

## **Bibliography on Professionalism** (prepared by R. and S. Cruess)

### **Introduction**

There is an extensive literature on professionalism which is found in a variety of sources. A complete review of this literature up until 1997, including both the social sciences and the literature in bioethics is included in Cruess, R.L., Cruess, S.R. **Teaching medicine as a profession in the service of healing**. *Academic Medicine*, 1997; 72: 941-952.

Another up-to-date review of the literature, which also includes the literature on evaluating professionalism, is provided in Arnold, L. **Assessing professional behaviour: Yesterday, today and tomorrow**. *Academic Medicine*, 2002; 77: 502-515.

There are three extensive reviews of the literature on assessing professionalism.

---

Ginsburg, S., Regehr, G., Hatala, R., McNaughton, N., Frohna, A., Hodges, B. et al. Context, Conflict, and Resolution: **A new conceptual framework for evaluating professionalism**. *Academic Medicine*, 2000; 75 (10): S6-S11.

#### References:

Papadakis MA, Osborn MC, Cooke M, Healy K. A strategy for the detection and evaluation of unprofessional behavior in medical students. *Acad Med*. 1999;74: 980-90.

Phelan S, Obenshain S, Galey WR. Evaluation of the non-cognitive professional traits of medical students. *Acad Med*. 1993; 68: 799-803.

Hunt DD, Scott CS, Phillips TJ, Yergan J, Greig LM. Performance of residents who had academic difficulties in medical school. *J Med Educ*. 1987;62: 170-6.

Project Professionalism. Philadelphia, PA: American Board of Internal Medicine, 1995.

Wolf TM, Balson PM, Faucett JM, Randall HM. A retrospective study of attitude change during medical education. *Med Educ*. 1989; 23: 19-23.

Feudtner C, Christakis DA, Christakis NA. Do clinical clerks suffer ethical erosion? Students' perceptions of their ethical environment and personal development. *Acad Med*. 1994; 69: 670-9.

Garfinkel PE, Bagby RM, Waring EM, Dorian B. Boundary violations and personality traits among psychiatrists. *Can J Psych*. 1997; 42: 758-63.

Graham JR. *The MMPI: A Practical Guide*. Second edition. New York: Oxford University Press, 1987.

Oser FK. Moral education and values education: the discourse perspective. In: Wittrock MC (ed). *Handbook of Research on Teaching*. New York: Macmillan Publishing Company, 1986: 917-41.

Stern DT. *Hanging out: teaching values in medical education* [dissertation]. Stanford, CA: Stanford University, 1996.

Rezler AG, Schwartz RL, Obenshain SS, Lambert R, Gibson JM, Bennahum DA. Assessment of ethical decisions and values. *Med Educ*. 1992; 26: 7-16.

Novack DH, Detering BJ, Arnold R, Forrow L, Ladinsky M, Pezzullo JC. Physicians' attitudes toward using deception to resolve difficult ethical problems. *JAMA*. 1989;61: 2980-5.

Stern DT. Practicing what we preach? An analysis of the curriculum of values in medical education. *Am J Med*. 1998; 104: 569-75

Burack JH, Irby DM, Carline JD, Root RK, Larson EB. Teaching compassion and respect: attending physicians' responses to problematic behaviors. *J Gen Intern Med*. 1999; 14: 49-55.

Hunt DD, Carline J, Tonesk X, Yergna J, Siever M, Loebel JP. Types of problem students encountered by clinical teachers on clerkships. *Med Educ*. 1989; 23: 14-8.

Hunt DD. Functional and dysfunctional characteristics of the prevailing model of clinical evaluation systems in North American medical schools. *Acad Med*. 1992;67: 254-9.

Gray JD. Global rating scales in residency education. *Acad Med*. 1996;71 (10 suppl): S55-S63.

Woolliscroft JO, Howell JD, Patel BP, Swanson DB. Resident-patient interactions: the humanistic qualities of internal medicine residents assessed by patients, attending physicians, program supervisors, and nurses. *Acad Med*. 1994;69: 216-24.

Johnson D, Cujec B. Comparison of self, nurse, and physician assessment of residents rotating through an intensive care unit. *Crit Care Med*. 1998;26: 1811-6.

Rhoton MF. A new method to evaluate clinical performance and critical incidents in anesthesia: quantification of daily comments by teachers. *Med Educ*. 1989; 23: 280-9.

Brennan B, Norman GR. Use of encounter cards for evaluation of residents in obstetrics. *Acad Med*. 1997; 72 (10 suppl): S43-S44.

Rhoton MF. Professionalism and clinical excellence among anesthesiology residents. *Acad Med*. 1994; 69: 313-5.

Beckman H, Frankel R, Kihm J, Kulesza G, Geheb M. Measurement and improvement of humanistic skills in first-year trainees. *J Gen Intern Med*. 1990;5: 42-5.

Klamen DL, Williams RG. The effect of medical education on students' patient-satisfaction ratings. *Acad Med*. 1997; 72: 57-61.

Klessig J, Robbins AS, Wieland D, Rubenstein L. Evaluating humanistic attributes of internal medicine residents. *J Gen Intern Med*. 1989;4: 514-22.

Matthews DA, Feinstein AR. A new instrument for patients' ratings of physician performance in the hospital setting. *J Gen Intern Med*. 1989;4: 14-22.

Butterfield PS, Mazzaferri EL. A new rating form for use by nurses in assessing residents' humanistic behavior. *J Gen Intern Med*. 1991; 6: 155-61.

Linn BS, Arostegui M, Zeppa R. Performance rating scale for peer and self assessment. *Br J Med Educ*. 1975; 9: 98-101.

Arnold L, Willoughby L, Calkins V, Gammon L, Eberhart G. Use of peer evaluation in the assessment of medical students. *J Med Educ*. 1981; 56: 35-42.

Helfer RE. Peer evaluation: its potential usefulness in medical education. *Br J Med Educ*. 1972; 6: 224-31.

Thomas PA, Gebo KA, Hellmann DB. A pilot study of peer review in residency training. *J Gen Intern Med.* 1999; 14: 551-4.

Parker PA Jr., Stevens CB, Duerson MC. Issues in medical education: basic problems and potential solutions. *Acad Med.* 1993; (10 suppl): S89-S93.

Ramsey PG, Carline JD, Blank L, Wenrich MD. Feasibility of hospital-based use of peer ratings to evaluate the performance of practicing physicians. *Acad Med.* 1996; 71: 364-70.

Ramsey PG, Wenrich MD, Carline JD, Inui TS, Larson EB, LoGerfo JP. Use of peer ratings to evaluate physician performance. *JAMA.* 1993; 269: 1655-60.

Van Rosendaal GMA, Jennett PA. Resistance to peer evaluation in an internal medicine residency. *Acad Med.* 1992; 67: 63.

Flaherty JA. Attitudinal development in medical education. In: Rezler A (ed) *The Interpersonal Dimension in Medical Education.* New York: Springer, 1985: 147-82.

Testerman JK, Morton KR, Loo LK, Worthley JS, Lamberton HH. The natural history of cynicism in physicians. *Acad Med.* 1996; (10 suppl): S43-S5.

Clack GB, Head JO. Gender differences in medical graduates' assessment of their personal attributes. *Med Educ.* 1999; 33(2): 101-5.

Jankowski J, Crombie I, Block R, Mayet J, McLay J, Struthers AD. Self-assessment of medical knowledge: do physicians overestimate or underestimate? *J Royal Coll Phys London.* 1991; 25: 306-8.

Regehr G, Hodges B, Tiberius R, Lofchy J. Measuring self-assessment skills: an innovative relative ranking model. *Acad Med.* 71 (10 suppl): S52-S4.

Harrington JP, Murnaghan JJ, Regehr G. Applying a relative ranking model to the self-assessment of extended performances. *Adv Health Sci Educ.* 1997; 2: 17-25.

PSQ Project Co-Investigators. Final Report on the Patient Satisfaction Questionnaire Project. Philadelphia, PA: American Board of Internal Medicine, 1989.

Schnabel GK, Hassard TH, Kopekow ML. The assessment of interpersonal skills using standardized patients. *Acad Med.* 1991; 66 (10 suppl): S34-S36.

Singer P, Cohen R, Robb A, Rothman A. The ethics OSCE. *J Gen Intern Med.* 1993; 8: 23-8.

Singer P, Robb A, Horman G, Turnbull J. Performance-based assessment of clinical ethics using an OSCE. *Acad Med.* 1996; 71: 495-8.

Smith SR, Balint JA, Krause K, Moore-West M, Viles PH. Performance-based assessment of moral reasoning and ethical judgment among medical students. *Acad Med.* 1994; 69: 381-6.

Reznick RK, Regehr G, Yee G, Rothman A, Blackmore D, Dauphinee D. Processrating forms versus task-specific checklists in an OSCE for medical licensure. *Acad Med.* 73; 1998 (10 suppl): S97-S99.

Medical Council of Canada. Information Pamphlet: Qualifying Examination Part II. Ottawa ON: Medical Council of Canada, 1999: 11.

Arnold RM. Assessing competence in clinical ethics: are we measuring the right behaviors? *J Gen Intern Med.* 1993; 8: 52-4.

Norman GR, Davis D, Lamb S, Hanna E, Caulfor P, Kaigas T. Competency assessment of primary care physicians as part of a peer review program. *JAMA*. 1993; 270: 1046-51.

Hodges B, Turnbull J, Cohen R, Bienenstock A, Norman G. Evaluating communication skills in the OSCE format: reliability and generalizability. *Med Educ*. 1996; 30: 38-43.

Vu NV, Marcy ML, Verhulst SJ, Barrows HS. Generalizability of standardized patients' ratings of their clinical encounter with fourth-year medical students. *Acad Med*. 1990; 65 (10 suppl): S29-S30.

Irby DM, Milam S. The legal context for evaluating and dismissing medical students and residents. *Acad Med*. 64; 1989: 639-43.

Arnold EL, Blank LL, Race KEH, Cipparone N. Can professionalism be measured? The development of a scale for use in the medical environment. *Acad Med*. 1998; 73: 1119-21.

Christakis DA, Feudtner C. Ethics in a short white coat: the ethical dilemmas that medical students confront. *Acad Med*. 1993; 68: 249-54.

Szauter K, Boisauvin E. Professional ethical dilemmas of medical students during the medicine clerkship. Oral abstract presented at the 38th Annual Research in Medical Education Conference, Washington, DC, October 1999.

Lingard L, Haber RJ. What do we mean by "relevance"? A clinical and rhetorical definition with implications for teaching and learning the case-presentation format. *Acad Med*. 1999; 74 (10 suppl): S124-S127.

Lingard LA, Haber RJ. Teaching and learning communication in medicine: a rhetorical approach. *Acad Med*. 1999; 74: 507-10.

Arluke A. Social control rituals in medicine: the case of death rounds. In: Dingwall R, Heath C, Reid M, Stacey M (eds). *Health Care and Health Knowledge*. London, U.K.: Croom Helm, 1977: 108-25.

Caldicott CV. What's wrong with this medical student today? Dysfluency on inpatient rounds. *Ann Intern Med*. 1998; 128: 607-10.

Stern DT, Caldicott CV. Turfing: patients in the balance. *J Gen Intern Med*. 1999; 14: 243-8.

---

Epstein, R.M., Hundert, E.M. **Defining and assessing professional competence.**, *Journal of the American Medical Association*, 2002; 287: 226-235.

---

Shumway, J.M., and Harden, R.M. AMEE Guide No. 25. **The assessment of teaching outcomes for the competent and reflective physician.** *Medical Teacher* 2003; 25: 569-584.

---

## Selected Bibliography

This bibliography is used for Faculty Development Workshops and for students interested in further reading at McGill University.

### ● Core Content

Barondess, J.A. **Medicine and professionalism.** AMA Archives of Internal Medicine. 2003; 163: 145-151.

*A comprehensive review of the subject with some recommendations for action.*

Brennan et al. **Medical professionalism in the new millennium: A physician charter.** Annals of Internal Medicine, 2002; 136: 243-246

*A charter developed by an international committee. It is designed to serve as a guide to physician and the public as to what the profession of medicine understands as its commitments.*

Cruess, R.L., Cruess, S.R. **Teaching medicine as a profession in the service of healing.** Academic Medicine. 1997; 72 (11): 941-952.

*This includes an extensive review of the literature pertaining to professionalism in medicine and is specifically aimed at the medical community.*

Cruess, R.L., Cruess, S.R. **Professionalism must be taught.** British Medical Journal. 1997; 315(7123): 1674-1677.

*A short article stressing the necessity of formal instruction in professionalism, in addition to the traditional "role modeling".*

Cruess, R.L., Cruess, S.R., Johnston, S.E. **Professionalism: An ideal to be sustained.** The Lancet. 2000; 356(9224): 156-159.

*An outline of professionalism, stressing its importance to medicine's social contract.*

Emmanuel, E.J., Emmanuel, L.L. **What is accountability in health care?** Annals of Internal Medicine, 1996; 124: 229-239.

*The article identifies and defines the traditional and the newly acquired areas of accountability facing medicine. The traditional relates to patients, colleagues and self-regulation. The newer accountability is economic, whether state or corporate and political for medicine's role in health care, the economy and in population health.*

Freidson, E. **Professionalism reborn.** Chicago: University of Chicago Press, 1994.

Freidson, E. **Professionalism - The third logic.** Chicago: University of Chicago Press, 2001.

*Elliot Freidson is the most dominant writer on this subject and he wrote two seminal books in 1970, which began the era of criticism of professionalism. His 1994 book presents a summary of his thoughts on the subject, and the 2001 work defends the professional model very effectively.*

Gruen R.L. and 17 authors including Cruess, R.L. and Cruess, S.R. **Professionalism in surgery.** Journal of the American College of Surgeons. 2003; 197: 605-608.

*An analysis of contemporary professionalism as applied to the practice of surgery.*

Gruen, R.L., Pearson, S.D., Brennan, T.D. **Physician – citizens: Public roles and professional obligations.** Journal of the American Medical Association, 2004; 291: 94-98.

*An outline of the public roles expected of a professional, including a differentiation between obligations and aspirations. As such, it helps to define the limits on obligations, using closeness to the role of the physician, feasibility and efficacy as guidelines.*

Hafferty, F.W., McKinley, J.B. (Eds.). **The changing medical profession: An international perspective.** Oxford: Oxford University Press, 1993.

*This multi-author text presents professionalism in an international context analyzing the status of the professions in many countries.*

Krause, E.A. **Death of the guilds: Professions, states, and the advance of capitalism.** Connecticut: Yale University Press, 1997.

*This book on the major professions spends a substantial amount of time on medicine. It places the subject in a contemporary context and outlines the influences of the state of the corporate sector on professional status. It analyses five professions in five different countries.*

Pellegrino, E.D., Relman, A.S. **Professional medical associations: Ethical and practical considerations.** Journal of the American Medical Association. 1999; 282(10): 984-986.

*These distinguished authors explore the role of medical associations in society and the need for them to be moral, worthy of public trust and to regain influence by shifting the balance from self-interest to the interests of the patients.*

Starr, P. **The social transformation of American medicine.** New York: Basic Books, 1984.

*This Pulitzer Prize winning book traces American medicine from a status of low prestige in the early 1800s to the years of maximum power in the immediate post World War II period. It includes an analysis of laws and regulations, the performance of the American Medical Association and the development of health insurance and national health schemes in the United States.*

Stevens, R. **Public roles for the medical profession in the United States: Beyond theories of decline and fall.** Milbank Quarterly, 2001; 79: 327-353.

*An excellent review by a respected social scientist of the current status of the medical profession in the United States. There are many lessons for other countries. Stevens offers advice as to how medicine might regain a position of moral strength, something which she sees as desirable, possible, but not certain to occur.*

Sullivan, W.M. **What is left of professionalism after managed care.** Hastings Center Report, 1999; 29 (2): 7-13.

*The author, an eminent sociologist, defines professionalism and explores the various theories of the role of professions in society. He presents the concept of civic professionalism in which the profession guards the trust of the public and leads in defining society's contract with medicine.*

Swick, H.M. **Toward a normative definition of medical professionalism.** Academic Medicine, 2000; 75(6): 612-616.

*A statement of what constitutes professionalism in contemporary terms, giving a single and straightforward set of characteristics.*

Wynia, M., Lantham, S., Kao, A., Berg, J., Emmanuel, L.L. **Medical professionalism in society.** New England Journal of Medicine, 1999; 341(21): 1612-1616.

*This article defines professionalism in three parts: devotion to service, commitment to values, and negotiation related to a contract with society. Based on this, it suggests actions the medical profession and physicians can take to preserve the decency and stability of the profession and society.*

## ● Evaluating Professional Behaviour

Arnold, L. **Assessing professional behavior: Yesterday, today, and tomorrow.** Academic Medicine, 2002; 77 (6): 502-515.

*An extensive review of the literature on professionalism with an up-to-date assessment of evaluation techniques currently in use.*

Epstein, R.M., Hundert, E.M. **Defining and assessing professional competence.** JAMA, 2002; 287 (2): 226-235.

*An excellent review of available techniques, giving the advantages and disadvantages of each.*

Ginsburg, S., Regehr, R., 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 Suppl): S6-811.

*An outline to the theoretical basis for evaluating professionalism, stressing the need to evaluate behaviours in context.*

Papadakis, M., Osborne, E., Cooke, M., Healey, K. and the University of California, San Francisco, School of Medicine Clinical Clerkships Operation Committee. **A strategy for the detection and evaluation of unprofessional behaviour in medical students.** Academic Medicine, 1999; 74 (9): 980-990

*An article outlining a method of evaluation which has been used at a major medical school. Early results are given.*

Papadakis, M., Loeser, H., Healy, K. **Early detection and evaluation of professionalism deficiencies in medical students: one school's approach.** Academic Medicine, 2001; 76: 1100-1106.

*An article outlining a method of evaluation which has been used at a major medical school. Early results are given.*

Shumway, J.M., Harden, R.M. AMEE Guide No. 25. **The assessment of teaching outcomes for the competent and reflective physician.** Medical Teacher 2003; 25: 569-584.

*A very practical guide to the methods of assessment which are available. It contains recommendations for the best use of these methods.*