

## APPENDIX C

### Description of Strands and Components for Theoretical Framework

#### *Clinical Expertise*

Expertise as a medical practitioner depends on the possession of a large body of knowledge and procedural skill.<sup>1</sup> Experts have the ability to access, retrieve and use the information that they possess. They are able to integrate new with existing knowledge and discern critical features and fundamental issues when presented with clinical and diagnostic problems. The use of *medical informatics*, “the management and use of information in health and biomedicine”,<sup>2</sup> has an increasing role to play in the face of the rapidly expanding knowledge base of all areas of medicine. This strand of medical professionalism comprises three components, two of which are supported and informed by the clinical applications of medical informatics. The three components are *Medical Expertise*; *Clinical Judgement*; and *Medical Informatics (Clinical)*, each of which is briefly described below.

#### **Medical Expertise**

The medical practitioner possesses and maintains the requisite body of medical and procedural knowledge necessary to conduct the clinical aspects of their professional practice.<sup>3 4 5 6 7 8</sup>

#### **Clinical Judgement**

The medical practitioner is able to apply their knowledge and procedural skills to make an informed, accurate diagnosis and provide appropriate treatment from the range of options available.<sup>9 10</sup>

#### **Medical Informatics (Clinical)**

The medical practitioner is aware of the range of technologies available to them to assist in the maintenance and extension of their medical and procedural knowledge base, as well as their diagnostic skills.<sup>11</sup> They make use of these technologies as appropriate and required, both as a user and as a provider of information to other professionals

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<sup>1</sup> Swick, HM. Toward a Normative Definition of Professionalism. *Academic Medicine* 2000; 75(6): 615.

<sup>2</sup> Hersh, WR. Medical Informatics. Improving Health Care Through Information. *JAMA* 2002, 288: 1955.

<sup>3</sup> Swick, HM. Toward a Normative Definition of Professionalism. *Academic Medicine* 2000; 75(6): 615.

<sup>4</sup> Cruess, SR, Johnston, S, Cruess, RL. Professionalism for medicine: opportunities and obligations. *Medical Journal of Australia* 2002; 177: 209.

<sup>5</sup> Welling, RE, Boberg, JT, Russell, TR. Professionalism: Lifelong commitment for surgeons. *Archives of Surgery* 2003; 138(3): 262 – 264.

<sup>6</sup> Rothman, DJ. Medical Professionalism – Focussing on the real issues. *The New England Journal of Medicine* 2000; 342(17): 1284.

<sup>7</sup> Irvine, D. The performance of doctors: the new professionalism. *The Lancet* 1999; 353:1175.

<sup>8</sup> Benson, JA. Professionalism: Reviving or redrawing the Social Contract. *Annals of Allergy, Asthma and Immunology* 2002; 89(2): 115.

<sup>9</sup> Cruess, SR, Johnston, S, Cruess, RL. Professionalism for medicine: opportunities and obligations. *Medical Journal of Australia* 2002; 177: 209.

<sup>10</sup> Swick, HM. Toward a Normative Definition of Professionalism. *Academic Medicine* 2000; 75(6): 612 – 616.

<sup>11</sup> *ibid.*, p. 615.

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and stakeholders in the health care system.<sup>12 13 14</sup>

#### *Risk Management*

Risk management can be defined as "... the identification, investigation, analysis and evaluation of risks and the selection of the most advantageous method of correcting, eliminating or reducing identifiable risks".<sup>15</sup> The medical practitioner is cognisant of the importance of an awareness of those aspects of their practice that contribute to less than optimum patient outcomes. As with the *medical expertise* strand, the use of medical informatics has a role to play in the minimisation of risk in medical practice. This strand of medical professionalism includes the following components:

*Communication; Practice Management and Personal Management and Insight*, the first two supported and informed by the practice applications of medical informatics. Each of the components is briefly described below.

#### **Communication**

The medical practitioner ensures honest and open communication with patients and their families.<sup>16 17 18</sup> Patients are fully advised of the range of treatments available to them, and any associated risks so that valid consent can be obtained for treatment. Medical practitioners are effective listeners who demonstrate empathy with their patients in order to elicit all information relevant to making an effective diagnosis.<sup>19 20</sup> Cultural and other factors that contribute toward the individuality of specific patients are appreciated and accommodated in the communication methods employed. In the event of outcomes that are considered sub-optimal, appropriate communication is undertaken with patients.<sup>21</sup>

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<sup>12</sup> id.

<sup>13</sup> Cruess, SR, Johnston, S, Cruess, RL. Professionalism for medicine: opportunities and obligations. *Medical Journal of Australia* 2002; 177: 209.

<sup>14</sup> Medical Professionalism Project. *Medical Journal of Australia* 2002; 177: 264.

<sup>15</sup> *Risk management . . . and your practice*. United Medical Protection, September 2001.

<sup>16</sup> Medical Professionalism Project. *Medical Journal of Australia* 2002; 177: 264.

<sup>17</sup> Irvine, D. The performance of doctors: the new professionalism. *The Lancet* 1999; 353:1175.

<sup>18</sup> Irvine, D. Doctors in the UK: their new professionalism and its regulatory framework. *The Lancet* 2001; 358: 1807.

<sup>19</sup> Benson, JA. Professionalism: Reviving or redrawing the Social Contract. *Annals of Allergy, Asthma and Immunology* 2002; 89(2): 114 – 117.

<sup>20</sup> Irvine, D. The performance of doctors: the new professionalism. *The Lancet* 1999; 353: 1175.

<sup>21</sup> Medical Professionalism Project. *Medical Journal of Australia* 2002; 177: 264.

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<b>Practice Management</b>	The medical practitioner is aware of the factors that contribute to effective practice management and strives for best practice in this area. <sup>22</sup>
<b>Medical Informatics (Practice)</b>	The medical practitioner is aware of the range of technologies available to them to help attain best practice in their practice environment. They make use of these technologies as appropriate and required, in order to optimise patient outcomes.
<b>Personal Management and Insight</b>	The medical practitioner constantly reflects on all facets of their professional practice in order to optimise patient outcomes. <sup>23</sup> Part of this reflection involves an awareness of their own suitability for practice and a monitoring of self.

#### *Professional Values and Responsibilities*

As a member of a profession, it is incumbent on medical practitioners to exhibit beliefs and behaviours that reflect the expectations of those they serve (society) and those with whom they interact as part of their profession. Individual practitioners are no longer immune from the gaze or expectations of either of these groups. They need to be sensitive to cultural and linguistic diversity and responsive to the cultural needs of their patients and families. This strand of medical professionalism in the CPD framework acknowledges this. The strand comprises three components: *Relationships and Accountability*; *Advocacy and Equity*; and *Education*.

#### **Relationships and Accountability**

This strand acknowledges that the medical practitioner is dedicated to serving the interests of the patient, respecting patient autonomy and enabling patients to make informed decisions about their treatment.<sup>24 25 26 27 28</sup>

Medical practitioners possess a knowledge and understanding of the legal and ethical framework in which they and their profession operate. They contribute to and abide by the Code of Ethics of their appropriate professional body. They appreciate the competing interests that can arise in the modern

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<sup>22</sup> Haskell, CM. In Letters: Comments and responses. Charter on Medical Professionalism: Putting the Charter into Practice. *Annals of Internal Medicine* 2003; 138(10): 852.

<sup>23</sup> Swick, HM. Toward a Normative Definition of Professionalism. *Academic Medicine* 2000; 75(6): 615.

<sup>24</sup> Medical Professionalism Project. *Medical Journal of Australia* 2002;177:264.

<sup>25</sup> Benson, JA. Professionalism: Reviving or redrawing the Social Contract. *Annals of Allergy, Asthma and Immunology* 2002; 89(2): 114 – 177.

<sup>26</sup> Reiser, SJ., Banner, RS. The charter on Medical Professionalism and the limits of medical power. *Annals of Internal Medicine* 2003; 138: 844-846.

<sup>27</sup> Cohen, JJ. *Annals of Internal Medicine* 2003; 128(10): 855.

<sup>28</sup> Irvine, D. The performance of doctors: the new professionalism. *The Lancet* 1999; 353:1175.

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practice setting, and that they must practise in a manner that is without compromise in pursuing the

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- <sup>29</sup> Cruess, SR, Johnston, S, Cruess, RL. Professionalism for medicine: opportunities and obligations. *Medical Journal of Australia* 2002; 177: 209.
- <sup>30</sup> Swick, HM. Toward a Normative Definition of Professionalism. *Academic Medicine* 2000; 75(6): 614.
- <sup>31</sup> Benson, JA. *Annals of Allergy, Asthma, and Immunology* 2002; 89(2): 114 – 117.
- <sup>32</sup> Cruess, SL, Cruess, RL. *Annals of Internal Medicine* 2003; 128(10): 853 – 854.
- <sup>33</sup> Cruess, RL, Cruess, SL. Professionalism: an ideal to be sustained *The Lancet* 2000; 356: 158.
- <sup>34</sup> Rothman, DJ. Medical Professionalism – Focussing on the real issues. *The New England Journal of Medicine* 2000; 342(17): 1284.
- <sup>35</sup> Wynia, MK, Latham, SR, Kao, AC, Berg, JW, Emanuel, LL. Medical Professionalism in Society. *New England Journal of Medicine* 1999; 341(21): 1612-1616.
- <sup>36</sup> Medical Professionalism Project. *Medical Journal of Australia* 2002; 177: 264.
- <sup>37</sup> Reiser, SJ, Banner, RS. The charter on Medical Professionalism and the limits of medical power. *Annals of Internal Medicine* 2003; 138: 844-846.
- <sup>38</sup> Irvine, D. Doctors in the UK: their new professionalism and its regulatory framework. *The Lancet* 2001; 358:1807.
- <sup>39</sup> Medical Professionalism Project. *Medical Journal of Australia* 2002; 177: 264.
- <sup>40</sup> Benson, JA. Professionalism: Reviving or redrawing the Social Contract. *Annals of Allergy, Asthma and Immunology* 2002; 89(2): 114 – 117.
- <sup>41</sup> Medical Professionalism Project. *Medical Journal of Australia* 2002; 177: 264.
- <sup>42</sup> Swick, HM. Toward a Normative Definition of Professionalism. *Academic Medicine* 2000; 75(6): 615.
- <sup>43</sup> Medical Professionalism Project. *Medical Journal of Australia* 2002; 177: 264.
- <sup>44</sup> Cruess, SR, Johnston, S, Cruess, RL. Professionalism for medicine: opportunities and obligations. *Medical Journal of Australia* 2002; 177: 210.
- <sup>45</sup> Benson, JA. Professionalism: Reviving or redrawing the Social Contract. *Annals of Allergy, Asthma and Immunology* 2002; 89(2): 114 – 117.
- <sup>46</sup> Irvine, D. Doctors in the UK: their new professionalism and its regulatory framework. *The Lancet* 2001; 358: 1807
- <sup>47</sup> Irvine, D. The performance of doctors: the new professionalism. *The Lancet* 1999; 353:1174.
- <sup>48</sup> Cruess, RL, Cruess, SL. Professionalism: an ideal to be sustained. *The Lancet* 2000; 356: 158
- <sup>49</sup> Rothman, DJ. Medical Professionalism – Focussing on the real issues. *The New England Journal of Medicine* 2000; 342(17): 1284
- <sup>50</sup> Welling, RE, Boberg, JT, Russell, TR. *Archives of Surgery* 2003; 138: 263.
- <sup>51</sup> Wynia, MK, Latham, SR, Kao, AC, Berg, JW, Emanuel, LL. Medical Professionalism in Society. *The New England Journal of Medicine* 1999; 341(21): 1614.
- <sup>52</sup> Swick, HM. Toward a Normative Definition of Professionalism. *Academic Medicine* 2000; 75(6): 615.
- <sup>53</sup> Arnold, L. Assessing Professional Behavior: Yesterday, Today and Tomorrow. *Academic Medicine* 2002; 77(6): 503.
- <sup>54</sup> Wynia, MK, Latham, SR, Kao, AC, Berg, JW, Emanuel, LL. Medical Professionalism in Society. *New England Journal of Medicine* 1999; 341(21): 1613.

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interests of their patients and society - compromise that could result from interest group or stakeholder pressures.<sup>29 30 31 32 33 34 35</sup>

The medical practitioner works collaboratively with other health professionals to maximise patient outcomes.<sup>36 37 38</sup> They demonstrate appropriate personal and interpersonal behaviours in all interactions with patients and others involved with their treatment.<sup>39 40</sup> Patient confidentiality is respected, but balanced with public interest considerations.<sup>41</sup>

The medical practitioner has a responsibility for assisting in the creation and implementation of continuous improvement initiatives in the profession. Individually and collectively, they have a responsibility for ensuring the competence of practitioners in their field, and for ensuring that rigorous mechanisms are in place for dealing with colleagues who are found not to be so.<sup>42 43 44 45 46 47 48 49 50 51</sup>

Medical practitioners evince core humanistic values such as honesty, integrity and compassion in their relationships with others at all times, ensuring that patients and others are never exploited for the personal gain of the practitioner.<sup>52 53 54</sup>

#### Advocacy and Equity

The medical practitioner works actively to promote equity and justice and the elimination of discrimination in the health care system.<sup>55 56 57</sup> They are aware of the factors that contribute towards demands on the health care system, recognise the finite resources that are available and work toward a fair distribution of these resources.<sup>58 59</sup>

The medical practitioner is an advocate for consumers of healthcare, being particularly cognisant of disadvantaged groups in the community,<sup>60</sup> as well as providers of healthcare, i.e. their fellow practitioners, and work toward improving the circumstances of both,

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<sup>55</sup> Medical Professionalism Project. *Medical Journal of Australia* 2002; 177: 264.

<sup>56</sup> Swick, HM. Toward a Normative Definition of Professionalism. *Academic Medicine* 2000; 75(6): 614.

<sup>57</sup> Cruess, SR, Johnston, S, Cruess, RL. Professionalism for medicine: opportunities and obligations. *Medical Journal of Australia* 2002; 177: 210.

<sup>58</sup> Van Den Weyden, MB. *Medical Journal of Australia* 2002; 177: 264.

<sup>59</sup> Swick, HM. Toward a Normative Definition of Professionalism. *Academic Medicine* 2000; 75(6): 614.

<sup>60</sup> Wynia, MK, Latham, SR, Kao, AC, Berg, JW, Emanuel, LL. Medical Professionalism in Society. *New England Journal of Medicine* 1999; 341(21): 1612-1616.

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recognising the fine balancing act that can be involved.<sup>61 62 63 64</sup> There is a dedication to continuous improvement in the health care system, with an awareness of the need for collaboration with healthcare stakeholders, such as government, insurers, private sector provider organisations, allied health professionals and consumer groups.<sup>65 66</sup>

The medical practitioner has a commitment to lifelong learning for themselves and others in the profession.<sup>67</sup>

<sup>68</sup> To this end they are involved in the education and training of medical students, early postgraduates and new practitioners in ways that demonstrate an understanding of appropriate teaching and learning theories and practices,<sup>69 70</sup> and act as role models for

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<sup>61</sup> *ibid.*, p.614.

<sup>62</sup> Medical Professionalism Project. *Medical Journal of Australia* 2002; 177: 264.

<sup>63</sup> Brennan, T. *Annals of Internal Medicine* 2003; 138(10): 851.

<sup>64</sup> D'Ambrosia, R., Kilpatrick, JA. Professionalism. *Orthopedics* 2002; 25(4): 382.

<sup>65</sup> Reiser, SJ., Banner, RS. The charter on Medical Professionalism and the limits of medical power. *Annals of Internal Medicine* 2003; 138: 844 - 846.

<sup>66</sup> Feldman R. *Annals of Internal Medicine* 2003; 128(10): 854.

<sup>67</sup> Van Den Weyden, MB. *Medical Journal of Australia* 2002; 177: 264.

<sup>68</sup> Swick, HM. Toward a Normative Definition of Professionalism. *Academic Medicine* 2000; 75(6): 615.

<sup>69</sup> *id.*

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these.<sup>71 72 73</sup> They actively promote and are involved in credible scientific research to validate existing and generate new knowledge, and possess a desire to share the knowledge of their profession with others, including colleagues and other health professionals, and more widely in society.<sup>74 75 76 77</sup> They have a responsibility to ensure that new knowledge generated from the profession is appropriately used.

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<sup>70</sup> Welling, RE, Boberg, JT, Russell, TR. *Archives of Surgery* 2003; 138: 263.

<sup>71</sup> Quraishi, SA., Khalid, AN. *Annals of Internal Medicine* 2003;128(10): 851 – 852.

<sup>72</sup> Welling, RE, Boberg, JT, Russell, TR. *Archives of Surgery* 2003; 138: 263.

<sup>73</sup> Irvine, D. The performance of doctors: the new professionalism. *The Lancet* 1999; 353:1174.

<sup>74</sup> Swick, HM. Toward a Normative Definition of Professionalism. *Academic Medicine* 2000; 75(6): 615.

<sup>75</sup> Van Den Weyden, MB. *Medical Journal of Australia* 2002; 177: 265.

<sup>76</sup> Benson, JA. Professionalism: Reviving or redrawing the Social Contract. *Annals of Allergy, Asthma and Immunology* 2002; 89(2): 115.

<sup>77</sup> Cruess, SR, Johnston, S, Cruess, RL. Professionalism for medicine: opportunities and obligations. *Medical Journal of Australia* 2002; 177: 209.