

Comparison of Faculty Members' Definitions of Professionalism with Published Definitions to Create Faculty Development Sessions on Teaching Professionalism?

M.F. Brock, MD; A.F. Edwards, MD; P.H. Petrozza, MD; R.C. Roy, PhD, MD Department of Anesthesiology, Wake Forest University School of Medicine, Winston-Salem, NC

Introduction: The Accreditation Council of Graduate Medical Education (ACGME) requires training programs to “define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed to demonstrate professionalism. . .” We propose using a comparison of preconceived definitions of professionalism expressed by individual faculty members with established definitions to serve as a basis for faculty development sessions on teaching professionalism. Four steps are required: 1) obtaining a summary of working definitions of professionalism from faculty members; 2) identifying established definitions; 3) comparing working definitions with established definitions; and 4) using discrepancies to create faculty development sessions on role modeling and teaching professionalism. This study addresses steps 1 and 2.

Methods: In a prospective faculty-wide survey in a single academic anesthesia department faculty members were simply asked “What is your definition of professionalism?”

Results: Thirty-nine of 59 (64%) clinical faculty members participated. Professionalism was defined by 35 as a commitment to the competent practice of a career requiring specific training, expertise, and certification. Twelve emphasized maintenance of a current knowledge base, furthering development of scientific knowledge through research, and maintenance of clinical skills and judgment. Six stressed teaching and acting as a mentor to those in training. Fifteen stressed quality patient care to be most important, and three included community service. Professionalism was defined by 23 as behaving appropriately in all situations; acting as a mature leader with ethical integrity and an attitude of tolerance and acceptance; as one who thinks before speaking, accepts and adjusts to criticism, uses self scrutiny for improvement, is sensitive to the needs of others, earns respect for self and associates, is punctual, refrains from inappropriate jokes and profanity, dresses appropriately, and keeps negative comments about coworkers and the institution private. Twelve included respect for self, all members of the healthcare team, and patients, and recognition of the contributions of all team members as essential in the definition. Five defined professionalism as placing service before self and working for team achievement.

Discussion: These working definitions may now be compared to published definitions. In 2000, Swick identified 9 behaviors that physicians must exhibit to be professional.¹ In 2002, the American Board of Internal Medicine (ABIM) Foundation, the American College of Physicians-American society of Internal Medicine (ACP-ASIM) Foundation and the European Federation of Internal Medicine introduced a “Charter on Medical Professionalism” based on three fundamental principles and 10 professional responsibilities and commitments.² Also in 2002, the National Board of Medical Examiners (NBME) defined 7 behaviors required of a professional.³ Specific to Anesthesiology are the Guidelines for the Ethical Practice of Anesthesiology, last amended on October 15, 2003.⁴

References

1. Acad Med 2000;75:612
2. NBME Behaviors of Professionalism. <http://ci.nbme.org/professionalism>. Accessed 3/26/04
3. ASA Guidelines for the Ethical Practice of Anesthesiology. <http://www.asahq.org/publicationsAndServices/standards/10.pdf>. Accessed 3/26/04
4. Ann Intern Med 2002;136:243-6