

Professionalism

2017 New Resident Orientation

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Outline

- I. CLER & the Next Accreditation System
 - ❖ CLER Pylons
 - ❖ Professionalism Pathways
 - ❖ Tools for reporting Professionalism issues
- II. Scholastic Integrity (Ethics Point)
- III. Appropriate Clothing, Appearances, Hygiene
- IV. Areas of Improvement (CLER)
 1. Integrity
 2. Disruptive/Unprofessional Behavior
 3. Medical Record Documentation
- V. Social Media

I. CLER Pylons: Professionalism-Centered



Focus Areas

- ACGME CLER Executive Summary
 1. Emphasis on CLER Pylons (Professionalism is central to all other Pylons)
 2. CLER Pathways to Excellence
 3. Education & Monitoring
 - Professionalism Education (defined in the Pathways)
 - Monitoring
 1. Accurate reporting of Program Information
 2. Integrity in fulfilling Educational & Professional Responsibilities
 3. Veracity in Scholarly Pursuits
 4. Appropriate use of Social Media

CLER Pylons

- **Duty Hours & Fatigue Management**
 1. Ex: Honest & timely reporting of duty hours
 2. Ex: Honest assessment of one's own limitations
 3. Ex: Determining when staying with a patient is more important than violating duty hour rules
- **Transition of Care**
 1. Ex: Do patients know who their healthcare providers are?
- **Patient Safety**
 1. Ex: Honest & appropriate documentation in EMR
 2. Ex: Acknowledge the responsibility to report an unsafe act

CLER Pylons

- Supervision
 1. Ex: Professional role-modeling for medical students
 2. Ex: Discussion of end-of-life decisions with members of the team
- Quality Improvement/Health Care Disparities
 1. Ex: Faculty role-modeling which sets the example for life-long commitment to learning & improving
 2. Ex: Conducting truthful research
 3. Ex: Fair and compassionate treatment of patients and staff (cultural competence)

CLER Pathways to Excellence

- PR Pathway 1: Education in Professionalism

Extent to which residents/fellows/faculty receive education on:

1. Encouragement of good behavior
2. Identifying poor behavior (dishonesty, mistreatment of others)
3. Policies & procedures regarding EMR documentation

CLER Pathways to Excellence

- PR Pathway 2: Attitudes, Beliefs, & Skills

Extent to which residents/fellows feel:

1. Clinical site provides an environment of professionalism
2. They would report mistreatment or unprof behavior
3. Follow guidelines for proper EMR documentation
4. Acknowledge the responsibility to report unsafe conditions

CLER Pathways to Excellence

- PR Pathway 3: Faculty Engagement in Training

Proportion of faculty who:

1. Would use the clinical site's processes to report unprofessional behavior
2. Follow appropriate documentation guidelines
3. Use copyrighted materials appropriately when educating for in-service and board exams
4. Believe their residents/fellows follow appropriate documentation guidelines
5. Believe their residents/fellows are aware of, would use, & believe in the effectiveness of reporting mistreatment

CLER Pathways to Excellence

- PR Pathway 4: Clinical Site Monitoring
 1. Mechanisms for reporting issues pertaining to professionalism, periodic assessment, feedback & education
 2. Monitoring documentation policies

How to Report Incidents of Unprofessionalism

- “Chain of command”
 1. Program Director, Rotation Coordinator
 2. Chief Resident, Senior Resident
- Professionalism & Mistreatment/Supervision “Buttons”
- e*Value (Peer evaluations, On-the-Fly)
- Office of Research Integrity & Compliance (ORIC)

Mistreatment Button

If you are a resident who has experienced mistreatment; if you have been demeaned for requesting, or been denied, adequate supervision; or if you have witnessed any of these things happening to a resident, please click 'The Button' and make a report. Help us stop mistreatment and create and promote a safe learning environment.

Professionalism Button

Physicians in training must be held to a high standard of professionalism in all areas of their lives. These standards are not intuitive, and must be taught and reinforced both by formal education and by constructive formative feedback. If you have witnessed a resident or fellow displaying either a *lapse* in professionalism or *exemplary* professionalism, please click the "Professionalism Button" and provide us with the details. Help us to improve our working and learning environment.

Professionalism Form

Explanation

Physicians in training must be held to a high standard of professionalism in all areas of their lives. These standards are not intuitive, and must be taught and reinforced both by formal education and by constructive formative feedback. If you have witnessed a resident or fellow displaying either a lapse in professionalism or exemplary professionalism, please click the "Professionalism Button" and provide us with the details. Help us to improve our working and learning environment.

I would like to report an episode of resident physician *

- ☐ Exemplary Professionalism.
- ☐ Lack of Professionalism.

Please describe the details of the incident. *

Optional: if you want to be contacted please leave your email

Submit

Mistreatment Form

Explanation

If you are a resident who has experienced mistreatment; if you have been demeaned for requesting, or been denied, adequate supervision; or if you have witnessed any of these things happening to a resident, please click 'The Button' and make a report. Help us stop mistreatment and create and promote a safe learning environment.

I would like to report an episode of resident physician *

- ☐ Mistreatment
- ☐ Lack of Supervision


Please describe the details of the incident. *

Optional: if you want to be contacted please leave your email






Submit

II. Scholastic Integrity

- Veracity in Scholarly Pursuits
- Reporting Research Misconduct:
 - Office of Research Integrity and Compliance (ORIC) has policies regarding online reporting of research misconduct
 - https://secure.ethicspoint.com/domain/en/report_company.asp?clientid=14303&override=yes&agreement=no&violationcategoryid=341

You are currently in the confidential and secure reporting structure of EthicsPoint. Below are the choices available to you. Please click on the arrow () to select the type of report you would like to make.

West Virginia University

Research	
 Conflict of Interest	A situation in which a person or a family member has a financial interest or non financial interest that may compromise, or provide the incentive to compromise, the behavior in the conduct of the person's duties at the institution, the person's influence on decisions that the institution may make, or the person's influence over his or her associates outside the institution. A conflict of interest may be real, potential or apparent.
 Data Privacy	Refers to the technical, contractual, administrative and physical steps taken by the institution to protect against unauthorized access to and disclosure of personally identifiable data of employees and customers and other third parties that we possess.
 Fraud	The intentional misrepresentation or concealment of information in order to deceive, mislead, or acquire something of value. A fraud is an intentional deception perpetrated to secure an unfair gain. (Examples include: Embezzlement, Violation of Policy, Theft, Sabotage)
 Intellectual Property Infringement, Misappropriation or Disclosure	Any unauthorized or inappropriate use, misappropriation or disclosure of confidential information (in any form) or intellectual property belonging to the institution or any institution's customer, supplier or business partner, including, without limitation, any intellectual property protected under any U.S. or other laws relating to copyrights, patents or trade secrets. Also includes any unauthorized or inappropriate use of any institution computer system.
 Research Grant Misconduct or Misappropriation of Costs	Unallowable or questionable expenditures or cost transfers to government grants, contracts or other agreements. Any expenditures or cost transfers that may be in violation of OMB Circular A-21.

Select the location where the incident occurred:

West Virginia University

Location Code	Location
<input type="radio"/> Potomac State College of West Virginia University, Keyser	Keyser, WV
<input type="radio"/> West Virginia University HSC Charleston Division, Charleston	Charleston, WV
<input type="radio"/> West Virginia University HSC Eastern Division, Martinsburg	Martinsburg, WV
<input type="radio"/> West Virginia University HSC, Morgantown	Morgantown, WV
<input type="radio"/> West Virginia University Institute of Technology, Montgomery	Montgomery, WV
<input type="radio"/> West Virginia University, Morgantown	Morgantown, WV
<input type="radio"/> Other / Do Not Know / Not Listed	

[Select Location](#)

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III. Appropriate Clothing and Appearance

1. As a rule, one should extend the same courtesies you expect from those around you while in the workplace
2. Be aware of cultural differences
3. Patients' expectations for their doctor (& other staff you interact with)
 - Applies to post-call time period
 - Frequent showers; no over-powering perfumes or cologne
 - Hair clean/well-groomed, good oral hygiene, trimmed fingernails, clean-shaven or well-maintained facial hair
4. Laundered clothes, clean white coat
5. WVUH Dress Code (appropriate attire, footwear)

Appropriate Clothing and Appearance

T-shirt needed?

Clothing a little too shiny?



What about post-call?
Maybe a little too comfortable?

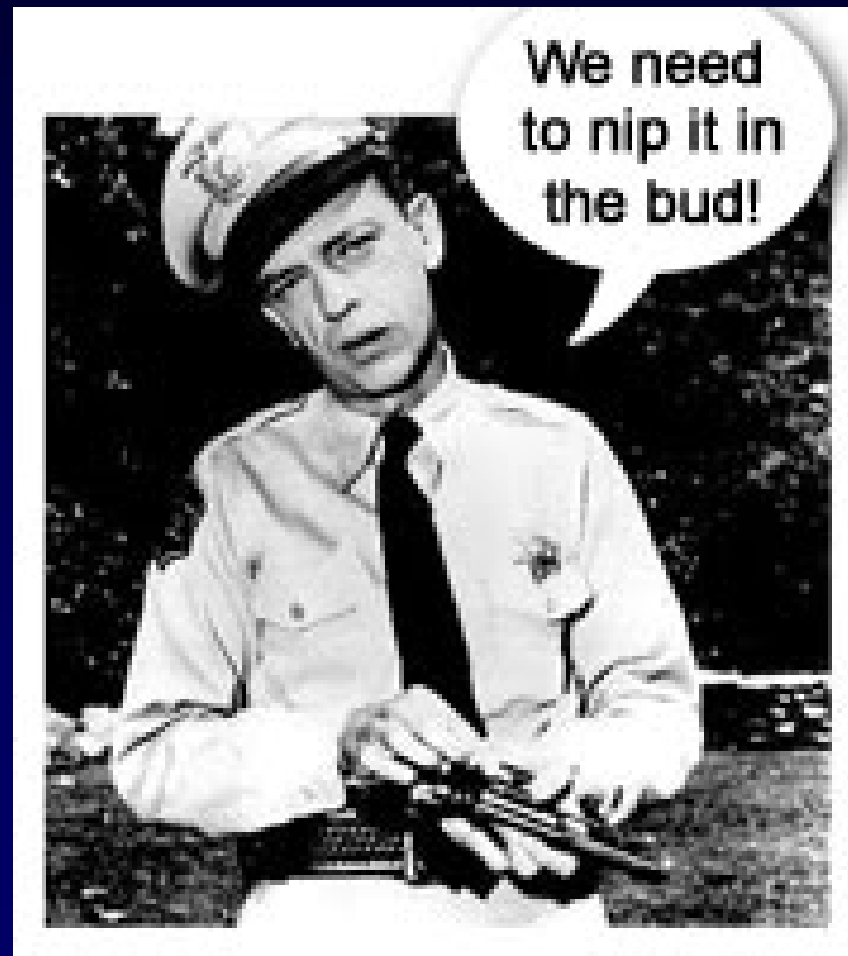
Appropriate Clothing and Appearance



IV. CLER: Areas of Improvement

1. Compromising one's integrity
2. Unprofessional behavior (across the inter-professional team)
3. Issues with patient charting

1. Compromising Integrity



1. Compromising Integrity

- Includes
 1. Authorship on research projects
 2. Compromising integrity to satisfy an authority figure
 3. Ignoring or not reporting such activities to leadership
- Ex:
 1. Putting PD on paper to get on their good side
 2. Having to fabricate a story to keep attending from going ballistic on a fellow resident

2. Unprofessional Behavior

- Includes
 1. Isolated incidents
 2. Chronic, persistent disruptive behavior
 3. Interactions between attendings, residents, fellows, nurses & other clinical staff
- Ex
 1. Persistent belittling/Undermining work
 2. Persistent unjustified criticism
 3. Humiliation in front of colleagues
 4. Excluding a member of the team from discussions or decisions

How to handle these uncomfortable issues

- Improved access to GME staff/DIO
 1. Mistreatment/Supervision Button
 2. Professionalism Button
- Reviewed by the central GME office
- Reported on at GMEC
- This is in addition to the usual channels of addressing professionalism issues in training programs (PD, Chief Res, Faculty, etc.)

3. Issues with Patient Charting

- Copy Paste/Copy Forward Committee
- Formed about 3 years ago to address problems with plagiarism of LEHR
- Charge of Committee
 1. Establish a Policy
 2. Monitor the problem (audits)
 3. Establish consequences
 4. Provide Education

**SURE I'LL LET YOU COPY MY
HOMEWORK.**

AM I STILL IN THE FRIEND ZONE?

quickmeme.com

Copy Previous Policy

- Definitions of “cloning”, “cutting & pasting” & “carried forward”
- CMMS does not pay for an service performed by students. Use of “copy previous” is NOT permitted from a student note
- Copy & pasting entire note will inevitably lead to including information that is irrelevant or out of date
- Purpose: Establish acceptable processes for clinical providers to document in the EHR using the “Copy Previous” functionality

Copy Previous Policy

- Guidelines
 1. Reference the original author and/or identify the source of the service performed (ie, pathology, radiology, etc.)
 2. Use approved EPIC templates
 3. Be alert to data that should change daily (ie, PE, hosp day, POD#, etc.)
 4. Consider avoiding the inclusion of clinically irrelevant and/or redundant information

Monitoring

- Monthly audits of in-patients charts
 1. Identification of “At Risk” notes (“likeness”)
 - No change in wording of Progress Note
 2. Improper/erroneous notes
 - “Pt extubated today” copied forward day after day
- At risk notes/erroneous notes are evaluated by a clinician to determine if charting was appropriate
- If there’s issue, then provider will receive an e-mail mentioning concerns and a focused review of entries by that provider after the notification will occur

Sanctions

- Level 1 (1st offense)
 1. Notification to provider & PD (if resident)
 2. Complete CBL
- Level 2 (2nd offense or failure to comply to Level 1)
 1. Notification to provider, PD & DIO
 2. Written response to LEHR Committee
- Level 3 (3rd offense or failure to comply to Level 2)
 1. Notification to provider, PD, & DIO
 2. CBL and 1 day administrative suspension
- Level 4 (4th offense or failure to comply to Level 3)
 1. Notification, 1 week administrative suspension

V. Professionalism: Social Media





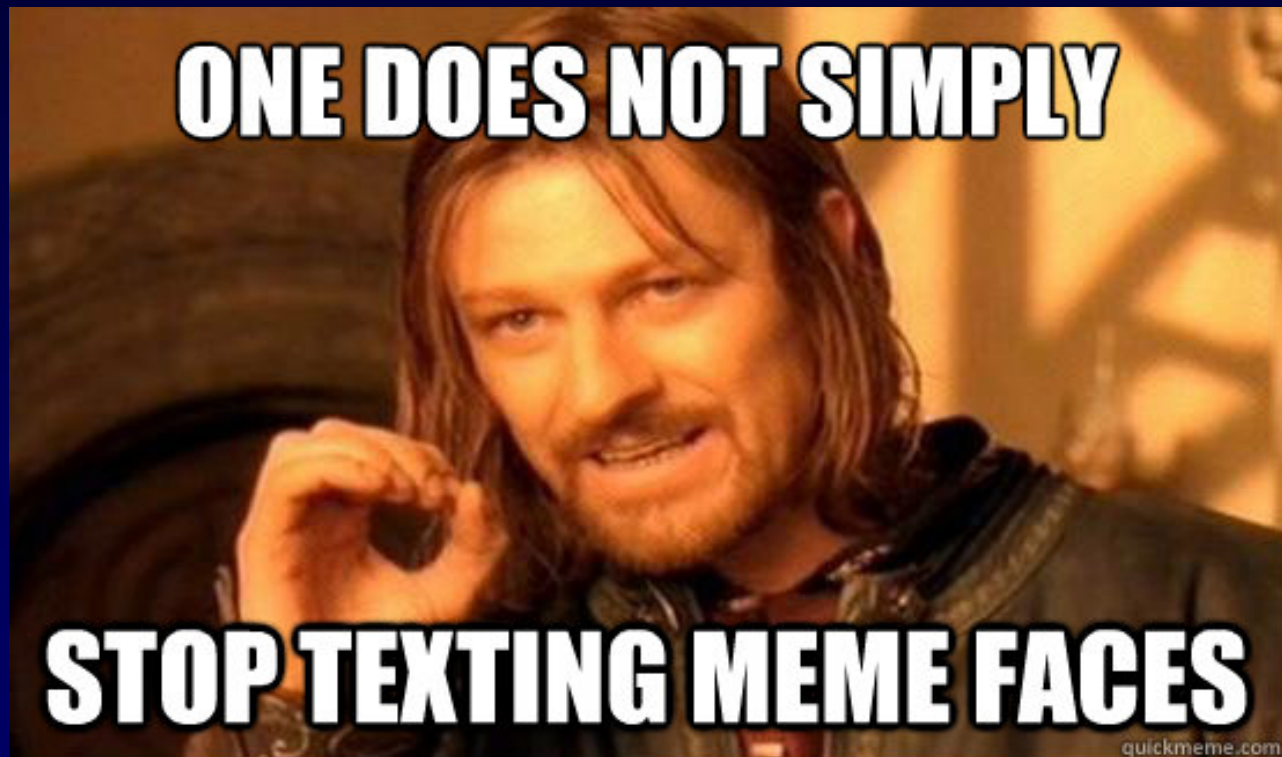
Professionalism: Social Media

- **Social Media**
 1. Forms of electronic communication (as Web sites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (as videos)
 2. **Examples:** Facebook, Twitter, Instagram, Pinterest, LinkedIn, YouTube, Google+, SnapChat, Skype, and among others blogging
- Usage growth in medical education and healthcare requires need for education of trainees
- Policy: Outline appropriate vs. inappropriate use as a professional

Professionalism: Social Media

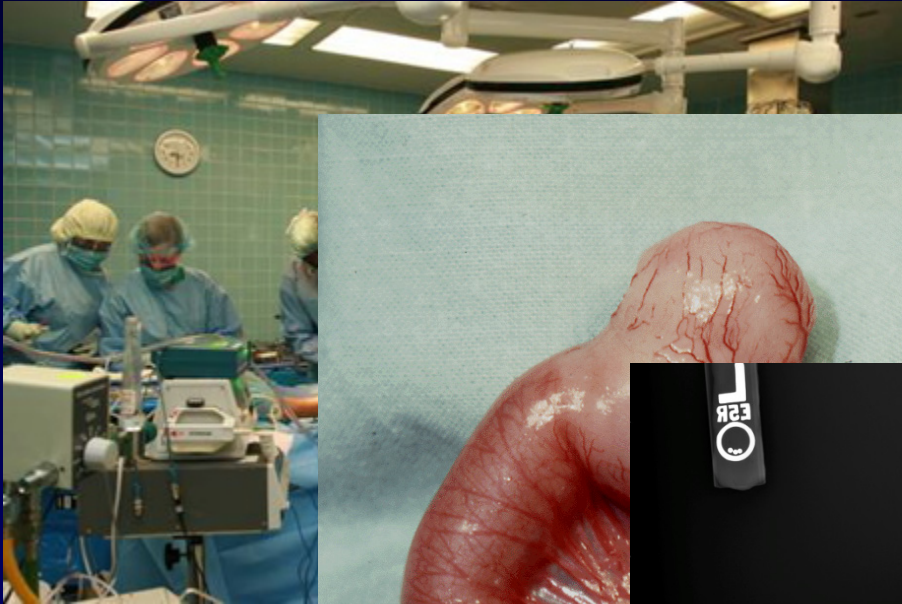
- WVU Graduate Medical Education Policy for Appropriate Use of the Internet, Electronic Networking and Other Media
 1. <http://www.hsc.wvu.edu/gme/MediaLibraries/GME/Media/PDFs/Policies/Guidelines-For-Appropriate-Use-Of-Internet.pdf>
- Policy Overview:
 1. General Guidelines for Internet use
 2. Posting Information about Patients
 3. Posting Information About Colleagues and Co-Workers
 4. Professional Communication with Colleagues and Co-Workers
 5. Posting Information Concerning Hospitals or other Institutions
 6. Offering Medical Advice
 7. Penalties for inappropriate use of the Internet
 8. Enforcement

Texting



Texting ‘Interesting’ Cases

Texting body parts is generally a bad idea



The Near Future...

- ACGME has emphasized the need for “experiential” instruction (wrt prof educ)
 1. Focus on interprofessional communication
 2. Best learned in real life (rather than in a lecture)
- Simulation Center
 1. ED/trauma, Code & Clinic simulation modules
 2. Experience need for effective communication while maintaining a prof demeanor
 3. Video taped to review & learn from exercise
 4. Uses: Resident training and/or remediation

Conclusion

- “The Hidden Curriculum”
- Everything you do matters
- Everything thing you don’t do matters
- Never underestimate the power of a good role model
- Professionalism is difficult to define, quantify and document but it is the backbone of all areas of the Clinical Learning Environment



**KEEP
CALM
AND
DRINK THE
KOOL-AID**

Thank you!