

Bibliography on Professionalism (prepared by R. and S. Cruess)

Introduction

There is an extensive literature on professionalism which is found in a variety of sources. A complete review of this literature up until 1997, including both the social sciences and the literature in bioethics is included in Cruess, R.L., Cruess, S.R. **Teaching medicine as a profession in the service of healing**. *Academic Medicine*, 1997; 72: 941-952.

Another up-to-date review of the literature, which also includes the literature on evaluating professionalism, is provided in Arnold, L. **Assessing professional behaviour: Yesterday, today and tomorrow**. *Academic Medicine*, 2002; 77: 502-515.

There are three extensive reviews of the literature on assessing professionalism.

Ginsburg, S., Regehr, G., Hatala, R., McNaughton, N., Frohna, A., Hodges, B. et al. Context, Conflict, and Resolution: **A new conceptual framework for evaluating professionalism**. *Academic Medicine*, 2000; 75 (10): S6-S11.

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Shumway, J.M., and Harden, R.M. AMEE Guide No. 25. **The assessment of teaching outcomes for the competent and reflective physician.** *Medical Teacher* 2003; 25: 569-584.

Selected Bibliography

This bibliography is used for Faculty Development Workshops and for students interested in further reading at McGill University.

● Core Content

Barondess, J.A. **Medicine and professionalism.** AMA Archives of Internal Medicine. 2003; 163: 145-151.

A comprehensive review of the subject with some recommendations for action.

Brennan et al. **Medical professionalism in the new millennium: A physician charter.** Annals of Internal Medicine, 2002; 136: 243-246

A charter developed by an international committee. It is designed to serve as a guide to physician and the public as to what the profession of medicine understands as its commitments.

Cruess, R.L., Cruess, S.R. **Teaching medicine as a profession in the service of healing.** Academic Medicine. 1997; 72 (11): 941-952.

This includes an extensive review of the literature pertaining to professionalism in medicine and is specifically aimed at the medical community.

Cruess, R.L., Cruess, S.R. **Professionalism must be taught.** British Medical Journal. 1997; 315(7123): 1674-1677.

A short article stressing the necessity of formal instruction in professionalism, in addition to the traditional "role modeling".

Cruess, R.L., Cruess, S.R., Johnston, S.E. **Professionalism: An ideal to be sustained.** The Lancet. 2000; 356(9224): 156-159.

An outline of professionalism, stressing its importance to medicine's social contract.

Emmanuel, E.J., Emmanuel, L.L. **What is accountability in health care?** Annals of Internal Medicine, 1996; 124: 229-239.

The article identifies and defines the traditional and the newly acquired areas of accountability facing medicine. The traditional relates to patients, colleagues and self-regulation. The newer accountability is economic, whether state or corporate and political for medicine's role in health care, the economy and in population health.

Freidson, E. **Professionalism reborn.** Chicago: University of Chicago Press, 1994.

Freidson, E. **Professionalism - The third logic.** Chicago: University of Chicago Press, 2001.

Elliot Freidson is the most dominant writer on this subject and he wrote two seminal books in 1970, which began the era of criticism of professionalism. His 1994 book presents a summary of his thoughts on the subject, and the 2001 work defends the professional model very effectively.

Gruen R.L. and 17 authors including Cruess, R.L. and Cruess, S.R. **Professionalism in surgery.** Journal of the American College of Surgeons. 2003; 197: 605-608.

An analysis of contemporary professionalism as applied to the practice of surgery.

Gruen, R.L., Pearson, S.D., Brennan, T.D. **Physician – citizens: Public roles and professional obligations.** Journal of the American Medical Association, 2004; 291: 94-98.

An outline of the public roles expected of a professional, including a differentiation between obligations and aspirations. As such, it helps to define the limits on obligations, using closeness to the role of the physician, feasibility and efficacy as guidelines.

Hafferty, F.W., McKinley, J.B. (Eds.). **The changing medical profession: An international perspective.** Oxford: Oxford University Press, 1993.

This multi-author text presents professionalism in an international context analyzing the status of the professions in many countries.

Krause, E.A. **Death of the guilds: Professions, states, and the advance of capitalism.** Connecticut: Yale University Press, 1997.

This book on the major professions spends a substantial amount of time on medicine. It places the subject in a contemporary context and outlines the influences of the state of the corporate sector on professional status. It analyses five professions in five different countries.

Pellegrino, E.D., Relman, A.S. **Professional medical associations: Ethical and practical considerations.** Journal of the American Medical Association. 1999; 282(10): 984-986.

These distinguished authors explore the role of medical associations in society and the need for them to be moral, worthy of public trust and to regain influence by shifting the balance from self-interest to the interests of the patients.

Starr, P. **The social transformation of American medicine.** New York: Basic Books, 1984.

This Pulitzer Prize winning book traces American medicine from a status of low prestige in the early 1800s to the years of maximum power in the immediate post World War II period. It includes an analysis of laws and regulations, the performance of the American Medical Association and the development of health insurance and national health schemes in the United States.

Stevens, R. **Public roles for the medical profession in the United States: Beyond theories of decline and fall.** Milbank Quarterly, 2001; 79: 327-353.

An excellent review by a respected social scientist of the current status of the medical profession in the United States. There are many lessons for other countries. Stevens offers advice as to how medicine might regain a position of moral strength, something which she sees as desirable, possible, but not certain to occur.

Sullivan, W.M. **What is left of professionalism after managed care.** Hastings Center Report, 1999; 29 (2): 7-13.

The author, an eminent sociologist, defines professionalism and explores the various theories of the role of professions in society. He presents the concept of civic professionalism in which the profession guards the trust of the public and leads in defining society's contract with medicine.

Swick, H.M. **Toward a normative definition of medical professionalism.** Academic Medicine, 2000; 75(6): 612-616.

A statement of what constitutes professionalism in contemporary terms, giving a single and straightforward set of characteristics.

Wynia, M., Lantham, S., Kao, A., Berg, J., Emmanuel, L.L. **Medical professionalism in society.** New England Journal of Medicine, 1999; 341(21): 1612-1616.

This article defines professionalism in three parts: devotion to service, commitment to values, and negotiation related to a contract with society. Based on this, it suggests actions the medical profession and physicians can take to preserve the decency and stability of the profession and society.

● **Evaluating Professional Behaviour**

Arnold, L. **Assessing professional behavior: Yesterday, today, and tomorrow.** Academic Medicine, 2002; 77 (6): 502-515.

An extensive review of the literature on professionalism with an up-to-date assessment of evaluation techniques currently in use.

Epstein, R.M., Hundert, E.M. **Defining and assessing professional competence.** JAMA, 2002; 287 (2): 226-235.

An excellent review of available techniques, giving the advantages and disadvantages of each.

Ginsburg, S., Regehr, R., Hatala, R., McNaughton, N., Frohna, A., Hodges, B., Lingard, L., Stern, D. **Context conflict and resolution: A new conceptual framework for evaluating professionalism.** Academic Medicine, 2000; 75(10 Suppl): S6-811.

An outline to the theoretical basis for evaluating professionalism, stressing the need to evaluate behaviours in context.

Papadakis, M., Osborne, E., Cooke, M., Healey, K. and the University of California, San Francisco, School of Medicine Clinical Clerkships Operation Committee. **A strategy for the detection and evaluation of unprofessional behaviour in medical students.** Academic Medicine, 1999; 74 (9): 980-990

An article outlining a method of evaluation which has been used at a major medical school. Early results are given.

Papadakis, M., Loeser, H., Healy, K. **Early detection and evaluation of professionalism deficiencies in medical students: one school's approach.** Academic Medicine, 2001; 76: 1100-1106.

An article outlining a method of evaluation which has been used at a major medical school. Early results are given.

Shumway, J.M., Harden, R.M. AMEE Guide No. 25. **The assessment of teaching outcomes for the competent and reflective physician.** Medical Teacher 2003; 25: 569-584.

A very practical guide to the methods of assessment which are available. It contains recommendations for the best use of these methods.