# The Challenge of Promoting Professionalism Through Medical Ethics and Humanities Education

David J. Doukas, MD, Laurence B. McCullough, PhD, Stephen Wear, PhD, Lisa S. Lehmann, MD, PhD, MSc, Lois LaCivita Nixon, PhD, MLitt, MPH, Joseph A. Carrese, MD, MPH, Johanna F. Shapiro, PhD, Michael J. Green, MD, MS, and Darrell G. Kirch, MD, for the Project to Rebalance and Integrate Medical Education (PRIME) Investigators

## Abstract

Given recent emphasis on professionalism training in medical schools by accrediting organizations, medical ethics and humanities educators need to develop a comprehensive understanding of this emphasis. To achieve this, the Project to Rebalance and Integrate Medical Education (PRIME) II Workshop (May 2011) enlisted representatives of the three major accreditation organizations to join with a national expert panel of medical educators in ethics, history, literature, and the visual arts. PRIME II faculty engaged in a dialogue on the future of professionalism in medical education. The authors present three overarching themes that resulted from the PRIME II discussions: transformation, question everything, and unity of vision and purpose.

The first theme highlights that education toward professionalism requires transformational change, whereby medical ethics and humanities educators would make explicit the centrality of professionalism to the formation of physicians. The second theme emphasizes that the flourishing of professionalism must be based on first addressing the dysfunctional aspects of the current system of health care delivery and financing that undermine the goals of medical education. The third theme focuses on how ethics and humanities educators must have unity of vision and purpose in order to collaborate and identify how their disciplines advance professionalism. These themes should help shape discussions of the future of medical ethics and humanities teaching.

The authors argue that improvement of the ethics and humanities-based knowledge, skills, and conduct that fosters professionalism should enhance patient care and be evaluated for its distinctive contributions to educational processes aimed at producing this outcome.

Professionalism is an integral component and goal of medical school and residency education. Over the past 13 years, the Association of American Medical Colleges (AAMC), the Liaison Committee on Medical Education (LCME), and the Accreditation Council for Graduate Medical Education (ACGME) have spearheaded educational reform in professionalism.[1–3] In 2011, the Project to Rebalance and Integrate Medical Education (PRIME) invited a group of U.S. scholars and educators to improve medical professionalism education through sustained dialogue with these organizations.[4]

Please see the end of this article for information about the authors.

Correspondence should be addressed to Dr. Doukas, Department of Family and Geriatric Medicine, University of Louisville, 501 E. Broadway, Suite 270, Louisville, KY 40202; telephone: (502) 852-8401; fax: (502) 852-7142; e-mail: david.doukas@louisville.edu.

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This national pedagogical collaboration aims to identify more effective roles in medical education for medical ethics and humanities, disciplines essential to the professional formation of medical students and residents. For our definition of medical ethics and humanities, we refer the reader to our earlier articles that lay out the four categories of ethics, history, literature, and visual arts (and their respective disciplines) that promote professionalism in medical education as a contemporary vision of Abraham Flexner's view of humanities in medicine.[5,6] "Professional formation" is the mastery of the fund of knowledge and skills, and the cultivation of professional virtues, essential to the ethical concept of medicine as a profession. This concept requires physicians to make three commitments: (1) to become scientifically and clinically competent by submitting to the discipline of the deliberative (evidence-based, rigorous, and accountable) practice of medicine; (2) to protect and promote the patient's health-related interests as the physician's primary concern and motivation, keeping self-interest systematically secondary; and (3) to maintain, strengthen, and pass on medicine to future physicians, patients, and society as a public trust, rather than viewing medicine as a self-interested merchant guild that makes protecting the economic, social, and political interests of physicians paramount.[7]

The PRIME Project grew out of earlier work by the authors (D.J.D., L.B.M., SW) that focused on the Flexner Report and Flexner's writings on the essential nature of humanities education.[5,6] In May 2010, PRIME I invited educators in ethics, history, literature, and the visual arts from U.S. medical schools to review past educational efforts, accomplishments, and challenges associated with medical ethics and humanities, and to understand how these efforts can promote professionalism.[8] PRIME I created five questions for exploration by PRIME II, and these were circulated to PRIME II participants (see List 1). PRIME II was the next iterative, qualitative phase prior to the 2012 National PRIME Conference. Each PRIME II faculty participant

List 1

**Probe Questions Circulated Prior to Convening the Project to Rebalance and Integrate Medical Education (PRIME) II Workshop, May 2011**

1. Which medical school learning objectives—especially, but not limited to, professionalism—does study in the medical ethics and humanities support?
2. How should study of medical ethics and humanities be improved so that it more effectively and demonstrably contributes to the achievement of medical school learning objectives?
3. Which residency learning objectives—especially, but not limited to, professionalism—does study in the medical ethics and humanities support?
4. How should study of medical ethics and humanities be improved so that it more effectively and demonstrably contributes to the achievement of resident and fellowship learning objectives?
5. How should study of medical ethics and humanities be improved so that it more effectively and demonstrably contributes to and provides different ways of understanding the achievement of medical school and residency learning objectives defined/refined as a result of this critical appraisal?

was assigned to respond to two of the questions. The goal of PRIME I and II was to use qualitative methods to survey the landscape for education reform in professionalism in the National PRIME Conference in 2012.

The PRIME II invitation-only workshop in May 2011 engaged medical educators in ethics and humanities and the leaders of accreditation organizations to forge a common vision of the future of professionalism education. For PRIME II, the participants from PRIME I were joined by the educational stakeholders of AAMC, ACGME, and LCME to discuss the future of medical education in medical ethics and humanities, challenges that could potentially undermine these efforts, and strategies for responding to these challenges. In this article, we share the themes identified during PRIME II in an effort to inform discussion about next steps.

The themes we present here were identified using qualitative methods. All PRIME II Workshop plenaries, panels, and discussions were audio recorded (with the participants' permission) and then transcribed. Project leaders (D.J.D., L.B.M., S.W.) analyzed the resulting transcript, with inductive qualitative organization into meaningful themes and subthemes.[9] The Project Leaders negotiated the list of themes and subthemes into a master list, and all PRIME II participants circulated and edited the list for validation.

## Themes for the Future of Medical Education in Medical Ethics and Humanities

On the basis of our analyses of the PRIME II discussion, we offer three overarching themes and various subthemes for the future of medical education in medical ethics and humanities.

### Transformation: Professionalism education requires transformational change

Medical ethics and humanities teaching should contribute to leading and critically assessing transformative systemic change in medical student and resident education by making explicit the central role of individual professional formation to the lifelong provision of excellent and humane patient care. Medical ethics and humanities pedagogy is fundamental for the development, implementation, assessment, and continuous improvement of professional formation.[8] In the absence of physician leadership based on professionalism, change in the organization and delivery of health care in the United States could become aimless, possibly jeopardizing all patients. Medical ethics and humanities curricula should incorporate assessable goals of medical education that promote the continuous development of professionalism in the physician's lifelong learning.[10,11]

We recommend that such teaching should have five components. First, an effective medical ethics and humanities curriculum builds on what students bring to medical school, especially their prior studies in humanities, informed by work in the social and behavioral sciences. Second, the goals and outcomes of medical ethics and humanities teaching should emphasize professionalism by explicitly linking educational outcomes to the General Competencies, especially Professionalism.[8] Third, medical ethics and humanities education should synchronize with what students are learning in the basic and clinical sciences and with what residents are learning in their rotations. Fourth, teaching must be assessable for its ability to promote professionalism (per the rubric of LCME and ACGME). Fifth, medical ethics and humanities teaching materials need to be readily understandable and relevant for the learner in order to promote professionalism education.

PRIME II participants emphasized that educational outcomes in ethics and humanities should be neither solely quantitative nor reductionistic (i.e., using simplistic or overly discrete behavioral metrics). Reliance on observable behaviors toward professionalism is important but insufficient, as the acquisition of professionalism skills and behaviors through medical training and practice is incremental, thematic, and individual for each learner. Professionalism requires a conceptual grasp of the virtues and habits of mind that make the commitment to intellectual and moral excellence in medicine routine. Qualitative assessment strategies need to be developed that address these nonquantifiable aspects of medical ethics and humanities teaching.[12,13] Educators need to help learners self-identify and promote incremental growth of professional virtues through critical reflection on the values, attitudes, and behaviors requisite for excellent patient care.[14–18] Learners need to appreciate that professionalism entails a lifelong commitment to internalizing and adhering to the standard of providing safe, competent, patient-centered care.[19,20]

Although medical ethics and humanities educators will need to agree on common goals and outcomes, pedagogical methods in medical education venues will necessarily vary. The LCME purposefully refrains from dictating how its standards are to be achieved in undergraduate medical education. Similarly, the ACGME does not require uniform teaching methods, and seeks quality improvement adaptive to the mission, context, and resources of each individual residency program; this work has already resulted in specialty-specific quality improvement models.[21–24] Milestone assessment will not be exclusively quantitative, and it

should not focus on minute behavioral skill assessments. Qualitative, thematic development of each learner's abilities and comportment (i.e., demonstrated attitudes and behaviors) will also be emphasized. The overarching goal in accreditation is to set the stage for every resident physician to be committed to continuous, progressive development toward mastery of professional attitudinal, behavioral, and communication skills to care for patients.

Professionalism education entails not only knowledge and skill building but also a mature attitude and comportment based on patient-centered values. These latter aspects of professionalism are often considered "humanistic," in that they promote the actualization of *being* a professional with sound communication and behavior. Explicitly incorporating medical ethics and humanities teaching into medical education allows each learner to enhance his or her abilities of observation, introspection, reflection, and critical thinking. These skills better enable learners to become caring health care professionals, with sophisticated, clinically responsive insight into the suffering of patients and a willingness to selflessly ameliorate patient suffering.

The integration of ethics and humanities education into professionalism education therefore needs to include humanistic skill building (e.g., in interpersonal and interprofessional communication), reinforced longitudinally throughout medical education. This integration should be present throughout basic science courses and laboratory work, clinical rotations, and residency education (but not so subsumed in pedagogy focused on science and technology that its relevance is lost on the student). Role modeling is an essential part of professionalism, in that students learn from peers, residents, staff, and faculty. The role of medical ethics and humanities educators is to provide learners with texts and images of both positive and negative clinical role models and identify their defining characteristics. Learners will thus be able to translate and adapt aspects of admirable role model interactions into particular clinical situations while avoiding the pitfalls of unprofessional role models.[25–28] Our learners are intelligent, with virtues they bring from their prior life experiences to their development as physicians. Yet, educators in ethics and humanities need to build on these life experiences to teach critical thinking skills and professional behavioral responses to future challenging clinical moments of patient care.

The necessary prerequisites for these educational changes to occur include trained faculty, a facilitative environment, and insight into how to make the cultivation of professionalism relevant. Educators need to integrate the natural and life sciences and the behavioral and social sciences in a coherent way for learners in order to lay a foundation for professionalism that medical ethics and humanities education can promote. Learners will thereby successfully integrate professionalism through their cultivation of professional virtues and comportment and translate these into analytic, reflective, and social skills that are essential to excellent patient care.[15]

**Question everything: Dysfunctional aspects of health care delivery and financing undermine medical education and require fundamental reform**

The negative elements of a health care delivery system that too often falls short on quality and is increasingly financially unsustainable require reform to improve the educational environment, thereby better serving patients. This theme emphasizes that the current financing and delivery of health care create contradictory incentives for physicians and health care organizations. Reducing hospital length of stay independent of improving the quality of patient care, for example, and incentivizing physicians and health care organizations to cost-shift in response to the power of payers to set prices, each create powerful economic conflicts of interest. These effects have a negative, dissonant impact on both learners and educators, distorting and even undermining professional formation in the medical education environment. Students, residents, and practicing physicians realize that their learning environment leads to the development of negative personality characteristics. Some, in fact, may even lament, "I don't like who I've become." The culture that exists in some of our health care institutions and their allied educational institutions has the potential to suppress rather than support the empathy and humanistic qualities of professional physicians.[29,30]

Continuous health care system reform is the first step toward humanizing both institutions. The PRIME panel and academic leaders contend that the stress of the current environment on our learners can cause dysfunction of the individual professional, impeding one's ability to acquire and incorporate knowledge and skills essential to professionalism. Part of the remedy must consist of having administrators, teachers, and medical learners become part of a dramatic solution to address the dysfunctional aspects of the current medical education system and the delivery of health care, beyond minor incremental "patches" to existing problems.

Yet, we acknowledge that education toward professionalism cannot single-handedly rectify the ills that affect our medical education and health care systems. For ethics and humanities to be a catalyst for system change, future improvement must be predicated on how the individual professional is affected by and can have an effect on the system. Each learner must have a firm understanding of health care system inequities, with enhanced training on the ethical nuances of justice in health care delivery. Learners must also grasp how the virtues of compassion and courage, and the accompanying affective aspects of comportment, advance the cause of patient care. Each practitioner who is trained in ethics and humanities is thereby better able to recognize, remedy, and become a catalyst for change now and in the future by leading change that sustains physicians' lifelong commitment to professionalism.

Learners need to be taught how to respond effectively to the deleterious features of this system, advocate for its improvement, and become professionally responsible and effective agents for the patient's benefit.[17,20,31,32] Medical ethics and humanities can equip students to develop a historically informed, ethically rigorous critical attitude to the current organization and financing of medical care with the goal of improving health care practices and patient care. Identifying the relevance of these topics is the essential task of the educator. Board

certification examinations need to balance aspects of medical ethics and humanities with the requisite science and technology of clinical care. Medical learners need to appreciate that mastery of knowledge and critical thinking skills of medical ethics and humanities is essential to developing their sustained ability to assess their learning and practice environment, identify aspects of it that either promote or undercut professionalism, and strengthen the former while eliminating the latter. The unique critical skills of ethics and humanities will equip our students and residents to be professionally adaptive to the future organization and financing of health care, whatever they might become. This process can best start with a critical appraisal of both the formal and hidden curricula and their conscientious reform, using medical ethics and humanities teaching.[8]

**Unity of vision and purpose: Ethics and humanities educators must have shared goals**

Ethics and humanities educators must collaborate to promote methods of professionalism education and identify their role in its teaching. This theme underscores the pedagogical responsibilities of medical ethics and humanities educators, especially in two domains.

The first domain of pedagogical responsibility is instrumental: Identify assessable contributions of medical ethics and humanities curricula to the goals and objectives of core competencies of professionalism. To fulfill this pedagogical responsibility, medical ethics and humanities educators need to unite, holding themselves to the same standards of accountability as their colleagues in basic and clinical sciences. Those resistant to change should recognize that LCME and ACGME have introduced outcomes-based expectations for professionalism in medical education that all medical educators must satisfy.[2,3] Methodologies that employ multiple teaching and assessment techniques call for educational research to ascertain what successfully promotes the critical thinking skills and behaviors of professionalism. High-quality, relevant education promoting professionalism is essential to its success. For instance, some learners report that there is too much professionalism education in responses in the AAMC Graduation Questionnaire.[33] This phenomenon could be related primarily to the placement, quality, or relevance of content of medical ethics and humanities curricula. Future qualitative and quantitative empirical research should be undertaken, and the results should be used to enhance the relevance of ethics and humanities teaching in medical education. For example, it may be ascertained that course work in medical ethics and humanities should be designed and presented as complementary and integral to basic science teaching.

The second domain of pedagogical responsibility addresses how medical ethics and humanities faculty need to articulate a shared vision of how such education promotes professionalism. Our effectiveness will be dependent on how medical educators see themselves and are seen within the system that requires improvement. This vision will need to reconcile differences about the purpose of this teaching regarding its intrinsic value, its instrumental value, and how it uniquely contributes to the development of critical thinking skills in professionalism. Faculty need to develop coherent strategies for learner-based education at their own institution, including how to promote outcomes-based educational reform.

Medical ethics and humanities education and its contribution to professionalism may present a challenge in identifying assessable outcomes. Faculty need to develop an agenda for improving this education by creating resources built around these topics to be shared nationally by faculty. For these changes to occur, peer review, both within and between our environments, will stimulate self-reflection and growth at our institutions. The promotion of professionalism education requires support for faculty development, and the establishment of resource depositories for shared use.[34,35]

## Progress

PRIME II set the stage for the PRIME National Conference on Medical Ethics and Humanities in Medical Education that was sponsored by Patrick and Edna Romanell Fund for Bioethics Pedagogy of the University at Buffalo and the University of Louisville School of Medicine in Louisville, Kentucky, May 10 to 11, 2012.[4] The PRIME 2012 National Conference included faculty from PRIME 2011, including invited presentations by the leaders of AAMC, ACGME, and LCME.

The PRIME 2012 National Conference proceedings, currently in preparation, will address the "how" regarding the future of medical education toward outcomes-based professionalism education, with a particular emphasis on the relevance of medical ethics and humanities teaching to continuing education reform. Discussions of outcomes-based education included how qualitative and quantitative research can advance our educational goals in professionalism. Discipline-based working groups reviewed submitted abstracts in the areas of history, literature, medical ethics, and visual arts and discussed the strengths and weaknesses of efforts to date.

## Promoting Professionalism for the Future

Leaders from AAMC, LCME, and ACGME helped facilitate a vigorous discourse at PRIME II on the future of medical education. All participants agreed that medical ethics and humanities education efforts should contribute to transformative change by connecting professionalism to outstanding, benevolent patient care. We also acknowledge that problems in the current financing and organization of medical education and health care negatively influence our medical learners, and that only simultaneous transformation in both medical education and our health care system will overcome challenges to professionalism. Further, unity of vision among educators in medical ethics and humanities will be needed to identify and eliminate these negative influences. This national conference highlighted the need for educators to collaborate toward the common goal of improved professionalism by being change agents at their home institutions, and encouraged coordination of these efforts. To that end, PRIME's national conference faculty and attendees founded the Academy for Professionalism in Health Care in the fall of 2012 with the purpose of supporting the development and maintenance of educational programs that promote professionalism in health care.[36]

Education in ethics, history, literature, and the visual arts can play an integral role in medical education in professionalism. Merging these disciplines into medical education will require better curricular integration, refined and improved teaching and assessment methods, and increased collaboration and interdependence among educators. PRIME will continue to pursue avenues of education reform to enhance communication among educators and accreditation organizations. The desired end point will continue to be the improvement of the knowledge, skills, and comportment that foster excellence in patient care by future generations of medical students and residents.

*The Project to Rebalance and Integrate Medical Education (PRIME) Investigators (in addition to the authors):* Barbara M. Barzansky, PhD, secretary, American Medical Association, and secretary, Liaison Committee on Medical Education; Timothy P. Brigham, MDiv, PhD, senior vice president, Department of Education, Accreditation Council for Graduate Medical Education; Clarence H. Braddock, MD, MPH, associate dean for medical education, Stanford School of Medicine; Howard Brody, MD, PhD, director, Institute for the Medical Humanities, University of Texas Medical Branch at Galveston; Joseph J. Fins, MD, MACP, chief, Division of Medical Ethics, Weill Cornell Medical College; Joel T. Katz, MD, vice chair for education, Brigham and Women's Hospital, Harvard Medical School; Susan E. Lederer, PhD, chair, Department of Medical History and Bioethics, University of Wisconsin Medical School; Janet I. Malek, PhD, Department of Bioethics and Interdisciplinary Studies, East Carolina University; and Katie L. Watson, JD, Medical Humanities and Bioethics Program, Feinberg School of Medicine, Northwestern University.

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**Dr. Doukas** is William Ray Moore Endowed Chair of Family Medicine and Medical Humanism and director, Division of Medical Humanism and Ethics, Department of Family and Geriatric Medicine, University of Louisville, Louisville, Kentucky.

**Dr. McCullough** is Dalton Tomlin Chair in Medical Ethics and Health Policy, Center for Medical Ethics and Health Policy, Baylor College of Medicine, Houston, Texas.

**Dr. Wear** is codirector, Center for Clinical Ethics and Humanities in Healthcare, and associate professor, Departments of Medicine, Gynecology–Obstetrics, and Philosophy, University at Buffalo, Buffalo, New York.

**Dr. Lehmann** is associate professor, Harvard Medical School, and director, Center for Bioethics, Brigham and Women's Hospital, Boston, Massachusetts.

**Dr. Nixon** is professor, Morsani College of Medicine, University of South Florida, Tampa, Florida.

**Dr. Carrese** is director, Program on Ethics in Clinical Practice, Johns Hopkins Berman Institute of Bioethics, and associate professor, Johns Hopkins University, Baltimore, Maryland.

**Dr. Shapiro** is director, Program in Medical Arts and Humanities, and professor of family medicine, University of California–Irvine School of Medicine, Irvine, California.

**Dr. Green** is professor, Departments of Humanities and Medicine, Penn State College of Medicine, Hershey, Pennsylvania.

**Dr. Kirch** is president and CEO, Association of American Medical Colleges, Washington, DC.

The other PRIME Investigators are listed at the end of this article.

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