

Guest Editorial

Professionalism and Patient Safety

Sara L. Thier, MPH
Managing Editor

David B. Nash MD, MBA
Editor

Over the past year, a representative faculty group at Jefferson Medical College began revisiting its “Code of Professional Conduct” and its views on “Medical Professionalism.”^{1,2} The code and Jefferson’s core values go beyond simply targeting faculty and clinicians, extending their reach to include medical students and housestaff. Through the reassessment of the code and professional principles, leaders at Jefferson have become keenly aware that these professional behaviors and ethics are distinctly linked to patient safety. In this editorial, we wish to draw upon some of the key principles of The Charter on Medical Professionalism, and discuss how these principles are essential to creating a culture of professionalism *and* safety.³ Finally, we will share highlights from Jefferson Medical College events and activities dedicated to promoting professionalism and patient safety among medical students and housestaff.

It is incumbent upon medical professionals to act in the best interest of their patients. Jefferson is taking professionalism one step further by aligning patient safety strategies with its core values and philosophy on medical professionalism. The professions are unique in that they have the “privilege of self-regulation.” Along with this privilege comes the responsibility of responding to and reporting problems, errors and egregious activities – with an eye toward preventing them in the future. Building upon the work of others in this area,⁴ Jefferson’s efforts are dedicated to stimulating a renewed focus on professionalism.

The Charter

The Charter on Medical Professionalism, a product of the collaboration between American College of Physicians-American Society of Internal Medicine (ACP–ASIM) Foundation, the American Board of Internal Medicine (ABIM) Foundation and the European Federation of

Internal Medicine (EFIM), outlines important principles that serve as a guide to promote and maintain professional behaviors and attitudes. The responsibilities outlined in the Charter go beyond the basic premises of professionalism (i.e., maintain and transmit knowledge, act in the patient's interest, establish and enforce standards, and value performance above rewards) to emphasize an even greater commitment to patients and patient care, underscoring honesty and transparency, patient confidentiality, and striving for continuous quality improvement through collaborative efforts across disciplines. Unfortunately, these commitments often are not met, as exemplified by fraud and abuse cases, and medical malpractice suits. These sometimes egregious, often insidious breaches in professional behavior leave our patients at risk.

Not a Skill Set — A Mindset

Many think of a professional as someone who possesses a unique and highly-honed set of skills. While certain skill sets are essential components of a physician's expertise, professionalism goes beyond the categorization of skills to encompass an individual's state of mind and personal philosophy. A true professional is one who acts with honesty and ethics, who possesses a strong personal commitment to patients and their care, and who is careful to exercise his/her responsibilities to the best of his/her abilities.⁵

How can these characteristics affect quality and patient safety?

Honesty and ethics: Many assume that medical errors are simply a result of poor skills, faulty decisions, or even of improper or inefficient systems. Yet honesty and acting ethically are two key components of professional behavior that also have a major effect on safety. Dishonest and unethical behavior, such as withholding important information about a treatment option, lying about an error, regardless of whether or not it caused harm, all contribute to our faulty – and for many, dangerous – healthcare system. Without honesty throughout the system (often referred to as *transparency*) patients face potential adverse events and the consequences resulting from uninformed decisions.

Self-regulation and professional responsibilities: As members of a learned profession, physicians are expected to establish and enforce standards. In most cases these are seen as

doctoring skill, but these core competencies have recently been expanded to include humanistic and communication skills.⁶ Again we single out medicine, but only to use it as a yardstick for everyone working with and for patients. Those in the healthcare field must not only be aware of their responsibility to speak up, but also feel confident that when they do their voice will be heard.

Culture of professionalism: In recent years, health plans, healthcare organizations and others have publicly emphasized their focus on customer service. While a customer service orientation is necessary for working in the patient's interest, it is not sufficient in creating a truly patient-centered system. In order to achieve true patient-centered quality care, healthcare executives and their quality improvement teams must continue to strive towards creating a "culture of safety," an environment that encourages individuals to speak up without fear of retaliation. This ideal culture is assumed to be non-punitive, seeks to place the welfare of the patients first, and is essential for quality improvement in health care.

Jefferson Medical College Strategies to Promote Professional Behaviors and Patient Safety

Stanton N. Smullens, MD, Chief Medical Officer of the Jefferson Health System, and currently the Chair of the Jefferson Medical College's Committee for the Continuing Evaluation of the Code of Professional Conduct, stresses the need for a fundamental change to the healthcare culture. He emphasizes that this change must be instilled throughout medical students' formal education in order to transform the healthcare system in the future.

Medical Student Programs

For the past three years, Jefferson Medical College has sponsored a day-long education program on patient safety for third-year medical students.⁷ Modeled after other exacting professions, such as aviation, students learn about the importance of speaking up when faced with an obvious or potential safety issue. At these meetings and through other channels, Dean Thomas Nasca, MD, MACP has made a direct plea for students to approach him with concerns, issues, and reports of adverse events. Dean Nasca's aim is to encourage this self-regulatory behavior during medical

school as a way of making it an accepted and expected behavioral norm once they begin their medical practice.

In addition to providing a day on patient safety issues, in March 2006 third-year medical students also participated in an Interclerkship day focused on professionalism. This event was highly interactive with small group discussions on a variety of ethical dilemmas that commonly confront physicians. The day also included the opportunity for the students to review, rewrite and discuss the personal Hippocratic Oaths they originally wrote during their first-year orientation.

Internal Medicine Takes the Charter to Heart

Housestaff are role models for medical students, and are often the first provider to see patients in an academic medical setting. Recognizing these facts, Jefferson's Department of Internal Medicine recently began several novel activities with the aim of promoting professionalism among its interns and residents. First, each member of the housestaff received a pocket card with the ten key points of professionalism taken from the Charter. Second, a Housestaff Professionalism Committee was created with the two primary objectives:

1. Educating residents and faculty about issues on professionalism. A grand rounds presentation on professionalism by Jordan Cohen, MD, the former President of Association of American Medical Colleges (AAMC), was one activity designed to meet the education objective of the committee.
2. Recognizing outstanding professional behaviors by housestaff, attendings, and faculty with a special "10 Point" star pin.

The goal of these strategies is to create a positive, open forum for discussing and promoting professional behaviors among residents and faculty. While the implementation of the committee and these activities are relatively new, the Department of Internal Medicine's Residency Director, Dr. Gregory Kane, hopes that this program becomes a model for other departments within Jefferson and other academic medical centers.

A New Approach to Safety

The connection of safety to professional behaviors continues to grow more evident. This link argues that creating a “culture of safety” may be too limited an approach. A more appropriate strategy should be to advance a “culture of professionalism,” which by definition embodies the culture of safety.

Though physicians must act as role models of professional behavior, they cannot, and should not, carry the torch alone. As underscored by a number of quality improvement initiatives, all employees in health care must work as a professional team, all understanding their role, but also recognizing their ability to affect patients’ care.⁸

In the September 2006 Newsletter Issue

In this issue of the Health Policy Newsletter are two important articles. One highlights the findings of research linking medical students’ non-professional behaviors and subsequent disciplinary actions in practice. Another stresses the importance of lifelong learning, one of the key components of professionalism. These are just two examples of the research examining professionalism and its potential effects on patient care.

As usual, we are interested in your views and send your comments to david.nash@jefferson.edu.

References:

1. Jefferson Medical College, Faculty Handbook, 2004. Appendix D: Code of Professional Conduct. Available at: www.jefferson.edu/jmc/faculty_handbook/append-c.html. Accessed on May 2, 2006.
2. Jefferson Medical College, Committee for the Continuing Evaluation of the Code of Professional Conduct. Statement of Professional Conduct. 7/1//06.
3. Project of the ABIM Foundation, ACP-ASIM Foundation, and European Federation of Internal Medicine. Medical Professionalism in the New Millennium: A Physician Charter. *Ann Intern Med.* 2002;136(3):243-246.
4. Devers KJ, Pham HH, Liu G. What is driving hospitals' patient-safety efforts? *Health Aff (Millwood)*. 2004;23(2):103-15.

5. Brennan TA. Physicians' professional responsibility to improve the quality of care. *Acad Med.* 2002;77(10):973-80.
6. Accreditation Council for Graduate Medical Education. Core Competencies. Available at: http://www.acgme.org/acWebsite/RRC_280/280_coreComp.asp. Accessed June 27, 2006.
7. Meiris DC, Clarke JL, Nash DB. Culture Change at the Source: A Medical School Tackles Patient Safety. 2006;21(1):9-12.
8. Geheb MA, Dickey J, Gordon G, Beemsterboer P, Flaherty-Robb M. Looking towards a Model of Organizational Performance: Can health Systems Professionalism and Competence be Defined? *ACGME Bulletin.* August 2004:3-7.