

**Title: Professionalism in Tomorrow's Healthcare System**

**PI:** Donna T. Chen, M.D., M.P.H.

**Co-PI:** Ann E. Mills, M.sc.(Econ), M.B.A.

**Abstract**

Reformers of medical education understand that tomorrow's physicians will need an expanded set of knowledge, skills, and sensitivities than to allow for the competent and ethical practice of medicine given the complexities introduced by the multiple industries and stakeholders that form the context in which healthcare is provided. These new competencies have profound implications for the role of the professional as well as the values associated with our traditional understanding of "professionalism." Professionalism, meant to guide physicians when confronted with difficult decisions or choices, can no longer be assumed or taken for granted. If tomorrow's physicians are going to play a lead in shaping their role in practice, in the delivery system, and in the greater society, the issues that require the acquisition of new knowledge, skills, and sensitivities, must be introduced to medical students and medical students must thoughtfully consider them. This application builds on our prior work developing this kind of curriculum.

To date our work has been based on *our* understanding of these issues and what will be required of physicians in the future. Going forward requires the systematic collection of data. It requires a better sense of what medical students *know* about these issues and their *attitudes* towards learning about these issues. We will conduct focus groups with all four classes of University of Virginia medical students to inform us as to *what* educational offerings are needed, *how* these issues should be presented, and *when* it is appropriate to offer them.

**Background**

Our experience has taught us that medical students are aware that the healthcare system is evolving. They are aware of the confusion and uncertainty that surrounds their future role as physicians in the system. They are aware that their decisions will be influenced by the decisions of others. They realize that they are not prepared to deal with the complex relationships among the various stakeholders of the healthcare system, and in particular, are not sure how to maintain professional integrity in the throes of these system complexities.

In light of the need to train future physicians to maintain professionalism in their roles as practitioners in and leaders of tomorrow's healthcare system, reform of undergraduate, graduate, and continuing medical education has been called for by numerous authoritative and regulatory institutions. (ACGME Outcome Project, 1999; ABIM, ACP-ASIM, EFIM 2002; Blumenthal, 2002; Inui, 2003; IOM Committee on the Health Professions Education Summit, 2003) Recommendations from each overlap but most recommendations either explicitly or implicitly rely on physicians developing a "systems" perspective that understands how the interacting components of the healthcare system can affect the delivery of care and the physician's roles and obligations. Developing a perspective that understands how and why system components interact in the way that they do allows the physician to better navigate the system for the welfare of patients. In addition, it gives physicians insight into how to improve the system – at the macro and micro level. But this perspective co-exists uneasily with physicians' traditional

understanding of the meaning of “professionalism” and so a way must be found to integrate a traditional understanding of professionalism with the new demands placed on physicians by the various stakeholders that will make up tomorrow’s healthcare system.

In the summer of 2005, we (Chen (PI) and Mills (Co-PI)) invited a group of scholars and administrators from across the country and here at the University to help us explore and address these issues. Our efforts resulted in a recently published book, “Professionalism in Tomorrow’s Healthcare System” published by University Publishing Group (Table of Contents and Introduction is included as Appendix A). We used as our springboard the ACGME competencies associated with *professionalism* and *systems-based practice*, as these ACGME competencies encapsulate the tensions discussed above. We argue that to meet the requirements of the competencies physicians will have to develop a new perspective, which we call “Systems-Informed Professionalism.” (Chen, Mills & Werhane, 2005) We detail what is required to develop this perspective – and using the Dreyfus model of skills attainment we explain how a perspective characterized by “Systems-Informed Professionalism” can be developed starting with undergraduate medical education, through graduate medical education, and into continuing medical education. (Chen & Mills, 2005)

In March 2006, we offered a 4-week elective to 4<sup>th</sup> year medical students called “Ethics in Healthcare Systems.” The roles and responsibilities of various stakeholders that make up the healthcare system were considered, along with the structure of the delivery system and the challenges it faces, with an eye towards considering the ethical or moral conflicts that could occur as a result of the interactions among stakeholders. In particular, the focus was on how these conflicts could affect a physicians’ professionalism. Among the topics discussed were the structure and financing of the healthcare delivery system; the role of the pharmaceutical industry; the role of the clinical research enterprise; strategies healthcare organizations employ to confront the challenges facing it; changing ideas of professionalism; the question of whether these changing ideas can be reconciled with our traditional understanding of professionalism; and what those changes will mean to the profession and society. These topics were enthusiastically received by the students who had not hitherto carefully considered these issues. We believe that because the issues and conflicts we presented required the students to think through the effect of any possible resolution on *other* stakeholders *and* the structure of the delivery systems, as well as on the profession of medicine and their own future practice of medicine, the students began to acquire the perspective characterized by “systems-informed professionalism.”

The fact is that the structure of the healthcare system at both the macro and micro levels and the relationships embedded in it have, and will continue to have, a profound impact on the practice of medicine, the values associated with health care, and our understanding of what it means to be a professional in the healthcare system. These are issues that 4<sup>th</sup> year students will confront in a matter of weeks – and then throughout their careers.

However, in our pre-elective questionnaire, students indicated their discomfort when asked about the relationships that surround the delivery of care – and how these relationships might impact their own decision-making (mean score for all pre-elective comfort questions were less than 3, indicating some level of discomfort, see appendix B for questionnaire). Some of the students had difficulty identifying the various stakeholders and how they might be affected. For example,

one student wrote on the pre-course questionnaire, “It would be nice to feel more comfortable answering these questions – hopefully they will be addressed by the course.” Post-elective, students identified more stakeholders and issues and all comfort questions scored greater than 3, indicating some level of comfort. But are the “gaps” in the knowledge and comfort of these students true for most of the University’s medical students? How do most medical students feel about learning about these topics? Are they disinterested? Or do they feel that these are topics that should be explored? And when do they think they should be explored? These are the questions that this grant application seeks to address.

The information generated by this project is critical to our larger vision. Given that there appears to be a “gap” in the knowledge of the University’s medical students, it may be reasonable to assume that there is also a gap in the knowledge of *most* medical students. Thus, while there will be immediate benefits stemming from the project, specifically in terms of refining the elective discussed above and publication of the results, the information will also be used in the future to:

1. Inform a multi-site medical student survey to be conducted at UVa in conjunction with two other medical schools,
2. Inform the content of a textbook to be used to help medical students develop a perspective characterized by systems-informed professionalism.

### **Goals of the Project**

During this phase of the project, we propose to conduct focus groups of medical students across the four years to acquire a better understanding of

1. What medical students know about the components and interactions of the institutions and systems that affect the provision of healthcare (knowledge);
2. What medical students understand and think about how these systems forces might affect physicians’ roles, ethical obligations, and sense of professionalism (knowledge, attitudes; ethics thinking skills);
3. How medical students feel about learning about the components that make up the complex healthcare system and how it will affect their practice of medicine (attitudes), and
4. When medical students feel they are most ready to consider these issues.

### **Research Plan (with defined measurable outcomes)**

Our research plan has two parts: (1) focus groups of medical students across the four years, and (2) qualitative and quantitative evaluation of our 4<sup>th</sup> year elective.

#### ***Part 1: Medical student focus groups***

Focus groups are often used when there is little information available about a topic or when the range of opinion or response about a topic has not been identified. We plan to conduct nine medical student focus groups. The groups will each have six participants and be composed as follows: one group from students participating in the Bioethics Interest Group (mixed 1<sup>st</sup> and 2<sup>nd</sup> years) and two groups from each year of medical students. We will stage the meetings so that the first focus group will be with the Bioethics Interest Group. We will use this group, which is probably more aware of these issues, to refine our focus group vignettes, our questions, and our approach to the other students. Once satisfied that our approach and questions are appropriate we will meet with two groups from each year of medical students. Having two groups from each

year will assure us that answers from our questions are not solely the product of a “group think” of a single group.

The focus groups will be semi-structured and will be conducted by the PI and Co-PI. They will be audio-taped and transcribed. Each will last 60-90 minutes. Participants will be recruited via an email sent to the entire class. The first 12 students in each class to respond who can attend the scheduled times and provide informed consent will be accepted. While their voices will be recorded, the participants will remain unidentified on the recordings. The transcriptionist will be instructed to substitute initials for any names that are used during the discussion. Participants will be paid \$20 each. If funded, we will seek formal IRB review for exemption prior to enrolling participants.

We will explore knowledge and attitudes as described above under Goals of the Project. This will be accomplished in three ways:

1. Vignette discussion (Appendix B): We will hand out a written vignette depicting a situation that practicing physicians commonly face. The vignette will be read aloud by one of the focus group leaders. The discussion will be guided by a series of questions related to the vignette aimed at elucidating the students' *knowledge* of the various systems stakeholders contributing to and affected by the situation depicted in the vignette and their *knowledge and attitudes* regarding the role and obligations of the physician in that situation.
2. A series of knowledge and attitude questions directly related to important entities and systems that form the context of healthcare delivery and their impact on the physicians' role, obligations, and sense of professional integrity, including: 1) healthcare financing structures, 2) the clinical research enterprise, 3) the pharmaceutical and device industries, 4) healthcare organizations, 5) the legal system (Appendix C)
3. A series of questions related to attitudes about learning about the aforementioned topics during the medical school years.

*Analysis plan:* All focus group tapes will be transcribed. The transcripts of each focus group will be content-analyzed by 2 independent coders to reveal relevant themes that emerge from each focus group. After the analysis of 2 focus groups, revisions will be made to the coding structure prior to the analysis of the next 2 focus groups. This will foster multiple comparisons between the focus groups. Particular attention will be paid to the point at which saturation is met. Saturation is when there are no new codes developing and signifies the end of the data collection. If saturation has not been met at the end of the 8 focus groups, we may conduct up to four more (one per class).

***Part 2: 4<sup>th</sup> year elective—Refinement and qualitative and quantitative evaluation***

Building on the results of the focus groups, our experience with medical students, the results of the pre-post questionnaire (assessing knowledge and comfort level), and course evaluation (for copies of both, see appendix D & E) from this past year as described above, we plan to refine our elective for the 06-07 year with regard to content and process. We plan to continue employing a pre-post questionnaire and course evaluation that will also be improved.

*Analysis plan:* As with last year, we will assess the students’ knowledge of the various stakeholders involved in the vignette presented; students’ ability to identify the ethical dimensions of the situation depicted in the vignette; and their ability to identify how various stakeholders might affect their practice of medicine as displayed in their pre-post questionnaires and ascertain changes in their abilities. We will also assess comfort level change scores on knowledge and ethics thinking skills for each student and for the group as a whole.

**Plans for publication and dissemination of results**

We anticipate that this initial phase of our longer-term project will result in at least one publication, which will describe the results of the focus groups and the refined elective.

We mentioned above that this application represents part of a larger vision. Our future steps include:

- 1) Survey (to be subject of future ADE grant)
- 2) Further refinement of elective
- 3) Determine what, how, and when issues associated with a “systems-informed professionalism” perspective might be introduced earlier in the UVa SOM curriculum (e.g., clinical correlations day during 3<sup>rd</sup> year as suggested by students taking our elective)
- 4) A textbook written for medical students to introduce them to them to some issues associated with “systems-informed professionalism,” with which they will have to confront in their careers as physicians.

**Project Timeline**

The following outlines the tasks over the project period to achieve our goals.

Month 1 (July)	<ul style="list-style-type: none"> <li>• Refine vignettes and questions for focus groups</li> </ul>
Months 2-3 (Aug-Sept)	<ul style="list-style-type: none"> <li>• Conduct focus groups (2 per week x 5 weeks)</li> <li>• Transcribe focus groups</li> </ul>
Month 4 (Oct)	<ul style="list-style-type: none"> <li>• Code transcriptions and data analysis</li> </ul>
Month 5-6 (Nov-Dec)	<ul style="list-style-type: none"> <li>• Reformulate current elective based on focus groups</li> <li>• Refine elective pre and post questionnaire</li> </ul>
Month 7-8 (Jan-Feb)	<ul style="list-style-type: none"> <li>• Design medical student survey (contact consultants, draft instrument and recruitment strategy, etc.)</li> </ul>
Month 9 (Mar)	<ul style="list-style-type: none"> <li>• Hold the elective, Administer pre and post test and assess results,</li> <li>• Refine the elective</li> </ul>
Month 10-12 (Apr-Jun)	<ul style="list-style-type: none"> <li>• Draft, edit, and refine papers for publication</li> <li>• Apply for ADE grant to conduct medical student survey</li> </ul>

**List of Appendices**

- A. Table of Contents and Introduction to *Professionalism in Tomorrow’s Healthcare System*. Edited by Ann E. Mills, Donna T. Chen, Patricia H. Werhane, Matthew K. Wynia.
- B. Pre/Post Questionnaire from Chen and Mills UVa SOM 4<sup>th</sup> year elective entitled “Ethics in Healthcare Systems,” March 2006
- C. Course Evaluation from Chen and Mills UVa SOM 4<sup>th</sup> year elective entitled “Ethics in Healthcare Systems,” March 2006
- D. Draft Vignettes for Focus Groups
- E. Draft Questions for Focus Groups

**References:**

ABIM Foundation. American Board of Internal Medicine; ACP-ASIM Foundation. American College of Physicians-American Society of Internal Medicine; European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. *Ann Intern Med.* 2002 Feb 5;136(3):243-6.

ACGME Outcome Project, initiated in 1999, see  
<http://www.acgme.org/outcome/comp/compFull.asp>

Blumenthal, D. Training Tomorrow's Doctors. The Medical Education Mission of Academic Health Centers. The Commonwealth Fund 2002. Available [www.cmwf.org](http://www.cmwf.org).

Chen DT, Mills AE, Werhane PH. Towards Systems-Informed Professionalism, chapter in *Professionalism in Tomorrow's Healthcare System: Towards Fulfilling the ACGME Requirements for System-Based Practice and Professionalism*. Edited by Mills AE, Chen DT, Werhane PH, Wynia MK Hagerstown: University Publishing Group. 2005.

Chen DT, Mills AE. Educating for Systems-Informed Professionalism, chapter in *Professionalism in Tomorrow's Healthcare System: Towards Fulfilling the ACGME Requirements for System-Based Practice and Professionalism*. Edited by Mills AE, Chen DT, Werhane PH, Wynia MK Hagerstown: University Publishing Group. 2005.

Institute of Medicine Committee on the Health Professions Education Summit. Health Professions Education: A Bridge to Quality. Washington DC: The National Academies Press 2003 available [www.nap.edu](http://www.nap.edu)

Inui, T. A Flag in the Wind: Educating For Professionalism in Medicine (Washington, DC.: Association of American Medical Colleges, 2003)

Mills AE, Chen DT, Werhane PH, Wynia MK (eds). *Professionalism in Tomorrow's Healthcare System: Towards Fulfilling the ACGME Requirements for System-Based Practice and Professionalism*. Hagerstown: University Publishing Group. 2005.

**BIOGRAPHICAL SKETCH**

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.  
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Donna T. Chen, M.D., M.P.H.	POSITION TITLE Assistant Professor of Public Health Sciences, Psychiatric Medicine, and Biomedical Ethics
eRA COMMONS USER NAME	

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
University of California, Berkeley	B.A.	1988	Independent Major, Social Sciences
University of California, Berkeley	M.P.H.	1992	Public Health
University of California, San Francisco	M.D.	1994	Medicine
Columbia-Presbyterian Medical Center, New York	Intern	1994-1995	Medicine, Neurology, and Psychiatry
Columbia University/ New York State Psychiatric Institute, New York	Resident Chief Resident	1994-1998 1997-1998	Psychiatry
National Institute of Mental Health, Bethesda	Fellow	2000-2003	Consultation-Liaison Psychiatry/ Psychosomatic Medicine
Department of Clinical Bioethics, Warren G. Magnuson Clinical Center, National Institutes of Health, Bethesda	Fellow	2000-2003	Bioethics

**A. Positions and Honors****Employment**

1992-1993	Research Associate/Co-Investigator. Public Health Impact of Needle Exchange Programs in the United States and Abroad. Center for AIDS Prevention Studies/ Institute for Health Policy Studies. University of California, San Francisco. Supported by the Centers for Disease Control and Prevention
1998-2000	Assistant Director and Research Psychiatrist, Southeastern Rural Mental Health Research Center, University of Virginia, Charlottesville, Virginia.
1998-2000	Research Fellow, Institute of Law, Psychiatry, and Public Policy, University of Virginia, Charlottesville.
2000	Associate Scientific Editor, <i>Surgeon General's Report on Mental Health: Culture, Race and Ethnicity</i> . (On contract to the Office of the Surgeon General, Department of Health and Human Services, Feb-Sept 2000; served as Scientific Consultant after Sept 2000)
2003-present	Assistant Professor, Departments of Health Evaluation Sciences and Psychiatric Medicine, Center for Biomedical Ethics, University of Virginia School of Medicine, Charlottesville.

**Honors**

1987	National Endowment for the Humanities Younger Scholars Award.
1987	Phi Beta Kappa.
1988	Highest Distinction in General Scholarship, High Honors in Major; University of California, Berkeley
1997	van Ameringen/American Psychiatric Association Mental Health Services Research Scholar Award.
1999	American Psychiatric Institute for Research and Education/ Janssen Public Policy Leadership Fellow.
2003	Excellence in Diversity Faculty Award and Fellowship, University of Virginia

**Other Experience and Professional Memberships (selected)**

1999-2000	Member, MacArthur Foundation Bioethics Consortium on Ethics of Research Involving Those with Mental Illness and Impairment.
2000	Member, University of Virginia/Johns Hopkins University Joint Working Group on Ethical Issues in Public Health (with support from Greenwall Foundation).
2002-2003	Member, Clinical Research Collaboration Workgroup, NINDS.
2002-2004	Member, Ethics Working Group, National Children's Study. NICHD.
2002-present	Member, Data and Safety Monitoring Board, Parkinson Disease Neuroprotection Clinical Trial, NINDS.
2003-present	Member, Advisory Board, Treatment of Adolescent Suicide Attempter Study, NIMH.

- 2003-present Ethics Consultant, Witness for Wellness, Community-based participatory research project to reduce burden of depression in African-American and Latino communities in South Los Angeles. (Project Leaders: L Jones, Health African-American Families; KB Wells, UCLA and RAND)
- 2003-present Member, Bioethics Subcommittee, Academy of Psychosomatic Medicine.
- 2005-present Member, Committee on Research Ethics, American Psychiatric Association

## B. Selected Publications

### Peer-reviewed journals (selected)

- Chen DT**, Worrall BB, Meschia JF. Protecting the privacy of family members in research. (letter to editor) *JAMA*, 2001; 285(15):1961-1962.
- Worrall BB, **Chen DT**, Meschia JF. Pedigree research: ethical and methodological challenges. *Stroke*. 2001; 32(6):1242-1249. (Worrall and Chen co-first authors.)
- Chen DT**, Miller FG, Rosenstein DL. Enrolling decisionally-impaired adults in clinical research. *Medical Care*, 2002; 40 (9, Suppl):V20-V29.
- Chen DT**, Miller FG, Rosenstein DL. Ethical aspects of research into the etiology of autism. *Mental Retardation and Developmental Disabilities Research Reviews*, 2003;9(1):48-53.
- Chen DT**, Miller FG, Rosenstein DL. Clinical research and the physician-patient relationship. *Annals of Internal Medicine*, 2003;138(8):669-72.
- Chen DT**. Curricular approaches to research ethics training for psychiatric investigators. *Psychopharmacology (Berl)*. 2003 Dec;171(1):112-9. Epub 2003 May 27.
- Chen DT**, Worrall BB, Brott TG, Brown RD, Case D, Frankel MR, Case D, Merino JG, Silliman SL, Meschia JF. Impact of restricting enrollment in stroke genetics research to adults able to provide informed consent: The ISGS Study. (published abstract) *Stroke*, 2004;35(1):311
- Chen DT**, Rosenstein DL, Muthappan P, Hilsenbeck SG, Miller FG, Emanuel EJ, Wendler D. Research with stored biological samples: What do research participants want? *Archives of Internal Medicine*. 2005 Mar 28;165(6):652-5.
- Chen DT**, Worrall BB, Brown RD, Brott TG, Kissela BM, Olson TS, Rich SS, Meschia JF, for the SWISS Study Investigators. The impact of privacy protections on recruitment in a multicenter stroke genetics study. *Neurology* 2005 Feb 22;64(4):721-4. (Chen and Worrall contributed equally)
- Worrall BB, **Chen DT** (co-first author), Brown RD, Jr., Brott TG, Meschia JF, for the SWISS investigators. A survey of the SWISS researchers on the impact of sibling privacy protections on pedigree recruitment. *Neuroepidemiology* 2005;25(1):32-41. (Worrall and Chen contributed equally)
- Worrall BB, **Chen DT**, Dimberg EL. Should thrombolysis be given to a stroke patient refusing therapy due to profound anosognosia? *Neurology*. 2005 Aug 9;65(3):500
- Chen DT**, Jones L, Gelberg L. Ethics of clinical research within a community-academic partnered participatory framework. *Ethnicity and Disease*. 2006 Suppl. 1;16(1):118-135.
- Chen DT**, Worrall BB. Practice-based clinical research and ethical decision-making—part one: Deciding whether to incorporate practice-based research into your clinical practice. *Seminars in Neurology* 2006 Feb;26(1):131-9.
- Chen DT**, Worrall BB. Practice-based clinical research and ethical decision-making—part two: Deciding whether to host a particular research study in your practice. *Seminars in Neurology*. 2006 Feb;26(1):140-7.
- Chen DT**, Moreno JD. Ethics of medication-free research in schizophrenia. *Schizophrenia Bulletin*. 2006 Apr;32(2):307-309.
- Chen DT**, Werhane PH, Mills AE. The role of organization ethics in critical care medicine. *Critical Care Medicine* (in press).

### Books

- Mills AE, **Chen DT**, Werhane PH, Wynia MK (eds). *Professionalism in Tomorrow's Healthcare System: Towards Fulfilling the ACGME Requirements for System-Based Practice and Professionalism*. Hagerstown: University Publishing Group. 2005.

### Book Chapters (selected)

- Chen DT**. Clinical Trials. Entry in *Encyclopedia of Women's Health*. Edited by Loue S, Sajatovic M. New York: Kluwer Academic/Plenum Publishing Company. 2004
- Chen DT**, Mills AE, Werhane PH. Towards Systems-Informed Professionalism, chapter in *Professionalism in Tomorrow's Healthcare System: Towards Fulfilling the ACGME Requirements for System-Based Practice and Professionalism*. Edited by Mills AE, **Chen DT**, Werhane PH, Wynia MK Hagerstown: University Publishing Group. 2005.
- Chen DT**, Mills AE. Educating for Systems-Informed Professionalism, chapter in *Professionalism in Tomorrow's Healthcare System: Towards Fulfilling the ACGME Requirements for System-Based Practice and Professionalism*. Edited by Mills AE, **Chen DT**, Werhane PH, Wynia MK Hagerstown: University Publishing Group. 2005.

**BIOGRAPHICAL SKETCH**

NAME Ann Elizabeth Mills	POSITION TITLE Assistant Professor Director of Outreach Programs Co-Director Program in Ethics and Policy in Healthcare Systems Center for Biomedical Ethics University of Virginia
-----------------------------	--

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Sarah Lawrence College, Bronxville, New York	B.A.	1969 - 1973	Economics
London School of Economics, London England	M.sc. (Econ)	1973-1975	Economics
James Madison University, Harrisonburg, VA	M.B.A.	1996-1999	Business admin-focus on org theory

**POSITIONS AND HONORS:**

1975 – 1979: **Management Consultant**, Arthur Andersen & Co. London, England

1980-Present **Co-founder/Business Manager**, P.W. Cory, Inc., Faber, VA

July 1, 1995 – August 1998 **Associate Director of Outreach Programs, Lecturer** Center for Biomedical Ethics, University of Virginia, Charlottesville, VA 22908

August 1998 – September 2002 **Associate Director of Outreach Programs, Instructor**, Center for Biomedical Ethics, University of Virginia, Charlottesville, VA 22908

May 2002-Present **Director of Outreach Programs, Assistant Professor**, and **Co-Director**, Program in Ethics and Policy in Healthcare Systems, Center for Biomedical Ethics, University of Virginia, Charlottesville, VA 22908.

**PROFESSIONAL ASSOCIATIONS**

American Society for Professional and Applied Ethics

Society for Bioethics and Humanities

**A. Selected peer-reviewed publications (in chronological order).** Do not include publications submitted or in preparation.

**Books**

E.M. Spencer, A.E. Mills, M.V. Rorty, P. A. Werhane, Organization Ethics for Healthcare Organizations, Oxford University Press: 2000. (Reviewed by George Agich in Nov/Dec 2000 issue of *The Hastings Center Report*.)

Mills A. Spencer E. Werhane P. (editors) Developing Organization Ethics in Healthcare: A Case-Based Approach to Policy, Practice and Compliance. (2001) University Publishing Group. Frederick: MD.

Mills A. Chen D., Werhane P., Wynia M. (editors) Professionalism in Tomorrow's Healthcare System: Towards Fulfilling the ACGME Requirements for Systems-Based Practice and Professionalism University Publishing Group. (2005) University Publishing Group Frederick: MD.

**Selected Peer Reviewed Essays**

- Principal Investigator/Program Director (Last, first, middle): Tereskerz, Patricia, Miller
2002. A.E. Mills and M.V. Rorty, "Total Quality Management and the Silent Patient," Business Ethics Quarterly, 12(4), 481-504
2002. Ann E. Mills and E.M. Spencer, "The Healthcare Organization: New Efficiency Endeavors and the Organization Ethics Program." Journal of Clinical Ethics, 13(1), 31-41.
2002. E.M. Spencer and Ann E. Mills, Letter to the Editor. "Recommendations on Quality." Health Affairs, 21(4): 295.
2003. A.E. Mills, M. V. Rorty, P. H. Werhane, "Stakeholder Expectations in Practice Based Medicine," Journal of Continuing Education in Health Professions, Volume 23, Supplement 1, Spring p. 19-26
- 2003 A.E. Mills and Edward M. Spencer, "Evidence Based Medicine: Why Clinical Ethicists Should be Concerned," HEC Forum (15)3: p. 231-244, Fall 2003.
- 2004 A. E. Mills, M.V. Rorty, P.H. Werhane, "The Organization Process as a Vehicle for Change in Healthcare Organizations," Organizational Ethics: Healthcare, Business, and Policy 1(1): p. 19-30. Spring 2004
- 2005 Ann E. Mills and Edward M. Spencer, "Values Based Decision-Making: A Tool for Achieving the Goals of Healthcare Organizations," HEC Forum 17 (1)18-22.
- 2005 A. E. Mills, P. Tereskerz, W. Davis, "Is Evaluating the Ethics Consultation on the Basis of Cost a Good Idea?" Cambridge Quarterly of Health Care Ethics, 14(1) 54-66.
- 2005 A.E. Mills, M.V. Rorty, Business Practices, Ethics and Professionalism. Organization Intersections in Healthcare, Policy and Business, 2(1), 30-34
2006. P. Tereskerz and A E. Mills. "Legal Ramifications of Industry Sponsorship of Clinical Research and Financial Conflicts Of Interest," Organization Ethics: Healthcare, Business, and Policy, 2(2) 83-96
2006. A.E.Mills, M.V.Rorty, P. H. Werhane, "Clinical Ethics and the Managerial Revolution in American Health Care," Journal of Clinical Ethics *forthcoming* Summer 2006.

#### **Solicited Manuscripts subject to Peer Review**

D. Chen, P. Werhane, A. Mills, The Role of Organization Ethics in Critical Care Medicine, The Journal of Critical Care Medicine. *Forthcoming 2007* (Mills – corresponding author)

#### **Selected Book Essays, Cases, and Chapters**

2000. E. M. Spencer, A. E. Mills, "An Overview of Organization Ethics" in Frontiers in Bioethics, edited by Franklin G. Miller, University Publishing Press: MD 2000. p. 171-186.
- 2001 Mills, A.E. "The Olivieri/Apotex Affair," in Developing Organization Ethics in Healthcare: A Case-Based Approach to Policy, Practice and Compliance. p. 129-138. University Publishing Group. Frederick: MD
- 2003 A.E. Mills and P. H. Werhane, "After the Terror: Healthcare Organizations, Healthcare Systems and the Future of Organization Ethics," in In the Wake of Terror, edited by Jonathan D. Moreno, MIT Press: Cambridge, MASS. p. 167-181. (*Chapter mentioned in review in New England Journal of Medicine, September 11, 349:11; p. 1097-1098.*)
- 2005 Ann E. Mills and P.H. Werhane, "Organization Moral Distress", in The Blackwell Guide to Encyclopedia of Management (2<sup>nd</sup> edition) MA: Backwell Publishing p.391-394
- 2005 A.E. Mills and E.M.Spencer, "Introduction to Organization Ethics," in Spencer and Lombardo (eds) Fletcher's Introduction to Clinical Ethics (3<sup>rd</sup> ed) University Publishing Press: MD p. 35-46
- 2005 E.M.Spencer and A.E. Mills, "Economics and Patient Advocacy," in Spencer and Lombardo Fletcher (eds) Fletcher's Introduction to Clinical Ethics (3<sup>rd</sup> ed) University Publishing Press: MD p. 283-296.
- 2005 D. Chen, A. Mills, P. Werhane, "Towards System-Informed Professionalism," in Mills A. Chen D., Werhane P., Wynia M. (editors) Professionalism in Tomorrow's Healthcare System: Towards Fulfilling the ACGME Requirements for Systems-Based Practice and Professionalism University Publishing Group. Frederick: MD. University Publishing Group p. 21-42
- 2005 D. Chen, A. Mills, "Educating for Systems-Informed Professionalism," in Mills A. Chen D., Werhane P., Wynia M. (editors) Professionalism in Tomorrow's Healthcare System: Towards Fulfilling the ACGME Requirements for Systems-Based Practice and Professionalism University Publishing Group. Frederick: MD. University Publishing Group p. 181-208
- 2006 A.E. Mills, P.H. Werhane, Michael Gorman, "The Pharmaceutical Industry and Its Obligations in the Developing World," in (ed) Patricia Illingsworth, Power of Pills Pluto Press, *Forthcoming 2006*
- 2006 Mary V. Rorty, A.E. Mills, Patricia H. Werhane, "Institutional Practices, Ethics and the Medical Professional" in (eds) Rosamond Rhodes and Anita Silvers Blackwell Companion to Medical Ethics *Forthcoming 2006*
- 2007 Ann E. Mills and Patricia J. Tereskerz "The Tragedy of the Commons (and Anti-Commons)" in (ed) Robert Kolb, The Encyclopedia of Business, Ethics, and Society, Sage Publications Inc. Thousand Oaks: California. *Forthcoming 2007*

April 13, 2006

To whom it may concern:

I personally believe that we will see profound shifts in the practice of medicine in the next ten years. These shifts will be driven by economic, regulatory, and political forces. But they will also be driven by Americans' perceptions of what it means to be a professional in the healthcare system. These issues and their potential consequences *should* be thoughtfully considered by our future doctors. Thus, I wholeheartedly endorse Dr. Chen's and Ms. Mills' application entitled "Professionalism in Tomorrow's Healthcare System" for support from the Academy of Distinguished Educators.

As Director of the Center for Biomedical Ethics I am prepared to help with this project by making time (10%) available for Ms. Mills to pursue this project. In addition, I am prepared to offer support by making office support available. This means, I am prepared to ask our program assistant Ms. Kaufman to find available rooms for the focus groups they will need to complete the project. In addition, I will ask Ms. Gumm, our program manager, to transcribe the focus groups so that Dr. Chen and Ms. Mills can analyze the data.

Please let me know if you have questions.

Sincerely,



Jonathan Moreno, Ph.D.  
Kornfeld Professor and Director,  
Center for Biomedical Ethics

**Budget: Professionalism in Tomorrow's Health Care System**

<b>Faculty Salary @ .07</b>		<b>In-kind</b>	<b>Requested</b>
Chen			
Salary	116,100		\$8,127.00
Fringes	28.3		\$2,299.94
<b>Faculty Salary @ .10</b>			
Mills			
Salary	57,200	\$5,720.00	
Fringes	28.3	\$1,618.76	
<b>Staff Support</b>			
Gumm (60 hours)	27,822	\$840.00	
	36.8	\$309.12	
Kauffman (5 hours)	27,362	\$70.00	
	36.8	\$27.020	
<b>Focus Groups</b>			
6 students in one focus group x 9 x \$20			\$1,080.00
<b>Supplies</b>			
Digital voice recorder			\$299.00
Transcription kit			\$200.00
Paper, copying, pens, etc			\$700.00
<b>Total</b>	<b>\$21,290.84</b>	<b>\$8,584.90</b>	<b>\$12,705.94</b>