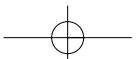
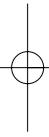
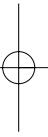


# **PART I**

---

# Clinical and Communication Skills



## CHAPTER 1

# Professionalism

### **By the end of this chapter you will be able to:**

- Understand the concept of professionalism
- Monitor your own professional behaviour
- Act appropriately if a colleague demonstrates poor professional behaviour
- Recognise the importance of looking after your own health

### **Defining professionalism**

At the time of writing, professionalism is a highly topical subject. Professionalism is something we can all recognise, yet have difficulty in defining. The General Medical Council's (GMC) 'Good Medical Practice' states that: 'All patients are entitled to good standards of practice and care from their doctors. Essential elements of this are professional competence, good relationships with patients and colleagues, and observance of professional and ethical obligations' [1].

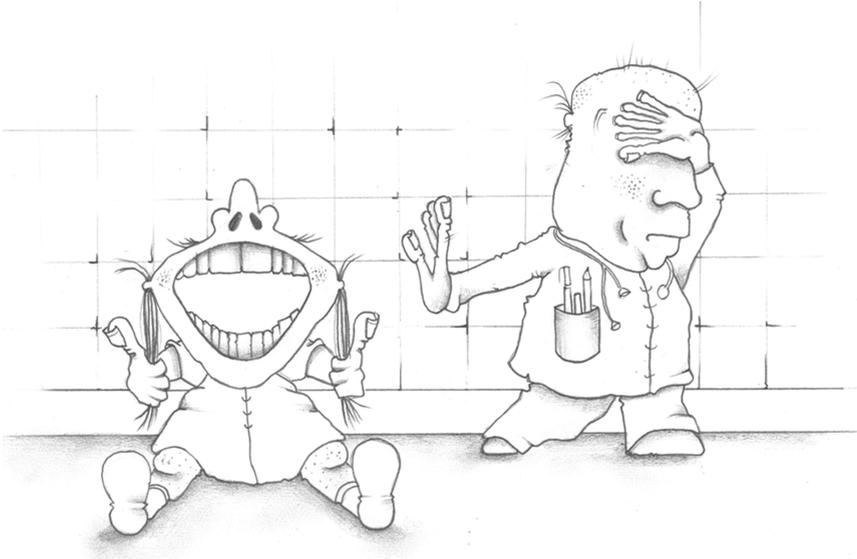
There is an international consensus on the importance of medical professionalism [2]. Unsatisfactory performance in practice is more likely to be due to problems with professional behaviour than lack of knowledge or skills [3]. The importance of professionalism has been reinforced by the recognition that professionalism can and should be taught at medical school [4]. Attitudinal objectives are given equal importance to knowledge and skills during undergraduate studies and increasingly medical schools are including personal and professional development (PPD) programmes in their curricula [5,6].

The Association of American Medical Colleges reached a consensus in 1998 on the broad attributes a doctor needs in order to meet society's expectations of them in the practice of medicine [7]:

- Physicians must be altruistic
- Physicians must be knowledgeable
- Physicians must be skilful
- Physicians must be dutiful.

In other words, being a good doctor is not just about knowledge. The best doctors also demonstrate professionalism and 'Good Medical Practice'. Box 1.1 outlines the GMC's introduction to 'Good Medical Practice' – the UK version of the attributes of a good doctor.

#### 4 Chapter 1



Professionalism.

##### **Box 1.1** Duties of a doctor

Patients must be able to trust doctors with their lives and well-being. To justify that trust, we as a profession have a duty to maintain a good standard of practice and care, and to show respect for human life.

In particular, as a doctor you must:

- Make the care of your patient your first concern
- Treat every patient politely and considerately
- Respect patients' dignity and privacy
- Listen to patients and respect their views
- Give patients information in a way they can understand
- Respect the rights of patients to be fully involved in decisions about their care
- Keep your professional knowledge and skills up to date
- Recognise the limits of your professional competence
- Be honest and trustworthy
- Respect and protect confidential information
- Make sure that your personal beliefs do not prejudice your patients' care
- Act quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practice
- Avoid abusing your position as a doctor
- Work with colleagues in the ways that best serve patients' interests.

**Box 1.2** A definition of professionalism

Medicine is a vocation in which a doctor's knowledge, clinical skills and judgement are put in service of protecting and restoring human well-being. This purpose is realised through a partnership between patient and doctor, one based on mutual respect, individual responsibility and appropriate accountability.

In their day-to-day practice, doctors are committed to:

- Integrity
- Compassion
- Altruism
- Continuous improvement
- Excellence
- Working in partnership with members of the wider healthcare team.

These values, which underpin the science and practice of medicine, form the basis of a moral contract between the medical profession and society.

The Royal College of Physicians produced a report in 2005, 'Doctors in Society [8]' which examined the concept of medical professionalism. The report defines medical professionalism as a set of values, behaviours and relationships, outlined in Box 1.2.

**Professional behaviour**

Professional behaviour should be evident in all aspects of a doctor's work and includes team working, ethics, communication skills and the complexity of relationships doctors have with their patients. Professional behaviour and probity are core competencies of the Foundation Curriculum [9] and are listed in Box 1.3.

Practising ethical medicine is a fundamental part of professional behaviour and is discussed in other chapters. It is the integration of good knowledge, skills *and* attitudes in practice that make for a good doctor. All three improve with experience and reflective practice (the ability to pause and think about incidents and learn from them).

One feature of a professional is a high degree of autonomy. As eventual independent practitioners, doctors have to monitor their own professionalism and their own learning. An effective way to do this is through reflective practice, which can turn one's experiences (good and bad) into opportunities for learning. The next time you come across a similar situation, whether clinical, interpersonal or ethical, you will be better prepared to deal with it. Although much reflection takes place informally (e.g. among friends), doctors lead busy lives and unless time is carved out to formally reflect, make a note and think

**Box 1.3** Foundation curriculum competencies for professionalism

Doctors should consistently behave with a high degree of professionalism. Overall, a trainee should 'demonstrate an appropriate attitude with consistently high standards of preferred behaviour' and be able to:

- Reflect on learning from practice and experience
- Use a professional and appropriate manner in all communication and medical records
- Ensure all discussion/examination is relevant
- Deal with inappropriate behaviour in patients or carers/relatives
- Respect the rights of vulnerable patient groups
- Recognise the needs of patients and carers/relatives as individuals
- Place the needs of patients above own convenience (without compromising the safety of self or others)
- Be aware of patients' expectations around personal presentation of individual doctors
- Behave with honesty and probity\*.

\*Probity means 'uprightness' from the Latin word for 'good'.

**Box 1.4** Using a portfolio for deliberate reflective practice

New doctors should use their portfolio for more than a record of clinical activity. Use it to record critical incidents and significant events. It is therapeutic and helps untangle the thoughts and actions that took place during an incident and helps determine what more you need to know. Use the following steps:

- Describe the event or incident
- Record how the event or incident challenged your current knowledge, beliefs or understanding
- What have you learned or gained as a result of the event or incident?
- What further learning are you planning to engage with as a result of this event or incident? What resources do you need?
- How will you use this new knowledge or skills in the future?

The ability to reflect consciously upon one's professional practice is important in the development of expertise.

about the future, the momentum is lost. 'Deliberate reflective practice' is assisted by a portfolio, which many doctors are now required to keep. Box 1.4 shows how such a portfolio can be used for reflective practice.

It is important that healthcare professionals can recognise poor behaviour and illness in their colleagues. Even good doctors can develop problems, and

**Box 1.5** Procedure for acting if a colleague is not fit to practise

If you have grounds to believe that a doctor or other healthcare professional may be putting patients at risk, you must give an honest explanation of your concerns to an appropriate person from the employing authority ... following any procedures set by the employer. If there are no appropriate local systems, or local systems cannot resolve the problem, and you remain concerned about the safety of patients, you should inform the relevant regulatory body. If you are not sure what to do, discuss your concerns with an impartial colleague or contact your defence body, a professional organisation or the GMC for advice.

Good reason to believe that a colleague is putting patients at risk

Get advice from a trusted senior colleague (e.g. specialist registrar (SpR)/consultant)

You or your senior speak to the relevant person, which could be:

- The colleague directly
- The colleague's line manager (e.g. consultant or ward sister)
- The medical director

when they do, colleagues seem unequipped to do anything about it. Doctors are often not recognised to be dangerous until they have done considerable damage. Burnout, alcoholism and mental illness are all possible factors (discussed further in Chapter 18). However, doctors have a professional responsibility to protect patients and they must be willing to act, even when colleagues are involved. The GMC has laid out guidelines for doctors to follow in these circumstances (see Box 1.5).

## Health

Everyone gets ill and doctors are no different. All doctors and their families should be registered with a general practitioner outside the family, who takes responsibility for their healthcare. Although treating minor ailments or emergency care is acceptable, doctors should generally not treat themselves or their family. 'Corridor' consultations should be avoided. This is common sense, as a proper evaluation cannot be made without a full history, proper examination and access to medical records.

### **Box 1.6** Useful organisations for doctors with health problems

#### *Sick Doctors Trust*

Advice for doctors with drug and alcohol problems  
[www.sick-doctors-trust.co.uk](http://www.sick-doctors-trust.co.uk)

#### *National Counselling Service for Sick Doctors*

1 Park Square West  
London NW1 4LJ  
Tel.: 020 7306 372  
[www.ncssd.org.uk](http://www.ncssd.org.uk)

#### *Association of Anaesthetists Sick Doctor Scheme*

Tel.: 020 7631 1650

#### *BMA Counselling Service*

Tel.: 0645 200 169

#### *BMA Doctors for Doctors Service*

Tel.: 020 7383 6739

#### *British International Doctors' Association*

For doctors with cultural and linguistic problems

Tel.: 0161 456 7828

E-mail: [oda@doctors.org.uk](mailto:oda@doctors.org.uk)

#### *Doctors' Support Network*

For doctors with mental illness

[www.dsn.org.uk](http://www.dsn.org.uk)

#### *The Doctors' Supportline*

Tel.: 0870 765 0001

[www.doctorssupportline.org](http://www.doctorssupportline.org)

Independent, confidential and anonymous help for doctors affected by burnout, depression, anxiety, mental distress, work difficulties or family worries. The website contains useful links to a number of other organisations that can offer advice and support.

Doctors are exposed to unique health risks which include:

- Infections (e.g. from needlestick injuries)
- Violence and aggression in the workplace
- Long or unsociable working hours
- Dealing with people's anxiety, suffering, death and bereavement
- Excessive and often chaotic workload
- Perpetual organisational change
- Unrealistic expectations from patients and relatives.

Doctors have higher rates of suicide, divorce and alcohol abuse. They are often reluctant to acknowledge illness because of the pressure this puts on colleagues. Only one-third of junior doctors are registered with a general practitioner [10]. However, it is essential that doctors do what they can to stay healthy, maintain their immunisation status and follow guidelines on health and safety, and infection control.

Medicine can be a stressful profession, which is why the Foundation Curriculum states that new doctors should be able to recognise the signs of stress in themselves and others, and develop healthy coping mechanisms or seek help if appropriate. Many doctors tend towards an obsessive-compulsive personality trait. Understanding this tendency, as well as our other strengths and weaknesses can be helpful in dealing with stress. Some people are naturally insightful, but others who are not can learn through feedback and reflection.

Most deaneries and many other organisations offer confidential support to doctors. Some useful contacts are listed in Box 1.6.

### **Key points: Professionalism**

- Professionalism is at the heart of what it means to be a doctor.
- Doctors have to monitor their own professionalism and their own learning.
- Reflective practice is important in the development of expertise.
- Every doctor should be registered with a general practitioner.
- Doctors are exposed to unique health risks and high levels of stress.
- Doctors should be able to recognise poor professional behaviour and illness in themselves or others and do something about it.

### **Exercises**

- Describe the absence of professionalism. Does this affect patient care?
- How would the definitions of medical professionalism described above impact on your work if everyone were to put them into practice?
- Discuss the European Working Time Directive and professionalism.
- Discuss whether it matters what doctors wear to work.
- Describe how stress affects you and your work.

### Self-assessment: Case histories

- 1 A fellow house officer is always late to work. On-call doctors are always called to his ward to perform routine tasks which should have been done during the normal working day. He graduated at the top of his year and has excellent medical knowledge and confidence, which impresses the consultant during ward rounds. However, colleagues complain that he is lazy, unhelpful and arrogant. You work on the same ward together. Could you do something about this?
- 2 You are about to start your first senior house officer job, which includes being on-call for the coronary care unit. You are comfortable with most medical emergencies, but are unsure of how to manage cardiac arrhythmias. Do you have a professional responsibility to address this?
- 3 You have finished clerking in a patient and are writing in the notes. You overhear a nurse on the telephone explaining that he cannot find any doctor to come and see a patient who has developed seriously abnormal vital signs. There seems to be a mix-up as to who is meant to be looking after the patient and the nurse is not getting anywhere. What would you do?
- 4 You have clerked a patient in with abdominal pain at 2 a.m. and requested some blood tests and X-rays. The patient will be seen on the consultant ward round at 8 a.m. Who is responsible for checking the results?

### Self-assessment: Discussion

- 1 Good doctors are both competent *and* trustworthy. Underperforming doctors rarely have difficulty with theoretical medical knowledge; there is nearly always a problem with professional behaviour (particularly the ability to work in teams, communication skills or what has been termed 'emotional intelligence' – see Further resources). Some people simply do not realise how their behaviour comes across to others and need feedback. Someone needs to speak to this doctor, for example one or two fellow house officers or the ward registrar.
- 2 One feature of a professional is a high degree of autonomy and the need to monitor one's own learning. A trainee would demonstrate professional behaviour by recognising a learning need and then doing something about it. There are several different ways in which this learning can be done (e.g. reading, asking for a tutorial, going on an Advanced Life Support course).
- 3 It is professionally unacceptable to say, 'Not my patient' if confronted with someone who is seriously ill. The GMC states that you should 'work with colleagues in ways that best serve patients' interests' and the Foundation Curriculum states that a doctor should 'place the needs of patients above own convenience'. This *is* something to do with you, because you have become aware of an emergency nearby and the fact that there is no other doctor available. You should go and assess the patient, then help the nurse to establish who is responsible for ongoing care.

- 4 If you see a patient and order some tests, it is your responsibility to see the results of these tests, or hand it over to another doctor if you are going off shift. You should never *assume* that someone else will see the results; there may be an abnormal test result that requires urgent action.

## References

1. General Medical Council. *Good Medical Practice*. London, 2001. [www.gmc-uk.org/standards/good.htm](http://www.gmc-uk.org/standards/good.htm)
2. Sox HC. Medical professionalism in the new millennium: a physician's charter. *Annals of Internal Medicine* 2002; **136**: 243–246.
3. Papadakis MA, Loeser H and Healy K. Early detection and evaluation of professionalism deficiencies in medical students: one school's approach. *Academic Medicine* 2001; **76**: 1100–1106.
4. Cruess SR and Cruess RL. Professionalism must be taught. *British Medical Journal* 1997; **315**: 1674–1677.
5. General Medical Council. *Tomorrow's Doctors*. General Medical Council, London, 1993.
6. Howe A. Twelve tips for developing professional attitudes in training. *Medical Teacher* 2003; **25**: 485–487.
7. Association of American Medical Colleges. *Learning Objectives for Medical Student Education – Guidelines for Medical Schools*. AAMC, 1998. [www.aamc.org/meded/msop/start.htm](http://www.aamc.org/meded/msop/start.htm)
8. Doctors in Society. Medical professionalism in a changing world. Report of a working party of the Royal College of Physicians Dec 2005. *Clinical Medicine* 2005; **5(6) Suppl 1**: S1–S40.
9. Foundation Programme Committee of the Academy of Medical Royal Colleges. *Curriculum for the Foundation Years in Postgraduate Education and Training*. [www.mmc.nhs.uk](http://www.mmc.nhs.uk)
10. Department of Health. *Supporting Doctors, Protecting Patients: A Consultation Paper on Preventing, Recognising and Dealing with Poor Clinical Performance of Doctors in the NHS in England*. Department of Health, London, 1999.

## Further resources

- BMJ Career Focus theme edition 29 March 2003 on dealing with stress. <http://careerfocus.bmjournals.com>
- Boon D and Wardrope J. What should doctors wear in the accident and emergency department? Patients' perception. *Journal of Accident and Emergency Medicine* 1994; **11(3)**: 175–177.
- 'Welcome to the Team' is an introduction for junior doctors working in the NHS and contains all kinds of useful information including how to prevent stress and burnout. [www.nhsemployers.org/docs/careers\\_junior\\_doctors\\_brochure.pdf](http://www.nhsemployers.org/docs/careers_junior_doctors_brochure.pdf)
- Goleman D. *Working with Emotional Intelligence*. Bloomsbury, London, 1999.