

Creating Professional Leaders:
Pulmonary Core Lecture
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Questions for Pulmonary Fellows:

Describe a situation where you were at your best, in which you were proud of the way you acted, (given a challenging circumstances)

Partner with someone you don't know well- , interview each other

Form groups of four: describe to others your partner's strengths.
What are some of the commonalities:

Describe a physician whom you've known, whom you would say is an exemplary physician. Why? What qualities, attributes, behaviors? Could be someone from childhood, personal or family connection, med school, training

Share with group of four: generate commonalities

What could you do to become a great role model?

Profess: from professio: public vow to enter a religious order, a public commitment to a set of principles
Public declaration: society views this person as apart, different from the lay—
Society entrusts rights and privileges to those who will uphold their duty and responsibility for the benefit of the public.

Common characteristics of any profession?

- Basic philosophy, articulated, non articulated
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- Substantial body of knowledge, specialized, required long extensive training, with apprenticeship,
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- Leaders, role models to serve as exemplars, teachers, to guide and shape future professionals
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- Admission requirements—who becomes a member of a profession determined by the profession itself, self defining, strict entry requirements, and strict continuing participation requirements
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- Guidelines for behavior, codes of conduct—ethical standards
- Self regulating- guidelines of actions, membership determined by the profession itself
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- Life long learning process expected
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- Autonomy in actions
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- Judgment to determine appropriate actions and behavior
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- Service to the common good: responds to the needs of society as a whole
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- Dedication- subordinating self interest for service to society
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- Pride in work

How does society view, and what does it expect from professionals:

- Experts, with high degree of specialized knowledge, not readily understood by the public at large
- Having duties and responsibilities to the public that supercede self interest
- Competency to perform responsibilities has been vetted, tested, members given “seal of approval.”
- Explicit method of testing for competency,
- “Credential:” evidence of authority, status, rights, entitlement to privileges, provides basis for confidence, belief

- Credence: credit, faith, confidence, from CREDERE: to believe
- Code of conduct ensures protection of the public, high quality of services rendered,
- Duty and obligation to manage those that work against the tenets of the profession

What does the public expect of a professional's knowledge:

- Mastery of theory
- Ability to apply theory to practice
- Ability to solve problems, not solvable with general knowledge
- Ability to create knowledge- research further than what is already known
- Apply knowledge with dedication and commitment to society
- Commitment to continuous improvement, learning

What does the public expect of a professional's behavior:

- Establish a special, unique, relationship with patient, client, patron—somewhat sacred
- Have a lack of self interest
- Be actively involved in the profession

Act with honor, integrity

Attributes of Professionalism: list should be generated by fellows:

Altruism/Advocacy - best interests of patients, superceding self interest

Accountability - fulfilling the multiple levels of the contract of the doctor-patient relationship, to the profession & society

Excellence - exceed ordinary expectations

Duty, Reliability, Responsibility - 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

Compassion and Empathy

Self-improvement/ commitment to excellence, ongoing professional development

Communication and Collaboration

- Show ABIM/pulmonary fellowship core requirements: should match list that was generated by fellows

What does our professional organizations view as Professional behavior? ACGME Competency:

- Compassion and empathy: ability to understand how another's feeling and experiences influence his perspective and to convey sentiments of support and compassion—core of doctor-patient relationship
- Integrity
- Respect for others
- Responsiveness to patient needs that supersedes self-interest
- Respect for patient privacy and autonomy
- Accountability to patients, society and the profession
- Sensitivity and responsiveness to a diverse patient population, - including gender, age, culture, race, religion, disabilities and sexual orientation

How do we learn professionalism?

- Role models- observing, learn by example, nonverbal communication, overt demonstrations of respect, building personal connections, empathy, self-awareness
- Self reflection
- Curriculum vs. hidden curriculum see Chest Article
- Protocol- see NEJM article

Unprofessional behavior: see CA board newsletter:

Do not dwell on this

Disciplinary actions of physicians STRONGLY correlated w unprofessional behavior in medical school:

Thos MD discliplined by state boards were three times as likely to show unprofessional behavior in med school such as:

Irresponsibility- unreliable, not following up on patient care

Diminished capacity for self-improvement: failure to accept constructive criticism, argumentative, display of poor attitude

Poor initiative, lack of motivation or enthusiasm

“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 MD 1925

Present:
Program director
4 pulmonary fellows