

What does it mean to be a professional in 2021?

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What we will talk about today

- What is professionalism?
- Can a person “learn” to be a professional? If so, how can we develop our professionalism skills?
- How has the concept of professionalism changed over time?
- How does culture and context factor into a person’s understanding of what it means to be a professional?

Professionalism - what is it anyway?

- “There is no common understanding of what is meant by the word professionalism”.

Swick, 2000

- “‘Professionalism’ remains conceptually unclear”.

Burford, 2014

- “Ambiguity in understanding what “professionalism” means, and uncertainty in how best to teach it, remains”.

Hawick et al, 2017

Professionalism - what is it anyway?

- “Three themes within professionalism were uncovered: (1) interpersonal professionalism; (2) public professionalism; and (3) intrapersonal professionalism”.

Van der Camp et al, 2004

- “A recent review identified three discourses of professionalism in the literature: the individual; the interpersonal, and the societal–institutional”.

Burford et al, 2014

Intrapersonal / Individual Professionalism

- Examples:
 - Dress / demeanor
 - Time management
 - Ethics / Ethical practice
 - Integrity
 - Altruism
 - Commitment to clinical excellence / Lifelong learning
 - Respect for patients
 - Self-awareness
 - Responsibility/accountability for actions
 - Personal / professional judgement



Interpersonal Professionalism

- Examples:
 - Communication
 - Conflict Resolution
 - Therapeutic Relationship
 - Collaboration and Teamwork
 - Ethics / Ethical practice
 - Patient centred care



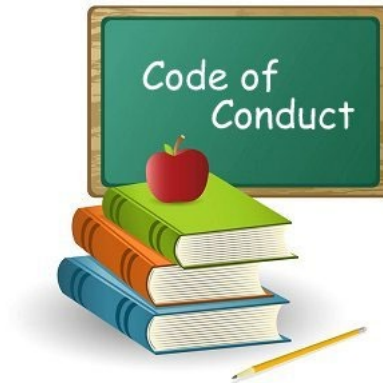
Public / Societal-Institutional Professionalism

- Examples:
 - Compliance with legal / professional standards
 - Social responsibility / advocacy (for patients and the profession)
 - Commitment and involvement with professional bodies
 - Ethics / Ethical practice



Professionalism: Why Should You Care?

- Integral to regulation



“...the primary function of professionalism in health care: ensuring that health professionals are worthy of patient and public trust”.

Wynia, Papadakis, Sullivan, and Hafferty, 2014

Scary but true?

- “We continue to make allowances for clinicians who breach professionalism as long as they are clinically expert (Fnaiss et al. 2014). This is symptomatic of a culture that values measurable, clinical expertise above that of professional competence. The perception that some professional skills are somehow optional in clinical practice is particularly concerning...”

Anthony & Jones, 2016

Is professionalism an issue for PT Practice in Canada?

- Unfortunately – YES
- Anecdotally, this is what the regulators see:
 - Issues with Boundaries and Communication
 - Fraud / Billing violations / Col / “kickbacks”
 - Lack of documentation / charting
 - Malpractice / lack of competence
 - Issues related to privacy and confidentiality / consent
 - Inappropriate marketing
 - Inappropriate supervision of support personnel / assistants
 - Issues around registration
 - Practicing without a license / failing to renew / other

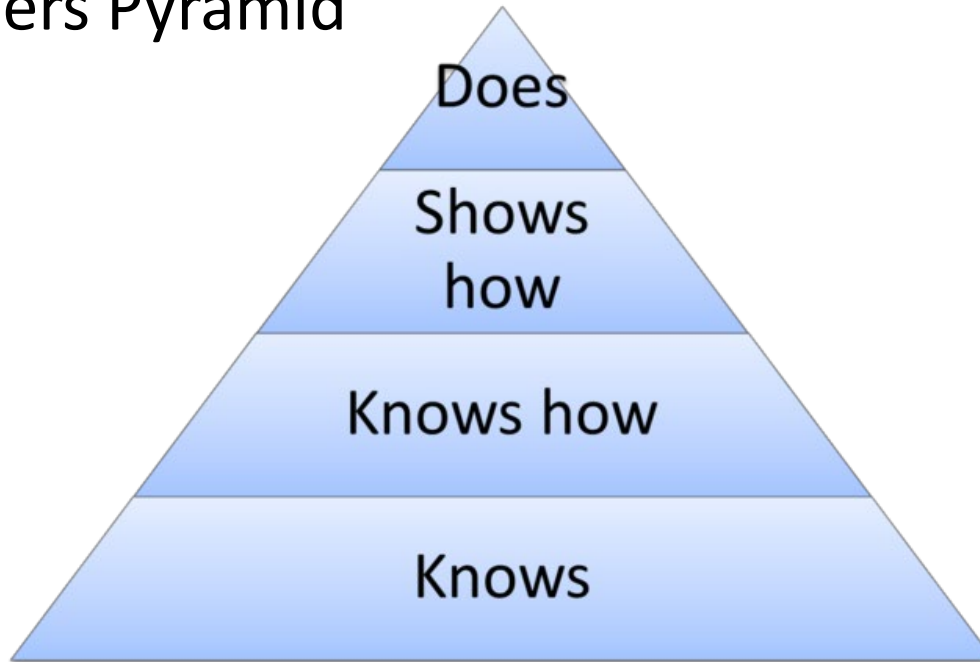
Professionalism Competence

- What is competence?
- “A competency is the ability to handle a complex professional task by integrating the relative cognitive, psychomotor and affective skills”.

Van der Vlueten and Schuworth, 2005

Professional Competence

- Millers Pyramid



- Novice to expert clinical competence

Aspects of Professionalism

Competence

- Professional Knowledge
- Professional Behavior
- Professional Values
- Professional Identity

Factors affecting Professional Knowledge

- Training
- Established standards
- Context



Professional Behavior

- What is professional behavior? How does it differ from professional knowledge (or does it?)
 - It is what the practitioner actually does. They may be able to answer questions and 'show how' in an exam situation but do they actually do this in a practice setting?

For example: A practitioner may be able to correctly explain or demonstrate testing skin sensation prior to applying heat or ice, but do they actually do this in the clinical setting?

Professional Behavior

- “Defining expectations as observable behaviors facilitates discussion, assessment and modelling of professionalism in both medical education and clinical care”

Green et al, 2009

Professional Behavior

- What may influence professional behavior?
 - Hidden curriculum
 - Role modelling
 - Peer pressure & expectations (Social Media)
 - Generational beliefs and values
 - Context
 - Culture / Diversity
 - Other

Hidden Curriculum

- “In our work, we use the term “hidden curriculum” to refer to learning that occurs by means of informal interactions among students, faculty, and others and/or learning that occurs through organizational, structural, and cultural influences intrinsic to training institutions”.

Gaufberg et al, 2008

Hidden Curriculum – Does this sound familiar? (An example)

- A New Graduate PT goes to work in a private practice where charting is minimal and does not follow College Standards.
- After a few comments such as “wow, you sure pay a lot of attention to charting!” and “I can tell you are a new grad because of all the charting you do!” the PT feels pressured to lower their own charting standards in order to “fit in” and because “it’s obviously not important”.
- These pressures are compounded by a clinic owner who tells the PT to “spend less time charting so you can see more patients”, giving the PT the message that seeing more patients is more important than following College standards

These “real world” pressures and messages are far more likely to be perceived as important than those provided during an educational curriculum or College newsletter

Role Modelling

- An important part of the hidden curriculum
- Has conscious and subconscious elements
- Can be positive or negative
- Leads to interpretation and judgement of the role model's behavior by the learner, followed by experimentation (copying or negating the role)

Role Modelling

- “Three main outcomes of role modelling were identified—the development of professional behaviours, the development of professional identity and the shaping of career aspirations”.

Passi & Johnson, 2016

- “Excellence in role modelling involves demonstration of high standards of clinical competence, excellence in clinical teaching skills and humanistic personal qualities”

Passi et al, 2013

Role Modelling – An example

- Despite a lecture and exam questions on the importance of maintaining confidentiality, a PT student hears their supervisor discussing a patient with the OT in an elevator
- The PT student will be more likely to follow their supervisors lead and discuss patients in public areas rather than follow what they have been taught at school
 - Power differential – need to pass the placement / difficult to “challenge” supervisor
 - Perceived need to conform
 - Assumption that what is done in the real world is “correct” or at least “acceptable”

Professionalism is contextual



Professionalism is contextual

- The contextual nature of professionalism makes it hard to teach, learn, assess – and evaluate / regulate
- Context is complex and fluid / shifting
 - What works in one situation may not work (or be appropriate) in another
 - Changes over time
- Professional approach will / should vary by context – consider:
 - Clinical Context
 - Acute care, private clinic, paediatrics, home care etc
 - Cultural Context
 - Patient /Client Diversity

One aspect of context to think about- generational differences

“Established physicians need to stop defining perfection as being “just like ourselves” and realize that **encouraging professional excellence in ways that are culturally and generationally diverse is the only hope for the future** of the medical profession”.

Smith, 2005



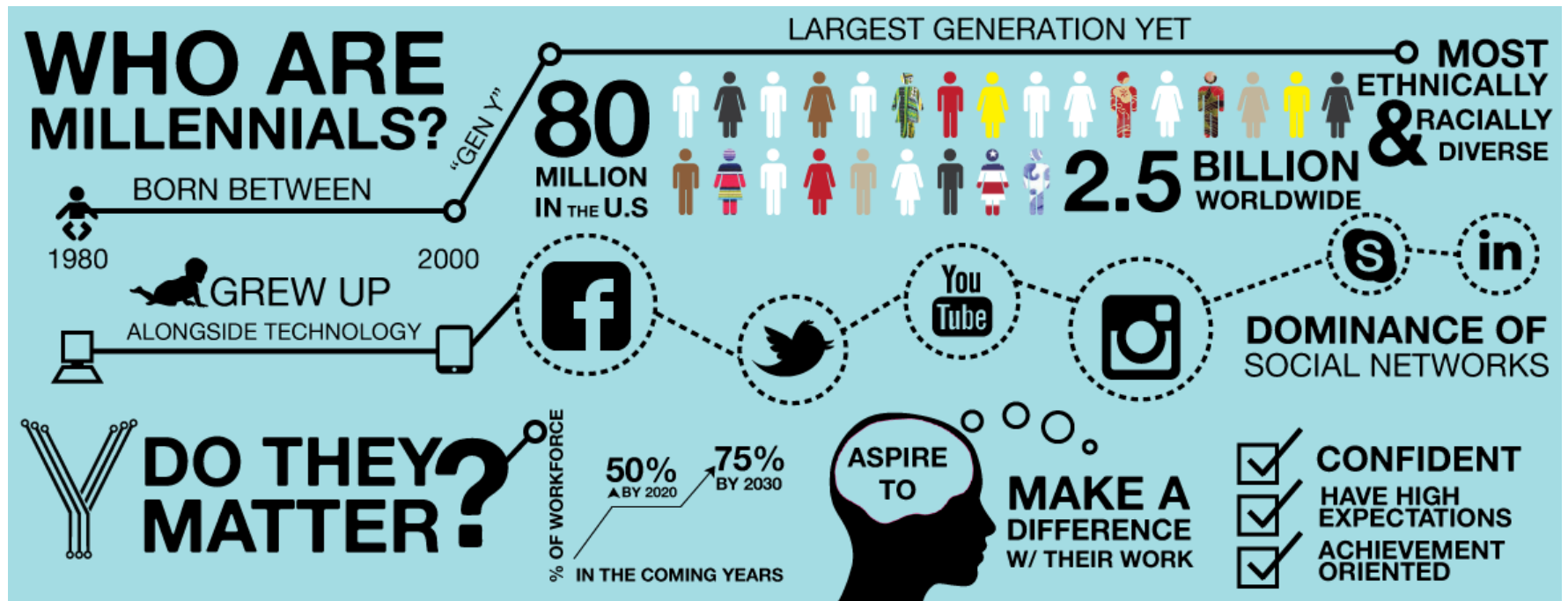
Generational Differences

- “Millennials ... have been characterized as entitled, indulged, and sheltered and see their physician role as a job and not their identity. In contrast, Baby Boomers are often characterized ... as competitive workaholics, while the GenXers are considered cynical, skeptical, and pessimistic”

Lindheim et al, 2016

Millennials (Gen Y)

- Millennials may have a different conceptualization of what being a professional means



Millennial Generation

- “This generation has grown up culturally skeptical and technologically savvy and values free time and life balance ...”

Smith, 2005



Millennials communicate differently.....

This is an actual email a professor at a UK University received from a student explaining why he wasn't at a lecture:

Hiya !

Sorry I'm not there!! I was in bed with my boyf and he got some hand cream in his eye so I took him to hospital but the car broke down and we had to wait for the green flag man and got chatting with him before we went to a'n'e but were here now and boyf is fine lol!!!" 😊

*From: The Guardian Higher Education Network Feb 5, 2016
("Anonymous Academic")*

Boundaries / Communication on Social Media

“Of a random subset of resident and medical student profiles ... 70% had photographs containing alcohol and 30% contained unprofessional material involving inebriation, explicit sexuality, foul language, and privacy violations”.

Payette and Grant-Kels, 2013

A Millennial Learner....

- Uses Internet as the main learning resource
 - Likes discovery learning; prefers 'doing' rather than theory
 - Keeps in touch with friends / family at work via text, phone and email
 - Likes immediate feedback
 - Does not enjoy routine or mundane tasks; is easily bored
 - Sceptical of hierarchy
 - Has difficulty accepting criticism
 - Does the minimum work to pass
 - Is goal orientated
 - Has short attention span; wants immediate satisfaction of needs
 - Doesn't read information given
 - Is a multi-tasker
 - Prefers fun activities
- Do these traits fit with our conceptualization of Professionalism??
 - Do ALL of them?
 - How might these traits affect the Millennial perspective on professionalism?

Roberts, Newman, & Schwartzstein, 2012

Hills et al, 2012

Culture: Another consideration



- “When the doctor comes in to the room I am to leave”
- “What do you mean I can’t go to dinner with my patient”
- “It is my custom to greet people with a kiss”

Professional Values

- “Core values are at the centre of professionalism and are the determinants of professional behavior”

Boyczuk et al, 2019



- Values are the basis for professional identity

CPA Core Professional Values

- Accountability
- Advocacy
- Altruism
- Client-Centredness
- Compassion
- Equity
- Excellence
- Integrity
- Respect
- Social Responsibility



CPA Core Values and Behaviors

- Accountability - The acceptance of responsibility.
- *A CPA member demonstrates accountability when they:*
 - Engage in reflective practice
 - Comply with the relevant professional code of ethical conduct, rules and regulations, legislation, policies and procedures, and standards of practice
 - Acknowledge errors and take appropriate actions
 - Assumes ownership for their actions, inactions, words, and attitudes
 - Engage in evidence-informed practice

Why are Professional Values important?

- Because they are a strong predictor of predictable professional behavior
- *For example, if a PT has “lifelong learning” as a core value, they are much more likely to keep clinically current than the behavioral direction of “you must take a course every year to renew your registration”.*

Are Values and Behaviors the same?

- No!
- For example:
 - A PT may value spending time with patients but have to limit treatment time due to system constraints – leading to behavior that does not match with personal / professional values
 - This can lead to moral distress



Professional Values

- “Professionalism violations” which hit the headlines are often behavioral; however issues may originate in the values and attitudes which lead to those behaviors
- Consider:
 - Personal / professional boundary violations
 - Fraud / billing violations
 - Conflict of Interest (e.g.: “kickbacks”)
 - Breaches of privacy and confidentiality
 - Lack of consent
 - Inappropriate marketing
 - Poor supervision / inappropriate use of staff / assistants

Professional Values

- Values can be difficult to identify and assess
 - “the use of value terms in giving feedback to students, residents and colleagues can be very threatening, because it implies character defects”.

Kirk, 2007

- Does this lead to preceptors and supervisors who may not address professionalism lapses & “fail to fail”?
 - “You don’t seem to respect your patients” is much harder feedback to give than “you need to review the anatomy of the shoulder”.

Professional Identity

- Professional Identity can mean 2 things:
 - a) What are the identifying features of a profession (“brand” or image)
 - b) Who am I personally as a professional
- *These are integrally intertwined, however for today we are focusing more on the second definition (which will affect the first).*

Professional identity

- “Being” vs. “Doing” – “who you are” as a professional
- Professional Identity is based on personal and professional values

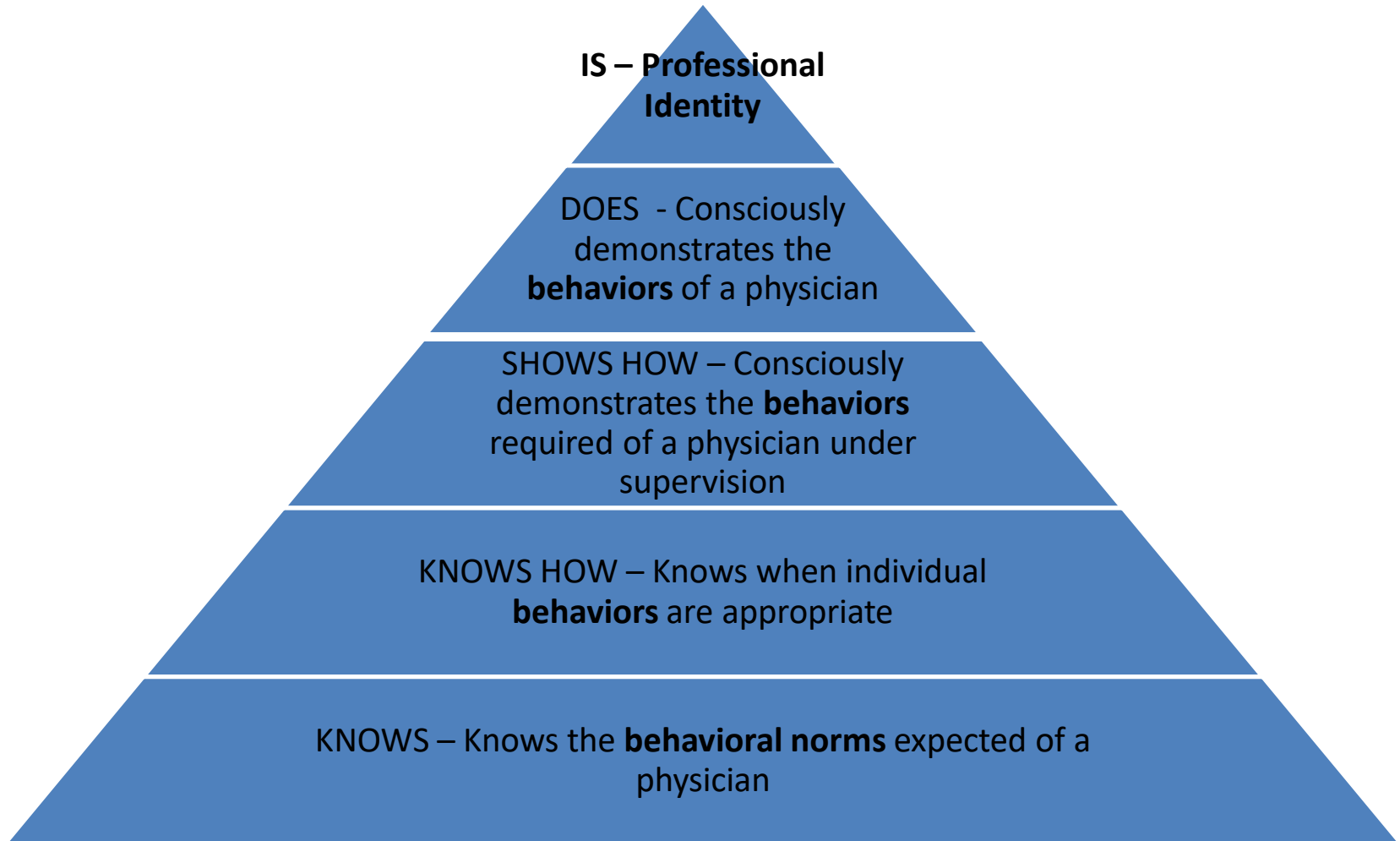
Professional Identity

- “The core of professionalism is the personal transformation of self that takes place in stages during the early years of medical training and practice”.

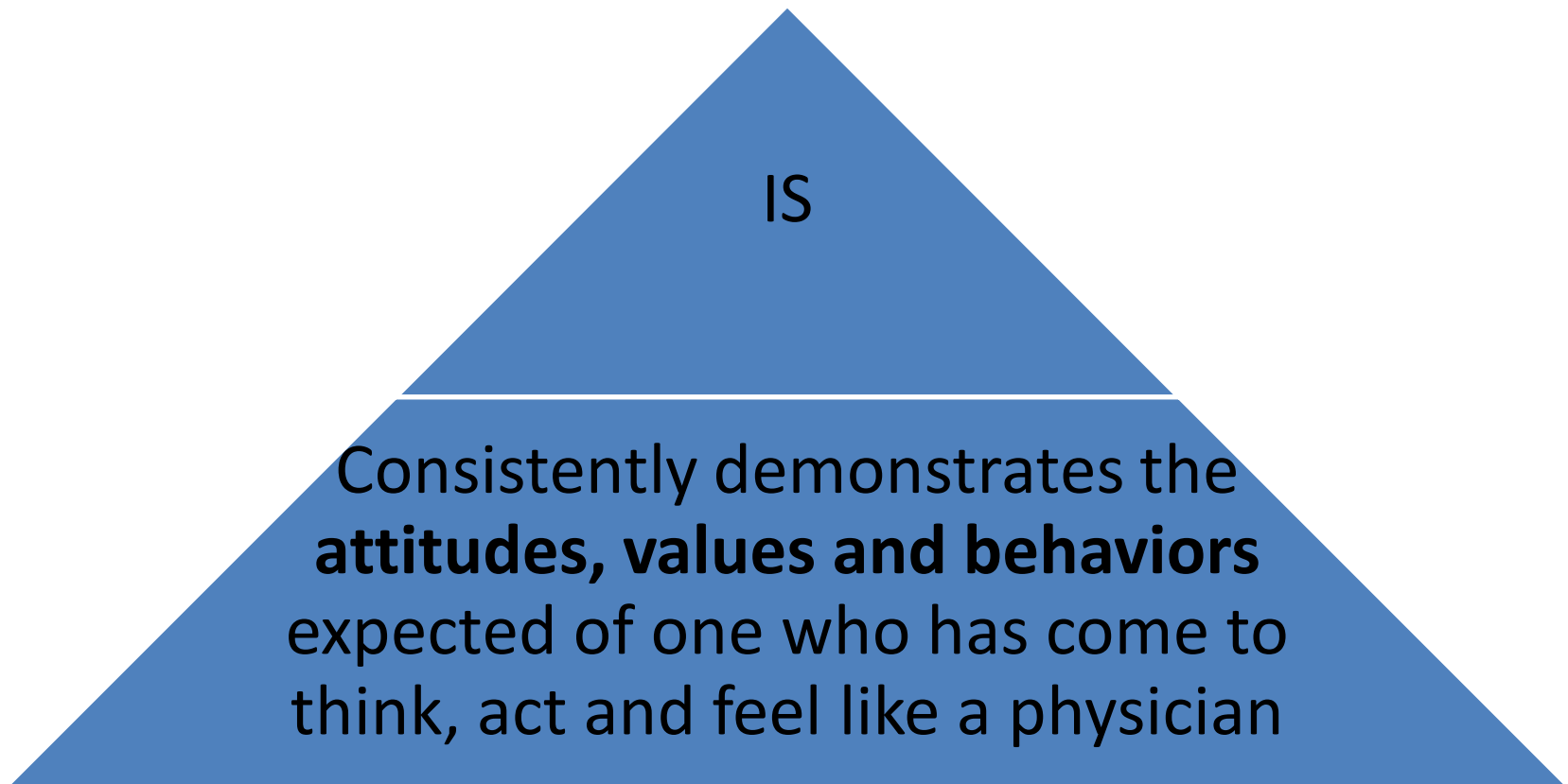


Smith, 2005

Miller's Pyramid *Cruess & Cruess, 2016*



Miller's Pyramid *Cruess & Cruess, 2016*



The construction of professional identity by physiotherapists

- “Professional identity in physiotherapy is more complex than traditionally thought; **fluid across time and place, co-constructed within changing communities of practice**”.
- “An ongoing and dynamic process, physiotherapists make sense and (re)interpret their professional self-concept based on evolving attributes, beliefs, values, and motives”.

Hammond, Cross, & Moore, 2016

Strategies for supporting Professional Identity development

- Professional socialization
 - “The process of developing a professional identity and adopting professional values is a conscious process that begins as one enters a profession. Role models, mentors, and individual professional experiences influence the process of professional socialisation, in which ones personal identity integrates with a professional one”.

Boyczuk et al, 2019

- Guided Reflection
- “Legitimate Peripheral Participation” schema (*Lave and Wenger, 1991*)
- Communities of Practice
- Other



Let's put it together – Case Studies!

- A brief discussion of 3 case studies.
- As you discuss the issues, try and think about how knowledge, behaviors, values and identity may play a part in the scenarios

ACTIVITY - CASE STUDY 1

- A physical therapist was observed taking part in a white supremacist rally on a weekend, and a video of the rally with the PT clearly visible was posted publicly on YouTube following the event. The PT's employer and the regulatory college has been besieged with irate calls from members of the profession and the public condemning the behavior.
- Is professionalism an issue here?
- If so, what aspects of professionalism (knowledge, behavior, values, identity) might be involved?
- What action (if any) would you recommend by the regulator &/or the employer?

ACTIVITY - CASE STUDY 2

- A PT is supervising a student on their last clinical placement. A patient has mentioned to the supervisor that the student “is going to get them a really good deal” on a nutritional supplement as the student’s partner is a naturopath. The patient is delighted at getting a cheap deal and wants the preceptor to give the student a high grade in their placement. Although the preceptor supervising the student feels “there is something wrong” with the student selling products to patients, they decide to say/do nothing about it as the patient is obviously happy about the situation.
- Is professionalism an issue here? If so, by whom?
- If professionalism is an issue, what aspects of professionalism - knowledge, behavior, values, identity - might be involved (by student and/or supervisor)?
- What (if anything) would you recommend the supervisor do in this situation?

ACTIVITY - CASE STUDY 3

- A patient has called the College to complain that they were charged \$80 for a treatment in a private PT clinic that consisted of a hot pack and advice to take up pole dancing to increase their flexibility and strength.
- Is professionalism an issue here?
- If so, what aspects of professionalism (knowledge, behavior, values, identity) might be involved?
- What action (if any) would you recommend by the regulator, &/or the clinic PT's employer?

Current trends in the literature

- Current key areas of interest include:
 - Cultural context/ professionalism in different cultures
 - The client's perspective
 - Interprofessional professionalism
 - Team based and primary care models

What does the literature say about teaching / learning professionalism?

- Abundance of Literature on many aspects of professionalism including learning / teaching it - however little evidence of outcomes (for good reason....hard to measure)
- “Passi and colleagues (2010) identified that there are currently no guidelines how to best develop professionalism competency among medical students. This may perhaps include other health professional education as well, including dentistry”.

Nguyen, Jones & Ngo, 2017

SUMMARY – KEY MESSAGES

- Professionalism is hard to define and harder to teach and learn
- It is an ambiguous concept which is fluid and changes over time and context
- Key concepts related to professional competence include professional knowledge, behavior, identity and values
- Role Modeling and the Hidden Curriculum play a large role in shaping professional behavior and identity

THANK YOU!

QUESTIONS and DISCUSSION?

