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Comment on “The Vital Importance of Professionalism in Medical Education”

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To the Editor:

We thank the editors of *Academic Psychiatry* for the editorial on the challenges and strategies for teaching professionalism in medical education [1]. While the editorial is a significant contribution to the literature, additional frameworks for understanding and improving this critical aspect of medical education could be achieved by incorporating several recently introduced perspectives. These include the complexity of professionalism, the unique ethical demands in psychiatry, and the additional professionalism demands for psychiatry educators.

According to Lucey and Souba [2], professionalism in medicine is a complex, adaptive challenge, rather than a simple, innate character trait. The literature suggests that physicians know and embrace the moral principles of professionalism but have difficulty always meeting them. Drivers of professionalism lapses include competing values (i.e., having to uphold one value at the expense of another), competing commitments to patients which cannot be met simultaneously, Maslow conflicts (e.g., remaining professional despite lack of food, sleep, concerns for safety), or systems conflicts (e.g., adhering to laws, rules, policies contrary to professional principles). Remaining professional when these conflicts are in place requires recognition, thoughtful analysis, and skill. Framing professionalism as a complex competency allows for coaching and deliberate practice. It also allows the possibility for health care communities of practice to support one another when there are multiple conflicts at play and when professionalism lapses are predictable. In addition,

health care professionals can model for each other and their learners how to anticipate and address these conflicts and to respond with a growth mindset.

While many of the principles of professionalism apply across all medical specialties, psychiatrists face unique challenges and responsibilities due to the intimate nature of their work and the vulnerabilities of their patient population. *The Virtuous Psychiatrist*, by Radden and Sadler [3], highlights the distinctive moral demands in the psychiatric setting. A few examples of areas that are particularly relevant in psychiatry include patient autonomy, the “boundaries” of the therapeutic relationship, and concerns over stigma, including the stigma associated with psychiatric diagnostic categories. For example, psychiatrists may have to manage conflicting values, such as patient autonomy and social public safety, when managing patients who might be considered a danger to themselves or others.

Maintaining clear boundaries given the intimacy of the therapeutic relationship is also an area that requires special attention. It includes not entering into dual relationships (e.g., treating a close friend or relative), not becoming emotionally or romantically involved with patients, and avoiding any other actions that could be perceived as exploitative. We applaud the empirical report by Vesentini et al. [4] and would encourage the added context that this report, while somewhat applicable to all medical specialties, is especially significant for professionalism in psychiatry. Patients often share deeply personal and sensitive information, and any breach of confidentiality can have profound psychological impact. Finally, one could argue that psychiatrists have an added responsibility to combat stigma related to mental illness, both within the medical community and the general public. In addition, given the profound influence of culture on mental health perceptions and presentations, psychiatrists need to be particularly attuned to cultural differences and potential biases.

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Being both a clinician and a medical educator can present a unique set of ethical challenges, as these two roles sometimes have conflicting responsibilities and priorities. At the University of California, San Francisco (UCSF), a set of “Principles of Professionalism in Health Professions Education” was developed by the UCSF Haile T. Debas Academy of Medical Educators [5]. These principles recognize additional professional responsibilities held by medical educators. A commitment is made to uphold high standards in interactions with patients, colleagues, staff, and learners, as well as to advocate for necessary resources and support. The importance of creating high-quality educational programs, ensuring patient and learner safety, and promoting wellness among patients, learners, and educators is also emphasized.

The editorial [1] rightly highlights the importance of professionalism in medical education. We would like to add that the incorporation of these additional perspectives and frameworks provides additional actionable frameworks for understanding and improving professionalism in psychiatry. Future steps and directions on developing curricula to address these issues not only in trainees but in psychiatry educators are welcome.

Data Availability The authors confirm that the data supporting the findings of this study are available within the article or references.

Declarations

Disclosures On behalf of all authors, the corresponding author states that there is no conflict of interest.

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