



DR Welby or Dr House?: Medical Professionalism the Vanishing Core Competency

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AGENDA

- 1. Abstract**
- 2. Acknowledgements, & Preamble .**
- 3. Medical Education & Quality of healthcare**
- 4. What Conceptual Frameworks Are Critical to a Medical Training Programs?{Curriculum}**
- 5. Outline Global Core Competencies for Medical Graduates**
- 6. Dr Welby or Dr House? Where Did We Miss it?**
- 7. What is Medical Professionalism?**
- 8. Where Did We Miss it?**
- 9. Gauge the barometer of your Professionalism**
- 10. Conclusion**

Abstract

Dr Welby or Dr White?: Medical Professionalism a Vanishing Core Competency.

Medicine remains a prototypical profession that has strived to exhibit to the highest degree, the principal features of professionalism including ethical codes and culture that stress an ideal of service to patients and society. However, in recent years the value and validity of medical professionalism have come under serious threat by a growing generation of medical professionals who lack the attitudes and behaviour that reflect acceptable professional conduct. The compassion of our great medical profession is fading so unbelievably and unacceptably fast that this very essence of our professional calling is considered by some as extinct in medicine. According to Dr. Klasko, a passionate advocate of patient-centered doctoring “medical care has shifted from the model of the kindly Dr. Welby to the narcissistic, brusque, but brilliant Dr. House. How did physicians go from saints to sinners so quickly in the public’s eye?” he wondered. The already fragile quality of healthcare in many regions of the world has been further eroded and public confidence continues to wane as a result of this vanishing core competency among medical doctors.

Where did we miss it? This presentation attempts to generate discussions on this poser and to proffer possible solutions.

Acknowledgements/Tributes

“As the complexities of studying & practicing medicine continue to evolve, so do the demands and expectations from physicians whose actions and inactions have come under the intense scrutiny of the public & policymakers.”

CANO 2011

“Medicine is both an art and science requiring the application of appropriate competencies {knowledge, skills, & behaviour} as well as scientific processes {problem solving & critical reasoning} & scientific facts {evidence-based medicine} for best practice.”

CANO 2011

Medical Education & Quality of Healthcare

- **Medical education, the process of training & retraining physicians {basic-undergraduate, postgraduate, & CME}, is intrinsically related to the quality of healthcare.**
- **Poorly trained medical doctors practice medicine poorly & ultimately contribute to the dismal national health indices.**
- **Redressing the anomalies & gaps in our basic & higher education {medicine inclusive} is one sure strategy for restoring quality in healthcare.**
- **The training programs/curricula in medical schools must be based on well defined conceptual frameworks that define attainable graduate profiles & measurable competencies that can address local, national, & global health priorities.**

What Conceptual Frameworks Are Critical to a Medical Training Programs?{Curriculum}

Definition of the following:

1. Institutional Mission & Vision statements {Teaching, Research, Service, **Social Accountability** }
2. Core values & philosophy as embedded in the mission & vision statements.
3. Broad goals of the training program {**knowledge, skills. & attitudes**}
4. Local, regional, national, & global healthcare priorities/needs.
5. Core subject matters/topics/themes that will address the healthcare priorities/needs.
6. Institution's graduate profile required to meet the needs /priorities.
7. Core competencies {broad} necessary for preparing the desired CMUL graduate profile.
8. Operational competencies/elements {measurable objectives} in terms of measurable knowledge, skills, attitude /behaviour necessary for attaining the broad core competencies

What Conceptual Frameworks Are Critical to a Medical Training Programs?{Curriculum}

Definition of the following

- 8. Educational strategies for attaining the goals, core competencies & operational elements, and graduate profile instructional /teaching methods.**
- 9. Teaching methods**
- 10. Assessment methods**
- 11. Educational environment/climate needed for successful implementation of the redesigned CMUL Curriculum {hidden curriculum}**
- 12. Faculty development programs for the redesigned CMUL Curriculum**
- 13. Implementation, monitoring, and evaluation processes for the redesigned CMUL Curriculum**
- 14. Quality assurance processes/mechanisms for the training program**

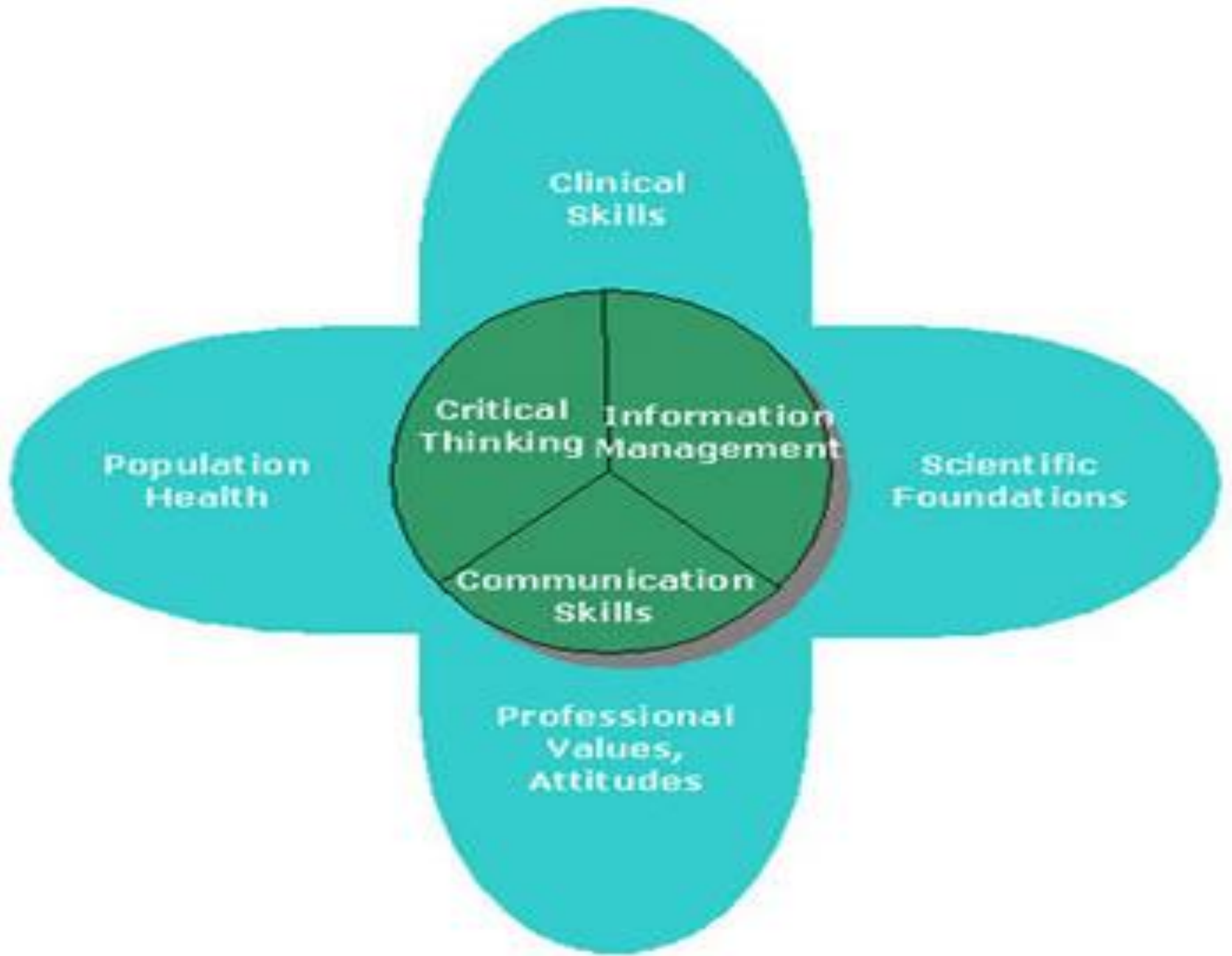
The design & redesign of training programs {curriculum} is serious research and must be based on

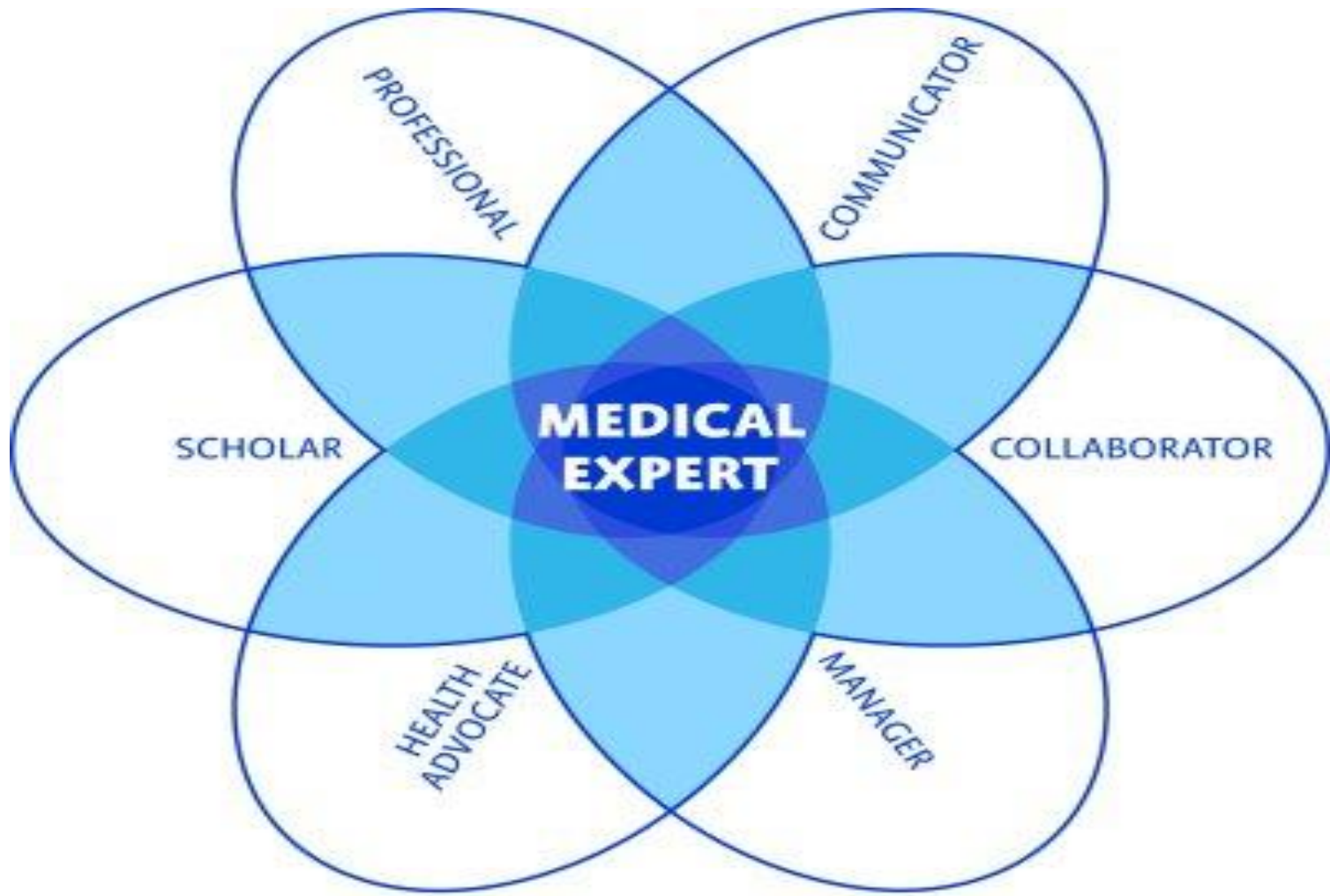
- **Best available evidence**
- **Best Theoretical/Educational models**
- **Current Global trends in medical education etc**
- **Rigorous process**

Small Group Task {5 minutes}

- A} List 5 broad Core Competencies you consider critical for physicians in the 21st century?**

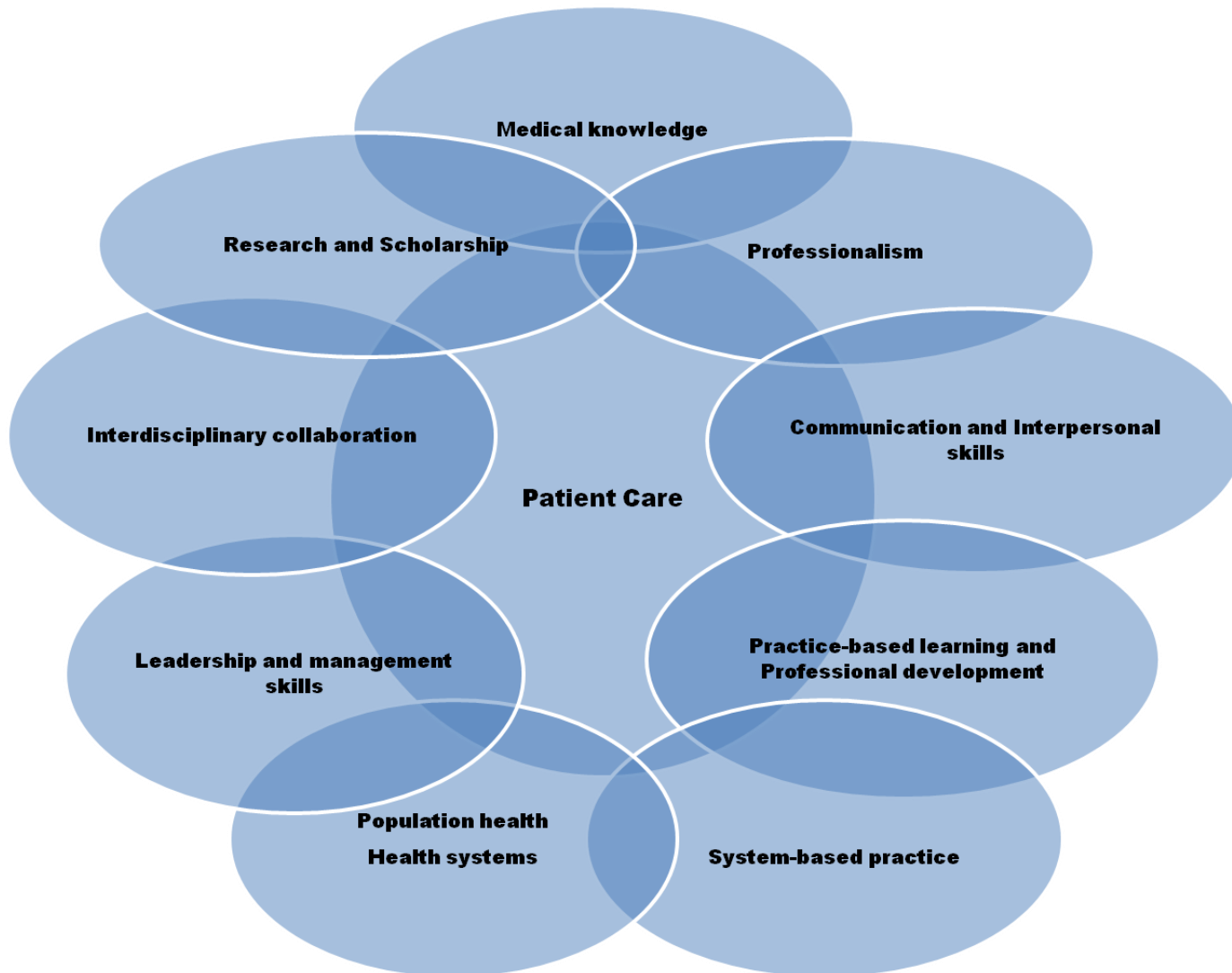
- B} Compare your list with your neighbours & report commonalities and differences.**





THE
CANMEDS
ROLES FRAMEWORK

Ten Broad/Generic Core Competencies



- **DR Welby or Dr House?:
Medical Professionalism the Vanishing
Core Competency.**

What is Medical Professionalism ?

Themes & Subthemes from Definitions or Interpretations of Professionalism Reported in a Systematic Review of Literature Wilkinson et al Acad Med. 2009; 84:551–558.

1. Adherence to ethical practice principles, *including but not restricted to:*

- Honesty/integrity
- Confidentiality
- Moral reasoning None
- Respect privileges and codes of conduct

2. Effective interactions with patients & with people who are important to those patients, *including but not restricted to*

- Respect for diversity / uniqueness
- Politeness / courtesy / patience
- Empathy / caring / compassion / rapport
- Manner / demeanor
- Include patients in decision making
- Maintain professional boundaries
- Balance availability to others with care for oneself

3. Effective interactions with other people working within the health system, including but not restricted to:

- Teamwork
- Respect for diversity / uniqueness
- Politeness / courtesy / patience
- Manner / demeanor
- Maintain professional boundaries
- Balance availability to others with care for oneself

4. Reliability, including but not restricted to:

- Accountability / complete tasks
- **Punctuality**
- Take responsibility
- Organized

5. Commitment to autonomous maintenance & continuous improvement of competence in:

Self. Including but not restricted to:

- Reflectiveness, personal awareness, and self-assessment
- Seek and respond to feedback. Respond to error.
- Recognize limits
- Lifelong learning
- Deal with uncertainty

Others. Including but not restricted to:

- Provide feedback / teaching
- People management
- Leadership

Systems. Including but not restricted to:

- Advocacy
- Seek and respond to results of an audit
- Advance knowledge

Where Did We Miss it ?

Why Is Medical Professionalism Vanishing?

- **Lack of a consensus definition with measurable elements, has limited the teaching & assessment medical professionalism**

The systematic review by Wilkinson et al is the most recent effort to formulate practical, realistic, definable and measurable elements of professionalism.

- **Outdated training programs/curricula in Medical Schools**
- **Outdated Educational Strategies {SPICES}**
- **Compartmentalized training with little or no integration**
- **Poor Learning Environment {Infrastructure & training resources}**
- **Faculty Development {Inadequately prepared medical teachers/role models}**
- **Disconnect between the Written and Hidden Curricula {Environment, practices, role models, mentors}**
- **Questionable Accreditation/Professional bodies**
- **Student selection process {Not rigorous}**
- **Orientation/Induction programs {Poorly planned}**

Quick Check

**What is the Barometer of your
Medical Professionalism ?**

i/N	ACTION	RATING					
		1	2	3	4	5	DK
1.	Follows through on tasks he/she agreed to perform						
2.	Responds to requests, in a helpful and prompt manne						
3.	Knows the limits of his/her abilities and asks for help when needed						
4.	Takes responsibility for actions, admits mistakes and does not blame others						
5.	Makes patient care and well-being a priority						
6.	Provides equitable care regardless of patient culture and socioeconomic status						
7.	Is willing to act on feedback or other information to improve patient care						
8.	Maintains respectful demeanour in demanding and stressful situation						
9.	Is honest in interactions with others						
10.	Takes on extra responsibilities when the need arises						
11.	Easily establishes rapport with patients and their families						
12.	Is respectful and considerate in interactions with patients						
13.	Responds to patients' needs, feelings, or wishes						
14.	Uses non-technical language when explaining and counselling						
15.	Spends adequate amount of time with patients						
16.	Is willing to answer questions and provide explanations						
17.	Is courteous to and considerate of nurses and other staff						
18.	Discusses patient issues clearly with staff and faculty						
19.	Listens to and considers what others have to say about relevant issues						
20.	Maintains complete and legible medical records						

What Are the Solutions?
{Participants Summarize}

Final Thoughts.....

The overarching goal of any medical school should be to

“develop a critical mass of students who are self-aware that they are in medical school because they are going to do more than be excellent physicians or earn attractive salaries but want to make the world better in ways that transcend their own personal benefit.”