Consequences of Unprofessional Behavior in Medical School

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It is a privilege and a joy to be involved in the education of medical students

Why is professionalism important?

Physician Charter

ABIM Foundation, ACP/ASIM Foundation, and European Federation of Internal Medicine

- Primacy of patient welfare
- Primacy of social justice
- Commitment to professional competence
- Commitment to honesty with patients
- Commitment to patient confidentiality
- Commitment to improving quality of care
- Commitment to improving access to care
- Commitment to a just distribution of finite resources
- Commitment to maintaining trust by managing conflicts of interest
- Commitment to professional responsibilities

What is Professionalism?

A professional is someone you can trust to do the right thing even when no one is looking

Clerkship Evaluation Narrative

- Importance placed on traditional “academic” skills
- What would have happened if the deficiencies were in fund of knowledge?

UCSF Physicianship Evaluation System

- Years 1-2
- Years 3-4
- Institutional
- Needed to evidence to support this system

Characteristics of Medical School Performance Associated with Subsequent Disciplinary Action by the Medical Board of California

Collaborators

- Carol Hodgson, PhD
- Arianne Teherani, PhD
- Neal Kohatsu, MD, MPH,

  Director, Medical Board of California

Research Question

Does unprofessional behavior in medical school predict disciplinary action by the Medical Board of California?

Disciplinary Action vs. Malpractice Award

- **Disciplinary Action**
  - Attorney General needs "clear and convincing evidence” to go to court with a prosecution
  - The 95% standard
- **Malpractice Award**
  - Much weaker “preponderance of evidence”
  - The 51% standard

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Monday, April 24, 2006

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The Medical Board of California is the State agency that licenses medical doctors, investigates complaints, disciplines those who violate the law, conducts physician evaluations, and facilitates rehabilitation where appropriate.

The Board performs similar functions for affiliated healing arts professions including registered dispensing opticians, spectacle lens dispensers, contact lens dispensers, licensed midwives, and research psychoanalysts.

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Characteristics of Physicians Disciplined by the Medical Board of California

- 105,000 licensed physicians in California
- 350 physicians disciplined annually (0.3%)

Discipline Risk by the Medical Board of California

VARIABLE	ODDS RATIO	P VALUE
Age/20 years	1.6	<.0001
Male gender	2.8	<.0001
Board certification	0.4	<.0001
MD education non USA or Canada	1.4	.001

Kohatsu 2004

Discipline Risk by the Medical Board of California

SPECIALTY	ODDS RATIO	P VALUE
OB/GYN	2.3	<.0001
General Practice	2.0	.001
Psychiatry	1.9	<.0001
Family Practice	1.7	.002
Surgery (all)	1.4	.06
Anesthesiology	1.0	.4
Pediatrics	0.6	.001
Radiology	0.4	<.0001

Internal Medicine was the reference group for each specialty

Kohatsu 2004

Research Question

Does unprofessional behavior in medical school predict disciplinary action by the Medical Board of California?

Methods

- **Design**
  - Case-Control Study
- **Subjects**
  - **Cases**
    - All UCSF graduates disciplined by the state medical board (1990-2000)
  - **Controls**
    - UCSF graduates matched to graduation year and specialty

PREDICTOR VARIABLES

- MCAT scores
- Undergraduate GPA
- Medical school grades
- USMLE Part 1
- Unprofessional comments in medical school evaluations at the threshold of

  a UCSF Physicianship Form

OUTCOME VARIABLE

Disciplinary action by the state medical board

Characteristics of the Subjects Graduation years 1943-1989

	CASES	CONTROLS
Number	68	196
Men	88%	81%
Age at discipline (yrs)	54	

Predictors of Disciplinary Action

VARIABLE	ODDS RATIO	P VALUE
Men		ns
Undergraduate GPA		ns
MCATs		ns
Medical school grades		ns
NBME/USMLE step 1		ns
Unprofessional behavior	2.1 (1.2-4.4)	.01

Acad Med 2004;79:244

Index Violation Leading to Disciplinary Action

Professionalism	**95%**	
- Negligence		38%
- Self use of drugs or ETOH		13%
- Unprofessional conduct		12%
- Inappropriate prescribing		12%
- Sexual misconduct		10%
- Convicted of a crime		4%
- Fraud		4%
- Unlicensed activity		1%
Impairment	**4%**	

Conclusion of Study

1. Problematic behavior in medical school, but not the more traditional measures of performance (such as grades and national standardized tests), is associated with subsequent disciplinary action by a state medical board.
2. Professionalism is an essential competency that must be demonstrated in order for a student to graduate from medical school.
3. Medical students display warning signs of future disciplinary action.

Validation Study

University of Michigan

David Stern, MD, PhD

Jefferson Medical College

Susan Rattner, MD

Jon Veloski, MS

UCSF School of Medicine

Carol Hodgson, PhD (University of Colorado)

Arianne Teherani, PhD

Mary Banach, PhD

Federation of State Medical Boards

Research Question

What are the predictors during medical school of subsequent disciplinary action during clinical practice?

Methods

Design Case-control study

Cases All graduates disciplined by any state medical board (1990-2003) from:

- Jefferson Medical College
- University of Michigan
- UCSF (out-of state cohort)

Controls Matched to:

- School
- Graduation year
- Specialty

Characteristics of the subjects Graduated between 1970-1999 3 medical schools

	CASES	CONTROLS
	n=235	n=469
Men	52%	52%
Undergraduate science GPA	3.3	3.5*
MCAT z score	0.6	0.8*
Did not pass med course yrs 1-2	19%	8%*
NBME/USMLE step 1 z score	0.2	0.4*
Unprofessional behavior in med school	39%	19%*
Age at discipline (yrs)	44	

*p<.05

Association of unprofessional behavior in medical school and disciplinary action in 40 state medical boards

Odds ratio	CI (95%)	Attributable risk
3.0	1.9-4.8	26%

NEJM 2005:353;2673

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Federation of STATE MEDICAL BOARDS

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Enter search information below:

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*First Name:

Middle Name/Initial:

Classification and Frequency of 740 Violations

Drug or alcohol	15%
Unprofessional conduct	11%
Conviction for a crime	6%
Negligence	6%
Inappropriate prescribing	5%
Violation of order of board, rehabilitation or probation	4%
Failure to confirm to minimal standards of medical practice	4%
Sexual misconduct	4%
Failure to meet CME requirements	4%
Other unprofessional	16%
Health related incompetence or unknown	25%

Example of one record of disciplinary action

Conduct likely to deceive or defraud or harm the public

Excessive prescribing

Controlled substance violations

Failure to maintain adequate medical records

Prescribing without examination/evaluation

Controlled substance abuse

Violation of probation

Due to action taken by another board/agency

Impairment

Violation of probation

Unprofessional conduct

A Few More Typical Examples

Obtaining license by fraudulent misrepresentation License revocation or suspension
Willfully making or filing a false report

Types of 8 medical school behaviors associated with disciplinary actions

	ODDS RATIO	
Irresponsibility	8.5	
Poor self-improvement	3.1	
Anxious, insecure, nervous	7.2	p=.056
Immaturity	NS	
Poor initiative	NS	
Impaired relationships with:		
Students, residents, faculty	NS	
Nurses	NS	
Patients and families	NS	

Why stratify unprofessional behavior?

Capacity for early identification and remediation

- Behavior severity associated with disciplinary action
- Policy implications
  - Is the sustained unprofessional behavior the least remediable?
  - Who should graduate from medical school?
  - Who should receive specialty certification?

Other Predictors for Disciplinary Action

	ODDS RATIO	ATTRIBUTABLE RISK
Undergrad science GPA	1.0	
MCAT scores	0.6	1%
Grades Yrs 1-2	1.6	7%
Yrs 3-4	1.1	
NBME/USMLE Step 1	0.9	
Unprofessional behavior	3.0	26%

What is the risk of disciplinary action for the individual unprofessional student?

- Lots of assumptions
  - Risk is cumulative
  - Physicians work for 30 years
  - Other risk factors not taken into account
- 5-15%?

What is the risk of disciplinary action for the individual unprofessional student?

If 10%, 9 out of 10 do not have the outcome

- Crude measure
- Test characteristics are not good

Professionalism and real life

- **Early medical students**
  - Immunizations and course evaluations
  - Struggle with cheating on examinations
- **Clinical clerks**
  - How much of a resident's note to copy
  - Clerkship expectations and continuity clinic
- **Residents**
  - 80 hour/week tension-hand off
  - Mistreatment of students

Professionalism and real life, cont.

- **Faculty**
  - Prioritizing education
  - Mistreatment of students
- **Practicing physicians**
  - How deceptive to be with an insurance provider
- **Medical student deans**
  - Graduating students whom we don’t want to care for our families

Why is there so little action?

- Busy faculty
- Individual faculty believe they are behaving professionally and do not believe there is a problem
- Focus on “problem” students convinces us that we are doing enough
- Faculty does not know how to address this issue

Thibault 2005

Let’s be clear

We are asking more of our students than we were asked

We could graduate from medical school if we demonstrated adequate knowledge and skills

Now remarkable momentum, but...

Certificate of Medical Education from Licensing Boards

- Licensing boards want to know about unprofessional behavior in students
- Disincentive to medical educators to document unprofessional behavior

How to start?

ARTICULATE that:

Competency of professionalism is as important as fund of knowledge and clinical skills

The rest can then fall into place

Next steps and challenges

1. Review technical standards for explicit language on professionalism
2. Clinical Skills Step 0 (K. Eva at McMaster)
3. Better evaluation systems
4. Best practices for remediation
5. Standards MUST apply to residents and faculty
6. How do we create a “culture of professionalism”?
7. Curriculum on professionalism

Teaching Professionalism

- Setting Expectations
- Providing Experiences
- Evaluating Outcomes

Setting Expectations

- White-coat ceremonies
- Orientation session
- Policies and Procedures
- Codes and charters

Providing Experiences

- Formal curriculum
- Problem-based learning
- Ethics courses
- Patient-doctor courses
- Community-based learning
- International electives
- Hidden curriculum
- Role models
- Parables
- The environment as teacher

Evaluating Outcomes

- Assessment before entry into medical school (multiple medical interview)
- Assessment by faculty
- Assessment by peers
- Assessment by patients (patient satisfaction)
- Multiperspective (360-degree) evaluation
- Evaluate remediation strategies

Predictors of Disciplinary Actions during Residency

- Entire cohort of US internal medicine residents since 1990
- N=60,000
- Will be able to determine risk to individual

Medicine Residency and Disciplinary Action (*preliminary*)

Predictors

- Male gender
- Absence of subspecialty training
- Program director ratings
  - Unprofessional behavior
  - Sum of individual components
- Specialty certification score
- Age
- International medical school graduate

Laughter as good medicine

Rachel Sobel, UCSF MS4

New England Journal of Medicine

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