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Assessing Students' Professionalism: Considering Professionalism's Diverging Definitions

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ABSTRACT

Context: Although most health education programs assess students' professionalism, there is little clarity within the health education literature on the definition of professionalism. This makes assessment of students' professionalism a potentially flawed activity.

This literature review clarifies professionalism by bringing together diverging definitions from across a number of health disciplines and discusses the complexities and limitations of these definitions.

Methods: A search was conducted within the medical and health science education literature to identify articles that discussed professionalism and its assessment. Theoretical, qualitative and empirical research were included in the review.

Findings: The literature variably defines professionalism as upholding professional values, as demonstrating professional attitudes or demonstrating professional behaviours. Each of these perspectives influences how professionalism is to be assessed, with each perspective having its own limitations. The behavioural perspective is simple to assess, but it has been criticised for being too superficial. The values perspective has the potential to develop professionals who are motivated by philanthropic values, but values can be difficult to identify and assess. Attitudes are complex in their structure, but they are less superficial than behaviours and can be assessed with attitudinal scales.



Conclusion: Health professions educators should ideally assess all three perspectives of professionalism, however, this may not be realistic given the already laden curricula and the demands on educators. Educators may decide to only assess one perspective and given its advantages, the attitudes perspective may be a useful starting point.

Keywords: Assessment of professionalism, professional attitudes, professional behaviours, professional values, professionalism.

Introduction

Health practitioners' professionalism can impact patient care, health outcomes, therapeutic relationships and the public's perception and trust of a profession and its members¹⁻³. The concept of professionalism has received significant attention within the health profession's education literature, sometimes prompted by publicised situations involving the unprofessional behaviour of health practitioners and consequent legal proceedings, as well as the commercialisation of health care practice^{1,3,4}. The health profession's education literature is rich in discussion and debate on how professionalism should be defined^{1,5-7}, fostered⁸⁻¹¹ and assessed¹²⁻¹⁷. Despite the volume and scope of this literature, there is still no consensus on how professionalism should be defined^{6,18}. Diverging definitions create confusion for health professions educators who refer to research on the assessment of professionalism in students.

Professional competence is a notion closely aligned with professionalism, and poses similar problems in its assessment. Professional competence, defined by Epstein and Hundert¹⁹ as the 'habitual, judicious use of communication, knowledge, technical skills, clinical reasoning, emotion, values and reflection in daily practice', incorporates professionalism^{20,21}. In discussing the assessment of professional competence, Crossley et al²². considered the difficulty one faces when deciding whether to assess 'structural competencies' (ie, values and attributes) or 'process competencies' (i.e., behaviours). Likewise, health professions educators may face difficulty when deciding whether to assess professionalism as a sole entity or as part of a broader assessment of competence.

This paper provides an elaboration and review of various definitions of professionalism to assist health professions educators in understanding the range of notions of professionalism, their complexities and their assessment limitations.

Literature search

A search was conducted within medical and health science databases to identify articles that discussed professionalism and its assessment. The following databases were searched: AMED, CINAHL, Embase, Medline, PubMed, Scopus and Google Scholar. Combinations of the following search terms were used: professionalism, professional behaviour, attitudes, virtues, values, non-cognitive factors, assessment, evaluation, teaching, practice, medicine and health science. The references of identified articles were also reviewed to identify additional literature. The search was limited to articles written in English, however no limits were set on year of publication. The search yielded 134 articles and books, which were read to identify the perspective of professionalism that they researched or described. The identified articles were of empirical, qualitative or theoretical nature. Three main perspectives of professionalism were identified: professional values, professional behaviours and professional attitudes.

This approach was considered suitable for the aim of this paper which is to contribute to health professions educators' understandings on the perspectives of professionalism and the assessment limitations of these varying perspectives.



Findings

Professionalism as the demonstration of desired behaviours

Professionalism has been defined by some as the demonstration of desirable behaviours. Studies in medical education have identified behaving respectfully towards patients, treating patients equally and actively listening to patients as examples of professionalism in daily practice²³⁻²⁵. Table 1 provides a summary of professional behaviours from various sources. This perspective enables practical assessment of professionalism²⁶, as desirable and undesirable behaviours can be identified and observed in students. This simplicity has enabled the development of several assessment tools designed to assess the professional behaviours of students^{15,18,23-25}.

Table 1: Some of the behaviours that constitute medical professionalism identified from the literature.

Cruess et al.[23]	Phelan et al.[24]	Symons et al.[25] ^a
<p><i>Reflective skills -</i> Demonstrates awareness of limitations Admits errors or omissions Solicits and accepts feedback Maintains composure in a difficult situation</p> <p><i>Time Management -</i> Is on Time Is available to patients or colleagues Completes tasks in a reliable fashion</p> <p><i>Interprofessional Relationship Skills -</i> Maintains appropriate appearance Maintains patients' confidentiality Addresses own gaps in knowledge and skills. Avoids derogatory language Respects rules and procedures of the system.</p> <p><i>Doctor-patient relationship skills-</i> Listens actively to patients Shows respect for patients Ensures continuity of patients' care Advocates on behalf of patients and/or family members Maintains appropriate boundaries with patients/colleagues</p>	<p><i>Reliability & Responsibility –</i> Can be depended upon to do his or her duty Follows through on tasks he or she agreed to perform Arrives on time for class, clinic, rounds etc</p> <p><i>Maturity-</i> Behaves respectfully Accepts blame for failure</p> <p><i>Critique-</i> Accepts criticism Looks at self objectively Takes steps to correct shortcomings</p> <p><i>Communication skills-</i> Listens well Effectively identifies emotional concern of patients Uses language appropriate to circumstances</p> <p><i>Respect for patients-</i> Maintains patients' confidentiality Demonstrates empathetic behaviour Is patient with patients and family Is sensitive to patients' immediate physical and/or emotional needs Addresses patients appropriately.</p>	<p><i>Conveying Medical Information -</i> Discusses options with patients, asks their opinions, offers choices and helps them decide what to do. Warns patients during the physical exam about what the physician is going to do and why Encourages patients to ask questions and answers them clearly.</p> <p><i>Interpersonal Relations-</i> Greets patients warmly, calls them by the name they prefer. Treats patients like they are on the same level Shows interest in them as a person Tells them everything, is truthful, upfront and frank. Lets patients tell their story, listens carefully and asks thoughtful questions. Explains any technical medical terms in plain language.</p>

^a Authors modified the behaviours from the American Board of Internal Medicine's Patient Assessment survey [53]



Nevertheless, there are various limitations to assessing professionalism from this perspective. Behavioural assessments do not allow educators to assess students' thinking processes or the motivations underlying the behaviour^{27,28}. Van Mook et al¹⁸. believed that assessing behaviour encouraged the feigning of professional behaviours by students. Moreover, the attention given to the assessment of behaviour may lead students to view professionalism as merely an external expectation and not take it on as a personal expectation. Crossley et al²². also discussed the mistake educators make in assuming that a student will display the same behaviour in other settings or situations than the ones in which they were observed; they stressed the importance of assessing students' behaviour in a variety of settings and scenarios.

Hammer et al². also argued that the behavioural perspective encouraged a superficial understanding of professionalism, and used the analogy of a bicycle wheel to make their point. At the centre of the wheel (hub) they placed core values of professionalism such as altruism, service, caring, duty and honour. The spokes radiating from the hub represented the resulting subtle behaviours such as respect, empathy and compassion, demonstrated by individuals acting professionally. The tyre itself represented the more observable behaviours such as dressing professionally, punctuality, good grooming, etc. These authors purported that only the superficial layers of professionalism are assessed through the behavioural perspective; they encouraged a stronger focus on the hub of the tyre, the core values of the individual.

Professionalism as upholding professional values

It has been argued that being a professional involves more than just demonstrating the required behaviours, that it also 'implies an affirmation of a certain set of fundamental values'²⁹. From this perspective, professionalism can be defined as upholding and applying the values of a profession^{9,30}. A profession's values are the 'basic and fundamental beliefs, the unquestioned premises upon which its [a profession's] very existence rests' and to the public, these values promise competent and trustworthy professionals^{31,32}. The American Board of Internal Medicine³³ advocated six values—altruism, accountability, excellence, duty, honour and integrity and respect for others—which they believed underpinned the medical profession and which all medical professionals should be expected to endorse. The Royal College of Physicians of London³⁴ also advocated the values of integrity, compassion, altruism, continuous improvement, excellence and working in partnership with members of the wider healthcare team.

Interpreting professionalism from this perspective provides new insight into the principles that underpin a profession and highlight the importance of shared core values, which may have the potential to empower and unite a profession³⁵. These values become a declaration of what a profession holds true and what its professionals strive to practice each day. Low et al³⁶. believed that persons motivated by 'an internal set of values' would consequently 'do right every time, regardless of sanction risks.' Moreover, a profession's core values can act as intrinsic motivators, overtaking the external motivators of regulation, rewards and sanctions³⁶. Therefore, it could be theorised that students and professionals who uphold the values of their profession move beyond merely complying with codes of ethics, as they have other humanistic motivators and goals guiding their practice.

Unfortunately, it can be difficult to assess values. Due to their centrality, people often do not consciously reflect on their values, and thus simply asking a student about their values may not yield a clear and precise account. Moreover, because various values often influence each other, it is difficult to assess the presence or absence of individual values³⁷. There is also a lack of consensus on the values that should constitute professionalism and should therefore be assessed. This is evidenced by Van De Camp and colleagues³⁸ review of medical literature, which identified 90 distinct elements, mostly values, associated with professionalism.



There is a common assumption that if a person endorses a value, then the value will be demonstrated in all of that individual's behaviours²⁷. For example, if a student endorses the value of honesty, the assumption is that the student will demonstrate honesty at all times. However, several scholars argue that environmental influences and stressors can affect the values students demonstrate^{27,39,40}. For example, a student may not openly share his observation of another health professional's unprofessional behaviour because of the risk of being perceived as a 'trouble maker'. Another person observing that student's reluctance to speak out may conclude that the student does not value honesty. Thus, a student's observable behaviour may not directly and accurately represent their core values and their core values may not be evident in what they say and do^{28,41}. The relationship between values and behaviours is not predictable or direct⁴².

Assessment of values is further complicated when they come into conflict. Value conflicts are a common occurrence as shown by Ellsbury et al⁴³. who conducted focus groups with community-based physicians and found that they experienced many competing values such as, giving patients 'what they want' versus 'what they need.' In such situations, individuals may attribute different levels of significance to values^{35,44}. The challenge is then to identify the values involved and those given priority.

The difficulties associated with assessing values account for a lack of standardised assessment tools. Instead, qualitative assessments are used to identify and assess values including narrative reports, think-aloud exercises, responses to case studies and reflective pieces¹⁴.

Professionalism as the demonstration of desirable attitudes

Another perspective in the literature is that of professionalism being the demonstration of desired attitudes²⁸. An attitude is defined as the 'disposition to respond positively or negatively towards an object, person, concept or situation'³⁵. Attitudes have a closer relationship to behaviour and can be related to values, however these relationships are not direct and can be influenced by the surrounding context^{40,45}. An attitude may include up to three components; cognitive (which consists of beliefs and ideas), affective (which includes emotional feelings) and behavioural (which consists of predispositions to act in a certain manner)⁴⁶. For example, an individual's attitude towards the use of online social networks while at work could contain the following cognitive and behavioural components; *it is unprofessional to use online social networks while on duty* (cognitive), *therefore I avoid using these networks while at work* (behavioural).

There are various ways to measure attitudes. In their systematic review of 97 studies that explored the attitudes of medical students' and doctors towards professionalism, Jha and colleagues⁴⁷ identified several methods and tools for assessing attitudes, including scales, vignettes, questionnaires and interviews. The identified tools and methods assessed attitudes towards different aspects of professionalism, including ethical issues, academic/clinical integrity and the patient-physician relationship. The researchers concluded that more assessment tools were needed to measure attitudes towards professionalism as a whole.

It can be argued that the values perspective provides a deeper understanding of professionalism as 'values are more deeply enclosed in the person' and occupy a more central position than attitudes⁴⁰. However, a focus on attitudes could potentially facilitate the assessment of professionalism.

Environmental influence on professionalism

The environment can influence how professionalism is defined; which behaviours, attitudes and values are associated with the concept and are therefore assessed. Martimianakis et al⁴⁸. commented that the term is perceived differently by individuals and



organisations in varying societal, historical and institutional environments. Similarly, Van De Camp et al³⁸. stated that 'depending on the context from which one tries to conceptualise professionalism, constituent elements will differ in abstraction level, relevance and importance.' This means that what is considered a core value or behaviour in a profession within one environment may not be recognised as being as critical in another⁴⁹. This greatly affects the transferability of professionalism-related assessments, as their focus on particular values, behaviours or attitudes may not be applicable to other contexts and it highlights the importance of context-specific assessments.

Discussion

Which perspective of professionalism should health professions educators assess? If the ultimate goal is to have health professionals upholding core values of their profession and demonstrating professional behaviours and attitudes in all situations, even given conflicting values and pressured environments, then ideally all three perspectives should be assessed within curricula. However, the assessing all three perspectives may be an unrealistic expectation given the already laden curricula of health professions and considerable workload for educators. It may be more realistic, and therefore appropriate, to focus on only one perspective of professionalism. In deciding on which perspective, educators need to consider the advantages and limitations of each perspective. For example, the behavioural perspective is simple to understand and assess, therefore it may be the preferred perspective amongst health professions educators. However, its superficial focus does not allow for exploration into the motivators behind the demonstrated behaviour. The values perspective has the potential to develop altruistic professionals by establishing philanthropic values that guide practice when ethical codes are unable to, but values are difficult to identify and assess. Attitudes are complex in their structure, but can be easily measured through attitudinal scales⁵⁰. They are also less superficial than behaviours.

Given the advantages and disadvantages of each perspective, the attitudinal perspective may be a practical yet meaningful starting point for educators limited to selecting a single perspective of professionalism. Educators could begin by deciding which attitudes they want to assess and can refer to existing attitudinal scales for guidance^{13,47,51}. Educators will need to ensure that there is consistency between the attitudes taught and those assessed within the curriculum⁵². The scales themselves will need to be valid, reliable, practical and inclusive of all the components of attitudes; feelings, beliefs and behaviours. If using existing attitudinal scales, educators will need to modify the assessments to suit their cultural, social and institutional environments as well as the broader standards of professional competence in their discipline. These factors also need to be considered in the assessment of professional values and professional behaviours.

Conclusion

Within health science and medical profession's literature, professionalism is variably defined as upholding professional values, exhibiting professional behaviours or demonstrating professional attitudes. Each of these perspectives influences how professionalism is assessed, with each perspective having its own advantages and limitations. In order to develop professionals who practice utmost professionalism, health professions educators should ideally assess all three perspectives of professionalism. However, this may not be realistic given the already laden curricula and the demands on educators and students. Educators may decide to only assess one perspective and given its advantages, the attitudes perspective may be the best starting point.



References

1. Cohen J. Professionalism in medical education, an American perspective: From evidence to accountability. *Medical Education*. 2006; 40:607-617.
2. Hammer D, Berger B, Beardsley R, Easton M. Student Professionalism. *American Journal of Pharmaceutical Education*. 2003; 67(3):1-29.
3. Maastricht University. How to assess professionalism? 2010 [cited 2010 26 February]; Available from: <http://www.unimaas.nl/default.asp?template=werkveld.htm&id=J555UIERP57251SKJ3JG1&taal=nl>.
4. Coulehan J. Today's professionalism: Engaging the mind but not the heart. *Academic Medicine*. 2005; 80(10):892-898.
5. Hafferty FW. Definitions of professionalism: A search for meaning and identity. *Clinical Orthopaedics and Related Research*. 2006; 449:193-204.
6. Swick HM. Toward a normative definition of medical professionalism. *Academic Medicine*. 2000; 75(6):612-616.
7. Wagner P, Hendrich J, Moseley G, Hudson V. Defining medical professionalism: A qualitative study. *Medical Education*. 2007; 41:288-294.
8. Richardson B. Professional education and professional practice today- do they match? *Physiotherapy*. 1992; 78(1):23-26.
9. Rowley B, Baldwin D, Bay RC, Cannula M. Can professional values be taught? A look at residency training. *Clinical Orthopaedics and Related Research*. 2000; 378:110-114.
10. van Mook WNKA, Gorter S, de Grave W, van Luijk SJ, O'Sullivan H, Wass V, Zwaveling JH, Schuwirth L, van der Vleuten CPM. Professionalism beyond medical school: An educational continuum? *European Journal of Internal Medicine*. 2009; 20:e148-e152.
11. van Mook WNKA, van Luijk SJ, de Grave W, O'Sullivan H, Wass V, Schuwirth L, van der Vleuten CPM. Teaching and learning professional behavior in practice. *European Journal of Internal Medicine*. 2009; 20:e105-e111.
12. Ainsworth M, Szauter K. Medical student professionalism: Are we measuring the right behaviors? A comparison of professional lapses by students and physicians. *Academic Medicine*. 2006; 81(10):S83-S86.
13. Arnold E, Blank L, Race K, Cipparrone N. Can professionalism be measured? The development of a scale for use in the medical environment. *Academic Medicine*. 1998; 73(10):1119-1121.
14. Arnold L. Assessing professional behavior: Yesterday, today and tomorrow. *Academic Medicine*. 2002; 77(6):502-515.
15. Fontaine S, Wilkinson T. Monitoring medical student's professional attributes: Development of an instrument and process. *Advances in Health Sciences Education*. 2003; 8:127-137.



16. Hawkins RE, Katsufakis PJ, Holtman MC, Clauser BE. Assessment of medical professionalism: Who, what, when, where, how, and...why? *Medical Teacher*. 2009; 31:348-361.
17. Lynch D, Surdyk P, Eiser A. Assessing professionalism: A review of the literature. *Medical Teacher*. 2004; 26(4):366-373.
18. van Mook WNKA, van Luijk SJ, O'Sullivan H, Wass V, Zwaveling JH, Schuwirth L, van der Vleuten CPM. The concepts of professionalism and professional behaviour: Conflicts in both definition and learning outcomes. *European Journal of Internal Medicine*. 2009; 20:e85-e89.
19. Epstein R, Hundert E. Defining and assessing professional competence. *Journal of the American Medical Association*. 2002; 287(2):226-235.
20. Frank JR. (Ed.) *The CanMEDS 2005 physician competency framework: Better standards. Better physicians. Better care*. The Royal College of Physicians and Surgeons of Canada, 2005.
21. Accreditation Council for Graduate Medical Education. *Accreditation council for graduate medical education: Outcome Project*. 2010 [cited 2010 26 November]; Available from: <http://www.acgme.org/acWebsite/home/home.asp>
22. Crossley J, Humphris G, Folly B. Assessing health professionals. *Medical Education*. 2002; 36:800-804.
23. Cruess R, McIlroy J, Cruess S, Ginsburg S, Steinert Y. The professionalism mini-evaluation exercise: A preliminary investigation. *Academic Medicine*. 2006; 81(10):S74-S78.
24. Phelan S, Obenshain S, Galey W. Evaluation of the noncognitive professional traits of medical students. *Academic Medicine*. 1993; 68(10):799-803.
25. Symons A, Swanson A, McGuigan D, Orrange S, Akl EA. A tool for self-assessment of communication skills and professionalism in residents. *BMC Medical Education* [online]. 2009; 9(1). Available from: <http://www.biomedcentral.com/1472-6920/9/1>.
26. Ginsburg S, Stern D. The professionalism movement: Behaviors are the key to progress. *The American Journal of Bioethics*. 2004; 4(2):14-15.
27. Ginsburg S, Regehr G, Hatala R, McNaughton N, Frohna A, Hodges B, Lingard L, Stern D. Context, conflict, and resolution: A new conceptual framework for evaluating professionalism. *Academic Medicine*. 2000; 75(10):S6-S11.
28. Rees C, Knight L. Viewpoint: The trouble with assessing students' professionalism: Theoretical insights from sociocognitive psychology. *Academic Medicine*. 2007; 82(1):46-50.
29. Dige M. Occupational therapy, professional development, and ethics. *Scandinavian Journal of Occupational Therapy*. 2009; 16:88-98.
30. Ginsburg S, Regehr G, Stern D, Lingard L. The anatomy of the professional lapse: Bridging the gap between traditional frameworks and students' perceptions. *Academic Medicine*. 2002; 77(6):516-522.
31. Disney J, Basten J, Redmon P, Ross S. *Lawyers*. 2nd ed. North Ryde, NSW: The Law Book Co; 1986.



32. Kopelman LM. Values and virtues: How should they be taught? *Academic Medicine*. 1999; 74(12):1307-1310.
33. American Board of Internal Medicine. Project professionalism. Pennsylvania: ABIM; 2001 [cited 2010 24 March]; Available from: <http://www.abimfoundation.org/Resource%20Center/Bibliography/~~/media/Files/Resource%20Center/Project%20professionalism.ashx>.
34. Royal College of Physicians of London. Doctors in society - Medical professionalism in a changing world. 2005 [cited 2010 10 April]; Available from: <http://bookshop.rcplondon.ac.uk/contents/pub75-241bae2f-4b63-4ea9-8f63-99d67c573ca9.pdf>
35. Kanny E. Core values and attitudes of occupational therapy practice. *American Journal of Occupational Therapy*. 1993; 47:1085-1086.
36. Low Y, Omar E, Thirumoorthy T. The seven core virtues in medical professionalism. *Singapore General Hospital Proceedings*. 2009; 18(3):73-79.
37. Holm I. Ideas and beliefs in architecture and industrial design: How attitudes, orientations, and underlying assumptions shape the built environment. Oslo: Oslo School of Architecture and Design; 2006.
38. Van De Camp K, Vernooij-Dassen MJFJ, Grol RPTM, Bottema BJAM. How to conceptualize professionalism: A qualitative study. *Medical Teacher*. 2004; 26(8):696-702.
39. DiGiacomo M. Professionalism: Values in action. *Magazine of Physical Therapy*. 2004: 44-47.
40. Reich B, Adcock C. Values, attitudes and behaviour change. London: Methuen; 1976.
41. Johnson-Cartee K, Copeland G. Strategic political communication: Rethinking social influence, persuasion, and propaganda. Maryland: Rowman & Littlefield; 2004.
42. Ginsburg S, Regehr G, Mylopoulos M. From behaviours to attributions: Further concerns regarding the evaluation of professionalism. *Medical Education*. 2009; 43:414-425.
43. Ellsbury K, Carline J, Wenrich M. Competing professionalism values among community-based family physicians. *Academic Medicine*. 2006; 81(10):S25-S29.
44. Verplanken B, Holland R. Motivated decision making: Effects of activation and self-centrality of values on choices and behavior. *Journal of Personality and Social Psychology*. 2002; 82(3):434-447.
45. Dreezens E, Martijn C, Tenbult P, Kok G, de Vries NK. The missing link: On strenghtening the relationship between values and attitudes. *Basic and Applied Social Psychology*. 2008; 30:142-152.
46. Weiten W. Psychology: Themes and variations. 7th ed. Belmont, California: Thomson/Wadsworth; 2007.
47. JHA V, Bekker HL, Duffy SRG, Roberts TE. A systematic review of studies assessing and facilitating attitudes towards professionalism in medicine. *Medical Education*. 2007; 41:822-829.



48. Martimianakis MA, Maniate JM, Hodges BD. Sociological interpretations of professionalism. *Medical Education*. 2009; 43:829-837.
49. Misch D. Evaluating physicians' professionalism and humanism: The case for humanism "connoisseurs". *Academic Medicine*. 2002; 77(6):489-495.
50. Gross S, Niman M. Attitude-behavior consistency: A Review. *The Public Opinion Quarterly*. 1975; 39(3):358-368.
51. Blackall G, Melnick S, Shoop G, George J, Lerner S, Wilson P, Pees R, Kreher M. Professionalism in medical education: The development and validation of a survey instrument to assess attitudes toward professionalism. *Medical Teacher*. 2007; 29:e58-e62.
52. Wear D, Kuczewski M. The professionalism movement: Can we pause? *The American Journal of Bioethics*. 2004; 4(2):1-10.
53. American Board of Internal Medicine. Improve your practice with PIMs n.d. [cited 2010 13 December]; Available from: <http://www.abim.org/online/pim/demo.aspx>
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