

Association for Surgical Education

# A framework for professionalism in surgery: what is important to medical students?

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## Abstract

**BACKGROUND:** The purposes of this study were to develop a comprehensive framework for professionalism in surgery and to determine which attributes are most valued by medical students.

**METHODS:** A framework for professionalism in surgery, consisting of 11 attribute categories, was developed. All 3rd-year medical students (n = 168) participated in a focus group and completed a questionnaire regarding their perceptions about professionalism. Students' responses were transcribed verbatim, coded, and assigned attribute categories.

**RESULTS:** Students rated respect as the most important attribute of professionalism (56%), followed by altruism (21%) and interpersonal skills (8%). Fifty-three percent of students witnessed unprofessional behavior among faculty members while on the surgical clerkship. Of these incidents, 74% were related to respect, 28% to practice improvement, and 1% to altruism.

**CONCLUSIONS:** Respect was rated as the single most important characteristic of professionalism and was the attribute with the most witnessed violations.

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Professionalism is a core competency in surgery that affects all aspects of clinical education. Specified as 1 of the 6 competencies for resident education by the Accreditation Council for Graduate Medical Education, it is an important component in medicine's contract with society. Although professionalism has always been assumed to be a core value in medicine, it has become the focus of attention in recent years, and several influential organizations<sup>1-3</sup> have undertaken great efforts to increase awareness of professionalism in medical education and practice. Although

faculty members and residents are expected to consistently demonstrate professional behavior, the expectations have remained ill defined. The word *professionalism* is so widely used and carries so many connotations and nuances that its meaning has become blurred. Different groups have used the word differently and for different purposes, thus making professionalism easier to recognize than to define.

In addition, the ways in which professional values and attitudes are best taught to learners have not been well established. It is believed by many that much of professionalism is learned through the "hidden curriculum," in which the implicit actions of physicians affect the attitudes of junior learners. Thus, faculty members and residents should be aware of the nature of professionalism and encouraged to incorporate its guiding principles into day-to-day practice. In addition, leaders should take the time to

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## Framework for Professionalism USC Department of Surgery



**Figure 1** Framework for professionalism, Department of Surgery, University of Southern California. LLL = lifelong learning.

explicitly define professionalism and to establish expectations regarding professional behavior at their respective institutions.

To effectively teach professionalism, there needs to be an institutional culture in which it is taught and modeled. Leaders have a responsibility to set expectations and explicitly talk about and define professionalism. In addition, the attributes and principles of professionalism must be clearly defined and understood by all faculty, residents, and students. The purposes of this study were to (1) develop a comprehensive framework for professionalism in surgery; (2) determine which attributes are most valued by medical students; and (3) determine which attributes are most demonstrated by faculty members and residents at our institution.

## Methods

A framework for professionalism in surgery was developed by a core group of expert faculty members and educational leaders in the Department of Surgery at the University of Southern California. The group consisted of the vice and associate chairs of education, the educational program directors, and the assigned educational faculty members from each division in the Department of Surgery.

Brainstorming sessions and a comprehensive review of all current literature and resources on professionalism were used during the first phase of development to generate a list of all attributes related to professionalism. During the initial meeting, the group brainstormed and listed every single attribute related to professionalism that came to mind. In addition, a literature search of the MEDLINE/PubMed and Ovid databases using the Medical Subject Headings of “professionalism,” “hidden curriculum,” “professional behaviors,” and “professional attributes” was performed, and additional attributes were added to the initial list. The goal at this phase was to be comprehensive and inclusive. During subsequent meetings, each attribute was discussed and accepted, deleted, or combined with an existing attribute. In addition, the anchors that describe and clarify each attribute category were identified and discussed by the group. The attributes were then grouped into similar concepts, which served as the foundation for the creation of the attribute categories. The final attribute categories were decided on by consensus of the expert educational group of faculty members described above. The final framework is organized into 11 attribute categories: clinical competence, cultural competence, altruism, leadership, accountability, interpersonal skills, respect, practice improvement, ethics/legal, appearance, and education (Fig. 1).

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