

# GAT Page

## Professionalism in Anaesthetic Trainees

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I recently attended a session at a conference entitled "Meeting the challenges in medical education." During the question and answer session at the end I was surprised and disappointed to hear the professionalism of today's anaesthetic trainees being called into question by the (mostly consultant) delegates. A lack of enthusiasm and motivation, "whinging" and the dreaded phrases "clock-watching" and "shift mentality" were all mentioned. That set me thinking, on behalf of all my trainee colleagues, about what professionalism actually means in practice.

### What does it mean to be professional?

We hear the word "professional" virtually every day of our lives. We are obliged to undertake "Continuing Professional Development". The Royal College of Anaesthetists (RCoA) has a Professional Standards Committee which is concerned with how well a service is delivered both at departmental and individual levels. The newspapers are full of tales of professional footballers, which at times sounds like an attractive alternative. But what does it actually mean?

The Oxford English Dictionary defines "professional" as follows:

- **Adjective 1** relating to or belonging to a profession. 2 engaged in an activity as a paid occupation rather than as an amateur. 3 worthy of or appropriate to a professional person; competent.

- **Noun 1** a professional person. 2 a person having impressive competence in a particular activity.

As anaesthetic trainees, we can certainly relate to the first two adjective definitions (assuming none of us is working for free) but I wonder how many of us feel "worthy" or would confidently state that we have "impressive competence"? It would appear that, in achieving competence through our RCoA competency-based training programme, we also achieve professionalism. But is this the whole story? After all, no-one in the conference room appeared to be questioning trainees' competence.

David Morrell takes the definition further and describes six characteristics of professionals [1]. These involve:

- the existence of skills or expertise extending from a broad knowledge base
- providing a service based on a special relationship between provider and receiver
- public recognition of authority
- independence from the influence of the state or commercial sector
- emphasis on being educated rather than trained
- having a legitimised independent authority

Elliot Freidson [2] identifies autonomy as the characteristic central to professionalism, in that a profession has the right to control

how and by whom its own work is done. This is especially interesting given the recent re-configuration of our professional governing body, the General Medical Council, to include a greater proportion of lay members.

### **Why do we need to be professional?**

The RCoA CCT in Anaesthetics I: General Principles. A manual for trainees and trainers (August 2008) dedicates Section 4.7 to professionalism. It defines medical professionalism as "...a set of values, behaviours and relationships that underpin the trust the public has in doctors ... professionalism means more than clinical competence..."

It divides professionalism into two areas:

- Attitudes, communication and behaviour
- Professional knowledge and skills

We are all expected to learn, acquire and develop these areas during our training, and should be regularly assessed to ensure we are meeting these standards. This is usually part of the RITA/Annual Review of Competence Progression, but precise methods will differ between Schools of Anaesthesia.

### **Can professionalism be taught?**

We would all agree that professional knowledge and skills can easily be taught and examined. There has been significant progress in recent years in the teaching of communication skills – both with greater emphasis at undergraduate level and more formal post-graduate teaching programmes.

But what about attitudes and behaviour – especially in a population aged from their mid-twenties onwards? It is well recognised that problems in these areas are major factors in the occurrence of critical incidents, particularly in relation to team-working, and also in complaints against doctors. They can also cause problems within individuals' training. Obviously, personal character traits will play a part in this, but we are never too old to learn from

our colleagues. Reflective learning and evaluation may be useful tools to aid the process, especially if used in the context of a mentoring relationship. It could be argued that, by our stage in life, this process may involve more of a modification of behaviour processes or rectifying our shortcomings rather than learning completely new skills. Just as children learn from role models as they grow and develop, we should not under-estimate the value of positive (and sometime negative) role models in our places of work. One of our privileges as trainees is the opportunity to work with many different colleagues, and being able to take something away from every learning opportunity.

### **When and where should we be professional?**

We clearly have a duty to our patients and colleagues to act with the utmost professionalism at all times in the working environment. This, I believe, extends outside the realms of our departments and hospital trusts into other areas of our professional lives, including attending meetings and conferences as representatives of our profession. To a greater or lesser extent we probably also carry these core professional values away from the workplace, allowing them to impact on other areas of our lives.

### **So where did it go all wrong?**

There have been many factors, both internal and external to our profession, which have deeply affected trainees in recent years and continue to exert a significant effect in the erosion of professionalism today. The implementation of Modernising Medical Careers (MMC), in particular the Medical Training and Applications System (MTAS) fiasco of 2007; the changing work patterns associated with implementation of the New Deal contract and the European Working Time Directive (EWTd), particularly the transition to shift working patterns and the accompanying fatigue (it's no better than in the "good old days" of 24-hour on-calls); a new generation of medical graduates who have only ever worked shifts and always

been strictly observed by trust monitoring officers; the endless need to fill in forms and tick the correct boxes; I could go on...

### **How can we fix it?**

All of us anaesthetic trainees should, to quote Professor Sir John Tooke, be "aspiring to excellence" in our work – this includes professionalism. Whilst it appears, on first inspection at least, that every change to our training in recent years is doing its best to prevent us achieving excellence, we must never give up striving for it. Every opportunity, however small, can be used to demonstrate our professionalism – be it something as simple as filling out leave request forms correctly and in plenty of time, volunteering to help out a colleague, mounting a challenge to a perceived injustice or simply smiling in the face of adversity and quietly getting on with the job.

To the consultants present in that room I would like to say this: look more closely at your trainee work colleagues. Training conditions are always changing and so will be very different now to when you trained. If you can get beyond the "it's not how it used to be..." attitude, you will find many trainees who are aspiring to excellence in their own, maybe small, ways. There will doubtless be several who are struggling with their motivation; perhaps you can find a new way of nurturing and inspiring them?

We are the future of your profession; help us to continue to set a shining example through the continuing development of professionalism.

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### **References**

- [1] Morrell, D. What is Professionalism? Catholic Medical Quarterly (February 2003)
- [2] Freidson, E. A Study of the Sociology of Applied Knowledge. (1988). Dodd, Mead and Company.