Nov-Dec 2020 *Residency Times*
Faculty Spotlight: Eleanor King, MD (Family Medicine), and Vesna Tegeltija, MD (Internal Medicine), Ascension Providence Rochester Hospital (APRH)

Residency Times *interviewed Dr. King and Dr. Tegeltija about their professionalism initiatives in the Family Medicine (FM) and Internal Medicine (IM) residency programs at APRH.*

As the accrediting body for residency programs in the US, the ACGME (Accreditation Council for Graduate Medical Education) mandates common program requirements in order to maintain high-quality medical education and help ensure patient safety. The ACGME has identified six Core Competencies on which residents should be evaluated: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, systems-based practice, and professionalism. Every 18 months, ACGME conducts an on-site assessment of clinical sites called a Clinical Learning Environment Review (CLER). One CLER focus area addresses the creation and monitoring of professionalism policies in teaching hospitals, while program leadership is tasked with determining methods for effectively measuring and assessing residents' professionalism skills in the course of delivering patient care.

Across 2019-2020, two WSUGME faculty members at APRH conducted two professionalism initiatives among their residents. **Dr. Eleanor King**, Clinical Assistant Professor and Medical Director of the Rochester Academic Family Medicine clinic, and **Dr. Vesna Tegeltija,** Clinical Assistant Professor and Associate Program Director of IM, are very familiar with the features of residency training in this clinical environment. After graduating from medical school, both completed residencies at APRH (then called Crittenton Hospital); Dr. Tegeltija then joined WSUGME as a faculty member in 2016 and Dr. King in 2017.

Both FM and IM already had mechanisms in place to assess professionalism, but the programs were proactive in identifying shortcomings which they felt the implementation of a pilot initiative might address. Dr. King noted that in accord "with ACGME standards FM has a Clinical Competency Committee (CCC) that evaluates resident progress and meeting of milestones . . . faculty addressed

professionalism issues such as being late to clinic or not meeting goals in scholarly activity. Repeated issues were dealt with by sending a letter of concern (LOC) and multiple LOCs translated into probationary status. Each step was supported with Performance Improvement Plans." She noted that while the prior process "was very strong, the goal of the new initiative was to capture professionalism issues *before* they would need to be brought to the CCC."

In designing the 5-month pilot intervention in FM, Dr. King drew upon the philosophy of Positive Behavior Interventions and Supports (PBIS) used in elementary education. A 5-point system was used to score each resident's demonstration of professionalism (timeliness in coming to clinic, completing notes, and attending lectures; meeting scholarship deadlines; making a good impression during rotations) during one month. Positive behaviors were incentivized via the awarding of a Professional Certificate good for one half-day of self-directed learning or a wellness activity to those residents who achieved 5 points. Wellness could include dentist or physician visits. Those who missed points could gain them back by volunteering for community events or more clinic hours.

Dr. King's analysis after the pilot concluded indicated that as she had anticipated, use of primary prevention decreased the need for secondary prevention, resulting in fewer LOCs and residents placed on probation. In addition, use of a PBIS system was associated with a decrease in unprofessional behaviors, and that provision of time for residents to attend to healthcare needs was associated with resident attention to those needs.

In IM, faculty used a primary prevention approach prior to the intervention: "Resident professionalism was evaluated using a standard competency evaluation form with a non-anchored 1-9 score option," Dr. Tegeltija explained. "We have a diverse resident group and as I gave more feedback, I found I had difficulty in discussing professionalism with residents [because] each had a different understanding of professionalism based on their prior training and background." It was crucial that residents had a shared grasp of what these behaviors were, since as Dr. Tegeltija noted "the ultimate goal of the initiative was to build a culture of professionalism by providing program-specific expectations." Dr. Tegeltija discovered that "many programs struggle with the ACGME professionalism competency because of a lack of assessment and remediation tools, so before I drafted a pilot approach, I searched for suitable instruments. The resulting assessment tool scored professional and unprofessional behaviors," with these events clearly described and assigned a point value on an accompanying rubric.

Faculty, attending physicians, and staff were encouraged to report events using the rubric. Each resident started the year with a score of 3, to reinforce the value placed on professionalism as a set of behaviors that every resident trainee was expected to demonstrate. At the end of the pilot, residents were given an overall numerical score that fell in the range of *expected*, *above expectations*, or *below expectations*." Most residents fell into the first category, but the initiative also provided a remediation plan for those residents in the third category. The resident who achieved the highest score received a "Professionalism Excellence" award at the end of the academic year.

Dr. Tegeltija's analysis following the completion of the intervention revealed an unexpected result: "the senior resident class had a higher number of unprofessional events reported." Subsequent research will explore possible reasons for this finding.

Despite the success of the PBIS initiative in FM, Dr. King said that going forward she would explore other types of interventions that would better reinforce sustainable changes in program culture regarding professionalism. Dr. Tegeltija will continue the point system in IM, but she would like to make the assessment tool more broadly available, training nurses, consultants, and administrative staff instrument, and ensure that both favorable and unfavorable events were captured for more comprehensive data analysis.

Leaders in graduate medical education both locally and nationwide will benefit from these pilot initiatives at APRH. Dr. King presented a poster at the Society of Teachers of Family Medicine Annual Conference in August 2020, and Dr. Tegeltija has submitted an abstract to the Alliance for Academic Internal Medicine Conference in April 2021. In November, Dr. King and Dr. Tegeltija teamed up to present an overview of their research findings for GME Program Directors and faculty at the WSUSOM's Graduate Medical Education Council, and on December 8 Dr. Tegeltija will present a poster at the WSUSOM Medical Education Research and Innovation Conference. Most importantly, WSUGME residents will benefit from the insights provided by these initiatives, as the FM and IM programs integrate evidence-based approaches to the assessment and teaching of professionalism in the clinical learning environment.