

Incorporating the Physicianship Evaluation Tool into your 3rd year Medical Student Clerkship

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Introduction

- Professionalism is a big issue in medical education
- LCME mandates that medical education programs promote professional attributes in its medical students

Professionalism is a big issue in the practice of medicine

Professionalism milestones are part of ACGME milestones

The Pediatrics Milestone Project

Joint Initiative of:
the Accreditation Council for Graduate Medical Education and the American Board of Pediatrics

Professionalism

Professionalism

- Ability to be approachable, perceptive, and fully engaged and involved in a professional, ethical or educational or patient-care role.
- Ability to be a professional who is approachable, perceptive, and fully engaged and involved in a professional, ethical or educational or patient-care role.
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Professional Growth

- Shows respect for patients and demonstrates a sense of what is appropriate and acceptable in a clinical setting.
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Cultural Competence

- Shows an understanding of the social determinants of health and how they affect the health of diverse populations.
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Objectives

- Describe the utility of a physicianship evaluation tool as a component of a professionalism curriculum
- Review a variety of physicianship forms
- Utilize the physicianship form using some medical student simulated cases
- Describe our (recent) experience with this tool and learn how to implement it on other campuses

The Evolution of the Physicianship Form at UCSF

- 1994-UCSF clerkship directors met to create a professionalism evaluation system for 3rd/4th year medical students
- 1995-Initial form created and used by clerkship directors of 3rd/4th year med students when receiving low evaluations in any 1 of 4 categories of interpersonal skills
- 1996-Form modified to include student comments and signature with documentation that it was delivered by clerkship director only with counseling received by said director

The Evolution of the Physicianship Form at UCSF

- 1998-Discussions held with 1st and 2nd year course committees with subsequent modifications made to 3rd/4th year form
- 1999- First/Second year physicianship form utilized at UCSF
- 2005-Papadakis et al publish findings of medical board disciplinary action being strongly associated with unprofessional behavior in medical school

Evolution of the physicianship tool

- 2008-Papadakis publishes findings associating h/o low professionalism rating on Residents' Annual Evaluation Summary with increased risk for disciplinary action by medical board
- 2011-AOA professionalism think tank meets with subsequent recommendations for future professionalism research

Evolution of the physicianship tool

- 2013-The Pediatric Milestones Project is published for utilization in Pediatric Residency Programs
- 2013-Physicianship form introduced to Bismarck campus via Pediatrics Clerkship to use as a tool to discuss physicianship issues with medical students

The UCSF tool is our tool...

UCSF SCHOOL OF MEDICINE
PHYSICIANSHIP EVALUATION FORM

Student name (Type or print legibly)	Course (Dept. or Course No.)
Six Director:	Quarter, Block and Year
Six Director's Signature	Location

Use this form to document with the student _____.

A student with a pattern of the following behavior has not sufficiently demonstrated professional and personal attributes for meeting the standards of professionalism identified on this form.

Circle the appropriate category. Comments are required.

1. Diminished professional responsibility:

- a. The student resists continual reminders in the fulfillment of responsibilities to patients or to other health care professionals.
- b. The student cannot be relied upon to complete tasks.
- c. The student misrepresents or fabricates actions and/or information.

2. Lack of effort toward self improvement and adaptability:

- a. The student is resistant or dismissive to accepting criticism.
- b. The student remains unaware of his/her own inadequacies.
- c. The student resists considering, or making changes.
- d. The student does not accept blame for failure, or responsibility for errors.
- e. The student is abusive or critical during times of stress.
- f. The student demonstrates arrogance.

- 3. Diminished relationships with patients and families:**
- a. The student independently establishes rapport with patient or families.
 - b. The student is often insensitive to the patient's or family's feelings, needs, or wishes.
 - c. The student fails to have the intent or desire to engage in positive or meaningful relationships with patients or members of their families.
 - d. The student lacks empathy.
 - e. The student has inadequate patient commitment to honoring the wishes of the patient.

- 4. Diminished relationships with members of the health care team:**
- a. The student does not function well in a health care team.
 - b. The student is insensitive to the needs, feelings and wishes of the health care team members.

- 5. Please comment on an appropriate plan of action to pursue when counseling the student:**

Page 1 ©UCSF - 10/12/Physicianship v.09/12/12

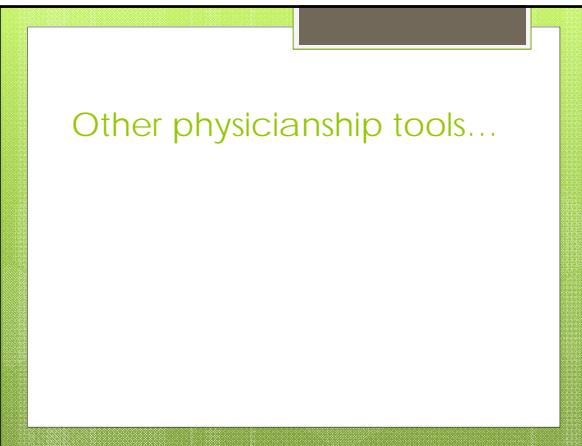
This section is to be completed by the student.

4. My comments are: (optional)

5. I have read this evaluation and discussed it with the attending physician.

Student signature _____ Date _____
2/2/08

http://www.UMassMed.edu/med/med/evals



BOSTON UNIVERSITY
SCHOOL OF MEDICINE
MEDICAL STUDENT PRESENTATION EVALUATION FORM

Student Name _____ Date _____
Student ID _____

1. General Information

What is the student's approximate total time for presentation? (less than 45 min.)

2. Medical History

What is the student's approximate total time for answering questions about the patient's medical history?

3. Physical Exam

What is the student's approximate total time for answering questions about the physical exam?

4. Reliability and Responsiveness

What is the student's approximate total time for answering questions about the student's reliability and responsiveness?

5. Overall Rating

What is the student's approximate total time for answering questions about the overall presentation?

Adapted from Physician Teacher of Medicine, University of Michigan and UCFM 8/2007

1. Are the questions relevant?
 Is related to a medical subject
 Is related to a patient problem
 Is related to the patient's age, gender, religion, social situation, age, ethnicity or race
 Strengths and weaknesses of the presentation are clearly identified
 Weaknesses are addressed but no solutions or fixings
 Provides an alternative view to the audience
 Fails to relate well to a question from the audience, fails to give useful changes or solutions

2. Are the questions appropriate?
 Appropriate for the audience
 Appropriate for the level of the audience
 Appropriate for the time allotted

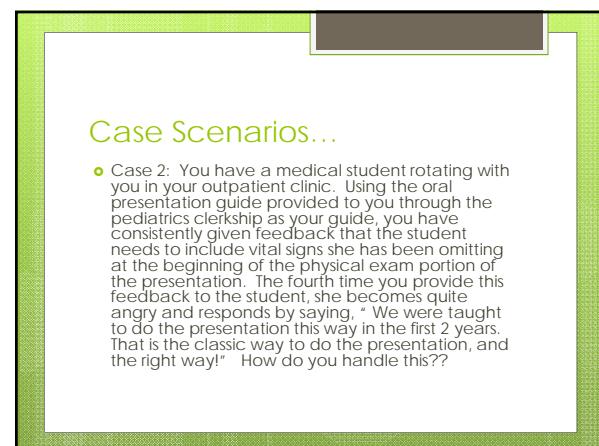
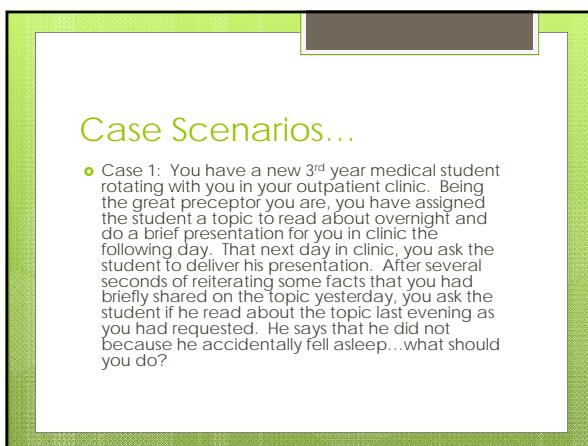
3. Are the questions timely?
 Questions are asked at the right time
 Questions are asked before the student has finished his/her presentation
 Questions are asked during the presentation
 Questions are asked after the presentation

4. Are the questions focused?
 Questions are focused on one topic
 Questions are focused on the patient's problem
 Questions are focused on the student's presentation
 Questions are focused on the student's reliability and responsiveness

5. Are the questions clear?
 Questions are clear and concise
 Questions are clear and specific
 Questions are clear and relevant
 Questions are clear and appropriate
 Questions are clear and focused

Source: In order to facilitate quick adaptation, we have modified the original version of this form (Year, date, authorship) of this form.

Adapted from Pritzker School of Medicine, University of Chicago and UCM 5/2012



Case Scenarios

- Case 3: On a lovely Saturday morning, you arrive at the hospital to meet with the medical student and round on your patients. As you enter the ward, you see your medical student talking on his cell phone. As you approach him, you overhear his part of the conversation. He is referring to the family of your most recent admission. He states that the patient's parents are "Drunks that dropped their kid at the hospital to get a weekend off!" What do you do?

Case Scenarios

- Case 4: You arrive at the hospital to make rounds with the medical students. One of your trusted nurse colleagues pulls you aside and relays some concerning info regarding your medical student, Sarah. The nurse states that Sarah has been quite disrespectful to the nursing team. With the last admission, the nursing staff was in doing their admission h/p when Sarah entered the patient's room, interrupted the nurse midsentence, and said, "I need to ask a few questions here and do an exam now because I have a lecture in 30 minutes!" The nurse wants to know what to do when Sarah behaves like that in the future. What should you do???

Professionalism Curriculum at UND

- Years 1-2: Professionalism is woven into the curriculum. One of the 3 areas of assessment.
- Years 3-4: Professionalism is role modeled over the course of the clerkship. Student's evaluation by preceptor has a portion dedicated to professionalism.

Use of the Physicianship Evaluation Form in Bismarck

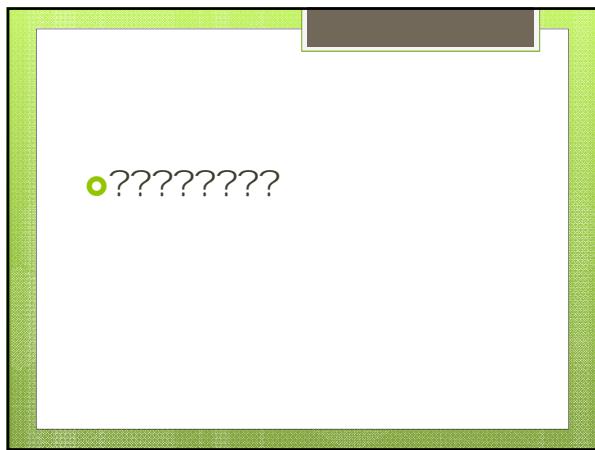
- Pediatric Clerkship- July 2013- disseminated UCSF physicianship form to volunteer faculty.
- Form currently may be used by preceptor directly or via clerkship director
- Form's purpose is for written feedback for student only
 - Information does not go into student's file

Use of the physicianship form at UND

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Summary

- The physicianship tool is a useful way to facilitate negative feedback regarding professional behavior
- This tool can be utilized as a component of a professionalism curriculum
- This tool has been recently introduced to the UND School of Medicine via the Pediatrics Department on the Bismarck campus



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