Association for Surgical Education

A framework for professionalism in surgery: what is important to medical students?

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KEYWORDS:
Professionalism; Hidden curriculum; Undergraduate medical education

Abstract

BACKGROUND: The purposes of this study were to develop a comprehensive framework for professionalism in surgery and to determine which attributes are most valued by medical students.

METHODS: A framework for professionalism in surgery, consisting of 11 attribute categories, was developed. All 3rd-year medical students (n = 168) participated in a focus group and completed a questionnaire regarding their perceptions about professionalism. Students’ responses were transcribed verbatim, coded, and assigned attribute categories.

RESULTS: Students rated respect as the most important attribute of professionalism (56%), followed by altruism (21%) and interpersonal skills (8%). Fifty-three percent of students witnessed unprofessional behavior among faculty members while on the surgical clerkship. Of these incidents, 74% were related to respect, 28% to practice improvement, and 1% to altruism.

CONCLUSIONS: Respect was rated as the single most important characteristic of professionalism and was the attribute with the most witnessed violations.

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Professionalism is a core competency in surgery that affects all aspects of clinical education. Specified as 1 of the 6 competencies for resident education by the Accreditation Council for Graduate Medical Education, it is an important component in medicine’s contract with society. Although professionalism has always been assumed to be a core value in medicine, it has become the focus of attention in recent years, and several influential organizations1–3 have undertaken great efforts to increase awareness of professionalism in medical education and practice. Although faculty members and residents are expected to consistently demonstrate professional behavior, the expectations have remained ill defined. The word professionalism is so widely used and carries so many connotations and nuances that its meaning has become blurred. Different groups have used the word differently and for different purposes, thus making professionalism easier to recognize than to define.

In addition, the ways in which professional values and attitudes are best taught to learners have not been well established. It is believed by many that much of professionalism is learned through the “hidden curriculum,” in which the implicit actions of physicians affect the attitudes of junior learners. Thus, faculty members and residents should be aware of the nature of professionalism and encouraged to incorporate its guiding principles into day-to-day practice. In addition, leaders should take the time to
explicitly define professionalism and to establish expectations regarding professional behavior at their respective institutions.

To effectively teach professionalism, there needs to be an institutional culture in which it is taught and modeled. Leaders have a responsibility to set expectations and explicitly talk about and define professionalism. In addition, the attributes and principles of professionalism must be clearly defined and understood by all faculty, residents, and students. The purposes of this study were to (1) develop a comprehensive framework for professionalism in surgery; (2) determine which attributes are most valued by medical students; and (3) determine which attributes are most demonstrated by faculty members and residents at our institution.

Methods

A framework for professionalism in surgery was developed by a core group of expert faculty members and educational leaders in the Department of Surgery at the University of Southern California. The group consisted of the vice and associate chairs of education, the educational program directors, and the assigned educational faculty members from each division in the Department of Surgery. Brainstorming sessions and a comprehensive review of all current literature and resources on professionalism were used during the first phase of development to generate a list of all attributes related to professionalism. During the initial meeting, the group brainstormed and listed every single attribute related to professionalism that came to mind. In addition, a literature search of the MEDLINE/PubMed and Ovid databases using the Medical Subject Headings of “professionalism,” “hidden curriculum,” “professional behaviors,” and “professional attributes” was performed, and additional attributes were added to the initial list. The goal at this phase was to be comprehensive and inclusive. During subsequent meetings, each attribute was discussed and accepted, deleted, or combined with an existing attribute. In addition, the anchors that describe and clarify each attribute category were identified and discussed by the group. The attributes were then grouped into similar concepts, which served as the foundation for the creation of the attribute categories. The final attribute categories were decided on by consensus of the expert educational group of faculty members described above. The final framework is organized into 11 attribute categories: clinical competence, cultural competence, altruism, leadership, accountability, interpersonal skills, respect, practice improvement, ethics/legal, appearance, and education (Fig. 1).
All 3rd-year medical students at the University of Southern California (n = 168) were asked to participate in a structured focus group to discuss their perceptions of professionalism. Students were specifically asked to define professionalism, list the attributes of professionalism they found most important, and describe any unprofessional behavior they had witnessed during the surgery clerkship. Students’ responses were recorded and transcribed verbatim. In addition, students were asked to complete a questionnaire asking similar questions. Students’ comments ranged in length from a few words to a few sentences. Responses to the questionnaire items and the transcripts were coded by 2 independent raters (M.E.S. and J.T.) and assigned attribute categories. After both raters completed the coding, they discussed each response and noted that several comments related to more than 1 attribute. At this point, the coding schema was refined, and it was decided that comments that related to more than 1 attribute were assigned up to 3 attribute categories. The coders then used an iterative process of discussion and consensus to achieve interrater agreement of 99% before proceeding to the next phase. During this process, the list of the 11 attribute categories did not change, but motivation to improve and commitment to lifelong learning were added as descriptors for the practice improvement attribute category, and reliability was added as an anchor for the accountability category.

Results

One hundred thirty-seven 3rd-year medical students (82%) participated in this study. When asked to define professionalism, students cited the attribute of respect the most, followed by altruism and practice-based improvement. Of note, neither cultural competence nor leadership was mentioned. When asked to describe the most important attribute of professionalism, students cited respect most of the time, followed by altruism and interpersonal skills. The attributes of clinical competence and ethics/legal were not ranked as the most important attribute by any of the respondents (Table 1).

Fifty-three percent of students reported that they had witnessed unprofessional behavior among faculty members while on the surgical clerkship. Students made a total of 72 comments related to observed unprofessional behavior. Several comments related to more than 1 category, and therefore each comment was coded for up to 3 attribute categories. For example, the comment “Belittling those below you on the hierarchical chain” was coded as both respect and leadership, and “Making negative comments about a very sick ICU patient” was coded as both altruism and respect. Of the 72 comments listed, 44% related to respect, 22% to practice improvement, 12% to altruism, 10% to leadership, 7% to education, and 5% to cultural competence. All other attribute categories received less than 1% of comments. Within the category of respect, 25% of comments were related to respect toward residents, 23% to respect toward patients, 18% to respect toward residents, 16% to respect toward nurses and ancillary staff members, and 10% to respect toward students; 8% of comments were not specified. The majority of comments related to respect were targeted at an individual’s level of competence. There was no trend identified in our data that indicated any cultural differences in perceptions of what constitutes rude behavior. Specific examples include “Surgeon making fun of resident’s ability during surgery” and “Berating residents for not knowing the patient’s condition.” Sixty-four percent of students witnessed unprofessional behavior by residents or fellows while on the surgery clerkship. They made 87 comments related to unprofessional behavior, and each comment was coded for up to 3 attribute categories. Of the 87 comments listed, 51% related to respect, 18% to practice improvement, 8% to altruism, 5% to leadership, 5% to ethics/legal, 5% to cultural competence, 4% to education, and 4% to accountability. The other 3 attribute categories did not receive any comments. Within the category of respect, 44% of comments related to respect for colleagues (the majority of these relating to colleagues in other disciplines), 32% to respect for patients, 14% to respect for nurses and ancillary staff members, and 8% to respect for students; 2% were not specified.

Comments

The importance of professionalism is obvious from educational and clinical practice standpoints, but there is still considerable variability in the way it is defined and taught to learners. One of the issues is that we lack a clear definition of professionalism and what it entails. For the past few decades, several influential groups have tried to increase awareness of professionalism as a competency in medical education and practice. For example, in 2001, the American Medical Association produced a declaration of professional responsibility1; in 2002, the American Board

Table 1  Most cited attributes by medical students when asked to define professionalism and the most important attributes of professionalism

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Most defined</th>
<th>Most important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect</td>
<td>56%</td>
<td>53%</td>
</tr>
<tr>
<td>Altruism</td>
<td>12%</td>
<td>21%</td>
</tr>
<tr>
<td>Practice-based</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td>Improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical competence</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Interpersonal skills</td>
<td>6%</td>
<td>8%</td>
</tr>
<tr>
<td>Accountability</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Ethics/legal</td>
<td>3%</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>Education</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Appearance</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Cultural competence</td>
<td>Not mentioned</td>
<td>3%</td>
</tr>
<tr>
<td>Leadership</td>
<td>Not mentioned</td>
<td>Not mentioned</td>
</tr>
</tbody>
</table>
of Internal Medicine, the American College of Physicians,
and the European Federation of Internal Medicine published a charter of medical professionalism; and in 2003, the American College of Surgeons published a code of professional conduct. All of these documents have slightly different focuses, thus making it more important that each institution define the characteristics of professional behavior so that its principles and responsibilities are clearly communicated to all faculty members and residents. In this study, we reexamined professionalism as it is practiced in a surgical environment and created a framework specific to the needs of our department. The framework for professionalism in surgery has been useful in defining and clearly communicating the characteristics of expected behavior to faculty members and residents.

In this study, we found that the attribute of respect was rated highest by medical students in terms of importance. In addition, the most witnessed violations in professionalism were also related to respect. This is important information for us because it helps us focus our faculty development program to target the most significant gaps and areas of weakness in our programs. The majority of comments made by students were related to witnessing rude or argumentative behavior by either faculty members or residents. The effect of rude behavior in the workplace has recently become a focus of interest for psychologists who study human behavior in high-risk environments. In a series of 3 experimental studies, Porath and Erez demonstrated that witnessing rude behavior by an authority figure and a colleague reduced subject’s performance on routine and creative tasks and impaired cognitive skills. In the first experiment, students who were spoken to rudely by the experimenter performed worse on a series of memory tasks than the controls who had not been subjected to rude speech. The most recent study in the series tested whether merely witnessing rudeness rather than being the victim would produce a similar result. Students who witnessed rude behavior toward a confederate student performed significantly worse on memory and creativity tasks than students in the control group.

Rudeness in the workplace appears to be common. In a poll of 800 employees in North American organizations, 10% reported witnessing workplace rudeness daily. In the medical field, recent studies suggest that disagreements between clinical staff members commonly result in rudeness. In a survey of 391 operating room staff members, 66% of respondents said that they had received aggressive behavior from nurses and 53% from surgeons during the past 6 months. This is important because studies suggest that in a confined work area such as the operating room, even rudeness, which results in a switchover of cognitive capacity to deal with the required emotional processing, or it may be more simply caused by distraction. Regardless, the impact of rude behavior on performance should not be taken lightly. Psychological research shows that it may have additional effects that can affect patient safety. In 2008, the Joint Commission issued an alert warning that rude language and hostile behavior among health care professionals pose a serious threat to patient safety and the quality of care.

How to teach professionalism remains a topic of active consideration. In recent years, several reports describing the teaching and assessment of professionalism have appeared in the literature, and many medical schools have formal professionalism curricula in place. However, the influence of the “hidden curriculum” and the impact of role models may be overlooked if the emphasis is confined to the didactic transmission of propositions. Faculty members and residents must lead by example so that junior learners are exposed to the behaviors that constitute professionalism. A study by Campbell et al showed that physician behavior did not always reflect the standards they claimed to endorse. In another study, 98% of students surveyed at 6 different medical schools reported witnessing unprofessional behavior among teaching faculty members. Thus, it appears that medical school experiences may undermine some of the professionalism values that are explicitly taught. On a positive note, many medical schools now have procedures in place to deal directly with instances of unprofessional behavior, and things such as mistreating medical students and speaking disrespectfully to learners and colleagues are often addressed.

Conclusions

Professionalism is an essential competency that students must demonstrate to graduate from medical school. In addition to formal educational programs, the personal and environmental factors that affect professionalism also need to be considered. It is important to lead by example and accept the responsibility of preventing such behaviors from being developed in learners. Developing a supportive institutional culture is a critical element in this process. Leaders have a responsibility to set expectations and explicitly talk about and define professionalism. The framework for professionalism in surgery proved to be a helpful tool in providing the foundation and clearly defining the expected behaviors of faculty members, fellows, and residents.

References