Renewing the commitment to professionalism in the House of Medicine

Eve J. Higginbotham, SM, MD, ML; Introduction by Richard L. Byyny, MD, FACP

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Introduction

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The modern era of medicine has brought about incredible advances in science and technology designed to improve the care of patients and population health. At the same time, major social changes are occurring that impact society, patients, physicians, medicine, health care, and medical education. Medical professionalism continues to be a core value at the forefront of all of these changes.

As part of physicians' commitment to medical professionalism, we must address the role of changes in society, medicine, science, medical education, the businessification of medicine, government, and other aspects of the modern era. These changes require leadership that is based on the critical core values and ethics in medicine, and in the care of the patient. They require professionalism at all levels of medicine. In 2004, Drs. Richard and Sylvia Cruess wrote that the profession of medicine is:

> An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the the practice of an art founded upon it is used in service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice, and the privilege of self-regulation. Professions and their members are accountable to those served, and to society.[1]

Medical professionalism continues to be one of our profession's most important tenets, and signifies our trustworthiness, accountability, and commitment to patients and society.

Today, the profound and rapid advances in medical knowledge, technology, specialized skills, and expertise are changing almost faster than medical schools and physicians can keep up. These rapid changes, along with the fact that many physicians are now employees in the corporatization of medicine, have created different and conflicting values. However, there should be no capitulation to efforts or circumstances that undermine ethics, values, or medical professionalism. Fundamentally, professionalism is about always doing the right thing.

Inclusion is a core competence for professionalism. Inclusive leadership is paramount in leading and addressing complex situations in medicine and health care. It requires a workplace or organizational culture that is welcoming to all people regardless of race, ethnicity, sex, gender identity, age, abilities, and religion; a place where everyone is valued, respected and able to reach their full potential. Developing inclusive interprofessional teams of physicians, nurses, other health professionals, health care workers, administrators, patients, and others representing different experiences is paramount. Including varied race, ethnicity, gender, disability, social class, socioeconomic status, sexual orientation, primary spoken language, geographic region and other important factors, experiences, cultures, and backgrounds is important in addressing and solving many of our dilemmas and challenges in patient care. However, to build a more inclusive culture it is important to recognize our own biases and develop strategies to mitigate them.

Dr. Eve Higginbotham, is a colleague and friend. She is a distinguished physician and ophthalmologist, a former president of the AΩA Board of Directors, chair of the AΩA Leadership Committee, and a national expert on inclusive leadership. We are fortunate to have her share her insights, experiences, and expertise on achieving inclusive leadership in the house of medicine.

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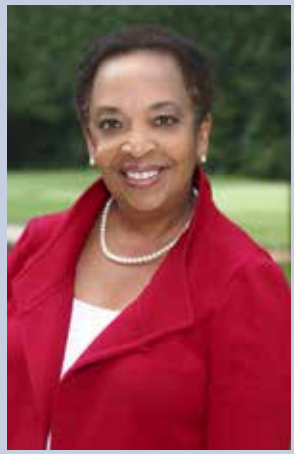
Renewing the commitment to professionalism in the House of Medicine

Eve J. Higginbotham, SM, MD, ML

Discussions on professionalism have been the focus of the Alpha Omega Alpha Honor Medical Society (AΩA) since its inception more than 120 years ago. Dating back to its founder, William Root and his colleagues, the emphasis on the highest ideals of medicine has been a tradition that remains today. Founded in the midst of a time when medical school curricula were less than rigorous and unethical practices and fragmented and segregated delivery of the practice of medicine in the United States were common, the founders of AΩA set forward clearly stated high ideals for undergraduate medical education and health care delivery.



Eve Higginbotham, MD

Eve Higginbotham, MD (AΩA, Morehouse School of Medicine, 2008, Faculty) is the inaugural Vice Dean for Inclusion and Diversity of the Perelman School of Medicine at the University of Pennsylvania, a position she assumed on August 1, 2013. She is also a Senior Fellow at the Leonard Davis Institute for Health Economics and a tenured Professor of Ophthalmology at the University of Pennsylvania.

She has been a member of the National Academy of Medicine (NAM) since 2000, is currently serving a second term as an elected member of the NAM Council and she chairs the Finance Committee. She has also served on, the NAM Roundtable on the Promotion of Health Equity.

She has served as chair of a consensus committee investigating the impact of COVID-19 on the careers of academic women in Science, Technology, Engineering, Mathematics and Medicine (STEMM) and is currently leading a consensus committee reviewing research gaps in women's health.

Dr. Higginbotham currently serves on the Board of Directors of Ascension, is a member of the Executive and Audit Committees, and chairs the Quality Committee for the system. She is a former member of the Board of the Alpha Omega Alpha Honor Medical Society and continues to lead the Leadership Development Committee.

Representing the Perelman School of Medicine, she serves on the Board of the National Clinical Scholars Program, a program that fosters the careers of physicians and nurses with an emphasis on health services research and policy. Dr. Higginbotham also serves as an Associate Editor on the Editorial Board of the *American Journal of Ophthalmology*.

A graduate of MIT with SB and SM degrees in chemical engineering and MD from Harvard Medical School, Dr. Higginbotham completed her residency in ophthalmology at Louisiana State University and fellowship training at the Massachusetts Eye and Ear Infirmary in Boston. In 2020, she completed a Master in Law degree from the University of Pennsylvania Carey Law School.

Today, we find that the tradition of hosting elevated conversations regarding professionalism continues to be a core strategy and a bright compass for AΩA. The Society's deep commitment to the advancement of key tenets that define professionalism is best exemplified by the series of monographs devoted to this topic, all publicly available for further digestion, discernment, and use.[1]

The most recent monograph, "Medical Professionalism Best Practices: Leadership and Professionalism in Times of Crisis," revisits the immense human toll of the COVID-19 pandemic and the impact that this global crisis has had on society in general, and in particular on marginalized populations. In the chapter, "Post Pandemic Academic Health Centers: Lessons We Should Take Seriously," the authors note a salient point, "We are too late for leadership to save the lives of the more than one million who have died of COVID-19 in the U.S. at the time of writing—a greater loss than that of the 1918 influenza pandemic." The authors add, "We must learn from today's obstacles and change our approach to leadership for future crises."[2]

In an era when scientific advances have cured so many diseases, many once thought to be incurable, the deaths of so many family members, friends, colleagues, and neighbors require as much attention, if not more, than did the chaos of medicine when AΩA was founded in 1902.

The AΩA motto, "Be worthy to serve the suffering" remains a North Star and the critical bridge to having meaningful strategic discussions to identify solutions for the future. The question to ask today is how can we be worthy to serve the suffering, if the suffering are not contributing to a discussion leading to potential solutions?

For years, I have considered the AΩA motto as an individual journey. However, the exposed deficiencies in the health care delivery system during the COVID pandemic, particularly during the first nine months beginning in March 2020, made it apparent that all health systems should assume this motto as well. After all, it is such systems that have the greatest impact on the health of populations.

Most academic medical centers possess the tripartite mission of education, research, and patient care, and thus have the keys to not only serve the present but the future of medicine. Researchers at the University of Pennsylvania were primarily responsible for the COVID 19 vaccine,[3] which led to society returning to unmasked interactions and economic recovery. Consider how much more powerful these collective efforts would have been if there had been substantive joint discussions involving public health professionals, crisis strategists, design engineers, and others as the world grappled with this deadly intruder.

Unfortunately, there is no shortage of medical crises looming on the horizon. Thus, it is vital to highlight and seek to effectively address the existing critical issues, such as inflation, nursing labor shortage, clinician burnout, inequities in care, and the health of marginalized populations. Within the broader context of climate change, the disasters associated with and the contributors to, the incredible changes in the environment should be considered at the system level as well. Mapping these issues and others against a fragmented system of care in the U.S. clearly magnifies the need for more consensus-driven solutions.

Defining professionalism

The concept of professionalism is key to bringing together all disparate groups who are involved in health care, and who have not been traditionally engaged in seeking solutions to societal challenges and meeting the objectives of health and the well-being of all populations. A recent article by Goddard and Brockbank[4] acknowledges the centrality of professionalism in the medical profession. The authors emphasize the absence of a universal definition but do affirm the key elements still common across several countries. The authors analyze the definitions of professionalism from nine places—Australia, China, Germany, Japan, Saudi Arabia, South America, South Africa, The Netherlands, and the United Kingdom. The essential components of professional values and behaviors for physicians include the demonstration of compassionate professional behavior and the maintenance of professional responsibilities to ensure that the fundamental needs of patients are fully addressed. Additionally, professionalism means acting with integrity; being polite, considerate, trustworthy, and honest; honoring values, beliefs, and perceptions; and recognizing and combating personal biases. Making the care of patients the top priority, being competent, and keeping professional knowledge and skills up-to-date within the undergraduate medical education and practice landscapes, are also paramount.

Communicating as partners

It is also vital to establish and sustain good partnerships between patients and providers, while still maintaining a high level of trust. Communication must always be open, honest and rooted in integrity. Goddard and Brockbank discuss the practice of quality improvement as a means of advancing the same principles of professionalism within the relevant local context. They encourage an open debate about existing definitions of professionalism and examining the origins and assumptions

that may underpin them.[4] Additionally, they emphasize cultural context, expressed by engaging with the public to ensure that professionalism evolves in line with changing societies to maintain and improve the quality of medical service as equally important. The authors further note the additional complexity of defining professionalism in an era when social media platforms provide greater access and input, especially considering the amplification of individual opinion in those discussions. Although oftentimes crafted within the framework of the individual provider, these key elements can be translated at an institutional level and more precisely shaped by the communities being served.

Inclusive leadership

Bringing disparate groups together requires an inclusive leadership strategy, clearly listening to and respecting the input of the large array of stakeholders who are committed to a shared purpose.

As noted in a previous editorial entitled, "Inclusion as a Core Competence of Professionalism in the Twenty-first Century," I highlighted a summary of skills as being "inclusive leadership, specifically authenticity, transparency, and respect." [5] Inclusive leadership involves developing a deep understanding of mutual respect; developing strong self-reflexivity, and interpersonal skills and relationships; becoming culturally humble and receptive; and developing a clear and precise alignment between thoughts, words, and actions as important attributes.[6] Previously, the employment of inclusive leadership skills in patient care, research, and interprofessional education has been noted,[5] underscoring not only the need for greater inclusive leadership skill utilization in these domains but the potential benefits of this approach to addressing current and future complex problems.

A wholescale strategic plan

To translate these principles of professionalism and inclusive leadership to successful use, greater attention must be paid to intentionality, clarity of purpose, strategic vision, and accountability. I recently led a full scale strategic planning process during the pandemic following the murder of George Floyd.[7] As occurs in many organizations, there were segments of my institution that were particularly impacted by societal events that occurred both locally and nationally. This whole-scale change (WSC) strategic planning process was chosen as a method to bring together diverse stakeholders

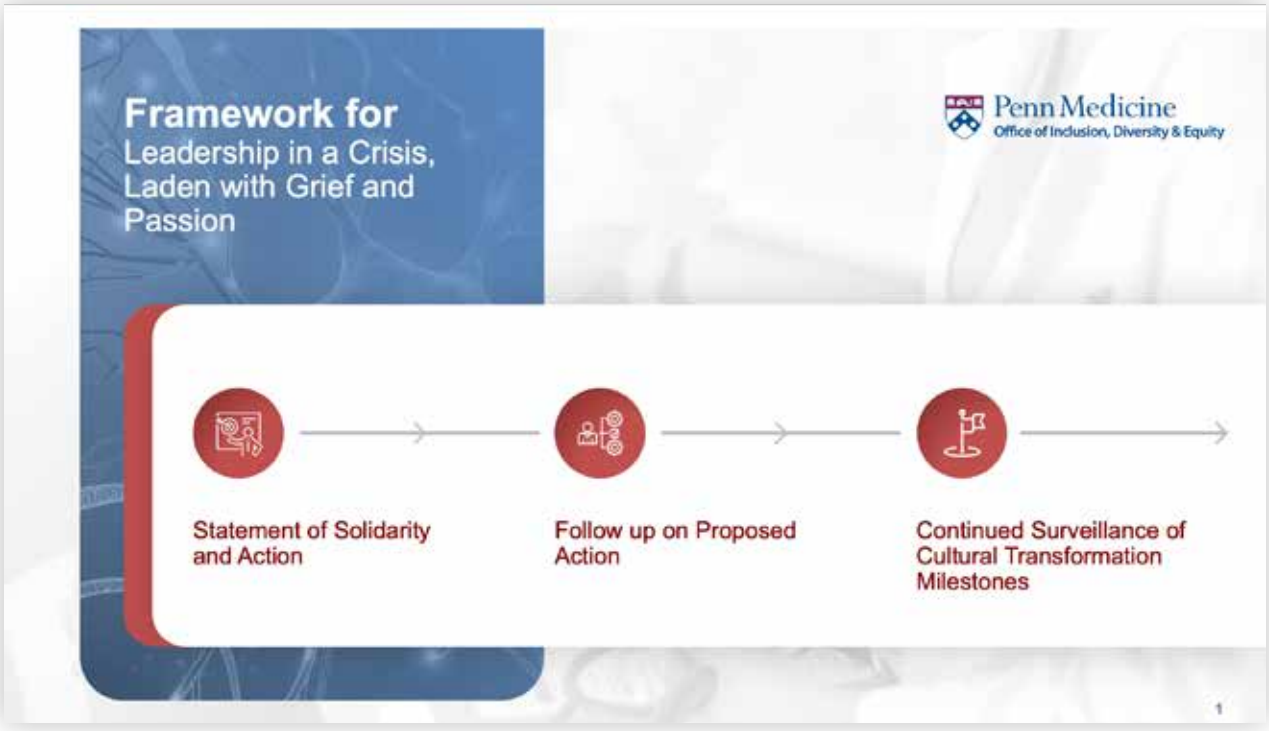
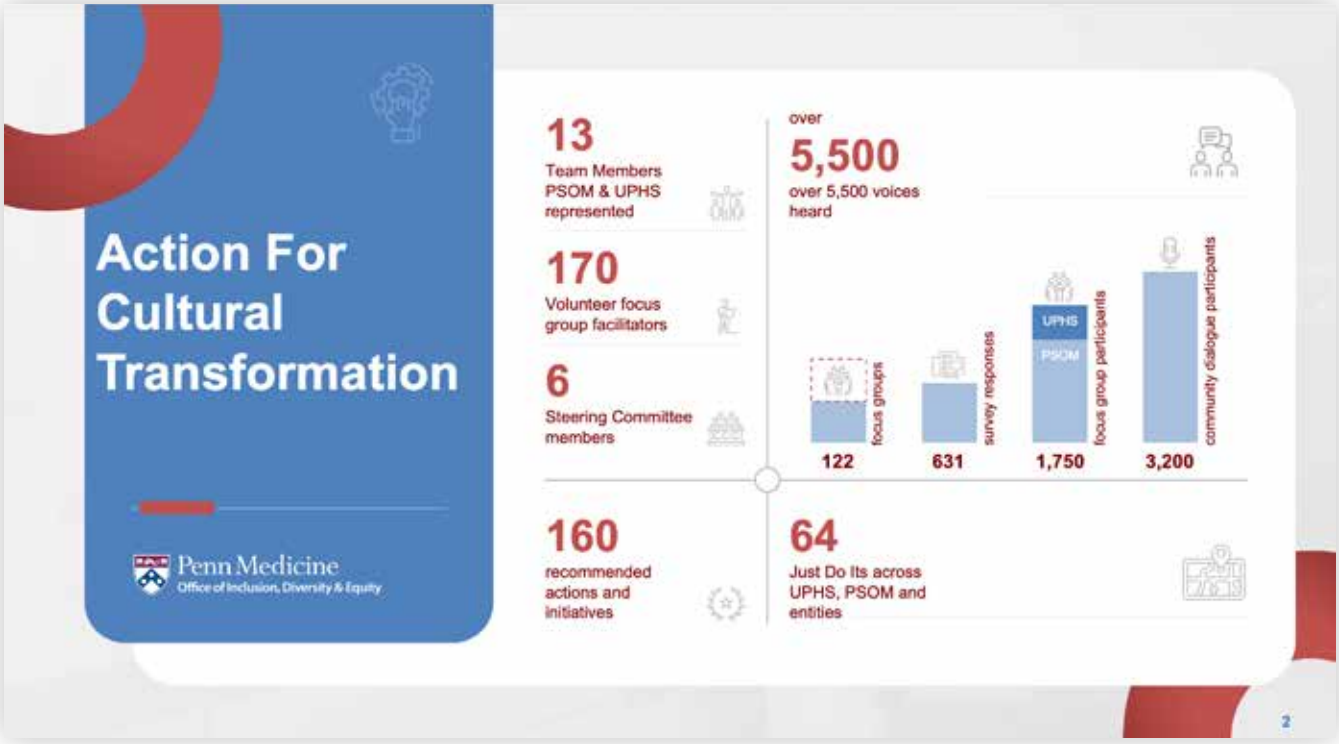


Figure 1



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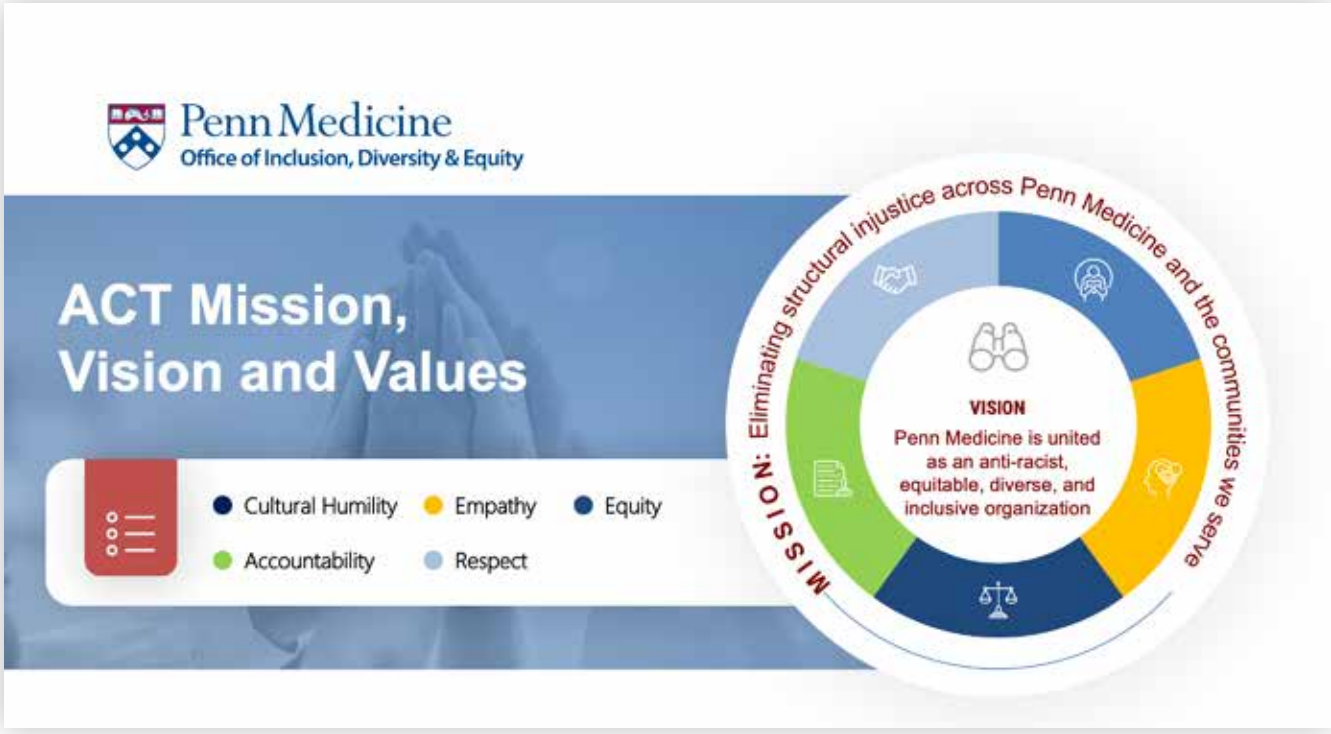

Figure 3

who could develop a strategic vision around a common purpose. Dannemiller, et al.,[8] developed this process and outlined its guiding principles including the establishment of a common vision, the engagement of working groups comprising key stakeholders, and a continuous ongoing evaluation of key action items using well defined metrics. Engaging a "microcosm of the whole" indeed is a key concept of WSC.

Solidarity statements were captured across the institution almost immediately following the murder of George Floyd. (Figure 1) This effort captured the importance of listening and respect as representative important skills for inclusive leadership. An immediate action item was also identified as a critical representation of accountability.

For this project, the action item that was immediately launched was the completion of unconscious bias training across the entire institution's employed population. In total, 96.5 percent of the 45,554 faculty, staff, and student body completed that training as well as immediate action items that could be accomplished within six to nine months. These items were labeled as "Just Do Its" (JDI).

By the end of the first 12 months of the initiative, 64 JDIs were completed.[7]

To move toward a fully shared common purpose, more than 170 focus groups and input from more than 5,000 individuals were gathered within the academic medical center.[7] (Figure 2) The input from these sessions contributed to the crystallization of the mission, vision, and values of the initiative, which, by consensus was named Action for Cultural Transformation or ACT.[7] (Figure 3) A survey requesting feedback on ACT from the employer and student communities at the academic medical center was completed 18 months following the launch of ACT. Of the 10,468 respondents, 64 percent agreed with the statement that ACT was initiating positive change in the institution.[7]

Others have also utilized the principles of inclusive leadership to advance the initiatives in health care. Bradley describes one health system's experience in reducing in-hospital cardiac arrests by including staff from different disciplines and levels in the organizational hierarchy; encouraging authentic participation by members; and using distinct strategies when managing conflict.[9] Specifically, having clear role definitions, working to elevate and include everyone's viewpoints, and collectively revisiting the shared goal of saving lives were key elements of their process. Implementing new strategies to engage key stakeholders has the added benefit of improving staff satisfaction which can ultimately reduce attrition, one more key to providing excellent medical care overall.[10]

Inclusion as a core competency

Proactively incorporating inclusion as a core competence of professionalism can define the necessary principles of professionalism that will guide expectations for individual behavior and institutional goals. Broad engagement also contributes to the identification of robust solutions to complex issues, particularly those encountered in delivering health care.

Adopting such an inclusive leadership model will contribute to the development of more resilient institutions that are better equipped to address the everchanging landscape in health care in the 21st century.

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