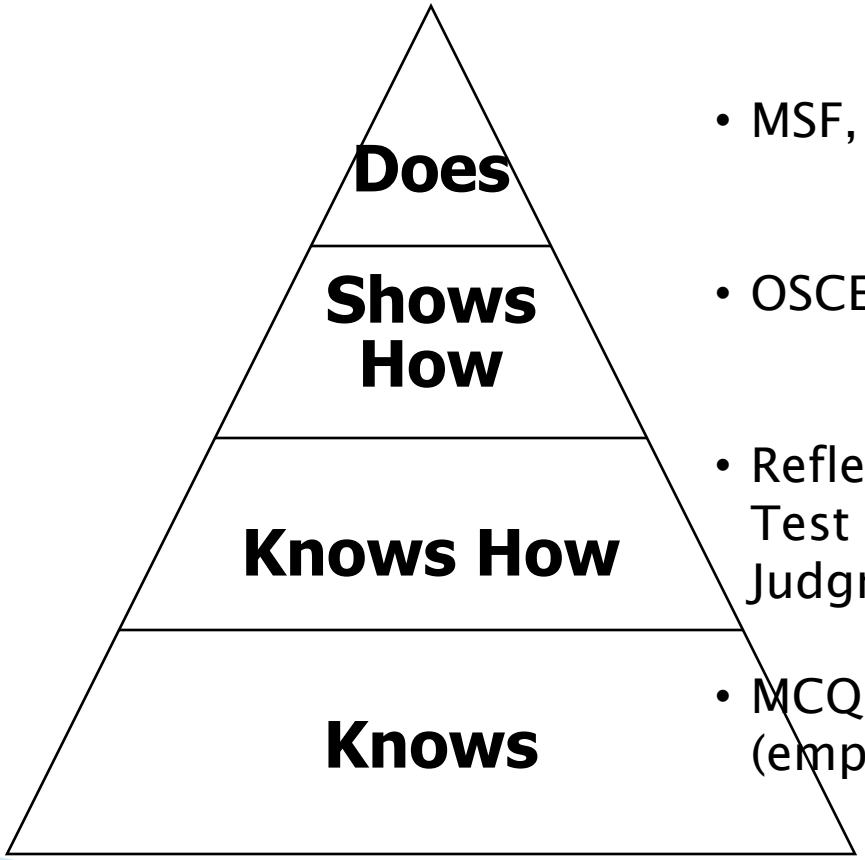


Professionalism Definition to Guide Assessment



From Stern D, 2006

Miller's Pyramid

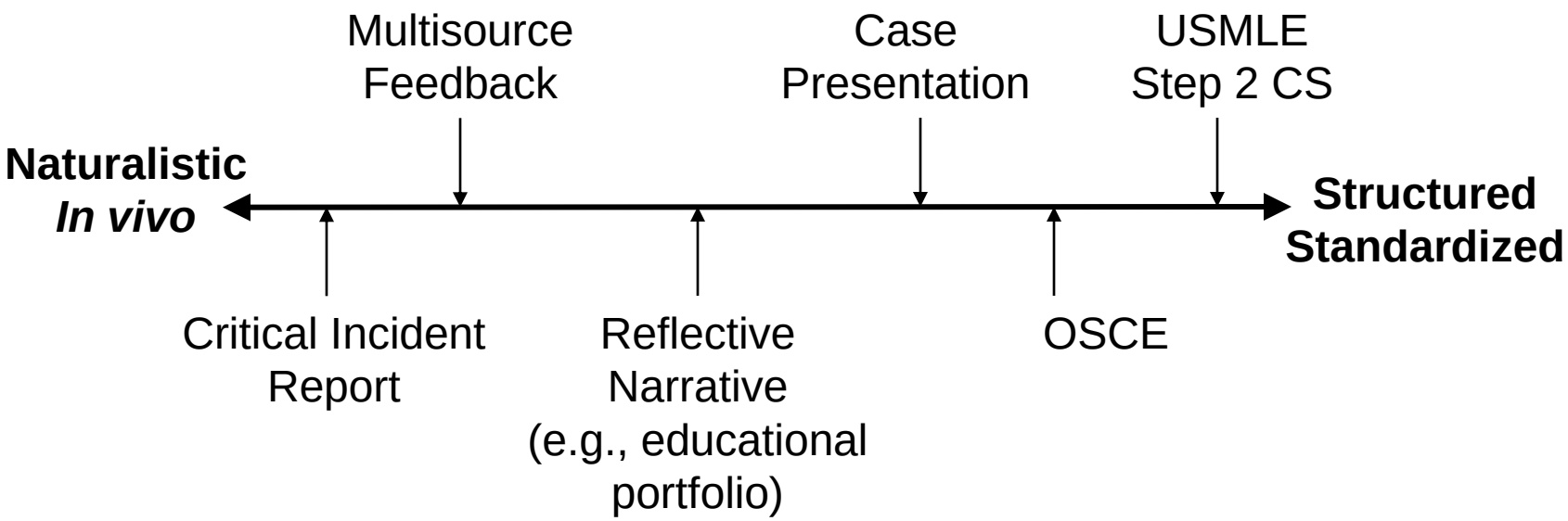


- MSF, P-MEX, Critical Incident Report
- OSCE, Multiple Mini-Interview
- Reflective writing, Defining Issues Test (moral reasoning), Reflective Judgment Interview
- MCQs, essays, domain-specific scales (empathy via JSPE)

Challenges to Assessing Professionalism

- Different definitions of professionalism
- Role of environment vs. individual
- Different assumptions of root cause for unprofessional behavior (flaw vs. lapse)
- Different prioritization of domains
- Different thresholds for unprofessional behavior
- Easy-to-assess vs. important-to-assess
- Miller's "shows" vs. "does"

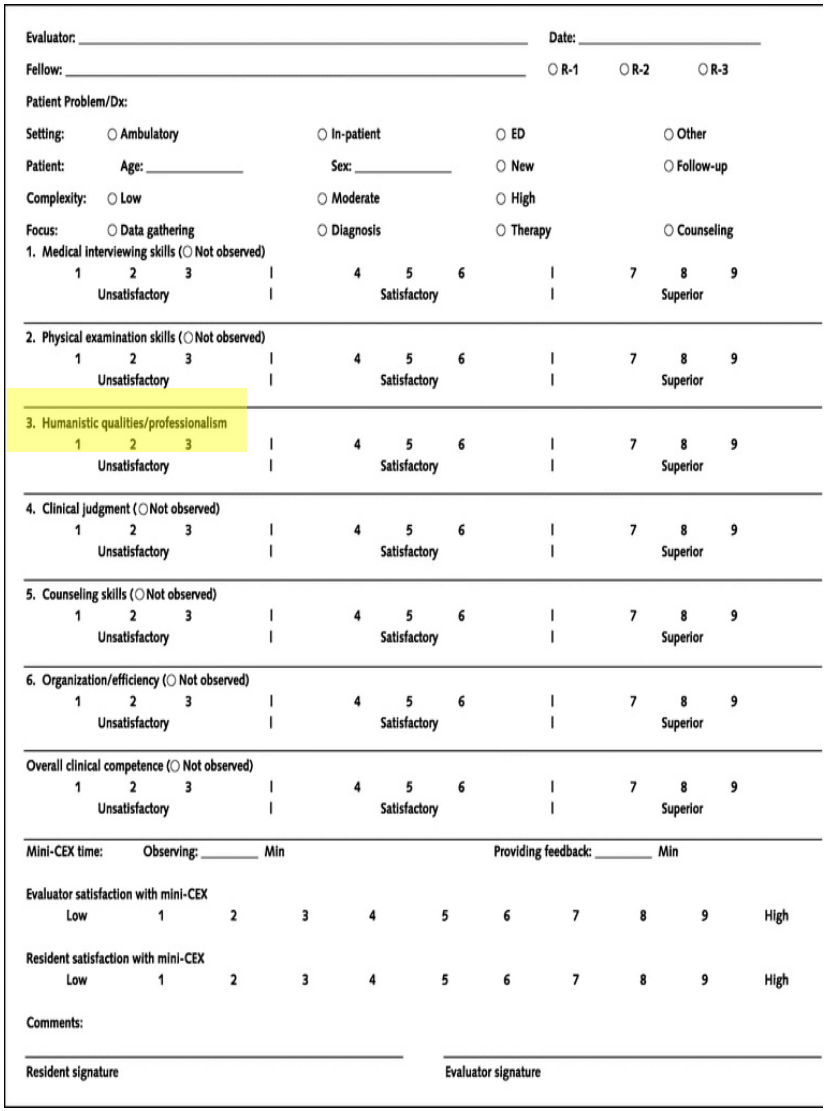
What is the Context for Behavior Assessment?



- Variable degrees of spontaneity/control for:
  - Stimulus
  - Measurement

Mini CEX

- 15–20 minutes per encounter
- Varied clinical settings
- Documents improved competence over time



Evaluator: _____ Date: _____

Fellow: _____ ○ R-1 ○ R-2 ○ R-3

Patient Problem/Dx:

Setting: ○ Ambulatory ○ In-patient ○ ED ○ Other

Patient: Age: _____ Sex: _____ ○ New ○ Follow-up

Complexity: ○ Low ○ Moderate ○ High

Focus: ○ Data gathering ○ Diagnosis ○ Therapy ○ Counseling

1. Medical interviewing skills (○ Not observed)
   1 2 3 | 4 5 6 | 7 8 9
   Unsatisfactory | Satisfactory | Superior

2. Physical examination skills (○ Not observed)
   1 2 3 | 4 5 6 | 7 8 9
   Unsatisfactory | Satisfactory | Superior

3. Humanistic qualities/professionalism
   1 2 3 | 4 5 6 | 7 8 9
   Unsatisfactory | Satisfactory | Superior

4. Clinical judgment (○ Not observed)
   1 2 3 | 4 5 6 | 7 8 9
   Unsatisfactory | Satisfactory | Superior

5. Counseling skills (○ Not observed)
   1 2 3 | 4 5 6 | 7 8 9
   Unsatisfactory | Satisfactory | Superior

6. Organization/efficiency (○ Not observed)
   1 2 3 | 4 5 6 | 7 8 9
   Unsatisfactory | Satisfactory | Superior

Overall clinical competence (○ Not observed)
   1 2 3 | 4 5 6 | 7 8 9
   Unsatisfactory | Satisfactory | Superior

Mini-CEX time: Observing: _____ Min Providing feedback: _____ Min

Evaluator satisfaction with mini-CEX
Low 1 2 3 4 5 6 7 8 9 High

Resident satisfaction with mini-CEX
Low 1 2 3 4 5 6 7 8 9 High

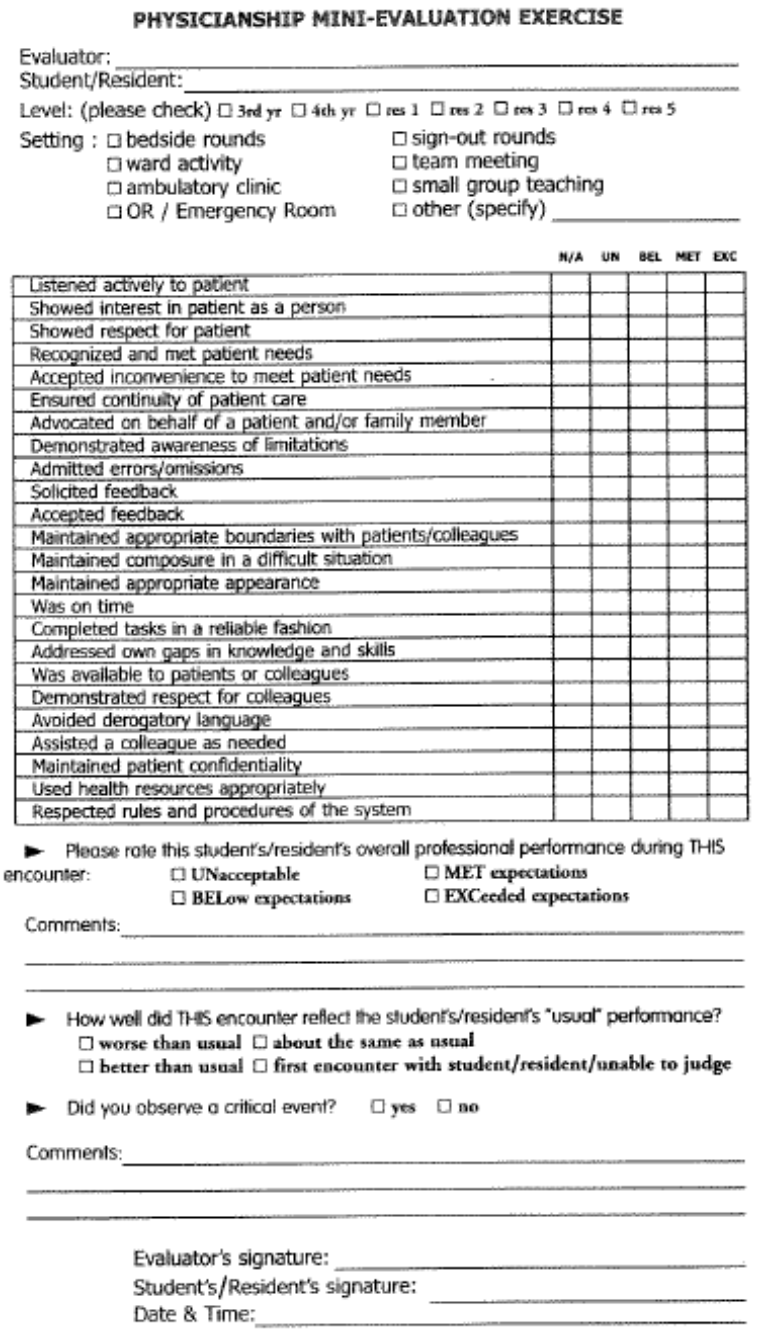
Comments:

Resident signature Evaluator signature

P-MEX

- Modeled after Mini-CEX
  - 24-item checklist; 1-4 rating
  - Single clinical encounter
- Validated on Year 3 & 4 McGill medical students
- Factor analysis
  - Doctor-patient relationship skills
  - Reflective skills
  - Time management
  - Inter-professional relationship skills

Physicianship Mini-Evaluation Exercise (P-MEX)



PHYSICIANSHIP MINI-EVALUATION EXERCISE

Evaluator: _____

Student/Resident: _____

Level: (please check) ☐ 3rd yr ☐ 4th yr ☐ res 1 ☐ res 2 ☐ res 3 ☐ res 4 ☐ res 5

Setting : ☐ bedside rounds ☐ sign-out rounds
☐ ward activity ☐ team meeting
☐ ambulatory clinic ☐ small group teaching
☐ OR / Emergency Room ☐ other (specify) _____

	N/A	UN	BEL	MET	EXC
Listened actively to patient					
Showed interest in patient as a person					
Showed respect for patient					
Recognized and met patient needs					
Accepted inconvenience to meet patient needs					
Ensured continuity of patient care					
Advocated on behalf of a patient and/or family member					
Demonstrated awareness of limitations					
Admitted errors/omissions					
Solicited feedback					
Accepted feedback					
Maintained appropriate boundaries with patients/colleagues					
Maintained composure in a difficult situation					
Maintained appropriate appearance					
Was on time					
Completed tasks in a reliable fashion					
Addressed own gaps in knowledge and skills					
Was available to patients or colleagues					
Demonstrated respect for colleagues					
Avoided derogatory language					
Assisted a colleague as needed					
Maintained patient confidentiality					
Used health resources appropriately					
Respected rules and procedures of the system					

► Please rate this student's/resident's overall professional performance during THIS encounter: ☐ UNacceptable ☐ MET expectations ☐ BELow expectations ☐ EXCeeded expectations

Comments: _____

► How well did THIS encounter reflect the student's/resident's "usual" performance?
☐ worse than usual ☐ about the same as usual
☐ better than usual ☐ first encounter with student/resident/unable to judge

► Did you observe a critical event? ☐ yes ☐ no

Comments: _____

Evaluator's signature: _____

Student's/Resident's signature: _____

Date & Time: _____

Benefits of a Multisource Feedback Program

- Has the potential to provides information for documenting assessment of competencies
- Improves evaluation skills (necessary faculty development)
- Focuses on observable behaviors
- Involves multiple individuals in the feedback process
- Communicates important values
- Enhances the learning environment

Evidence for Multisource Feedback

- MSF given to Peds residents from nurses & parents
- MSF Intervention: self-assessment, feedback about baseline evaluations, tailored coaching, standard feedback (controls received only standard feedback)
- Parent ratings increased for both groups, more for MSF, but differences were not statistically significant
- Nurse ratings increased for the MSF group and decreased for the control group
  - Difference between groups WAS statistically significant
- Brinkman et al 2007

Multisource Feedback

- Also known as 360^0 feedback

Characteristics of Effective Professionalism Assessment

- Occurs in as realistic a context as possible
- Situation involves conflict
- Includes individuals being measured in design and implementation
- Symmetry

Stern 2005

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Assessment of PROFESSIONAL BEHAVIORS

A MULTI-COMPETENCY, MULTI-SOURCE FEEDBACK PROGRAM

Assessment of Professional Behaviors Program

The **APB Program** supports continuous learning among residents, fellows, and faculty around communication and interpersonal skills, professionalism, and practice-based learning and improvement.

Through multisource feedback, physicians at all levels of training and practice can gain broad perspective on behaviors observed by their colleagues. By bringing a standardized approach to assessment of professional behaviors, the program also helps departments and institutions strengthen training and mentoring.

The **APB Program**:

- Addresses ACGME core competencies and LCME and Joint Commission requirements.
- Is designed to be formative, leading to individual insight and improvement.
- Provides multisource feedback on 22 observed behaviors. Observers may include

Testimonial

"It helped a couple of our residents who were having some issues to see that a number of people had similar comments, the fact that this isn't just one person's opinion. We could look at that and say, maybe we need to pay attention to it and come up with a plan."

–An Associate Program Director, Neurosurgery

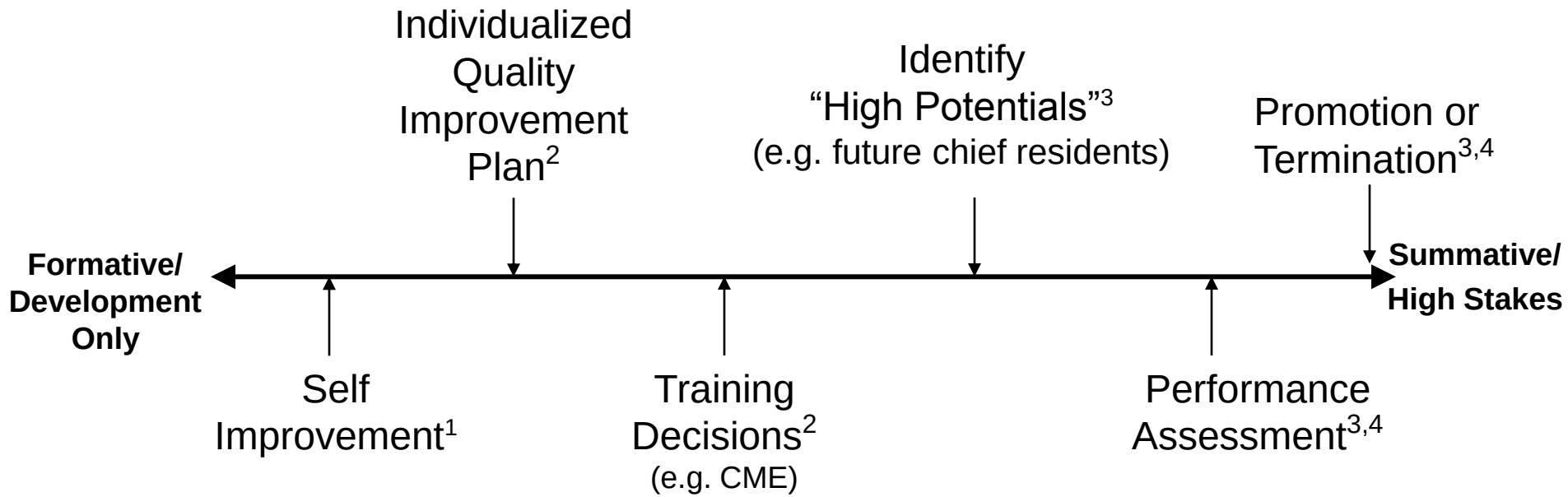
The NBME's Assessment of Professional Behaviors (APB) Program

- Purpose: to assess the professional behaviors that are essential for safe, effective, and ethical health care
- Focus: behaviors
- Approach: multisource feedback
- Goal: provide feedback that forms the basis for action

APB Components

- A systematically developed instrument to assess observable behaviors
- A web-based system to collect, track and collate multisource feedback responses
- A source of quantitative and narrative feedback to learners
- An educational program to enhance:
  - Skill as observers
  - Skill as feedback providers

How Can MSF Be Used?



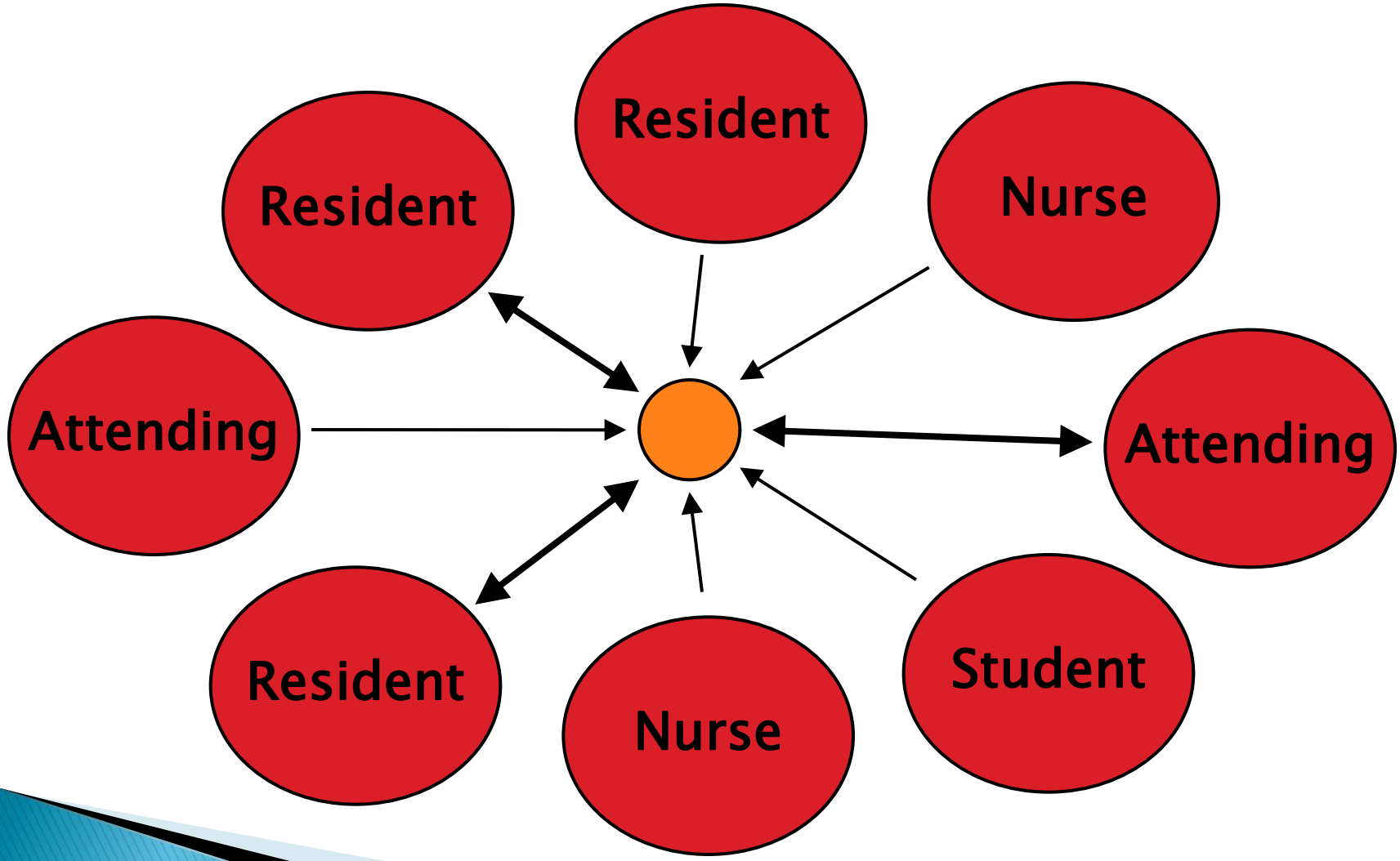
[1]Only ratee sees results
[2]Usually requires supervisor participation (sees feedback)
[3]Organization has access to data
[4]Little or no development use

Factors to Consider
- Degree of impact on individual
- Importance to organization
- Resource implications

What is the Purpose of the APB Program?

- Formative assessment, to help recipients gain insight into strengths and development needs
- Why formative?
  - Establish conditions of trust and acceptance
  - Foundation needed for high-stakes decision-making
- Important questions
  - What is reported and to whom?
  - Who will see the data?
  - Who will provide the feedback?
  - Feedback discussions: are they mandatory?

APB Process Overview



Considering Culture

- Ubiquitous – not just an issue in different countries
  - Business culture may differ in adjacent buildings
- Type of information generated
  - MSF is designed to produce objective, job-related performance information
  - While this is the intent, the actuality will depend on many factors
  - Information may be valued differently; may be weighed along with gender, family background, or religion

Differences Arising From Culture

- Behavioral items may have different meanings
  - Example: reliance on managers in India vs. U.S.
  - Ideally, behavioral model conforms to local culture
- Rating scales may be used differently
  - Tendency to rate lower in some places
  - Variable familiarity with types of rating scales
- Different beliefs about anonymity
  - Appropriate? Believable?

MSF is more consistent with cultures that …

- Place greater value on individual performance than on group performance
- Have relatively lower power difference, with less of a tradition of deference to one's superiors
- Value directness, with less tolerance for ambiguity

Multisource Feedback (MSF) Readiness Factors

- Leadership
- Buy-in
- Feasibility
- Fit with institution
- Adequate time allotted
- Administrative support
- Safe usage
- Improvement focus

Summary

- “Professionalism” can mean different things to different people
- The definition of professionalism and educational goals should determine assessment methods
- Multisource feedback has the potential to require much from participants – and deliver much in return – when assessing professionalism and other competencies