

Balancing institutional surveillance, accountability and well-being

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October 11th, 2018



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The Observatory of Professional Behaviors (OPB):

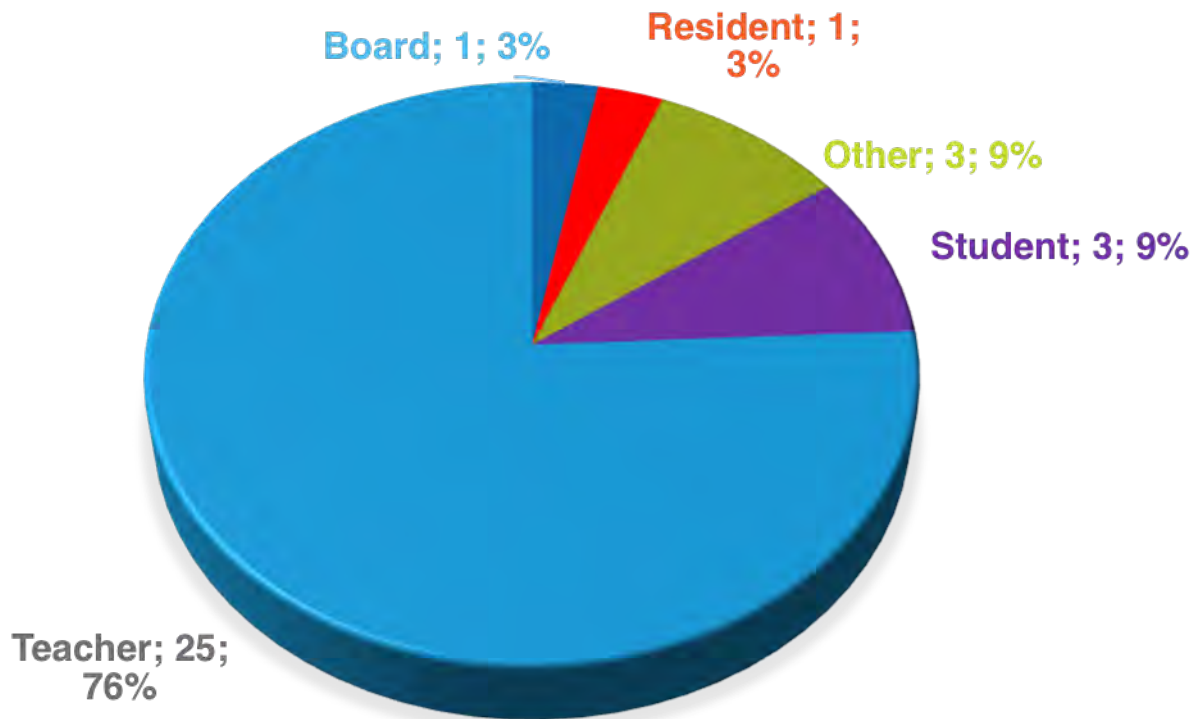
- Is part of a series of innovations implemented by our institution since 2010, in collaboration with two medical schools in the United States
- Promotes medical professionalism and an institutional culture of accountability
- Processes reports on non-professional behaviors
 - reports do not pursue to identify “victims and perpetrators”
- Fosters remediation strategies
- Proposes interventions to enhance professional health and well-being, helping to create healthy, respectful and enjoyable work and study environments



Observatory of Professional Behaviors (OPB)

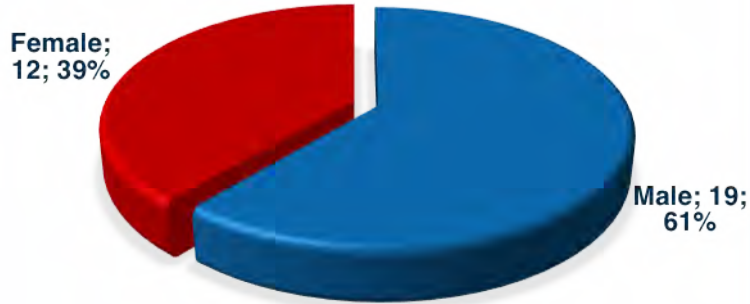
- Integration:
 - 3 mental health professionals
 - 1 occupational health specialist
 - 1 representative of each university order (faculty, graduates, and students)
- All members sign a commitment of confidentiality
- The participation as a reported person is voluntary, unless mandated by the Dean Office (DO) or the Faculty Council (FC)

Who reports?

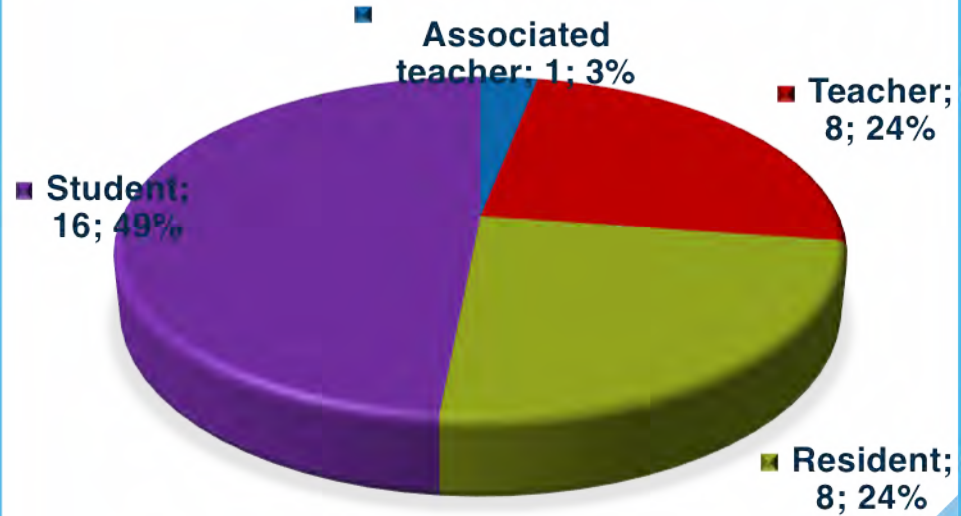


Who was reported?

GENDER

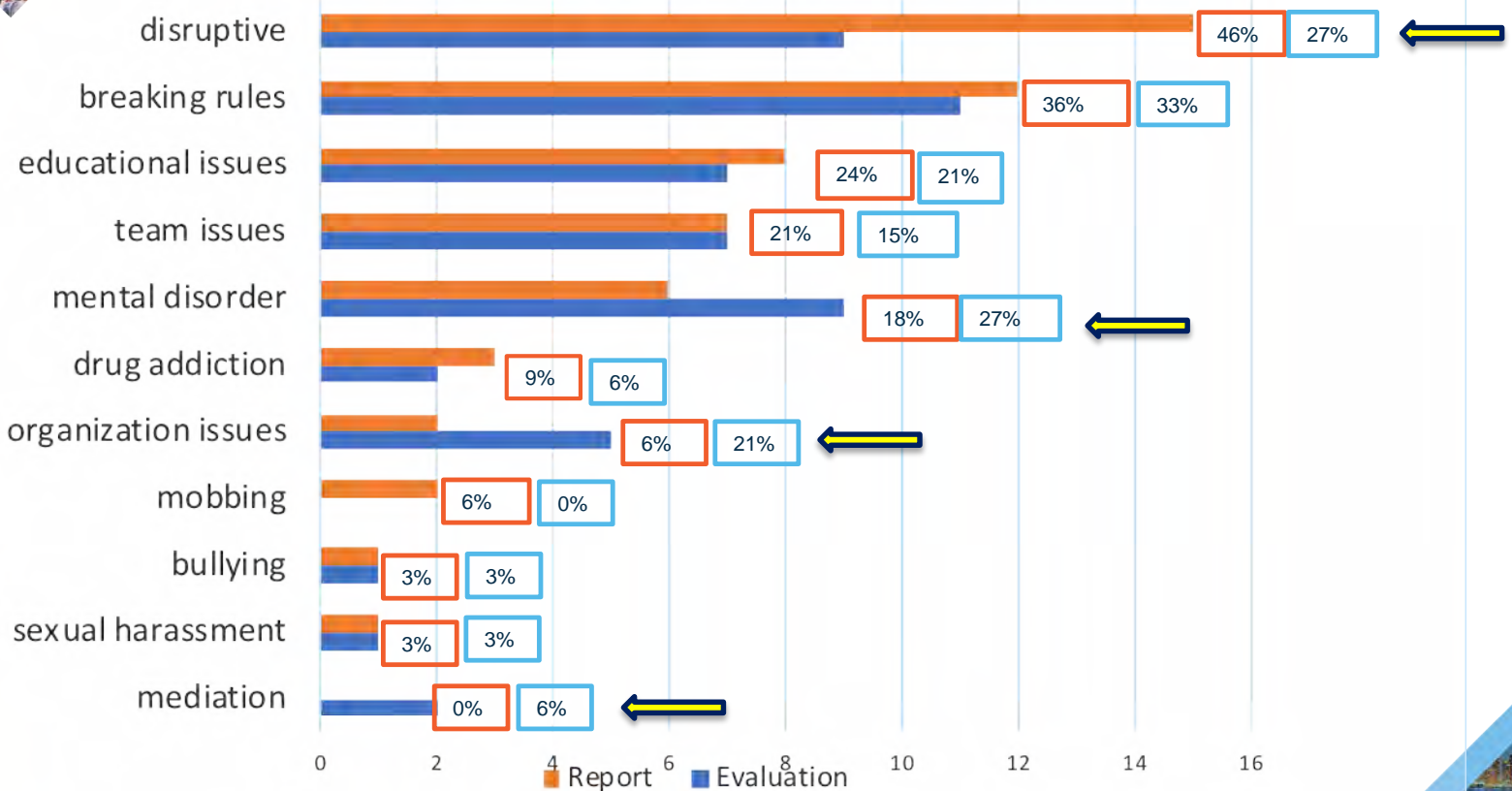


POSITION

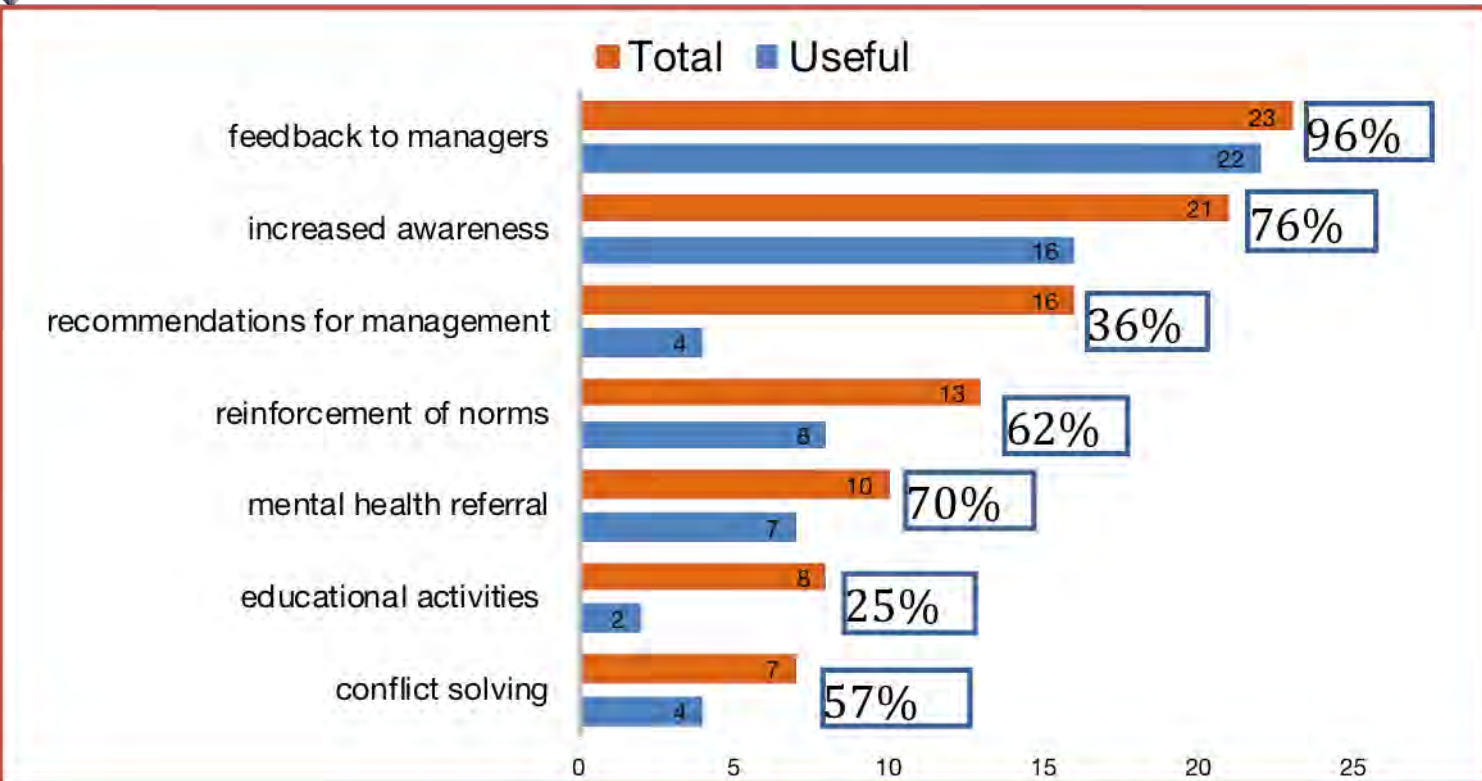


- Mean age = 38.4 years
- Range: 22 - 58 years

Situations Identified by the report and after evaluation

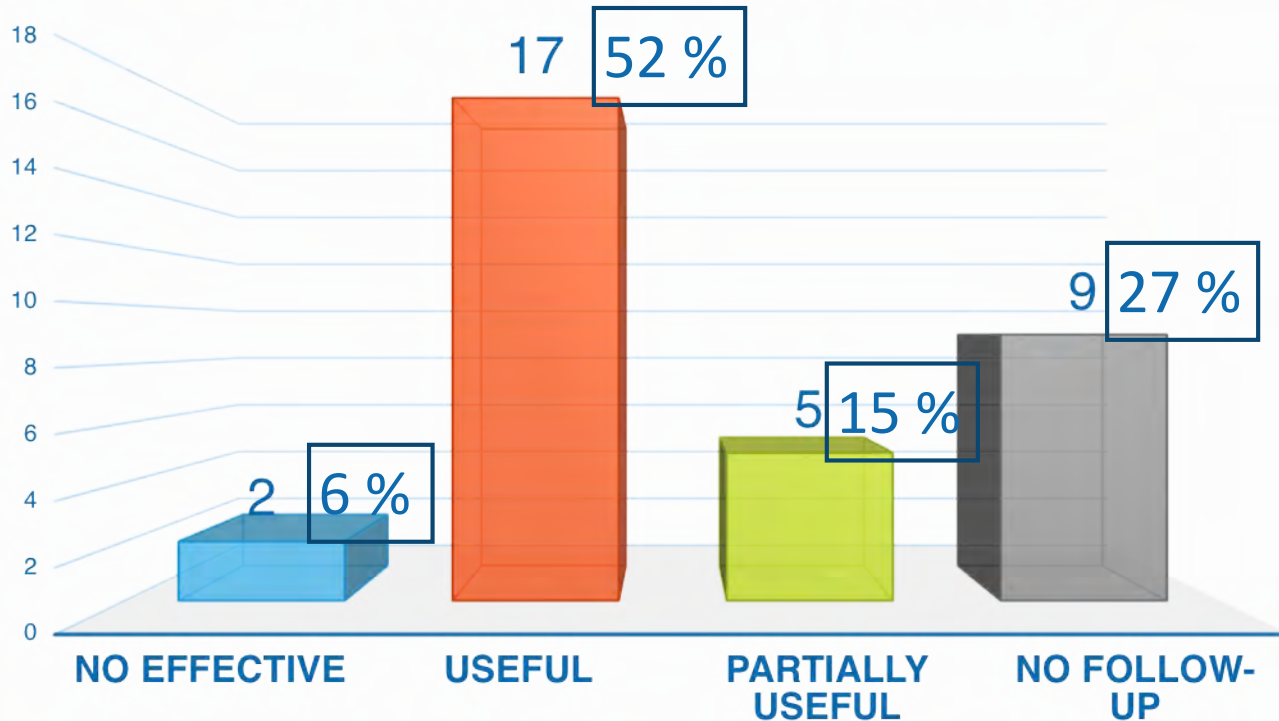


LIST OF INTERVENTIONS AND FREQUENCY OF EFFICACY





Global assessment of the intervention



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Other results:

- The need to reinforce norms and regulations led to the approval of an institutional conduct agreement.
- The evaluation grid of interns was modified to include items on professionalism.
- The need for education on conflict resolution and a course on mediation was implemented.



Conclusion

- The OPB was accepted by students and faculty members which reflects a major cultural shift.
- No significant barriers were identified probably due to the involvement of the Dean Office and Faculty Council, and to changes in the culture of medicine promoted by previous educational interventions
- Even when most reports addressed unprofessional behaviors, psychiatric disorders were identified and appropriate referrals were made.

This highlights the need of balancing surveillance and well-being programs.



Conclusion

- Many unprofessional behaviors were related to habits and customs as part of the hidden curriculum.
- The most frequent intervention was the feedback to people responsible for the report. This was also the best evaluated intervention by those involved.
- Most of the procedures were rated as useful or partially useful by the OCP team.
- Thus, short term outcomes were encouraging in terms of adherence to the OPB recommendations by all involved in the report
- Long term behavioral changes need to be assessed