Evolving Concepts of Professionalism in Medical Education and Practice

Janet Malek, PhD
Center for Medical Ethics and Health Policy
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Overview

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- Historical perspective on ethics and professionalism
- Current definition and scope
- Evolving approaches to professionalism education
- Professionalism in the context of COVID-19

Historical Perspective

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Bioethics & Professionalism

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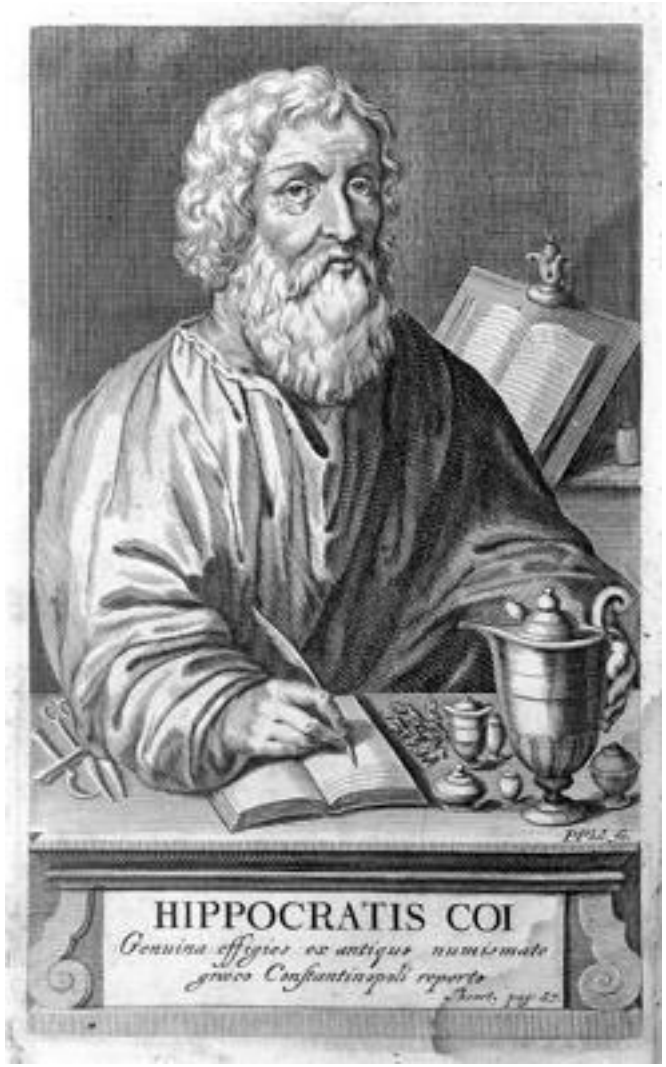

- Hippocratic Oath
  - "Do no harm" ??
  - Anachronistic
  - Statement of allegiance to the guild of medicine

Bioethics & Professionalism

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- John Gregory and Thomas Percival (18th Century)
  - Gregory – *Observations on the Duties and Offices of a Physician* (1770)
  - Percival – *Code of Medical Ethics* (1803)

Bioethics & Professionalism

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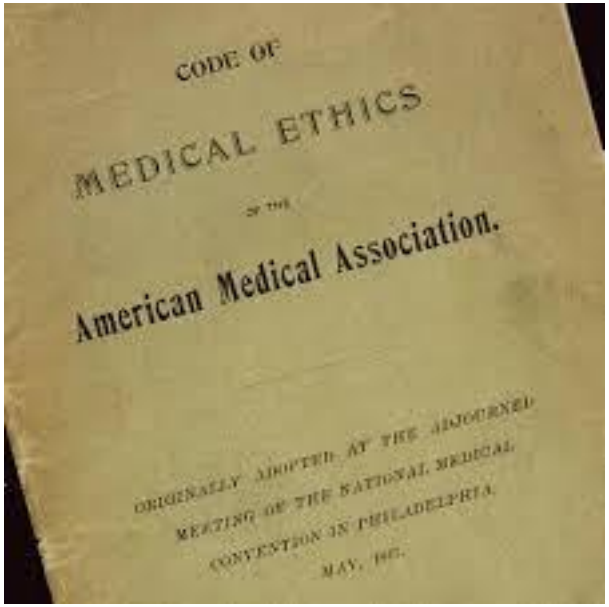
- Code of Medical Ethics of the American Medical Association (1847)
  - Established written standards
  - "Professionalized" medicine in the US



Bioethics

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- Arose in response to concerns about research with human subjects
- Gained attention through high-profile court cases and controversial issues
- Grew in 1980s and 1990s
- Ethics training explicitly incorporated into medical education through LCME and ACGME standards
  - Standard 7.7
  - “Adherence to ethical principles” under professionalism competency

Professionalism

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- Arose in response to changes in the health care system
- Self-critique by members of the medical profession
- Developed as public mistrust grew
- Gained attention in late 1990s and 2000s
- Professionalism education explicitly incorporated into medical education
  - LCME Standards 3.5 and 7.6
  - One of six core competencies

Foundations

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- Within the medical community
  - Cruess and Cruess (1997)

Professionalism must be taught

Sylvia R Cruess, Richard L Cruess

Centre for Medical Education, McGill University, 1110 Pine Avenue West, Montreal, Quebec, Canada H3A 1A3

Sylvia R Cruess, *associate professor of medicine*

Richard L Cruess, *professor of surgery*

Correspondence to: Dr Sylvia R Cruess

BMJ 1997;315:1674–7

The subject of professionalism is often referred to in the medical literature, but the word itself is rarely defined—and it is assumed that physicians understand what it means to be a professional and use this understanding as they make decisions in their private and professional lives. Though this may have been true in the past, the lack of literature dealing with professionalism available to the average doctor is striking. When this is coupled with the absence of relevant material in the curriculum of most medical schools, it is understandable why, in a rapidly changing world, doctors may not have a clear understanding of what the public expects from its professionals.

The General Medical Council's approach to professionalism and self regulation is a response to the rapidly changing relation of all professions to society and is designed to allow medicine to meet new societal demands and expectations. Dealing with problems having to do with doctors' performance and attitudes, Irvine presented the subject in the overall context of professionalism in the modern world.[1 2] He emphasised

Summary points

- Professional status is not an inherent right, but is granted by society
- Its maintenance depends on the public's belief that professionals are trustworthy
- To remain trustworthy, professionals must meet the obligations expected by society
- The substance of professionalism should be taught at all levels of medical education as part of the profession's response to changing societal expectations

From early times there have been healers in society. In Western culture the traditions go back to Hippocrates, and for centuries the Hippocratic oath served as the

Foundations

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- Within the medical community
  - Cruess and Cruess
- Buttressed by work in sociology
  - Hafferty
- Based in the social contract
  - Describes the appropriate response to the trust given to the medical profession by society

Cruess and Cruess (1997), Hafferty (2009)

Definition

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"Medical professionalism is a belief system about how best to organize and deliver health care, which calls on group members to jointly declare ("profess") what the public and individual patients can expect regarding shared competency standards and ethical values, and to implement trustworthy means to ensure that all medical professionals live up to these promises."

American Board of Medical Specialties®

Higher standards. Better care.™

(ABMS Ethics and Professionalism Committee, 2012)

Scope of Concern

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- Core clinical ethics issues
- Professional etiquette
- Intra- and Inter-professional interactions
- Clinician self-care
- Humanism in health care
- Trustworthiness and accountability
- Role as a fiduciary

Evolving approach

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Shaping Character

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- *"On account of the intimate personal nature of his work, the medical man, perhaps more than any other man, needs that higher education of which Plato speaks— 'that education in virtue from youth upwards, which enables a man eagerly to pursue the ideal perfection'."*

- *"The higher education so much needed today is not given in the school, is not to be bought in the market place, but it has to be wrought out in each one of us for himself; it is the silent influence of character on character..."*

- Sir William Osler (1849-1919)

Shaping Character

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- Questions about a character-based approach
  - Can character be changed?
  - If so, how?
  - How can character change be measured?
  - Is character what is really important?

Shaping Character?

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A shift:

"A more behaviorally oriented definition makes the pursuit of professionalism in daily practice more accessible and attainable. Professionalism needs to evolve from being conceptualized as an innate character trait or virtue to sophisticated competencies that can and must be taught and refined over a lifetime of practice."

(Lesser et al, JAMA 2010)

Shaping Behavior

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- Advantages of a behavior-based view of professionalism:
  - Easier to teach
  - Easier to evaluate
  - Easier to measure change
- Reflects trends in accreditation approaches

Shaping Behavior?

- Is behavior all that matters?
  - Anna
  - Bella
  - Cara

Professional Identity Formation

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- Should professionalism education be “reframed”?
  - Cruess, Cruess, et al. in 2014
  - Concept of professional identity:
  - “A physician’s identity is a representation of self, achieved in stages over time during which the characteristics, values, and norms of the medical profession are internalized, resulting in an individual thinking, acting, and feeling like a physician.”

Professional Identity Formation

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"We recommend that…the principal objectives of medical education should be to ensure that each practitioner has acquired both the knowledge and skills necessary for the practice of medicine and a professional identity so that he or she comes to think, act, and feel like a physician…In reframing the educational goal to support and assist learners as they develop their professional identities, the emphasis shifts to an interpretation of professionalism based on "being" rather than "doing."

(Cruess et al. Academic Medicine 2014)

Professionalism in the Context of COVID-19

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The Duty to Care

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Health care professionals continue to care for patients even when doing so puts them at risk

The Duty to Care

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Health care institutions will support staff by:

- Providing appropriate personal protective equipment (PPE)
- Providing training if staff are asked to take on new roles
- Providing supportive services through social work, spiritual care, biomedical ethics and/or other resources
- Giving staff priority for limited healthcare resources

Limits on the Duty to Care

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Risks to clinicians may justify changes

- Staff at higher risk from COVID-19 may request alternate work assignments.
- Clinicians should don PPE prior to providing care, even if doing so causes a delay in treatment

Does the expected length of the COVID-19 pandemic affect the duty to care?

Standards of Care

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Response	Conventional	Contingency	Crisis
Surge Severity	Minor surge (20% increase)	Moderate surge (100% increase)	Major surge (200% increase)
Standard of Care	Ordinary use of resources and routine standard of care	Adaptation of practices to approximate routine standard of care	Best care possible Limitation of treatment for some patients (triage)
Strategies	Conservation Substitution	Conservation Substitution Adaptation Re-use	Conservation Substitution Adaptation Re-use Reallocation

Principles

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Under routine conditions - focus on:

- Doing what is best for each patient we treat
- Respecting the autonomous choices of patients

Principles

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Under contingency and crisis conditions - additional considerations:

- Steward resources to maximize survival of the most people
- Allocate scarce resources fairly and consistently
- Respond proportionally to the degree of scarcity
- Be transparent and accountable

Principles in Practice

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Contingency conditions – Adaptation

- Expand locations and levels of care
- Expand work-hour restrictions
- Delay elective procedures
- Minimize visitation
- Minimize patient contact

Crisis conditions – Limitation

- Triage of critical care
- Stop resource-intensive interventions

Challenges

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What challenges to professionalism have you faced in the last weeks?

Conclusions

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- The focus on professionalism (as we define it today) is a relatively recent phenomenon
- Our understanding of how professionalism should be understood and what falls under its umbrella is still evolving
- COVID-19 raises questions about what it means to be a medical professional that may continue to evolve our thinking about professionalism

References

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