

PROFESSIONALISM IN THE CLINIC

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Week 1

Educational Objectives:

1. Be able to articulate principles that are determinants of professional behavior
2. Apply the principles appropriately to resolve challenging scenarios
3. Recognize that conflicts of values are an inherent part of medical practice
4. Become increasingly aware of your own responses to conflict and how to improve your ability to handle such situations

Author's Note:

Please remember that the answers for the following cases may not be black and white, but may be gray. There may be more than one acceptable approach, but there are some wrong answers. Two reasonable and professional people may disagree, but rushing to judgment about your colleagues should be avoided. Try to encourage the residents to describe the principles that they are using to justify their responses. Judgments about ethical and professional behavior depend not only upon the behavior itself but also assessment of the rationale and motivation behind the behavior.

Three brief articles are included as references. The first, the Physician Charter, is a crucial article that is the state of the art proclamation about the meaning and scope of medical professionalism today, and how we should think about our vital responsibilities to patients, society, and each other. The second article discusses limitations in formal approaches to professionalism education and addresses the challenges inherent in the current culture of medical education. All trainees should be reflective about the hidden curriculum as they try to negotiate their own professional identity. The third article is a nice approach to conflict management which may provide a framework for strategizing possible approaches to such situations. (Keep in mind that in the Australian medical system a consultant is an attending.)

CASE ONE:

It is 3:30 P.M. in the middle of your busy clinic. You are seeing your third-to-last patient, and your next two patients have arrived and are waiting in the lobby. You have been called from the floor a few times because of some unresolved issues on the two patients you admitted for short call today. As you are finishing up with this patient, the medical assistant tells you that your 3 P.M. patient has just arrived. She was scheduled for a 20 minute visit, and tells the staff that the medical transportation van was late. She is hoping to be seen.

Questions:

1. How do you respond? Justify your answer by applying principles articulated in the Physician Charter from the Annals article.

CASE TWO:

You are evaluating a 35-year-old woman who presents to clinic with fatigue, weight gain, and insomnia. Based upon your assessment, you think the patient is depressed. You are presenting your history and physical to your attending, and she asks you whether or not the thyroid was palpable. Because you did not examine the patient's neck, you do not know.

2. How do you respond to your attending? What do you think are some of the reasons that a resident might feel pressured to tell the attending that the neck exam was unremarkable? Would your response be different if your assessment was consistent with hypothyroidism, and you forgot to examine the thyroid? Would it depend on which attending was precepting you?

CASE THREE:

You are in your continuity clinic, and you see your next patient is "new" to you. Several minutes into your evaluation, the patient tells you she is here because her previous physician wouldn't help her with her severe chronic pain. "She belittled me," she says, weeping. "She never believed that I had the kind of pain that I have, she treated me like I was a criminal." As you review her medical history and her medication list, you learn she is taking high doses of oxycodone. The patient tells you that she was responsible with her medicines, that there were no instances of early refills or lost pills. Her previous physician is a close colleague with whom you have trained, and you respect her professional judgment.

3. **What do you do? What should our responses be to such patients (again, consider the Principles from the Physician Charter)? What makes this situation complicated? What creates the perceived conflict?**

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Primary References:

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