

*Quality Assurance of
Professionalism
– Whose problem is it?*

Frontiers in Medical and Health Sciences
Education Conference

QUALITY

- Valued
- Enduring
- Meaningful
- Looks different from different angles
- Some aspects may be hidden



Assurance

- Consistency
- Reproducibility
- 'Alike'



A definition of quality assurance

- ▶ *a framework to monitor, evaluate and improve a system to ensure it delivers its intended goals to the required standard*
- ▶ Explicitly expects setting of standards
- ▶ Assumes responsibility of more than one person or component in 'system'
- ▶ Can be activated by systematic enquiry, spot checks, and by responsive learning from problems or suggestions from staff and customers

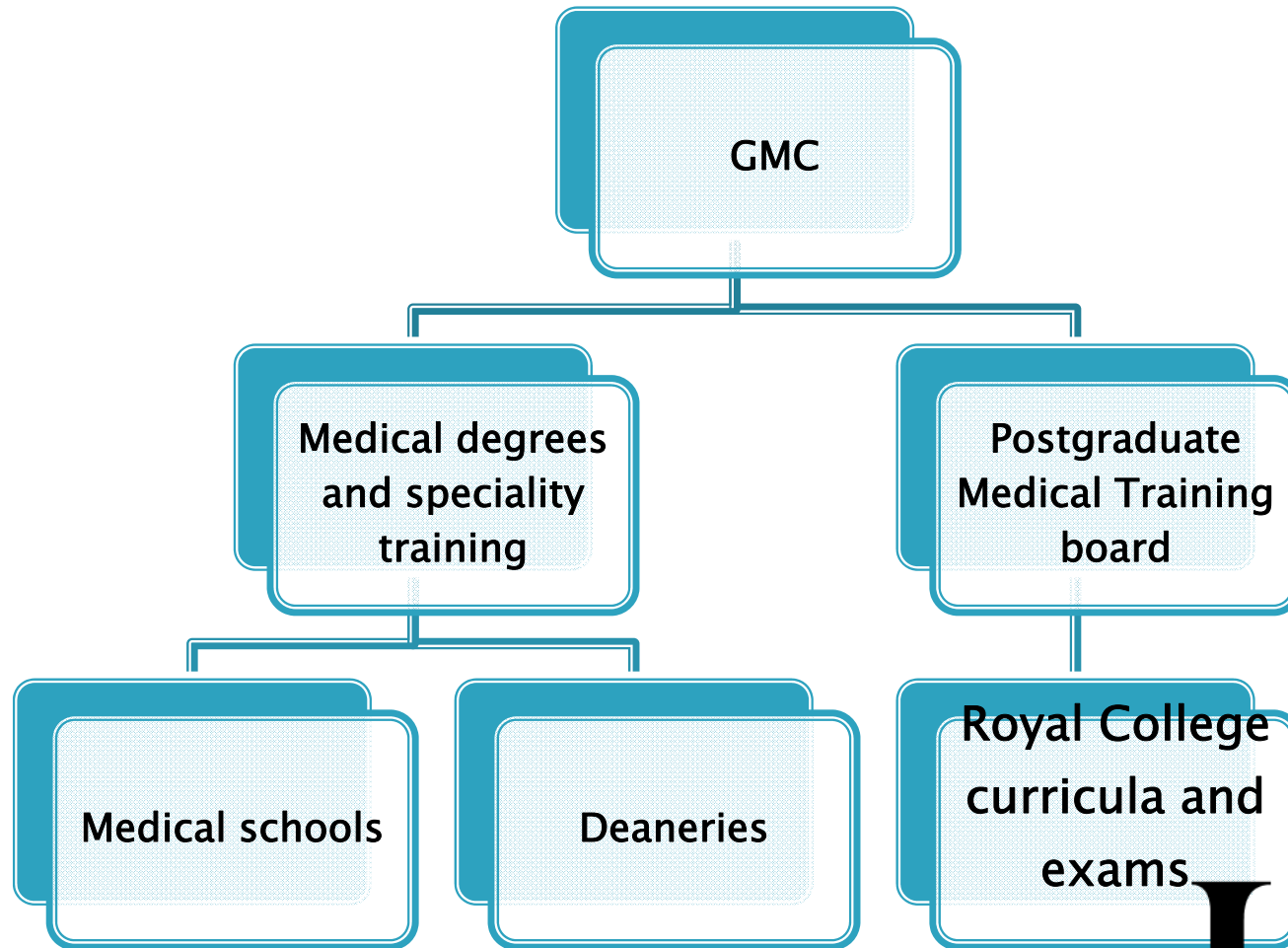


Amanda Howe, HKCF Visiting Professor in Family Medicine, Dec 2010

Definitions of professionalism

- ▶ *“Professionalism is the basis of medicine's contract with society”*
- ▶ a set of values, behaviours and relationships that underpin the trust the public has in doctors
- ▶ demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity
- ▶ judged by views of patients and external agents as well as other professionals
- ▶ assessed over time and from a variety of angles

Quality assurance



Domains of professionalism

- ▶ Good clinical care
- ▶ Maintaining good medical practice
- ▶ Teaching and learning
- ▶ Relationships with patients
- ▶ Working with colleagues
- ▶ Health
- ▶ Probity

Recognising professionalism



Amanda Howe, HKCFM Visiting Professor in Family Medicine, Dec 2010

Examples

Undergraduate

- ▶ Attitudes to work – timeliness, reliability, quality
- ▶ Tutor reports on relationships with peers, staff, and patients
- ▶ Compliance with requirements and rules
- ▶ Avoidance of plagiarism and collusion
- ▶ Inputs and performance
- ▶ Insight and reflexivity
- ▶ Warnings registrable with GMC

Postgraduate *GP

- ▶ Similar but more work-oriented
- ▶ Competency based e-portfolio
- ▶ Hosted by RCGP
- ▶ Registrar provides evidence
- ▶ Includes workbased assessments
- ▶ Also professional domains of ethics, fitness to practise
- ▶ Declarations of probity
- ▶ Signed off by various supervisors
- ▶ Also has to pass Membership
- ▶ Already on GMC Register

Quality assuring professionalism

- ▶ A system that produces professionalism
- ▶ Via educational and institutional inputs
- ▶ In the context of patient care
- ▶ Culture that supports professionalism
 - autonomy
 - accountability
 - altruism

Conventional approaches to Quality Assurance in Medical Education

- ▶ Ensure appropriate standards are set – at entry, during training, at work
- ▶ Someone needs to monitor these, and made accountable for this
- ▶ Usually occur at different levels – the learner, the teacher, curriculum, assessment
- ▶ Expect some follow-up to know whether the outcomes are positive
- ▶ Look for consistency (e.g. approach to professionalism) across the different settings (team, school, modules, placements...)
- ▶ Look at feedback on this aspect – may look for different data sources e.g. numbers of problems, patient views, professionals, inspection, questionnaires...
- ▶ Enquire for what staff development goes into this
- ▶ Internal procedures complemented by University procedures and those established and maintained for external quality assurance (e.g. by the GMC)



Attributes of a credible quality assurance process (W.H.O. example)

- ▶ include all major stakeholders.
- ▶ open to external public scrutiny.
- ▶ collegial but not collusive.
- ▶ balance academic priorities with those of regulating authorities.
- ▶ have the means and authority to implement its conclusions.
- ▶ monitor progress on an ongoing cycle of review.
- ▶ focus on the achievement of self-specified objectives.
- ▶ encourage a variety of methods of teaching and learning.
- ▶ ensure the choice of credible student assessment methods are appropriate for the teaching and learning methods chosen.
- ▶ ensure there are adequate resources to deliver curriculum.
- ▶ be concerned with good outcomes and not detailed specifications of curriculum content.



QA in professionalism must address:

- ▶ How the whole system addresses professionalism
- ▶ Whether there are clear objectives, who knows about them, how they are taught and developed
- ▶ What learning opportunities are associated with these (**must* involve personal reflection, patient material and difficult scenarios; * look for dynamic / stepped challenges)
- ▶ Feedback on tutors – are they role models, are they good
- ▶ Feedback on learners – do they get feedback on their professional attributes? How is this used by them and others?
- ▶ How does the system deal with concerns and risks?



Underlying core concepts (1)

- ▶ **Resilience – the ability to adapt to and cope with challenging personal circumstances**
 - Developing the ability to engage with and utilise others for own support and development
 - Skills involve managing negative emotions, learning what is or is not in your control, and being able to learn from past experiences
 - Enhanced by supportive environmental factors
 - Ideally development allows staged challenges and the practice of the use of protective factors



Underlying core concepts (2)

▶ Moral development

- Moving to a professional empathy which allows caring and objectivity
- Gaining high levels of ability to apply moral discriminators to situations and act if needed outwith conventional authorities
- Ability to scrutinise self and others for reasoning in ethical and personal terms
- Awareness of own limits and weaknesses

Underlying core concepts (3)

the 'hidden curriculum'

- ▶ loss of idealism
- ▶ adoption of a "ritualised" professional identity
- ▶ emotional neutralisation
- ▶ change of ethical integrity
- ▶ acceptance of hierarchy
- ▶ learning of less formal aspects of "good doctoring"

the 'hidden curriculum

Counterattacking!

- ▶ Bring in the personal – the patient / yourself / the learner
- ▶ Declare and discuss ideals
- ▶ Explore and encourage the new professional identity
- ▶ Allow feelings
- ▶ Explicitly use classes to look at ethical conflicts and professional errors
- ▶ Reduce hierarchy
- ▶ Reflect on the 'good enough'

Counterattacking

In conclusion

- ▶ QA of professionalism in medical education and medical practice is everyone's problem
- ▶ It needs to assure that curriculum and learning methods are appropriate for this aspect of learning at all stages of medical education
- ▶ Staff (including appraisers and academic tutors) need to be prepared to address this as a routine part of teaching, learning and assessment
- ▶ Patient contact and simulation is essential to providing the material for learning, and for judging the outputs
- ▶ The approach needs to be multifaceted and cumulative (multiple points of QA over time and domain and activity)
- ▶ Critical enquiry in a community of learning is the starting point!

Thank you

- ▶ For your efforts, attention and hospitality
- ▶ For your hard work for patients, learners and colleagues