

Editorial II

PROFESSIONALISM – TEACHING AND EVALUATION

American Board of Internal Medicine (2001) identified 6 key elements of professionalism in its physician charter “Project Professionalism”. They are

- a. Altruism – best interest of patient, not self interest.
- b. Accountability – answerable to patient, society and profession
- c. Excellence – conscientious effort to exceed ordinary expectations and to commit to life long learning
- d. Duty – a free acceptance of a commitment to service. This entails availability and being responsive to calls, accepting inconvenience for patient need, enduring unavoidable risks for patient welfare, advocating best possible care without payment, seeking active roles in professional organizations and volunteering one’s skills and expertise to profession and community.
- e. Honour and integrity- being fair, truthful, honest, duty bound and straight forward.
- f. Respect for others – patients and their families, professional colleagues, other healthcare personnel, trainees and students.

The ABIM also identified seven issues that challenge the above elements and they are abuse of power, arrogance, greed, misrepresentation, impairment, lack of conscientiousness and conflict of interest.

In the past, teaching professionalism was part of the hidden curriculum in medical schools and it was something that a student ‘learnt on the way’ rather than was ‘actively taught’. It is now recognized the world over that it should be part of the formal curriculum. We too should consider imparting training in professionalism for students, postgraduates, and even consultants.

The main method for teaching professionalism is role modeling, which we know can have both a positive and a negative impact on a student/

trainee. The students/trainees should identify their teachers and the environment as professional. Achieving this is not easy and would need training of both teachers and administrators. Are we able to do this?

Other ways of teaching could include teaching of ethics; staff led topic specific discussions, presentation of case scenarios and their analysis, discussions on professional / unprofessional behaviour and the encouragement to reflect on these. Aids to reading here would be the booklet on Good Medical Practice of the General Medical Council, UK and the Code of Conduct for members from the Sri Lanka Medical Association. Professionalism is now considered a ‘soft’ skill of medical practice and as important as knowledge and competence in manual skills. Assessment can be by the individual concerned; student or trainee, or by external assessors. Professionalism is a component assessed in trainees in anaesthesia in Sri Lanka. The assessment form which is completed by the trainer at end of each appointment has a section looking at aspects of altruism, accountability, duty, honour and integrity and another section on continuous professional development. These sections are meant to be completed by the trainee too as a self assessment. Unfortunately the trainees do not seem to put much thought into this process. I feel that at the level of a postgraduate self assessment is mandatory. It would enable them to reflect on themselves and their practice. Therefore the process should be made more stringent and compulsory. The trainer completes the form but it is not a confidential document. Hence, do we really give a proper assessment? The trainer should have the option to report ‘real’ concerns on professionalism to the training authority for early remedial actions. Using a 360° assessment would also be beneficial as this would be an assessment done by patients, colleagues of own profession, of related professions and other support staff of the hospital. A rating scale can be used as the assessment tool. The planned portfolio assessment for the new postgraduates is another widely used

form of assessing professionalism. The assessment can also be an aspect at the final examination by direct observation of the candidate by the examiners during the testing of the clinical component.

We should be able to reward professional behaviour in our trainees but the most important would be to identify unprofessional behaviour early in order to take remedial action and for follow up of the trainee.

References

1. Project Professionalism: American Board of Internal Medicine. 2001.
2. Arnold. Louise. Assessing professional behaviour: yesterday, today and tomorrow. Academic Medicine; vol 77, No.6, June 2002.
3. Stern David T, Papadakis M. Medical education: The developing physician-becoming a professional. NEJM. Oct 26, 2006, Vol. 355, Issue 17.

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