A sequential mixed methods approach to understanding the teaching and assessment of the CanMEDS Professional Role

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PHMER Professionalism Research Group

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Background

- The CanMEDS framework of physician roles is influencing education at all levels.

- Program directors challenged by Intrinsic Roles:
  - Communicator
  - Collaborator
  - Manager
  - Health Advocate
  - Scholar
  - Professional
Study Question

How do postgraduate program directors interpret the CanMEDS Professional Role and how do they integrate it into the teaching and assessment of residents?
Study Design and Methods

■ Sequential mixed methods approach.

■ **PHASE 1**: Survey administered electronically to Canadian RCPSC Program Directors (PD) within 7 specialties
  - Internal Medicine, General Surgery, Psychiatry, Pediatrics, Obstetrics & Gynaecology, Diagnostic Radiology, Anesthesiology

■ The purpose was to determine how they understand elements of professionalism as defined within CanMEDS framework and their approach to teaching and assessing these competencies.
  - These results informed interview questions for **Phase 2**

■ Developed from the CanMEDS definition, piloted to ensure appropriate representation of the domains

■ Descriptive analysis and comparisons performed using SPSS
  - Statistical significance set at 0.05.
Study Design and Methods

- Sequential mixed methods approach.

- **PHASE 2**: 10 telephone interviews were conducted with RCPSC program directors
  
  - Interview guide developed to clarify experiences, activities and reasoning, including barriers
    
    “I am not sure how effectively one can teach some of these qualities…they either learn them in kindergarten or they don’t”
  
  - Pilot-tested
  
  - Thematic analysis was guided by the principles of grounded theory
Results - Phase 1

- 46/95 program director surveys were returned (48% response rate)
  - 78% medical, 22% surgical
- 94% taught with informal teaching (clinical setting)
- 89% with formal/explicit teaching (academic half-day)
- Professional Role elements rated as most important:
  - Integrity & Honesty (n=44)
  - Morality & Codes of Behaviour (n=29)
- Professional Role elements taught the most:
  - Bioethical Principles & Theories (n=40)
  - Disclosure of Error or Adverse Events (n=38)
- Professional Role elements taught the least:
  - Altruism (n=13)
Results - Phase 1

- Clinical faculty within the department were most likely to teach (82%) and evaluate (100%) elements of the Professional Role.

- Portfolios and written assessments felt to stimulate resident self-assessment.

- Experience as a Program Director was positively correlated with:
  - Satisfaction with how professionalism was taught ($R=0.355$, $p=0.015$) but NOT how it was assessed ($R=-0.64$, $p=0.673$) within the program.

- Elements not selected as the most important but were more frequently taught (Intention-Action Gap):
  - Responsibility to self
  - Bioethical principles and theories
  - Medico-legal frameworks
Results - Phase 1

Methods of Evaluating Professionalism

- Logbook
- Written questions
- Multi-source feedback
- Portfolio
- Patient Feedback
- OSCE's
- Resident Feedback
- Other Health Professionals
- Faculty Feedback

Frequency Listed
Results - Phase 2

- Interviews with 10 Program Directors reached thematic saturation

- Specific findings moderated the understanding, teaching and assessment of the Professional Role:
  - Congruence of CanMEDS Professional Role definition with Program Directors’ views of professionalism
  - Overlap between elements and roles
  - Generational differences
  - Institutional & regulatory influences
Defining Professionalism

- Program Directors could easily define the Professional Role by highlighting the most important elements.…. 

  “Personally, the biggest part of professionalism for me is integrity and honesty”

- …however, they struggled when defining professionalism in their own words and conveying their own interpretation of the role…. 

  “…for me, it's really hard to differentiate whether you don't play well together because you're unprofessional or you're unprofessional because you don't play well together.”

You either “have it, or you don’t”
Overlapping Roles & Elements

“On the [CanMEDS Framework] diagram for example, it shows Professional overlapping with the two adjacent ones – Scholar and Communicator. But we know that it also interacts significantly with Collaborator and Health Advocate.

“... in real life, it's rare that situations boil down to one single role.”

- Professionalism should be at the centre, it is the “enabling role” for the other roles, “bringing them all together”, or one of the more important areas
Results - Phase 2

- Generational differences
  - Getting faculty buy-in

  “...but we have a fair number of new faculty members who trained under CanMEDS, so they understand it better.”

  “We never learned this when we were trainees.”
Results - Phase 2

- Institutional & regulatory influences
  
  “…we never learned this stuff, you know, how do you deal with someone who is needing help with the professional roles, the trainee”

- Implications for Accreditation
  
  - PSQ’s have come to define the standard through their specific questions
  - requires comments on teaching and assessment of medical ethics, medicolegal issues/regulatory frameworks, bioethics, and physician wellness
  - topics high on the list of items mentioned by program directors as important to the Professional Role
  - altruism is widely accepted to be a central tenet of professionalism, but is not specifically asked about in the PSQ’s
  - Updated PSQ requires additional specialty-specific information
Conclusion

- Program Directors continue to find teaching and evaluating the Professional Role difficult.

- Most PDs believe that the Professional Role elements easily fit into other CanMEDS roles, and struggle with defining professionalism.
  - But use situational examples to provide context.
  - Confusion of the definition may be because roles overlap.
    - Some PDs find this a strength, while others find it a weakness.

- PDs report significant inconsistencies between the importance of elements and the frequency in which they are being taught.

- Diverse barriers with both teaching and assessment.
Conclusion

- Providing faculty with skills and tools to use in teaching and assessing the Professional Role and evaluating the effectiveness of these tools in changing attitudes and behaviours should be a priority in postgraduate programs.
Questions?

Teaching and evaluating the CanMEDS Professional Role: Program Directors’ perspectives

Workshop TL-20 1515-1645  Room 105 OCC