

Advocate Lutheran General Hospital, Park Ridge, IL Defining and Committing to Physician Professionalism

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Background: Problems with professionalism are well documented in the literature and are a concern of hospital and GME leadership. Lapses in professional behavior in medical school have been associated with increased rates of malpractice actions during practice. Physician professionalism is essential to achieving safety, quality, and service for every patient every time. Concerns about resident and attending professionalism have been raised at Advocate Lutheran General Hospital (ALGH) but are inconsistently identified and managed, and little has been done to identify exemplars. Our goal was to investigate the literature and to develop an objective definition of physician professionalism for the ALGH clinical learning environment.

Methods: We conducted a literature review to define physician professionalism and used a fishbone diagram to help identify problems. As a result, we created the ALGH Physician Commitment to Professionalism, a document that attending physicians, residents, and fellows sign at application, reappointment, or annual contract.

Results: The literature on this subject is extensive but not always applicable. The Physician Commitment to Professionalism has been well accepted but has not been in place long enough to evaluate its impact.

Conclusions: Defining explicit expectations for physician professionalism is challenging and ongoing work that can and should be undertaken.

Advocate Lutheran General Hospital, Park Ridge, IL Physician Professionalism: Feed in and Feedback

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Background: Physician professionalism is of utmost importance, but measuring professionalism and providing feedback to both problematic and exemplary practitioners have been challenging. Our goal was to develop tools and processes for documenting and providing feedback to physicians about reported behavioral lapses, drifts, and exemplars.

Methods: We created a physician feedback process map that identified the current process and the ideal process. We also developed and piloted 5 feedback letters: 1 for exemplars and 4 for concerns (timeliness of response, documentation, medication error, other).

Results: We discovered that processes existed that could be used for documenting physician professionalism. Understanding and using existing quality management tools were essential to project success. Several education sessions were held, and the feedback letters were piloted in family medicine and internal medicine. With few exceptions, physicians were receptive to the feedback letters.

Conclusions: We have greater clarity about what we mean by “physician professionalism,” as well as an expectation that all physicians are expected to meet standards of professionalism that align with the ALGH Behaviors of Excellence. Physician and department chair education about the feedback process must be ongoing, and the support of the elected medical staff throughout the process is important.

FINAL WORK PLAN – Advocate Lutheran General Hospital

Team Charter/Objectives	Our goal was to investigate and improve how the ALGH clinical learning environment promotes and measures professionalism. Lapses and drifts in physician professionalism lead to deficiencies in safety, quality, associate satisfaction, and patient satisfaction. In our institution, concerns about resident and attending professionalism have been raised but have been managed inconsistently. We needed a clear and consistent approach to dealing with professional concerns as well as a way to share stories of exemplars in professionalism.
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