Understanding Medical Professionalism
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Understanding Medical Professionalism

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Foreword

Spending the past decade as a dean for medical education charged with overseeing both undergraduate and graduate medical education at the University of Chicago, and for more than a decade before that serving as a residency program director, I have spent a considerable part of my career tackling modern-day issues of medical professionalism from the onset movement in the 1990s. In my various roles, I have sympathized with students who told me that being lectured to about professionalism is demeaning, discussed with residents the complexities of adhering to duty hours while ensuring that patients are well cared for, and brainstormed with faculty about elevating the ideals of professionalism across the entire medical enterprise.

Teaching professionalism is difficult. It can also be frustrating—how do you teach and impart core values? Influencing and creating a clinical learning environment can take years to bear fruit. This book’s authors understand the profession’s struggle and expertly reframe the issues by refocusing our attention on practical, specific behaviors, and coping techniques, while enlarging the discussion to focus on societal and systemic concerns. How can we thoughtfully design our healthcare system and our educational endeavors to help health professionals provide the best care for patients?

Implicit in nearly every discussion of professionalism up to this point is the hidden assumption that being professional is an immutable character trait, and one that the physician alone must carry. If a student, resident, or faculty member fails to act professionally, they have failed the profession. That is a heavy burden for anyone to carry and as educators we have asked our most inexperienced trainees to do just that. This book relieves us of the burden of this moral superiority.

Physicians are not, as Chapter 3 so aptly describes, superhuman. And being professional is not a superpower. It is a skill and competency which can be taught, and one that must be developed over our entire careers. Being professional, it turns out, is learning how to be completely human—learning how to manage challenging ethical situations, practicing telling patients “no” when they ask for unwarranted tests, and learning strategies for how to build up personal reserves so that we are better prepared to manage professional challenges. This requires practice. Throughout this book we are introduced to helpful tools. Communication training, faculty role modeling, the use of checklists and other rubrics focused on patient-centered care may all prove useful. The authors rightfully acknowledge
that throughout the day, all health professionals struggle to act professionally. Occasional lapses in professional behavior are not character flaws, they are opportunities for learning. These opportunities appear at every level of practice, whether we are students, residents, or seasoned practitioners.

The message is clear: upholding the trust that our patients have placed in our hands is difficult. We all need guidance. Using challenge cases, checklists, and tables, this book provides the tools to help us bring the best version of ourselves to our daily interactions with patients. In today’s world, being professional is synonymous with working in and leading team-based care. Physicians cannot and do not single-handedly treat patients. Professionalism is not an issue of physician behavior—it is an issue of the team’s behavior—and fundamentally—an issue related to the healthcare system. Expanding the definition of professionalism beyond the physician does not abdicate the physician’s responsibility for the patient; it simply expands the definition to acknowledge that all members of the healthcare system are equally responsible for providing the best possible care for patients. What does this mean for the nurses, assistants, and administrators who work with us to provide patient care? We are asking nurses and other healthcare professionals to help us by providing feedback when our behavior is not serving the patient. Fundamentally, this evolving definition means a willingness and openness to accept and learn from feedback—a fundamental acceptance of partnership.

Understanding Medical Professionalism places the issue of physician professionalism within the context of the healthcare system. Once we accept that professionalism is a competency that can be learned, we open up the possibility of focused interventions and systemic solutions. How can physicians influence the system and be advocates for change? Quite simply, get involved. This may take the form of participating in accreditation processes, quality task forces, or patient safety committees. Every day I work with medical students and residents who embrace civic professionalism and literally change the way our hospital does its business. The view from the trenches through the eyes of our students and residents provides a rarefied lens through which to see the world of healthcare. This view combined with their dedication and passion make a powerful impact for patients. The practical exercises in this book invite us all to reconnect with the thrill we experienced as students when we put on our white coat for the first time and believed that we could make a difference.

Understanding Medical Professionalism represents an important step forward in the ongoing discussion of medical professionalism. Hampered for decades with concerns that lapses in professional behavior were linked to deficits in character, this book reminds us to lay down our insecurities
and defenses, acknowledge we all stumble in consistently being our best professional selves, and then invites us to roll up our sleeves, and get to work learning and relearning how to be professional in today’s complex environment. Now is the time to create healthcare teams, institutions, and systems that foster an environment of respect, learning, and compassion to deliver the best possible care for patients. This book will help you do exactly that. Let’s get started!

Holly J. Humphrey, MD
Chicago, Illinois
February 2014
When I was 22 I was camping in the Pacific Northwest and broke my arm. I was a student with no health insurance and no money. I went to a couple of emergency rooms in the small towns in the area and all of them told me they couldn’t treat me. Finally I found a physician—not an orthopedic surgeon—probably an internist—who would see me. We both scanned a book about fractures to see how to set my arm. When asked by his office staff how to code the bill, he said code it “H” for humanitarian.

This one example of medical professionalism was a defining moment for me. It led me to medical school. The combination of independence, intellectual curiosity and a higher purpose that this one physician exemplified was enough for me. It was why I became a physician. It was also one of the best examples of medical professionalism I’ve experienced in my decades’ long career.

Often, the term physician professionalism is used to describe the motivations behind physician behavior—a physician’s unique ability to see beyond personal self-interest or comfort—and do what is right for their patient and their community. Professionalism has at its heart a fundamental core—the idea that physicians are led by an intrinsic motivation to do their best for their patients.

On the flipside of the generous doctor noted above, all of us who practice medicine have seen the other side of the coin. Physicians who deride colleagues, who perform impaired, who lack the cognitive skills necessary to practice. These transgressions—or “unprofessional” behavior—undermine our ability to deliver on our promise to our patients and our communities. As a profession—have we done enough to address these shortcomings? Have we done enough to train physicians live up to the ideals embodied in the Hippocratic oath? Have we codified behaviors that are unacceptable?

What has characterized the definitions of professionalism in the past century was that it was defined, and controlled by the profession itself, primarily through its professional associations. Many outside the profession, however, have little understanding of the term. Some have dismissed the concept as a shield for physicians against criticism and action. They are concerned that professionalism equals “just trust us.” In some ways, those worries are well-founded. We all know of shocking lapses in reporting and sanctioning of impaired colleagues—which get dismissed as “unprofessional behavior” and not remediated. These are the kinds of shortcomings that made even the term “professionalism” subject to suspicion from those outside the profession.
Attempts to codify the term—and bring into focus the core responsibilities of medical professionalism—were undertaken by a triumvirate of physician organizations in 2001: the ABIM Foundation, American College of Physicians Foundation, and the European Federation of Internal Medicine. *Medical Professionalism in the New Millennium: A Physician Charter* was written to provide affirmative expectations of professionalism—a definition if you will. While initiated by internists, the *Physician Charter* was endorsed by every specialty, and by medical organizations throughout the world.

The *Charter* remains alive more than a decade later and has spawned a rich and growing literature examining the meaning of this modern concept of professionalism. The *Charter*’s impact in the contemporary practice of medicine is its usefulness for patients and for physicians in establishing a clear social contract needed in the twenty-first century. New realities in health care include expectations of transparency about errors and gaps in quality of care, expectations of patient experience as a key aspect to defining quality of care and of the patient voice as an essential one at every table. These new definitions of professionalism don’t change the fundamental principle of devotion to the patient’s well-being. But they reshape professionalism as embracing a full understanding of the patient’s values, of the responsibility to make information available more broadly to consumers and purchasers, and the demand for continuous improvement.

In some ways the *Charter* is the proud father of this book. But this book takes the concept further than the *Charter* ever could.

There is growing awareness that institutions and organizations can create environments that foster professionalism, or they can create barriers to professional behavior. For organizations that want to improve quality of care, that want to create teams, that want to provide high value care, while reducing waste—professionalism can be an effectively lever for change. We have seen this with the national Choosing Wisely® campaign where leaders in medical specialties have called out tests and procedures that may be unnecessary—potentially undercutting reimbursements in the process. Their commitment to their patients and the health care system overrides their self-interest. Their professionalism drives this important effort.

With the growing emphasis on the value of systems in coordinating care, it is vitally important for health care organizations to consider their policies and their culture as key to advancing and supporting positive motivations of the professionals who work within their frameworks. This book is the first to place so firmly this responsibility with institutional leaders, and to include key practical considerations within every chapter.

In this past decade, scholarship on the topic of professionalism has expanded exponentially. But it is hard for the student, resident or fellow, or anyone in a busy practice to review this extensive literature and easily
understand its implications for how they practice every day. In addition, health system leaders do not yet understand the link between physician leadership and professionalism and quality improvements.

Levinson and her colleagues have provided an extraordinary service to the profession, to health system leaders, to patients, and to society, in creating this important book. While built on the deep scholarship of philosophers and sociologists, and integrated with evidence on motivation, behavior, and learning it is accessible and actionable and focuses ultimately on what matters most to physicians—how to deliver the highest quality care possible.

Christine Cassel, MD
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Immediate Past President and CEO, American Board of Internal Medicine and ABIM Foundation
February 2014
As medical students, residents, and practicing physicians, we all strive to be professional. We are dedicated to our work with patients and we strive to provide the highest level of excellence in all aspects of our work. We learn the codes of professionalism that govern medicine, starting from the Hippocratic oath that we all recite when we graduate from medical school to the modern day Physician Charter. Yet, despite our good intentions and the modern day charter, many of us think of professionalism as an abstract concept, a theoretical aspirational goal, or a set of written principles, rather than a set of core skills that we use in our daily clinical care, learning, and teaching.

This book will show that medical professionalism is part of our routine work and we do it best when we have specific skills. It is not just a theoretical concept or a set of principles distant from our clinical practice. This book is about medical professionalism in our work as students, residents, and practice physicians. It is also about professionalism in our medical institutions and hence, administrators and medical leaders are part of our target audience. We have designed this book to be highly practical and to help our readers develop or deepen their professionalism skills. Chapters include clinical scenarios all based on our personal experience in teaching and clinical care, learning exercises to stimulate active participation of readers, and “challenge cases.” This is not a book about theory (although it includes some theoretical background); rather it is written to engage readers in reflection about professionalism in their own work.

There are several key premises of the book:

First, we define professionalism as a set of behaviors that can be demonstrated in our daily work. Defining professionalism as behaviors, enabled by specific skills that can be taught, and learned, makes “professionalism” practical and relevant.

Second, challenges to our professionalism occur every day in all clinical settings. Often physicians think of breaches of professionalism as something that most readers will never encounter; breaches where physicians commit serious offenses—like having sexual relations with patients. This is not our concept of every day professionalism challenges. Rather we think breaches in professionalism occur routinely in clinical care and teaching: the dilemma for a trainee of the need to adhere to work hour restrictions versus going to spend more time with a patient; observing or participating in a medical error that is undisclosed to the patient; disrespectful communication between physicians and nurses. These are all common examples of challenges to medical professionalism. We live with these challenges all the time. We need specific skills to handle them well.

Third, the responsibility to demonstrate professionalism is shared by individual physicians, the healthcare team, the medical institution, and medical
professional organizations. Most physicians think that “being professional” is all their responsibility and often one that is a difficult burden to bear. Our premise is a novel one—medical professionalism is a system issue. All the stakeholders in the system can strive to enhance professionalism and can also create barriers to professionalism in a medical environment. Hence, the corollary is that all the stakeholders—trainees, physicians, healthcare team members, healthcare administrators, and leaders of professional organizations—have a key and important role to play.

Fourth, skills in medical professionalism need to be developed continuously over our lifetime. Just like we continuously learn new skills in diagnosis and treatment, we can and must keep learning how to demonstrate our professionalism in our daily work. The challenges we face are opportunities to learn new skills—just like seeing a rare presentation of a disease is an opportunity to deepen our knowledge and skills about diagnosis and treatment. Professionalism is a competency developed over time—that can result in mastery. We all need to develop “professional resiliency”—the ability to respond, based on skills, to challenging situations that inevitably arise.

The book presents professionalism in a behavioral and systems approach. This is done by a chapter that presents this core framework at the beginning (Chapter 1). The chapter presents our view that there are four key values that underlie medical professionalism—delivering patient-centered care; integrity and accountability; the pursuit of excellence; and the fair and ethical use of resources. For each of these values, there are specific behaviors that physicians, team members, healthcare administrators and leaders can demonstrate. Hence, the book has one chapter addressing each of these four values and presenting the specific behaviors and skills necessary to demonstrate that component of professionalism (Chapters 4, 5, 6, and 7).

Chapters on education and evaluation are relevant and practical for practicing physicians, medical students, residents, and faculty. These chapters are replete with learning and evaluation tools. Learning exercises are designed to allow readers to test their ability to handle professionalism challenges and to develop new approaches.

We are delighted to share this book with our readers who we hope will include students, residents in all specialties, faculty members, practicing physicians, healthcare administrators, and healthcare leaders. All of these healthcare professionals seek to achieve the highest level of professionalism in their care of individual patients, populations of patients, learning environments and care delivery systems. We hope this book will provide practical ways to make their efforts most effective. We think that readers will have fun working on the professionalism challenges presented in vignettes and learning exercises that are common situations we face in our daily work.

The Authors
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