

ASSESSMENT OF PROFESSIONAL BEHAVIOUR

1. The competent physicians?

- Negligence
- Malpractice
- Public complaint – getting more and more nowadays
 - Disrespect, mistrust and miscommunication are the major elements relating to the complaints.
- The question is WHY?
 - Doctors not clear of their roles?
 - Doctors are not taught their roles?
- Professional behaviour
 - Should it be taught?
 - Attitude: can it be taught?
- Assessment of professional behaviour
 - What is the role of assessment?
 - Issues in assessment?

2. Definition of Professional Behaviour

- ABIM (1990)
 - 3 commitments
 - To the highest standards of excellence in the practice of medicine
 - To sustain the interests and welfare of patients
 - To be responsive to the health needs of the society
 - 6 elements
 - Altruism, accountability, excellence, honor, integrity and respect for others
- Epstein and Hundert's dimensions (2002)
 - Cognitive
 - Technical

- Integrative
- Context
- Relationship
- Affective/moral
- Habits of minds
- Medical Professional in the new millennium – a physician charter (2002) ABIM, ACP-ASIM, EFIM:
 - Professional responsibilities
 - Commitment to professional competence
 - Honesty with patient
 - Patient confidentiality
 - Maintaining appropriate relations with patients
 - Improving qualities of care
 - Improving access to care
 - Just distribution of finite resources
 - Scientific knowledge
 - Maintaining trust
- Themes
 - Identifying concrete behaviour
 - Developing educational plans and activities in teaching and assessing
 - Recognizing the role of relationships in the systemic dimension of professionalism

3. Assessment in Professional Behaviour

- Instruments to track aspects of attitudinal change over time
- Early detection of unprofessional behaviour
 - Are there predictive factors?
- Role of assessment
 - Positive educational impact
 - Meaningful

- Accurate
- High feedback value
- Most direct → observation
- Problems related with observation method
- Problem in giving feedback
- 4. Methods used
 - Observation
 - Behavioral elements:
 - How student deals with other persons
 - How student deals with himself
 - Communication skills
 - Certain personal qualities
 - Observations over long time, regular, in different situation
 - Training for observers
 - Observation – condition for assessment
 - Reliability
 - Situation
 - Frequency and duration (intra-observer)
 - Judge
 - Informed and trained; multiple sampling
 - Rating scale
 - Clear and easy to mark
 - Validity
 - Situation
 - Relevant for future practice
 - Judge
 - Qualified and personally observe
 - Rating scale

- Focus on professional behaviour; steers students positively, discriminate between adequate/not adequate
 - Acceptability
 - Student
 - Criteria of assessment also useful for feedback; time to change given
 - School
 - Obtain useful information to support/sanction (block) student; efficiently
 - 360° evaluation
 - Rating form filled by different raters who interact with the assessee during the course of work/education
 - Raters
 - Clinician, therapists, social worker, case manager, psychologist and etc.
 - OSCE and simulated patients
 - Communication skills, humanism, empathy
 - Some instruments e.g. communication skills, extensively researched
 - Pros and cons? (please refer to assessment of “shows how”)
 - Peer review
 - Teamwork, evaluation/feedback skills
 - Favorable study results
 - Portfolio assessment
 - Evidence of student progress offered by student
 - Includes clinical experiences, reflective journals, etc.
5. Issues in assessment
- Content specificity

- Cannot generalized one task to decide professional/unprofessional behavior
- Idiosyncrasy
 - There are many ways/methods that give the same result
- Amount of structuring
- Behaviour: competence or performance?
 - Continuity of behaviour important → performance assessment
- Assessment form a 'competence' approach
 - Often single/infrequent sampling
 - Increased structuring
 - Possible overstressing of knowledge
 - Induction of test-taking strategies
 - Increasing reliability of subjective methods
 - Sample all possible sources of bias
 - Multiple occasion
 - Multiple judges
 - Judgment based on specific observations
 - Global judgment from specific observation (ok)
 - Global judgment from memory over the long time (not ok)
 - Important for good feedback
 - Professional behaviour
 - A goal by itself, or a means to achieve an end?
 - It is not a goal but it is merely as a means to achieve the end which the medical professional eventually understand what are their roles as a medical professional...