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The Theme of Professionalism

Over the past twenty-five years, professionalism has emerged as a substantive and sustained theme within both clinical medicine and medical education. Featured in medical education conferences and journals, the definition, operationalization and measurement of professionalism has become a major concern for those involved in the education and development of medical students as well as residents, fellows, faculty, clinicians and researchers. And yet it is a field with much ambiguity, confusion and at times controversy. The idea that the medical profession should attend to the professional behaviour of students and practitioners is not in dispute. However, how to go about establishing the elements that constitute *appropriate* professionalism is more difficult. Though myriad studies have addressed the topic, the question: “what is professionalism?” is complex and defining best practices for its assessment even more so. Difficulty stems from the fact that professionalism stretches along a continuum from the individual (attributes, capacities and behaviours) through the interpersonal domain (interactions with other individuals and with contexts) to the macro-social level where notions such as social responsibility and morality but also political agendas and economic imperatives reside. Furthermore, there are interactions amongst these levels. For example an individual’s professional behaviour may be influenced by the context; similarly, the individuals within an institution may influence its collective professional values.

While discussions and research about professionalism have appeared most prominently in Anglo-Saxon medical education literature in the past two decades, the globalization of medical education means increasing interest in the construct of professionalism in other languages, countries and cultures. As professionalism is a complex and multi-dimensional construct, the reader of this report should not look for one, simple, generalizable statement about what professionalism is and how to assess it. Rather, assessment of professionalism requires consideration of its individual, inter-personal and societal dimensions. The International Ottawa Conference working group on professionalism (IOPWG) spent 6 months carefully studying some of the dominant notions about professionalism, and in particular the implications for assessment. An overview of the working group’s results is provided below. The details of this research, which included a detailed discourse analysis, are reported elsewhere.

A. Recommendations for the assessment of professionalism

General principles relating to the assessment of professionalism

1. Professionalism is a concept that varies across historical time periods and across cultural contexts.
2. The need to develop concrete and operationalizable definitions, and from them effective teaching methods and defensible assessment approaches across the continuum of professional development, is strongly felt by many medical educators.
3. Professionalism is intrinsically related to the social responsibility of the medical profession. Thus, developing an acceptable, clearly articulated and operationalizable definition that is reviewed and refined regularly to reflect societal and health care changes, is an important responsibility of the profession and its educational institutions to the public.
4. What professionalism is and how it will be taught and assessed should be clearly articulated through a dialogue between the profession and the public. Professionalism can be conceptualized and assessed at different levels: individual, interpersonal and institutional/system/societal. A comprehensive understanding of professionalism requires attention to these multiple – and often interdependent - levels.
5. A culture that fosters continual improvement of all students and practitioners, and emphasizes personal and collective responsibility for that improvement is desirable. While summative assessment is important, formative methods should predominate including robust feedback for all students and practitioners, supplemented where necessary by remediation.
6. Professionalism, and the literature supporting it to date, has arisen from Anglo-Saxon countries. Caution should be used when transferring ideas to other contexts and cultures. Where assessment tools are to be used in new contexts, re-validation with attention to cultural relevance is imperative.
7. Different perspectives lead to different statements about the nature of professionalism. They represent different lenses and focus attention on different aspects of education, assessment and research in this domain. A diversity of approaches and perspectives (psychometrics, psychology, sociology, anthropology, etc) should be embraced in professionalism assessment and research.
8. Each perspective (and resulting assessment methods) will make some elements of professionalism visible, and each will deflect attention from other elements. Elements of professionalism are vast and include: individual (attributes, characteristics, attitudes, behaviours, identities), interpersonal (relations, group dynamics, etc) and societal (economic, political, etc).

Assessment at the individual level

1. Some component of professionalism may be related to inherent personality characteristics or traits. Assessment of traits (cognitive, personality, behavioural) prior to admissions may be relevant to later professionalism; however, use of such screening approaches requires that links between pre-admissions data, medical school performance, residency performance and professionalism in practice be demonstrated.

2. Professionalism may be understood as the external, behavioural manifestations of the interaction of a complex set of cognitive and attitudinal elements and personality characteristics, mutually and with the environment. However behavioural assessments are proxy measures, resting on the assumption that observed behaviours are reflective of underlying dimensions. Research shows that this assumption is not always accurate. For this reason, documenting behaviours alone may be insufficient to capture a comprehensive construct of professionalism, which should also include knowledge, values, attitudes and the ability to employ professional behaviours in real practice settings.
3. Where behavioural assessments are used, instruments should be employed that have demonstrable reliability and can be used to support valid inferences. Both quantitative measures (e.g. numeric scores derived from observation-based survey instruments) and qualitative measures (e.g. narrative data from Dean's letters) have been studied and may be employed in a defensible manner. A combination of methods over a period of time is likely to be needed.
4. Given the number of existing professionalism assessment tools, it may be more important to increase the depth and quality of reliability and validity of a program existing measures in various contexts than to continue to develop new measures for single contexts.
5. Triangulation of multiple kinds of measures, by multiple observers, synthesized over time with data gathered in multiple, complex and challenging contexts is likely to be appropriate at all levels of analysis.
6. Identification and documentation of *negative* behaviours is likely to require a distinct system from one in which there is recognition, documentation and reinforcement of *positive* professionalism behaviours. Instrument design and validity research should be undertaken thoughtfully in such a way as to reflect this distinction.
7. The overall assessment program is more important than the individual tools. The best programs use a variety of tools in a safe climate, provide rich feedback, anonymity (when appropriate) and follow-up of behaviour change over time. Effective assessment and feedback programs also incorporate faculty development.

Assessment at the interpersonal level

1. In addition to its individual elements, professionalism also implies a set of behaviours and responses to situational and contextual phenomena that arise during learning and practice. The assessment of professionalism should therefore include assessment of the decisions, responses and behaviours of all actors in each context (perhaps using a 360 degree or other multi-source feedback tools), gathering longitudinal data from both teacher and student as well as other key players such as health care professionals, administrators, patients, etc.
2. Assessment of the learning/practice environment itself is also important. Inherent in this approach to assessment is feedback to improve the performance of teams (course faculty, clinical teaching teams, etc) as well to improve structural elements, be they organizational (e.g., policies that govern learning/work) or structural in an architectural sense.
3. Assessment of professionalism should include monitoring learning environments, student-student, teacher-student, student-health professional and student-patient relationships for problematic interpersonal phenomena. The concept of situationally specific *professionalism*

challenges, dilemmas or lapses may be more useful than a global concept of *unprofessionalism* (characteristic or trait).

4. While complete consensus on what are appropriate professional responses to complex problems and situation may not always be achieved completely, assessment and feedback should represent a collective perspective where possible.

Assessment at the institutional/systems/societal level

1. Professionalism can also be understood in the context of the goals, aspirations and collective behaviours of healthcare and educational institutions and of the profession itself. Assessment at this level involves characterizing societal expectations, through dialogue and meaningful input from public stakeholders, and measuring the degree to which the profession (be it a subgroup such as students, a whole medical school, a professional practice group, or even the profession as a whole) meets the expectations. Accreditation requirements at every educational level require teaching and evaluating of professionalism. Effectiveness should be measured in terms of clear institutional/societal outcomes.
2. Assessment undertaken at the macro level of professionalism may involve critiquing the dominance of certain ways in which expectations and practices are framed or enforced (cultural, generational, gendered, hierarchical, etc) and should lead to improved institutional and organizational climate and practice.
5. Professional lapses may arise from particular kinds of social interactions and problematic organizational and institutional settings and politics. Examining and making explicit the *hidden curriculum* and tacit problematic organizational or institutional norms is important in assessing and contextualizing professional/unprofessional behaviours of students, teachers and institutions.

B. Recommendations for research about professionalism assessment

1. Examine the concept of professionalism and its assessment across different linguistic and cultural contexts.
2. Compare the definitions and conceptions of professionalism assessment in medicine to those held by other professions.
3. Characterize which elements of professional behaviour are amenable to learning (and therefore remediation) and which may have a more immutable quality that are amenable to selection processes.
4. Examine links between assessment of professionalism and other assessment initiatives such as quality of patient care.
5. Develop and evaluate means of incorporating patients' perspectives into the assessment of professionalism.
6. Explore professionalism assessment in complex clinical workplaces, including how individuals adapt to difficult or even dysfunctional systems and the gaps that arise between espoused values and actual practice.

7. Elaborate ways that assessment data can be used to change the culture of education and practice, in particular the *hidden curriculum*.
8. Consider what happens when expectations at an individual level conflict with those at the societal/organizational/institutional level, and what the resolution means for professionalism assessment.
9. Explore innovative ways to collect and analyze quantitative and qualitative methods of assessment data from mixed-methods approaches, paying particular attention to threats to validity inherent in different assessment methods.
10. Conduct outcome studies to examine the impact of curricular, organizational or other interventions related to professionalism.

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