

Educational Forum

Ethics and professional development: a primer for doctors in training

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ABSTRACT

While dealing with colleagues, patients and relatives of patients, doctors have to practice ethical behavior. This paper describes some basics on etiquette, ethics, people management skills, team work, politeness, etc which will give doctors 3 C's: Competence, Confidence and Compassion, which in turn will enable doctors ascend rapidly in health care organizations. It is suggested that principles of etiquette and ethics be acquired by medical students while in training itself so that they can implement them and use them from day one in the hospital they join. Whether these principles should be part of medical curriculum is a matter to be decided by appropriate authorities.

Keywords: Hospital etiquette, Ethics, Medical education, Professional development

INTRODUCTION

Ethics is a topic listed in the list of health topics of World Health Organisation.¹ Medical practice requires a triple acquisition of attributes: a knowledge (a science), a know-how (an art) and how to do (a behavior).² Continuing medical education (CME), hitherto a process of continued learning in practice, has been viewed as a comprehensive approach towards continuous professional development (CPD), which includes wide-ranging competencies beyond clinical update, research and scientific writing, multidisciplinary context of patient care, ethical practice, communication, management and behavioral skills, team building, information technology, audit, and appropriate attitudinal change to ensure improved patient outcomes and satisfaction.²

The medical literature on manners and etiquette is sparse.³ Some doctors lack even basic etiquette. Today career development realities are more complex. Approaching career development as a long-distance

expedition can help professionals in addressing the strenuous challenges they face, in seeing that a career can be built in many ways, and in taking a long-term view of their journeys.⁴

METHODS

Patient first

Always patient care comes first. Quality improvement/patient safety and continuing education (CE) efforts have a common aim to improve health care outcomes.⁵ Conferences are part of CE. Attending conferences is important for doctors and residents.⁶ By providing a structured forum to exchange information and ideas, multidisciplinary team meetings improve working relationships, expedite investigations, promote evidence-based treatment, and ultimately improve clinical outcomes.⁶ We are likely to have daily and weekly conferences in our hospital. These are very important

learning opportunities, of which we should take full advantage. In many seminars food is provided!

We should not forget, however, that our patients come first. If our patient is becoming sick during one of these conferences, and our ward nurse calls us, we should drop our lunch and pick up the phone to talk to nurse. And attend the patient.

Be humble and respect ancillary staff

After years of hard work and studying, we now carry the title, doctor, before our name. We are beginning our journey as a doctor when we first set foot in the hospital. Many of the nurses we will work with, particularly in the ICU, have been there for many years and have watched interns and residents come and go. So, we should be mindful of the experience of those around us and remember to have respect for the nursing and other ancillary staff. The ability to have humility as a physician is not only a sign of a good doctor, but it can be one of the most challenging attributes to maintain.⁷

Polite physicians

Doctors should have more empathy with their patients. In a recent study, empathy scores of students in the preclinical years were higher than in the clinical years.⁸ May be medical training is to blame for it. Many doctors never smile. Some stare at a computer screen, while the patient is talking to them. To show good manners is as simple as asking permission before entering patients' room. Some suggestions:

- Creating a friendly atmosphere at our hospital.
- Greeting people warmly and respectfully.
- Creating meaningful personal relationships with co-workers, like nurses, technicians, etc.
- Networking with best professionals in our field and be in touch with best practices.

So not surprisingly polite physicians attract more patients and this is noted by the hospital management.

Hospital etiquette

Rude, overbearing and intimidating behavior by doctors, nurses or other staff is not only bad for morale, it's also bad for patients' safety.⁹ We doctors are presumed to be aware of basic hospital etiquette and follow them. But when we do not do it, the situation gets touchy. We are conveniently renouncing even basic etiquette.

Some of the notorious ones for which doctors are to be blamed are:

- Not saying 'thank you', 'please', etc.
- Talking rudely,
- Keeping their desk untidy,
- Gossiping,

- Being late to wards,
- Inquiring about other's personal lives,
- Bullying ,
- Disowning mistakes,
- Belittling other doctors' work,
- Making false promises of cure,
- Claiming undue credit,
- Breaking rules.

Etiquette has influence on the productivity of the hospital. A doctor compromising etiquette will not only bring down his productivity but also of his team. Often the consequences are graver than we can think. Doctor's image is damaged and his interpersonal relations suffer. His behavior leads to an unhealthy work environment in the hospital. Lewd, crude, and rude behaviours of patients and staff members have the potential to complicate care.³

Some reasons why doctors compromise etiquette are:

- Work pressure
- Stress
- Bad interpersonal relations

However they are not valid enough to justify bad behavior. In fact they deteriorate the situation further. Teaching trainees about manners and etiquette can help them identify and manage offensive behaviours and can facilitate the provision of effective and ethical care.³ So medical teachers should educate the medical students and the doctors-in-training on importance of maintaining etiquette and also insist on it.

How to be a team player?

Team work is a must. Evidence suggests that teamwork failures contribute to poor outcomes in hospitals.¹⁰ As a doctor, we will be a key player in a team of people working to improve the health of our patients.

- Our first priority must be to work well with our team to help our patients. We quickly learn how important the team is. In hospitals nowadays, we can't accomplish anything without a team.
- Our team is made up of our fellow interns, our junior/senior residents, consultants, nurses, medical assistants, case managers, social workers, technicians, and secretaries. Without all of these people working in sync, nothing will happen in a hospital. As such, we need to learn to work well with others in our team.
- If one of our colleagues is having a rough day, we should pitch in to help him/her, as everything we do is in service of our patients, who are relying on us to help them.

A multidisciplinary team approach need not be in rich hospitals only. Despite multiple challenges in resource-limited environments, a multidisciplinary team approach

can be incorporated into clinical practice in developing nations.¹¹

How to acquire people management skills?

People management skills are important. They are to be acquired. Hospital chief executives are tapping physicians for upper management roles beyond the traditional chief medical officer and other primarily clinical positions.¹² But often, these highly educated, entrepreneurial and strong-willed individuals need help acquiring the business and people skills to successfully make the transition.¹²

Students need strong interpersonal skills to ensure application of their clinical skills and knowledge.¹³ These are not taught in most medical schools. They are acquired by observing the attitude and behavior of people. It is learned by trial and error basis. Some tips are as following.

- We should realize that different people think differently.
- That they prefer to act differently.
- They have different motivations to work in a hospital.
- Assuming everyone can be motivated by money is wrong.
- A doctor should not expect everyone to think like him and an attempt in that direction is dangerous. Rather doctor should appreciate the different points of view.
- Doctors should have insight into human behavior.
- A doctor is evaluated based on his individual performance and on his team's performance.
- Many doctors commit the mistake of doing things themselves instead of delegating to the team. This provides proof of poor management skills to the team and to the hospital management.
- People management skills are learnt slowly. And is a tiring process.

So if a doctor realizes the importance of understanding his people and redefining his relationship from day one, it will accelerate doctor's growth in hospital.

How to become a high performing doctor?

High performers do not have special qualities. But the way they handle situations and challenges makes them stand apart.

Many believe that successful doctors have extra quality which makes them successful and popular. But the fact is they are like any other doctor, but put their best in every patient who comes under their care.

Some of the tips which transform an ordinary doctor into a high performing doctor are:

- 'Just do it'. Nike made this slogan famous. High performing doctors hate inertia or indecisiveness. If two or more options are there for a patient, they take a decision and proceed with treatment. They take risks to help patients recover.
- Believe in self-improvement. They are constantly looking at ways to improve the way they deal with patients. They are not hesitant to take help of other doctors in spite of having a successful track record of flourishing practice. They believe they should get better at what they are good at. Let us look at some of the most successful sports persons. They have coaches to train them as they believe they have the potential to do more and need the training.
- These doctors perform well under pressure.
- They also plan ahead.
- Always search for better ways of treating patients.
- Prepared for any setbacks.
- Ready to start treating patient knowing very well that the unexpected may happen.
- Adapt quickly to changes and are prepared for dynamic situations.
- Deftly handle unexpected situations and consider changing conditions as normal and are rarely caught in them.
- Always prepared for conditions that best laid treatment plans may fail due to unexpected changes but this does not stop them. They are quick in responding to the new complication or symptom in an appropriate manner.
- They are consistent and silent performers and excel under pressure and bring in the results.

How to deal with 'bad apples'?

The medical profession, undertook to act as a reliable guarantor for the competence and conduct of each of its members.¹⁴ Though sufficient to ensure that most doctors were "good", the collegial model adopted by the medical profession left it fatally vulnerable to the problem of "bad apples"; those unwilling, incapable or indifferent to delivering on their professional commitments and who betrayed the trust of both patients and peers.¹⁴

'Bad apples' in hospitals distract, escalate conflict, and undermine patient-care and creativity. They also distract other doctors from their duties, destroy trust and produce a host of other ill-effects that no hospital can afford to ignore. This destructive behavior is a contagious disease. It ranges from anger to laziness and incompetence.

Bad apples are of different types: The loudmouth, the creep, etc.

The loudmouth doctors have loud conversations often with roaring laughter around others.

The solution is simple. He should be made aware that he is disturbing others, he need to keep his volume down or

leave work area. Still if he picks up conversation while we have many more patients to see, we may put on ear plugs and listen to music. He will get the message. Interacting with such colleagues strictly over email helps too. We have to be patient and willing to correct the person as old habits die hard.

The Creep is a doctor who comes to kill time, while we are busy seeing patients. We need not look at him. We may tell him clearly that we will get back to him when patients are over. But, we have to make it a point to go over to him later and ask what he wanted. This will give him a taste of his own medicine.

Stop complaining about hospital to enjoy success

We have to focus on the good. Let us list the best things about our hospital, the department and work culture. Every other doctor in the hospital will add to list they think is good. This way every-one will focus less on bad and more on the good side of a situation. The list of good things will grow longer every day.

Do not let personal feelings override hospital priorities

At any hospital, things always do not go our ways. It is not a good sign, if we get easily upset by the negative turn of events. To succeed we have to display professional maturity at work.

Some examples of negative happenings in hospital are

- Let us suppose our ward nurse comes always late to work. We easily get upset that she does not take her job seriously as we do. We value perfection and therefore get annoyed when our nurse commits mistakes.
- We are also upset when a patient puts undue pressure and asks irrelevant questions.
- Even a simple disagreement with colleague causes us much distress.

While we can control some of negative happenings we have little or no control over others.

Doctors must realise

- That both favorable and unfavorable events are part of life. Getting angry or harboring negative feelings will not help us in the least in setting things right. Therefore, we have to stop taking things personally.
- Avoid getting into personal conflicts. Instead we have to focus on how to achieve desired patient outcomes.
- To find potential solutions to avoid recurrence of negative happenings. This will keep us cool and improve our effectiveness.
- Work closely with our boss to understand where we are falling short and what we must do better to get the desired promotion or pay-rise the next time. We

have to actively seek feedback from our boss, peers and colleagues to develop a better understanding of our strengths and weaknesses.

- We will better handle a situation when we are a calm, than when we are upset. So better to set aside our ego.
- Whether we win an argument or lose, things go our way or not, what matters is attaining hospital goals.
- Avoid harboring negative feelings and start working on finding a work around for routine issues.
- While finding solutions look at our self-first.
- Be willing to adapt our behavior according to situational needs.
- When someone makes a mistake, we have to exercise tolerance.
- In case of disagreements with colleagues, we have to try to understand their perspectives as well. Look for a middle ground that is superior to our initial approach.
- At work, personal milestones matter but priority must always be given to what is best for the hospital.
- Doctors must passionately carry out their job but never forget to draw a line between personal feelings and hospital work.

CONCLUSION

Professional development should be seen as a marathon. Climbing the ladder of hospital needs 3C's: competence, confidence and compassion. Compassion towards colleagues, patients and relatives of patients is the most important attribute. Doctors in training should acquire them at early stage. It is suggested that these tips be acquired by medical students while in training itself so that they can implement them from day one in the hospital they join. Whether these tips should be part of medical curriculum is a matter to be discussed by appropriate authorities.

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