

The Academy for Professionalism in Health Care 5th Annual Meeting

4/27-29/2017

This activity was created to address the professional practice gaps listed below:

• Adequately teaching ethics and humanities in medical education, particularly in regard to accreditation standards in medical education.

• Utilizing empirical evidence of the value of teaching medical ethics and humanities within the medical curriculum.

• Recognizing the scope of ethics and humanities teaching needed, and what is feasible to achieve current professionalism standards.

1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

| | Disagree | | Agree | | |
|---|----------|--------------|----------------|----------------|--|
| Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [32-3.72] | (0) | (1) 3.13% | (7) 21.88% | (24) 75.00% | |
| Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [32-3.59] | (0) | (2) 6.25% | (9) 28.13% | (21) 65.63% | |
| Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [31-3.61] | (0) | (1) 3.23% | (10) 32.26% | (20) 64.52% | |

2. Please elaborate on your previous answers. (15)

gained knowledge to better teach, assess and remediate professionalism

I feel much better prepared to create curriculum that reflects the current state of education on professionalism

I learned new methods of teaching and of understanding some ethical issues

n/a

Fascinating and informative presentations.

Learned about professional identity formation of students, curriculum formation

I think this conference was great at starting the discussion regarding professionalism issues and how to integrate more humanism into medicine

Professional improvement More hope about the medical class Increased my knowledge of professionalism Changed my perception of concepts Led me to reflect on how to improve patient care Making an oral presentation has improved my confidence, increased my confidence in my abilities and greatly increased my willingness to continue researching on the topic

The sessions were largely focused on experiential narrative, in a non-critical manner. The presentations were often junior faculty with few academic credentials other than practice, and added little to the scholarly conversation. The few academics who came were a breath of fresh air in an otherwise uninspiring conference.

increased my awareness of pertinent literature on humanities and medical ethics

Awareness of other opinions on this subjective topic is helpful.

the workshop sessions were excellent, and gave a framework as to how to address certain issues, but to really change performance requires ongoing feedback?

It was very enlightening to participate in several activities idealized to share with audience different ways to teach professionalism.

Highly valuable experience.

Some activities improved knowledge and competence but to change my performance it is necessary more time

3. Please evaluate the effectiveness of the following speakers in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)

| | Poor | Fair | Good | Excellent |
|--|------|---------------|---------------|------------------|
| Vivian V. Altiery De Jesus [12-3.33] | (0) | (2) 16.67% | (4) 33.33% | (6) 50.00% |
| Lisa Anderson-Shaw, PhD [14-3.64] | (0) | (1) 7.14% | (3) 21.43% | (10) 5 71.43% |
| Marianne L. Burda, MD, PhD [12-3.50] | (0) | (1) 8.33% | (4) 33.33% | (7) 58.33% |
| Joseph A. Carrese, MD, MPH, FACP [13-3.69] | (0) | (0) | (4) 30.77% | (9) 69.23% |
| Marco Antonio de Carvalho Filho, MD, PhD [18-3.89] | (0) | (0) | (2) 11.11% | (16) 88.89% |
| Raquel Rangel Cesario, MPH, PhD [11-3.55] | (0) | (0) | (5) 45.45% | (6) 54.55% |
| Jennifer Chevinsky, MD [12-3.42] | (0) | (1) 8.33% | (5) 41.67% | (6) 50.00% |
| Margaret S. Chisolm, MD [10-3.80] | (0) | (0) | (2) 20.00% | (8) 80.00% |
| Emma DeLoughery [8-3.75] | (0) | (0) | (2) 25.00% | (6) 5.00% |
| Danielle Dickey, MS [8-3.63] | (0) | (0) | (3) 37.50% | (5) 62.50% |
| Cheryl A. Dickson MD, MPH [12-3.75] | (0) | (0) | (3) 25.00% | (9) 5.00% |
| David John Doukas, MD [17-3.53] | (0) | (2) 11.76% | (4) 23.53% | (11) 64.71% |
| James W. Dugan, PhD [7-3.71] | (0) | (0) | (2) 28.57% | (5) 5 71.43% |
| Pamela Duke, MD [13-3.85] | (0) | (0) | (2) 15.38% | (11) 84.62% |
| Rami Eliyahu, LL.B [10-3.60] | (0) | (0) | (4) 40.00% | (6) 60.00% |
| Cheryl Erwin, JD, PhD [11-3.55] | (0) | (1) 9.09% | (3) 27.27% | (7) 63.64% |
| Sally Fortner, MD [10-3.70] | (0) | (0) | (3) 30.00% | (7) 5 70.00% |

| Ellen M. Friedman, MD, FAAP, FACS [8-3.50] | (0) | (0) | (4) 50.00% | (4) 50.00% |
|--|---------------|---------------|---------------|----------------|
| Xinuo Gao, BS, MS3 [9-3.22] | (0) | (2) 22.22% | (3) 33.33% | (4) 44.44% |
| Patricia Gerber B.Sc. (Pharm), ACPR, Pharm.D., FCSHP [13-3.85] | (0) | (0) | (2) 15.38% | (11) 84.62% |
| Jayse Gimenez Pereira Brandao [9-2.78] | (1) 11.11% | (2) 22.22% | (4) 44.44% | (2) 22.22% |
| Courtney Hanson, MD [10-3.50] | (0) | (1) 10.00% | (3) 30.00% | (6) 60.00% |
| Thomas D. Harter, PhD [16-3.81] | (0) | (0) | (3) 18.75% | (13) 81.25% |
| Amy Hayton, MD [7-3.43] | (0) | (1) 14.29% | (2) 28.57% | (4) 57.14% |
| Macey L. Henderson, JD, PhD [9-3.67] | (0) | (0) | (3) 33.33% | (6) 66.67% |
| Eric S. Holmboe, MD, MACP, FRCP [16-3.94] | (0) | (0) | (1) 6.25% | (15) 93.75% |
| Holly Humphrey, MD [21-3.95] | (0) | (0) | (1) 4.76% | (20) 95.24% |
| Adina Kalet, MD, MPH [14-3.86] | (0) | (0) | (2) 14.29% | (12) 85.71% |
| Stuart Kinsinger, DC, MA [9-3.67] | (0) | (0) | (3) 33.33% | (6) 66.67% |
| Craig M. Klugman, PhD [11-3.73] | (0) | (0) | (3) 27.27% | (8) 72.73% |
| Andrea N. Leep Hunderfund, MD, MHPE [7-3.71] | (0) | (0) | (2) 28.57% | (5) 71.43% |
| Eran Magen, PhD [8-3.63] | (0) | (0) | (3) 37.50% | (5) 62.50% |
| Janet Malek, PhD [17-3.59] | (0) | (1) 5.88% | (5) 29.41% | (11) 64.71% |
| Donald McCown, PhD, MAMS, MSS, LSW [7-3.71] | (0) | (0) | (2) 28.57% | (5) 71.43% |
| Gia Merlo, MD, MBA [20-3.85] | (0) | (0) | (3) 15.00% | (17) 85.00% |
| John C. Moskop, PhD [10-3.40] | (0) | (1) 10.00% | (4) 40.00% | (5) 50.00% |
| Parvaneh K. Nouri, MD, MPH Candidate [8-3.63] | (0) | (0) | (3) 37.50% | (5) 62.50% |
| David Ozar, PhD [11-3.45] | (0) | (1) 9.09% | (4) 36.36% | (6) 54.55% |
| Merrill A. Pauls, CCFP(EM), MHSc [8-3.75] | (0) | (0) | (2) 25.00% | (6) 75.00% |
| Christy A. Rentmeester, PhD [11-3.27] | (0) | (2) 18.18% | (4) 36.36% | (5) 45.45% |
| Neil Rosen, JD, PhD [16-3.81] | (0) | (0) | (3) 18.75% | (13) 81.25% |
| Steven Rosenzweig, MD [15-3.80] | (0) | (1) 6.67% | (1) 6.67% | (13) 86.67% |
| Joshua K. Schaffzin, MD, PhD [6-3.67] | (0) | (0) | (2) 33.33% | (4) 66.67% |
| Abraham P. Schwab, PhD [8-3.63] | (0) | (0) | (3) | (5) |

| | | | 37.50% | 62.50% |
|---|-----|---------------|---------------|----------------|
| Caroline Scorsin Cercal [9-3.56] | (0) | (1) 11.11% | (2) 22.22% | (6) 66.67% |
| Curtis Sheldon, MD [13-3.54] | (0) | (0) | (6) 46.15% | (7) 53.85% |
| Cynthia Sheppard Solomon, BSPharm, RPh, FASCP CIP CMTM, CTTS [14-3.64] | (0) | (0) | (5) 35.71% | (9) 64.29% |
| Renato Soleiman Franco, PhD Student, Professor [11- 3.64] | (0) | (0) | (4) 36.36% | (7) 63.64% |
| Glen D. Solomon, MD, FACP [15-3.73] | (0) | (0) | (4) 26.67% | (11) 73.33% |
| John Spandorfer, MD [15-3.67] | (0) | (0) | (5) 33.33% | (10) 66.67% |
| Felicia Liz Stokes JD, RN [13-3.62] | (0) | (0) | (5) 38.46% | (8) 61.54% |
| Marcia Strazzacappa [9-3.78] | (0) | (0) | (2) 22.22% | (7) 77.78% |
| Rebecca L. Volpe, PhD [17-3.71] | (0) | (0) | (5) 29.41% | (12) 70.59% |
| Katie Watson, JD [22-3.86] | (0) | (0) | (3) 13.64% | (19) 86.36% |

4. Please elaborate on your previous answers. (10)

Elizabeth Gaufberg -- Excellent Castellanos -- excellent yingling -- excellent holden -- excellent monson -- excellent

I enjoyed many of the workshops which provided new ideas on professionalism, assessment and innovations in teaching. A highlight for me was Dr Humphrey's talk. Dr Rosenzweig's talk on implicit bias was well done as was the workshop on professionalism assessment.

n/a

The speakers and presenters were outstanding this year!

All very good speakers, effective, learned a lot

My highest yield take-home was from the group from U. of New Mexico, with practical strategies on emotional intelligence as intervention for professionalism problems.

excellent line up of speakers

Holly Humphrey gave a very useful framework for mentoring and included evidence.

All the presentations were good.

I couldn't follow all the speakers but those I did follow by choice were very interesting. Ms. Cynthia Solomon talk about the presidencies health didn't add knowledge and Ms Katie Watson talk about improvisation was basic (at least for me, who wore with it)

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (20) Use assessment tools more effectively

new tools and framing strategies

consider adding more assessments of professionalism -think about diversity as it relates to professionalism -

Incorporation of new instruments

n/a

I learned many new facts that will add to my scholarly writing, research and teaching. I especially liked thinking about the distinctions and overlap between the concepts of professionalism and humanism.

new ways to teach professionalism

Perhaps trying to integrate improvisation into some teaching activities

Reflection on the topics covered in the presentations and good memories about the learning in the congress

Use of emotional intelligence measures in consultation with administrators for at-risk professionals.

fewer concurrent sessions. Perhaps stretch the conference to last till later on saturday to avoid needing so many good concurrent sessions. That way folks can attend more

plan to pursue research opportunities to study ethics and humanities

More open discussion with colleagues about issues of Professionalism, humanism and ethics--and an outreach to recruit others to this discussion.

greater awareness of working with what's positive even in a professionalism lapse

New teaching methodologies.

I will apply methods to identify implicit bias.

Considering the near and far threats to Buddhist virtues

Pre medical school education.

Incorporate PIE and DIT2 in curriculum

The methodology/protocols that Dr Humphrey showed is very interesting to be implemented in our School

6. How certain are you that you will implement this change?

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Very Certain (14-
58.33%)
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Certain (6-25.00%)

N/A (2-8.33%)

Maybe (2-8.33%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (14)

collective professionalism-- how to advocate for professionalism in the structures of health care

Diversity, implicit bias

professional identity development

Interprofessional education will

teaching residents and associated health professionals, will address trainee population at my facility

More about social media in medical students

Pacient Safety Bullying in Med School Pacient's Dignity

innovating courses

ethics and aging

Interdisciplinary discussion is important--less on training medical students and more on issues of practicing colleagues--for example, what is being done to evaluate remediation currently in place for those found to have a professional lapse--and are remediated? Was it helpful? Is it effective to improve one' Professionalism? Etc????

Humanistic aspects of care Appreciative approach to professionalism - discover how people best address challenges and look to support that

Improvisational theater and medical communication.

Professionalism remediation and assessment.

Organizational barriers to professional behavior.

8. Were the patient recommendations based on acceptable practices in medicine? (28)

Yes (28-100.00%)

9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (1) n/a

10. Do you think the presentation was without commercial bias?

(31)

Yes $^{(30-}_{96.77\%)}$ No $^{(1-}_{3.23\%)}$

11. If you answered No on the above question, please list the topics that were biased? (1)

n/a

12. Please provide any additional comments you may have about this educational activity. (10)

Enjoyed the networking opportunities.

n/a

an outstanding meeting this year!

excellent activity

I very much enjoyed this activity

great conference

I was only able to attend educational activities on April 27

The layout of the program agenda did not allow enough flexibility to attend various sessions of interest. Some oral presentations could have been workshops. Planning committee did not inform of timing of presentations until a week or two of the meeting--

the meeting plans were not available in a timely way. It would be helpful to know dates and location of meeting way ahead--this year the agenda of the meeting was not available until just weeks ahead.

The activities planned were very helpful to improve curricular development in the field of professionalism.

Medical Professional Identity Formation: Establishing a Research Agenda could be longer because very important discussions started during this workshop

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

This evaluation is confidential and no individual will be identified by this office (Continuing Medical Education and Professional Development). It will only be used for quality improvement.

We look forward to seeing you at future University of Louisville events. Thank you very much.