Medical Professionalism

Gad Segal, MD
Head, Internal Medicine “T”
SHEBA Medical Center
Professionalism Definition
Profession

Orchestra Player

Professionalism

Specialty
Profession

Orchestra Player

Professionalism
- Dress
- Applause

Specialty
- Notes
- Technique
- Bowing
- Stand / sit
- Order of Sitting
- Conductor

Conductor
Profession

Lawyer

Professionalism
- Dress
- Confidentiality

Specialty
- Litigation
- Law
- Costs
- Ethics

Domain
Medical Professionalism
“In recent years, there have been several efforts to advance a contemporary definition of professionalism and identify specific behaviors that exemplify professionalism in the current practice environment.”

“In recent years, there have been several efforts to advance a contemporary definition of professionalism and identify specific behaviors that exemplify professionalism in the current practice environment.”

“...we offer a framework for conceptualizing professional behaviors in 2 key domains: individual interactions with patients, family members, and colleagues in the health care team and organizational interactions in the management and governance of care delivery settings and in professional organizations.”

*JAMA* 2010;304(24):2732-2737.
Medical Professionalism


*JAMA* 2010;304(24):2732-2737.
### Table 1. Framework for Conceptualizing Professionalism—Individual Physician Behaviors in Interactions With Patients and Family Members and Other Health Care Professionals

<table>
<thead>
<tr>
<th>Values</th>
<th>Interactions With Patients and Family Members</th>
<th>Interactions With Colleagues and Other Members of the Health Care Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassionate, respectful, and collaborative orientation, “in service” of the patient</td>
<td>Provide patient-centered care, demonstrating empathy, compassion, and actively working to build rapport</td>
<td>Work collaboratively with other members of the care team to facilitate effective service to the patient</td>
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<td></td>
<td>Promote autonomy of the patient; eliciting and respecting patient preferences, and including patient in decision making</td>
<td>Demonstrate respect for other team members in all interactions</td>
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<td>Be accessible to patients to ensure timely access to care and continuity of providers</td>
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<td>Report impaired or incompetent colleagues</td>
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<td>Maintain appropriate relationships with patients</td>
<td>Participate in peer-review and 360-degree evaluations of team</td>
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<td>Promptly disclose medical errors; take responsibility for and steps to remedy mistakes</td>
<td>Specify standards and procedures for handoffs across settings of care to ensure coordination and continuity of care</td>
</tr>
<tr>
<td></td>
<td>Actively manage conflicts of interest and publicly disclose any relationships that may affect the physician’s recommendations related to diagnosis and treatment (eg, part ownership of surgery center)</td>
<td></td>
</tr>
<tr>
<td>Pursuit of excellence</td>
<td>Adhere to nationally recognized evidence-based guidelines (eg, guidelines issued by Agency for Healthcare Research and Quality or US Preventive Services Task Force), individualizing as needed for particular patients but conforming with guidelines for the majority of patients</td>
<td>Participate in collaborative efforts to improve system-level factors contributing to quality of care</td>
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<td></td>
<td>Engage in lifelong learning and professional development</td>
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<td></td>
<td>Apply system-level continuous quality improvement to patient care</td>
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</tr>
<tr>
<td>Fair and ethical stewardship of health care resources</td>
<td>Do no harm; do not provide unnecessary or unwarranted care</td>
<td>Establish mechanisms for feedback from peers on resource use and appropriateness of care</td>
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<td>Commit to deliver care equitably, respecting the different needs and preferences of subpopulations, and to provide emergent care without regard to insurance status or ability to pay</td>
<td>Work with clinical and nonclinical staff to continuously improve efficiency of care delivery process and ensure that all members of the care team are optimizing their contributions to care delivery and administration</td>
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<td>Deliver care in a culturally competent and resource-conscious manner</td>
<td>Actively work with colleagues to coordinate care, avoid redundant testing, and maximize prudent resource use across settings</td>
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Act to benefit the patient when a conflict of interest exists | Work collaboratively with other members of the care team to facilitate effective service to the patient  
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Table 3. Examples of linking professionalism values to specific behaviors

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<th>Values</th>
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<td>Responsibility</td>
<td>• Follows through on tasks</td>
</tr>
<tr>
<td></td>
<td>• Arrives on time</td>
</tr>
<tr>
<td>Maturity</td>
<td>• Accepts blame for failure</td>
</tr>
<tr>
<td></td>
<td>• Doesn’t make inappropriate demands</td>
</tr>
<tr>
<td></td>
<td>• Is not abusive and critical in times of stress</td>
</tr>
<tr>
<td>Communication skills</td>
<td>• Listens well</td>
</tr>
<tr>
<td></td>
<td>• Is not hostile, derogatory, sarcastic</td>
</tr>
<tr>
<td></td>
<td>• Is not loud or disruptive</td>
</tr>
<tr>
<td>Respect</td>
<td>• Maintains patient confidentiality</td>
</tr>
<tr>
<td></td>
<td>• Is patient</td>
</tr>
<tr>
<td></td>
<td>• Is sensitive to physical/emotional needs</td>
</tr>
<tr>
<td></td>
<td>• Is not biased/discriminatory</td>
</tr>
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William Osler, who epitomised everything that patients want in a doctor, might have wondered what on earth all the fuss was about. He thought that: “In a well-arranged community, a citizen should feel that he can at any time command the services of a man who has received a fair training in the science and art of medicine, into whose hands he may commit with safety the lives of those near and dear to him.” For him it was obvious — **everyone is entitled to a good doctor**.

Irvien D. H. Everyone is entitled to a good doctor.  
*MJA* 2007;186:256-261.
RESULTS: Patients desire a degree of formality from their physicians in the form of a handshake (61% +/- 7%), greeting of family members (69% +/- 7%) and in addressing oneself as doctor. They also prefer note taking by the physician while speaking with them. However, patients do not think that the wearing of a white coat is necessary. Most patients assume (84% +/- 5%) that the physician washes his/her hands. Surprisingly, patients (60% +/- 7%) are willing to maintain a relationship with a physician despite the use of medical jargon. We found few differences related to gender and none related to race. Women (64% +/- 9%) preferred a closed door during the exam. Men (81% +/- 8%) either did not want the physician to wear a white coat or said that it made no difference. Those younger than 46 years (67% +/- 10%) preferred the door closed compared with those who were older (45% +/- 10%).
Changes in professional development.
Educating the gastroenterologist for the year 2000.

Center for Advanced Medical Education and Health Communication, Medical Faculty, University of Vienna, Austria.

**Abstract**
Recent changes in society, the practice in medicine, the health care delivery and new technologies will have a direct impact on the development of the medical profession...

... CME in one's own specialty interest is not enough. CME has to be extended into a broader context of continuing professional development (CPD) including personal, social and political aspects of medical practice...

... All honorable gastroenterology, hepatology and endoscopy societies throughout the world should further define professionalism and develop leadership and management programs for their members. Nevertheless, every doctor always has a personal responsibility for lifelong learning.
Eclectic behaviors which could be endowed and improve the clinical practice although not directly related to the physician’s knowledge and experience:

1. **Clear explanations** to patient & family enabling them to take part in decision making
2. **Solidarity to colleagues** in front of patients and professionals alike
3. **Taking responsibility and debriefing errors** – both activities and behaviors
4. **Assuming behavioral codes**: clothing, schedule, hand hygiene etc.
5. **Peer consultation** as part of routine, not only when in doubt
Medical Professionalism in the New Millennium: A Physician Charter

Project of the ABIM Foundation, ACP-ASIM Foundation, and European Federation of Internal Medicine

To our readers: I write briefly to introduce the Medical Professionalism Project and its principal product, the Charter on Medical Professionalism. The charter appears in print for the first time in this issue of Annals and simultaneously in The Lancet. I hope that we will look back upon publication as a watershed event in medicine. Everyone who is involved with health care should read the charter and ponder its meaning.

The charter is the product of several years of work by leaders in the ABIM Foundation, the ACP-ASIM Foundation, and the European Federation of Internal Medicine. The charter consists of a brief introduction and eight, three principles, and 10 commitments. The introduction contains the following preamble:

Changes in the health care delivery systems in countries throughout the globe will test the charter. Does this document represent the traditions of medicine in culture other than those in the West, where the authors of the charter have practiced medicine? We hope that readers everywhere will engage in dialogue about the charter, and we offer our pages as a place for that dialogue to take place. If the traditions of medical practice throughout the world are not congruent with one another, at least we may make progress toward understanding how physicians in different cultures understand their commitments to patients and the public.

Many physicians will recognize in the principles and commitments of the charter the ethical underpinning of their professional relationships, individually with their patients and collectively with the public. For them, the challenge will be to live by these principles, to call upon the profession to promote a fair distribution of health care resources.

There is reason to expect that physicians from every point within our societies will demand a fair distribution of health care resources. Recently, voices from many countries have begun calling for a renewed sense of professionalism, one that

Ann Intern Med. 2002;136:240-246

PREAMBLE

Professionalism is the basis of medicine’s contract with society. It demands placing the interests of patients above all other considerations.
20/01/2014  
בברירה الحلופה ש...

19/01/2014  +972 50-633-2001
תודה רבה על הכל!!!!!!!

19/01/2014  רצה ליומן.

18/01/2014  אוקי

16/01/2014  מועלה!!!

15/01/2014  +972 54-466-9667
שידבר אתיה בטלפון
Most endorsed for:

24 Internal Medicine
22 Medicine
17 Medical Education
11 Clinical Research
9 Emergency Medicine
7 Physicians
6 Family Medicine
4 Critical Care
4 ICU
4 Neurology

Groups

- Dolphin association Visible
- International Association Visible
- Investigator-Initiated Visible
- Medical Affairs Strategic
- Medical e-learning Visible
Online professionalism and Facebook--falling through the generation gap.

Abstract

BACKGROUND:
Facebook is the most popular social networking site (SNS) worldwide. The growing popularity of SNSs brings 'e-professionalism' to the forefront.

AIMS:
To assess Facebook use, publicly accessible material and awareness of privacy guidelines and online professionalism by students, foundation year doctors (FYDs) and senior staff grades (SSGs).

RESULTS:
All 42 students and 20 FYDs had Facebook compared with 6 (30%) SSGs. Of these, 17 students (41%), 15 FYDs (75%) and 3 SSGs (50%) had public 'info pages'. 37 students (88%) reported colleagues behaving unprofessionally online with 16 FYDs (80%) but no SSGs. 32 students (76%) felt their professionalism was threatened online, alongside 18 FYDs (90%) and 2 SSGs (33%). Only 11 students (26%), 10 trainees (50%) and no SSGs were aware of guidelines.
CONCLUSIONS:
Professionals lack awareness of their professional vulnerability online. They are not careful in restricting access to their posted information and are not mindful that the principles of professionalism apply to SNSs.
Conclusions

The accommodation of the traditional core values of medicine to the characteristics of social media presents **opportunities as well as challenges for medical professionalism**. As a profession that is entitled to self-regulation, health care professionals should proactively approach these challenges and seize the opportunities. **There should be room to foster interprofessional and intergenerational dialogue (and eventually guidelines and policies) on both challenges and opportunities of social media in modern health care.** This review builds a unique source of information that can inform further research and policy development in this regard.
CONCLUSIONS:
Our findings indicate a disconnect between what students report of what they understand of professionalism, and what students feel is appropriate and inappropriate in both online and real life behavior. Curriculum needs to target understanding of professionalism in online and real environments and communicate realistic expectations for students.
Eclectic behaviors which could be endowed and improve the clinical practice although not directly related to the physician’s knowledge and experience:

1. **Clear explanations** to patient & family enabling them to take part in decision making
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4. **Assuming behavioral codes**: clothing, schedule, hand hygiene etc.
5. **Peer consultation** as part of routine, not only when in doubt

**E – Professionalism:***

1. **Basic acquaintance** with common SN
2. **Inter-Generational Dialogue** regarding present and future professionalism
3. **Actively engaging physician-patient conflicts** in the SN arena
Thank you for Listening