Professionalism Competencies for Junior Medical Officers.

Part 1: A Literature Review

A.Willems, S. Ahern, M. Bullen, J. Lai-Kwon, L. Phuong, R. Sasse, J. Wong

Abstract

Aim

The Australian Curriculum Framework for Junior Doctors (ACFJD) outlines professionalism as one of its three core learning areas of curriculum for junior medical officers (JMOs). A gap may exist, however, between the current professionalism skills outlined in the ACFJD, and core professionalism skills that JMOs must possess. This literature review sought to explore professionalism competencies for JMOs and how they can best be taught.

Method

Literature search strategy included electronic database searches, internet searches, hand searching, ancestry searching and networking. Literature reviewed formed four broad categories: professionalism literature targeted at JMOs, professionalism literature specific to medical students or doctors in training, literature defining or exploring the education of specific professionalism skills, and curricula.

Results:

This study identified some consensus regarding appropriate professionalism skills for JMOs. These included humanistic qualities, patient-centred medicine, obligations to workplace and society, leadership and teamwork, communication and collaboration, quality improvement and continuing education, adaptability and improvisation, and self-care and self-awareness. Elements of all of these terms except for adaptability and improvisation are currently included in the ACFJD. Methods of instilling professionalism in JMOs encompass both extrinsic and implicit teaching.

Conclusion:

There is some consensus, but not complete, within the literature regarding professionalism competencies for JMOs. There are some suggested that are beyond that of the current ACFJD. Further research is warranted to further explore these competencies, including how best to equip JMOs with them. Part 2 seeks to redress this evidence-gap through qualitative analysis of specialty curricula.

Introduction

While it is widely agreed that professionalism is an essential aspect of the training and education of junior doctors,[1-3] there continues to be discussion over what key skills and competencies should be included in this teaching, and the optimum way in which these should be taught.

The Confederation of Postgraduate Medical Education Councils (CPMEC) provides a framework entitled the Australian Curriculum Framework for Junior Doctors (ACFJD), which 'outlines the knowledge, skills and behaviours required of prevocational doctors (PGY1, PGY2 and above) in order to work safely in Australian hospitals and other healthcare settings'.[3]

A gap may exist, however, between the current professionalism skills outlined in the ACFJD, and core professionalism skills that JMOs must possess. Anecdotal reports from recent meetings of Victorian stakeholders suggest a need to reassess the training and education of JMOs in professionalism.

This literature review seeks to further explore professionalism competencies for Australian junior medical officers – ascertaining whether there are any skills discussed in the literature that should potentially be added to the ACFJD, and how these competencies can be best instilled in JMOs.

Background

In the decade since the American College of Physicians 'Charter of Medical Professionalism' was published, discussion of professionalism has 'exploded in the medical literature'.[2] In particular, there have been 'calls for improved teaching of professionalism to…residents'.[1]

Professionalism has been discussed as being essential at both the undergraduate and postgraduate levels of training.[1] As a part of this, residents have been suggested as being the ideal candidates for developing professionalism – forming the key teachers for medical students, role models, and being the process of becoming socialized as doctors.[4]

While professionalism is well recognised as forming an important part of medical training, professionalism is yet to have a universally accepted definition.[5] Such definitions encompass a doctor's 'social contract with the general public', a doctor's sense of 'medical morality' or doctors' shared values.[5] Matveevskii et al. defines professionalism as 'competencies in addition to the specific behaviours required to successfully perform in a certain specialty'.[6] This forms the core definition adopted by this literature review.

In this literature review, we perceive professionalism as having a set of measureable skills or traits, and hence sought to identify the professionalism skills for JMOs with the aim of further informing the ACFJD competency framework.

Literature Search Strategy

The ACFJD was used as the guiding document in this literature review.

The literature search strategy involved a multi-database search through the University of Melbourne incorporating University of Melbourne Library Catalogue, Web of Science, Scopus, Medline, Cinahl, Psychinfo and PubMed. The search terms are outlined in Table 1 below.

Table 1. Literature Search Terms

Search Terms
'Junior Doctors' and 'Professionalism'
'junior doctors' and 'curriculum'
'professionalism' and 'education'
'professionalism'
'competencies'

Searches revealed over 200 results. Exclusion criteria included those that were not focused on prevocational doctors, doctors-in-training or medical students, or those that were specific to one skill or one discipline. In addition, search strategy included ancestry searching of the references of selected articles. Lastly, the MJA, BMJ and Medical Education journals from the last 5 years were reviewed and relevant articles identified. In addition 16 specialty college curricula (15 curricula and one joint ethics document) were identified outlining professionalism skills for trainees. These were analysed in part 2 of this study.

Table 2. Literature Categories

Literature Form	Number
Viewpoint/Editorial/Commentary	26
College Curricula	16
Pilot programme	6
Quantitative research	5
Qualitative Study	4
Curriculum/Professional body report	2
Literature/Systematic Review	2
TOTAL	**61**

Results

The ACFJD was used as the underpinning document for this literature review wherein the JMO curriculum is divided into 3 core learning areas. 'Professionalism' is one of the core learning areas and is sub-divided into 3 categories and 17 learning topics. The learning topics are further sub-divided into 56 competencies. These competencies were informed by a 'rigorous process' involving review of curricula from the United Kingdom and Canada. Feedback from CPMEC stakeholder groups and frameworks for patient safety and Indigenous healthcare also informed content of the ACFJD. The curriculum framework is iterative, where feedback is encouraged in order to respond 'to changes in medical education, clinical practice and the development and growth of the medical workforce'.[3]

Literature reviewed highlighted a number of areas of professionalism skills and how these translate into practice. These skills are explored in greater depth in the following sections.

Suggested Professional Skills

Humanistic Professionalism

One area with a heavy focus in current literature identified in this study is that of humanistic professionalism. This emphasis results from public perception that doctors are less altruistic than previously, and that the 'traditional values of the profession are under threat'.[1] Emerging is a predominance of poor professional behaviours and values which include a lack of altruism, laziness, dishonesty and lack of integrity.[7]

Consequently there is a push for educating trainees about 'professional standards and in evaluating professional lapses',[7] to be conscientious, adhere to ethical principles, [8] and to become 'more humane and effective healers'.[9] Humanistic values encompass fidelity to trust, respect, compassion, benevolence, honesty, courage, and integrity.[2, 10] Ludmerer describes respect as '*honouring others' choices and rights concerning themselves and their medical care',* compassion as *'dealing with patients in a comforting, helpful and gentle fashion'* and integrity as *'sustaining a commitment to ethical principles in the face of any and all temptations to do otherwise'.*[10]

Humanistic skills are not highlighted within the current ACFJD, however a number of the traits are implicitly or explicitly discussed under various competencies.[3]

Patient-Centred medicine

Similar to calls for altruism, doctors are also called to deliver patient-centred care.[11] Frankford and Konrad suggest that this particular element of professionalism has been put at threat by market forces encouraging self-interest.[12] Patient-centred care incorporates being 'respectful and sensitive to a patient's culture, age, gender and disabilities'.[8] Work should consist of personal encounters, not an exchange of goods.[12]

Obligations to workplace and society

Professionalism has been described as 'medicine's contract with society'.[13] Where doctors are accountable not only to their patients and colleagues, but greater society.[8] As a part of this, doctors are called upon to 'participate in activities contributing to an improved community'.[9]

There lies a more serious component to this, where doctors are called to provide the best healthcare possible in a resource-limited health system.[13] In this, doctors should work towards 'uniform and adequate standard of care'.[13]

Leadership and teamwork

As suggested by Cohen, doctors are destined for leadership by 'the very nature of our chosen profession'.[11] And even at the beginning of their professional career, residents may be required to take on leadership roles. However whilst residents must be able to exhibit leadership as appropriate, they must also be able 'to defer to the leadership of others when indicated'.[14]

Residents as team players involves 'the ability to recognise and respect the expertise of others and work with them in the patient's best interest'.[5] Stemming from this medical students, and later as residents, must be capable of (and are obliged to) collaborating with other health professionals.[14] Part of working effectively within a team involves demonstrating 'respect for nurses' and also 'respect for support staff'. Borrero et al. envisages the inappropriate exhibition of these behaviours as inappropriate dress, laziness, shirking duty, abuse of power and potentially risking impairment.[7]

Communication and Collaboration

Another area of professional competency is that of communication. Communication for residents may include appropriate patient-based referrals, effective communication with patients, patients' families and other healthcare professionals.[15] Underpinning effective communication is respect.[16]

Residents are 'rewarded [by their patients] for strong communication skills and the ability to maintain trust over time'.[8] Garfield et al. envisages communication skills which encompass: 'Communicates effectively with the patient'[17], 'Provides all patients with informed consent'[18], and'Maintains an appropriate appearance and demeanor'[19].

Quality Improvement and Continuing Education

Doctors have been called upon to be 'dedicated to continuous improvement in the quality of health care'.[13] In this, they should strive for expertise, with a focus towards 'lifelong learning and continuing professional development'.[20] Within the constantly expanding realm of medical knowledge, it is important for doctors to learn to use evidence-based medicine to make 'scientifically based clinical decisions' to improve patient care.[9] Alongside appraisal, doctors also need to take responsibility to 'promote research…and to create new knowledge'.[13]

In day-to-day work, quality improvement includes vigilance, maintaining complete medical records and practice with 'cognitive apprenticeship' – that is, deep learning with a problem solving approach.[8, 15]

Adaptability and improvisation

Markakis suggests that adaptability is an important professionalism skill for JMOs.[16] Similarly the ability to improvise is also suggested as a key skill. Improvisation is described by Frankford as the 'spontaneous, skilful, dynamic execution of performance'.[12]

Self-care and self-awareness

When appropriate junior doctors need to be able to seek help,[8] to self-regulate,[10] and to manage carefully personal stress.[15]

The wellbeing of doctors not only benefits doctors but also their patients. Markakis refers to a study of second year medical students which concluded that 'students who had their psychological needs for learning met were in turn more supportive of their patients' psychological needs'.[16] Indeed, studies have shown that the wellbeing of a doctor correlates to other professional attributes such as altruism.[21]

Institution culture also plays a role in optimising self-care and self-awareness wherein 'an unfriendly institutional culture can easily undermine the well –intentioned efforts of those trying to impart professionalism through means of curriculum'.[10]

Instilling professionalism competencies

Literature identified also suggested methods of instilling professionalism competency in JMOs.

There are two components to teaching professionalism: both implicit and explicit.[1, 9] Traditionally the teaching of professionalism was implicit, however this is seen by some as 'no longer sufficient'.[1] In contrast, those advocating for continued implicit teaching of professionalism suggest that explicit teaching is constrained within 'lists of rules and behaviors' which are limited by difficulties in assessing their impact.[9]

Implicit teaching enables the delivery of the 'elusive part of professionalism that goes beyond expertise'.[22] It forms an informal curriculum wherein 'the unwritten ethical codes of medicine are revealed'.[22] This was traditionally taught through role modelling, but also encompasses a 'moral endeavour, emphasizing altruism and service…efforts to promote self-awareness, community service and other methods of acquiring experiential knowledge'.[1] Likewise, Ludmerer suggests that the internal culture of academic health centres needs to be 'less commercial and more service orientated' in order to instil these values.[10]

Explicit learning refers to professionalism which is deliberately taught through curriculum (Table 3).[1]

Table 3. Examples of Explicit Teaching of Professionalism Competency

Orientation course at the start of residency[16]
Video-taped patient interactions comprising a communication-skills training program[16]
Incorporation of professionalism teaching into morning meetings with senior clinician[16]
Challenging case conferences[16, 23]
Home visits[16]
PGY1 to PGY2 transition workshop: exploring '*imposter* syndromes, feelings of inadequacy, and poorly developed organizational and time-management skills'
Resident support groups[16]
An annual resident retreat[16]
Mentor programs[16]
Praise/concern cards: 'These cards are available to faculty, chief residents, residents, nurses, and administrators to offer immediate, transactional feedback'[16]
Seminars focusing on professionalism[23]
Curriculum provided 'opportunities to follow patients with chronic illnesses'[23]
Community service[23]

Irby et al. suggests that teaching needs to focus on 'trainees' professional identity' with incorporation of both types of curricula. This proposed model suggests individualisation of the

curriculum through delving into core and depth curricula whereby core curricula focuses on essential training, however offers options through depth curricula for delving into areas of interest in greater depth and achieving supplemental competencies in medical school and in residency. The model proposed by the authors is argued as better acknowledging diversity of students' knowledge, skills, abilities.[24]

Discussion and Limitations

There remains poor consensus as to what constitutes professionalism. Literature reviewed describes professionalism as being composed of competencies, principles, professional identity, social values, skills, behaviours, attributes, attitudes, responsibilities and guidelines. Within the context of this research it was envisaged that JMOs need to possess professionalism competencies, that is 'important observable knowledge, skills and attitudes'.[25] However to further build on the ACFJD, further assessment of and exploration into professionalism competencies for JMOs is warranted.

Potential professionalism competencies for JMOs identified encompass humanistic qualities, patient-centred medicine, obligations to workplace and society, leadership and teamwork, communication and collaboration, quality improvement and continuing education, adaptability and improvisation, and self-care and self-awareness. Elements of all of these terms except for humanistic qualities, and adaptability and improvisation are currently included in the ACFJD. However the question remains as to whether there is collaborative understanding as to what each of these areas of professionalism entail when translated into practice.

There are also varied interpretations of how to best instil professionalism in JMOs. These include extrinsic and implicit teaching. Both forms of teaching appear to have advantages. Perhaps a joint model of both intrinsic and extrinsic teaching would be ideal for JMOs, as suggested by Cruess (t al..[1]

Part 2 builds on part 1 and seeks to further explore professionalism skills through qualitative analysis of specialty college curricula.

Conclusion

This literature review has revealed a number of potential professionalism competencies for JMOs in addition to potential methods of teaching them. Part 2 further explores these skills according to interpretations by specialty colleges.

References:

1. Cruess RL and S. Commentary: Teaching professionalism: general principles. 2006.
2. Buyx AM, Maxwell B, Schone-Seifert B. Challenges of educating for medical professionalism: who should step up to the line? *Medical education*. 2008;42:758-64.
3. Confederate of Postgraduate Medical Education Councils. Australian Curriculum Framework for Junior Doctors Project. Available at: http://curriculum.cpmec.org.au/. Accessed
4. McGarry K, Landau C. Enhancing medical professionalism through interactive seminars. *Medical education*. 2012;46:523-4.
5. Steinert Y, Cruess S, Cruess R, et al. Faculty development for teaching and evaluating professionalism: from programme design to curriculum change. *Medical education*. 2005;39:127-36.

6. Matveevskii A, Moore DL, Samuels PJ. Competency and professionalism in medicine. *The clinical teacher*. 2012;9:75-9.
7. Borrero S, McGinnis KA, McNeil M, et al. Professionalism in residency training: is there a generation gap? *Teaching and learning in medicine*. 2008;20:11-7.
8. Garfield JM, Garfield FB, Hevelone ND, et al. Doctors in acute and longitudinal care specialties emphasise different professional attributes: implications for training programmes. *Medical education*. 2009;43:749-56.
9. Coulehan J. Viewpoint: today's professionalism: engaging the mind but not the heart. *Academic medicine : journal of the Association of American Medical Colleges*. 2005;80:892-8.
10. Ludmerer KM. Instilling professionalism in medical education. *JAMA : the journal of the American Medical Association*. 1999;282:881-2.
11. Cohen JJ. Leadership for medicine's promising future. *Academic medicine : journal of the Association of American Medical Colleges*. 1998;73:132-7.
12. Frankford DM, Konrad TR. Responsive medical professionalism: integrating education, practice, and community in a market-driven era. *Academic medicine : journal of the Association of American Medical Colleges*. 1998;73:138-45.
13. Medical professionalism in the new millennium: a physicians' charter. *Radiology*. 2006;238:383-6.
14. Learning objectives for medical student education--guidelines for medical schools: report I of the Medical School Objectives Project. *Academic medicine : journal of the Association of American Medical Colleges*. 1999;74:13-8.
15. Qu B, Zhao YH, Sun BZ. Assessment of resident physicians in professionalism, interpersonal and communication skills: a multisource feedback. *International journal of medical sciences*. 2012;9:228-36.
16. Markakis KM, Beckman HB, Suchman AL, et al. The path to professionalism: cultivating humanistic values and attitudes in residency training. *Academic medicine : journal of the Association of American Medical Colleges*. 2000;75:141-50.
17. Veloski JJ, Fields SK, Boex JR, et al. Measuring professionalism: a review of studies with instruments reported in the literature between 1982 and 2002. *Academic medicine : journal of the Association of American Medical Colleges*. 2005;80:366-70.
18. Cruess SR, Johnston S, Cruess RL. "Profession": a working definition for medical educators. *Teaching and learning in medicine*. 2004;16:74-6.
19. Kearney RA. Defining professionalism in anaesthesiology. *Medical education*. 2005;39:769-76.
20. Australian Medical Association. *2012 AMA Junior Doctor TraInIng, EducatIon and Supervision Survey. Report of Findings*. Barton, Australia2012.
21. West CP. Empathy, distress and a new understanding of doctor professionalism. *Medical education*. 2012;46:243-4.
22. Wallace AG. Educating tomorrow's doctors: the thing that really matters is that we care. *Academic medicine : journal of the Association of American Medical Colleges*. 1997;72:253-8.
23. Cohen JJ. Professionalism in medical education, an American perspective: from evidence to accountability. *Medical education*. 2006;40:607-17.
24. Irby D. Educating physicians for the future: Carnegie's calls for reform. *Medical teacher*. 2011;33:547-50.
25. Frank J. The CanMEDS 2005 Physician Competency Framework. Better Standards. Better Physicians. Better Care. Ottawa: *Royal College of Physicians and Surgeons of Canada*; Available at: http://meds.queensu.ca/medicine/obgyn/pdf/CanMEDS2005.booklet.pdf. Accessed August 12 2012.