


Professional Citizenship...
Teaching it is essential to advancing OUR specialty and securing OUR future.

Annual Meeting of
Society of Academic Associations of Anesthesiology and Perioperative Medicine
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COI Disclosure

- No conflicts

Learning Objectives

Not the same as usual for this presentation

What is the 50K Foot View?

- ❖ **Major and rapid change**
 - in public policy
 - in employment models
 - in payment policy
 - in care delivery models
- ❖ **Major challenges**
 - EMRs
 - quality and outcomes reporting
 - data registry/QCQR
 - technologic advances
 - lack of unity and consensus
 - Need for additions to residents' education
 - How to prevent the "scatter effect"
- ❖ **Major threats**
 - to patient safety and quality of care
 - SOP no longer Ed-based
 - inadequate insurance
 - pervasive apathy and complacency

A professional view not so aligned with the facts

- Great science
- Great research
- + Great education

= "Advancing the specialty AND securing the future"

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Definitions

Professionalism
 Vs.
 Professional Citizenship

Definition of Professionalism

- The conduct, aims, or qualities that characterize or mark a profession or a professional

ACGME Requirements

Professional responsibilities defined by "The Charter on Professionalism"

- Commitment to professional competence
- Commitment to honesty with patients
- Commitment to patient confidentiality
- Commitment to maintaining appropriate relations with patients
- Commitment to improving quality care
- Commitment to improving access to care
- Commitment to a just distribution of finite resources
- Commitment to scientific knowledge
- Commitment to maintaining trust...
- Commitment to professional responsibilities

"Active Citizenship"

- Assertion that members of companies or nation-states have certain roles and responsibilities at a higher level than their primary job
- Societally, easier to define "rights" than "responsibilities"
- Active citizens - fulfill both rights and responsibilities in a balanced way (simple distillation = take & give back)

Is Doing Your Primary Job Enough?

Always do your best at what's expected of you... and then some!

What's in Your Personal Profile?

- Honesty
- Leadership
- Neat Appearance
- Proper Conduct
- Ethical Behavior
- Compassion
- Courtesy
- Collaboration
- Highest standards



- QI Efforts
- Trust
- Integrity
- Availability
- Accountability
- Altruism
- Responsibility
- Ownership
- Innovative

Variable jargon out there...

- Professionalism
- Professional Development
- Active Citizenship
- Corporate Citizenship
- Leadership Development

So, What is "Professional Citizenship"?

- Willingness to accept personal responsibility and ownership for the present and future state of "X"
- Team player
- Pulling your fair share of the load - ALWAYS
- Leading by example in EVERYTHING!
- Standing up for and doing what is right – ALWAYS!
- Not just taking – but at all levels GIVING BACK
- Supporting the mission with one's time, energy and money

So, why discuss this?

- 1) Our future truly depends upon a transformation from within
- 2) We have too many takers and not enough givers!
- 3) Not everyone had good parents – missed out on "The Dad/Mom Talk"!
- 4) Solid professional citizenship can readily be taught through effective leadership and mentorship

Teaching Professionalism

- Set expectations – policies
 - *Must include consequences of noncompliance*
- Assess compliance and performance
- Reward good behavior, remediate inappropriate
- Goals - preventing inappropriate behaviors and implementing a cultural change.

But, does teaching professionalism do any good?

- Certain behaviors early in medical education have been found to correlate with unprofessional behavior later in careers. We need to be vigilant in looking for those behaviors and let our trainees know why we're so concerned about them.

YES, it does!

Teach who?

- Residents and fellows, of course
- But also junior faculty... and some senior faculty!
- Mentorship – not just clinically, but also in professional citizenship - for junior faculty HUGE importance and value!
- All senior department members should play a leadership role in mentoring others

When it comes to organized medicine, need to teach to NEVER say...

- ❖ "The medical staff needs to do blah, blah, blah..."
- ❖ "The XSA needs to do this, that or the other"
- ❖ "The ASA needs to do X, Y or Z..."
- ❖ And for sure do not ever prove your consummate lack of awareness of the facts by saying...

"Those organized medical associations don't do anything for me or my specialty."

Come on... Really?

Advocacy
A Huge Shared Responsibility

Definition: *noun* – recommendation, support, championing, backing, promotion, campaigning for, upholding, advancement, pleading for, propagation, spokespersonship

(Not a "dirty word" but an essential mission)

ASA Leading in "COMPREHENSIVE Advocacy"

- Educational – ASA members and the public
- GME Funding
- Research Funding
- Scientific
- Regulatory
- PR/Marketing/branding
- Health Policy
- Out of Network billing/payment
- Legislative
- And yes, political

Not Just Political Advocacy!

What is Your ASA doing for Academic Anesthesiologists?

***** 2017 Focus Items *****

- o Scope of Practice Expansion
- o New Payment Models/reductions
- o Periop Surgical Home
- o GME Funding
- o Research Funding
- o Insurance Gaps & OONB
- o Quality Reporting(AQI/NACOR)
- o Quality Measure Development
- o Pediatric Dental Anesthesia
- o Patients Bill of Rights
- o PR, marketing, education about our specialty

**If not your ASA, then who?*

**If not you, then who?*

**Whose responsibilities?*

Why should all anesthesiologists be thankful for their State Society and the ASA?

→ AN IRREFUTABLE VALUE PROPOSITION AND HUGE ROI!

American Society's Mission Statement:
"To advance the specialty and secure its future"

Really, shouldn't it be EVERY anesthesiologist's professional mission?

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A Few Big Problems

- 1) 80% don't support comprehensive advocacy
- 2) 99% Don't support FAER!
- Why? Because we graduate residents, year-in-and-year-out, that cannot articulate the importance of either.

School of Pharmacy
University of Maryland

• INSTRUCTIONAL DESIGN AND ASSESSMENT
Effective Leadership and Advocacy: Amplifying
Professional Citizenship

Cynthia J. Boyle, PharmD, Robert S. Beardsley, PhD, and Margaret Hayes, MS;
American Journal of Pharmaceutical Education 2004; 68 (3) Article 63.

Their Introduction...

"The profession of pharmacy (anesthesiology?) is governed by legislation and regulations that are constantly changing. By bringing their expertise as medication specialists into legislative and regulatory negotiations, pharmacists (anesthesiologists) can influence decisions to promote safe and effective health care policy and delivery. Therefore, it is important for student pharmacists (residents) to develop leadership and expertise in advocacy, as they meet the Accreditation Council for Pharmacy Education curricular outcomes for the doctor of pharmacy degree...."

Cont'd...

"... as part of this professional citizenship, pharmacists must intervene for patients and communicate with individuals and groups that are not health professionals, such as managers, legislators, payers, and society at large."

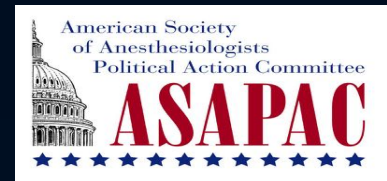
"The more anesthesiologists take part in government, the less government will take a part of anesthesiologists."

If you want us to have a seat at the table – please help make the reservation!



Bi-partisan & non-ideological political voice of the ASA.

Founded in 1991 to advocate on behalf of ALL anesthesiologists and their patients.



Why ASAPAC?

- A "Plagenhoeftism" – politicians' hearing aides.
- It is the way government is played in the U.S. -- we cannot win a game without playing in it.
- One cannot talk about advancing anesthesiology without including advocacy – it is **crucial** to all that is patient safety, quality of care, and our business.
- Basic entry level professional citizenship expected of everyone!!!

OR... at least serve as supporting cast

- A HUGE opportunity that any anesthesiologist who wants to be a part of the solution can do.
- Talk about this in your group/dept.
- "The Legacy of Gopal"
- Pay your dues – be a member!!!

On the Scope of Practice Front...

VA's PROPOSED New Nursing Handbook → → **VHA Final Rule** → **Veterans Won!**

Clear demonstration that professional citizenship is an absolute essential requirement if we are to execute effectively in the current world.

We reversed the preexisting pitiful level of apathy

- Best ever in past: 4,000 responses / 7-8% of membership
- Needed 500% increase
- Achieved a 2600% increase
- 104K responses/, but ONLY ~57% of all Anesthesiologists! Why?

Opt-out Legislation Does NOT Improve Access or Costs

- Four articles published in 2016-2017:
 - Sun EC, Miller TR, Halzack NM
 - Sun EC, Dexter F, Miller TR
 - Sun EC, Dexter F, Miller TR, Baker LC
 - Schneider JE, Ohsfeldt RL, Li P, Miller TR, Scheibling CM
- Using four different national datasets
- Access measured in multiple ways:
 - Growth in anesthesia use rates
 - Increase in procedures related to emergent diagnoses
 - Change in travel patterns
 - Change in surgical utilization or costs

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ANESTHESIA & ANALGESIA

AA CASE REPORTS
Critical Care, Education, Perioperative Services, Out-of-Hospital, Patient Safety

Health Economics Review
a SpringerOpen Journal

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What's in your vocabulary?
"APRN Consensus Model" and "APRN Compact"

- o **Better learn it!!!**
- o The VA's pro-nursing action--> straight from this House of Nursing's SOP advancement play book!
- o Enlighten your awareness of reality by "Googling" this topic
- o ASA cannot win SOP battles *without YOU doing your part too!*

NURSE ANESTHESIA • SAFE ANESTHESIA

What do rural Americans, low-income families, enlisted persons, and expectant mothers have in common?

- They rely on nurse anesthetists for their anesthesia care.
- They are often treated like second-class citizens by anesthesiologists.
- They comprise a large voting constituency across the country.
- They could become victims of *limited access to anesthesia care* if the anesthesiologists can delay Administrator's HCFA's proposal to remove physician supervision of nurse anesthetists and defer to state law.

Amazing how directing nurse anesthetists isn't a priority when it isn't convenient for the anesthesiologists.

Happens all the time.

Support the HCFA Rule on Anesthesia Care. Support H.R. 804/S. 866, and Oppose Poison Pill Riders.

Access to safe, high-quality anesthesia care is a serious issue. Allow HCFA to implement its rule and defer to state law. Support H.R. 804/S. 866, the "Access to Anesthesia Services Act."

For more information, call 202-484-8400, or visit 800.880.0202

For more information, contact the American Association of Nurse Anesthetists at 202-484-8400



Our messaging is crucial

- Assuring representation at all discussions where our specialty may be impacted is key
- Our opponents show up in large numbers
- What is your personal contribution to our counter narrative?

Must Teach to Give

- Of One's Time
- Of One's Effort
- Of One's Money – *the easiest contribution!*

OR... at least to serve as supporting cast

- A HUGE opportunity that any anesthesiologist that wants to be a part of the solution can do.
- Talk about this in your department.
- "The Legacy of Gopal"

American Society's Plan of Action

- A reason I agreed to serve as an ASA officer.
- Ad Hoc Committee on Residents' Essential Professional Development
- Strategic Dialogue Summit: Redesigning for the Best Future

"Design Thinking" / "Collaborative Design"

- Originally only used for the physical – commercial products
- Then, user interface/customer experience
- Now core to development of business strategies, interventions and major change management of companies, small → mega

How Certainty Transforms Persuasion

ZL Tormala, DD Rucker, Harvard Business Review, Sept. 2015

"Certainty profoundly shapes our behavior. The more certain we are of a belief – regardless of its objective correctness -- the more durable it will be and the greater its influence on what we do."

What is certainty?

- Confidence in our beliefs, including the sense that something "feels" just right
- Cannot create certainty about professional citizenship within all anesthesiologists without consensus and unity in core values & responsibilities and teaching the same consistently

"Certainty" profoundly shapes human behavior

- Subjective, but can be measured
- The Four Levers of Certainty
 - Consensus
 - Repetition
 - Ease
 - Defense

"Social Reengineering"

- Is it needed?
- Is it possible?
- How to accomplish? Apply...
 - Systems Theory
 - Human Factors Science
 - Create greater "certainty" among us

"Example is not the MAIN thing in influencing others - it is the ONLY thing!"

ALBERT SCHWEITZER

"The world will not be destroyed by those who do evil, but by those who watch them and do nothing."

ALBERT EINSTEIN

*Applied to Current Events...
Plagenhoef's Corollary*

"Patient safety and anesthesiology will not be destroyed by those unaware of what is required for optimal patient safety and quality of care, but by those totally aware - through education and experience - who watch them and elect to say or do nothing to lead in the right direction."

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