

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

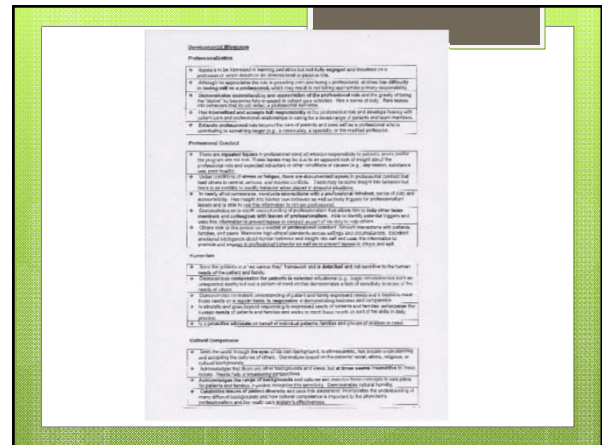
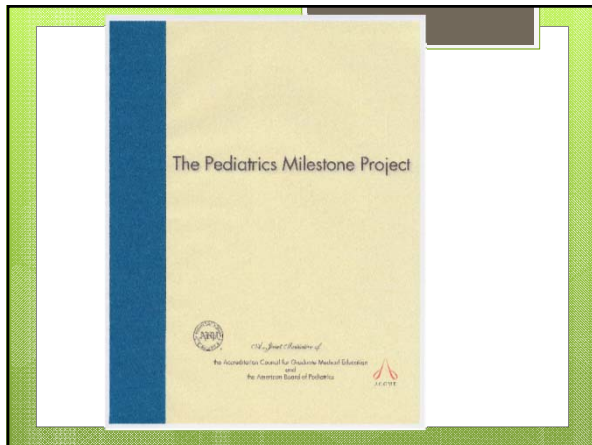
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Introduction

- 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



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...

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
SCHOOL OF MEDICINE
PHYSICIANSHIP EVALUATION FORM

Student name (Last or first initial) _____ Course (2nd or 3rd Year) _____

Year of Practice _____ Quarter, Block and Year _____

Site Director's Signature _____ Location _____

Use this form when discussed 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 inherent in being a physician:

Check the appropriate category. Comments are required.

1. **Unmet professional responsibility:**

- The student needs continued reminders in the fulfillment of responsibilities to patients or to other health care professionals.
- The student cannot be relied upon to complete tasks.
- The student misrepresents or inhibits actions and/or information.

2. **Lack of effort toward self improvement and adaptability:**

- The student is resistant or dismissive in accepting criticism.
- The student remains unaware of his/her own limitations.
- The student resists considering or making changes.
- The student does not accept blame for failure, or responsibility for errors.
- The student is abusive or critical during times of stress.
- The student demonstrates negligence.

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3. **Unethical or inappropriate behavior:**

- The student has been involved in sexual or other inappropriate behavior with patients or colleagues.
- The student has been involved in inappropriate behavior with patients or colleagues.
- The student has been involved in inappropriate behavior with patients or colleagues.
- The student has been involved in inappropriate behavior with patients or colleagues.

4. **Disturbed relationships with patients and families:**

- The student inadequately establishes rapport with patients or families.
- The student is often insensitive to the patient's or family's feelings, needs or wishes.
- The student does his/her professional duties to engage in essential or social relationships with patients or members of their families.
- The student lacks empathy.
- The student has been unable to prevent, or has caused, the wishes of the patient.

5. **Disturbed relationships with members of the health care team:**

- The student does not function within a health care team.
- The student is insensitive to the needs, feelings and wishes of the health care team members.

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

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This section is to be completed by the student.

6. My comments are: (optional)

7. I have read this evaluation and discussed it with the clerkship director.

Student signature: _____ Date: _____

2/2/08

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Other physicianship tools...

BOSTON UNIVERSITY

ADDITIONAL REQUIREMENTS FOR HOUSE OFFICERS

GENERAL REQUIREMENTS

1. Graduate Degree: House officers will be admitted to the program only if they hold an M.D. or D.O. degree from an accredited medical school in the United States or an equivalent degree from a foreign country.

Student Name: _____ Date: _____

2. Residency: House officers must be board certified or board eligible in their specialty.

3. Employment: House officers must be employed by the program or an approved sponsor.

4. Citizenship: House officers must be U.S. citizens, permanent residents, or temporary lawful permanent residents.

5. Reliability and Responsibility:

- House officers must be of sound mental and physical condition.
- House officers must be of legal age (18 years old) at the time of admission.
- House officers must not be under any legal restraint, including suspension or revocation of license.
- House officers must not be under any criminal or civil restraint.
- House officers must not be under any financial or legal restraint.

Adapted from Boston School of Medicine University of Chicago and UCSF. 5/25/12

6. Family History, Physical, Laboratory Work, and Other Tests: House officers must be able to perform a complete history and physical examination, including social, occupational, and family history.

7. Laboratory Work: House officers must be able to perform a complete laboratory workup, including blood and urine tests.

8. Other Tests: House officers must be able to perform a complete set of vital signs, including heart rate, blood pressure, respiratory rate, and oxygen saturation.

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Case Scenarios...

- Case 1: You have a new 3rd year medical student rotating with you in your outpatient clinic. Being the great preceptor you are, you have assigned the student a topic to read about overnight and do a brief presentation for you in clinic the following day. That next day in clinic, you ask the student to deliver his presentation. After several seconds of reiterating some facts that you had briefly shared on the topic yesterday, you ask the student if he read about the topic last evening as you had requested. He says that he did not because he accidentally fell asleep...what should you do?

Case Scenarios...

- Case 2: You have a medical student rotating with you in your outpatient clinic. Using the oral presentation guide provided to you through the pediatrics clerkship as your guide, you have consistently given feedback that the student needs to include vital signs she has been omitting at the beginning of the physical exam portion of the presentation. The fourth time you provide this feedback to the student, she becomes quite angry and responds by saying, " We were taught to do the presentation this way in the first 2 years. That is the classic way to do the presentation, and the right way!" How do you handle this??

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

- ?????????

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

