

CURRICULUM ON PROFESSIONALISM MSU INTERNAL MEDICINE RESIDENCY PROGRAM

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I. Educational Purpose and Goals

The MSU College of Human Medicine puts considerable effort into developing physicians who understand and demonstrate professional values. The College has identified six categories of professional attributes that are examples of “professional virtue.” These six categories are 1) Competence, 2) Honesty, 3) Compassion, 4) Respect for others, 5) Professional responsibility, 6) Social responsibility. The College has further articulated that professionalism competency is not limited to consideration of rare egregious violations of ethics, but rather is a never-ending process of self-examination and improvement. This curriculum outlines how the College’s undergraduate professionalism curriculum applies to MSU Internal Medicine Residents.

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 Relationships
 - i. 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.
 - ii. PGY1 residents are assigned a senior resident mentor. This relationship provides interns with informal guidance during the transition to residency, and provides senior residents with leadership and mentoring experience.
 - iii. Twice a year residents meet with the residency director or her designate 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
 - i. 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.
 - ii. 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.

iii. Residents as Teachers Day - PGY2 residents attend a daylong meeting to develop their teaching skills. The meeting includes a professional development workshop.

iv. Town Meeting - Residents meet monthly with the Chief Resident and Director or her designee to discuss issues facing the program. This meeting models and focuses on professional behaviors of staff, faculty, and residents.

d. Didactics:

i. During the 18-month repeating cycle: medical ethics, physician impairment, professional development (fellowship application, CV's, interviewing, contract negotiation), and legal medicine.

e. Independent Learning:

i. 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.

ii. Fraud and HIPPA online training is required for all residents.

iii. Sexual harassment online training is required for all residents.

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

Faculty, peers, ancillary staff, and patients complete resident evaluations, including assessment of Professionalism. Evaluations by faculty have a special professionalism checklist differentiated for PGY1-3 residents to guide evaluation. Evaluations are available for on-line review by the resident at their convenience, and are incorporated into semiannual performance reviews.

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 – It is the perception of the residency leadership that faculty critical appraisal of resident professionalism performance is not as objective as it should be. This curriculum, the Virtues-based expectations, and the checklist are all designed to provide an objective basis for evaluation.

VII. Virtue-Based Master Professionalism Competency Objectives

“Essential” objectives are those that must be done regardless of the resident or patient’s circumstance. Failure to perform one “essential” objective is a serious breach and should represent a failure to demonstrate the professionalism competency. As such, failure to perform an “essential” objective should lead to a score of “significant deficits” on the resident’s evaluation.

“Expected” objectives are those that resident physicians should reliably perform day in and day out. Residents who fail to demonstrate an “expected” objective are not, at least in such instances, performing as good caregivers or colleagues. Although a score of “competent” might be possible in rare circumstances, a score of “minor deficits” is generally appropriate for residents who do not demonstrate one of the “expected” objectives for their year.

“Appreciated” objectives are those we would like to see our residents do all of the time, but we understand that such performance may not be required to acceptably demonstrate professionalism competency. If a resident is not demonstrating one of the “appreciated” professionalism objectives for her/his year, faculty should help the resident understand the objective and methods for improving performance, and their performance should be reflected by a score of “competent” or below on the professionalism evaluation.

Virtue	Skill, Behavior, or Attitude	PGY1 Expectation	PGY2 Expectation	PGY3 Expectation
Competence	Administrative competence (punctual, completes tasks as asked, follows directions, timely response to staff needs including pages and abnormal lab results, follows up on patient care issues without prompting).	Essential	Essential	Essential
	Self directed learning	Expected (reads about patients)	Expected - spontaneously presents evidence related to patient care	Expected - spontaneously presents evidence related to patient care
	Able to deliver bad news	Appreciated	Expected	Essential
	Understands and competent to work with patients regarding advanced directives, DNR status, futility, withholding* or withdrawing* therapy.	Appreciated	Expected	Essential
	Able to assess and use informed consent and provision of care*	Expected	Essential	Essential

Professional Responsibility	Recognizes that physicians have a responsibility for the safety and well being of patient, colleagues, and staff	Essential	Essential	Essential
	Understands that there are moral and ethical concerns about receiving gifts from patients and pharmaceutical representatives.	Essential	Essential	Essential
	Able to discuss and defend own ethical understanding of his or her relationship with pharmaceutical representatives.	Appreciated	Expected	Essential
	Willing to provide coverage for sick/unavailable colleagues	Expected	Expected	Expected
	Demonstrates intellectual curiosity	Appreciated	Expected	Expected
	Spontaneously teaches and exhibits concern for the educational development of fellow residents and students	Appreciated	Expected	Essential
	Provides leadership on teams and in the residency.	Appreciated	Expected	Expected
	Understands that in the patient-physician relationship, the physician's prime concern is the patient's	Expected	Essential	Essential

	interest and not his or her own. (A fiduciary relationship)			
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Virtue	Skill, Behavior, or Attitude	PGY1 Expectation	PGY2 Expectation	PGY3 Expectation
Honesty	Understands and recognizes mistakes and notifies attending and patients (when appropriate) when mistakes are made.	Essential	Essential	Essential
Tells the truth and is trustworthy		Essential	Essential	Essential
Makes honest use of coding, billing, and referral principles.		Essential	Essential	Essential
Understands and appropriately maintains patient confidentiality*		Essential	Essential	Essential
Compassion	Resident's attitude manifests an interest in helping providing compassionate*, quality care to all patients	Essential	Essential	Essential
Respect for Others	Demonstrates respect and compassion for all patients*	Essential	Essential	Essential
Understands and compassionately responds to issues of culture, age, sex, sexual orientation, and disability in patient care.		Appreciated	Expected	Essential
Participation in community organizations		Not an objective	Appreciated	Appreciated

Responsive to the needs of society that supersede self-interest*	Expected	Expected	Expected
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* Denotes specific ACGME requirement

PGY1 Professionalism Expectations:

I. “Essential” objectives
Administrative competence (punctual, completes tasks as asked, follows directions, timely response to staff needs including pages and abnormal lab results, follows up on patient care issues without prompting).
Understands that there are moral and ethical concerns about receiving gifts from patients and pharmaceutical representatives.
Recognizes that physicians have a responsibility for the safety and well-being of patients, colleagues, and staff;
Demonstrates respect and compassion for all patients
Understands and recognizes mistakes and notifies attending and patients (when appropriate) when mistakes are made.
Tells the truth and is trustworthy
Makes honest use of coding, billing, and referral principles.
Understands and appropriately maintains patient confidentiality
Resident’s attitude manifests an interest in helping providing compassionate, quality care to all patients

“Expected” objectives
Willing to provide coverage for sick/unavailable colleagues
Responsive to the needs of society that supersede self-interest
Self directed learning
Able to assess and use informed consent and provision of care
Understands that in the patient-physician relationship, the physician’s prime concern is the patient’s interest and not his or her own. (A fiduciary relationship)

“Appreciated” objectives
Able to deliver bad news
Understands and competent to work with patients regarding advanced directives, DNR status, futility, withholding or

withdrawing therapy.
Understands and compassionately responds to issues of culture, age, sex, sexual orientation, and disability in patient care.
Able to discuss and defend own ethical understanding of his or her relationship with pharmaceutical representatives.
Demonstrates intellectual curiosity
Spontaneously teaches and exhibits concern for the educational development of fellow residents and students
Volunteers for activities that are for the “good of the institution” (e.g. recruiting interviews, committee membership, etc).
Provides leadership on teams and in the residency.

PGY2 Professionalism Expectations:

“Essential” objectives
Administrative competence (punctual, completes tasks as asked, follows directions, timely response to staff needs including pages and abnormal lab results, follows up on patient care issues without prompting).
Understands that in the patient-physician relationship, the physician’s prime concern is the patient’s interest and not his or her own. (A fiduciary relationship)
Able to assess and use informed consent and provision of care
Demonstrates respect and compassion for all patients
Recognizes that physicians have a responsibility for the safety and well-being of patients, colleagues, and staff;
Understands and recognizes mistakes and notifies attending and patients (when appropriate) when mistakes are made.
Tells the truth and is trustworthy
Makes honest use of coding, billing, and referral principles.
Understands and appropriately maintains patient confidentiality
Understands that there are moral and ethical concerns about receiving gifts from patients and pharmaceutical representatives.
Resident’s attitude manifests an interest in helping providing compassionate, quality care to all patients
“Expected” objectives
Understands and competent to work with patients regarding advanced directives, DNR status, futility, withholding or withdrawing* therapy.

Understands and compassionately responds to issues of culture, age, sex, sexual orientation, and disability in patient care.
Self directed learning (i.e. spontaneously presents literature and evidence related to patient care)
Able to discuss and defend own ethical understanding of his or her relationship with pharmaceutical representatives.
Willing to provide coverage for sick/unavailable colleagues
Demonstrates intellectual curiosity
Spontaneously teaches and exhibits concern for the educational development of fellow residents and students
Provides leadership on teams and in the residency.
Responsive to the needs of society that supersede self-interest
Volunteers for activities that are for the “good of the institution” (recruiting interviews, committee membership, etc).
Able to deliver bad news

“Appreciated” objectives
Participation in community organizations

PGY3 Professionalism Expectations:

“Essential” objectives
Administrative competence (punctual, completes tasks as asked, follows directions, timely response to staff needs including pages and abnormal lab results, follows up on patient care issues without prompting).
Spontaneously teaches and exhibits concern for the educational development of fellow residents and students
Able to deliver bad news
Understands and competent to work with patients regarding advanced directives, DNR status, futility, withholding or withdrawing therapy.
Able to assess and use informed consent and provision of care
Understands that in the patient-physician relationship, the physician’s prime concern is the patient’s interest and not his or her own. (A fiduciary relationship)
Understands and recognizes mistakes and notifies attending and patients (when appropriate) when mistakes are made.
Tells the truth and is trustworthy
Makes honest use of coding, billing, and referral principles.
Understands and appropriately maintains patient confidentiality

Resident's attitude manifests an interest in helping providing compassionate, quality care to all patients
Demonstrates respect and compassion for all patients
Understands and compassionately responds to issues of culture, age, sex, sexual orientation, and disability in patient care.
Recognizes that physicians have a responsibility for the safety and well being of patient, colleagues, and staff;
Understands that there are moral and ethical concerns about receiving gifts from patients and pharmaceutical representatives.
Able to discuss and defend own ethical understanding of his or her relationship with pharmaceutical representatives.

"Expected" objectives
Willing to provide coverage for sick/unavailable colleagues
Demonstrates intellectual curiosity
Provides leadership on teams and in the residency.
Responsive to the needs of society that supersede self-interest
Volunteers for activities that are for the "good of the institution" (recruiting interviews, committee membership, etc).
Self directed learning

"Appreciated" objectives
Participation in community organizations