Professionalism: Why It Should Matter to Us

Presidential Address at 2011 American Head and Neck Society Annual Meeting

David W. Eisele, MD

I t is a distinct honor to address you as president of the American Head and Neck Society [AHNS]. Serving the Society as president is the highlight of my professional career as a head and neck surgeon, which I have wanted to be since medical school. I never imagined that I would have this leadership opportunity, and I greatly appreciate being able to serve the AHNS this year in this role. Many of you here today are my friends, teachers, mentors, and heroes. Thank you for your support, fellowship, and collegiality.

I chose professionalism as the theme of this year's AHNS Annual Meeting and as the subject of this address. This topic is not about me. I am neither an expert in this area nor do I discuss this with self-righteousness. To discuss professionalism required that I delve into an area about which I had sparse knowledge. It also required introspection and focused thought about my own unprofessional behaviors. It caused me to revisit unpleasant interactions with unprofessional teachers and colleagues.

This topic is about us as a group of professionals. Our Society's constitution states that it is the objective of this Society to promote and advance the highest professional and ethical standards. Active Fellows must embrace these objectives and per the Bylaws, are expected to uphold ethical standards. I hope in this address to inspire us to think about professionalism, teach it to our trainees and to each other, and promote it in the AHNS and more broadly in medicine.

In my current institutional leadership roles I have had to deal with unprofessional behavior from physicians, some of whom, to my chagrin, have been head and neck surgeons. How could this have occurred? I believe there were multiple contributors, including individual factors, lack of leadership oversight, lack of institu-tional resolve, lack of proper processes, and intimidation. I will elaborate on how we have addressed these issues.

PROFESSIONALISM DEFINITION

There are numerous definitions of professionalism. The ACGME [Accreditation Council for Graduate Medical Education] defines professionalism, 1 of its 6 competencies, as demonstrating a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population, including, but not limited to, diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

In 2002, the American Board of Internal Medicine published a Charter on Professionalism.[1] This charter, which has been endorsed by both the American Board of Otolaryngology and the American Board of Surgery, is based on 3 fundamental principles and delineates a set of professional responsibilities for physicians. It defines professionalism as the basis of medicine's contract with society. Essential to this contract is the public trust in physicians, which depends on the integrity of

Author Affiliation: Department of Otolaryngology–Head and Neck Surgery, University of California, San Francisco.

both individual physicians and the whole profession. The fundamental principles include patient welfare, patient autonomy, and social justice. Professional responsibilities include commitment to professional competence, commitment to honesty with patients, commitment to patient confidentiality, commitment to maintaining appropriate relations with patients, commitment to improving quality of care, commitment to improving access to care, commitment to a just distribution of finite resources, commitment to scientific knowledge, commitment to maintaining trust by managing conflicts of interest, and commitment to professional responsibilities.

A systems-based view of professionalism is offered by Surdyk et al.[2] Professionalism is described in terms of 5 overlapping physician relationships in which they engage. They include the physician's relationship to the patient, to society, to the health care system, to other physicians, and to self. The professional physician will meet and maintain the professionalism expectations of all of these relationships while keeping the physician to patient relationship at its core.[2]

This system-based view is a helpful concept because professionalism is about relationships. How we relate to others is influenced by many people, including our parents, relatives, friends, school teachers, clergy, coaches, organizations, and other social groups. Faculty members and house staff can influence us in medical school and in residency and fellowship training.

There are different departmental and specialty cultures within a particular institution. The cultures can also have bearing. Some physicians embody professionalism and serve as roles models for all of us. Sir William Osler fits this model. He urged physicians, "We are in this profession as a calling, not as a business; as a calling which extracts from you at every turn self-sacrifice, devotion, love and tenderness to your fellow-men. Once you get down to purely business level, your influence is gone and the true light of your life is dimmed. You must work in the missionary spirit, with a breadth of clarity that raises you far above the petty jealousies of life."

Professionalism is multifaceted. It involves character and behavior. Character is the core of professionalism.[3] An individual with good character can be taught and apply professional behavior, but if good character is lacking, knowledge and mentoring will not compensate for it.[3] Dr Atul Gawande[4] in his book *The Checklist Manifesto* describes the 3 common expectations for all learned occupations. These include selflessness, skill, and trustworthiness. He argues that a fourth expectation, discipline, should be included. Professionalism is not all or none. Good discipline pertains to professionalism as it is required to achieve consistency in exhibiting professionalism.

Studies have shown solid attitudinal and behavioral support for professional norms among physicians.[5] Professionalism relates positively with patient satisfaction and patient trust.[6,7] Patients who trust their physicians are more likely to follow their doctor's recommendations.[6,7] Physicians tend to be held to higher standards for professional behavior than other professionals.

UNPROFESSIONAL BEHAVIOR

Another way to understand professionalism is to examine unprofessional behavior. Unprofessional behavior is defined as behavior not conforming to the standards of a profession or behavior contrary to the accepted code of conduct that the profession defines. Patient complaints and malpractice claims commonly involve the unprofessional behavior of physicians.[8,9] Unprofessional behavior leads to diminished intraprofessional and interprofessional communication. This can negatively influence patient safety and diminish quality of care.[10]

Impaired professionalism is the most common cause for disciplinary action against medical students, house staff, fellows, and clinical practitioners.[11] Dr Maxine Papadakis and colleagues[12] at the University of California, San Francisco (UCSF), demonstrated that unprofessional behavior in medical school correlated with state licensing board disciplinary action later in their careers. A subsequent report by her group identified 3 domains of unprofessional behavior that were significantly related to later disciplinary outcome. These included poor reliability and responsibility, lack of self-improvement and adaptability, and poor initiative and motivation.[13] A larger study, which evaluated graduates of 3 medical schools and 40 state licensing boards, demonstrated that students who behaved unprofessionally were 3 times more likely to be disciplined by a licensing board.[14]

Risk factors for professional misconduct that have been identified include male gender, early academic difficulties at medical school, lack of board certification, increased age, and international medical school education.[15-17] Some believe that professionalism is not an all or none concept and that physicians tend to drift in and out of full compliance with all of the elements of professionalism.[18] This stresses the importance of ongoing reinforcement of professionalism throughout one's career. A systematic approach to the early identification and remediation of physician deficiencies over full career spans might be advantageous.[16] Some groups at risk may benefit from additional support and tutoring.[15]

There are many factors that contribute to unprofessional behavior. In the present health care environment, physicians must deal with regulatory oversight and increased demands for documentation, diminished reimbursement, lack of tort reform, complex technology, time pressure, and increased patient demands.[19] These and other factors contribute to stress, fatigue, and depression. In addition, professional values can become eroded because of the pace and increasingly commercial nature of health care.[20]

Dr Robert H. Ossoff, Dr Michael M. Johns III, and others have alerted us to and explored the prevalence of burnout in otolaryngologist–head and neck surgeons. Their investigations have shown how pervasive it is in residents, faculty, and department chairs.[21-23] The highest prevalence appears to be among microvascular and reconstructive free flap head and neck surgeons.[24] Several studies have demonstrated a relationship between burnout and reduced professionalism and empathy and less altruistic values in medical students.[25,26]

Unprofessional behavior cannot always be attributed to a personality flaw. In one study, personality tests failed to identify unprofessional individuals.[27] Another study of medical students at UCSF, however, demonstrated that professionalism correlated with measures of responsibility, communality, well-being, and rule respecting on the California Psychological Inventory.[28] This led the authors to raise the question of a potential role for psychological assessments with applications to medical school and residency training programs.

Dr Gerald Hickson and colleagues at Vanderbilt University have identified 6 factors that seem to drive unprofessional behavior.[29] These drivers include substance abuse and psychological issues; narcissism, perfectionism, and selfishness, family and home problem spillover; poorly controlled anger; a system outcome that rewards bad behavior; and clinical and administrative inertia.[29] The last 2 drivers relate to an institutional "acceptance" of the behavior so that unchecked unprofessionalism is perceived as normal by the individual and by others.[29] If prominent individuals behave unprofessionally without ramifications, their behavior may be considered to be acceptable and even advantageous. This type of pervasive unprofessionalism can influence an institution's culture in subtle ways. This insidious environment has been referred to as the "hidden curriculum" as trainees learn this behavior by observation with subsequent emulation.[30]

It is clear that unprofessional behavior is complex and multifactorial. Certainly, further research into the factors that contribute to unprofessional behavior is needed.

How prevalent is unprofessional behavior? In a survey of physicians and nurses involving 102 hospitals, 77% of respondents reported witnessing disruptive behavior in physicians and 65% witnessed it in nurses.[31] When I ask medical students who interview with us for residency training, most students can quickly relate an unprofessional behavior experience in medical school. A common theme is a fellow student shirking responsibility on a clinical service. This is consistent with the findings of Ainsworth and Szauter,[32] who found that medical student unprofessional conduct most frequently relates to professional responsibility and integrity, with failure to attend a required activity or to meet a specific responsibility being most common. In another study of students at 6 medical schools, 98% of students noted the use of derogatory language about patients by physicians, and 61% reported observation of unethical behavior by team members.[33]

This year UCSF had a site visit by the Liaison Committee on Medical Education. As part of this visit, we reviewed the AAMC [Association of American Medical Colleges] 2010 Medical School Graduation Questionnaire, which provided us with our graduating medical students' perceptions of their medical education experience. Despite the fact that the overwhelming majority of students indicated satisfaction with their medical education, 1 in 5 medical students indicated that they were personally mistreated during medical school, and the same proportion personally witnessed a fellow student being mistreated. The source of the mistreatment was identified to be house staff, in-hospital clinical faculty, and nurses in that order. Only 18% of students reported the incident(s) to a designated faculty member or member of the school's administration. Of those who did not report, 39% indicated that they did not know what to do and 28% feared reprisal. This indicates a need for a confidential system for students to safely report faculty behavior. A system for this confidential reporting exists at UCSF.

In one survey, physicians self-reported professional behaviors.[5] There was a high level of professional behavior reported, but 3% of respondents admitted to withholding medical information that a patient or patient's family should have known, and 11% inappropriately breached patient confidentiality.[5] Of those who encountered impaired or incompetent colleagues, 45% had not reported them.

PROFESSIONALISM ASSESSMENT

Because professionalism is complex, its assessment can be difficult. The assessment of professionalism is also in evolution. It is no longer subjective. Rather, it has become a formal process that utilizes various assessment tools, including observation, formal direct supervisor evaluations, and 360-degree evaluations from individuals who are not direct supervisors such as peers, patients, nurses, administrators, and office personnel.[18,34]

An effective way to assess the professionalism of students and practitioners is direct observation of behavior during a clinical interaction.[11,35,36] The goal of the evaluator should be to recognize and constructively modify undesirable behavior.[11] The use of an explicit written scoring system is suggested in order to improve the reliability and validity of the assessment.[18] A useful system is Larkin's classification,[37] which delineates 4 performance categories, including ideal, expected, unacceptable, and egregious. In addition, professionalism can be assessed with the use of small group seminars, role-playing exercises, standardized patients, and directed reading.[11,38]

A longitudinal approach to monitoring professionalism is important to assess for patterns and trends and to emphasize the career-long importance of professionalism.[32,39] Recognition of a pattern of unprofessional behavior can be difficult, but it is important. When we select medical students, residents, fellows, and colleagues we must investigate professionalism with due diligence. This sometimes requires direct questions of an applicant's supervisors rather than sole reliance on letters of recommendation or evaluation forms.

At UCSF, medical students whose professional skills are deemed inadequate are given a physicianship report that delineates unmet professional responsibility, lack of effort toward self-improvement and adaptability, diminished relationships with patients and family, and diminished relationships with members of the health care team. Academic probation results if a student receives such reports from 2 or more rotations. This can lead to dismissal even if passing grades are attained. The goals of this approach are remediation, demonstration of the school's priority on attainment of professional behav-

ior, and leverage for the school to address issues of professionalism.

Dr Nasir Bhatti and colleagues in the Department of Otolaryngology–Head and Neck Surgery at Johns Hopkins have developed a validated instrument to assess resident professionalism. The professionalism domains that are evaluated include display of character, interaction with system of care, self-improvement, ethical principles, and clinical knowledge. In the Department of Otolaryngology–Head and Neck Surgery at UCSF we assess professional responsibility, self-improvement and adaptability, relationships with patients and family, and relationships with members of the health care team and have also adapted the university's professionalism form if episodes of unprofessional conduct are noted.

TEACHING PROFESSIONALISM

One would think that professional behavior would come naturally to us in medicine. There is good evidence that professional and unprofessional behaviors are learned. Because it can be taught, we have an opportunity to root out bad examples, teach proper behavior, and modify behavior to conform to appropriate expectations.[11]

Some believe that the most effective method for professionalism education is to have all instructors model appropriate behavior and to create a consistent policy of zero tolerance for unprofessional behavior.[11] Formative evaluations provide feedback to help individuals improve their performance. In addition, the consequences for lack of improvement, including probation and dismissal, are made clear.

We need to provide for our trainees and colleagues an environment that is clearly and consistently professional. The more an institution values professionalism the more it will influence the students, house staff, and faculty.[40] The leadership of an institution must be committed to addressing unprofessional behavior consistently and regardless of who exhibits it.[29,41] This requires fortitude and resolve. It also requires uniformity among the leadership. Individuals who are unable or unwilling to respond to interventions and make behavioral adjustments accordingly are a threat to quality and safety and require disciplinary action, including restriction or termination of privileges and notification of appropriate government agencies.[29]

Other teaching methods include lectures, seminars, ethics curricula, instructive case studies, and role playing.[11,42,43] The American College of Surgeons Professionalism Task Force in the Division of Education has created a professionalism CD (Professionalism in Surgery: Challenges and Choices).[44] This CD presents clinical vignettes pertaining to professionalism. Symbols and special events such as honor codes, pledges, white coat ceremonies, and cadaver donor memorial ceremonies can provide clarity and focus on professional values.[20]

ADDRESSING PROFESSIONALISM ISSUES

Constructive feedback is important in order to effect improvement in professionalism. Individuals benefit from help and guidance. Most physicians will respond appropriately, make behavioral adjustments, and demonstrate improvement after being informed of a pattern of behavior that sets the individual apart from his or her peers.[29,45] A small proportion of individuals, however, are unable to engage in the introspective process of self-analysis and control. These unprofessionals need a higher level of intervention that includes improvement and evaluation plans with continued accountability.[29]

What has changed at our institution? Leadership at my institution now has resolved to have zero tolerance for repeated disruptive and unprofessional behavior. We have adopted improved mechanisms for reporting incidents and maintaining institutional memory for these reports. Also, we now have the resolve to act.

An incident reporting system at any hospital is a key element for the evaluation and improvement of the quality of care given to patients. In the State of California, incident reports are confidential and not admissible as evidence in any administrative or legal hearing. At UCSF Medical Center, the policy for incident reporting includes a separate category for unprofessional behavior. Specifically, this category is used to report rude, abusive, unethical, or other unacceptable behavior by a physician or other staff. These incident reports are generated with an online reporting system.

In 2010, the Joint Commission Hospital Accreditation Standards mandated that hospital leaders create and maintain a culture of safety throughout the hospital. The elements of performance for this mandate include development of a code of conduct that defines acceptable, disruptive, and inappropriate behaviors. In addition, it includes creation and implementation of a process for managing disruptive and inappropriate behaviors.

In response to this mandate, we created a committee on professionalism at UCSF. This committee evaluates referrals of unprofessional behavior among credentialed physicians and to manage disruptive or unprofessional behaviors by these individuals should they arise. All actions are memorialized, sent to the individual, the president of the medical staff, and the physician's department chair. Actions by the committee do not invoke the right to a fair hearing. The intent of this committee is to be a supportive body rather than a punitive one.

To assist medical staffs with implementation of a code of conduct consistent with the Joint Commission Leadership Standard, the American Medical Association developed a model code of conduct for use in medical staff bylaws. Types of conduct including appropriate behavior, inappropriate behavior, and disruptive behavior are defined and procedures for behavioral complaints delineated.

San Francisco General Hospital, one of UCSF's major teaching hospitals, has developed an elaborate Code of Conduct for all staff. This code defines acceptable, unacceptable, and disruptive behaviors and clear processes for management of these behaviors. Tier-approached actions are based on the severity of an incident and/or recurrent behaviors. These include no action warranted, meeting for resolution, verbal counseling, written counseling, or corrective action.

Are codes of conduct the solution? Some are simple and work well. The US Military Academy Honor Code states that "A cadet will not lie, cheat, steal, or tolerate those who do." Our institutions try to make codes that are complete and contractual. Attorneys like them that way. Certainly they should be clear in their conduct expectations with clear elucidation of blameworthy acts including disruptive behavior and failure to follow safety and quality rules.

But how specific should these codes be? Can we really delineate all aspects of professionalism? Professor Dan Ariely of Duke University believes that incomplete contracts, based on an understanding that we share of appropriate and inappropriate behaviors, are preferred. He wrote, "When we use complete contracts as a basis for working together, we take away flexibility, reasonableness, and understanding and replace them with a narrow definition of expectations".[46(p40)]

The practice of medicine, however, should not be contractual as a contract connotes a formal agreement that often implies a relationship of distrust.[47] Rather, medicine should be practiced based on trust, which is fundamental to the physician-patient relationship.[47] The professional physician practices not based on stipulated standards but instead to be worthy of trust due to a genuine commitment to professional values such as those provided in the Hippocratic oath.[47]

Some institutions have professionalism as a core value of their culture. The Mayo Clinic has a professionalism covenant. This collective agreement serves as a positive hidden curriculum that fosters the development of professionalism in its health care professionals and staff.[48]

Dr Jo Shapiro and her colleagues at the Brigham and Women's Hospital in Boston have established the Center for Professionalism and Peer Support. The Center's mission is to encourage and support physicians and other health care professionals in providing the highest quality compassionate care and to improve patient safety. This program includes education, assessment, conflict resolution, and remediation regarding interpersonal and teamwork communication. They offer an interactive workshop on professionalism training that is required for all physicians. They also perform 360-degree professional assessments and serve as a resource for any hospital employee to raise concerns regarding unprofessional behavior on the part of physicians, and engage in professionalism research.

Dr Gerald Hickson and colleagues have established the Center for Patient and Professional Advocacy (CPPA) at Vanderbilt University Medical Center. The CPPA's mission is to promote patient and professional satisfaction with health care experiences and restrain escalating costs associated with patient dissatisfaction. Their mission is pursued through the CPPA's interrelated functions of research, teaching, and intervention.

Vanderbilt University Medical Center has instituted a successful "disruptive behaviors pyramid" approach to disruptive individuals.[29]

At UCSF we have made professionalism a core value of our institution with PRIDE (Professionalism, Respect, Integrity, Diversity, and Excellence). These characteristics are actively promoted, and awards are given

monthly to individuals who best exhibit them. In the UCSF Department of Otolaryngology–Head and Neck Surgery we have established a resident award to recognize a high degree of professionalism, the Kelvin C. Lee, MD, Resident Award. The criteria for the award are dedication to the field of otolaryngology–head and neck surgery in the form of knowledge acquisition and clinical skill, selflessness with regard to the team, absolute dedication to patient care, and outstanding leadership with regard to one's fellow residents. This recognition serves to promote the core professional values that we value and raises awareness of professionalism as a valued characteristic.

In California, the Physician Assessment and Clinical Education Program (PACE) at the University of California, San Diego, has been established to evaluate impaired physicians, including those patterns of disruptive behavior. This program provides assessment and remedial education for attendees and serves as a valuable mechanism to help physicians to practice safely.

Some individuals will be appreciative of the feedback and will modify their behaviors positively. Others, however, will resist or worse, retaliate. The specter of legal retaliation may be raised. An unwillingness to address unprofessional behavior, however, perpetuates it. To not address unprofessional behavior is in itself unprofessional.

The benefits of addressing unprofessional behavior can be significant. Creation of a culture of professionalism allows the faculty to serve as role models to trainees and fellow colleagues. Other benefits include improved staff satisfaction and retention, enhanced institutional repu-

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The American Head and Neck Society is committed to promulgating and promoting professionalism and ethical behavior in its membership. As members, we value the trust placed in us by our patients, colleagues, and society and therefore, willingly pledge to uphold the ethical principles and virtues of medicine as outlined below:

We have a fundamental and sacred duty to our patients. Therefore, we will:

- Put our patients welfare as our top priority
- Serve as advisors to our patients to help them navigate complex medical decisions
- Discuss the risks and benefits of various therapeutic options and explain alternatives
- Be respectful of their viewpoints
- Support them to the extent of our abilities physically, emotionally and spiritually
- Continue to offer care and support to the terminally ill
- Offer support and care to our patients' families
- Strive to enhance and maximize our clinical, surgical and interpersonal competence
- Maintain a caring and respectful demeanor

We have a responsibility to our colleagues and teachers. Therefore, we will:

- Freely teach our skills and expertise to those wishing to learn
- Honor our teachers for devoting their time and energy on our behalf
- Assist our colleagues, technically, intellectually, emotionally and spiritually
- Recognize and respect the expertise and knowledge of our colleagues from other disciplines

We also have an obligation to the faith entrusted in us by society. Therefore, we will:

- Assiduously avoid conflict of interest
- Practice medicine with honesty, compassion and confidentiality
- Educate the public on areas within our expertise
- Offer care without respect to gender, age, religion, sexual orientation, ability to pay or ethnicity
- Perform self regulation by developing, maintaining and adhering to practice standards

Figure. American Head and Neck Society Statement of Professionalism and Ethics.

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tation, improved patient safety, reduced liability exposure, and a more productive work environment.[29]

What our Society does will influence professionalism. How we behave in our workplaces, what we expect of our membership, and what we discuss and how we conduct ourselves at our meetings. This year an Ethics and Professionalism Committee was established in the AHNS under the leadership of Dr William Lydiatt. The committee created a statement on professionalism and ethics for the society in the form of a pledge that delineates our duty to our patients, our responsibilities to our colleagues and teachers, and our obligations to society (**Figure**).

The AHNS Constitution and Bylaws Committee, chaired by Dr Brian Burkey, subsequently formalized the new Ethics and Professionalism Committee for the Society. This committee shall meet on an ad hoc basis at the request of the president to deliberate and offer advice on specific ethical issues that involve the Society or its members. Also the committee will maintain and modify as needed, the ethics code. Just as the Joint Commission has recommended for hospitals, our society has now demonstrated a formal commitment to ethical behaviors that contribute to quality by delineating professionalism expectations for our membership.

We need to continue to learn about professionalism and hone our professionalism skills. We must be responsible and reflect upon on our own professional behaviors. We need to understand the factors that may negatively affect our professionalism. Each of us has triggers and stressors. Combating stress and burnout is important.[49,50] We must be good examples to our trainees. We need to recognize and reward those who enhance professionalism. We must police ourselves and we need to hold those who exhibit unprofessional behavior accountable. We need to support our colleagues who need help. As leaders in medicine we must show that it matters. An investment in our professionalism will allow us to continue to be leaders in medicine and society. Without professionalism we will lose the autonomy and esteem that society gives us. We must all embrace the mission of the AHNS to promote and advance the highest professional and ethical standards. Thank you again for this opportunity to serve the Society.

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