Professionalism

The key feature analysis of the priority topics for evaluation did not lead to the required detailed operational definition of competence in the dimension of professionalism. It was therefore necessary to use a different process to define this dimension. The working group used a process analogous to the priority topic–key feature approach, more or less simply inverting it. We went from the general behaviours characteristic of professionalism to specific behaviours in certain situations, rather than the other way round.

Twelve general behaviours or themes were identified following analysis of the terms used to describe professionalism by the practicing family physicians who replied to our initial survey. We then used small groups and multiple iterations to generate lists of behaviours in certain situations that reflect on competence in each of the 12 general behaviours and so on the dimension of professionalism as a whole. These 12 themes and examples of behaviours under each theme make up most of the content of this section.

We do not think that it will be pertinent to assess the 12 themes individually as they are rather interdependent, and any separation risks becoming artificial. For example, from the point of view of competence, how can we draw a clear line between ethics and professionalism? For the same reason, even though there is considerable overlap between the behaviours listed under the 12 themes, we made little effort to eliminate this overlap: better to have too many concrete examples from which to develop assessment tools and programs than not enough. Any necessary conciliation can be done when this next step (assessment tools and programs) is reached.

There was one other major difference in our approach to the definition of competence in professionalism. Throughout the process of developing evaluation objectives we had intentionally stayed away from test instruments and specific examination scenarios, not wishing to bias the evaluation objectives toward that which is testable by existing instruments or examinations. The process of developing test instruments and examinations has been intentionally left to a second independent step. We soon realized that this was not entirely possible for professionalism, as the nature and structure of our detailed evaluation objectives for this dimension must make some assumptions about the context of the ultimate assessments. Before giving these assumptions, we will first list the observations that justify this slight deviation from our usual approach:

1. Professionalism is perhaps the most multi-faceted dimension of competence; it is essentially subjective, determined by all those working around the individual (e.g., patients, colleagues, employees, employers, occasional contacts) and the cultural environment in which we find ourselves.

2. Although there is a considerable body of knowledge on “professionalism”, the demonstration of the possession of this knowledge itself is not sufficient for competence, as it does not seem to predict, in any way, adequate professional behaviour. We are, therefore, more interested in

specific behaviours that are indicative of acting professionally than in knowledge about professionalism.

3. Examples of professional behaviour may be quite context specific, and may depend on local expectations. Expectations in any evaluation situation should, therefore, be quite explicit, and any apparently unprofessional behaviour should first be discussed and explored before any final judgment is made.

4. There are many circumstances during practice and training that may demonstrate, to a greater or lesser degree, whether an individual is acting in a professional manner. Professional behaviour is the sum of an appropriate mix of all these. In this sense, there is no one set of key features for professionalism.

5. No one is expected to be perfect all the time, but we expect certification of competence to imply that the individual acts in a professional manner. Competence in this domain is absent when there is a pattern of repeated unprofessional behaviour that cannot be readily justified or explained. There may also be a single incident of behaviour that is fundamentally incompatible with certification of competence in this dimension.

Professionalism can be defined in theoretical terms or in a pragmatic fashion. We have opted again for the pragmatic fashion, starting with input from practicing family physicians, then using a focus group to identify common themes, and then listing specific examples of behaviours (positive or negative) that reflect on professionalism.

For these reasons we feel that our working definition of competence in professionalism requires the assessment to have certain characteristics:

a) It must be done on real-life performances, either immediately or at a distance. It would appear to be easiest to do this during residency training; it is just as important, however, to be able to do the equivalent for those already in practice.

b) Many performances, in many situations, over an extended period of time, must be included in the evaluation. This also implies the involvement of many different assessors or judges of the different performances.

c) All judgments will be based on certain criteria specific to the situation at hand, but the judgment will still be subjective, made by the observer-assessor most appropriate for the situation and performance.

d) All initial judgments of unprofessional behaviour must be subject to discussion, and possible resolution, before being maintained. Staff or preceptors may not always behave professionally.

e) The criteria for certification remain to be established, but it is unlikely that certification of professionalism will be based on scores or averages. Competence is essentially the absence of unprofessional behaviour over a period of sufficient exposure and observation.

Twelve Themes that Define Professionalism in Family Medicine

(Examples of observable behaviours related to each theme can be found on the following pages.)

1. Day-to-day behaviour reassures one that the physician is responsible, reliable, and trustworthy.
2. The physician knows his or her limits of clinical competence and seeks help appropriately.
3. The physician demonstrates a flexible, open-minded approach that is resourceful and deals with uncertainty.
4. The physician evokes confidence without arrogance, and does so even when needing to obtain further information or assistance.
5. The physician demonstrates a caring and compassionate manner.
6. The physician demonstrates respect for patients in all ways, maintains appropriate boundaries, and is committed to patient well-being. This includes time management, availability, and a willingness to assess performance.
7. The physician demonstrates respect for colleagues and team members.
8. Day-to-day behaviour and discussion reassure one that the physician is ethical and honest.
9. The physician practices evidence-based medicine skillfully. This implies not only critical appraisal and information-management capabilities, but incorporates appropriate learning from colleagues and patients.
10. The physician displays a commitment to societal and community well-being.
11. The physician displays a commitment to personal health and seeks balance between personal life and professional responsibilities.
12. The physician demonstrates a mindful approach to practice by maintaining composure/equanimity, even in difficult situations, and by engaging in thoughtful dialogue about values and motives.

A few remarks on the organization and wording of the behaviours listed under each theme:

Although the behaviours are listed under 12 different themes, they could be considered as one list, to be used in the most general sense as a menu from which to draw concrete examples that can be used when giving feedback on professional or unprofessional behaviour, or when assessing the same in a more structured fashion.

We have not placed the behaviours under each theme in any order of priority. For each theme, positive behaviours are listed first, with negative behaviours second. The choice of positivity or negativity in the formulation was spontaneous—it might be advantageous to generate the opposite formulation when using a particular behaviour in an assessment, but that can be done at the appropriate moment. Some behaviours are quite similar to others, some are opposites, but no conscious effort was made to determine the latter. In general, only the positive or the negative manifestation of the behaviour was described. At the moment, in this list, there are about 80 behaviours expressed positively, and about 50 behaviours expressed negatively.

No standard structure or formulation was used. Some are quite general and others very specific. Taken together, however, we do feel that they provide a sufficient and clear operational definition that can serve as the basis for the development of a structured evaluation of professionalism in most of the

contexts applicable to family medicine. The user will make both the selection and the refinements appropriate to the situation.

1. Day-to-day behaviour reassures one that the physician is responsible, reliable, and trustworthy.

Observable Behaviours:

- ✓ Comes to clinic when expected
- ✓ Answers pages when on call
- ✓ Notifies attending colleague if he or she is going away and has a maternity patient due or is following an in-patient
- ✓ Notifies others when away for illness or emergencies as soon as possible
- ✓ Sets up systems for follow-up of patients
- ✓ Does not lie

- × Does not look up questions after specific requests
- × Leaves early, arrives late, without advising
- × Inappropriately double schedules activities
- × Switches schedules to personal advantage
- × Does not do patient rounds appropriately i.e., too infrequent, too cursory
- × Is unavailable for clinical responsibilities for personal reasons, without consideration of the needs of the patient or team
- × Allows chart completion to back up unreasonably
- × Does not document lab results as normal or abnormal; does not document follow-up
- × Does not do letters, summaries
- × Cheats on exams or quizzes (e.g., ALSO, NRP)
- × Goes into SOOs with foreknowledge of cases (i.e., cheats on exams)
- × Does not check allergies or interactions when prescribing
- × Fails to follow up in a timely fashion with patients when investigations are pending (e.g., a skin biopsy), or in potentially serious clinical situations (e.g., a depressed adolescent who does not show up for an appointment)
- × Lies about prior experience with a procedure to get to do it
- × Signs in for others when attendance is taken at academic events
- × Plagiarizes on projects

2. The physician knows his or her limits of clinical competence and seeks help appropriately.

Observable Behaviours:

- ✓ Seeks opportunities to address limitations to improve knowledge and skills (electives/continuing education)
- ✓ Does not use the excuse of limited clinical competence to avoid challenging clinical problems

- ✗ Argues about deficiencies in clinical competence in spite of examples to illustrate concerns
- ✗ Ignores clinical problems to mask clinical limitations
- ✗ Refers cases even when he or she has the skills and resources to perform the tasks (does not take the time to do appropriate medical procedures)
- ✗ Does not initiate the management of complex/difficult problems when a patient presents— defers to an attending physician or a consultant
- ✗ Does not prepare adequately for a procedure

3. The physician demonstrates a flexible, open-minded approach that is resourceful and deals with uncertainty.

Observable Behaviours:

- ✓ In patient encounters, consistently demonstrates a willingness to explore the patient's ideas of cause and take steps to include or exclude these from the ensuing differential diagnosis
- ✓ Is willing to adapt diagnosis/plan when provided with an alternative view/information/perspective (willing to change his or her mind)
- ✓ Provides time to deal with the emotion related to an uncertain diagnosis
- ✓ Does not unnecessarily limit patient options (i.e., does not display paternalism)
- ✓ Is satisfied with "symptom diagnosis" (e.g., says "dyspepsia", not "peptic ulcer disease") when information is limited or diagnosis is not confirmable
- ✓ Formulates a patient-centred stepwise plan to deal with a situation even when he or she doesn't know the answer

- ✗ Cuts patients off
- ✗ Refuses to deal with a major problem during an office visit because of time
- ✗ Refuses to see a patient who arrives slightly late for an appointment
- ✗ Shows anger/rigidity when patients don't follow a prescribed course of action
- ✗ Becomes dismissive of patient ideas when they don't fit his or her own
- ✗ Uses manipulative techniques to influence patient behaviour ("I won't be able to take care of you if you choose to do…")

4. The physician evokes confidence without arrogance, and does so even when needing to obtain further information or assistance.

Observable Behaviours:

- ✓ Says, "I don't know but I know how I am going to find out"
- ✓ Management discussions with patients are clearly helpful to the patient with "value added", even without a certain diagnosis or final opinion about available treatment
- ✓ Projects appropriate confidence in non-verbal communication: looks patients in the eye when he or she says,"I don't know"

- ✗ Uses own experience to devalue the patient's experience (e.g., "I didn't have to have an epidural")

- ✗ Tells patients what to do without understanding their circumstances (displays arrogance, paternalism)

5. The physician demonstrates a caring and compassionate manner.

Observable Behaviours:

- ✓ Allows patients time to verbalize their concerns without cutting them off; listens for a while before talking—actively listens before talking
- ✓ Does not belittle the patient's losses/fears
- ✓ Asks patients about their feelings, worries, hopes
- ✓ Sits down with patients whenever possible while communicating
- ✓ Addresses issues or behaviours with patients rather than confronting them personally or judgmentally
- ✓ Expands on healthy options or choices with patients
- ✓ Keeps patients' needs foremost when faced with own personal concerns about medical errors/disasters/accusations
- ✓ Is willing to acknowledge the patient's emotions within the encounter
- ✓ Does not blame patients for difficult situations they encounter
- ✓ When dealing with a difficult patient, recognizes his or her own feelings and avoids expressing anger inappropriately
- ✓ Despite time and workload pressure, maintains a pleasant, compassionate approach

6. The physician demonstrates respect for patients in all ways, maintains appropriate boundaries, and is committed to patient well-being. This includes time management, availability, and a willingness to assess performance.

Observable Behaviours:

- ✓ Respects the patient's time as if it were his or her own: does his or her best to be on time; acknowledges when he or she is not
- ✓ Does not impose personal religious, moral, or political beliefs on a patient
- ✓ Does not ask for or accept offers of dates from patients
- ✓ Does not ask patients for favours
- ✓ Does not accept inappropriate gifts
- ✓ Does not make jokes at a patient's expense
- ✓ Respects a patient's lifestyle choices as his or hers to make
- ✓ Appreciates the power differential in the physician-patient interaction
- ✓ Maintains personal appearance to facilitate patient comfort and confidence for individual patients, or for specific patient populations
- ✓ Comments and behaviours reinforce and enhance the patient's abilities and capabilities
- ✓ Does not lend patients money (or borrow money from patients)
- ✓ Recognizes the difference between maintaining confidentiality and seeking appropriate professional advice when needed in difficult situations
- ✓ Actively looks at his or her practice with assessment tools, and implements appropriate changes

- ✓ Thinks and speaks about patients in a positive manner
- ✓ Attempts to understand the patient's issues that precipitate difficult behaviour or non-compliance, and adapts his or her response accordingly

- × Always seems rushed or burdened by too many demands
- × Complains about other team members in front of patients
- × Blames others for a personal lack of organization or harried approach ("Who took my stethoscope this time?", "Where's my pen?", "I'm late because there are no parking spots", "The secretary didn't remind me I had to be there", "My charts weren't out")
- × Is reluctant or refuses to see some patients

7. The physician demonstrates respect for colleagues and team members.

Observable Behaviours:

- ✓ Does not undermine and avoids making negative comments about other providers, especially those who may have seen patients in different settings or contexts
- ✓ When consulted or asked for help, listens to concerns and tries to respond positively and to be available ("How can I help?" vs. "I don't need to see this patient")
- ✓ When needing to talk to someone unexpectedly, waits and picks the right moment; does not interrupt unduly
- ✓ Thinks and speaks about colleagues in a positive manner; respects their time as if it were his or her own
- ✓ Arrives on time
- ✓ Pays attention when others are speaking
- ✓ Lets others speak/continue; hears them out and stays respectful even if he or she may not agree with topics or points of view

- × Provides inappropriate feedback in an insensitive manner (non-specific, wrong place, wrong time)
- × Leaves early, picks the easy tasks, leaves tasks unfinished, etc., such that others have more work
- × Discusses contentious issues in public, or gossips
- × Avoids the discussion of contentious issues that are having or may have a major impact on team dynamics and outcomes
- × Argues with other team members
- × Does not make personal adjustments in spite of repeated messages from others about performance in the workplace
- × A male trainee does not accept feedback from a female colleague or faculty
- × Does other things (i.e., does not pay attention) while a colleague is speaking (e.g., text messages, reads paper, does charts)

8. Day-to-day behaviour and discussion reassures that the physician is ethical and honest.

Observable Behaviours:

- ✓ When an error has been made, acknowledges his or her own contribution, discusses it with the appropriate parties, tries to clarify why the error was made and apply corrective action for the future
- ✓ Obtains informed consent, asks about privacy/communication/confidentiality
- ✓ Respects patient autonomy, and assesses whether patient decision making is impaired
- ✓ Provides honest estimates concerning time, services, and billing

- × Discloses patient information against his or her expressed wishes, especially with respect to adolescents, the elderly, and patients with different cultural issues
- × Discusses patients in "public" places
- × Provides medical treatment inappropriately to colleagues, including writing prescriptions
- × Claims (to colleagues, patients, others) to have done something that has not been done (e.g., history, physical exam, lab tests, phone calls, follow-up)
- × Takes credit for work done by others (for monetary reasons, for prestige, for any reason)
- × Has inappropriate prescribing practices:
    - o Puts in the name of someone with a drug plan instead of the patient
    - o Prescribes inappropriately for self-gain
    - o Prescribes without sufficient assessment
- × Makes unjustifiable claims on insurance or other forms

9. The physician practices evidence-based medicine skillfully. This implies not only critical appraisal and information-management capabilities, but incorporates appropriate learning from colleagues and patients.

Observable Behaviours:

- ✓ Does not give undue weight to evidence-based medicine: incorporates the patient's and family's expertise about the uniqueness of their situation; incorporates the experience and expertise of colleagues and team members, as well as his or her own
- ✓ When a patient questions care or makes suggestions, is open to respectful discussion; responds positively to patients who bring materials from the Internet
- ✓ When using guidelines or the results of clinical trials (on large populations), customizes and adapts them to ensure applicability to the individual patient in question
- ✓ Does not change a current treatment plan when temporarily dealing with someone else's patient; if thinks changes are desirable, discusses them first with the regular provider
- ✓ Checks as to whether practice is consistent with recent evidence, and makes changes consistent with this evidence

- ✓ Identifies knowledge gaps in own clinical practice, and develops a strategy to fill it; frames clinical questions that will facilitate the search for "answers" to these gaps

- × Does not use resources to acquire up-to-date information about specific cases
- × Following a group discussion and decision, does not incorporate agreed-upon changes into clinical practice
- × Relies too much on a limited set of inappropriate information resources (e.g., drug company representatives, unselected Internet material, The Medical Post, "expert" opinion)
- × Does not critically question information

10. The physician displays a commitment to societal and community well-being.

Observable Behaviours: **

- ✓ Does not dismiss concerns raised by patients on local issues that have an impact on their health (e.g., safe walking areas, pollution)
- ✓ Tries to empower the patient who raises concerns about community issues; acts in a confidential manner
- ✓ Responds positively to community requests for participation: will dedicate some time and experience, some resources (e.g., put a poster up)

- × Does not respect the duty to report in situations where there is a clear danger to others (e.g., meningococcal disease, capacity to drive, child abuse)
- × Does not report inappropriate behaviour (e.g., substance abuse) of professional colleagues to the appropriate supervisor or authority

** Although many examples around this theme may be found later in practice, we do not think it practical or fair to assess this theme in great detail at the time of certification, namely during training or at the very beginning of independent practice. The other themes of professionalism provide better opportunities for the appropriate assessment of this dimension.

11. The physician displays a commitment to personal health and seeks balance between personal life and professional responsibilities.

Observable Behaviours:

- ✓ Takes appropriate time to fulfill personal needs
- ✓ Is willing to discuss observations from colleagues or team members when behaviour suggests difficulty because of stress
- ✓ When a conflict between professional and personal activities is brought to his or her attention, discusses it, makes an appropriate adjustment or not
- ✓ Sometimes puts the patient first, ahead of personal need, and demonstrates satisfaction and appreciation of the value of this action

- ✓ Has a healthy lifestyle: does not smoke, does not drink to excess, drives reasonably

- × Takes frustration, etc., out on colleagues/staff (e.g., is rude and inappropriate)
- × Fails or refuses to recognize or deal with significant illness or a condition that may have an impact on professional activities, especially when concerns are identified by others
- × Stays overtime inappropriately, comes to work sick, is unwilling to take time off
- × Burdens co-workers when taking care of own needs (i.e., leaves many things undone without communicating with colleagues)
- × Transfers tasks to colleagues without clear justification, without adequate communication; changes availability for professional tasks "frequently", "at the last minute"
- × Seeks medical care from friends or colleagues outside of a normal physician-patient relationship; acts as own physician

12. The physician demonstrates a mindful approach to practice by maintaining composure/equanimity, even in difficult situations, and by engaging in thoughtful dialogue about values and motives.

Observable Behaviours:

- ✓ Given a difficult situation, maintains composure and is able to act appropriately (e.g., with angry patients, an unexpected clinical turn of events, an overwhelming demand, examinations)
- ✓ Is consistently attentive to a patient or colleague throughout any interaction
- ✓ Tries to understand the behaviour of others without getting mad or being hurt
- ✓ Does not display anger, inappropriate humour, or other emotions when this could undermine constructive work with patients or colleagues
- ✓ When emotions are intense or visible, can nevertheless explain or suggest a constructive plan of action
- ✓ Does not lose his or her cool—even when the other person in the room loses it
- ✓ Can allow for multiple perspectives from various participants in complex situations; entertains or solicits other viewpoints
- ✓ Is willing to engage in dialogue, in order to learn from experience and others, when
    - o a bad/unexpected outcome occurs
    - o there are conflicting ideas
    - o he or she is asked questions (does not perceive these as a threat; makes time to discuss them vs. being "too busy to talk about it")
- ✓ When a mistake appears to have been made, acknowledges it and looks first for personal responsibility rather than directing blame elsewhere