The Challenge of Teaching Professionalism†

G Beauchamp,[1] *MD, FRCS*

Abstract

The medical profession has been conscious of all the changes happening in society in the last quarter of the 20th century and has tried to cope with it. Numerous criticisms about the profession and its professionals have stimulated a revision of the professional's behaviour and professionalism. The Royal College of Physicians and Surgeons of Canada has launched its own proposal under the name of CanMEDS 2000. Among the revised roles and competences one find professionalism. This theme is at the heart of our profession since the early days of the 20th century when medicine became a modern profession. Responsibility for the patient remains fundamental for any doctor but, today, society expects more accountability from the medical profession. We have the obligation to educate our residents not only for healing and caring of patients but also for active participation in managing the healthcare system. In this paper, we examine this renewed post-modern professionalism. My intention is to propose a visual approach for the teaching of professionalism.

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Introduction

For the past 25 years, professionalisation, industrialisation, large-scale infusions of technology into the healthcare system and consumerism, to name a few factors, have definitely contributed to changes in the healthcare environment. At the same time, society has moved from modernity to post-modernity with the adoption of pluralism, relativism and individualism as the new values. The economic context of western society and the introduction of a strong business culture in the healthcare system have also dramatically influenced the practice of medicine with the ideas of market, profit and efficiency. More recently, the information technology revolution has launched medicine into hyper-modernity.

I am convinced that the concept of professionalism in medicine has changed significantly in relation to the development of post-modernity, neo-liberalism and hyper-modernity. We now realise that the profession needs to re-interpret and re-examine the notion of professionalism in the new social and economic context of medical practice. The objectives of this paper were: firstly, to re-examine professionalism from the standpoint of a clinician practising in a healthcare system at the beginning of the new millennium; secondly, to evaluate the challenge of teaching a renewed concept of professionalism to a generation of students and residents who may have values far different from those of our generation.

In the early 20th century, people believed that scientific progress would lead to a total victory against diseases and bring happiness to humankind. For a certain period, medicine enjoyed public veneration for its accomplishments. Until the 1960s, it was a golden era for medicine. There is no doubt today that because of scientific research and discoveries, the length and quality of human life has improved. Although modernity brought solutions to many of the major diseases, it also created unexpected problems in the practice of medicine. Even worse, the exaggerated scientific and reductionist approach of medicine was instrumental in the deterioration of the relationship among doctors, patients and society. Medicine was probably oversold by doctors who believed in the indefinite progress of medical research. At the end of the 1960s, severe critics

[1] Department of Surgery
University of Montreal, Montreal, Quebec, Canada
Address of Correspondence: Dr Gilles Beauchamp, Department of Surgery, Maisonneuve-Rosemont Hospital, 5415, L'Assomption Blvd., Montreal Quebec, Canada.
E-mail: gbeauchamp.hmr@ssss.gouv.qc.ca

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of medicine and its scientific methods, and also of the behaviour of its protagonists, appeared. The professionals in medicine were accused of arrogance and a lack of humanity in the practice of medicine (Fig. 1). It was the educated population that found the doctors' agenda and power more important for them than anything else.[1] A period of criticism ensued corresponding to the changed values in the western world and to the beginning of the so-called sociologic post-modernity.[2]

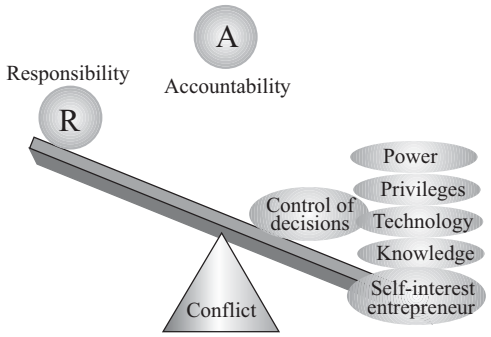

Fig. 1. The doctors hidden agenda.

Towards Renewal of the Profession

Post-modernity is about scepticism for the great ideas proposed by modernity.[3] With post-modernity, there is a break from the legacy of the past, and progress is now considered less important than fashion or the individual's personal preferences. Standards are becoming more fluid and aesthetics is predominant. It is also a time of resurgence in neo-liberalism and a movement from the civic culture of modernity to the business culture;[4] the post-war healthcare systems of the western world have also followed changes in societal values. In many western countries, the post-modernity corresponds to the development of a stronger government-sponsored healthcare system. Within that specific context, which never existed before, the medical profession became threatened by the government's desire to control completely the healthcare system. The control was made possible by bureaucratisation of the healthcare system and by increasing the management of healthcare distribution. According to Coburn,[5] the consequence of rationalisation of healthcare under the guidance of the state was to decrease the power of the medical profession over the distribution and content of care. Professional autonomy, notably the medical college's independence, came by state regulation under greater influence from the ministries of health. Recently, the governments wanted more control on the quality of healthcare being delivered. This loss of power to the state was certainly one of the many reasons why there was a reaction from the elite of the medical profession in North America. The elite finally realised the need for a specific effort to prevent a further downward slide of the profession.[6,7] There was fear of extinction of the profession as it is traditionally known. This is not a new phenomenon in the history of the profession. From time to time, throughout the history of the western world, there have been resurgences of questioning about the role and behaviour of doctors in the practice of medicine.

Proposals for Renewal

After several years of investigation and discussion, proposals were put forward by the accrediting bodies of the profession. The general idea was to reform the morality of the profession through medical education, reformulate the nature of professional work, and define measurable objectives and outcomes for the profession.[8-10]

In North America, in the early 1990s, professional bodies such as the Royal College of Physicians and Surgeons of Canada (RCPSC) have effectively transformed their reflection on the medical profession into action[11] in order to better serve society's needs for the 21st Century (CanMEDS 2000). The reflection conducted by the RCPSC and other accrediting bodies was influenced by the competency-based education movement which began to reappear in professional education. In fact, it was imported from business and management education to deal with the new economic reality of fostering efficacy and outcomes in the working arena. Competency-based education is an educational theory that replaces the behavioural learning theories of the 1970s. It focuses on performance objectives and measurable outcomes. Considerable efforts were made by many medical schools and professional bodies in North America to identify measurable components of the practice of medicine. The final proposals of the attributes and definition of professionalism were quite similar. For example, the RCPSC through CanMEDS 2000 has identified 7 skills and competencies for future specialists to achieve during their training. They are: expert, communicator, manager, health advocate, collaborator, scholar and professional. In this paper, I wish to expand on the notion of professionalism (Table 1).

Table 1. Skills for the New Millennium

Societal Needs Working Group
Royal College of Physicians and Surgeons of Canada
Medical expert
Communicator
Scholar
Collaborator
Manager
Health advocate
Professional

For the RCPSC, professionalism means the behaviour and attitude of the physician in the practice of medicine. Although it concerns the morality of clinicians in medical practice, it also includes the technical aspect of the practice. Professionalism is also the way professionals cope with the norms and standards of the profession. The problem with professionalism is that each physician has his own interpretation of the norms. The interpretation of professionalism may differ, depending on whether the judge is the patient, the public, the state or other healthcare professionals. It may also be interpreted according to the evaluator who may be a sociologist, an economist, a philosopher or an ethicist. Due to this reason, there are many interpretations, and some confusion, about the meaning of professionalism. The purpose of this paper was to propose to clinicians an interpretation of professionalism compatible with the actual context in the new millennium and a healthcare system sponsored by the state.

Professionalism as a Complex Issue in Medicine

Due to the educational project of the RCPSC and other accrediting bodies in North America, the teachers in postgraduate programmes must seize better than anyone else the concept of professionalism. We must make the concept understandable to our residents.[12-14]

One of the difficulties with the definition of professionalism is the complexity of the profession itself, which includes not only a great deal of tacit knowledge but also the challenge of dealing with uncertainty.[15,16] Because professionals are often trying to find a balance between values and making judgement, I suggest the use of the balance scale as a model for teaching.

I have added to it a number of diagrams to summarise a group of ideas and hope to make the abstract concept of professionalism understandable. It is never easy teaching professionalism. It is difficult to reconcile the complex task of the professional with the environment of the healthcare system, and the norms and standards of the profession. I will first examine the traditional concept of professionalism and compare it to post-modern professionalism.

Traditional Professionalism = A Balance Between Patient and Profession

Medicine has gained a legal and societal recognition mainly because its members have acquired a specific expertise, during a long period of training. Members of the profession are at the service of their clients and profess to serve them with great competence, even at the expense of their own interests. The trust of the people in the professional as a healer is maintained because the attitude of the professionals with the clients is non-judgemental, respectful and caring.[17] Traditionally, doctors have a specific attitude towards work which includes dedication, reliability, flexibility and creativity in relation to uncertainty. The society anticipates that medical professionals will participate in their own auto-regulation, in exchange for which the society will provide them with a certain number of privileges.[18,19] Professional autonomy and the liberty for decision as a fiduciary of the patients are among the most important privileges accorded to doctors. Professionalism is based on this kind of liberty in order to allow the clinician the opportunity to exploit all of his potential as a healer. These privileges are not shared by many other professions.

During the training period, the future professionals are imbued with the values of the profession.[20-22] By the end of their training, most would have been integrated with these values as well as the norms and standards of practise.[23] Professionalism is a reminder of the imperative to maintain a concordance between the professional values acquired during training and the behaviour in practice.[24]

When a doctor accepts the duty to care for a patient, it is understood by him, the patient, the profession, his peers and other healthcare professionals that he will do this according to the professional ethos. He will always behave with competence, use appropriate clinical skills, knowledge and humanism, show good judgement, use adequate technical skills and communicate well and honestly with the patient. Clinical skills, communication and compassion are the basis of a good clinical practice,[25] and the behaviour of a true professional is one of respect and responsibility to his patient. When the doctor becomes the patient's fiduciary by mutual agreement, the professional is naturally engaged into a moral contract with the patient.

The doctor professes to serve the patient without taking any reward for himself (Fig. 2). His duty is to exercise his responsibility with great care and prudence and to obtain good quality outcome. In return, society accords the doctor a large autonomy in making decisions for the patient. In fact, the clinician can take almost any reasonable decisions which he thinks are beneficial for the patient. His discretionary judgement is independent of the state, the family and even of his peers.

The practice of medicine creates power. This power is generated not only because of the specific knowledge of

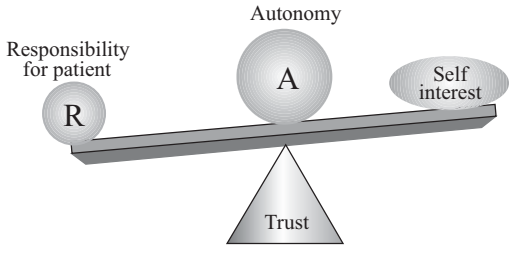

Fig. 2. Traditional professionalism.

the clinician but also because of high morality standing of the professional; this power is recognised and accepted by the public and the state.

The public trust the doctor.[26] If there is no trust from the public, a profession cannot exist.[27] Therefore, based on knowledge and moral authority of the doctor, a true social contract is built between the professional and the public.

The professional has a responsibility to the patient, but he must also maintain a commitment to the profession.

The profession requires the support of all its members and each member must accept the standard of the profession. Professionalism begins when the profession set an official standard of care for the patient.

A balance has to be found between clinical responsibilities and professional standards (Fig. 3). The balance between diverse allegiances and values is inherent to the nature of a profession. However, people trust that the professional will behave in the patient's best interests. The reason for the great advantage of the medical profession over any other professions is this fundamental ideal of service and devotion to human welfare before one's interest.

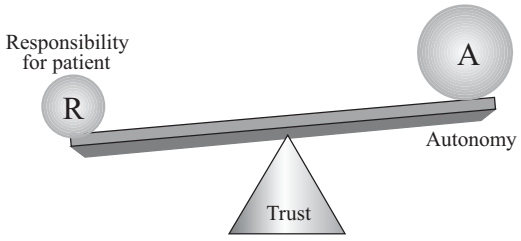

Fig. 3. Commitment for the profession.

Post-modern Professionalism = A Balance Between Responsibility and Accountability

Beginning from the 1970s, the Canadian clinicians have been gradually involved in a more complex public healthcare system, totally sponsored by the state. Because of this evolution, the role and concept of the profession have moved from individualism to a certain communitarian's view of the practice. The necessity for the medical profession to take on social responsibility has necessarily modified the concept of professionalism. Recognising the importance of the community and the society in any medical decisions is now more evident than ever.[28-30]

In the healthcare system, there is a complex interaction between the sick person and the medical profession as well as with the society who support the healthcare system. For a long time, society has respected the privacy of the doctor-patient relationship. However, in the post-modern era, because the healthcare system is almost entirely financed by the Canadian society, the public is asking for accountability from all professionals working in the healthcare system.[31-35]

Because of the soaring cost of healthcare, it appears reasonable to expect a greater accountability from the medical profession. Politicians who are responsible for healthcare budgets, as well as the public, need to be reassured that the medical profession is working for the advantage of everyone, and that the healthcare system is running smoothly and economically.

In the healthcare system business, there is a definite rise in managerialism and a huge increase in bureaucracy in order to promote efficiency and lower cost.[36] The hope of any administrator in the healthcare system is that the medical profession will accept to play the game like any other professional and to work hard to reduce the cost of healthcare. In order to increase efficiency of the system, there is an increasing demand for more teamwork from healthcare professionals. Sharing of responsibilities for patient care is a team responsibility. Finally, the contribution of the medical profession to the development of healthcare, a greater interest in the promotion of health and other aspects of accountability are among the new role suggested by the RCPSC .

Evolving Paradigms in Post-modernity = A Balance between Responsibility and Lifestyle

Considering the social environment, the definition of professionalism must include not only our professional autonomy and our responsibilities as the patient's fiduciary but also a significant social accountability (Fig. 4). However, the addition of accountability to our traditional responsibility for the patient is not the definitive answer to the question of post-modern professionalism. In my opinion, we have to consider one other important aspect in the practice of medicine and that is work as a major value in the definition of professionalism. In medicine, hard work has been glorified as an essential value for the practitioner. Paradoxically, post-modernity is concerned with individualism, relativism and to some extent with the rejection of the idea of the medical profession as a pure calling. For many people today, medicine is considered a

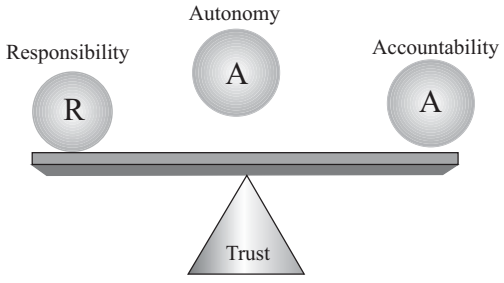

Fig. 4. Post-modern paradigm.

demanding and complex task but should be performed with a greater control of personal life. Today, surprisingly, even surgeons refuse to be enmeshed entirely by their work. Lifestyle is now very important.[37-39] This is even more evident for generation X who has a different philosophy about the value of work compared with other values. Many practitioners are clearly expressing their intention to maintain a good quality of life while practising medicine (Fig. 5). Although traditionally medicine has been considered by many as a calling, the reality of post-modern time asks for an adapted interpretation of altruism and a review of the old concept of professionalism, interpreted as a personal sacrifice.

Clinicians are requiring, in the context of the post-modern healthcare system, a better balance between their professional responsibilities and their private life. Many too desire more time for their own professional development and for their family. They want to protect their self-identity as a person and they wish to spend more time for self-care. This is a relatively new attitude in the medical profession. Traditionally, most professionals have paid little attention to their own health and personal needs. Today, there is no doubt that we recognise the importance of being in good health for the practice of medicine. Also, a good physical condition, some financial security and a certain protection for the future. These are objectives of generation X. Many would think that they are not unreasonable or incompatible with the good practice of medicine. It is a matter of getting professional activities organise in such a way that leave some extra time for other activities than the practice of medicine. For the new generation of doctors, professionalism must be understood in today's post-modern context. It does not mean a lost in the continuity of care; it means working differently. This new way of working sets different standards for the profession and interferes with the old paradigm of professionalism. Although responsibility and accountability remain important, quality of life for the practitioner is now seriously in the balance for the revised post-modern paradigm (Fig. 6).

In Canada, the problem was resolved by reducing the numbers of hours worked by the residents and by providing them with better working conditions. Mandatory periods of protected time are now available for the residents in order to fulfill educational purposes. This is a major change in the attitude of the professionals in medicine. Today, it is not considered unprofessional if the residents leave the workplace after being on call for 24 hours. These changes in attitude are modifying the traditional concept of professionalism for the staff and the residents. The acceptance for a certain control over the doctor's personal life in the practice of medicine, is a reality in our understanding of the concept of post-modern professionalism.

We all understand that the balance between responsibility to the patient and the profession, as well as accountability and protection of the professional, must be explicit. We have no choice but to be transparent about our beliefs concerning lifestyle if we wish to preserve the public's trust. The public should view this control over our lifestyle not as a privilege, but an important condition for a better service to the society. It remains that the medical profession will always maintain its unconditional responsibility for the patients as the most important of all responsibilities. However with good judgement, professionalism can be balanced with other responsibilities.

Hyper-modernism and its Danger: Attack on Professionalism

We are in an evolutionary period with exciting developments in the technology of communication and information. We are living in a world showing an explosion of fascinating new knowledge that will inevitably affect our practice of medicine. We are seeing a repetition of the major scientific advances of the mid-1950s in the same way it happened in the mid-20th century.[40] We have to be very careful to keep some of the traditional values of the profession and not become a cyber professional for whom technology is everything (Fig. 7).

If for any reason there is an imbalance in favour of one over the other, professionalism may suffer. If society

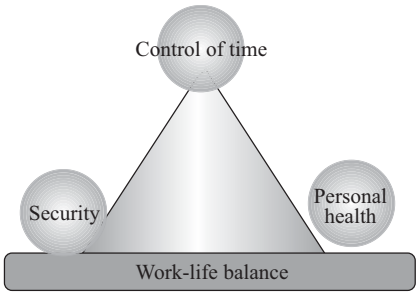

Fig. 5. Post-modern practioner.

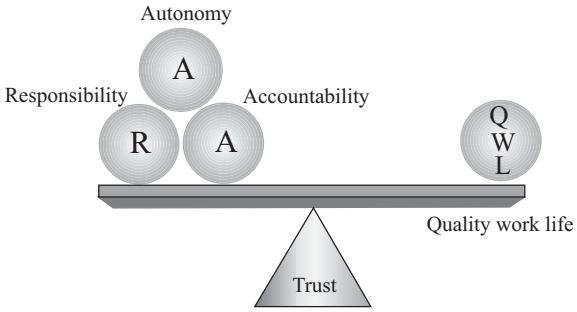

Fig. 6. Post-modern paradigm.

(consumers, healthcare system, industry) expects too much from us as professionals or imposes on us as clinician their agenda, professionalism authorises us to fight for the profession and the patient (Figs. 8 to 10). If the government imposes new rules to the clinicians or by any means decrease their autonomy, there is a risk for them to become some kind of deprofessionalised technicians. The doctors must resist to that kind of attack on the profession.

We as professionals need to show some leadership. Leaders must address different needs of the doctors; not only the need to perform a task, but also the need to be linked together cooperatively and productively as a working group. Our leaders must reassure the public about the true implication of the profession for patients care. They should also indicate the way to share responsibility with other healthcare professionals in the healthcare system.

Leadership must be distributed and shared between leaders of the profession, i.e., the professional associations, the colleges, the accrediting bodies and the universities including the faculties of medicine, the department and the university hospitals.[41]

Implementing the Post-modern Paradigm: Changing the Culture

Trust, accountability and humanism are among the themes that need to be addressed during residency; not as a single lecture but everyday when the occasion arises. We must renew the content of our teaching in order to make residency a time for learning the new roles as proposed by the RCPSC.

The medical profession has its own culture and shared system of values and beliefs that are passed down from one generation to another. Teaching of professionalism starts at the medical school; therefore, there is a need for a strong curriculum that covers all the time spent in medical school.[42-47] Residents need to know more about their own profession as well as about the evolution of the nature of professionalism. We must teach and set the example that a professional must take personal responsibility for his own profession, performance and image.[48]

To change the medical ethos means that we must change our values and modify some of our attitudes and behaviour. The patients as well as the residents are telling us quite frankly that we have some work to do to improve our professional performance.[49-51] We must improve the quality of our fiduciary responsibility, and our relationship with patients and families. It means better communication, compassion and caring. As professionals, we must pay greater attention to the emotional aspects of care, whether with patients, family, other healthcare professionals or residents and students. We have to be sensitive to each patient and protect the most vulnerable patients in our society. For all these reasons, we need more skills in communication and caring. As Schön[49] has stated, technical rationality is one part of a professional activity, the other part is patient interrelationship; this is all about management coming for care or working in the healthcare system. We have been deficient in the medical and residency curriculum because there were always too many sciences to learn and

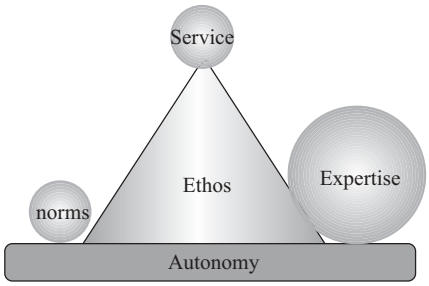

Fig. 7. The cyber professional.

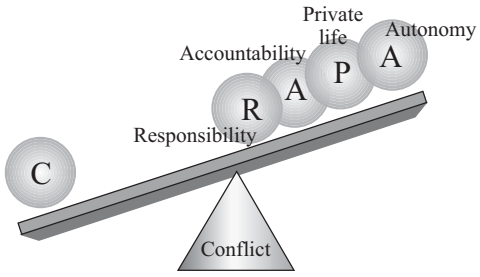

Fig. 8. Consumer agenda.

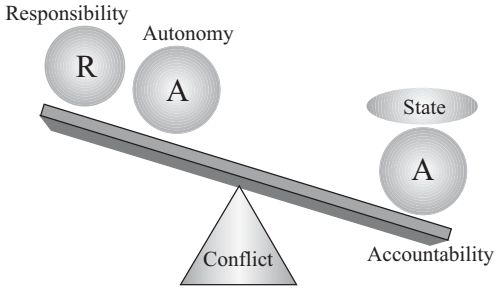

Fig. 9. Healthcare system agenda.

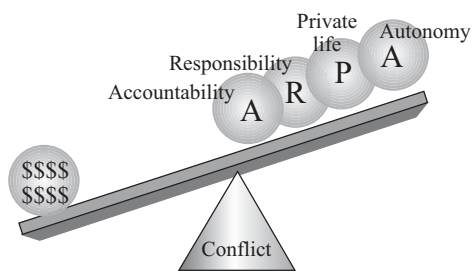

Fig. 10. Healthcare industry agenda.

not enough time for the other important aspects of the professional life.

Having exposed some ideas and convictions about professionalism, what are the challenges for the educators in the medical profession for implementing the new paradigm of professionalism? There is no question to recommend to any trainee at any time to decrease our fiduciary responsibility for the patient or abandoning the professional autonomy for profit. As professionals who are trained to deal with complexities, we must work to adequately balance each of these responsibilities in our professional life. As I have mentioned at the beginning of this paper, the professional is working to find a balance between many demands. This is why he needs very good judgement and great ability. As professionals, we are like acrobats walking on a tight iron rope suspended in the air trying to maintain a balance.

Teaching Residents

First, all residents must understand the importance of practising according to actual standard and knowledge. They must realise that the discretionary judgement of the professional must remain within acceptable limits. They are responsible for their own competence and the opportunities to participate actively in the improvement of the practice through clinical research and evaluation. They do not have a choice but to remain curious as a professional.

Serving the patient and his family as well as maintaining high quality communication is a priority. It is one of the ways to promote trust in the profession. Continuity of care must never be lost, even in our days where quality of life for everyone is so important and time so rare.

We must introduce to our residents the importance of management and accountability for the resources of the healthcare system.[52] We need to consider seriously the allocation of resources in our practice and share those preoccupations with our residents. We must be true role model as patient advocate in a healthcare system that may from time to time forgets its ultimate mission. We must encourage the public role of the doctors in society and must show the example of concern for the public agenda.[53]

As I have mentioned earlier in the text, professionalism is related to the lifestyle of the medical profession. We must be ready to help our residents deal with the important questions of lifestyle, security, finance etc; those that have so often been overlooked by the profession in the past. We know that the problems encountered, such as working conditions or income level, can drain a lot of energy and emotions from our younger colleagues. It takes a real professional to take great care of other younger professionals.

We must help residents recognise their strengths, weaknesses, emotional reactions and social skills required to satisfactorily care for patients.[54]

Changing our educational culture is also accepting the fact that our residents have needs and values different from our own. On the other hand, the residents must show some sensitivity and interest to reflect on these highly important matters to the profession. Loyalty to the profession and its significant importance must be discussed with the residents. There is no question that a well-organised profession will set standard and will care to ensure those standards are adopted by all its members in order to protect the public. Professional organisations must be competent and ready for leadership ahead of any government; doctors will not succeed in renewing professionalism if they are not supported by their own associations.[55,56] There are evidences that many associations have taken actions.[57] The social behaviour of members of the profession as well as the respect to and communication with other healthcare professionals should be outstanding.

We should be aware of the importance of the education community in the socialisation of the residents and the transmission of the values of the profession.[58] Residents cannot totally learn about professionalism by themselves. That is why we need to transform our practice organisation to foster learning and commitment to professionalism.[59] They have to be immersed in a context which will influence their behaviour now and for lifelong.

Communicating positively with our residents to provide them with frequent feedback on all aspects of professionalism, and not only on clinical work, is a duty for any educator in medicine. The residents must develop their reflective skills and self-awareness not only on all disciplinary-related matters but also on professionalism.[60]

Progress cannot be made if there are no assessments of performance. In an era of competency-based education system, it is important to have a method to evaluate even the so-called soft aspect of the practise.[61-63]

These proposed changes for the renewal of professionalism in our practice need a strong support from the universities, hospitals and professional associations as well as the other accrediting bodies.[64]

Teaching of ethics may be one way of re-examining professionalism in more detail.[65-67]

There are different approaches in dealing with the teaching of professionalism during residency.[68] Klein[69] gives us a good example on how one can proceed to introduce a group of residents to reflect on professionalism. I find the weekly morbidity/mortality conference a very good time to discuss attitude, behaviour and professionalism.

At the University of Montreal, we are giving more attention to the teaching of professionalism during the

preclinical years. Recently, we launched a longitudinal programme for the teaching of ethics, in which professionalism is included. In the Department of Surgery, at the core level, we are introducing our residents to a professional and managed care curriculum. However, I consider too little effort has been spent to make every one in the faculty aware and sensitive to the need of professionalism in its teaching.

Finally, as stated by Swick,[70] the concept of professionalism must be grounded in the nature of the profession, as well as in the nature of the dynamic work itself. That is what I have tried to demonstrate here.

Conclusions

Professionalism is central to the survival of the medical profession. First, professionalism is the physician's attitude and behaviour in the practice of medicine. Second, it is a promise to serve not only the patient but also the society in which we practise. Third, it is accepting an unambiguous accountability to the healthcare system. It is a moral obligation. In a society overwhelmed by the spiralling cost of healthcare, we must be responsive to the state and the public which demands for accountability. There is a question of justice. Our own professional autonomy is related to our compliance with the values and needs of our community. On the other hand, it is our duty to resist any action that does not conform to the technical and moral ideal of the profession. There is no reason why anyone should become slaves to the healthcare system, consumers or the healthcare industry. Keeping a balance is not easy and requires courage. Finally, the teaching of professionalism and transmitting the soul of the profession is part of the profession very long tradition and we have the responsibility to carry on this tradition.

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