Professionalism is the basis of medicine’s contract with society. Without this essential quality, a physician becomes a mere technologist and not a compassionate and humane healer for suffering humanity. The medical community has always been aware of the attributes of professionalism as stated in the Hippocratic oath, taken at the time of completion of medical graduation. Formal instruction or evaluation of professionalism in undergraduate or postgraduate curricula or its re-affirmation in continuing medical education for practicing physicians was not considered necessary until recently, when a deficiency of humanistic qualities surfaced in health care workers despite state of the art scientific training. This diminishing focus on humanism is predominantly due to the changing scope of science and market realities of today’s world.

The rapid growth of medical science and technology has produced the compulsion to expand the scientific knowledge base in undergraduate and postgraduate curricula, leaving little room for inclusion of social science experiences. The uncompromising pressures of acquiring scientific knowledge and skills, heavy workloads, deadlines and intense competition during medical school and residency training leads to erosion of compassion and empathy towards patients, triggers conflicts with colleagues and fosters attitudes of self-preservation and self advancement rather than patient interest. Demands of delivering health care to a maximum number of people with resource constraints, and the market forces influencing medical practice today also distract practitioners from professionalism.

The core of professionalism comprises those attributes and behaviours that serve to maintain patient interest above physician self-interest. It encompasses the moral and ethical attitudes of medical practitioners towards the patients’ families, other health professionals, professional organizations and society as a whole. Professionalism also focuses on the capability for self reflection, striving for excellence and a commitment to the generation and dissemination of knowledge. It has an important bearing on research activities.

To reaffirm these core values in medical education, the US and European health care systems took the lead in defining the term explicitly and incorporating the attributes in undergraduate and postgraduate curricula. In 2002, the American Board of Internal Medicine (ABIM) Foundation, the American College of Physicians-American Society of Internal Medicine (ACP-ASIM) Foundation and the European Federation of Internal Medicine prepared a “Charter on Medical Professionalism” based on the three fundamental principles of patient welfare, patient autonomy and social justice. This was published in leading medical journals and also received extensive media coverage.

The Association of American Medical Colleges as well as the The American Council for Graduate Medical Education have mandated the formal teaching and evaluation of professionalism as a core competency in medical schools and residency programs. The American Council for Graduate Medical Education has recommended documentation of professionalism in all US residency programs since 2007. Almost all of the 24 American sub-specialty boards have introduced these competencies in their curricula. Individual residency programs in the US have defined a subset of behaviours which constitute professionalism in their particular settings. A reflection and analysis of the current trends in the training and practice of health care workers generally, and medical graduates and subspecialties particularly, in Pakistan, highlights the overwhelming emphasis of biomedical science competencies in the certifying criteria, with acquisition of humanistic qualities left to assumption and chance. Some medical schools in Pakistan have introduced behavioural sciences, bioethics, and communication skills as a longitudinal theme in their curricula and offer a social science experience through electives or selectives. However, professionalism as a specific competency with a definite curricular content is lacking in medical schools and residency programs in Pakistani universities.

The College of Physicians and Surgeons of Pakistan has introduced certification in ethics and communication skills through a short course for residents. All attributes of professionalism as defined by the ACGME are not yet addressed in CPSP courses.

Promoting the importance of professionalism as a core competency in medical education in Pakistan is the responsibility of the medical educators, not only to be at
par with leading programs of the world but because moral and ethical values have a bearing on medical practice, and most importantly, on medical research, universally. Pakistani universities must introduce a well defined curriculum of professionalism in undergraduate and postgraduate medical education, in accordance with our value system. It should be stated as a mandatory competency for completion of residency as well as the CPSP fellowship.

At the Aga Khan University, the educators in the undergraduate as well as postgraduate medical education, are aware of the importance of professionalism as a well defined competency in their training programs. Several attributes of professionalism are addressed in continuous evaluation forms, in all residency programs, throughout the period of residency. Assessment of professional behaviour will henceforth be part of a written examination for all residents at the end of every year as well.

The Department of Postgraduate Medical Education is also committed to the important educational principle that what is being assessed must be taught through active, concrete, continuous, learning experiences supported by residents’ engagement with relevant, contextual, real and simulated encounters with patients, their families and other professionals. Towards this end, a curriculum for professionalism is being developed in all programs. Individual departments will develop their curricula, addressing specialty specific concerns. These will be stated explicitly in program manuals.

The personal interview is a valuable tool for evaluating behavioural competencies at the time of selection of interns and residents. To make our selection interviews rigorous and robust we are strengthening our processes through a number of evidence based measures such as structured, standardized questions, probing specific interview targets related to professionalism, multiple raters and response grading on a defined rating scale.

Presentations, workshops, seminars and grand rounds on recurring issues of moral and ethical judgement and decision making are held regularly ensuring exposure of all hospital residents and interns to a common set of issues on professionalism.

Interactive lectures with social scientists are organised to broaden the vision and build insight into the larger roles and responsibilities of medical practitioners towards society.

Electives are offered and service is recommended in underprivileged populations for four weeks during any one year of residency to promote acceptance of diversity and eliminate bias based on beliefs, languages, religion, race, or socioeconomic groups. Feedback is taken from concerned faculty in these rotations.

Additional measures can also reinforce these attributes in all trainees. Appropriate weightage to evidence of interest and achievements in the social sciences, along with scientific academic achievements relating to the candidates interest in humanitarian work, team work, and organizational responsibilities should be considered at the time of selection. Provision of relevant books and journals in the library and audio visual aids illustrating examples to reinforce active learning is important.

Participation in health care domains outside the respective departments such as patient support, counseling groups and home service for a period of one week during a senior year should be practiced. Annual retreats for two to three days during the final year to promote collaboration, team work and self reflection can also improve behaviour towards the profession.

Creative writing assignments on the wider realities and issues at national and global levels can be included in final assessments of residency. Ethics of research should be taught as prioritizing patient advocacy instead of self advancement.

The observed behaviour of the faculty in the hospital has a significant impact in shaping the attitude and behaviour of the learner. Therefore, the importance of role modeling or the hidden curriculum cannot be overstated. The role of mentoring in fostering professional behaviour during residency training is also well recognized. Hence mentorship should be a formal part of residency training.

Faculty development programs, therefore, play a crucial role. These programs must include not only topics for discussion but time for self-reflection, which allows the development of the true understanding and practice of professionalism.

A supportive environment which fosters collaboration, team work and intellectual honesty must be provided. Regulation of power dynamics, a level playing field and appreciation of professionalism should be embedded in the organizational culture.

The educators in UGME as well as PGME at our institution are aware of the need for these measures and are dedicated to taking this program forward. It would be a worthwhile step in the right direction for all medical universities of the country.

Appropriate weightage given to professionalism in all selection processes after residency training, will ensure that this learned experience will be carried forward into institutions and society as a whole.

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