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86 – Assessment of the Professional Attitudes of General Practitioners

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Purpose

For many years, professional attitudes have been a matter of concern (1). In recent years, the public perception of inappropriate attitudes and behaviours of some members of the profession highlighted the necessity either of a better assessment or a more detailed definition of professionalism. In this scenario different codes and declarations have emerged and with this, the rise of an increasing scrutiny inside and outside the medical profession. In this context, the issue of assessment of professional attitudes has been raised at WONCA meetings, at larger or minor conferences, world and regional level. Nevertheless, the approach to this issue is erratic and not systematic.

Definition of Professionalism

There is no universally agreed conceptual definition of medical professionalism. The shifting nature of the organizational and social milieu in which medicine takes place is perhaps the reason why there is no universal agreement (2). Nevertheless, as Hammer (3) stated about professionalism “You know it when you see it. You certainly know it when you see its antithesis. And you know it when you are expecting to see it, but do not”. Today’s definition of medical professionalism is evolving – from autonomy to accountability, from expert opinion to evidence-based medicine, from self-interest to teamwork and shared responsibility.

Attitudes, professionalism and assessment may be approached separately or in an integrated way that makes it even more complex. The assessment of professionalism must begin with a shared definition of the knowledge, skills, and attitudes to be assessed. To date, there is no WONCA shared definition of medical professionalism but revisiting several declarations, statements and papers we may list the following set of behaviours (4):

- Subordination of own interests to the interests of others;
- Adherence to high ethical and moral standards;
- Response to societal needs, and behaviours;
- Evidence of honesty and integrity, caring and compassion, altruism and empathy, respect for self, patients, peers, nurses, and other health care professionals;
- Accountability for themselves and colleagues;
- Recognition when there is a conflict of interest to themselves, their patients, their practice
- Demonstration of a continuing commitment to excellence;

- Ability to deal effectively with high levels of complexity and uncertainty;
- Critical reflection upon actions and decisions;
- Incorporates the concept of one's moral development and one's responsibility to the profession;
- Demonstrate sensitivity to multiple cultures;
- Maintain competence in the body of knowledge.

The Learning Environment

Attitudes are formed through various types of social learning. With the exception of childhood upbringing and personal cultural context, there is some evidence that the learning environment through adulthood, particularly at medical undergraduate and postgraduate study level, influences professional attitudes(5).

Therefore, we have to acknowledge the professional values of health organizations. Nowadays there is a conflict in learning practice environments between what is asked of the GP/FD regarding managed care policies (what we have TO DO) and the ethical guidelines issued (what we have TO BE). If we want to progress with the measurement of professionalism in medical practice we have to clarify the differences among these values in order to solve this dissociation. A dialogue needs to be established. It has to be clear that family doctors are called to advocate health care values rather than government or corporate values.

There must be an emphasis on the importance of professional behaviour in the institutions and everyone should be accountable, using the same measures.

As stated previously, learning of professional attitudes starts to develop early on, even prior to Medical School (public news about doctors, in particular about family doctors) but it is throughout medical school, during residency and later on in practice that professional values have to be viewed, tested, and assessed. For every level of this continuum it is critical to align the values of the profession with societal needs; to align teachers' undergraduate medical values with the values learned during residency or within the professional world of practice. Positive feedback is important but we should not escape negative feedback from peers either. The family practice community needs to be a structured learning environment where professionalism is acknowledged and rewarded and unprofessional behaviour results in negative consequences. Until now, some of these issues have not yet been addressed at WONCA meetings.

Assessment tools

An evaluation of professionalism must focus on the reasons for a behaviour, rather than just the behaviour itself. Professional behaviour assessment tools must take into consideration the contexts in which unprofessional behaviours occur, the conflicts that lead to lapses in behaviour, and the reasons the choices were made. Assessment cannot rely on a single tool or approach. Tools that exist include (6,7):

- a) evaluations by faculty tutors or supervisors – rating forms are the most commonly used instrument and typically have one global "professionalism" item;
- b) Scales to rate professionalism by nurses and patients but this has shown to be very time consuming and requires multiple responses per resident and student, which may make it impractical;
- c) Peer evaluation – however, students, residents and professionals are very reluctant to provide negative feedback about fellows;
- d) Self-evaluation – but most self-assessment focuses on assessment of knowledge and skills, rather than professional behaviours;
- e) Standardized patients;
- f) Simulations.

Take home messages

The culture of professional attitudes is as important as the expressed curriculum learning. If we want to progress in the development of assessment of professional attitudes we need:

- A consensus of what we are evaluating,
- To decide on the possibility of utilising the same tools with each admission process to assess professionalism

during or at the end of each learning or practice process;

- To clarify the level of professionalism in each development stage;
- A mixed method to measure the professionalism culture should be defined and validated;
- To encourage reflective practice and self-reflection.

Original abstract

<http://www.woncaeurope.org/content/64-assessment-professional-attitude-general-practitioners-gps>

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