Editorial

Unprofessional Doctors—Are They Really Born This Way?

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- Ms M, a third-year medical student, posts a derogative comment on her Facebook account about a patient undergoing her fourth termination of pregnancy.
- Dr R, a junior resident, yells on the phone, "I'm arranging an urgent CT scan, stop calling me about stupid ward changes!"
- Mr S, a senior surgeon, slaps the hand of the scrub nurse when she hands him the wrong instrument.
- Dr P, a senior physician responsible for hospital purchasing decisions, travels frequently on industry-sponsored trips to conferences.

Framing the Discussion: Why Are Professionals Not Always Professional?

Professionalism has traditionally been viewed as an integral component of the practice of medicine, whereby a good doctor is always "professional". Modern day preoccupation with the "problem of professionalism"[1] reflects the medical fraternity's increasing concern about breaches of professionalism and commercialisation of medicine. Despite good evidence that unprofessional behaviour negatively impacts patient care,[2] it often remains unchecked and unreported.

The concept of medical professionalism has evolved in recent years. The nostalgic view[3] of professionalism regarded it as a set of attributes inherent within an individual. Responses to lapses of professionalism therefore tend to focus on the individual – is the individual behaving aberrantly? Did the residency select the wrong candidate?

New concepts about professionalism move beyond the individual. They recognise that multiple factors contribute to the individual's behaviour within a complex adaptive system.[3] This complexity systems approach helps us understand why we need to look beyond "picking the right people", as factors within the system can influence an individual's professional behaviour.

Therefore, teaching doctors about the medical profession's core values and behaviours is not enough. They also need to learn professional resilience skills to cope with the system's demands.[1] At the system level, healthcare organisations should examine their processes to reduce conflicts and challenges to professionalism faced by the healthcare providers working within these systems.

How to *Be* Professional?

Learning to become and stay professional in the workplace requires the healthcare provider to understand what is meant by professionalism and develop the necessary skills to maintain professionalism. Codes or frameworks that define behaviours therefore help to make explicit the values of professionalism.[4] The student needs to acquire basic skills of communication, teamwork and clinical competence to behave professionally.[5]

Additionally, other challenges that conflict with the individual's desire to be professional may arise in the workplace. To face such challenging situations, the student needs to develop additional skills for professional resilience: self-awareness, self-control, situational awareness, alternative strategy development, crisis communication skills, and peer coaching.[1]

How Do We Teach Professionalism?

Formal Curriculum

Universities and residency programmes already recognise the need for a formal professionalism curriculum for medical students and residents. Institutions who value patient safety should also promote continuing professionalism in faculty development programmes.[5-6] Inter-professional education where doctors, nurses and allied health train together helps enhance performance of teams that work together. Innovative methods to incorporate professionalism and continuing medical education (CME) into departmental meetings include the use of ethics case discussions or structured morbidity and mortality meetings. Residency

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programmes could introduce a work-based assessment like the performance measurement evaluation matrix (PMEX) tool[7] to highlight the importance of professionalism by aligning assessment with learning objectives.

Hidden Curriculum

Regardless of the official policy on expected professional behaviours, it must be reflected in the actions of staff on the ground, otherwise the hidden curriculum (unplanned learning through observation) will override any formal training programme. A senior doctor who routinely role-models respectful interactions with colleagues, nurses and juniors sends a powerful message to the rest of the team about professionalism. Clinical teachers who witness unprofessional acts by trainees should give explicit feedback, as indirect responses using humour or non-verbal disapproval may be missed by the learner.[8]

System Strategies

There are various strategies the institution can employ to reduce unprofessional behaviour. Junior nurses and doctors feel threatened when they experience bullying or witness disruptive behaviours of senior staff going unchecked. An institution protocol that trains staff to show the T-sign to signify time-out[6] or a similar verbal/visual reminder to halt the behaviour empowers the victim and prevents escalation of bad behaviour. The time-out forces the abusive person to reflect and provides an opportunity to regain emotional self-control.

Peer pressure can be harnessed by training all staff to have "a cup-of-coffee conversation",[6] as the occasional individual with poor social skills may be oblivious to the effects of his/her actions. In other situations, a person displaying unprofessional behaviour may be under external stress or just "having a bad day". An informal talk provides peer support and reinforces the institutional behaviour norms.

Finally, supervisors often feel uncomfortable confronting problem doctors, especially their peers. Practical guides for the problem trainee[9] or doctor[10] assist in working out the potential predisposing causes for the behaviour (e.g. mental/physical illness, personality, emotional, substance dependence, life changes, team or systems issues) and delineate the necessary steps of counselling, remediation and documentation.

Remove Systemic Barriers to Professionalism

Leaders in society and organisations should examine the system to remove barriers and conflicting demands on the individual. Within the clinical environment, excessive workload and fatigue are major stressors. Adequate manpower and regular review of work-processes prevent unprofessional behaviour related to poor decision-making and reduced emotional control caused by fatigue and rushing. Introducing standardised protocols for handover and communication minimises miscommunication errors that trigger conflict. Ensuring clarity of roles and responsibilities between different healthcare providers working in teams will reduce conflict between team members.

Remuneration of individuals typically drives their behaviours. Appropriate compensation rather than a "fee-for-service" model reduces unethical overcharging and unnecessary procedures. Pharmaceutical sponsorship for medical conference attendance becomes less attractive when organisations provide funding for continued professional development. Lifestyle considerations like work-life balance are increasingly important for the younger generation, so consider structuring work schedules to remove tension between work and personal or family needs.

Conclusion

Lapses in professionalism are no longer just about "the problem trainee" or "the rude doctor". The complex adaptive system view of professionalism illustrates the multi-faceted approach needed to develop the culture of professionalism in the clinical environment. This approach encompasses training of staff at all levels to understand and develop the necessary skills, having deliberate structures and protocols to deal with unprofessional behaviours, and eliminating systemic barriers. It is time we reframed our views about professionalism.[1]

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