10Q1 Short Communication: Professionalism
Location: MR 124 – P1
10Q1 (135292)
Are some doctors more complaint or discipline prone than others? A quantitative review of complaints received by the Medical Council (Ireland) 2008-2012

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Background: In 2015 the Irish Medical Council (the regulator of doctors in Ireland) systematically reviewed complaints it received about doctors' practices (from 2008 to 2012) to help inform its role of investigating concerns about doctors' fitness to practise and developing guidance on good professional practice for doctors.

Summary of Work: Basic information from each complaint was extracted from the Council's complaints handling database (e.g. whether the complaint was referred for a full investigation or not, if there was a finding made against the doctor, which sanction was recommended). This information was merged with registration data held about doctors to explore if doctor characteristics could be said to be associated with higher chances of being complained about, being referred for a full investigation, or, receiving a higher impact sanction.

Summary of Results: Male doctors, older doctors (aged 56-65), doctors who qualified in Ireland, and doctors with Specialist registration were significantly more likely than other doctors to be complained about. The odds of having a complaint being referred for a full investigation were significantly higher for male doctors, doctors aged between 20-45 and over 65, doctors who qualified outside Ireland, and doctors who held general or trainee registration. When a finding was made against a doctor, doctors in the 46-55 and 56-64 age ranges, doctors who qualified outside Ireland and those without specialist qualifications were significantly more likely than others to receive a high impact sanction on their registration. Complaints made by members of the public were more likely to involve specialists and doctors who qualified in Ireland than complaints made by employers and healthcare professionals.

Discussion: Although doctor characteristics being associated with different outcomes of fitness to practise investigations by medical regulators is a not new phenomena, with data from the UK and Australia showing similar patterns, having these findings replicated in Ireland shaped many Medical Council functions including investigating fitness to practice concerns, providing guidance for doctors’ conduct and ethics, and quality assuring doctors education, training and lifelong learning.

Conclusion: Why are some doctors more complaint prone and discipline prone than others?
Take Home Messages: Why are some doctors more complaint prone and discipline prone than others?

#10Q2 (136120)
Shifting our gaze in professionalism: from individuals to communities of practice and culture

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Background: A culture of respect and professionalism has been endorsed by faculty members, staff and students at our medical school as important to their success. Our newly formed professionalism network chose appreciative inquiry (AI) methodology to intentionally support such a culture. Another medical school reported that implementation of the AI method to promote relationship centred medical care, found improvement in a measure of culture medical student satisfaction.

Summary of Work: Professionalism network members (faculty members, staff students, public and external medical organization members), organized into working groups representing celebration and awareness, education, scholarship and consultation. Projects build on current strengths and discovery of opportunities. Examples include adapting the Emory humanism and professionalism faculty development series to our context for excellent clinical educators across medical disciplines. Organizers and participants became a community of practice to convey and educate for humanism and professionalism in clinical learning environments. The course will continue annually and some graduates are planning a similar course adapted for postgraduate trainees. Additional communities of practice are engaged in peer-reviewed, funded research projects; curriculum mapping; consultation and celebration.

Summary of Results: Several communities of practice in professionalism education, scholarship, celebration and consultation have developed within two academic years, with department heads' support of faculty members' time contributions.

Discussion: Establishing an educational and scholarly hub provides opportunities to deepen our understanding of professionalism and to support professional identity formation and maintenance. It also attracts students and faculty leaders beginning professionalism projects.

Conclusion: Growth in numbers of and intersections between communities of practice in celebration, consultation, education and scholarship with a shared purpose of an appreciative professionalism culture has the potential to contribute to culture shift. Additional measures of culture must be identified.

Take Home Messages: Communities of practice based on appreciative inquiry in professionalism education, research and celebration intersect to contribute to a culture of respect and professionalism and support professional identity.
Making professionalism a reality: Students need to have an early authentic involvement in patient care

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Background: At the Medical University of Vienna we run a compulsory first year course to foster professional attitudes towards patients and members of the interprofessional healthcare team. The research question is whether the course design and its implementation enables students to attain the intended learning outcomes.

Summary of Work: A student survey and two qualitative studies were conducted. The latter comprised analyses of students’ reflection reports using qualitative content analysis (Mayring 2010). Furthermore, feedback from educational experts concerning the course design was obtained. All data were synthesized to conduct a reflective self-evaluation (Rossi et al. 2004), addressing needs assessment, conceptualization and design, implementation, and outcomes.

Summary of Results: The students stated that the intended outcomes were attained. Moreover, based on students’ reflection reports, there was a clear enhancement of their positive attitudes towards patients and towards members of the interprofessional healthcare team (in 93% and 65% of the reports analysed respectively). Moreover, the students reported that they had gained experience in interacting with patients, and recognized important factors for successful interaction. The module’s design and implementation is useful and mainly enables the students to achieve the learning outcomes. However, students only visit the patients and they are not allowed to do any nursing or medical activities.

Discussion: Possible limitations will be discussed, e.g. the non-research-led purpose of the analysed reports.

Conclusion: The results show that the course fosters professionalism through early experience in an authentic setting. Although the course mainly facilitates the development of professional attitudes, the placement could be shaped in a more authentic way by expanding the range of tasks.

Take Home Messages: Students need to be effectively involved in the process of patient care. They need to have authentic tasks from the beginning of their studies. This is the best way to foster professional attitudes.

Professionalism outcomes: differences between school leavers and graduate medical students

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Background: Professionalism teaching and assessment are now an integral part of the medical curriculum. In 2007 St George’s University of London added an academic route to the Doctor as a Professional (DaP) domain to longitudinally assess students on professional behaviour in the workplace. In this study we looked at whether there were any significant differences between school leavers and graduate students in the incidence of unprofessional behaviour episodes.

Summary of Work: 143 school leavers (MBBS5) and 114 graduate students (MBBS4) from the 2009-10 cohort were included. Episodes of unprofessional behaviour were extracted from the administrative database. Statistical analysis was performed using the chi-square test.

Summary of Results: In the DaP domain 37.1% (53/143) of MBBS 5 students were flagged up, 5.6% (8/143) as single episodes and 31.5% (45/143) as multiple episodes, respectively. 24.6% (28/114) of MBBS4 students, spread equally between single or multiple episodes (12.3%, 14/114) were flagged up. There was a significant difference between school leavers and graduates in the numbers of single (p<0.001), multiple (p<0.001) and cumulative (p<0.05) episodes. However, there was no significant difference between the two cohorts in the number of times they were seen by staff, fitness to practise procedures or expulsion.

Discussion: More school leavers than graduate students were flagged for unprofessional behaviour. Reasons for this may include lack of previous experience of higher education and/or coping strategies. However, the incidence of more serious events did not seem to be affected.

Conclusion: Although school leavers were flagged for significantly more episodes of unprofessional behaviour than graduate students there was no significant difference between the two subgroups in terms of serious procedures, such as fitness to practise panel or expulsion. Support to hone study skills and coping strategies may be required.

Take Home Messages: Incidence of serious breaches in professional behaviour does not seem to differ between school leavers and graduate medical students.
Digital Natives: Teaching and Learning Medical Professionalism

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Background: Teaching and learning professionalism face a particular challenge in this era of “digital natives”. The purpose of this article is to describe our experience using interactive teaching methods for medical professionalism in our Bioethics courses.

Summary of Work: The Tecnologico de Monterrey School of Medicine curriculum and Professionalism Program comprehend 2 Bioethics courses mandatory for all students during clinical clerkships. Content is oriented to promote reflection and self-awareness as an axis in the process of ethical decision-making through the assimilation of basic knowledge of moral philosophy, professionalism and medical ethics. The courses Bioethics and Clinical Bioethics are taught in two clinical rotations with a 2-hour session once a week for twelve weeks.

Summary of Results: In order to improve the courses and reach our digital native students different course activities were included: interactive online education platforms (Socrative, Nearpod, TEducation & Blackboard), online resources from medical associations (AAMC, AMEE, ACOG, Royal College, Jefferson Medical College Professionalism in Medicine), other online and multimedia resources (SurveyMonkey, YouTube, Netflix), as well as high-fidelity simulation cases of ethical dilemmas.

Discussion: This approach has been effective not only to review the contents of each session, but also to promote teaching medical professionalism through problem-based learning, medical humanities, narrative writing, case-based discussion, role-playing exercises, and deliberation.

Conclusion: The use of interactive platforms has allowed us to address differently with the digital native students the experience of teaching and learning professionalism. They showed a major interest in the courses because they found them innovative. The limitation is that students, paradoxically, sometimes had difficulty adapting to the different interactive platforms.

Take Home Messages: Integrating innovative interactive teaching tools may promote a greater interest for digital natives in the courses related to professionalism. It requires a cultural change in teaching environments to design, implement and assess its impact, and faculty development to promote its use.