

SIGN OF THE TIMES: PART I

Citizenship in Medicine: A Parallel Curriculum of Professionalism for Internal Medicine Residents

Sindhu Joseph, MD, and Benjamin Mba, MD, MRCP (UK), FHM, FACP

Dr. Joseph is associate program director of the department of medicine at MacNeal Hospital in Berwyn, IL, and Dr. Mba is associate professor of medicine at Rush University Medical Center in Chicago, IL, and associate chair of medicine for faculty development at Stroger Hospital in Chicago, IL.

Physicians and educators involved in graduate medical education often struggle with teaching and measuring professionalism. The Accreditation Council for Graduate Medical Education (ACGME)¹ recommends the monitoring of resident performance in the core competency of professionalism, including the demonstration of a commitment to carry out professional responsibilities and adherence to ethical principles. Our residents must demonstrate compassion, integrity, respect for others, and responsiveness to patient needs in a way that supersedes self-interest. They should also model respect for patient privacy and autonomy and accountability to patients, society, and the profession. Residents must also show sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disability, and sexual orientation. The expected outcomes are clear. The question is how to teach professionalism.

Medical schools throughout the United States have incorporated a parallel curriculum into medical school training to focus on ethics, bedside manner, and the patient-doctor relationship. However, not all physicians entering an internal medicine residency program are graduates of US medical schools. According to the American Medical Association, international medical graduates make up about 27% of the national physician workforce.² In the National Resident Matching Program 2014 match for categorical internal medicine programs, 43% of PGY-1 positions were granted to interna-

tional medical graduates—an increase from 41% in 2013 and 38% in 2012.³ International medical graduates have varying degrees of exposure to didactic teaching focused on professionalism outcomes as outlined by the ACGME.

A formal didactic series focused on professionalism and ethics is not routinely featured in the curriculum of internal medicine residency programs because professional ethical behavior and respect for the patient-physician relationship are presumed to have been learned prior to entering residency. When mistakes are made, it becomes clear that professional behavior may require ongoing development and that internal medicine residents may benefit from formal education in professionalism.

Most residents at the John H. Stroger Hospital of Cook County are international medical graduates. Many have lived in the United States for less than two months before joining our program and are suddenly finding themselves immersed in a new culture and society. We therefore created a lecture series on professionalism as a supplementary curriculum to be delivered during internal medicine resident training. The series, titled “Citizenship in Medicine,” was presented to our PGY-2 and PGY-3 residents in six lectures over one academic year.

Because we understood that the series had to be interactive to be effective, we developed sessions using multiple modalities: case-based scenarios, expert panels, videos, and role play. The topics for discussion were selected based on ACGME professionalism milestones and expecta-

tions for our residents. The topics included: high-value care, substance abuse, physician wellness, physician impairment, the patient-physician relationship and its associated boundaries, implicit bias among health care providers and patients, acceptance of gifts, ethics in research and industry, conflict of interest, cultural competence, communication, and disclosure of error. Each session featured small group discussions among residents to foster honest communication. Multiple resources were employed, including the expertise of our institution’s staff, the American College of Physicians (ACP) High Value Care Curriculum,⁴ and the ACP ethics manual.⁵ To raise awareness of implicit bias among our residents, we had them take the Implicit Association Test on the Harvard University website.⁶ The experiential curriculum also included a guided imagery exercise that enabled learners to identify their own implicit biases. For the session on impaired physicians and substance abuse, we invited health care professionals enrolled in the Illinois Professionals Health Program and addiction specialists from Stroger Hospital to serve as an expert panel to teach our residents how to identify and assist impaired physicians. For our physician wellness session, residents enumerated stressors and consequences of stress in their lives and then were encouraged to propose strategies for dealing with those stressors.

Multiple barriers to implementation of this program were encountered. The large size of our residency program (more than 130 residents)

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created significant challenges both from the perspective of scheduling protected time and creating space conducive to small-group work. The large number of residents to be accommodated in small group discussions resulted in a need for four to five faculty members to facilitate each session. Staffing requirements were accommodated by changing our plan to meet with only one PGY class at a time. Specific faculty members were selected for each session in order to present diverse perspectives in medicine. We intentionally included subspecialists, primary care physicians, and hospitalists.

Another barrier that is common to all professionalism lectures is resident involvement. We noted a tangible increase in resident participation when specific factual patient cases were presented and used for teaching purposes.

To evaluate the impact of this curriculum on the residents, we collected feedback from our residents in focus groups to understand the application of the imparted knowledge, the quality of the session, and suggestions for improvement. The overall impression was positive, with topics such as physician wellness, physician impairment, and the patient-physician relationship and its associated boundaries standing out as the areas of greatest value.

It is our hope that our Citizenship in Medicine series will inspire other programs to provide their residents with didactic teaching focused on professionalism. We are happy to share the Citizenship in Medicine course outline that details the topics and objectives for each of the sessions. For more information, please contact Sindhuliz@gmail.com or bmba@cookcountyhhs.org.

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