What does professionalism really mean in the contemporary surgical landscape?

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Professionalism is broadly defined as conducting oneself with responsibility, integrity, accountability, and excellence. Additional domains within the realm of professionalism include competence, efficiency, knowledge, conscientiousness, respect, and confidence. Taken as a whole, this means doing the right thing at the right time. Perhaps Sir William Osler inadvertently defined it best when he said that he saw his profession as “a calling, not a business.” More specifically, he saw it as a “calling which exacts from you at every turn self-sacrifice, devotion, love, and tenderness to your patients, colleagues, and society.”

Although we have previously discussed the idea of professionalism within the realm of medical education, the concept seems to be changing with time both in society and in the context of medicine. This reality is important to reflect upon, given its potential impact on our work environments and, most importantly, on our patients. Hard-working clinicians are increasingly frustrated by encounters with a deep inequality in terms of expectations across work environments (both academically and clinically), inequity in resource allocation (especially funded academic endeavours), and a disconnect between effort/productivity and recognition/support.

In an era of clinician shift work, frequent patient signovers, and fewer physical hours spent in a hospital by contemporary surgeons, the days of a surgeon’s absolute personal commitment to patients seem long behind us. Although this reality should not be confused with a general lack of caring, it may be appropriate for us to ask the question: What does contemporary professionalism in surgery really look like? And perhaps more importantly, what should it look like? Which pieces of the definition are critical to retain? Conscientiousness, accountability, and knowledge seem to have suffered. Should we emphasize these domains going forward?

Obvious breaches in professionalism include targeted and planned attacks on colleagues, disregard of the well-being of surgical partners in constructing a call schedule, missed academic and/or administrative deadlines, tardiness to scheduled events (e.g., rounds, meetings, conferences, operative cases), and inability to respond to emails that may be uncomfortable. Perhaps more challenging for many of us to recognize, however, are examples of subtle unprofessional manipulation within a collective work environment.

As a surgical community, we need to re-evaluate the definition of professionalism at both the trainee and faculty levels. How important are “excellence” and “competence” in the modern era of both reduced training experience (i.e., hours and cases) and number of subspecialty surgeons? How do we ensure patient safety at all times while supporting the growth and maturation arc of our younger colleagues? Many difficult questions should be asked, but rarely are accounted for in health care systems. The biggest question might be who is “safe” to engage in call as a faculty surgeon? Few surgical programs seem to ask this question in an open and honest manner. Which trainees require further training to ensure they will be safe and comfortable for the remainder of a long career?

Professional regulatory and credentialling bodies are effective at many endeavours, including defining concepts, but can rarely offer a comprehensive and granular evaluation able to identify and address the underlying reasons for unprofessional behaviour. There are some outliers, however. For example, the University of Southern California’s residency program has established real time, formal, and structured “professionalism committees” that assist in maintaining a standard among trainees and faculty alike. This approach emphasizes the reinforcement of professionalism among our trainees to prevent future failures rather than reaction to breaches after they occur (e.g., complaints from nurses or patients).

Ensuring professionalism is much like delivering “greatness.” It is a lonely path much of the time. It is also something that can be difficult to define at the end of the voyage. It requires tremendous persistence, vigilance, effort, and caring. It is not easy, but is nevertheless a foundational concept within the greater goal of maximizing our collective potential and fulfilling our Hippocratic oath.

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