Background: The unprofessional behavior of physicians continues to be a nationally recognized problem affecting a culture of safety.1,2 Physicians need objective assessments on competencies that lead to behavior change and remediation.3,4

Purpose: Physicians with unprofessional behavior can benefit from specific and clear feedback about their behavior to make needed changes. We created a valid and reliable instrument to track and assess behavior change over time that can be used to complement and augment patient complaint data within the institution.

The B-29© is a 360° assessment of a physician’s workplace behavior. It provides objective data for both the physician and the institution or practice workplace behavior. It provides objective data for both the physician and the institution or practice setting. The B-29© is based on the American Board of Medical Specialties and the Accreditation Council for Graduate Medical Education (ABMS/ACGME) six core competencies.5 We present the psychometric properties of the B-29©.

Methods: Using a matched case–control design (N=9 pairs) we conducted analysis to determine whether there is a significant difference between the physicians referred to the CME Distressed Physicians Program at the Center for Professional Health6 and the control physicians. Participants were matched for age ± 5 yr., specialty, graduation date from a medical college, and gender. Human subjects’ approval was obtained from the Institutional Review Board at Vanderbilt University.

The four factors were derived from a previous validation study.6
- Factor 1-General Personal Demeanor
- Factor 2-Willingness or Ability to Meet Hospital/Clinical Timeliness & Tasks
- Factor 3-Avoids Egregious Behavior
- Factor 4-Patient & Family Orientation and Empathy (see Table 1.)

Table 1. Differences between Control and Index Cases

<table>
<thead>
<tr>
<th>Type</th>
<th>Control Cases</th>
<th>Index Cases</th>
<th>Pair *Type</th>
<th>R²</th>
<th>Adjusted R²</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor 1. General Personal Demeanor</td>
<td>M=4.5</td>
<td>M=3.6</td>
<td>R²</td>
<td>0.481</td>
<td>Adjusted R²</td>
<td>0.421</td>
<td>F</td>
</tr>
<tr>
<td>Factor 2. Willingness or Ability to Meet Hospital/Clinical Timeliness &amp; Tasks</td>
<td>M=4.55</td>
<td>M=4.3</td>
<td>R²</td>
<td>0.234</td>
<td>Adjusted R²</td>
<td>0.144</td>
<td>F</td>
</tr>
<tr>
<td>Factor 3. Avoids Egregious Behavior</td>
<td>M=4.8</td>
<td>M=4.3</td>
<td>R²</td>
<td>0.370</td>
<td>Adjusted R²</td>
<td>0.294</td>
<td>F</td>
</tr>
<tr>
<td>Factor 4. Patient and Family Orientation and Empathy</td>
<td>M=4.7</td>
<td>M=4.2</td>
<td>R²</td>
<td>0.224</td>
<td>Adjusted R²</td>
<td>0.130</td>
<td>F</td>
</tr>
</tbody>
</table>

Table 2. The B-29© Sample Page

Conclusions & References

Conclusions:
- Physicians referred to the CME course have consistently scored below average on all four factors compared to the control group (see Table 1).
- The B-29© is a validated and easy to use 360° assessment instrument (see Table 2) that can provide the basis of discriminating between those who have been identified as unprofessional and those who are not. Utilizing a core competency framework lends itself to remedial efforts.
- We believe that physicians deserve and need clear, objective, behaviorally-based feedback in order to make necessary changes and contribute positively to the culture of safety.
- Further investigation along with larger and more heterogeneous samples should allow determination as to whether a method can be developed that meets the empirical needs of workplace application.

References:
4. The Center for Professional Health, Vanderbilt University Medical Center. [http://www.mc.vanderbilt.edu]