Resident Section I

RESIDENT PROFESSIONALISM IN THE EMERGENCY DEPARTMENT

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The Accreditation Council for Graduate Medical Education (ACGME) has outlined six core competencies to guide the training of Emergency Medicine residents. Of these, professionalism stands as a unique part of this sextet – inherently challenging to define, teach, and measure.

Historically, professionals have been recognized as having three essential characteristics: expert knowledge, self-regulation, and a fiduciary responsibility to place client needs ahead of self-interest. The American Board of Internal Medicine (ABIM) defines professionalism as "those attitudes and behaviors that serve to maintain patient interest above physician self-interest."[1] Professionalism encompasses those attitudes and behaviors that enhance the trust of the patient and society. These include a code of medical ethics built upon honesty, technical competence, accountability, communication, justice, and avoidance of the misuse of power.[2]

A professional's commitment to service is central to the practice of emergency medicine and should be actively encouraged in the education of physicians in training. The ACGME has established guidelines for resident competency in professionalism (see table 1). Issues related to professionalism in the setting of EM residency training are discussed in this paper.

The practice of Emergency Medicine (EM), and the experiences of emergency physicians (EPs) are unique in that trust and effective communication with patients must be quickly established. This occurs in an environment where constant change must be managed while maintaining excellent patient service. Long waiting times to see a physician, pain secondary to the perception of skill, competence, and degree of trustworthiness. Hippocrates wrote in the Hippocratic Corpus that "the dignity of a physician requires that he should look healthy, and as plump as nature intended him to be; for the common crowd consider those who are not of this excellent bodily condition to be unable to take care of others. Then he must be clean in person, well dressed, and anointed with sweet-smelling unguents that are beyond suspicion. For all these things are pleasing to people who are ill, and he must pay attention to this."[3] Along these lines, a recent study published in the *American Journal of Medicine* polled 400 patients in an outpatient medical clinic setting. Subjects were asked which style of dress they preferred, and which physician (based on his or her attire) they would be most likely to trust, share sensitive information with, and return to for follow-up. Respondents heavily favored white coats (76%) over surgical scrubs (10%), business dress (9%), and casual attire (5%). This preference extended to the respondents'

Table 1: Guidelines for resident competency in professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities."[34]

willingness to follow advice and return for subsequent care.[4]

Several other articles in the medical literature addressing physician appearance, patient perception, and professionalism reach somewhat mixed conclusions.[5-11] In one randomized trial of EPs wearing neckties on even and odd days, patient groups surveyed did not describe a statistically significant difference in any of the five areas surveyed, including patient perception of physicians' appearance. Nearly 30% of patients incorrectly identified their doctor as wearing a necktie when no necktie was worn. Interestingly, the perception of tie wearing was correlated with a positive impression of physician appearance. Although wearing or not wearing a necktie did not significantly affect a patient's impression of their physician or the care they received, patients in this trial preferred the appearance of physicians whom they perceived as wearing neckties.[12]

In the ED setting, residents often wear scrubs without white coats. There are some practical reasons for this – comfort, fewer physical restrictions when performing procedures, and being ready to jump in for anything unexpected. The physician-patient interaction in the ED is unique in that unlike an outpatient medical setting, patients must place their trust in someone with whom they have no history in a setting of great uncertainty. Due to this, many authorities recommend that physicians wear white coats whenever reasonable, and provide patients with business cards as a way of engendering trust. An article from the Obstetrics and Gynecology literature addresses the issue of scrubs worn by residents. This article concluded that resident attire did make a difference to patients, as patients preferred white coats to surgical scrubs.[13] It should be no surprise that casual clothing was less well liked by patients in this study. However, a similar article from the EM literature, in which a convenience sample of patients was surveyed following randomized exposure to professional attire or scrubs, demonstrated that patients expressed indifference to attire as extrapolated through their satisfaction scores.[14]

Emergency medicine residents must make critical decisions in a high-stress environment, with limited information, where patients present with pain, fear, frustration, and at times, confusion. Furthermore, it is necessary to balance advocating for the patient while managing the demands of time, consultants, and patient flow. Expert communication is essential in this situation. Our skills in effective communication comfort patients in times of distress, facilitate transfer of care to accepting services, and ensure that nurses, residents, and staff work together as a team in the interest of patient. Conversely, patient evaluation and management in the ED may be hampered by miscommunications with radiology, consultants, and staff. Such communication breakdowns inevitably lead to a compromise of perceived lack of professionalism and ultimately patient care.

Learning to make critical decisions and communicate effectively are professional behaviors that can be observed, evaluated, learned, and taught. Residency training provides a unique opportunity and environment for developing skills that shape future professional behavior. Residents are indoctrinated into an environment where they look to mentors (attending physicians) for guidance in patient management and professional decorum. Many of the skills required to manage ED patients rest on the efficiency of communication between provider and patient, as well as between services and consultants. The ACGME, through its core competencies, has mandated that the culture of training environments change to include training in professionalism. This is being implemented throughout EM training programs by mentoring, role-modeling, self-awareness, narrative competence, and community service.[15] Residents in the fields of surgery and obstetrics have described a disparity between training in technical skills and interpersonal ones.[16] These disparities are likely to exist in EM training as well.

EM residents learn by example, and often model behaviors based upon those admired (and avoided) in mentors.[17] The role of the mentor cannot be over-emphasized. Many EM programs have instituted efforts to teach professionalism through a variety of venues, including didactic conferences, journal clubs, and role-play. The most powerful teaching tool, however, is direct observation of a resident's daily activities in the ED. This observation of conduct must extend beyond the confines of the ED. Resident behavior that is inappropriate or unprofessional should be promptly addressed by program leadership, even if it occurs away from the hospital. This not only includes residency-related or residency-sanctioned events, but other activities resulting in a less than ideal representation of resident physicians, the program, or the specialty of EM. Mentors need to have skills to identify stress and/or burnout in residents, while providing feedback that is directed toward enhancing professional character. A concerted effort to instill a sense of pride in the way behavior is conducted, under leadership that stresses the art of human interaction and the importance of ethics, builds a strong foundation upon which these skills are developed.[18]

Educators and mentors have the responsibility of demonstrating behaviors that can be modeled by residents. Residents have the responsibility to ask questions regarding difficult ethical issues that impact professionalism, and should be made to feel comfortable asking these difficult questions. Physicians in training must be willing to receive constructive criticism about their conduct, which is not only difficult to provide for the faculty but difficult to receive for the resident. Denial or anger may be the result of poorly given (or poorly received) constructive feedback. Lectures, discussion groups, and

bedside instruction focusing on achieving "competence" in the art of medicine should provide skills that enhance patient care and satisfaction. These educational opportunities can discuss and describe qualities of professionalism. Mechanisms to evaluate communication skills, attire, attitude and behavior, and the ability to effectively convey compassion should occur. Emergency nurses and staff should be encouraged to participate in resident evaluation as well. These evaluations should be routinely reviewed by mentors, supervising faculty, faculty advisors, and program directors, and discussed with residents on a frequent basis. Residents should strive to serve as role models for junior residents and medical students. They can be "peer reviewers" of performance in professionalism, and exchange helpful strategies with each other. Effective communication with peers and patients, expressing compassion while maintaining efficiency, and behaving in a manner conveying trustworthiness strengthens the resident as a professional in the ED.[19-22]

Industry and the effects it has on physician behavior and medical decision-making has entered the forefront of ethical discussions regarding professionalism. Medicine and industry rely on each other for patient care. Physicians are being scrutinized by the public because of the influence that research sponsorship, company advertising, and pharmaceutical funding of educational and non-educational programs (such as dinners or social events) have on physician practice.[23] Numerous studies suggest that medical industry actively profits from "wining and dining" physicians – though many physicians maintain that they do not feel unduly influenced by industry in their daily decision making. A number of policies and position statements exist regarding interactions between physicians, residencies, and the pharmaceutical industry.[24-32] Although industry and its influence on resident professionalism is not the subject of this article, the importance of this topic is undeniable. The American Board of Emergency Medicine (ABEM) should be congratulated for selecting an article on this topic as part of its 2006 Lifelong Learning and Self Assessment (LLSA) article set for Emergency Medicine Continuous Certification (EMCC).[33]

Clearly, residents are subject to industry's attention. Their choice of one medication over another during training is likely to persist following graduation. Program directors must recognize the impact this preference has on developing physicians in training, and assist residents to develop skills for critically assessing the medical literature and interacting with industry representatives. Industry can, however, provide valuable opportunities for residents, students, and researchers to advance medical knowledge, although many feel that this may undercut the integrity of the medical profession itself. Financial contributions from industry to research and education may, in some cases, influence study design, data interpretation, conclusions, and possibly publication. There are no easy answers to the growing debate over the role of the biomedical industry and its affect on medical professionalism. Each physician must be aware that although industry support can be used for the common good, its influence may negatively impact prescribing behavior, research, and ultimately patient care.

In summary, the roles that curriculum, mentorship, and industry have in shaping professionalism during residency training are crucial to resident education and the development of professional behaviors. Although the ACGME has established guidelines to evaluate competency in professionalism, it is up to each resident and his or her program to define how these competencies will be executed and evaluated. The first and most important step to ensure the integrity of emergency medicine practice is to maintain awareness that values such as professionalism are dynamic and must be continually re-examined and actively applied during the training. It is important to remember that these very residents will make up our specialty's future.

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