Medical Professionalism

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Origins and Evolution

- Sir William Osler (1892)
 - "The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head."

More than a simple fiduciary contract

Percival's Medical Ethics 1903

Silverman ME, Murray TJ, Bryan CS, eds. The Quotable Osler Philadelphia: American College of Physicians; 2003

What is professionalism?

- Medical professionalism is primarily concerned with the attributes and behaviours of physicians in the context of medicine as a profession
- Medical professionalism guides:
 - patient-physician interactions
 - professional colleagues and medical students
 - behaviour with the public
 - standards of personal behaviour

Medical professionalism...

 ...embodies the relationship between medicine and society as it forms the basis of patient-physician trust

Basic ethical/moral principles governing professionalism

- Beneficence
- Non-Maleficence
- Autonomy
- Justice

The Chinese perspective

- An important principle of Chinese Confucian medical ethics
 - "medical practice is a practice of benevolence" that includes the virtues of sincerity, fidelity, and compassion
- The Classical Internal Medicine of the Yellow Emperor
 - "the medical occupation is reserved those who are able to identify with patients' suffering and to treat them with the heart of a benevolent person"
- Ming Dynasty, Kung Tinxiang (1522–1619)
 - "have the heart to save the patient's life without regard for one's own interest"

Do we have a problem?

- Non-Medical students Vs medical students
 - Medical information provided should always include everything the doctors know (p<0.001)
 - Limitation of information associated with MS seniority (p=0.01)
- Non-Medical students Vs medical students (latrogenic incident)
 - More non-medical felt that doctors should tell the patient and family exactly what happened (p<0.001)
 - There was a significant association between limiting the information given and year of medical training (p=0.006)

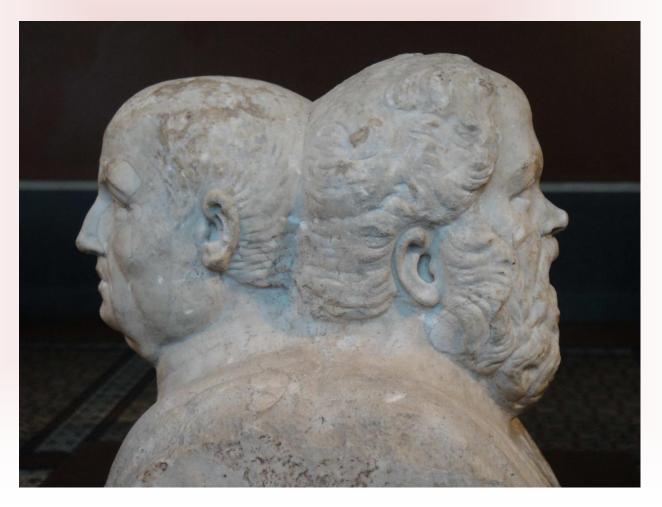


Explicit Structure

- Mixture of explicit and the implicit expectations
- Written and unwritten rules
 - Legal obligations
 - Licensing laws, health care legislation
 - Moral obligations
 - Codes of conduct and ethical guidelines
 - Principled personal standards
 - General or local (specific to your practice)
- Constantly evolving (expectations constantly changing)

Doctors must understand professionalism and

Live it every day



Learning Professionalism

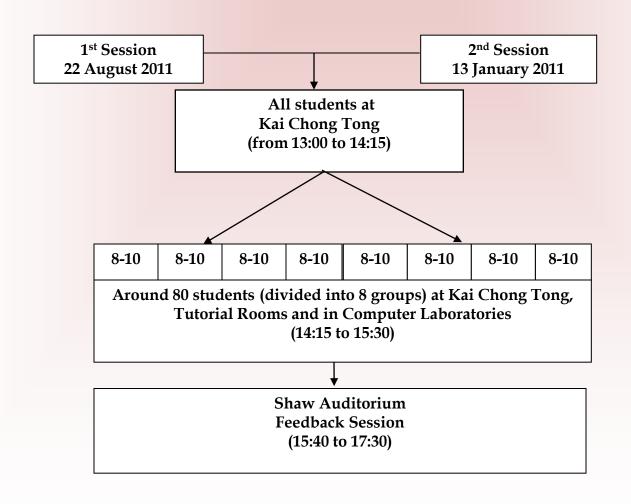
- Learn it explicitly
 - Definitions/lists of appropriate attitudes and behaviors
 - Explanations of why they are appropriate
- Learn it as a moral undertaking
 - Altruism and service
 - Role modeling
 - Experiential learning

Learning as a moral undertaking

SITUATED LEARNING

- Transfers knowledge from abstract and theoretical to useful and useable
- Achieved by embedding learning in authentic activities
 - Bedside
 - Simulated activities

Explicit/situated Learning



Expand and formalize Situated Learning

- Medical Faculty Charter
 - Teachers
 - Students
- Bedside experiential learning
- Proactive assessments of Professionalism
 - Embedded in summative examinations
 - Specific feedback by teachers at the end of major clinical blocks
 - Formal record of feedback and remediation for problem students