John Yoon, MD
Department of Medicine

Operationalizing the Virtues for Good Doctor-Patient Relationships

Introduction/Background

Delivering compassionate, patient-centered care remains a key aspirational goal of the medical profession and is central to good doctor-patient relationships. But can such professional virtue be taught and assessed? It has been commonly assumed that medical students, in the words of Dr. Daniel Sulmasy, come to medical school "already morally packaged and incapable of change." Data in the medical literature suggest that there is indeed an observable change--but as Dr. Sulmasy notes, often this change has been in the "wrong direction." National data confirm this perception, and they also suggest that the public's trust and confidence in the medical profession have declined similarly in recent years. In response, medical educators have adopted a variety of pedagogical strategies to teach "professionalism." However, the current empirical work needed to assess these strategies is limited by the paucity of measures that can assess professional virtues in the developing physician.

In my previous work as a co-investigator to a grant funded by the Science of Virtues at the University of Chicago, I have collected quantitative national level data from a 2011 sample of third year medical students in order to characterize three potential measures of professional virtue that are arguably central to good doctor-patient relationships: empathy, mindfulness, and generosity. The project contributes to research on the doctor-patient relationship by developing physician-specific measures of these professional virtues and generating novel insights about character development and moral enculturation among physicians-in-training.

Methods

We have surveyed a nationally representative sample of medical students clustered within schools, and we will conduct qualitative interviews with a purposively sampled subgroup, in order to test and refine the methods and measures that will be deployed in a future longitudinal study. Individuals contacted to participate in the phone interview was from two subgroups of those who elected to complete the first two parts of the study and who wrote their phone number and/or email address with their willingness to participate in a phone interview on the second survey. One subgroup included those nominated into the Gold Humanism Honor Society. The other subgroup was those who were not nominated for Gold.

Those volunteers who are contacted via phone or email and agreed to participate participated in a brief semi-structured phone interview, estimated to last 60-75 min with a research assistant. This research assistant participated in recruiting and interviewing. Transcripts will be examined by investigators in an iterative pattern, using prevalent qualitative data analysis techniques. The point at which no new major themes develop in the responses, a point called *saturation* in qualitative research, will determine the sample size.

Questions in the interview script include the following:

Positive role model (5 min). _Tell me about a physician who stands out as a positive role model for you?_

Follow up probes:
- _Was this someone you worked with? In what capacity?_
- _What stands out about him/her? (what qualities/characteristics?)_
- _What was it like for you personally to work with him/her?_
- _How did it make you feel?_
- _Did you learn from him/her?_
- _Do you think working with him/her impacted how you think about your future work as a physician?_
- _Would your career path be different if you had not met this person?_
- _Would you as a person be different? Your values?_

Results: Outcomes, Metrics, and Deliverables
Overall
- 21 completed
- 1 refusal
- 5 non-respondents

Category 1 (nominated to gold humanism)
- 10 completed
- 3 non-respondents

Category 2: (not nominated to gold humanism)
- 11 completed
- 1 refusal
- 2 non-respondent

Interviews are now transcribed and currently being coded for thematic analysis.

Discussion
Data from these interviews will be used to build theory regarding the professional development and formation of physicians in terms of how they approach their doctor-patient relationships. The data from this study will help to strengthen a grant application (Templeton Foundation) for funding sufficient to launch a full-scale national longitudinal study of the professional development and formation of physicians. I also hope that this line of research will help inform medical educators on how students come to be characterized by professional virtues over the course of medical education. I hope to contribute to the overall research field on professionalism and the doctor-patient relationship through developing reliable and validated measures of professional virtue in medicine. I hypothesize that the influence of role models (clinical exemplars) will likely serve as strong mediators of professional development for those nominated to the Gold Humanism Honor Society. My research highlights the Bucksbaum Institute's stated goals (to enhance the quality of medical care by improving the doctor-patient relationship) by pursuing a line of research that is relatively neglected in contemporary discourse on the doctor-patient relationship (empirical virtue ethics), while facilitating interdisciplinary engagement between medicine and the humanities.