

## **Professionalism**

### **A Vision for the UNC Medical Student**

All professionals are, by definition, privileged. Contemporary professions, like their guild predecessors, exercise some control over who is admitted to training, and over examinations and other measures of qualification. Professionals' right to engage in their occupation is sanctioned by the state, and, in light of this, professionals are accorded a measure of public trust. "Professionalism" speaks to professional roles, responsibilities, and ethics -- behaviors that are right and proper -- that fit with these privileges, and maintain that trust. To "profess" also involves public witnessing. "Professionalism" speaks to how, in all of our acts, public or private, we bear witness to our fidelity to the obligations our roles and responsibilities place on us.

Medical professionalism shares many features with the roles, responsibilities, and behaviors of other professionals, but there are also important dimensions of medical professionalism that are unique to doctoring, to the special relationships that doctors develop with patients, and to our special relationships with colleagues, assistants, technologies, and institutions. Medical professionalism in America is also unique, and uniquely influential, on the global landscape, and this summons important and difficult work of reflection on the part of American doctors.

Training in medical professionalism begins on the first day of medical school, and continues through a lifetime of reflection and refinement. The medical school experience lays the foundations for, and powerfully influences, this formative process. To shape and evaluate this process more formally, UNC School of Medicine puts forth this vision of the dimensions of medical professionalism.

1. **Service:** dedication to serving the well being of others – individuals, families, communities, populations -- **with special consideration for underserved and poor populations.**
2. **Patient Care:** provision of compassionate care **in a respectful relationship**, with attention to patient autonomy, privacy, **dignity, and individual and cultural integrity.**
3. **Ethics:** **application of key principles, values, virtues, and responsibilities in reasoned, deliberative medical decision-making – with attention to the challenges introduced by emerging technologies.**
4. **Communication:** development of the ability to listen to, speak and negotiate with, and write coherently and legibly for, patients, families, colleagues, community — about issues simple, complex, controversial, painful – across differences of language, culture, class, education, and values.
5. **Responsibility:** maintenance of high standards of personal behavior (honesty, integrity, humility); careful management of power imbalances of the doctor/patient relationship; attentiveness to the patient's best interests, and to conflicts in values.
6. **Accountability:** maintain accountability to one's professional self, to patients, to community, to professional colleagues – seeking and constructively using criticism.
7. **Continuous Improvement:** cultivation of habits of critical reflection on role, embrace of continuous education and skill improvement, attention to changing evidence and evolving standards of care, commitment to excellence and justice in systems of medical practice.

## **From Core Competencies**

### **II. Patient Care.**

1. Treat patients compassionately and with respect for their privacy, dignity, individual integrity and culture

**III. Professionalism.** Students must demonstrate a commitment to professional service, adherence to ethical principles, and sensitivity to diverse patient populations, specifically:

1. Apply the theories and principles that govern ethical decision-making and that address the major ethical dilemmas in medicine, particularly those that arise at the beginning and end of life and those that arise from the rapid expansion of knowledge of genetics, and maintain patient confidentiality
2. Show honesty and integrity in all interactions with patients' families, colleagues, and others with whom physicians must interact in their professional lives
3. Advocate at all times the interests of one's patients over one's own interests
4. Describe the threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine
5. Demonstrate a capacity to recognize and accept limitations in one's knowledge and clinical skills, and the ability to continuously improve one's knowledge and ability
6. Demonstrate a commitment to serve individuals, communities, and society
7. Demonstrate a commitment to provide care to patients who are unable to pay and to be advocates for access to health care for members of traditionally underserved populations

### **IV. Practice-Based Learning and Improvement.**

1. Engage in continuous learning to stay abreast of relevant scientific advances, especially in the disciplines of genetics and molecular biology

### **V. Systems-Based Practice.**

1. Demonstrate an understanding of and competence in referrals to and collaboration with other health care professionals in caring for individual patients and in promoting the health of defined population
2. Demonstrate a commitment to teach other physicians and health care providers

**VI. Interpersonal and Communication Skills.** Students must demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates, specifically:

1. Communicate effectively, both orally and in writing, with patients, patients' families, colleagues, and others with whom physicians must exchange information in carrying out their responsibilities
2. Develop empathic, caring relationships with patients based on mutual respect and trust