

# Professionalism: A Core Competency, but What Does it Mean? A Survey of Surgery Residents

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**OBJECTIVE:** Professionalism is 1 of the 6 core competencies of the Accreditation Council of Graduate Medical Education. Despite its obvious importance, it is poorly defined in the literature and an understanding of its meaning has not been evaluated on surgical trainees. The American College of Surgeons (ACS) has previously published tenets of surgical professionalism. However, surgery residents may not share similar views on professionalism as those of the ACS.

**DESIGN:** Surgical residents of all levels at 2 surgery residencies located in the same city were interviewed regarding their personal definitions, thoughts, and experiences regarding professionalism during their training. They were then queried regarding 20 points of professionalism as outlined by the ACS tenets of professionalism.

**SETTING:** The study utilized the surgery residencies at William Beaumont Army Medical Center and Texas Tech University Health Science Center in El Paso, Texas.

**PARTICIPANTS:** All general surgery residents at each program were invited to participate in the study. Eighteen residents volunteered to take the survey and be interviewed.

**RESULTS:** The definitions of professionalism centered on clinical competence. Surgery residents conveyed experiences with both professional and unprofessional behavior. Seven of the 20 ACS tenets of professionalism were unanimously agreed upon. There were key differences between resident definitions and those as outlined by the ACS. The least agreed upon ACS tenets of professionalism include professionalism education, public education, and public health.

**CONCLUSIONS:** Surgical trainees express personal experiences in both professional and unprofessional behavior. Their definitions of professionalism are not as expansive as those of the ACS and seem to focus on patient and colleague interaction. Due to the lack of congruency, a tailored curriculum for professionalism based upon ACS tenets appears warranted. (J Surg Ed ■■■■-■■■. Published by Elsevier Inc on behalf of the Association of Program Directors in Surgery)

**KEY WORDS:** surgical residents, professionalism, surgeon behavior, ethics, education

**COMPETENCIES:** Professionalism

## INTRODUCTION

The Merriam-Webster dictionary defines *professionalism* as the conduct or qualities that characterize a profession, further defined as a calling requiring specialized knowledge and long, intensive academic preparation.<sup>1</sup> Medicine and surgery are clearly professions and require professionalism as a core value in its members. How do we, as surgeons define professionalism in ourselves, our peers, and how do we impart training these values into our trainees? Most would argue that it is taught by mentoring and leading by example, but defining and measuring professionalism remains difficult.

In a 2011 survey of physician leaders, 70% of supervisors stated that they are forced to deal with disruptive physician behavior at least once a month, and 10% encounter such incidents on an almost daily basis.<sup>2</sup> Physicians admit that activities such as ridiculing a patient to colleagues are unprofessional yet almost 20% report this behavior in themselves.<sup>3</sup> There are organizations that operate to remediate physicians who demonstrate disruptive and unprofessional

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**TABLE 1.** The American College of Surgeons Tenets of Professionalism

1. To serve as effective advocates for our patients' needs
2. To disclose therapeutic options including their risks and benefits
3. To disclose and resolve any conflict of interest that might influence the decisions of care
4. To be sensitive and respectful of patients understanding their vulnerability during the perioperative period
5. To fully disclose adverse events and medical errors
6. To acknowledge patients' psychological, social, cultural, and spiritual needs
7. To encompass within our surgical care the special needs of terminally ill patients
8. To acknowledge and support the needs of patients' families
9. To respect the knowledge, dignity, and perspective of other health care professionals
10. To provide the highest quality of surgical care
11. To abide by the values of honesty, confidentiality, and altruism
12. To participate in lifelong learning
13. To maintain competence throughout our surgical careers
14. To participate in self-regulation by setting, maintaining, and enforcing practice standards
15. To improve care by evaluating its processes and outcomes
16. To inform the public on subjects within our expertise
17. To advocate strategies to improve individual and public health by communicating with government, health care organizations, and industry
18. To work with the society to establish a just, effective, and efficient distribution of health care resources
19. To provide necessary surgical care without regard to gender, race, disability, religion, social status, or ability to pay
20. To participate in educational programs addressing professionalism

behavior, often at the behest of hospital administrations or state licensing agencies, with many of the offenders coming from the surgical ranks. Clearly these are examples of a lack of professionalism.

While poor interpersonal behavior receives the bulk of discussion surrounding professionalism, the tenets of professionalism are in reality much more expansive. The American College of Surgeons' (ACS) Task Force on Professionalism attempted to define surgical professionalism over a decade ago with a Code of Professional Conduct (Table 1). The Task Force laid out 20 tenets of professional responsibilities, one set for patients and another to society.<sup>4,5</sup>

The Accreditation Council of Graduate Medical Education (ACGME) includes professionalism as 1 of the 6 core competencies required in the education of a medical professional. However, the ACGME fails to define professionalism and the curriculum concentrates primarily on work hour violations, integrity, and empathy.<sup>6,7</sup> While these are obviously important components of professionalism, the current curriculum fails to address the broader nature and scope of professionalism.

Few programs have a formal curriculum in professionalism. How can surgical educators be certain that a professional generation of surgeons is trained if surgical education places little emphasis on professionalism education? We sought to ascertain how surgical trainees defined and experienced professionalism, and to evaluate if their thoughts are in alignment with the 20 tenets as outlined by the ACS' Task Force on Professionalism.

## METHODS

After obtaining Institutional Review Board approval, general surgical residents of all levels from 2 general surgery-training programs in the same city were invited to participate in a brief interview. Residents were asked to participate in a 10-minute interview regarding their definitions as well as their experiences and perceptions of surgical professionalism. All participation was voluntary.

Interviews were conducted by 1 of 2 surgical residents (E.M. and J.D.) in private face-to-face interviews with no

**TABLE 2.** Resident Definitions of Professionalism as Taken From Interviews With Surgery Residents

- "I have no idea how to define that"
- "Placing the patient first and not letting personal matters conflict with patient care"
- "Doing everything within your power to provide the best care for your patient by means that are both respectful and accommodating"
- "Always perform the highest level of care regardless of personal preference toward the patient"
- "Being honest and courteous to your colleagues and staff in terms of the operating room and clinics".
- "Maintaining an appropriate demeanor despite what is going on in your personal life"
- "Interacting congenially and respectfully with your colleagues"
- "Being proficient and knowledgeable in the procedures you need to perform and perform them safely"
- "Being a competent surgeon by being up to date and having an adequate fund of knowledge and training"

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