

Vignettes for Discussion on Professionalism for Residents

Some cases were adopted from:

- 1. Postgraduate Education Program, McGill University and**
- 2. Al-Eraky MM. Medical teacher 2015. Faculty development for learning and teaching of medical professionalism**

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Please read the following vignettes and to identify the main element of professionalism raised by each case and how common in your opinion similar behaviors (in the cases specified) take place in our setting, how can we improve the situation?

The questions on the MCQ exam will be similar to these cases.

A case will be given and you should tell which element of professionalism is missing.

Case #1: A physician informed one of his patients' relative about the patients' health status without taking permission of the patient.”

Confidentiality

Case #2: A 35-year-old gentleman was found to have end stage renal failure and was admitted in one of the hospital wards. The consultant informed him about the result and left quickly and the patient was not given a chance to discuss the results.

Looking at it from the patient's perspective, it is respect for others. Why isn't it commitment? Because the physician might be committed (comes on time and does his job) but lacked respect for others.

Case # 3: A consultant allows pharmaceutical representatives to see him/her during his/her clinics. They usually visit him/her without appointment. He/she gets gifts and travels abroad regularly at the expense of the drug companies.

The closest answer from the elements below is integrity and honesty, but if there was “conflict of interest” it would be more accurate.

Physicians who say that it doesn't affect our decision, are the most to be influenced. “No lunch group” is a group that aims to prevent the lectures held by pharmaceutical companies to serve meals, as it may influence the doctor's opinions.

Case # 4: One of your department's physicians gives orders according to his experience, even when they conflict with current evidence-based guidelines and the practice of other physicians in the department.”

Case # 5: Two surgical residents approach the Chief of Surgery observing that one of the department's surgeons sometimes performs surgery on patients when it is not indicated e.g. when the surgery would be considered premature at this stage of the disease,

and when the patient's symptoms are already improving without surgery.

Case # 6: An ER resident, seeing increased young car accident cases due to alcohol (Is it only due to alcohol) organized a series of visits to high schools in the community to present the problem and effects of alcohol to the students.

Case # 7: A senior resident asks a first-year resident to put in a central line. The R1 has never performed this procedure before. The senior resident explains the technique, then tells the R1 to proceed and leaves.

Case # 8: An internal medicine consultant does not attend his ward rounds regularly. Sometimes he leaves one of his junior residents to run his clinic.

Case # 9: A resident has just completed her on-call period in ICU. She states to the team that morning that she will not attend morning rounds (the usual practice on this unit is to transfer patients and acute issues on rounds with the attending) but rather will leave her patient notes and worksheets for the incoming team to work from.

An intern told this story to the doctor:

In the OB ER a pregnant lady came, and the resident was mumbling at the US because it was slow and negative non-verbal ques, and the patient got scared that there's something wrong with her baby and started crying, so you must watch your actions because this is unprofessional.

A newly married couple came to the OB clinic for pregnancy US follow up, the baby had anencephaly. They were expecting the doctor to congratulate

them. Instead he told them that their baby “had no head”. They describe it as worse than telling them that their baby is dead.

Emotional intelligence is very important in communication and professionalism

Attributes of Professionalism	Case #1	Case #2	Case #3	Case #4	Case #5	Case #6	Case #7	Case #8	Case #9
Altruism									
Commitment									
Confidentiality								
Integrity and Honesty								
Respect for others								
Honors									
Duty									
Accountability <small>Is when the coach of football team that lost, takes responsibility. Or a doctor that prescribed a wrong drug takes responsibility for it</small>									
Excellence									
Autonomy									

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Attributes of Professionalism and their definitions

التطبيق [GH1]: overall, the variety of the cases is satisfactory. I liked the table of attributes and their definition. I think they will keep them engaged.

Altruism	- the unselfish regard for, or devotion to, the welfare of others; placing the needs of the patient before one's self-interest.
Autonomy	- the freedom to make independent decisions in the care of patients and for the good of society.
Commitment	- being obligated or emotionally impelled to act in the best interest of the patient, a pledge given by way of the Hippocratic Oath or its modern equivalent.
Integrity and Honesty	- firm adherence to a code of moral values; incorruptibility.
Morality and Ethics	- to act for the public good; conformity to the ideals of right human conduct in dealings with patients, colleagues, and society.
Responsibility to Society	- the obligation to use one's expertise for, and to be accountable to society for those actions, both personal and of the profession, which relate to the public good.
Responsibility to the Profession	- the commitment to maintain the integrity of the moral and collegiate nature of the profession and to be accountable for one's conduct to the profession.
Self-Regulation	- the privilege of setting the standards; being accountable for one's actions and conduct in medical practice.
Teamwork	- the ability to recognize the expertise of others and work with them in the patient's best interest.