

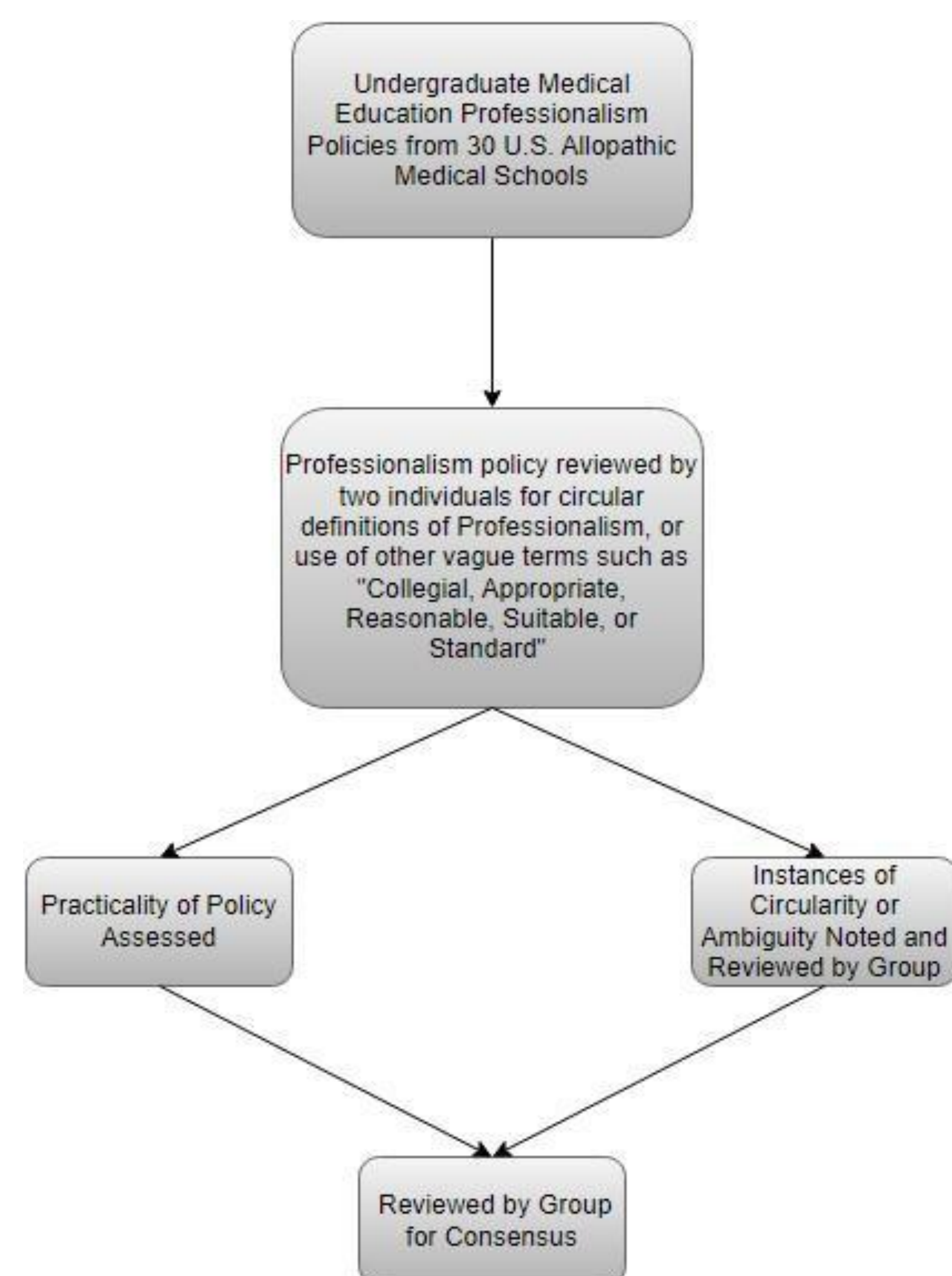
## Introduction

The notion of professionalism informs policy-making at all levels of medical practice, from national specialty organizations and licensing boards to hospital disciplinary committees. The creation of policies to promote professionalism, however, is made more complex in the context of undergraduate medical education, where the notion of professionalism **not only acts to govern student's behavior**, but also **shape the professional identity of physicians-in-training**. As there is no uniformity in how professionalism is defined, this can create confusion for medical undergraduates as they graduate and enter the medical field. This challenge is evident in the **ambiguity and conceptual circularity** which can be found in the professionalism policies directing undergraduate medical education. We offer, here, a preliminary report on our current effort to descriptively characterize the breadth of this phenomenon.

**Our research objective** is to investigate professionalism policies from allopathic medical schools to compare their varying notions of what it means to be *professional*, and thus shed light on the need for uniformity in this definition.

## Methods

The methods for this project stemmed by the larger *Insight into Professionalism Initiative* at IUSM. We utilized a qualitative approach, allowing for the assessment of professionalism policies from thirty allopathic medical schools. A policy is deemed **"ambiguous"** when it **defines professionalism circularly** (i.e., using references to professionalism to define professionalism) or when the policy relies on undefined ideas of appropriateness, collegiality, reasonableness, suitability, or the standards of the medical profession. A policy is deemed **"practical"** when it includes many **concrete, actionable examples** demonstrating how professionalism is expected to be displayed.



For the *Insight Into Professionalism Initiative's* larger project's methods, scan this QR code.



## Results

Medical School	Ambiguous Examples from Professionalism Policy	Discussion
University of Arizona College of Medicine Tucson	<p>"Maintain a <b>professional</b> appearance and demeanor" [1]</p> <p>"Communicate <b>in a manner that is effective</b> and promotes understanding, inclusion and respect for individuals' diverse characteristics." [2]</p>	<ul style="list-style-type: none"> <li>Vague and broad descriptions of expected attributes</li> <li>Uses the word "professional" circularly to describe an aspect of professionalism</li> </ul>
Morehouse School of Medicine	<p>"All students shall have the continuing responsibility to demonstrate behavior, which is <b>consistent with the highest standards of professional and personal honesty</b>." [3]</p> <p>"It is important that our students' appearance <b>reflect the professionalism</b> of the career for which they are training and be <b>appropriate for the professional setting</b> in which our curriculum occurs." [3]</p>	<ul style="list-style-type: none"> <li>Circular definitions of professionalism</li> <li>Few examples of behaviors given, all of which are of negative behaviors</li> </ul>

Table 1. Case studies of select impractical professionalism policies

Medical School	Practical Examples from Professionalism Policy	Discussion
Kaiser Permanente Bernard J. Tyson School of Medicine	<p>"Accountability: A physician who <b>demonstrates accountability accepts responsibility for one's own decisions</b> and their effects on patient outcomes, then ensures appropriate follow-up. Additional accountability to one's colleagues is <b>demonstrated through working well in teams, openly identifying and learning from one's own mistakes</b> and speaking up to support team members in their efforts for the same" [4]</p>	<ul style="list-style-type: none"> <li>Easy to follow and very actionable</li> <li>Explicitly explains how students are expected to show the professional attribute of "accountability"</li> <li>Professional attributes are followed by thorough examples</li> </ul>
California University of Science and Medicine	<p>"<b>Demonstrate an ability to share someone else's feelings</b> or experiences by imagining what it would be like to be in his/her situation" [5]</p> <p>"<b>Display a positive attitude</b> when receiving constructive criticism" [5]</p>	<ul style="list-style-type: none"> <li>Gives clear examples of how they expect professionalism to be displayed by students</li> <li>Uses many specific examples of professional behavior</li> </ul>

Table 2. Case studies of select practical professionalism policies

## Number of Ambiguous Statements in Each Policy

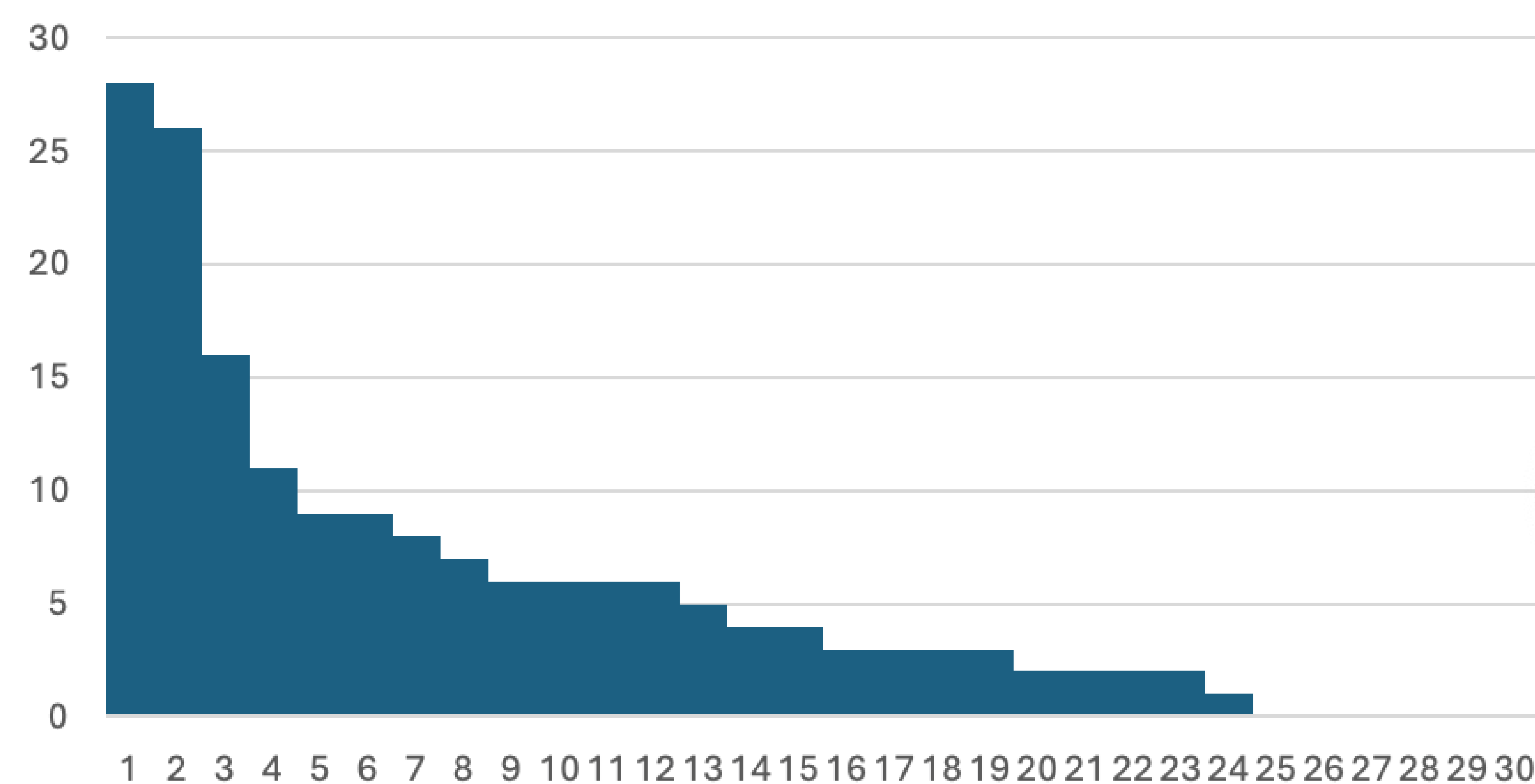


Figure 1. Number of ambiguous statements in each policy assessed.

## Types of Ambiguous Language in Policies

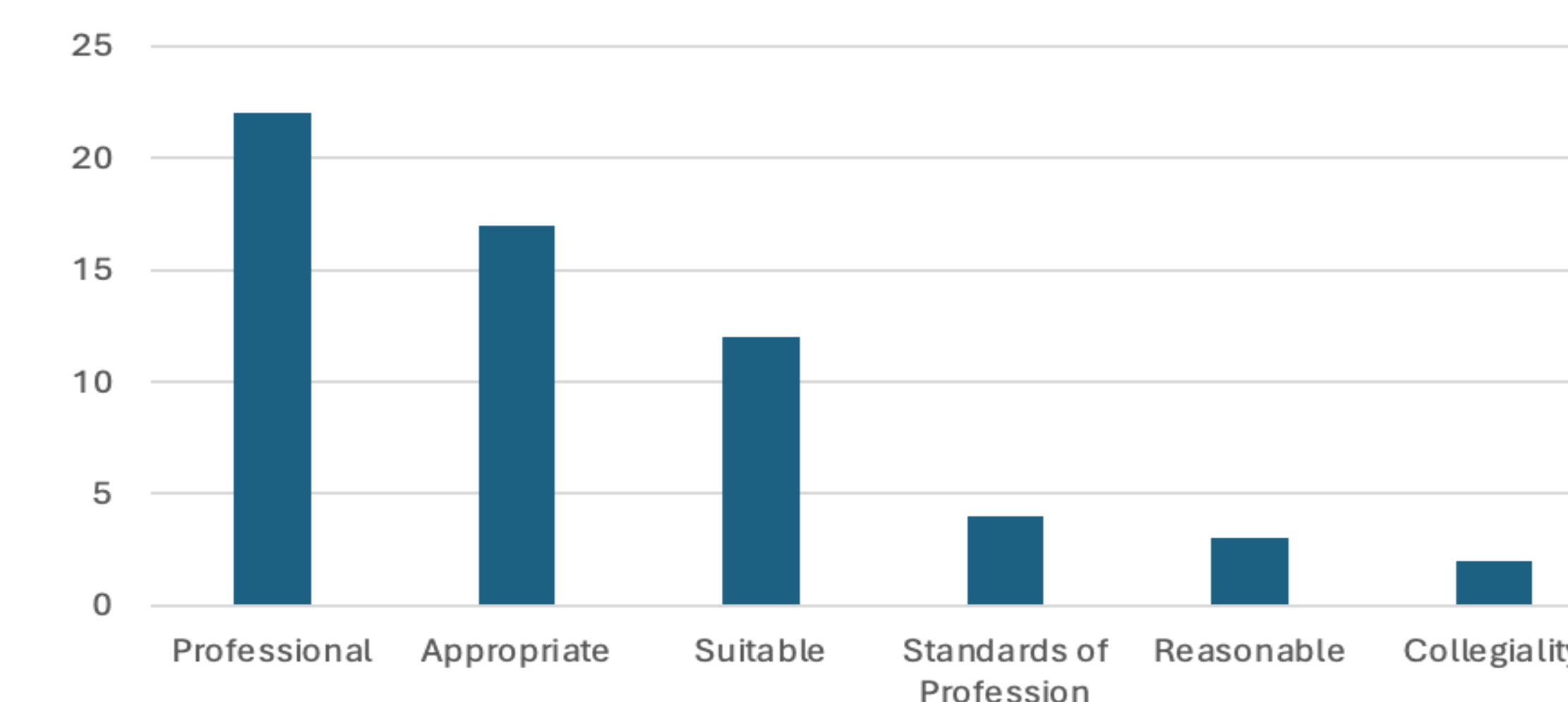


Figure 2. Number of policies that included ambiguous phrases above.

## Discussion

Many of the schools in this project have at least one ambiguous statement in the process of defining professionalism. Most often this was in the context of **circularly defining professionalism** or using the phrase **"to be professional"** to define what it means to embody professionalism. Other instances of ambiguity used vague phrases such as "reasonable" or acceptable" and failed to exemplify what they believe reasonable or acceptable behaviors for a future physician are. A noticeable correlation is that the **ambiguous policies also fell short on the practicality of the policy** as they never truly defined professionalism, and therefore were unable to provide concrete examples of what professionalism looks like. Practical policies contained numerous examples of actions, behaviors, or character traits that illustrated what professionalism means in the healthcare field, as well as actions and behaviors that would be considered unprofessional. The lack of concrete examples assumes that professionalism is known by the students prior to their medical education. However, in an ever-growing and diverse field such as healthcare, **what defines professionalism is also constantly changing**. Keeping up with the ever-changing expectations is a crucial aspect to maintaining excellent care. So, while it is the role of students to propel medicine to a brighter future, it is the responsibility of teachers to lay the groundwork so that medical care continues in the correct direction.

## Conclusion

- Professionalism has been explicitly identified by the LCME as a key competency for graduating medical students.
- Here, however, we have collected evidence that a primary modality for communicating professional expectations—namely, professionalism policies—are currently inadequate and impractical.
- They offer circular or otherwise ambiguous definitions of professionalism which cannot guide the professional development of students.
- While we cannot yet claim that this problem is universal among allopathic medical schools in the United States, there is cause for concern—and an important opportunity for medical educators and students to turn their attention to correcting it.

## References

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