



**Association of Surgeons in Training**

**Transformative professionalism:  
encouraging good habits in practice**

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## MOYNIHAN LECTURE

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# A question of professionalism: leading forward the surgical team

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### ABSTRACT

Surgical practice must be driven by wise professional judgements, involving complex deliberation, in the interests of ensuring the safe care of patients. Large amounts of energy are now being concentrated in training doctors in skills (competencies) in the belief that this will reduce risk to patients. Little thought is being given to developing in the young, wise professional judgement which is at the heart of being a good doctor and a good surgeon.



## The profession of surgery is

- an occupation exercising 'good' in the service of another
- specialised work
- not measured by financial reward alone
- ethically and morally based
- esoteric, complex, discretionary, and requires knowledge, skill and professional judgement

**Requires the capacity to retain a fiduciary relationship with a client (patient)**

**Fish 1998**

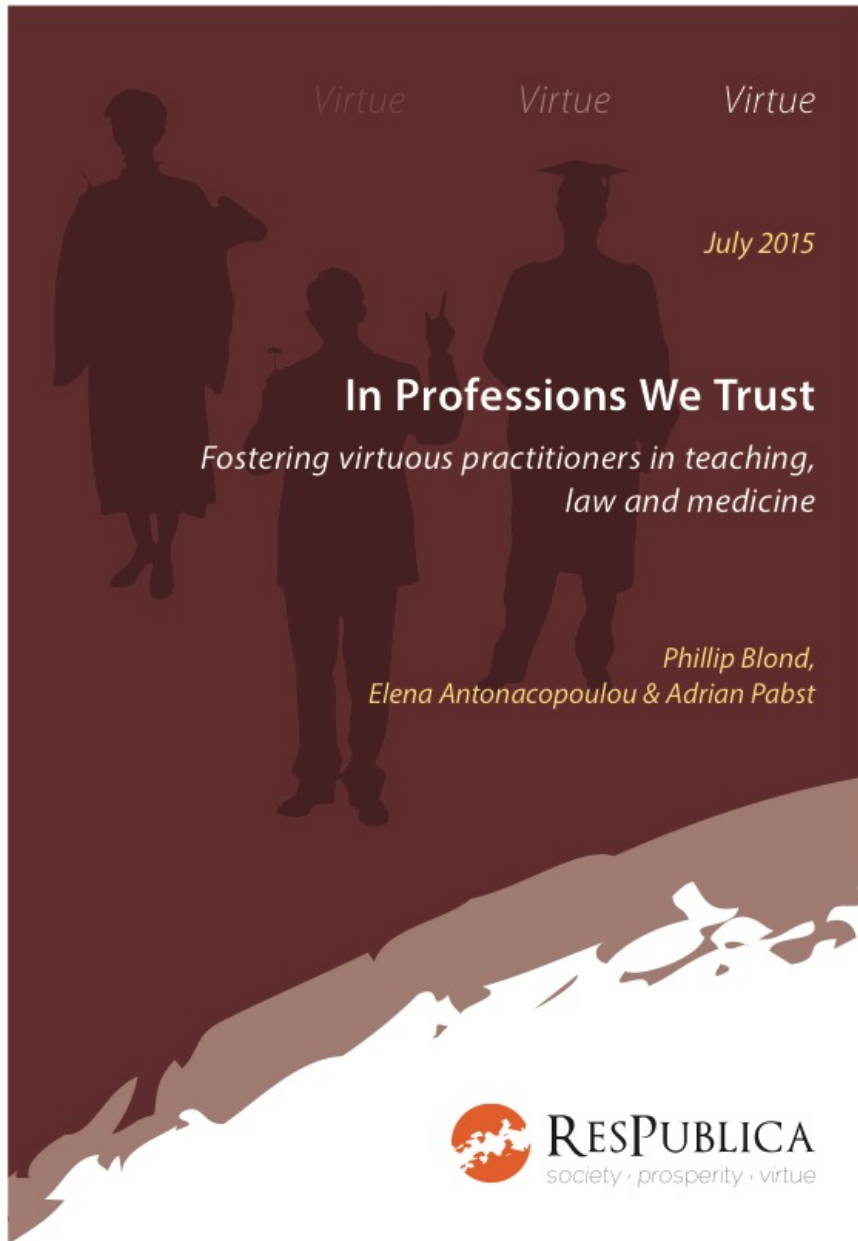
# The Context

The notion of a profession as something which encompasses and adds to the public good is in crisis.

Professional persons are no longer generally seen as a class of individuals superior to other workers, driven by high ideals. Most sociologists now characterise the professions as special interest groups which exploit their skills in an endeavour to achieve greater income and higher status in society. Many laymen take a similar view.

*Lord Justice Jackson*

**When the profession fails the state steps in to regulate.**

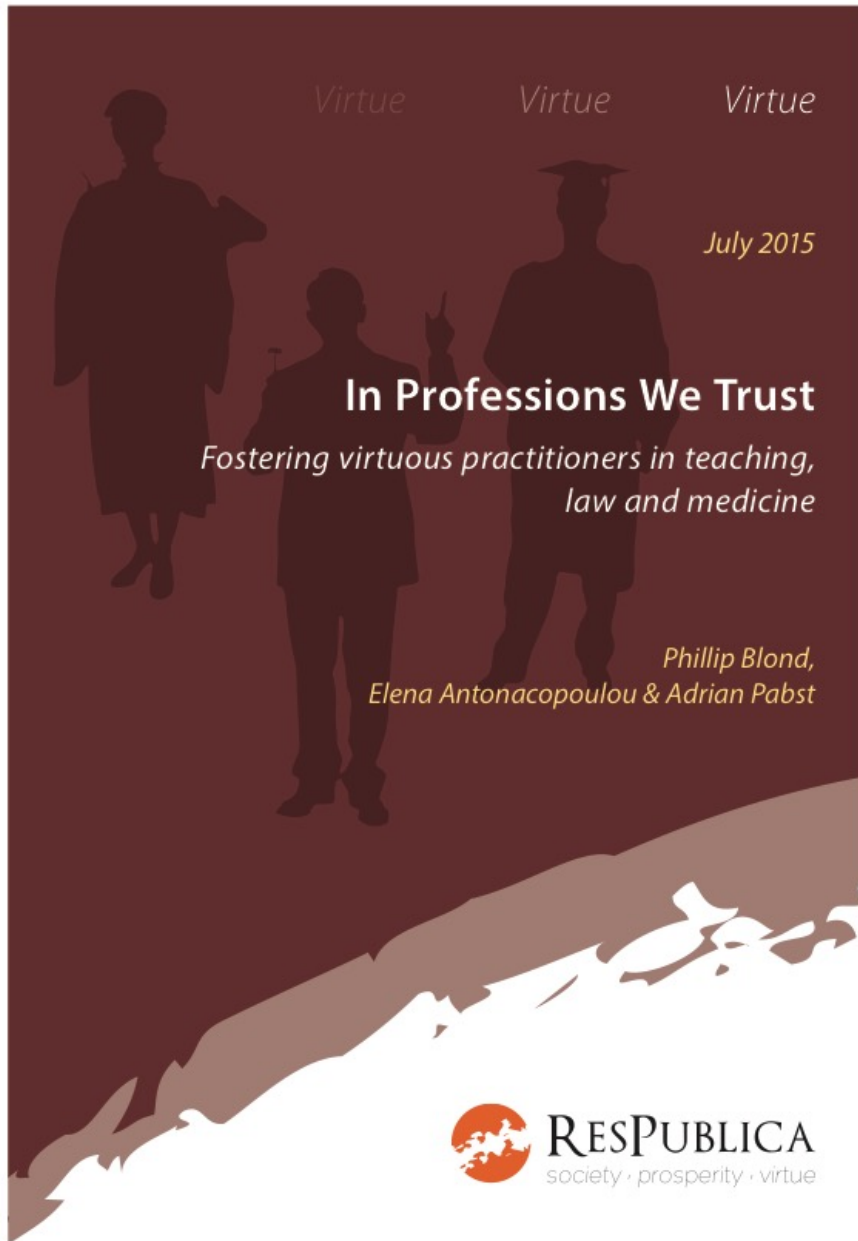


## Calls for

**Celebration of our most virtuous practitioners.  
.....the recent noble endeavours of the GMC do  
not go far enough.**

**The profession of medicine should aim to  
nurture Virtuous Character which needs to be  
encouraged through professional education and  
learning in real practice so that it becomes a  
way of living one's practice.**

**Patients should expect holistic care  
and so should those we are bringing  
on in the profession.**



# Transformative professionalism

Fish, D and **de Cossart, L** (in press), Clinical reasoning, changing client expectations and patient-centred care. J. Higgs, G. Jensen, S. Loftus, & N. Christensen, (Eds). (2018).  
Clinical reasoning in the health professions (4th ed.). Edinburgh: Elsevier.

# **Four ways of seeing professionalism**

**Professionalism Discounted**

**Managerially compliant Professionalism**

**Self-seeking professionalism**

**Classically shaped professionalism**

## **Professionalism discounted**

is what we have come to call the moral vacuum left within the radical consumerist view of education and healthcare when professionalism is sidelined (See Friedson, 1994,2001; Berwick, 2009; Parker Palmer, 2007; Blond, 2015)



## **Managerially compliant professionalism**

is our term for the attempt to cling onto professionalism by turning it into a managerial poodle, and encouraging change of behaviour which may or may not be morally driven. (See Canter, 2016)

## **Self-seeking professionalism**

we use as the term for the distortion of professionalism as nothing but a self-serving protectionist racket (an attitude possibly started by George Bernard Shaw with his idea that the professions are a conspiracy against the laity) & (Blond, 2015)

## **Classically shaped professionalism:**

which we refer to as professionalism based on values, virtues, character development and practice wisdom (University of Birmingham Jubilee Centre, 2016) , and which has an Aristotelian basis and a language derived from pre-Christian times where qualities later called spiritual values are labelled and discussed as “classical virtues” (thus conveniently sanitising desirable noble conduct as stemming from the ideals of the Ancient World and thus avoiding any reference a transcending source of life).

Wattis and Curran (2016)

**Spirituality** can be broadly understood as what gives meaning and purpose to life, a sense of connectedness and source of hope. It at least includes the possibility of transcendence in the sense of moving beyond physical needs and realities.

# **Key Characteristics that underpin professionalism**

**Centres on**

**De-emphasises**

**Literal meaning**

**Its Shaping tradition**

**Hidden meaning**

**View of patient**

**How it relates to clinical thinking**

**What sustains and succours it**

**What does each of the four provide for the professional when the chips are down and your back is against the wall?**

**Professionalism Discounted X**

**Managerially compliant Professionalism X**

**Self-seeking professionalism X**

**Classically shaped professionalism (Aristotle)**

# Why *transformative* professionalism? *because humanely and intellectually we need to:*

- Construct the argument to respond to the apparent demise of professionalism
- See an individual doctor as having important personal values
- Help medical educators to explore and develop with our young what is demanded of each person in *Being a doctor*
- Teach and develop character and strength in our young
- Be reminded of our place in time and eternity which changes the perspective on the daily demands of practice
- Provide a way of recognising and articulating the ground of our being through which we can draw strength from beyond ourselves by recognising more explicitly the spiritual dimension of professionalism (not necessarily religious).



## **Medical Supervision Matters**

**Dilemmas about myself as a clinician and as a teacher**





# **Transformative professionalism: encouraging good habits in practice**

**HUMANS BEINGS first  
DOCTORS second  
SURGEONS third**

**This is at the heart of *nurturing* excellence in surgery**