

From my perspective

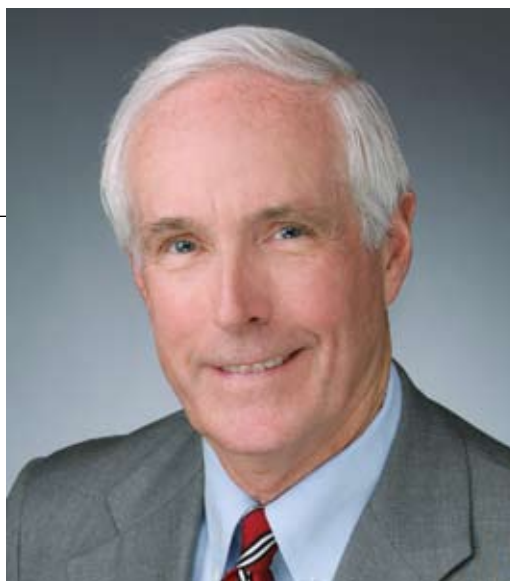
Since its inception, the American College of Surgeons has sought to uphold the highest standards of professionalism among surgeons. This founding principle is succinctly summarized on the official seal of the College in the words, “to serve all with skill and fidelity.” Although the College and most surgeons and other physicians have long recognized the importance of professional conduct among those who are responsible for providing care to patients, the topic was discussed largely in philosophic ways until recently.

Indeed, since the American Board of Medical Specialties and the Accreditation Council on Graduate Medical Education identified professionalism as one of the six core competencies that all physicians should attain and sustain throughout their careers, the topic has received more widespread attention. Academicians and practicing surgeons have been trying to define this quality and determine why some people behave in a highly professional manner, whereas others act in inappropriate ways. We also have been attempting to determine how best to imbue young physicians in professionalism.

What is professionalism?

The College’s Task Force on Professionalism was formed for the purpose of resolving these issues. One of this group’s first undertakings was to define professionalism. In developing the ACS Code of Professional Conduct, the Task Force determined that professionalism encompasses an individual’s cognitive, moral, and collegial attributes.¹ The group also found professionals possess four core characteristics: (1) specialized knowledge, (2) relative autonomy in practice and the privilege of self-regulation, (3) altruistic service to individuals and society, and (4) responsibility for maintaining and expanding professional knowledge and skills.

The authors of the Code of Professional Conduct state, “A good surgeon is more than a technician, and reliance on technical expertise alone as the basis of professionalism might weaken our claim to public legitimacy.”¹ They also note that although ethical practice and professionalism are interrelated, they are not synonymous. Professionalism extends beyond medical ethics and incorporates surgeons’ relationships with their patients and



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society.¹ As Kirk and Blank surmise, “‘Professionalism’ denotes the standards of behavior that individual physicians are expected to meet as they provide their specific knowledge and skills to those who seek their counsel, and it is the basis of medicine’s contract with society.”²

Professionalism begins in medical school

As these definitions imply, “professionalism” is not an attribute that can be taught or evaluated through our conventional educational techniques and measures, such as lecture, question-and-answer sessions, or laboratory experience and examination. Instead, it is a behavior that must be acquired through example and reinforced over time. Likewise, unprofessional conduct must be identified early on and must carry with it consistent negative consequences.

A recent report in the *New England Journal of Medicine* proves a premise that many of us have

long maintained: Professionalism begins in medical school. The authors studied 235 graduates of three medical schools who had been disciplined by state medical boards between 1990 and 2003; they found that physicians who were subject to corrective measures had displayed previous unprofessional behavior in medical school. Destructive conduct in medical school most often associated with unprofessional conduct later on in an individual's career were irresponsible actions and a limited capacity for self-improvement. The authors conclude that "professionalism should have a central role in medical academics and throughout one's medical career."³

Apparently medical schools are getting the message. I recently had an opportunity to sit in on some medical school classes with my daughter, who is a first-year student, and was impressed by how much of the material focused on professional development. Today's medical school curriculum seems to cover all aspects of being a medical professional, using a very interactive and less Socratic approach to learning than many curricula I've experienced.

As a professional organization, the College continues to accept its responsibility for ensuring that all of its members conduct themselves with dignity and compassion. An official Code of Professional Conduct outlining the surgeon's responsibilities to each surgical patient and to local communities and society at large was developed by a special Task Force on Professionalism a few years ago. The code was approved by the Board of Regents in June 2003 and was subsequently published in the October 2003 issue of the *Journal of the American College of Surgeons*. In addition, a CD-ROM entitled *Professionalism in Surgery: Challenges and Choices*, which outlines the underlying principles in the code, has been developed and is available to our members and all other interested parties. The CD-ROM presents 12 vignettes exploring realistic challenges to an individual's professionalism, such as fatigue, error, and false diagnosis. It is a valuable resource for practicing surgeons but may also be useful to medical students and surgical residents as they strive to develop this core competency.

We must be good role models

It must be said that classroom and electronic learning programs only go so far in inculcating young people in professional conduct. We must

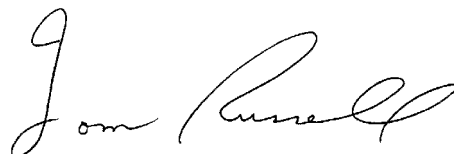
always be aware of the impact our comments and demeanor might have on those who are just starting on the path to a career in surgery. The current stresses and strains of practice today can cause all of us to be somewhat disenchanting from time to time. However, we must remember that it is important not to be negative in discussing surgery as our life's work with people who are just beginning to think about theirs.

Medical students in particular need positive role models who exude clinical knowledge, technical finesse, and ethical and collegial behavior. Therefore, those of us who interact with these young people must take extra care to be at our best when communicating with them. We must nurture their innate desire to serve others and remind them of the joys and privileges associated with providing surgical care.

Because professionalism begins early in life for surgeons, I urge each of you to ensure that any contact you may have with medical students—whether it is ongoing and in an academic setting or on an occasional basis—is infused with a sense of pride in this profession. We must take responsibility not only for our own level of professionalism but for the conduct of the next generation of surgeons as well.

References

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3. Papadakis MA, Teherani A, Banach MA, et al. Disciplinary action by medical boards and prior behavior in medical school. *N Engl J Med*. 2005; 353(25):2673-2682.



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If you have comments or suggestions about this or other issues, please send them to Dr. Russell at fmp@facs.org.