Professionalism

Oroog Ali

Mike Bradburn

Abstract

Medical professionalism has been increasingly discussed over the last decade. Its importance in surgical education is also being recognized, both at undergraduate and postgraduate level, but difficulty in definition has meant it is hard to assess. Supreme Court Justice Potter Stuart said of pornography in 1964 '*I know what it is when I see it*', and professionalism is defined by many in the same way. It is, however, the central core of our work as doctors, inherent in our interactions with patients, colleagues and paramedical staff. It is the behaviour by which we are judged. This article will set professionalism in context in modern surgical education, and will examine available methods to teach, predict and measure it. The professional duties of both individuals and organizations will be examined and the impact of the digital revolution explored. The impact of bullying and undermining in the workplace will be highlighted.

Keywords Good medical practice; professional integrity; professionalism; surgical education; teaching methods

Introduction

Rowley et al. (Behavioural Sciences, Scottsdale Community College, USA) summarized the confusion around the definition of professionalism: '*There is no clear, concise and currently relevant definition of professionalism around which to assemble. Nearly everyone has in mind certain qualities or values that exemplify professionalism, and some of these achieve a certain consensus. The term 'professionalism' is a construct of attribution, meaning it consists of various traits, characteristics, behaviours and qualities that are attributed to those that others hold in high esteem, especially colleagues in the same profession*'.[1] Van de Camp et al. (Nijmegen, the Netherlands) surveyed 27 years of the medical literature on professionalism.[2] They categorized all the attributes listed for professionalism then validated the results by an expert panel. The most numerous qualities were altruism, accountability, respect, integrity, submission to an ethical code, lifelong learning, honesty, compassion, excellence, self-regulation and service. These attributes have been crystallized by the General Medical Council's (GMC) publication *Good Medical Practice*. The professional integrity of a doctor is encompassed by paragraph 1: '*Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity*'. *Good Medical Practice* furthermore stresses that '*Relationships based on openness, trust and good communication will enable you to work in partnership with your patients to address their individual needs.*' Although some have suggested that evidence-based medicine challenges an individual's professionalism by reducing autonomy, this only bears superficial scrutiny since the professional includes the patient in all evidence-based decision making.

The UK Intercollegiate Surgical Curriculum Project (ISCP) Professional Skills and Behaviour Syllabus defines the professional skills and competencies necessary in a surgeon at the different stages of training.[3] The main core of the purely professional aspects of the curriculum lies in the domains of communicator, collaborator, manager, and professional and ethical behaviour. Although these are drawn from the CanMEDS framework (www.royalcollege.ca), they also map directly to the GMC's Good Medical Practice 4 domains.

Teaching professionalism

A curriculum implies teaching, and the incremental acquisition of knowledge and skills. Professionalism is now taught at medical school as a core topic. It had previously been taught as part of the 'hidden curriculum', with an expectation that behaviours and attitudes will be taken from role models within the profession. Learning from role models may simply perpetuate inappropriate behaviour patterns, so innovative approaches have been used in some institutions using videos and films to stimulate discussion. The Los Angeles Times has a periodic column on medical dramas, and has concluded that these are often highly accurate, both in the portrayal of disease and in doctor behaviour patterns. The Royal College of Surgeons of Ireland has developed a video-based virtual patient case involving the pre and postoperative care of a patient on warfarin having a laparoscopic cholecystectomy.[4] This pilot project was assessed by senior medical students who admitted that they ordinarily concentrated only on those aspects of the curriculum which were formally assessed. Professionalism was not assessed so was given a low priority. They felt that the virtual patient learning tool with multiple patient pathways would help support learning and facilitate reflection. The virtual patient environment ensures consistent exposure to challenges in professional development and may have a future role in the development and assessment of professional behaviours.

Sharing anonymous and respectful patient stories in a blog has been used as a tool to encourage reflective writing in medical students at an American Medical School.[5] It also highlighted the impact of unprofessional and negative behaviours. One blog commented '*I understand that many people have had justified frustrations with the [system] and with patients… Sometimes I wonder if this is what makes an eager med student into a "jaded" physician later on?*'

One insightful comment summarizes the impact of unprofessional behaviour in a senior doctor on immediate colleagues and the future generation of doctors '*We talk a lot about professionalism in medical school; it's usually a tedious talk about 'looking the part' and being punctual; it's sometimes a talk about professional responsibility and honesty. This man has made me think a lot about attitude; patient attitudes toward health care,*

Oroog Ali *MRCSEd is a Specialist Registrar in Northumbria NHS Foundation Trust, UK. Conflicts of interest: none declared.*

Mike Bradburn *MD FRCS is a Consultant Surgeon and Head of the School of Surgery in the Northern Deanery, UK. Conflicts of interest: none declared.*

Please cite this article in press as: Ali O, Bradburn M, Professionalism, Surgery (2018), https://doi.org/10.1016/j.mpsur.2018.07.011

doctors' attitudes toward nurses, and our own attitudes toward our patients. In such a large group of people working toward the same goal, everyone's attitude matters and affects everything and everyone. I can understand why doctors get frustrated with nurses, I can understand why patients feel discouraged by our health care system, and I can understand that patients themselves are very frustrating. I think this is really what professionalism is all about: a good doctor is one who can acknowledge all those difficult attitudes, and can honestly and sincerely negotiate a solution through them without holding grudges.'

Professionalism should be interweaved throughout the undergraduate and postgraduate years not only to emphasis its importance but to help enrich and develop behaviours over time. An approach suggested by Kelly et al.[6] is to see all steps of the patient journey through the patient eyes and to reflect on the behaviours we would like to see ourselves. This approach can be expanded by group discussions centred on real life case studies to enhance learning.

Professionalism in the digital age

Instances of unprofessional behaviour are no longer purely in the domain of the clinical encounter, or even in the work setting. The increased usage of social networking sites such as Facebook and Twitter, or media sharing sites such as You Tube, means that unprofessional content can rapidly reach a global audience. The digital era has allowed widespread education and communication over social media and is ever evolving. It is a force for both good and ill and should be utilized with caution. Good Medical Practice states '*You must make sure that your practice at ALL times justifies your patient's trust in you and the public's trust in the profession*.' It is implicit in this that our behaviour in general is under scrutiny as much as that in our place of work. Unprofessional content may cause the public uncertainty and clear boundaries between professional and personal lives are difficult to set.

Ellaway et al. (Northern Ontario, Canada) comprehensively explore professionalism in the digital age.[7] They argue firstly that it is the professional duty to become adept users of the digital tools which will become integral to our practice. Secondly, they say we should maintain an online professional presence in the same way we would maintain all our interactions with the public and with patients. Finally, we should model this digital professionalism for our students and trainees. The digital world is an inevitable part of our future.

Assessment of professionalism

If we can define and teach professionalism, how do we measure it? If it is a critical component of our work, and results in disciplinary action if deficient, then we should strive to measure it and to identify people needing further help. Surgeons deal largely in the realism of facts and knowledge. We are judged by our outcomes, as measured by local or national audits, and we are benchmarked against our peers. We are less comfortable with measurement of attitudes and behaviours and less accepting of the results. Aspects of professionalism feature frequently in the GMC fitness to practise (FtP) reports.

McLachlan et al. (Durham University, UK) have developed tools to measure professionalism in undergraduates.[8] They noted that consistent continuous measurement of behavioural traits by tutors was difficult in the undergraduate setting. Key problems were incomplete surveillance, lack of accurate reporting, and the difference between teaching and the real environment. Moreover, professional assessment can suffer from the 'failure to fail'. Building on the observations of Papadakis et al. they devised the 'Conscientiousness Index' (CI), based on the students' engagement with education, i.e. attendance, submission of required data and assignments on time, accuracy in the use of online marking systems and engagement in other voluntary medical school activities. This was compared with nine independent assessments of professionalism by staff members (the Professionalism Index – PI). There was good correlation between CI and PI. In separate studies, there was a strong negative correlation between CI and peer nominations for unprofessionalism,[8,9] giving further validity to the CI score. The same group attempted to measure professionalism using selected response questions (SRQs), but found that these correlated poorly with CI, PI and with peer ratings.[10] Although seven out of ten critical incident reports occurred in the ten students with the lowest CI scores,[11] there are no longer term studies to see whether these techniques have identified individuals who will have future professionalism issues.

An assessment of professionalism could be summarized by the last verse of Robert Burns poem 'To a Louse'.

O wad some Power the giftie gie us

To see oursels as ithers see us!

It wad frae Monie a blunder free us,

An' foolish notion:

What airs in dress an' gait wad lea'e us,

An' ev'n devotion!

The tools, which enable us to do this, are discussed below and are listed in Table 1.

Instruments of assessing professionalism

Honghe et al. analysed 74 instruments for assessing medical professionalism through a systematic review.[12] They identified that although some instruments for assessing nursing students were adequate there is still need for high-quality research and development for the assessing medical professionals. Assessments of the professionalism of medical students by seniors is now an integral part of assessment of all students at all stages as they progress through the curriculum.

Professionalism and regulation of surgery

Davies identified three principal and related elements of a profession[13]

- the exclusive right to practise in an area
- the right to professional autonomy
- the duty, individually and collectively, to put patients first.

The GMC has furthermore said '*You must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. If you have concerns that a colleague may not be fit to practise, you must take appropriate steps without delay, so that the concerns are investigated, and patients protected where*

Please cite this article in press as: Ali O, Bradburn M, Professionalism, Surgery (2018), https://doi.org/10.1016/j.mpsur.2018.07.011