

# Domain of Competence: Professionalism

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PROFESSIONALISM IS AT the heart of all we do and all we become as physicians. It is central to our commitment to patients, our medical institutions, our communities, and to us. Professionalism encompasses so much more than what we typically think of as professional conduct.<sup>1</sup> Hence, in addition to conduct, three additional themes are highlighted: professionalization, humanism, and cultural competence. Developing and maintaining a code of conduct, professional identity, commitment to humanism, and understanding of varied cultures and backgrounds takes time and effort not only at the outset of one's career but throughout the entire span of one's professional practice.

Professionalism is entwined with every other competency. Indeed unless there is a dedication to professionalism, there is no point in achieving any of the other competencies. The journey from being a student of medicine to a practitioner of pediatrics is a long and difficult one. It evolves over an entire career. Even those who have practiced for decades face situations that require thoughtful insight and self-examination to make informed and wise professional decisions. Professionalism challenges us on a regular basis. Yet the rewards for being a competent professional are great. The journey is difficult because in the end the practice of medicine is a human endeavor. By sharing in this humanity and human frailty, professionals, face challenging personal, ethical, moral, spiritual, and cultural decisions. The age of technology has made some of these choices and decisions and the public awareness of them even more challenging. These milestones will help to serve as a compass for the journey.

## REFERENCE

1. Stern D, Papadakis MA. The developing physician: becoming a professional. *N Engl J Med.* 2006;355:1794–1799.

## BACKGROUND

*Professionalism* is a multidimensional term that encompasses many subcomponents. The framework for professionalism formulated by Stern and Papadakis<sup>1</sup> includes the pillars of excellence, humanism, accountability, and altruism resting on a base of ethical and legal understanding, communication skills, and clinical competence.

An analysis of the literature indicates that professionalism appears to have at least four subcomponents: 1) professionalization,<sup>2,3</sup> or the development of a professional identity (“Now I am no longer a student; I am becoming a doctor”); 2) professional conduct<sup>4</sup> in interactions with patients, families, peers, and colleagues (“Now I must act in a way that reflects the responsibilities that my patients and society expect of me”); 3) humanism,<sup>5,6</sup> or the ability to maintain human values that permeate altruistic patient interactions (“Although I have special skills as a medical doctor, I am still just one member of the human family”); and 4) cultural competence<sup>7</sup> (“I am aware of the views that derive from my cultural background and am aware of the unique cultural backgrounds of my patients”).

Although there are many subcomponents to the professionalism domain, they can all be related to the 4 described above. Of note, there are aspects of professionalism that permeate and integrate with many of the other milestones, such as self-improvement, lifelong learning, empathy and transference, teamwork, advocacy, self-awareness, work-life balance, trustworthiness, confidentiality, and integrity. There are no well-structured published sequences for the professional development of physicians; however, Hilton and Slotnick<sup>8</sup> have proposed the term *protoprofessionalism*, which describes how professionalism develops across the continuum. There are 3 important questions that impact the development sequence: 1) How do nature and nurture interact to produce development? 2) Is the learner a passive recipient of environmental influence, or is there an active

shaping of development? 3) Does development happen continuously or in stages?<sup>9</sup>

Typically elements of professionalism are taught and learned early in child development (eg, honesty, respect) but need to be explicitly reinforced during medical education and training. In cases where these elements were not learned, it is incumbent upon the faculty to teach, assess, and model them. Additional elements that may not have been learned in childhood (eg, cultural competence) likewise need to be taught, assessed, and modeled. Some trainees, through experience and personality characteristics, may enter residency training at an advanced level of development of the milestone anchors described herein. Other physicians may need to be guided through the series of developmental steps also represented by the anchors. Professionalism assessments may be influenced by certain contexts or situations, cultures, or even factors inherent to the assessor. So there always needs to be due caution and a search for patterns of behavior rather than a single event. Using the 4 professionalism subcomponents and the related milestones will help the program director or mentor locate the level of a trainee and add direction for further instruction and improvement.<sup>10–14</sup>

As far as professionalization, Forsythe<sup>2</sup> has written about identity development in professional education using the insights of Robert Kegan's constructive developmental theory.<sup>15</sup> Kegan is interested in how people construct or organize their understanding of themselves and their interpersonal world. Although Kegan proposes 6 stages, 3 of them (stages 2, 3, and 4) are relevant to professional identity. In stage 2, individuals organize events into concrete categories and are able to see the perspective of others, but only in relation to how it affects them personally. In stage 3, individuals are able to organize experiences and events into abstract events and to view multiple perspectives. In stage 4, external expectations and identifications are restructured in terms of self-authored principles and standards. During this stage, the physician understands her role. Expectations are internalized and not dependent on someone requiring her to act in a professional way. These stages are relevant to the progression we see in physician development from medical student to mature senior professional.

The following are some sample observations that might be used to document this aspect of professionalism:

- Appears to be passive and unengaged with patients in therapeutic relationships.
- In delivering patient care, does what she is told to do when she is aware that her actions will result in negative consequences or praise.
- Introduces herself by first name, not as "Dr X."
- Fulfills patient care role but is not proactive in that role; always defers to the attending physician and takes little to no initiative.
- Colleagues identify this person as demonstrating a professional demeanor even under stressful circumstances,

which is an important component for being a candidate for a chief resident position.

- A trainee who embraces responsibility for the broad issues of pediatric health and advocates for children or the profession outside the standard work role.

Professional conduct that is constant and not situational or time dependent is something to strive for, but sometimes there are slips and failures. One cannot be professional in all situations. One is challenged each and every day by issues of professionalism and each of us experiences lapses from time to time. One expects development of integrity, duty, ethics, appropriate boundaries,<sup>16</sup> and accountability.<sup>17</sup> Emanuel and Emanuel<sup>17</sup> have defined accountability in terms of the loci of accountability, the domains of accountability, and the procedures of accountability. There may also be at least 3 models of accountability: the professional model, the economic model, and the political model. For this competency the focus is on the professional model. Given fatigue, stress, excessive workload, and non-work-related factors, there may be varying degrees of professional conduct lapses. Thus, we are looking to assess not an absolute standard but a pattern of usual behaviors.

Some sample observations that might be used to document this aspect of professionalism:

- Frequently provokes reports from colleagues, nursing staff, or program coordinator about unprofessional conduct.
- Appears to be nonchalant about issues of confidentiality, HIPAA requirements or ethical conflicts.
- After a call, or when stressed, may say and do things that are not appropriate to the professional role.
- Does not keep up with evaluations and chart completions.
- Understands her own lapses in professional conduct and works on ways to anticipate and control these situations. For example, when provoked by an angry parent knows how to remain above the fray.
- Appears to be well respected and gets along with every team member while delivering good care.

Humanism is that quality that leads the doctor to see herself as a member of the family of all people, thus ensuring compassion, altruism, empathy, privacy, and understanding of and respect for diverse populations. As Cohen<sup>5</sup> states, "Humanism is the passion that animates professionalism."

Some sample observations that might be used to document this aspect of professionalism:

- Sees patients as a burden—refers to admissions as "hits."
- Offers concern and support in unusual or isolated circumstances, but not for the routine patient.
- On rounds, indicates insight into the needs of the patient and family—has heard the family's expression of need.
- Seems to intuitively provide for all patients' needs; for example, will tell the parent of a child with a headache that they need not worry about a brain tumor.

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