

Practical Professionalism for Physicians

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The Noble Profession of Medicine



“There is no career nobler than that of the physician. The progress and welfare of society is more intimately bound up with the prevailing tone and influence of the medical profession than with the status of any other class”

Elizabeth Blackwell, M.D., 1889



“The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders”

***William Osler, M.D.
1925***



Just what is Professionalism?



“... I know it when I see it”

*Supreme Court Justice
Potter Stewart
1964*

Origins of “Professionalism”

from Latin by way of Middle English,
professiō, the taking of vows of a
religious order

ACGME Competencies: PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

<http://www.acgme.org/Outcome/>



A Physician Charter:

Three Fundamental Principles

- Primacy of Patient Welfare
 - Serving the welfare of the patient
 - Altruism is key to the doctor-patient relationship
- Patient Autonomy
 - Empowering patients to make informed decisions
 - Honor patient choice
- Social Justice
 - Fair distribution of resources
 - Eliminate discrimination

Am Board Int Med Foundation, Am Coll Physicians Foundation, Eur Foundation
Int Med. *Ann Intern Med & Lancet* 2002



Professional Responsibilities 1-3

- Commitment to professional competence
 - Lifelong learning of medical knowledge and clinical and team skills
- Commitment to honesty with patients
 - Assuring that patients are completely and honestly informed before and after treatment, including disclosure of errors
- Commitment to patient confidentiality
 - Applying safeguards to the disclosure of patient information

Am Board Int Med Foundation, Am Coll Physicians Foundation, Eur Foundation
Int Med. *Ann Intern Med & Lancet* 2002



Professional Responsibilities 4-6

- Commitment to maintaining appropriate relations with patients
 - Avoiding the exploitation of patients for sexual advantage, personal financial gain, or any other private purpose
- Commitment to improving the quality of care
 - Working collaboratively to create systems contributing to continuous quality improvement in health care
- Commitment to improving access to care
 - Reducing barriers to equitable health care based on education, laws, geography, and social discrimination

Professional Responsibilities 7-9

- Commitment to a just distribution of finite resources
 - Providing health care based on wise and cost-effective management of limited resources
- Commitment to scientific knowledge
 - Upholding current scientific standards and promoting the creation and appropriate use of new knowledge
- Commitment to maintaining trust by managing conflicts of interest
 - Compromising professional responsibilities by pursuing private or personal gain

Professional Responsibility 10

- Commitment to professional responsibilities
 - Working collaboratively and treating one another with respect

Consequences

- The *strongest predictor of later career disciplinary action is unprofessional behaviors during training* (more than grades, test scores, or demographics).
 - Especially worrisome may be:
 - poor reliability & responsibility
 - lack of self-improvement and adaptability
 - poor initiative and motivation

Papadakis *Acad Med* 2004; Teherani *Acad Med* 2005;
Papadakis *N Engl J Med* 2005



Teaching and Learning Professionalism



Teaching Professionalism

Elements of teaching this include

- Setting Expectations
- Providing Experiences
- Evaluating Outcomes

Stern & Papadakis. *N Engl J Med* 2006

Table 1. Teaching Professionalism.

Setting expectations

White-coat ceremonies

Orientation sessions

Policies and procedures

Codes and charters

Providing experiences

Formal curriculum

Problem-based learning

Ethics courses

Patient-doctor courses

Community-based education

International electives

Hidden curriculum

Role models

Parables

The environment as teacher

Evaluating outcomes

Assessment before entry into medical school (multiple medical interview)

Assessment by faculty

Assessment by peers

Assessment by patients (patient satisfaction)

Multiperspective (360-degree) evaluation

Broadening the Setting

“The concept of ‘teaching’ must include not only lectures in the classroom, small group discussions, exercises in the laboratory, and care for patients in clinic *but also conversations held in the hallway, jokes told in the cafeteria, and stories exchanged about a ‘great case’ on our way to the parking lot.*”

Stern & Papadakis. *N Engl J Med* 2006 [emphasis added]



Six Behaviors of Professionalism

- Altruism - best interests of patients over self interest
- Accountability - at multiple levels: to individual patients, to society, & to the profession
- Excellence - conscientious effort to exceed ordinary expectations and to commit to life-long learning
- Duty - free acceptance of commitment to service
- Respect for Others - patients, students, staff
- Honor & Integrity - highest standards of behavior and the refusal to violate one's personal and professional codes

Explicit Curriculum Topics

- Bioethical dilemmas
- Conflicts of Interest
- Breaking “bad news”
- Dealing with death & dying
- “Hand-off” in patient care
- Conflict resolution
- Boundary issues
- Impaired physician
- Student & resident abuse
- Medication errors and “reconciliation”

Multiple Formats for Teaching

- “... just as case presentations of morbidity and mortality can provide compelling teachings, discussion of misconduct may be the most effective way to critically examine principles of professionalism.”

Professionalism in Action

“We are what we repeatedly do. Excellence, then, is not an act, but a habit.”

Aristotle

“... in trying to foster professionalism, very little progress has been made in addressing a fundamental issue: the nature of the clinical environments in which students and residents learn medicine.”

Michael Whitcomb, M.D.

Acad Med 2005



An Implicit or Hidden Curriculum ?

- Day-to-day experiences that challenge or diminish professionalism in trainees include acceptance or tolerance by “The System” of
 - Abuse of power
 - Arrogance
 - Greed
 - Misrepresentation
 - Impairment in colleagues
 - Lack of conscientiousness
 - Conflicts of interest that influence decision-making

Hafferty *Acad Med* 1994; Hunnert *Acad Med* 1996; Wear *Ann Intern Med* 1998;
Stephenson *Lancet* 2001; Coulehan *Acad Med* 2005; Hafferty *N Engl J Med* 2006



Case Examples



Reminder: Six Behaviors of Professionalism

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Summary

- Professionalism is essential in medicine
- Situations that challenge professionalism are around us everyday
- It may be useful to think about how you might respond to situations hypothetically, before you encounter them in person
- Look around you not only for good examples, but also for “horrible warnings”

