

Pretoria medical students' perspectives on the assessable attributes of professionalism

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Abstract

Background

Professionalism forms an important aspect of medicine's contract with society, and it is therefore important that it should be assessed and developed in medical schools. For the effective assessment of medical students' professionalism, clear objectives, or outcomes based on a clear definition of professionalism, have to be accepted by society, the faculty and the students. A Physician's Charter, 'Medical Professionalism in the New Millennium', was published by the Annals of Internal Medicine in February 2002. Fifth-year medical students of the University of Pretoria were challenged to comment on the applicability of this Charter's principles and responsibilities in the South African context. The majority of the students did not fully agree with the principles and responsibilities. A following cohort of fifth-year students was requested to define professionalism and describe attributes that could be included in an assessment tool.

Methods

A qualitative design was employed to explore the students' perceptions. An analysis of the scripts was performed using qualitative content analysis. All the scripts were read twice and the emergent themes (attributes of professionalism) were identified by two researchers. The scripts were reviewed and coded independently to enhance reliability. Investigator triangulation, involving researchers with diverse research backgrounds, was done to validate the identified attributes. The themes were organised into categories (domains of professionalism). The authors discussed differing concepts with the other members of the Professional Attitude Development and Assessment Committee (PADAC) to arrive at a consensus. In the second stage of analysis, the identified themes were compared to the Charter. This was supported by quotations taken from the students' perceptions, as well as from the relevant literature. Tabulations were used to determine the frequencies of the different themes.

Results

The attributes used to describe professionalism were grouped under four main domains: attitude and personal conduct, teamwork, patient care and professional competence. These correspond, to some extent, with the Charter. Most of the students, however, stressed the humanistic attributes of professional behaviour, which are not mentioned in the Charter. These attributes include empathy, interpersonal relationships, integrity, respect, maturity and teamwork.

Conclusion

The students' perceptions of professionalism differed from that described in the Charter. The fact that the students value the humanistic part of professionalism could possibly be ascribed to the following factors:

- Teaching of professionalism at the University of Pretoria focuses on the humanistic attributes, which form an important part of patient consultations and teamwork.
- Medical students are not actively involved in the social contract that is prominent in the Charter. They have very little influence regarding social justice, access to care, distribution of resources and conflict of interest.
- The Charter is considered vague and open to interpretation

It is recommended that a universally acceptable charter be developed for the Medical School of Pretoria by involving faculty members to validate and accept the students' perspectives. It is also recommended that these mutually accepted attributes then be used as the assessment criteria of a professionalism assessment tool. This should also encourage faculty members to act as good role models.

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INTRODUCTION

The word 'professional' is derived from the Latin word 'professio',¹ which is a public declaration claiming a belief, faith or opinion.¹ Professions therefore declare publicly that their members will act in certain ways. A sacred vow is implied, a conscious decision to adhere strictly to a certain 'code of conduct'.² Professionalism is an important aspect of medicine's contract with society, therefore it is important to assess and develop professionalism in medical schools.

Clear objectives or outcomes, based on a clear definition of professionalism accepted by society, the faculty and the students, are required for the effective assessment of medical students' professionalism. This is especially important in the rainbow nation of South Africa, where a number of threats, including

reform in the healthcare system, fiscal constraints and the resultant conflicts of interest, have been eroding medical professionalism.

Many studies have identified desirable professional attitudes for medical staff.^{3,4,5} As a result, a variety of instruments have been developed for assessing and monitoring attitude development, and for sensitising staff and students to these desirable attitudinal characteristics. However, Misch asserts that there is still no 'gold standard' for the evaluation of a physician's professionalism and humanism.⁶

The Annals of Internal Medicine published an article on medical professionalism in the new millennium in February 2002. The article outlines a Charter that is the principle product of the Medical Professionalism Project of the ABIM Foundation, the ACP-ASIM Foundation,

and the European Federation of Internal Medicine.⁷ This project was undertaken in response to a call for a renewed sense of professionalism globally. The Charter is a statement of the principles and commitments that medicine stands for and to which all medical professionals should aspire.

The experiential learning of consulting skills is part of professionalism teaching in the undergraduate curriculum of the Medical School of the University of Pretoria. Consequently, fifth-year students are required to submit an assignment on professionalism. The topic of the assignment varies annually and is aimed at encouraging students to reflect on different aspects of professionalism. In 2002, these fifth-year students were challenged to comment on the applicability of the principles and responsibilities described in A Physician's Charter:

Table I: Domains and themes of professionalism identified from the students' perspectives (N=189)

Domains	Themes
Attitude and personal conduct	Empathy/compassion or caring/recognise patients' needs, beliefs, cultures
	- Compassionate/caring
	- Sensitive to needs/beliefs/culture
	- Warm/friendly
	- Non-judgmental
	Respect – for others and property
	- Grooming/appropriate dress code/demeanour
	- Punctuality and attendance
	Trustworthy/honest/reliable
	Responsibility and reliability
Teamwork	Maturity
	- Recognising own errors/limitations
	- Willingness to learn from others
	- Acceptance of criticism
	- Decision making and coping mechanisms in crisis
	Integrity/fairness/distinguishing between right and wrong
	Consults/shares with colleagues/gives recognition/is loyal
	Conflict management
Appropriate relationship with team	
Patient care	Leadership
	Ethical standards: patient autonomy/equality/non-maleficence/ beneficence/social justice/distributive justice
	Confidentiality
	Primacy of patient welfare/altruism/conflict of interest/act in best interest of patient/advocacy on behalf of patient
	Appropriate relationship with patient
	Just distribution of resources
	Access to care
Cost-effectiveness	
Professional competence	Knowledge and skill/lifelong learning
	Commitment/dedication to quality of care/enthusiasm/does his/her share
	Communication skills
	Interpersonal relationships
	Holistic approach

'Medical Professionalism in the New Millennium' in the South African context. A minority (15,64%) reported that the Charter could not be applied to South Africa at all because of the country's diverse cultures and languages and its wide variety of social classes and religions. Almost a quarter (24,02%) of the students felt that the Charter was a universally acceptable document and 60,34% stated that, to a great extent, the Charter was the ideal and the goal to strive for, although they accepted only some of the principles and responsibilities and had serious doubts about and criticism of others.⁹

As the majority of this cohort of students did not fully agree with the principles and responsibilities stated in the Charter, a subsequent cohort of fifth-year students was asked to define professionalism and describe the attributes it entailed for possible inclusion in an assessment tool. The Ethics Committee of the Medical School of the University of Pretoria approved the use of these students' scripts as data for research into the students' views on the attributes of professionalism.

The questions that arose were: how did the participating students' views on the assessable attributes of professionalism compare to the principles and commitments of professionalism included in the published Charter?

Did these students' views on professionalism differ from the attributes contained in the Charter, and would they identify certain deficiencies in the Charter? Could their views lead to a draft for a charter on professionalism for the Medical School of the University of Pretoria?

METHOD

A population sample, comprising all students (N=189) in their fifth year, was used in this study. The students were challenged to write an essay in which they had to define professionalism and describe the assessable attributes it entails. This was a requirement of one of the curriculum "blocks" in the first semester of the fifth year offered by the Department of Family Medicine. The students submitted a hand-written or typed essay.

The students' scripts were analysed by means of qualitative content analysis.⁹ All the scripts were read twice and the emergent themes (attributes of professionalism) were identified.

The themes were organised into categories (domains of professionalism). The authors then discussed differing concepts with the other members of the Professional Attitude Development and Assessment Committee (PADAC) in order to reach consensus.

The second stage involved com-

paring the identified themes to the attributes and responsibilities in the Charter, supported by quotations by the participating students' on their perceptions derived from the scripts, as well as by the relevant literature. Tabulations were used to determine the frequencies of the different themes.

To enhance reliability, the scripts were reviewed and coded independently by two members of PADAC. The identified attributes were validated by investigator triangulation, involving the use of researchers from diverse research backgrounds.

FINDINGS AND DISCUSSION

The themes identified from the participating students' perspectives on the attributes of professionalism, which are listed in Table I, were grouped into four domains:

- Attitude and personal conduct
- Teamwork
- Patient care
- Professional competence

The students' perspective on attributes of professionalism compared to the principles and commitments of the Charter

The identified themes were compared to the principles and commitments of the Charter (Table II). This is discussed below by referring to relevant phrases

Table II: Identified attributes of professionalism compared to the Charter

Attributes included in the Charter	%	Attributes additional to the Charter	%
The principle of the primacy of the patient	36		
The principle of patient autonomy	37		
The principle of social justice	17	Ethical standards: non-maleficence/ beneficence	5
Commitment to: - professional competence	69	Interpersonal relationships	33
		Communication skills	22
		Holistic approach	6
- honesty with patients	45	Integrity	20
- patient confidentiality	63		
- maintaining appropriate relations with patients	28		
- improving quality of care	28	Willingness to do more than the expected	26
- improving access to care	17		
- a just distribution of finite resources	31		
- scientific knowledge	24		
- maintaining trust by managing conflicts of interest	19		
- professional responsibilities	21	Responsibility for own actions	43

from the participating students' scripts and by citing supporting literature.

The principle of the primacy of the patient

"This principle is based on dedication to serving the interest of patients. Altruism contributes to the trust that is central to the physician-patient relationship. Market forces, societal pressures, and administrative exigencies must not compromise this principle."⁷

More than a third (36%) of the students mentioned that the primacy of the patient was one of the assessment criteria for medical students' professionalism.

- *'Unselfish concern for the welfare of others, selflessness'*
- *'...be patient centred at all times'*
- *'The consultation is not about what the doctor wants but what the patient wants and how the doctor can be of assistance.'*
- *'...does not seek to profit from patients'*

The principle of patient autonomy

"Physicians must have respect for patient autonomy. Physicians must be honest with their patients and empower them to make informed decisions about their treatment. Patients' decisions about their care must be paramount, as long as those decisions are in keeping with ethical practice and do not lead to demands for inappropriate care."⁷

The students' perspectives (37%) supported patient autonomy.

- *'Empowering the patient to make informed decisions is essential'*
- *'...the patient has a right to accept as well as to decline treatment ... a right to choose provided that they are mentally capable of making decisions for themselves and that they understand their condition and are aware of the possible consequences of not choosing your recommended treatment. Treatment should never be forced onto a patient.'*

The principle of social justice

"The medical profession must promote justice in the health care system, including the fair distribution of health care resources. Physicians should work actively to eliminate discrimination in health care, whether based on race, gender, socioeconomic status, ethnicity, religion, or any other social category."⁷

A small number (17%) of the students mentioned that social justice was

particularly important in South Africa, because of multiculturalism as well as changing political, social and economic structures. The huge differences between the private and public sectors were also very clear and obvious. An additional 5% of the students mentioned the importance of beneficence and non-maleficence.

- *'Patients must be treated equally and fairly...'*
- *'... equitability and appropriateness – fulfil principles of justice according to need, effort, contribution, merit...'*

Commitment to professional competence

"Physicians must be committed to lifelong learning and be responsible for maintaining the medical knowledge and clinical and team skills necessary for the provision of quality care. More broadly, the profession as a whole must strive to see that all of its members are competent and must ensure that appropriate mechanisms are available to physicians to accomplish this goal."⁷

The majority of the students (69%) viewed professional competence as an attribute of professionalism.

- *'Committed to lifelong learning and responsible for keeping up with medical knowledge and clinical skills'*
- *'...enthusiastically take appropriate part in activities, discussions and projects'*
- *'...time and effort ... put into maintaining, updating and improving medical knowledge'*
- *'... well prepared for ward rounds and lectures, thorough and increase knowledge by reading extensively'*

In addition, the students (percentages indicated in brackets) viewed the following professional attributes as part of professional competence:

Interpersonal relationships (33%)

- *'Inspires trust in patient and colleagues without crossing personal, emotional or physical boundaries inappropriately'*
- *'...demonstrates supportive behaviour and avoids destructive competitiveness'*
- *'...establishing a professional, respectfully distanced but warm relationship with patient while maintaining trust, empathy and respect'*
- *'... friendly attitude at all times which allowed the patient to be at ease and comfortable'*

Clearly, the students regarded a commitment to the doctor-patient and student-patient relationship as an important part of professionalism. This is also supported in the literature: the Charter presents a *contractual* model for physician-patient relationships, where each party is concerned for his or her own welfare. In a *covenantal* physician-patient relationship, as included in the Hippocratic Oath, the practice of medicine becomes 'a moral commitment, not just a *quid pro quo*.'¹⁰ Albert Schweitzer stressed the importance of medicine not only being a science, "but also the art of letting our own individuality interact with the individuality of the patient".¹¹

Communication skills (22%)

Communication was also viewed as an important skill and part of professional competence.

- *'...appropriate way of communicating and adjusts language and approach to a person appropriately'*
- *'adjust communication style, content of communication and conduct to adapt to patient'*

Holistic approach (6%)

A small percentage of students regarded a holistic approach as important.

- *'...complete service to the patient, through not only looking at physical well being, but also the psychological well being'*

Commitment to honesty with patients

"Physicians must ensure that patients are completely and honestly informed before the patient has consented to treatment and after treatment has occurred. This expectation does not mean that patients should be involved in every minute decision about medical care; rather, they must be empowered to decide on the course of therapy. Physicians should also acknowledge that in health care, medical errors that injure patients do sometimes occur. Whenever patients are injured as a consequence of medical care, patients should be informed promptly, because failure to do so seriously compromises patient and societal trust. Reporting and analyzing medical mistakes provide the basis for appropriate prevention and improvement strategies and for appropriate compensation to injured parties."⁷

The students (45%) viewed honesty as one of the specific assessment criteria for professionalism.

- *'Giving patients relevant, necessary and accurate data concerning their condition, treatment, side-effects and prognosis. Answering directly and truthfully'*
- *'Without honesty there can be no trust'*

Integrity

In addition to honesty, 20% of the students viewed integrity, fairness, reliability and trustworthiness as closely related.

- *'Honesty and integrity are not only vital in dealing with patients but also in dealing with colleagues, administrators, students and other professionals'*
- *'integrity links in closely with ethical standards having qualities of honesty, righteousness and trustworthiness'*
- *'... distinguish ethically and morally between right and wrong' '... doing the right thing first'*
- *'... can always count on you'*

Commitment to patient confidentiality

"Earning the trust and confidence of patients requires that appropriate confidentiality safeguards be applied to disclosure of patient information. This commitment extends to discussions with persons acting on a patient's behalf when obtaining the patient's own consent is not feasible. Fulfilling the commitment to confidentiality is more pressing now than ever before, given the widespread use of electronic information systems for compiling patient data, and increasing availability of genetic information. Physicians recognize, however, that their commitment to patient confidentiality must occasionally yield to overriding considerations in the public interest."⁷

The majority of the students (63%) felt strongly about this commitment.

- *'Confidentiality protects the value autonomy, which every human being has a right to.'*

Commitment to maintaining appropriate relations with patients

"Given the inherent vulnerability and dependency of patients, certain relationships between physicians and patients must be avoided. In particular, physicians should never exploit patients for any sexual advantage, personal financial gain, or other private purpose."⁷

The students (28%) agreed in principle with this commitment.

- *'When patients are ill this renders them vulnerable and dependent, hence the doctor is to remain objective to avoid certain relationships'*

Commitment to improving quality of care

"Physicians must be dedicated to continuous improvement in the quality of health care. This commitment entails not only maintaining clinical competence but also working collaboratively with other professionals to reduce medical error, increase patient safety, minimize overuse of health care resources, and optimize the outcomes of care. Physicians must actively participate in the development of better measures of quality of care and the application of quality measures to assess routinely the performance of all individuals, institutions, and systems responsible for health care delivery. Physicians, both individually and through their professional associations, must take responsibility for assisting in the creation and implementation of mechanisms designed to encourage continuous improvement in the quality of care."⁷

The majority of the students (54%) mentioned the rendering of quality of care.

- *'Constantly striving to achieve excellence by leaning better skills, improving medical care and acquiring better equipment. Services go beyond requirements.'*

A willingness to do more than the expected

This was mentioned in addition by 26% of the students.

- *'... always willing to help, work hard, help out if needed ... do more than the minimum expected of him... willing to walk the extra mile.'*
- *'Although tired and inundated with information and work always persevere especially when it involves a patient.'*

Commitment to improving access to care

"Medical professionalism demands that the objective of all health care systems be the availability of a uniform and adequate stand of care. Physicians must individually and collectively strive to reduce barriers to equitable health care. Within each system, the physicians should work to eliminate barriers to access based on education, laws,

finances, geography, and social discrimination. A commitment to equity entails the promotion of public health and preventative medicine, as well as public advocacy on the part of each physician, without concern for the self-interest of the physician or the profession."⁷

Commitment to improving access to care was reflected in only 17% of the students' scripts.

- *'Making healthcare available to entire population, especially in rural communities.'*
- *'...willing to go out in the community to bring health services to the people.'*
- *'...commitment to provide access to care independent of financial considerations.'*

Commitment to a just distribution of finite resources

"While meeting the needs of individual patients, physicians are required to provide health care that is based on the wise, cost-effective management of limited clinical resources. They should be committed to working with other physicians, hospitals, and payers to develop guidelines for cost effective care. The physician's professional responsibility for appropriate allocation of resources requires scrupulous avoidance of superfluous tests and procedures. The provision of unnecessary services not only exposes one's patient to avoidable harm and expense but also diminishes the resources available for others."⁷

This is a burning issue in our country. Nearly a third of the students (31%) felt that this should be included in professionalism.

- *'...resources should be used appropriately, effectively and purposefully.'*
- *'... strive to provide cost-effective health care and management of resources'*
- *'...avoid the use of unnecessary services/tests'*

Commitment to scientific knowledge

"Much of medicine's contract with society is based on the integrity and appropriate use of scientific knowledge and technology. Physicians have a duty to uphold scientific standards, to promote research, and to create new knowledge and ensure its appropriate use. The profession is responsible for the integrity of this knowledge, which is

based on scientific evidence and physician experience.”⁷

This commitment was revealed in the views of 24% of the students.

- ‘Constantly trying to improve his skills and knowledge by researching and making use of technology to advance his learning experience’

Commitment to maintaining trust by managing conflicts of interest

“Medical professionals and the organizations have many opportunities to compromise their professional responsibilities by pursuing private gain or personal advantage. Such compromises are especially threatening in the pursuit of personal or organizational interactions with for-profit industries, including medical equipment manufacturers, insurance companies, and pharmaceutical firms. Physicians have an obligation to recognize, disclose to the general public, and deal with conflicts of interest that arise in the course of their professional duties and activities. Relationships between industry and opinion leaders should be disclosed, especially when the latter determine the criteria for conducting and reporting clinical trials, writing editorials or therapeutic guidelines, or serving as editors of scientific journals.”⁷

Nearly one-fifth (19%) of the students mentioned maintaining trust and managing conflicts of interest.

- ‘Professional responsibilities may never be compromised in order to strengthen the doctor’s public and financial status’
- ‘Avoid pitfalls of private gain and personal advantage so readily available and tempting in the field of medicine’

Commitment to professional responsibilities

“As members of a profession, physicians are expected to work collaboratively to maximize patient care, be respectful of one another, and participate in the processes of self regulation, including remediation and discipline of members who have failed to meet professional standards. The profession should also define and organize the educational and standard-setting process for current and future members. Physicians have both individual and collective obligations to participate in these processes. These obligations include engaging in internal assessment and accepting external scrutiny or all aspects of their professional performance.”⁷

More than a fifth (21%) of the students mentioned responsibilities per se:

- ‘...ensuring that all the patient’s problems are addressed with appropriate solutions.’
- ‘Respectful towards co-workers and maximising patient care by remediation.’
- ‘Obey rules, regulations and laws of profession/ hospital’
- ‘...admits errors, does not cover up for errors of others’
- ‘Reports malpractice’

Accepting responsibility for one’s own actions

Nearly half (43%) of the students added this attribute:

- ‘... accept responsibility for our own actions and decisions, our responsibility extends to the patient, other team members and community’

Accepting responsibility for one’s own actions and decisions is included in the assessment criteria of various institutions.^{3,12}

Attributes of professionalism additional to principles and commitments of the Charter

The so called soft-skills of medicine, including communication, relationships,

teamwork and ethics, are referred to as the humanist and artistic aspects of medicine. The students stated that professionalism was inherent in the nature of individuals and commented on the absence of the humanist and artistic aspects of medicine in the Charter. The fact that humanism is not included in ‘professionalism’ is also apparent in the literature on professionalism, such as in the article by Boon and Turner, who state that “... ethics, professionalism, and humanism are not just hair-spray for the already fuzzy-headed, but go to the heart of the practice of medicine”.²

One of the qualities of the modern-day Hippocratic Oath entails that “...there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon’s knife or the chemist’s drug”.¹³ Wartman also notes that the Charter does not include a statement about “commitment to the art of medicine” and advocates that it should be addressed specifically, with a weight equal to that of the discussion on the commitment to scientific knowledge.¹⁴

Swick argues further that “medical professionalism should reflect the values of a virtue-based ethic that stresses compassion and beneficence, rather than the values of a duty-based ethic” entailed in the Charter.¹⁵ Arnett states

Table III: Identified attributes of professionalism additional to the Charter

Attributes additional to charter	%
Empathy	32
- Compassionate/caring	10
- Sensitive to needs/beliefs/culture	11
- Non-judgemental	11
Respect – for others and property	51
- Grooming/appropriate dress code/demeanour	33
- Punctuality and attendance	25
Maturity	65
- Recognising own errors/limitations	19
- Decision making and coping mechanisms in crisis	16
- Willingness to learn from others	11
- Accepting criticism	10
- Emotional maturity	7
Teamwork	
- Consults/shares with colleagues/gives recognition/is loyal	18
- Conflict management	11
- Appropriate relationship with team	14
- Leadership	6

that “medicine without effective, patient-centred ethics is no longer a profession but merely a trade” – the status of medicine in Greece before the oath of Hippocrates.¹⁶

Some of the students also made it clear that they regarded professionalism differently in the case of students and that of qualified doctors, and they described the attributes most applicable to medical students.

- *‘This is mainly because we do not have all the authority and power, and with that responsibility, of someone who is fully qualified. That however does not exclude us from the responsibility of professionalism.’*

The additional attributes identified from the students’ scripts fall mainly under the theme, ‘Attitudes and personal conduct’. These could be described as attributes of humanism and are listed in Table III.

Empathy (63%)

The students’ views on empathy were that it entailed being compassionate, caring, non-judgemental and sensitive to the patients’ needs, beliefs and cultures.

- *‘... concerned about and have understanding and insight into the patient’s physical, emotional and social aspects of their disease,... aware of the significance of these aspects in the patient’s life,’*
- *‘patient seen within his difficult situation and his adversaries are understood’*
- *‘...recognise the patient’s need for comfort and help’*
- *‘Appreciation of patients’ needs and social context, warmth, helpfulness, taking time to listen, showing interest and firmness’*
- *‘Takes time to listen to patients, families ...deals with patient’s distress, concerns, fears and requests’*
- *‘...patients ... should never be judged for circumstances or for the decisions and choices they made in their lives’*
- *‘not ... to judge a patient on their personality, acts or socio-economic status’*
- *‘Kindness towards fellow man – colleagues and patients’*

Respect (51%)

The assessment criteria of various institutions include demonstrated respect for people,^{6, 18,19,20,21,22} and this is re-

ferred to as the essence of humanism.²² The students mentioned respect and, in addition, they stressed the following observable behaviours that showed respect: grooming, dress code and demeanour (33%), as well as punctuality (25%).

- *‘In a diverse and multicultural country like South Africa we should respect cultural beliefs, traditions and teachings, even if they differ from our own.’*
- *‘Respect for your superiors, your colleagues and your patients forms an integral part of being a professional’*
- *‘... polite, courteous and well groomed’*
- *‘A neatly dressed , well groomed individual is more likely to gain the trust and respect of a patient’*
- *‘Dressing neatly is important in terms of showing respect for the patient and putting them at ease with the knowledge that someone who takes care of themselves will be taking care of them.’*
- *‘Being punctual, available and helpful shows that the student holds his colleagues and patients in high regard.’*
- *‘Being punctual also shows the patient that you value their time, that they matter and that what they have to say is important’*

Maturity (65%)

The students’ views on maturity included recognition of own errors/limitations (19%), willingness to learn from others (11%), coping and learning in difficult situations (16%) and when criticised (10%), and control over emotions (7%).

- *‘Competence involves the acceptance of self-improvement ... as well as self-awareness and knowing one’s limits’*
- *‘Aware of own limitations and needs and means of improvement, asks for help when needed’*
- *‘Never compromise your patient’s health due to your ignorance or pride’*
- *‘asks for assistance when faced with situations outside of his current level of competence’*
- *‘... deals well with criticism and able to see where they made mistakes’*
- *‘...accept responsibility for ...error “...display suitable coping mechanisms in crisis situations’*
- *‘...adapt to a changing situation’*
- *‘Remains in control of himself and is able to remain calm in crises’*
- *‘...show adequate problem solving and decision making skills and perseverance in resolving difficulties’*

Teamwork

The relationship with the team¹² and the ability to work effectively¹⁷ with colleagues are included in the assessment criteria of various institutions.

The students viewed teamwork as an attribute of professionalism, especially for themselves. They identified the following aspects:

Collaboration (18%)

The students viewed consulting, loyalty, sharing and appreciating colleagues as attributes of professionalism.

- *‘... individual and collective obligations to maximise patient care, to respect themselves as well as other professionals’*
- *‘demonstrates awareness of and sensitivity to needs of colleagues and co-workers. Makes a significant effort to assist colleagues, co-workers’*
- *‘In the day to day activities of ward work and patient care... shows consideration and appreciation for his fellow colleagues...’*
- *‘Contributes to team building and always seeks opportunity to share or gain knowledge’*

Conflict management (11%)

‘resolves dilemmas / conflict with respect to other students, doctors and nursing staff’

Appropriate relationship with team (14%)

- *‘the ability to listen, to take other people’s opinion into consideration and to take criticism in a positive light’*
- *‘Demonstrates compassion for colleagues, co-workers and subordinates’*
- *‘... able to get along with his co-workers and produce trusting relationships’*

Leadership (6%)

- *‘willing to teach others and lead by example. Helps to build and maintain a culture that facilitates development of professional behaviour.’*

CONCLUSION

By challenging senior medical students to reflect on the definition of professionalism and the attributes that can be used to define professionalism, the researchers attempted to identify criteria for professionalism that can be used in an assessment tool. The views of the medical students differed from those of

the authors of the Charter. The aim of the exercise was not to challenge or criticise the Charter. It did, however, become apparent that 'humanism', which these students regarded as important, did not feature strongly in the Charter. Cruess and Cruess defend the Charter as not being a code of ethics, but "a statement of contemporary responsibilities – medicine's understanding of its obligations under today's social contract".²²

The fact that the students placed such a high value on the humanist part of professionalism might be ascribed to the following factors:

- Teaching in the undergraduate medical curriculum at UP focuses on the humanist aspects of professionalism as an important part of patient consultations and teamwork.
- Students are not actively involved in the social contract that is prominent in the Charter. They have little or no influence on social justice, access to care, distribution of resources and conflicts of interest.
- The Charter is considered vague and open to interpretation – "there is lots of room for interpretation and judgement calls here".²³ Some of the attributes that the students mentioned may be implicit in the Charter, but should be made explicit in order for it to be a learning tool. Williams stresses the importance of different values and conceptual frameworks, and states that "the subtle assumptions we make are influenced by our beliefs and the conceptions that we hold dear".²⁴

In our view, a charter for medical students should include both the science and art of medicine, as well as the contract with society. This is also reflected in a student's comment that it '*... is one thing to maintain a good code of conduct and ensure the patient's problem is handled efficiently. It is however a completely different thing to be courteous and to have a good code of conduct in order to be a professional. This combination will truly guarantee excellence by far!*'

RECOMMENDATIONS

1. Universally acceptable charter for the Medical School of Pretoria

Other medical schools have customised the Charter to guide the conduct of their medical students.^{25,26} In order to have a

workable "charter" for professionalism in the Medical School of the University of Pretoria, it is crucial to gain the support of the students and the faculty. The students' perspectives should be validated by faculty members to create a mutually acceptable charter.

2. Development of a charter-based tool for the assessment of professionalism

The assessment of professionalism remains a challenge, especially if it is regarded as an important part of decision making about promotion or advancement. In general, the participating students stressed the importance of setting universal standards for the assessment of professionalism that are not only known to the faculty, but also to the students and clinicians. The development of a 'new' charter for medical students could help to solve this problem. It could provide a mutually acceptable definition of professionalism, as well as the assessment criteria that could be used in a charter-based assessment tool.

3. Promoting good role modelling

The comments of Quraishi and Khalid on the Charter stress that, although devotion to patients and society must be the cornerstone of the medical profession, the commitment of doctors to serving as role models is equally important.²⁷ Previous research has shown that, by using an assessment tool to describe the attributes of professionalism, faculty members became sensitised to the professional development of students and to their own potential as role models.²⁸

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