Enhancing Resident Professionalism: Rewarding Citizenship Changes Behavior

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Background and Setting

Mercy Catholic Medical Center sponsors a 67 person internal medicine residency

Residents are a mix of US allopathic, US osteopathic, American IMG and International IMG

Residents rotate at two community-teaching hospitals 4 miles apart

Didactic lectures ("noon conferences") held daily

Year divided into 13 4-week "blocks"

1 program administrator and 1 administrative assistant support program director and leadership

Sick coverage ("jeopardy call") assigned to residents on electives in blocks of 4 day

Most residents can expect to be called for "jeopardy" once for every 12 days they are assigned

Needs:

Hospital pressures for earlier discharge and residency work hour restrictions challenged
residents time management during the day

Residents began to have lapses in non-clinical related professionalism

Attendance at noon conference was falling

Delinquent medical records were rising

Ensuring adherence to routine administrative tasks (e.g. PPD placement, duty hours entry, on-line training) required increased time and effort from administrative staff

Objective: Motivate behavior change by allocating less jeopardy call to residents with higher non-clinical professionalism

Description

Each resident assigned a "citizenship score"

"Score" based on conference attendance and administrative adherence generated at mid-point of each block

Scores compiled by program administrator and PGY4 chief residents

Each month each resident receives an email with

His/her score

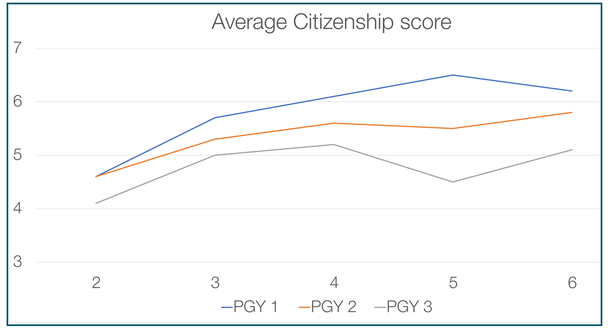
Anonymous scores of other residents in same PGY year

Scores used to prioritize jeopardy assignments—resident with lowest score on an appropriate rotation would be assigned jeopardy first, etc.

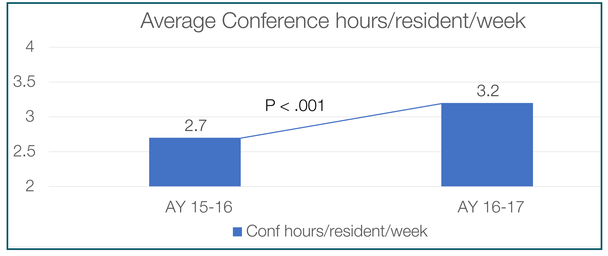
Component	Assessment (All assessments done 42 days before block starts)	Score
HIM/Medical Records	Report from medical records with: 1. <= 10 notes pending signature 2. <= 5 pending discharge summaries 3. No notes or discharge summaries > 4 weeks old	1 point for each OU (2 points Max). Must fulfill all 3 criteria to receive point
Duty Hours	Duty hours listed as complete in myevaluations.com	1 point if complete
Adherence to Administrative Requests	Residents is up to date on all computer based learning and other tasks as assigned by GME or medicine residency	1 point if complete or no pending administrative requests.
Evaluations	No evaluations > 90 days old	1 point if complete
Conference Attendance	Attend 70% of conferences except when on vacation, night, or ICU rotation. On ICU rotation attend 50% of conferences	2 point > 70%, 50% ICU or on exempt rotation 1 point > 50%, 30% ICU Otherwise 0 points

Evaluations

Citizenship scores increased over 1st half of academic year ($p < .001$ for PGY1 and 2, $p = .002$ for PGY3 comparing block 2 and block 6 scores



Attendance at conference increased 20% on average



After 6 months

100% of residents entered some duty hours without reminders

No residents had > 5 discharge summaries pending or any records > 28 days old,

4% of residents had any evaluations incomplete after > 90 days

Summary:

Resident citizenship score positively impacted all non-clinical professionalism attributes measured

Discussion/Impact:

Strengths:

- Consistent impact seen across professionalism attributes
- Diverse residents
- Quickly effective

Limitations:

- Required additional staff time (although offset by less time in reminders)
- Single program
- Occasional "unfair" penalty because of computer glitches

Implications:

Ensuring adhere with non-clinical professional requirements was traditionally considered a "minor" or "nuisance" task.

Traditional adherence relegated to reminders by GME staff and leadership.

We reframed completion of these tasks as professionalism

By linking less professional behavior to a minor penalty—additional jeopardy call—we increased compliance.

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