A Competency-based Approach to Cultivating Professionalism

Pier Bryden, Deanna Chaukos & Adam Tasca
Learning Objectives

• Describe a competency-based approach to professionalism

• Examine the integration of professionalism in the assessment strategy for psychiatry residents

• Develop skills for completing a new residency program professionalism assessment tool
Case

• Allan is a PGY2 resident currently on his inpatient psychiatry rotation. You are his supervisor for this rotation. Allan attended rounds in the morning and saw several patients, then reminded you that there is a resident seminar in the afternoon which will end at 4pm. The seminar is protected time and you had notice that it was running. You agree that he should leave the ward for the day, and you plan to see him again the following workday.

• Later, by chance, you run into the physician who led the seminar. The conversation turns to Allan. You learn that he attended half the seminar, then left early, claiming to be returning to the ward to help you see the rest of your patients. Allan did not return to the ward that afternoon.
Case – Question for Audience

As Allan's supervisor, what do you do next?

A. Tell Allan you spoke to the seminar leader, and advise him not to act this way again.

B. Set aside time with Allan the next day to explore his perspective of the events, and start a dialogue.

C. Say nothing for now, but document the event later on Allan’s ITAR.

D. Email the Program Director to report the event and solicit advice.

E. None of the above
Why is cultivating professionalism important?

• Professional competence is a requirement of training (Royal College CanMEDS)
• Improved patient care
• Improved individual and organizational outcomes in medicine
• An expectation of our patients whom we have a professional compact to serve
Why is assessing professionalism important?

• There is no single tool that adequately captures the breadth of professional practice, and many of the existing tools lack supporting evidence, especially for a postgraduate and Psychiatry context.

• Professional competence is challenging to assess, and existing literature recommends multi-modal assessment data representing diverse assessor perspectives integrated as part of a deliberate assessment system.
Why change?

• We need a fresh approach to evaluating and developing professionalism

• The old way:
  • Informal feedback (if at all)
  • Comments on the ITER (rarely pursued)
  • Call or email to the Program Director

• Limitations
  • Lack of structure
  • Inconsistent/gaps in handover
  • Lack of transparency
Development of a Competency-Based Tool for Psychiatry

• Working group of Assessment Subcommittee developed
• Literature review and investigated options locally through PGME and UME
• Options considered:
  • An “incident report” for unprofessional behaviour
  • A facet-based formative assessment focusing on an observed patient encounter
  • A summative assessment for professionalism as a comprehensive construct
  • 360 multi-person feedback
• The Medical School had recently adopted a competency-based summative professionalism tool with positive preliminary outcomes
  • Tool could be triggered and was required for summative assessment at end of rotation blocks
• Adapted the University of Toronto MD Professionalism Assessment to the Psychiatry post-graduate setting
Integration of the Tool into Assessment Strategy

• As a separate form in POWER versus as part of the summative ITAR

• Advantages
  • Streamlined into existing practices, required as part of end of rotation ITAR
  • Positive view of professionalism development, rather than reporting deficits
  • Documented, transparent
  • encouraging feedback conversations about professional competence
  • Handover to next rotation
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<thead>
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<tbody>
<tr>
<td>Reliability and Responsibility: punctual, fulfills obligations in a timely manner; hands over important clinical information comprehensively; appropriately communicates time away from rotations and collegially navigates call pool demands.</td>
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<td>Self-improvement and Adaptability: incorporates constructive feedback; recognizes own limits; strives for excellence; maintains an open mind about different approaches to patient care consistent with the standard of care; appropriately utilizes reflection and mindful practice.</td>
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<td>Relationships within Professional Settings: maintains appropriate boundaries; cultivates positive and trusting working relationships.</td>
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<td>Upholding Professional Codes of Conduct: uses appropriate language; behaves with integrity; takes responsibility for actions; respects confidentiality and electronic security; uses social media appropriately; commitment to ensuring psychological and cultural safety for both patients and members of the healthcare team.</td>
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<p>| Is the resident on an appropriate trajectory for this point in training | Yes | No |
| Needs: Are there any areas that need focused work in the next rotation? | Yes | No |
| If yes, describe below in “Actions or Areas for Improvement | | |</p>
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- 0: Fails to Meet Essential Competencies
- 2: Meets Essential Competencies
- 5: Demonstrates Enhanced Competencies
- N/A: Not Applicable
**Relationships within Professional Settings:**
- Maintains appropriate boundaries
- Cultivates positive and trusting working relationships.
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**Upholding Professional Codes of Conduct:**

- Uses appropriate language
- Behaves with integrity
- Takes responsibility for actions
- Respects confidentiality and electronic security
- Uses social media appropriately
- Committed to ensuring psychological and cultural safety for both patients and members of the healthcare team

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Return to the Case

Applying the tool to Allan’s performance

• What do you do next?
  • Feedback conversation (formative learning)
  • Discussion/education about professional competence, perhaps reference specific domains
  • Including the discussion in the ITAR? (summative assessment)
    • Did Allan make changes since you provided him with feedback? Were there other concerning behaviors with respect to professional competence? Were there areas Allan excelled? Describe this in the qualitative feedback of the ITAR
Questions