

Professionalism Policies at IUSM: A Conceptual Analysis and Critique

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Introduction: The notion of professionalism informs policy-making at all levels of medical practice, from national organizations and licensing boards to hospital disciplinary committees. The creation of policies to promote professionalism, however, is made all the more complex in the context of undergraduate medical education, where the notion of professionalism not only acts to govern behavior, but also to shape the professional identity of physicians-in-training.

Objectives: Given the importance of professionalism policies, our goal here is to characterize, both descriptively and prescriptively, how the notion of professionalism manifests in the policies governing undergraduate medical education. We seek to offer a critique of this characterization and propose potential strategies for reforming these policies.

Methods: To present a review of the professionalism policies currently in effect at Indiana University School of Medicine (IUSM), we reviewed IUSM's Mission Statement, Physician's Oath, Honor Code, Statement of Professionalism Competencies, Professional Conduct Policy, and Dress Code Policy as they all spoke to professionalism. After identifying key themes present across these policies, we present two main shortcomings evidenced from our review: (i) the frequent use of

circular definitions, giving rise to considerable ambiguity, and (ii) pronounced conflict between policies which seek justice and policies which maintain institutional power structures. Finally, we conclude by proposing strategies to combat these shortcomings and discuss the potential continued work on this important topic.

Results: From our review of IUSM's policies that speak to professionalism, the following particular themes were found repeatedly across many policies: the primacy of patient welfare, probity, justice, collaboration, and accountability. In our review we found many examples of tautological definitions and circularity in IUSM professionalism policies (e.g. the Professional Conduct Policy requiring "medical students consistently conduct themselves in a professional manner"). Further, we found that IUSM's policies create dissonance regarding IUSM policy's duties to justice and collegiality. This dissonance is contradictory as the policies may point students to two opposite decisions in a situation regarding justice in healthcare.

Conclusion: We conclude that these conceptual inadequacies represent significant barriers which can both hinder the professional growth of medical students and hamper their ability to navigate their professional obligations, and we offer a number of recommendations for refining and reforming these policies. We recommend the following changes to IUSM's professionalism policies: (i) organization around justice as the primary principle of medicine and (ii) offer a clear definition of professionalism that does not rely on circularly using "professional" in its definition.



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