

PROFESSIONALISM – ASSESSMENT OF LEARNING OBJECTIVES

Professionalism is a big umbrella

- Handwashing
- Respect for pt privacy
- Complex, value-laden constructs
 - Altruism
 - Caring
 - Empathy

All professionalism is not created equal

- Some aspects lend themselves well to targeted learning objectives
- Trickier when the learning objective touches on who the learner is, as well as what she does
 - Attitudes/values, as well as behavior
- Subsequent remarks refer to the more nebulous, but equally important aspects of professionalism

Good and Not-So-Good Learning Objectives

- Good learning objective –
 - Concrete, specific, measurable, behavioral
 - Uses words such as “enumerate,” “demonstrate,” “list”
- Bad learning objective -
 - Vague, difficult to substantiate
 - Uses words like “understands,” “has greater awareness of,” “recognizes,” “desires”

How We Frame the Question Shapes the Answer

- “Measurable outcomes” to assess learning objectives suggests things that can be counted, enumerated, and listed
 - Behaviors to the exclusion of values, emotions
- Should we be asking other questions?
 - What are your values?
 - How do you practice your values?
 - How do you implement critical thinking regarding professionalism in the clinical context?

The Illusion of Rigor

- When misapplied, numerical scores/ quantification can be misleading
 - Numbers whose real-world anchors are virtually meaningless (is compassion a 4 or a 5?)
 - Not everything that counts can be counted (Denis Burke, M.D.)
- Concomitant danger of assuming everything (i.e., one's level of ethicality) can be quantitatively measured
 - Content is fairly easily measured
 - Process is not
 - Yet process is what much of MH and ethics is interested in

Meaningful Evaluation

- Innovative ideas –
 - Humanism connoisseur (Misch)

- Possess expert knowledge, training, and experience in the interpersonal aspects of the art of medicine; integrative, synthetic evaluation of learner interactions
- Quantifying reflective writing (Wald)
 - Identifies 5 levels of reflection with criteria such as using I or we perspective; reflection/interpretation rather than description; attending to emotions
- Portfolios (Fryer-Edwards)
 - Create space for qualitative data (360 peer, faculty, patient, nurse, self comments, narrative evaluations; videotapes; critical incident writing; creative projects reflecting on medicine
 - Building portfolios stimulates reflection, critical thinking, self-evaluation, and goal-setting
- Change the culture
 - Self-awareness, reflection and critical thinking
 - 360 degree narrative evaluations with active feedback and interaction
 - A culture where the norm is “deep professionalism” will be in less need of measurable outcomes
 - Identification of the absolute worst and best students (the one for intervention, the other for recognition)

Pellegrino quote