

2013 Edward D. Harris Professionalism Award

The Board of Directors of Alpha Omega Alpha is pleased to announce the winner of the 2013 Edward D. Harris Professionalism Award. The award emphasizes AOA's commitment to its belief that professionalism is a crucial facet of being a physician, a quality that can be both taught and learned. Originally named the AOA Professionalism Fellowship, the award was renamed in 2010 to honor the late Edward D. Harris, the longtime executive director of the society. Applications were open to medical schools with active AOA chapters or associations. Faculty who have demonstrated personal dedication to teaching and research in specific aspects of professionalism that could be transferred directly to medical students or resident physicians were encouraged to apply for these funds. The winner of the 2013 Edward D. Harris Professionalism Award is:



Jason Morrow, MD, PhD
Medical Director, Inpatient Palliative Care Consultation Service (LIFE Care), Assistant Professor of Medicine, Howard and Betty Halff Professor of Ethics & Medical Humanities, University of Texas Health Science Center at San Antonio

Burnout is defined as a syndrome of depersonalization, emotional exhaustion, and a sense of low personal accomplishment, with decreased effectiveness in the workplace. Recent studies have shown a

high prevalence of burnout among physicians-in-training, with increasing rates of burnout as training progresses. One study of Internal Medicine residents showed that rates of burnout before and after intern year increased from 4.3 percent to 55.3 percent.

Evidence among physicians and nurses suggests that burnout correlates with poor provider outcomes—including higher rates of physician depression, substance abuse, medical illness, suicidality, and turnover or withdrawing from the profession—and poor patient care processes—including suboptimal pain management, decreased sensitivity to ethical issues, observable negative team behavior, and lapses in professionalism.

The ACGME recognizes the threat of burnout and has required improved program structures such as duty-hour restrictions. Since humane conditions are more likely to promote humanistic behavior, strategies have focused on work hours. Some programs have augmented ACGME requirements with support groups and robust Employee Assistance Programs. While it is important for residents to have access to counseling and other services outside of their training programs, it is also important for each training program to integrate strategies into the actual residency curriculum. Doing so sends a powerful message that resources are not only available but are considered

to be essential elements of professional development—thereby exposing and confronting the hidden curriculum. Formal commitments to supporting residents in the course of clinical practice can also ensure that residents—and the medical students that work with them—possess the coping skills for personal and ethical challenges.

Key features of successful efforts to reduce burnout include a focus on physician resilience, or the ability to withstand and cope with adversity, and physician engagement, or a sense of accountability for and leadership in one's practice environment.

My project for the Alpha Omega Alpha Edward D. Harris Professionalism Award, "Ethical Lives of Residents: Promoting Professionalism in Graduate Medical Education," offers an embedded strategy for promoting both resident resilience and engagement, focusing on open dialogue, role modeling, and positive reinforcement.

The young inpatient LIFE Care/Palliative Medicine consultation service at University Health System, the primary teaching partner for University of Texas Health Science Center at San Antonio (UTHSCSA), has created a fertile ground for implementing a humanistic curriculum that allows the coupling of supportive care for patients with the supportive care of medical students and residents. Our faculty and institutional leadership are poised to successfully integrate a curriculum that explores and strengthens the ethical lives of residents.

The content and structure of the intervention are designed to captivate and nurture the moral imagination of residents, to demonstrate organizational transparency and commitment to best practices, and to promote early identification of at-risk attitudes and behaviors. "Ethical Lives of Residents" initiates a longitudinal, interactive, and mentored professionalism curriculum with the Internal Medicine residency program, focusing on humanistic and clinically relevant Entrustable Professional Activities (EPAs). Teaching tools will include a core set of five-to-ten-minute multimedia case studies with high-yield information, video, narration, and interactive cases using "choose your own adventure" decision trees. Attending faculty who are on service at the time of the EPA will supervise and evaluate the clinical and teaching activities.

Residents will complete three pilot modules during the eighteen-month initial study period focusing on moral distress, surrogate decision making, and disclosing medical errors. The curriculum will include a set of core didactics emphasizing analytic, reflective, narrative, and empathic techniques. These techniques will prepare residents and participating faculty for EPAs performed during clinical services.

"Ethical Lives of Residents" will study the possible effect of this interactive and collegial curriculum on resident burnout by employing the Maslach Burnout Inventory, a validated fifteen-item assessment tool, to be offered to participating residents twice yearly. With support from UTHSCSA, University Health System, and AOA, this project promotes best practices in clinical ethics, palliative medicine, self care, and professionalism, while striving to measurably enhance resident engagement and resiliency.

