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### ***Anaesthesiology and professionalism***

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### **Summary**

One critical element of professionalism in the perioperative period occurs in the brief, very important intervals with patients prior to procedures. Rapidly recognizing the patient's communication skills and anxiety level, plus obtaining informed consent, all have to occur simultaneously without unduly raising the patient's anxiety. The goal is to leave the patient informed, calm and motivated to cooperate. In the operating room, the anaesthesiologist is responsible to control the environment (noise, inappropriate conversation, etc.). This extends into the post anaesthesia care unit, where an appropriate experience must be assured clinically as well as aesthetically. The postanaesthesia obligations continue in the postoperative visit, consultation (awareness, positioning injury, etc.), and continuation of the appropriate handling of confidential patient information. Empathy, effective communication, and advice can reassure an angry patient, and reduce the need for this same kind of communication from subsequent anaesthesiology teams.

Professionalism with our surgical colleagues can be a challenge at times. It is natural to regard the surgical team as "the other side." Confrontation may be the natural instinct, but problem solving is the essence of excellent professionalism for the anaesthesiology team. It is particularly important to defer confrontation as much as possible during surgery, because the ultimate goal is the best patient care. Conflict, if necessary, should occur when patient care is finished. Vigilance in the operating room, an essential element of professionalism, is compromised by conflict. Another element of professionalism for anaesthesiologists is the role of a consultant. Physicians who schedule patients for procedures that require anaesthesia are the primary care physicians for surgical patients, and they are entitled to the courtesy of consultation. The anaesthesia team should intervene with the consent of the primary care physician, especially when the care of the patient is changed. This includes being informed about changes in the patient's condition, which influences how they communicate with the family. In some critical care units, the intensivist acquires the responsibility for primary care of patients, but also retains the responsibility of a consultant to update the surgical team about patient condition, and changes in the treatment plan.

Professionalism within anaesthesiology is a critically important issue within groups and training programs. Dependability is the life blood of team care in all elements of anaesthesiology. The willingness to help a colleague is a vital element of problem solving when challenging or unusual clinical problems become evident. Sharing work is essential, with reasonable equity between individuals. This is also true for departments that provide all elements of anaesthesiology practice - a reasonable sharing of staff time is the only way to provide clinical coverage in an equitable fashion within increasing complex departmental structures. Sharing of resources is important, especially appropriate use of expensive resources (drugs, equipment, etc.).

The individual anaesthesiologist should be encouraged by peers toward life-long learning and evidence based medicine. Participation in the business of the hospital, state and national societies is a professional obligation, handled by each anaesthesiologist differently, and based on skill and preference. Similarly, clinical care and patient safety improve as a result of research, and leadership in research is an element of excellent professionalism, as long as the research is beyond reproach. Conflict of interest, ghost writing, plagiarism and other extremes have

plagued academic medicine, and anaesthesiology is not exempt. Quality improvement requires honest reporting of outcomes – this is either encouraged or sadly, discouraged by the attitudes of individual providers within groups. The plague of substance abuse within anaesthesiology makes recognition of impairment an element of professionalism. Recognizing the impact of stress, isolation, illness, and family strife on the performance of a colleague can be obvious – however, responding in a collegial manner demonstrates excellence in professionalism.

Professionalism in our interactions with members of the support team requires that the anaesthesiologist should recognize the skill and education level of all members and the unique elements they bring to the table. Leadership begins at the top – senior members should demonstrate respect for all members of their teams and should be models for good behavior. This good example by leaders will encourage respect by all members of the team. *Anestezjologia i Ratownictwo 2010; 4: 21-28.*

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## Introduction

The traditional elements of resident education have been technical skills and fund of knowledge. Anaesthesiology is no different in this respect. However, elements of physician behavior (“acquired characteristics”) have been identified as important elements of a consultant in Anaesthesiology. Elements of professional performance (“professionalism”) are clearly a part of what must be taught and evaluated.

The goal of this presentation is to define professionalism in general terms, develop the unique elements of Anaesthesiology that define professionalism, discuss specific scenarios within Anaesthesiology and discuss measurement of professionalism.

## Professionalism – the concept

All physicians in training will naturally focus on acquisition of clinical skills and specialty knowledge. Residents must be expected to acquire the essentials of professionalism, including:

1. **Accountability** – the physician must place the needs of the patient above the physician’s self-interest. The physician must recognize the value of being optimally prepared to provide patient care, recognize the need to participate in the health care industry as a whole, respond to the needs of society and to facilitate the optimum performance of colleagues.
2. **Humanism** – the resident must acquire the skills that allow appropriate doctor/patient relationship. Elements include integrity, compassion, and understanding of diversity, excellent communica-

tion skills, dependability and full participation in group goals (collegiality).

3. **Physician Well-Being** – the resident must be aware of the need for physical and mental health for physicians to be able to care for patients. They also must be clearly aware of the signs of physician impairment. This includes substance abuse, alcoholism, depression, psychiatric and organic disease and aging. Appropriate techniques for intervention should be taught during residency training.
4. **Ethics** – the absolutes of honesty and integrity must be a part of all residency training. The resident should be expected to demonstrate the highest level of moral and ethical behavior at all times in the clinical and professional setting.

The theoretical concept of professionalism is easy to recognize in its extremes – success and failure. Measurement is more difficult. Some elements of professionalism in general terms include:

1. Altruism
2. A commitment to excellence
3. Sense of duty
4. Integrity and character
5. Tolerance
6. Respect for all human beings

Failure in resident performance regarding the element of professionalism can occur in almost infinite possible ways. Some common-denominators for failure include:

1. Abuse of authority with subordinates
2. Bias
3. Sexual harassment
4. Poor handling of confidential information
5. Arrogance

6. Greed
7. Dishonesty
8. Impairment
9. Laziness
10. Conflict of interest
11. Inappropriate use of resources
12. Scientific – investigation fraud

## Professionalism and anaesthesiology

Much of the literature about physician professionalism originates within Internal Medicine. The American Board of Internal Medicine has a long history of interest in the teaching and measurement of professionalism and is at least five years into a major education effort, entitled: “Project Professionalism”, and most recently released a physician charter for professionalism.

Anaesthesiology has also recognized the vital importance of professionalism. The American Board of Anaesthesiology recognizes the role of behavior in evaluating residents. Gradually, the role of the “acquired characteristics” has increased in importance, and in the present, any resident rated unsatisfactory for acquired characteristics, must be rated unsatisfactory overall.

Even though we clearly place a high value on professionalism in anaesthesiology, it is not often objectively defined. As always, the extremes are easily identified – the model resident is a “poster child” and the difficult resident is often most defined by unprofessional behavior. To objectify professionalism in anaesthesiology, it is useful to define professionalism in the primary settings where anaesthesiologists interact. These include the interface with patients, surgeons, colleagues and members of the support team.

## Professionalism in the interaction with patients

In distinction to the internist who has a long-term relationship with patients, the anaesthesiologist has a very brief opportunity to interact with the patient. Because the anaesthesiologist is a consultant (to the surgeon), the patient assumes that details of the present illness, the surgery and medical history are already known to the anaesthesiologist. This is only correct if the information is reviewed prior to preoperative interviews. A rapid assessment of the communication skills of the patient, anxiety level, and ability to

understand health care is a required element of the interview, one goal of which is to provide reassurance to the patient. Informed consent must be obtained and the patient’s cooperation with the anaesthesia plan confirmed, without terrifying the patient or trivializing their serious concern with their health. Although a detailed assessment of health and co-morbidity may be the underlying agenda, the minimum performance requirement must also leave the patient informed, calm and willing to cooperate.

Professionalism must also extend into the perioperative period. Because the OR is so focused on procedures and efficiency and filled with complex technology, it is easy to neglect the human needs of the awake patient. Although each case is unique, every patient is entitled to autonomy, modesty and respect. It is important that the resident not completely identify the patient as the object for the next procedure. Absolute respect for the dignity of the patient should never be sacrificed to the need for efficiency. The same level of professional behavior must also extend to the also-procedure oriented post-anaesthesia care unit (PACU). This is especially true when PACU is busy since many patients will be able to observe either good or poor professional behavior simultaneously.

Confidentiality is also an element of professionalism that is a right of every patient. Proper anaesthesia care requires that all health information; professionalism requires that this information be treated with respect. State and federal laws require the protection of the identity of patients. This requires that residents keep records, charts and case logs from exposure in public places.

A final element of professionalism and patient interaction is dealing with the unhappy customer. Patients have increasing levels of demands for service and when not-satisfied, can be very demanding. The role of the anaesthesiologist is to understand, which at times can require tolerance of unfocused and sometimes poorly educated criticism. The essence of professionalism is to deal with aggressive criticism without negative emotion and with a reasonable level of empathy. This kind of interaction can be the most challenging test of the lofty goals of professionalism – an angry, unrealistic customer who is very likely to be never encountered again. The natural human response from the anaesthesiologist would be hostile – the professional response is neutral with a modest element of empathy – a lofty goal.

## Professionalism in the interaction with surgeons

The natural tendency in anaesthesia providers is to regard surgeons as “the enemy”. This is particularly true for anaesthesia residents – they often deal directly with surgical house staff who may only partially understand the clinical situation – or they may be forced to deal directly with staff surgeons who may treat them as less-than full members of the team. Both elements of the surgical team – staff and support-group may be used to problem-solving by confrontation. The surgical residents may be primed toward confrontation by virtue of the expectations of their staff. Conflict is inevitable.

From the purely professional perspective – the surgeon is the primary physician and the anaesthesiologists are a consultant. In an absolute sense, the conflict is over the management of “their patient”.

Objectively, it is a fact of perioperative medicine that the anaesthesia team assumes a role that focuses on patient safety. In this role, professionalism requires that the anaesthesiologist consider the well being of the patient first, and the personal well-being of the anaesthesia team member second. In an absolute sense, when the surgical team interacts with the anaesthesia team in an inappropriate manner, the anaesthesia provider must consider the patient’s needs first. In a real sense, this means toleration of ridiculous (or other inappropriate) communication from people who are using sharp instruments on the patient. The most professional response of the anaesthesia provider is anything that improves the surgical procedure. Even when the surgical team is unprofessional, the anaesthesiologist must act in a way that fosters the best interest of the patient. In the dynamic world of the OR, this may require the anaesthesia team member to quietly accept aggressive criticism with minimal response. Unless the response will improve patient care, the professional response is silence. When it comes to anger-the hallmark of anaesthesiology is a long memory and a separation from retaliation in the patient-care arena.

Surgeons as the primary care providers in the OR are entitled to some elements of professional courtesy. When the anaesthesiologist is asked to participate in the perioperative care of a hospitalized patient, the request is for a consultative service. This can result in conflict. The surgeon expects a response that prepares the patient for surgery. Most often this response from

the anaesthesiology team will define specific goals. This can be the source of conflict. One of the elements of professionalism for the anaesthesiologist is risk management. How much risk is associated with the proposed surgical procedure is an example of where professionalism can be complicated. There will be patients for elective procedures who will have serious co-morbidity and state that they would prefer to accept the perioperative morbidity in contrast to living with the uncorrected surgical diagnosis. This means that patients with serious co-morbidities may be scheduled for elective surgery and the surgeon may be asking the consulting anaesthesia service if the proposed surgery can be performed without an exorbitant degree of risk, this is where professionalism can be at its best or worst.

On the one hand, serious co-morbidity can be identified and recognized as a factor that limits the extent of the surgery. Although the surgeon ultimately chooses the surgical procedure, a consultant will be helpful. Although the subsequent care of the patient may be challenging, this should not be translated into advice to the patient that moves the choice away from surgery or toward another institution.

Consultative services are an essential element of professionalism. As the perioperative medicine expert, the anaesthesiologist is uniquely prepared to facilitate patient care for the surgical patient. Risk assessment, optimization and post-surgical patient care are excellent examples. Many institutions recognize the unique skills of the anaesthesiologist to manage the running of the operating rooms. As such, many anaesthesiology departments run the operating room, manage the OR schedule and have staff designated as the OR Director. Other hospital-wide activities and committees are well suited to the skill-set of the anaesthesiologist, including risk management, transfusion review, pharmacy and therapeutics, etc. Most anaesthesiology departments will recognize their commitment to professionalism and provide qualified staff for these roles.

## Professionalism in the interaction with colleagues

Professionalism is measured clearly in the interactions between residents, between residents and staff and with the department. Anaesthesiology departments are a team and professionalism requires team work. An assumed element of professionalism in anaesthesiology is the unstated requirement that

everyone does their job everyday. Punctuality is an absolute requirement. Dependability means knowing what to do, preparing and executing tasks. Being able to trust the work of a colleague is essential to the daily running of a department. Honesty and objectivity are universal expectations. Sharing work, helping a colleague, minimizing complaints and problem solving are essential attributes of professionalism.

Professionalism is also demonstrated in the use of valuable resources. Respect for equipment, reasonable use of the time of support people and a commitment to avoid waste are essential elements of professionalism. It is an ethical requirement that in the case of treatment equivalency, the best economic choice is required, although teaching learning modifies this absolute. An element of professionalism requires each anaesthesiologist to become a student of pharmacoeconomics – the discipline that looks at economic outcomes. A single expensive intervention can result in considerable cost reduction; a less expensive treatment option can significantly increase the total cost of care. Pharmacoeconomics is the never-ending struggle to balance short and long-sightedness in the battle to deal with cost.

Professionalism in the anaesthesiologist requires a commitment to education. While in training, the motivation can be obvious – in-training exams, board certification. But true professionalism requires the commitment to learning – a natural extension is life-long learning. Although motivated on a simple level by time-limited board certification, the sustained commitment to learning is an element of professionalism readily apparent to colleagues.

The evolution of scientific information is based on investigation and honest reporting of outcomes. For any anaesthesiologist involved in research in any way – professionalism requires not only absolute honesty, but a commitment to understand the rules. If not presently required, eventually all anaesthesiology residents will be required to complete research ethics courses. Conflict-of-interest (COI) policies are examples of documents that should be evaluated. Avoidance of any activity with COI issues or even the suggestion of possible COI is an essence of professionalism. But this requirement goes further, the anaesthesiologist must learn to read the literature and identify flawed scientific method, commercialism and COI in scientific literature

and avoid changing clinical behavior based on these elements. Examples of plagiarism and ghost-writing in scientific papers reported in anaesthesiology within the last five years are obvious examples.

Professionalism in anaesthesiology requires a clear understanding of the risk of substance abuse and the impaired physician that are unique to anaesthesiology. Education about substance abuse risks in anaesthesiology is essential to prevention. Recognition of the impaired physician and the appropriate response is an unfortunate element of anaesthesiology. Professionalism in anaesthesiology requires some familiarity with these unpleasant subjects.

Because of the shared environment and the impact of many kinds of legislation on the practice of anaesthesiology, each provider must understand the law. Fraud and denial of reimbursement are the two extremes. Each provider has a role in the overall success with compliance.

### **Professionalism in the interaction with members of the support team**

The physician as the “captain of the ship” or “healthcare monarch” is a model that has become passe. Partnership with all members of the team for a common objective is the new way – driven by economics, regulation and the common sense that has been demonstrated by these driving forces. The ability to work in partnership with all levels of the health care team is an essential element of professionalism for the anaesthesiologist. As the leader of the perioperative team, the anaesthesiologist sets the tone – either confrontation or cooperation. Despite the political conflict between anaesthesiologists and CRNAs, the tone of professionalism should be set by the anaesthesiologist. Resident behavior should be learned from observation of optimum behavior by staff.

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