Abstract

#10: EVOLVING ATTITUDES OF PROFESSIONALISM AMONG TRAINEES AT A SINGLE ACADEMIC INSTITUTION: DOES A “ONE-SIZE FITS ALL” CURRICULUM REALLY FIT?

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Background

Of the six core competencies set forth by the Accreditation Council for Graduate Medical Education (ACGME), professionalism is often considered to be one of the most challenging to evaluate and teach. Creating an optimal educational environment for trainees requires a culture of respect and professionalism. One barrier to creating this culture may be a lack of alignment in the perceptions of mistreatment among learners of different levels.

Objectives

Through the use of institutionally relevant clinical vignettes, our aim was to assess the attitudes of trainees toward themes of potential mistreatment at different stages of training.

Methods

Through a collaborative effort between experts from the University's School of Labor and Employment Relations and the Office of Graduate Medical Education, six thematic areas were identified as sources of potential mistreatment (verbal abuse, specialty-choice discrimination, non-educational tasks, withholding/denying learning opportunities, neglect, and gender/racial discrimination). Based on observations from these external experts embedded in the clinical environment, vignettes were then created. This included vignettes both specific to individual levels of learning as well as ones applicable to individuals at all levels of learning. Four discrete levels of training were assessed: medical and physician-assistant (PA) students, as well as incoming interns, residents, and fellows from various specialties. Perceptions of the appropriateness of the interactions depicted in the vignettes were measured on a 5-point Likert scale. Linear regression was used to evaluate the association between vignette scores and level of training.

Results/Outcomes/Improvements

A total of 427 trainees participated (182 PA and medical students, 120 incoming interns, 91 residents, 34 fellows). Among the shared vignettes between all trainees, there was a significant association between level of training and perception of mistreatment (p<0.05). In two of these scenarios (verbal abuse, gender/racial discrimination), increasing level of training was associated with a decrease in the perception of mistreatment. In the remaining scenario (specialty-choice discrimination), increased level of training was associated with an increased perception of mistreatment. In three scenarios that were distributed only to interns, residents and fellows, increased level of training was significantly associated with a decrease in the perception of mistreatment in the theme of neglect (p=0.03), with similar trends demonstrated across the themes of non-educational tasks (p=0.29) and withholding/denying learning opportunities (p=0.12).

Significance/Implications/Relevance

The perception of what constitutes mistreatment appears to be in the “eye of the beholder.” Our findings demonstrate an evolution that progresses with level of training. This suggests that attitudes change secondary to differing perspectives, perhaps as a consequence of the clinical environment of medical training. The lack of alignment in the interpretation of mistreatment among trainees highlights the challenges of promoting and reinforcing a culture of respect and
professionalism in medical education. Recognizing and addressing these evolving perspectives allow for the development of trainee-level targeted curricula to teach professionalism.