

DRAFT Meeting Highlights

Re-Envisioning Medical Professionalism

In February 2020, the Kern National Network for Caring and Character in Medicine convened a meeting in San Francisco, CA to take a fresh look at the construct of medical professionalism, with the understanding it must be recognized as aspirational, inspirational and relevant by physicians and those who work with and are served by physicians. The goal of this initial gathering of experts was to identify questions, themes and controversies in medical professionalism to launch a subsequent, more intensive look at the topic.

The support of the Kern National Network (KNN) for Caring and Character in Medicine was recognized as particularly important to this effort, given that research funding for medical professionalism has declined in the last decade. The ultimate objective of this KNN initiative is to design a dynamic view of professionalism for the evolving environment of the 21st century.

Although the tenets of medical professionalism are relevant to physicians in all stages of practice, this expert advisory panel was particularly attuned to ensuring that a professionalism construct resonate with physicians in training (medical students, residents, fellows). It also confined itself to considering medical professionalism in the United States.

Almost 20 years have passed since the creation of a seminal work in this field: the Charter on

Medical Professionalism, published in 2002 and written as a joint project of the American Board of Internal Medicine (ABIM) Foundation, the American College of Physicians-American Society of Internal Medicine (ACP-ASIM) Foundation, and the European Federation of Internal Medicine. Creation of the 2002 charter was prompted by a mounting sense that changes in the health care delivery system in industrialized countries were threatening longstanding values of medical professionalism.

The 2002 charter outlined three foundational principles of medical professionalism: the primacy of patient welfare, respect for patient autonomy, and promotion of social justice in the health care system. It then presented a set of professional responsibilities, framed as 10 commitments, designed to guide physicians in upholding these principles as they entered the new millennium.

Over the course of this two-day meeting, participants agreed, by and large, the aspirations outlined in the 2002 charter remain laudable. The problem lies in barriers to achieving them. This expert panel repeatedly landed on the fact that systemic issues within health care constrict what any individual physician can do to live the ideals of medical professionalism.

Patients experience a physician's professionalism in the context of an overall health system. It is not a simple matter of "bedside manner," but

rather how the whole system works. Aspects of health systems science, such as health care financing, care delivery by teams, community relations, and communication profoundly affect the patient's experience.

Approaching the issue of professionalism from various angles led repeatedly to the issue of systemic factors preventing physicians from enacting the charter's tenets in the daily practice of medicine. A physician may use their best professional judgement in choosing a specific medication, only to find it is not covered by the patient's insurance. A doctor determines his patient is ready for discharge, but that patient has nowhere to go. A hospital system's pay-for-performance program to improve clinical outcomes subtly encourages a physician to be overly aggressive in managing medications, with the potential for adverse side effects. Even the call to work toward social justice in health care, a widely supported commitment in the original charter, has its challenges, as when medical students are told they should not openly advocate for policy issues such as gun control.

A panel consisting of representatives from one patient advocacy group (National Partnership for Women & Families) and three physician organizations (American Board of Internal Medicine Foundation, American College of Physicians, American Medical Association) introduced two themes that reverberated throughout the two-day meeting. How do beliefs translate into behaviors and what systemic problems constrain optimal professional behaviors?

It was noted that other organizations have perceived the need to update their standards of medical professionalism for the current environment. The AMA recently revised its Code of Medical Ethics to acknowledge the interface with health systems science (HSS), including

team delivery of health care, community relations, and communication. A pocket copy of this code is now given to all medical students at their white coat ceremony. In a similar spirit, the National Board of Medical Examiners' (NBME) United States Medical Licensing examination (USMLE) now includes content on health systems science. Eventually, curricular coverage of HSS may be a component of how medical schools are accredited.

Who Is Affected by Medical Professionalism?

In breakout sessions, participants examined the evolving roles, needs and concerns of stakeholder groups with an interest in medical professionalism. These stakeholder groups were divided into patients and their families, learners, physicians, health systems and health professionals, and society. The question for reflection was whether the current construct of professionalism helps or hinders these groups in today's healthcare environments. Participants acknowledged this was preliminary brainstorming, to be explored in depth at a later date with representatives from these stakeholder groups.

Patients and their families. For this group, the fundamental principles of existing constructs of medical professionalism seem appropriate, for the most part. What is urgently needed, however, is a roadmap to help realize the principles and commitments of medical professionalism. Panelists noted a patient's lived experience is the keystone to gauging medical professionalism. Professionalism language that does not sound related to issues paramount to the patient advocacy community, such as adequate funding for health care and supportive social service programs, is likely to be perceived as irrelevant. As several participants repeatedly noted, tweaking language around professionalism can look like rearranging furniture in a burning house.

The importance of patient autonomy was a fundamental principle of the 2002 charter, and participants reflected on whether patients in today's environment feel they have adequate autonomy and agency. Again, systemic factors too often impede exercising agency. As an example, family members may ask physicians and care teams to sit down and talk together, but if these meetings are not a systemic priority, they will not happen.

Physicians: For the physician group, the need is not for a new set of principles and commitments but rather for an examination of how health care systems support or constrain medical professionalism. Particularly challenging issues include how to use online medical records and other technology in a way that is positive, rather than disruptive for patients; defining how physicians can ensure contracts with health care systems work in the best interests of patients; and creating opportunities where doctors can engage with the physician community at large. Pay disparities between primary care and medical specialties may also influence perceptions of medical professionalism.

Learners: Participants reviewed the link between professional identity formation in physicians-in-training and professionalism. One's medical professional identity is a representation of self, achieved in stages over time. It is a socialization process, taking place in communities of practice, in which the values of professionalism are internalized and integrated with an individual's personal values.

The group considered whether the current approach to medical education adequately supports the formation of professional identity. By measuring specific competencies and milestones are educators failing to help trainees integrate these skills into a broader whole? It may be necessary to expand work with students

on how to best implement the tenets of professionalism in real-world situations, where an ideal solution is not possible. As several participants noted, context matters. Others said that narrative evaluation of students should receive more attention, as it offers a useful forum for highlighting professional values. It was also suggested that elements for assessing professional identity formation be added to the Clinical Learning Environment Review

Health systems and health professionals: This group discussed that older models of medical professionalism imply a hierarchical structure of decision-making. Today, care is delivered by teams of health professionals in a more collaborative approach. Medical professionalism must encompass trust and respect for other disciplines, and this trust and respect must be embodied and modeled throughout the medical education process. Perhaps what is needed is a joint social contract that recognizes the shared responsibilities of medical and allied health professionals in achieving medical professionalism.

Society: The society group discussed what the medical profession needs from society and vice versa? The group noted there is an implicit agreement between medicine and society—physicians have rights and privileges based upon the understanding they will act in a patient's best interest. The group grappled with the issue of whether this contract with society is well understood and still relevant.

Participants questioned whether medical professionalism appropriately addresses the tension between meeting the care needs of individual patients and addressing powerful underlying social determinants of health, such as access to housing and food. Does society expect physicians to do more in this arena, or is that not part of its expectations of physicians?

The 2002 charter included a principle of social justice, and the group considered whether the language used in this social justice principle needs fine-tuning. The current wording calls for the “fair” distribution of health care resources, but it was noted that “fair” does not necessarily mean “equitable.” A disproportionate distribution of resources may be required for those in need and/or marginalized. Likewise, the principle of social justice calls physicians to “work actively to eliminate discrimination in health care,” but it does not address the structural marginalization that impedes any individual’s impact in fighting discrimination.

Over the course of this brief conference, the group’s energy was drawn less to restating the ideals of medical professionalism than to tackling the challenges of implementing them. What is needed, participants agreed, is a roadmap to help realize the principles and commitments of medical professionalism.

On a personal level, practicing physicians and students need skills to manage the ongoing tensions between professional ideals and real-world implementation. On a broader level, physician communities and professional organizations must engage with other players in the health care delivery system, including other health care workers, health systems executives, advocacy groups, and governmental agencies, to remove barriers to living the ideals of medical professionalism. During the conference, participants worked through an exercise in polarity thinking that offered a model for finding a balance point in the push and pull of conflicting tensions in organizational structures. Using such a model to examine the often contradictory demands on physicians might show the risks and benefits of various paths forward.

Participants also acknowledged that any useful construct of medical professionalism must look beyond the present. It is imperative to consider how medicine will change in the coming decades and to ensure that a new medical professionalism construct can adapt to that future.



The KNN is a national network of seven medical schools dedicated to advancing caring and character in medicine with the goal of promoting human flourishing.

Guided by the principles of character and caring, the KNN provides a framework for training physicians, strengthening joy in medicine, and improving health to promote human flourishing within, across, and beyond the medical profession to positively impact individuals and communities in our society.

The Triple Aim of Health Care is widely accepted as the key to optimizing health system performance. In addition, there has been significant discussion about a fourth value, or Quadruple Aim, focused on improving the work life of health care providers, including clinicians and staff.

Through the work of the KNN, medical educators, health system leaders and additional partners promote sustainable and replicable models to cultivate the qualities necessary to thrive as physicians and health care professionals



Re-envisioning Professionalism in Medicine

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Kern National Network Expert Advisory Panel

	EAP Member Name	Title	Home Institution/Organization
1.	Richard L. Cruess MD	Professor of Health Sciences Education	McGill University
2.	Sylvia R. Cruess MD	Professor of Health Sciences Education	McGill University
3.	Richard M. Frankel PhD	Professor of Medicine and Geriatrics	Regenstrief Institute, Indiana University School of Medicine (IUSM)
4.	Elizabeth Gaufer MD, PMPH	Associate Professor	Harvard Medical School
5.	Shiphra Ginsburg MD, PhD, FRCPC	Clinical Scientist	University of Toronto
6.	Fred Hafferty PhD	Professor of Medical Education	Mayo Clinic Alix School of Medicine
7.	Stan Hamstra PhD	Vice-President, Milestones Research	Accreditation Council for Graduate Medical Education (ACGME)
8.	Holly Humphrey MD	President	Josiah Macy Jr. Foundation
9.	Katherine McOwen MEd <i>on behalf of Alison Whelan MD</i>	Senior Director of Educational Affairs	Association of American Medical Colleges (AAMC)
10.	Debra Ness MS	President	National Partnership for Women & Families
11.	Dennis H. Novack MD	Associate Dean of Medical Education	Drexel University College of Medicine
12.	Greg Ogrinc MD, MS	Senior Vice President for Certification Standards and Programs	American Board of Medical Specialties
13.	Monica Peek MD, MPH, MSc	Associate Professor of Medicine	University of Chicago Pritzker School of Medicine
14.	Jo Shapiro MD	Senior Educator	Massachusetts General Hospital
15.	Susan E. Skochelak MD, MPH	Chief Academic Officer Group Vice President, Medical Education	American Medical Association (AMA)
16.	Lois Snyder Sulmasy JD	Director Center for Ethics and Professionalism	American College of Physicians
17.	Daniel B. Wolfson MHSA	Executive Vice President & COO	American Board of Internal Medicine Foundation (ABIM Foundation)
18.	Matt Wynia MD, MPH, FACP	Director, Center for Bioethics and Humanities	University of Colorado Anschutz Medical Campus
19.	John Yoon MD	Assistant Professor Senior Faculty Advisor	The University of Chicago Hyde Park Institute

Re-envisioning Professionalism in Medicine

Caring and Character

Kern National Network Faculty, Staff and Consultants

	KNN Member Name	Title	Home Institution/Organization
20.	Christine K. Cassell MD	Senior Advisor for Strategy and Policy Department of Medicine KNN Consultant	University of California San Francisco School of Medicine
21.	Sue Cox MD	Executive Vice Dean for Academics Chair of the Department of Medical Education Professor of Obstetrics and Gynecology President of the Alliance for Clinical Education KNN Founding Board Member	Dell School of Medicine
22.	Adina Kalet MD, MPH	Stephen and Shelagh Roell Endowed Chair Professor and Director Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education Professor of Medicine KNN Board Member	Medical College of Wisconsin
23.	Andrea Leep Hunderfund MD, MHPE	Assistant Professor of Neurology Consultant Department of Neurology Director Learning Environment and Educational Culture, Mayo Clinic Alix School of Medicine Associate Director Clinical Learning Environment Optimization, Mayo Clinic School of Graduate Medical Education Associate Director, Mayo Clinic Program in Professionalism and Values Mayo Clinic Co-Director, Kern National Network for Caring and Character in Medicine KNN Member	Mayo Clinic School of Medicine
24.	Catherine R. Lucey MD	Executive Vice Dean and Vice Dean for Education Faustino and Martha Molina Bernadett Presidential Chair in Medical Education Professor of Medicine KNN Founding Board Member	University of California San Francisco School of Medicine
25.	Steve Ludwin MD	Associate Clinical Professor of Medicine Co-Director for Faculty Development, Hospital Medicine KNN Member	University of California San Francisco School of Medicine
26.	Cheryl Maurana PhD	Senior Vice President for Strategic Academic Partnerships Professor of Population Health Founding Director Kern National Network for Caring and Character in Medicine Medical College of Wisconsin	Kern National Network for Caring and Character in Medicine
27.	Bonnie Miller MD, MMHC	Vice President for Educational Affairs Professor of Medical Education and Administration Center for Advanced Mobile Healthcare Learning KNN Founding Board Member	Vanderbilt University School of Medicine

Re-envisioning Professionalism in Medicine

Caring and Character

Kern National Network Faculty, Staff and Consultants (Continued)

	KNN Member Name	Title	Home Institution/Organization
28.	Bridget O'Brien PhD	Associate Professor Medicine Research and Development in Medical Education Unit KNN Member	University of California San Francisco School of Medicine
29.	Elizabeth Petty MD	Senior Associate Dean for Academic Affairs Professor, Department of Pediatrics Medical Director, Master of Genetic Counselor Studies Program KNN Founding Board Member	University of Wisconsin School of Medicine and Public Health
30.	Roshini Pinto-Powell MD	Associate Professor of Medicine Associate Professor of Medical Education Associate Dean of Students and Admissions KNN Member	Geisel School of Medicine at Dartmouth
31.	Josette Rivera MD	Professor of Medicine Clinician Educator in the Division of Geriatrics KNN Member	University of California San Francisco School of Medicine
32.	Sandrijn Van Schaik MD, PhD	Professor of Clinical Pediatrics Fellowship Program Director Pediatric Critical Care KNN Member	University of California San Francisco School of Medicine
Faculty and Staff Support:			
33.	Lindsey Cannon MPH	UCSF Kern National Network Program Manager	University of California San Francisco School of Medicine
34.	Jean Moreland	Program Director	Kern National Network for Caring and Character in Medicine
35.	Suzette Svoboda-Newman MS	Program Director	Kern National Network for Caring and Character in Medicine
36.	Alicia Witten	Program Director	Kern National Network for Caring and Character in Medicine

Re-envisioning Professionalism in Medicine

Caring and Character

Expert Advisory Panel Meeting

Gateway Holiday Inn • 1500 Van Ness Avenue • San Francisco

Meeting Goal: Identify questions, themes, & controversies in medical professionalism to inform the development of surveys, focus group questions and key informant interview scripts to be used to gather broader stakeholder perspectives on professionalism in medicine. The information collected will inform a design of a professionalism construct for the evolving environment of the 21st century.

WEDNESDAY • FEBRUARY 12 • AFTERNOON & EVENING

2:00 pm – 2:45 pm	<p>Welcome and Introduction: <i>Why Professionalism, Why Now, Why the Kern National Network?</i></p> <ol style="list-style-type: none"> 1. Welcome and introduction of participants and KNN: Cheryl Maurana PhD Senior Vice President for Strategic Academic Partnerships Professor of Population Health Founding Director Kern National Network for Caring and Character in Medicine Medical College of Wisconsin 2. Overview of Initiative: Catherine R. Lucey MD Executive Vice Dean and Vice Dean for Education Faustino and Martha Molina Bernadett Presidential Chair in Medical Education Professor of Medicine University of California, San Francisco 3. Caring in Medicine: Bonnie Miller MD, MMHC Vice President for Educational Affairs Professor of Medical Education and Administration Center for Advanced Mobile Healthcare Learning Vanderbilt University School of Medicine 4. Character in Medicine: Andrea Leep Hunderfund MD, MHPE Assistant Professor of Neurology Consultant Department of Neurology Director Learning Environment and Educational Culture, Mayo Clinic Alix School of Medicine Associate Director Clinical Learning Environment Optimization, Mayo Clinic School of Graduate Medical Education Associate Director, Mayo Clinic Program in Professionalism and Values
2:45 pm – 3:15 pm	<p>Reactor Panel: Experts on Professionalism: Patients and Physician Organizations</p> <p>Moderator: Christine K. Cassel MD Senior Advisor for Strategy and Policy Department of Medicine University of California, San Francisco KNN Consultant</p> <p>Panel Discussion</p>
3:15 pm – 4:15 pm	<p>Session I: Contemporary Controversies I: Evolving Roles, Needs and Concerns of Stakeholders in Professionalism</p> <p>Activity Introduction: Catherine R. Lucey MD Executive Vice Dean and Vice Dean for Education Faustino and Martha Molina Bernadett Presidential Chair in Medical Education Professor of Medicine University of California, San Francisco</p>

Re-envisioning Professionalism in Medicine

Caring and Character

	<p><i>Is the current construct of professionalism <u>instrumentally</u> valuable and relevant to all stakeholders in current healthcare environments?</i></p> <p>Facilitated Small Group Exercise: <i>Defend Professionalism to stakeholders: A stress test of our current professionalism construct</i></p> <p>Group 1 - Society: “We give you the privilege of self-regulation and deference to your expertise in exchange for your commitment to the health and well-being of society.”</p> <p>Group 2 - Patients and their families: “I trust you to be there to provide care for me and to base your decisions on the latest evidence and my personal goals.”</p> <p>Group 3 - Learners: “I trust you to support my education so that I can contribute to the health and well-being of patients and society in ways that are personally meaningful while maintaining my own health and well-being.”</p> <p>Group 4 - Physicians: “I pursued a profession to serve others based on the expertise I gained over many years of training, and I expect a gratifying and rewarding career in exchange for those sacrifices.”</p> <p>Group 5 - Health Systems and Other Health Professionals: “We are professionals with expertise to contribute too.”</p>
<p>4:15 pm – 4:45 pm</p>	<p>Report Out <i>How have current professionalism constructs facilitated adaptation to the evolving roles, needs and concerns of stakeholders? What elements should endure? What existing constructs might need to be changed? What new constructs should emerge?</i></p>
<p>4:45 pm – 5:00 pm</p>	<p>BREAK</p>
<p>5:00 pm – 6:00 pm</p>	<p>Session II: Contemporary Controversies II: Complex Problems and New Challenges</p> <p><i>Are the current constructs of professionalism <u>intrinsically</u> valuable and relevant to address the challenges in front of the medical profession?</i></p> <p>Moderator: Steve Ludwin MD Associate Clinical Professor of Medicine University of California, San Francisco Co-Director for Faculty Development KNN Member</p> <p>Panel Discussion</p> <p><i>In a time of...</i></p> <ul style="list-style-type: none"> • Increasing standardization, reliance on technology and teamwork, is the current professionalism construct applicable to new roles and care delivery models? • Concerns about equity and inclusion, does the current professionalism construct represent the growing diversity of our population or lead to reinforcement of status-quo privilege? • Systems thinking, is the current professionalism construct which focuses on individual behaviors relevant to the way in which medicine is currently organized? • Wider patient engagement, is the current professionalism construct supportive of greater patient agency?

Re-envisioning Professionalism in Medicine

Caring and Character

<p>6:00 pm – 7:30 pm</p>	<p>Networking Dinner and Brainstorm</p> <p>Activity Introduction: Cheryl Maurana PhD Senior Vice President for Strategic Academic Partnerships Professor of Population Health Founding Director Kern National Network for Caring and Character in Medicine Medical College of Wisconsin</p> <p><i>What questions does this initiative need to answer?</i></p>
<p>7:30 pm – 8:00pm</p>	<p>Brief recap of day and set agenda for Thursday</p> <p>Catherine R. Lucey MD Executive Vice Dean and Vice Dean for Education Faustino and Martha Molina Bernadett Presidential Chair in Medical Education Professor of Medicine University of California, San Francisco</p>

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Re-envisioning Professionalism in Medicine

Caring and Character

THURSDAY • FEBRUARY 13 • MORNING	
7:30 am – 8:30 am	<p>BREAKFAST</p> <ul style="list-style-type: none"> Small group facilitators for Session III polarity thinking exercise to meet with Catherine R. Lucey for brief overview and training (facilitators to receive explanatory article prior to meeting)
8:30 am – 8:40 am	<p>Brief recap of yesterday and introduction of the day’s agenda</p> <p>Cheryl Maurana PhD Senior Vice President for Strategic Academic Partnerships Professor of Population Health Founding Director Kern National Network for Caring and Character in Medicine Medical College of Wisconsin</p>
8:40 am – 9:20 am	<p>Session III: Striving for a resilient professionalism construct <i>How might we reconcile differences between and leverage the values of different approaches to professionalism to design and implement a professionalism construct that lives and adapts to changes in the way we learn, work, care and discover?</i></p> <p>Presenters:</p> <ol style="list-style-type: none"> Caring, character and professionalism: Frameworks for professionalism Understanding the professionalism in context Understanding the link between professional identity formation and professionalism Understanding behavioral manifestations of professionalism
9:20 am – 10:20 am	<p>Facilitated Small Group Exercise: Polarity Thinking</p> <p>Deliverables: A polarity map that outlines the benefits of leveraging each pole and strategies to operationalize those benefits and identify risks.</p> <p>Group 1 - Virtue and ethics (caring and character) vs behavioral/competencies</p> <p>Group 2 - Behavioral/competencies vs professional identity formation</p> <p>Group 3 - Professional identity formation vs Virtues and ethics</p> <p>Group 4 - Individual Professionalism vs Organizational Professionalism</p>
10:20 am – 10:35 am	<p>BREAK</p>
10:35 am – 11:00 am	<p>Report Out</p> <p>Facilitator: Catherine R. Lucey MD Executive Vice Dean and Vice Dean for Education Faustino and Martha Molina Bernadett Presidential Chair in Medical Education Professor of Medicine University of California, San Francisco</p>

Re-envisioning Professionalism in Medicine

Caring and Character

11:00 am – 12:00 pm	<p>Session IV: Final Exercise: World Café</p> <p>Activity Introduction: Cheryl Maurana PhD Senior Vice President for Strategic Academic Partnerships Professor of Population Health Founding Director Kern National Network for Caring and Character in Medicine Medical College of Wisconsin</p> <p><i>If you could sit with one group of stakeholders (physicians, faculty, learners, patients and their families, other health professionals, organizational leaders), what questions would you ask that would help us advance medical professionalism from their perspective?</i></p>
12:00 pm – 12:30 pm	<p>Meeting Reflections: Round-robin of takeaways and insights/advice from the EAP</p>
12:30 pm – 12:45 pm	<p>Meeting Wrap-Up/Next Steps and Adjourn</p> <p>Catherine R. Lucey MD Executive Vice Dean and Vice Dean for Education, UCSF Faustino and Martha Molina Bernadett Presidential Chair in Medical Education Professor of Medicine</p>
12:45 pm – 1:30 pm	<p>LUNCH</p>

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