

Chapter 4

Professionalism

Professionalism refers to the ability to work and behave in a manner that upholds the standards required and set by one's profession.

Several definitions of medical professionalism have been put forwards. The Royal College of Physicians of London defined professionalism as a set of values, behaviours and relationships that forms the basis of the trust that the public has in doctors [1]. David Stern, Professor of Medicine of the University of Michigan, United States of America (USA), and editor of the book "Measuring Medical Professionalism", describes excellence, accountability, altruism and humanism as the four central principles of medical professionalism [2]. Professor Tim Wilkinson, director of the Faculty of Medicine at the University of Otago, New Zealand, and his colleagues, defined professionalism as consisting of adherence to ethical practise (honesty, integrity), effective interactions with patients (empathy, respect), effective interaction with other healthcare workers (team work), reliability (accountability), and commitment to continuous self improvement (constant learning) [3].

Professionalism may be taught, but may also be acquired through observation of behaviours of those around us, including juniors, peers, seniors, and role models. Professionalism may also be developed through the ongoing reflection of our interactions with other healthcare workers, patients and relatives.

Certain professional conducts may be unique to Medicine, but others may be applied to a wide range of professions. This chapter addresses several behaviours which may affect your professional image. It is not meant to be an exhaustive list but a presentation of commonly encountered actions, which may shape one's professional standing.



Respect All Staff, Medical and Non-medical Alike

Respect a man, and he will do all the more

John Wooden [4]

There is little scope in being respectful, friendly, and obedient, to your immediate seniors and other medical staff, yet being abrupt and dismissive of the ward clerk, the receptionist, the porter, the nurse. Hospitals, like any other organisation, rely not only on those at the top, but also on those lower down, the many unsung heroes.

How fast your operating theatre list runs, may depend on how quickly the porter brings the next patient from ward. How smoothly your clinic runs, may depend on how quickly the receptionist checks in patients. Your assessment of a new ward patient may rely on the ward clerk promptly locating and bringing you the patient's previous records.

If you are not respectful to other staff, if you are rude or harsh, the word goes round and your seniors may soon find out. Those you are rude to may complain and then there may be trouble.

A well known surgeon, Lord Ara Darzi, Professor of Surgery at St Mary's hospital in London, UK, recalls going undercover, as a hospital porter doing a night shift [5]:

...the third year medical student looked right through me as he commanded, "You grab the feet and pull . . . then go up to the ward and bring down the next patient, and hurry. . . it's because of you this list is running behind." He certainly put me in my place... The moment I put on the uniform and walked into theatres to transfer my first patient of the shift I effectively disappeared from the view of my medical colleagues and now irreverent students.... my peers and students would no longer look me in the eyes, and I at once felt dismembered from the close knit clinical team,

whilst the next morning, when back as a surgeon:

On arrival at theatre, now dressed in scrubs and clearly identifiable as a surgeon ready to operate, I received quite a different welcome from that I had only hours before.

Being respectful to others and recognising their contribution, is not only the noble thing to do. It helps get the most out of all, encourages them to give their best self. By bringing all staff together, your patients will get the best deal.

Respect Colleagues, Juniors and Seniors Alike

This is the first test of a gentleman: his respect for those who can be of no possible value to him

William Lyon Phelps [4]

Respect your colleagues whether of the same level, junior or senior, whether or not you are directly answerable or accountable to them. Mutual respect forms the basis of team work and professional cooperation.

Your newly started juniors may not be very sleek at cannulation, not very quick at taking medical histories, may need assistance for urinary catheterisation, may have never plastered an ankle before, or may have just asked a question they ought to already know the answer to. Show patience, understanding, offer guidance and support. Wisdom, knowledge and slickness come with experience, with years of training and learning. After all, it may not be long since you were junior. Treat others as you would have liked to be treated at that level. You might have been much brighter, flying high when at their stage, but still provide all necessary help.

Respect not only your immediate seniors and colleagues but also those you do not usually work with, or are not directly answerable to. A senior from a different specialty may visit your ward to see an outlier. Even though that senior is not involved in your training, not someone to get a future reference from, offer assistance if you can. In a busy environment, such gesture may reflect well on yourself, your ward, your team, your specialty. And who knows, it may be that senior and your boss are having lunch later on. A senior from a different specialty may try to refer you a patient for assessment and admission. You may disagree with the need for the referral. Rather than bluntly refusing and rudely arguing, make alternative suggestions in a polite, diplomatic way. If there is still disparity of views, offer to discuss this with your own senior to get back with an answer. You can thus stand your ground, whilst offering a solution, and diffusing rather than escalating a tense situation. Picking fights with those at a higher level is not necessarily a sign of strength, a sign that you can punch above your weight. Being respectful in difficult times is more of a sign of strength.

Be Assertive

There is nothing intelligent about not standing up for yourself. You may not win every battle. However, everyone will at least know what you stood for—YOU

Shannon Alder [4]

In a healthy workplace mutual respect is essential. You are expected to respect others yet expect the same respect back. An environment whereby some workers are passive and simply follow the demands of others is not healthy. Neither is an environment whereby some workers get their way through aggressiveness and constant confrontation. You are not at work to simply please everyone else or for everyone else simply to please you. Assertion is described by Ken and Kate Back in their book “Assertiveness at Work” as “Standing up for your own rights in such a way that you do not violate another person’s rights” and “Expressing your needs, wants, opinions, feelings, and beliefs in direct, honest and appropriate ways” [6].

Assertion refers to resisting being taken advantage of, yet not being pushy to others. It refers to saying “no” and refusing tasks you are not meant to do. The ten rules of assertion described by Chris Williams [7], Senior lecturer at the Department of Psychological Medicine of the University of Glasgow, UK, are:

1. Respect thyself.
2. Recognise your individual needs.
3. Use clear “I” statements to describe your feelings and thoughts.
4. Recognise you are allowed to make mistakes.
5. Recognise you can change your mind if you wish.
6. Ask to think over a request, rather than giving an immediate answer.
7. Enjoy your successes and wins.
8. Ask for what you want, rather than hoping others will notice what you are after.
9. Appreciate you are not responsible for how other individuals behave.
10. Support the right of being assertive.

As in other environments, assertion is often needed in the healthcare workplace:

- It maybe that a peer trainee keeps joining your operating list, hampering your training opportunities.
- It maybe colleagues keep passing all their work to you, rather than finishing it themselves.
- It maybe your senior demands you help them in their private practise, on your day off.
- It maybe your junior keeps coming late, for the morning ward rounds.
- It maybe that you are repeatedly called to the ward for non-urgent tasks, and no justifiable reason.
- It maybe your weekly rota keeps changing at short notice, making it impossible to plan your social life.

Whatever your seniority or level of training, stand up for yourself, for your beliefs and profession.

Avoid Public Arguments

Arguments are to be avoided, they are always vulgar and often convincing

Oscar Wilde [4]

Avoid arguments in front of other staff, your juniors, your colleagues, your patients.

What would you think if on a social night out a couple start arguing in front of you? Would you try to work out who is right and who is wrong, or would you think they are both unwise, for not sorting their troubles at home?

What would the medical students or nurses think, if they see their ward doctors having a go at each other, in front of them? What would a patient or patient's relatives think, if they were observers of such argument? What would the juniors, nurses, managers, or other professionals think if they are copied in heated, impressively constructed, point scoring, email exchanges between peers or colleagues? Would one of the doctors score brownie points, or would they both look foolish? Would they look respectful, worthy of their title, position and profession, or would they simply give a bad impression? Would they stamp their authority, or look unable to control their behaviour and emotions?

Arguments do happen, and on occasions you may have a frank talk, a heated discussion, with a colleague or other staff. It may be better to try and have such discussions in private, behind closed doors, away from the pressure of the eyes and ears of all those around you. Sometimes, it is not what we say, but also in front of whom we say it, that matters. Discuss to resolve, to find a middle ground, and move on.

Do Not Make It Personal

Fights begin and end with handshakes

Cameron Conaway [4]

You may have frank discussions, heated exchanges, or even arguments with medical colleagues, or other staff. You may want to look forwards others keep looking in the past. You may disagree to how things should be done, have strong differences in opinion. You may be in the right, the others may be in the wrong, they may not want to reason, you may not be able to compromise.

You may prefer being ward based, others being attached to a single team. You may want to swap teams half way through the attachment, others may want to stay afoot. You may view a ward closure as loss of services, others as a cost efficiency move. You may see moving to 7 day working as a revolutionary step for care provision, others as an antisocial move. You may feel a foot abscess warrants vascular admission, others may consider it an orthopaedic condition. You may want more time to assess a patient prior to admission, others may be pressing you for an immediate decision. You may feel a CT scan is needed to help you reach a diagnosis, but the radiologist may feel it is not justifiable. You may feel that a specialist cardiology input is necessary, but your request is dismissed as non essential. You may feel that the appendicitis case should go first to theatre, but the orthopaedic surgeons may feel that the child with the nasty fracture should jump the queue.

Argue and fight your case, argue against what you disagree with. However, try to treat such arguments as a matter of different opinions rather than a matter of personalities. You are not arguing against the bearers of opposite views but against the views themselves. Heated discussions should not affect your relations with the other side, together you may work on.

Expect the Courtesy You Give

Remember, no one can make you feel inferior without your consent

Eleanor Roosevelt [4]

Be polite, courteous, respectful, and expect the same from others. If someone's tone of voice is intimidating, makes you feel uncomfortable, or they are rude, tell them that you can not accept such behaviour, and ask them to stop. They may be tired, overworked, overstressed. You may be junior, you may have just started your new post, you may be finding your feet, you may have overlooked a task, or you may have made an error. None of these can justify being shouted at, being talked down, being pushed around.

You are a doctor, you are a professional, and you are there to do your job at the best of your abilities. You are there to develop your skills, to learn and progress. You recognise and accept any mistakes or deficiencies, and you are prepared to learn from them. It is only right to demand the same courtesy and respect that you give others.

If the other person is not prepared to treat you as you treat them, escalate this to the appropriate authorities – your seniors, your clinical and educational supervisors, the personnel department. Aim to stop it early before it gets out of control, before it gets you down.

Aim for Functional Relationships

You have to get along with people, but you also have to recognize that the strength of a team is different people with different perspectives and different personalities

Steve Case [4]

Differences of opinions with other staff, may not be short lived, but may be part of long term problematic relationships. Difficult relationships may arise for various reasons, including conflicting personalities, conflicting priorities, competition for resources, and competition for personal gain or progress. Being able to deal effectively with such difficult relationships is a sign of professionalism, and an important skill to develop. If not dealt with successfully, difficult relationships may prove disruptive to the workplace, and may lead to overwhelming anxiety and distress to those involved.

Psychiatrists Anthony Garelick and Leonard Fagin, in their article “Doctor to doctor: getting on with colleagues”, describe their golden rules in dealing with difficult relationships [8]:

- Empathise with the other party. Try to see their point of view.
- Consider a quiet chat, or informal discussion, to explore and resolve differences.
- Seek advice from a trustworthy, impartial colleague.
- Be prepared to use formal structures and processes if differences become disruptive and if informal discussions prove fruitless. Such processes may be internal or external to your organisation. Know what supporting services are available.
- Face the problem rather than avoiding it. Deal with it early, before it gets out of control.
- Learn from any mistakes you made. Reflect on your behaviours and approach.

It is important to recognise that difficulties in getting on with colleagues and other staff, can exist as part of working life and that Medicine is not immune from these. It is also essential to recognise that not all relationships have to be perfect to be functional. We do not have to be best friends, or friends, at all, with other staff, for a working relationship to exist. Aim for a middle ground which can allow you to get on enough with others, to support a constructive relationship.

A unique situation of difficult relationships is that between a trainee and a trainer, where the differences in seniority and dependence of trainee on trainer for learning, development and career progression may complicate matters. When it comes to a trainer facing a difficult trainee, one may distinguish between behaviours which affect performance, and those that do not. The “managing under-performance” section of the management skills chapter, gives guidance on how to deal with under-performance. If behaviours are not affecting performance, the rules of working relationships may be employed.

Similarly, in dealing with a difficult trainer [9], one may apply the rules of working relationships:

- Is the trainer right? Is the behaviour of the trainer justified? Could you be in the wrong? Do you need help or support?
- Discuss with trainer in a polite and courteous manner. The trainer may not realise that their behaviour is offending.
- Seek advice from colleagues, other seniors, professional support bodies.
- Escalate, if discussion with trainer is not successful, or if it feels impossible for such discussion to take place. Escalate both with regards the workplace management ladder but also the training system ladder (local training tutor, head of specialty training, head of overall postgraduate training).
- Act early.

Get Involved in Good Politics

One of the penalties for refusing to participate in politics is that you end up being governed by your inferior

Plato [4]

Politics is defined as “the activities associated with the governance of a country or area, especially the debate between parties having power” [10].

You may feel like “I went into Medicine not politics, better leave politics to the politicians”. Medicine is not only about looking after patients at the bedside, in the clinic or the operating room. It is also about the bigger picture, the system and structure in which healthcare is delivered, the availability, and allocation of resources. Some policies or decisions may initially look remote and not relevant to us, but may eventually filter down and have a direct effect on our day to day clinical practise.

Decisions may have to be made about the allocation of funding, staffing, and other resources in your hospital, city, region or country. Wards or hospitals may have to be shut, services slimmed down, sites merged. Your working terms and conditions may be under review, moving to shift work or 7 day working. Allocation of funding for research in your subspecialty may be under threat. Changes may be looming, with regards the length, structure, or aims of postgraduate training.

Keep an open ear, be aware of the current issues. Attend events and meetings to express your views, vote for representatives who stand up for your case and will fight for your beliefs, get involved in committees, try and influence the future from inside. Have an opinion and express it when asked or needed. Try to be a participant rather than a mere observer, bring ideas and make suggestions.

If you do not get involved in politics then politics will not involve you. Do you want to have a say or let others decide for you?

Avoid Bad Politics

Politics is the art of looking for trouble, finding it everywhere, diagnosing it incorrectly and applying the wrong remedies

Groucho Marx [4]

Politics may also be defined as “activities aimed at improving someone’s status or increasing power within an organisation” [10].

Avoid pitiful politics. Avoid plots and intrigues, manipulative behaviours, fights for power and control, or hidden agendas, which may occur at workplaces. Avoid making your actions or beliefs the tool of getting at others. Be honest and straight in your beliefs, be clear about situations you do not like, but do not let these cloud your mind.

Who will gain the trust of others? The plotter who says one thing but has something else in mind, who tries to turn others against each other? Or the one who what you see is what you get, what you hear is what is meant, someone of high discretion and integrity? Avoid gossiping or speaking badly of others, your juniors, peers, or seniors. It does not reflect well on you. What you say may reach their ears; there may be lots of “well wishers” aiming to spread the word.

During your career progression or training, you may move from hospital to hospital, from department to department, spending only a short time in each of these. In medical organisations, like any workplace, staff may have arguments, feuds, big egos which may not compromise. If these do not directly affect you, avoid making them your business. You will not score many brownie points by taking sides. Many of those you see, or think are, arguing will be colleagues for many years, will have their ups and downs. You are there to be trained, look after patients, and develop your career.

Would you like to be remembered as someone who gave the best to their job, or as someone who was taking sides, speaking badly of people behind their backs, throwing oil in the fire? Even if you are driven into such situations, try to stay well out.

Agree in Advance

Good accounts make good friends

French proverb [11]

Agree in advance as to what the rules of engagement are so these are not questioned later. Avoid misunderstandings, avoid leaving issues un-clarified, and hoping for the best. Your perception of an arrangement may be different from that of other parties.

- You may be setting up a research project. Who will be doing what? Who will lead, who will follow? Who will be the first author, who will be last? What if someone does not complete the assigned task?
- You may have agreed to doing additional work or overtime. What will your exact duties be? What is the remuneration? Will you be paid by the hour or session? What if the session is cancelled, what if you finish early or overrun? Who will confirm how much time you worked? When will you be paid?
- You may swap your on call. When will it be paid back? What if your colleague changes post?
- You may be entitled 3 weeks of annual leave whilst rotating over three attachments. Can it all be taken in one post or does it have to be split?
- You may be asked to collect data for a departmental audit. Who is leading the audit? Will your work be acknowledged? Will you be one of the authors on any presentations or articles that arise?
- You may be given a post for a year to be reviewed at 6 months. What does this mean? Another interview? An informal chat? A formal assessment? Does it depend on day to day performance or do you have to pass an exam? By when will you know if you can stay on?
- You may get funding from industry, for a research project. Who will own the results? Will you be able to publish your outcomes no matter what the results are?

Make clear transparent agreements, rather than trying to sort matters out at a later stage. Know where you stand, before it is too late.

Speak Out

If you don't stand for something, you will fall for anything

Alexander Hamilton [12]

Speak out when things are not right. You are in a position of high responsibility, you are answerable, above all, to your patients. If things are not right, and patients are not getting a good deal, then say so.

It maybe patients in surgical wards can not receive prompt cardiology input. It maybe out of hours there is not sufficient senior support. It maybe patients are waiting too long for clinic appointments or surgery. It maybe patients can not be discharged for lack of social services. It maybe nursing care is not up to scratch. It maybe a colleague is under-performing.

Follow the formal procedures of your organisation or the procedures of the medical system you are practising in, to voice your concerns. This may involve communicating your concerns to your managers, your supervisors, your trainers, the overseeing medical body, the health care regulators. Explain the situation, the problems encountered, the difficulties faced. If not heard by those you initially approach, be prepared to take it further and speak out.

You may be worried about your job, the potential financial loss, the loss of colleagues' loyalty, the loss of your employer's support. But your main loyalty is towards your patients, your main duty of care is towards them. Sometimes we have to risk a lot, for what matters the most.

Complain Aiming for Change

I like to complain and do nothing to make things better

Kurt Cobain [4]

You may be unhappy about how the department is run, about your heavy workload, about the quality of projects you are asked to take, about the lack of support. In complaining consider the following:

- Be specific – for a problem to be identified, investigated, and resolved, the specifics of the issue must be clear. Be specific as to what you are complaining about, rather than generalise and group everyone the same. Is it fair to say that you do not have any senior support when on call, when actually you are having difficulty with only one senior to come and assess patients when needed? Is it right to complain that all juniors are work shy, when you only have in mind someone specific who spends most time in the coffee room? Is it fair to complain that the teaching program is substandard, when you actually could not follow only one specific lecture?
- Complain in a timely fashion – complain when problems arise. If you leave all to pile up, and simply give feedback at the end when you are ready to move on, how will things be improved? Will the person you are complaining about, recall those events to give a fair answer? Even though it may help future doctors, that may find themselves in that position, will it help you? Would it be right to complain at the end of your attachment that you did not manage to join the cardiology clinic, when you never raised it with your trainers prior to that? It may help others in the future, but your training opportunities may have already been lost.
- Complain to those who can achieve change – should you be complaining to the head of the training, if you have not raised those issues firstly with your trainer? Should you be complaining to the hospital chief, if you have not raised those problems within your department? Would it be right to report a trainee to their head of training for under-performance without firstly discussing the issues with the trainee? Raise your complains initially with the authorities which are at the frontline of addressing your worries. Give them an opportunity to respond, and if their actions do not suffice then take it further.
- If complaining about other staff, complain to their line manager. Inform your senior of the complaint, but note that your senior may not be able to directly influence the person you are complaining about.

Someone in high authority may know you, may be willing to support you, stand by you in times of need. However, how would it look if at the first sign of trouble, you turn to a higher authority for support?

Do Not Jump to Conclusions Easily

People who jump to conclusions rarely alight on them

Philip Guedalla [4]

Give an opinion taking into accounts all facts. A colleague may have made the wrong diagnosis, surgery performed by others may have led to complications, treatment may have been delayed. The patient, your juniors or colleagues, may seek your opinion as to whether things could have been done better. Could an alternative diagnosis have been reached, given the information available at the time? If the hip fracture were more rigidly fixed would it still have fallen apart? Were all those tests really essential or could treatment have been commenced earlier? Was the decision to proceed with cardiac surgery rather than stenting the correct one? Should the fracture have been fixed or should have it been left alone?

Give a truthful opinion after taking into account all available and necessary facts. Seek information and examine it carefully. If that means that you can not give an opinion because you do not know all the details of what took place, then say so. If it is hindsight that makes you wise, say so. If things could have been done better, if an obvious mistake took place, again say so. You might have done things differently, because your way of doing things is different. Nevertheless, if what was done, by someone else, was also an appropriate way of acting, then again say so, and make it clear.

Do not rush into condemning others, because you do not get on with them, or because doing so makes you look wiser and better. Similarly, do not rush to defend others, simply because they are close to you. Give an honest, fact based opinion. Give a view that you would be prepared to stand up for, and defend if the need arose. What you say is likely to be held tight, by those seeking your opinion.

Team Member

Individual commitment to a group effort – that is what makes a team work, a company work, a society work, a civilization work

Vincent Lombard [13]

Being a member of a team, is a term you will hear about lots. It does not mean sacrifice self for team, put others above thy self. Instead, team working is about meeting your obligations and duties, sharing a common goal, and cooperating with others to achieve that goal. Restricted working hours, shift work, and fixed training commitments, may threaten the coherence and continuity of team work. However, certain behaviours may help you improve your team working performance:

- If you are going on annual leave or if away on teaching, have you made sufficient and robust arrangements to cover your duties? Will the colleague who agreed to cover your duties be truly around, or will they be on nights, or on call covering other wards? Have you given a proper hand over to the colleague covering your duties and to other members of the team, seniors or otherwise? Have you reminded your team you will not be around next week or do you expect them to find out on the day?
- If you are off to teaching but the lecturer does not turn up, will you see an opportunity for a day off, or will you return to your team's duties? If your teaching does not start until late morning, will you see it as an excuse for a lie in, or will you attend the early morning trauma meeting?
- Support other team members. If it is quiet in the ward and you finished your duties early, would you spend the rest of the day in the coffee shop, or will you go down to clinic to ask if an extra hand is needed?
- Be reliable. You may be asked to do a thyroid screen, arrange an urgent doppler, seek a respiratory opinion, contact the plastics in the nearby hospital, arrange a social services referral. If asked to carry out a task, do so, and then inform the rest of the team of its completion. Do not wait for colleagues to come to you, asking again and again as whether the task has been carried out or not. The thyroid tests may take days to complete, the radiologist may be refusing a doppler, the respiratory team may be too busy to attend, the plastics may be in the middle of operating, the social services may need more time to plan a discharge. Even if the task cannot be completed, it is important to let the rest of your colleagues know of the difficulties encountered, and inform them that you are working on it.
- Be punctual, turn up on time. Do not keep wandering around, with the rest of the team looking for you. If you are supposed to be in clinic but you first have to attend the ward, inform your colleagues of this. If you are based in a community practise but an urgent home visit turns up, inform the team of your whereabouts.
- Be flexible and helpful to your colleagues. Professional life is often about give and take. A colleague may ask you to hold their pager whilst they take their son to school, cover their on call at short notice. Try and be accommodative if you can.

- Pay attention to detail, even in small tasks. You may have to gain the trust of others and prove yourself on the small jobs, before you are assigned more complex or more challenging tasks.
- Know the roles of the other team members, know your own role.
- Communicate clearly with the rest of the team (refer to communication chapter).
- Follow the hierarchy of your team as it is vital to ensure adequate team communication, to ensure that all are on board. However, get to know when to go straight to the top.
- Let it be known what you do. As doctors we may often be reluctant to state what we do, fearful to sound as blowing our own trumpet. Unless you inform your seniors of what you get up to, they will not be able to appreciate your hard work. Just because all is running smoothly, it does not mean that everyone is laid back and relaxed. Let it be known how you managed to get that urgent MRI scan, how you taught the medical students to stitch the wound or take bloods, how you coped with all those patients that turned up to your clinic, how you dealt with the run of referrals from the Emergency Department, how difficult it was to go through the microfilmed records and extract the data for your research project. Stating what you do, can help the rest of the team appreciate the need of resources, can help a team justify its role and existence.

Respect the Job

Nothing is a waste of time if you use the experience wisely

Auguste Rodin [4]

At some point in your career, you may end up doing a post which you are not very keen at. You may have to spend time in endocrinology until your respiratory training program starts. You may have to do orthopaedics as part of your general practice rotation. You may want to become a brain surgeon but you end up in psychiatry during your pre-registration years.

The post may not have been your first choice, it may not have been your choice at all. Respect the job, and give it your best self. You are responsible to the patients you are assigned to look after, to the team you are working with. After all, you get paid for doing the job.

If you put the effort, you may gain from each post, no matter how irrelevant to your future you feel that post is. An aspiring physician may gain medical experience looking after unwell patients in an orthopaedic ward. An aspiring Emergency Department doctor may gain suturing experience in gynaecology. An aspiring anaesthetist may learn arterial and central line cannulation in cardiothoracics.

But even if there is no direct clinical gain, learning to give the most, out of respect to the job, is itself a gain. It shows professionalism and good character, which should be recognised and appreciated by seniors and colleagues alike. If you show you are not interested and not put the work into the post, it will be obvious to all those around.

Bring Answers Not Questions

Each problem that I solved became a rule which served afterwards to solve other problems

Rene Descartes [4]

It is easy to come up with a problem or question, and ask someone else for an answer. After all, in medical school, we often learn to look for the answer from a book, our lecturers, or teachers. However, when faced with a problem, rather than formulating a question, try and work out an answer. If there was no one around, what would I do? If left by myself to solve this problem, what would my approach be? When you take a question to a senior or otherwise, think it through, try to come up with an answer or suggestion. In this way, you are not just asking but also offering a solution.

- You see a patient in clinic, take and present a clinical history. You could stop and ask your senior what to do next. Alternatively you could try to formulate a diagnosis, suggest a management plan, suggest how you would investigate the patient further or what treatment to initiate. Even if your thought process or suggestions are incorrect, you would have learnt from the experience, and your effort will be appreciated.
- You have a patient in the ward ready for discharge but you are struggling with home arrangements. Liaise with physiotherapists, social services, occupational therapists, for a workable solution, and present that, rather than throwing the challenge on someone else's desk.

Medicine, but also professional life, is about problem solving. Get into that mindset early on. It is important to show that you put effort into solving the issue, you thought about it and put work into it, rather than simply asking to be spoon fed. The answer does not matter, right or wrong, as long as you can put forwards a logical argument to support it.

You may be in the receiving end, and your juniors or colleagues ask for advice. Encourage them to come up with potential answers, rather than simply questions. You may enjoy solving problems, giving answers, showing what you have gained from years of hard work, learning and experience. However, empower others to think for themselves, to try and work out a feasible solution, rather than simply dictating them an action plan.

It Is Ok to Say “I Do Not Know”

To be persuasive we must be believable; to be believable we must be credible; to be credible we must be truthful

Edward Murrow [12]

If you do not know, it is better to say “I do not know” rather than guessing.

- You took a clinical history and you are presenting it. If questioned about a certain detail you omitted asking the patient about, just say so. It is understandable to omit some information, in a busy clinic, a busy on call.
- You may be asked about the blood results of a patient in the ward, the tests of a patient you admitted. If you forgot to request them or to check if they are back, say so.
- If asked how the ward patients are doing but you have not yet been in the ward that morning, say so.
- If asked a question in an interview for which you do not know the answer, say so, or ask for more information to help you formulate an answer.
- If you can not name the wrist bones, say so, rather than making up names which do not exist.

You can not be expected to know everything, or have an opinion about all issues. No one is expected to have all the answers, not even doctors, and for some questions there may be no answer. Admit what you do not know. If you offer information you did not collect, and you are caught out, your word and credibility may be on the line. Once credibility is gone for such important matters, it is very difficult to regain. It may sound acceptable to make an educated guess in an exam, to guess the most likely correct answer in a multiple choice question, but it is not acceptable to do this in your clinical, or professional practise. Be accurate and truthful, about the information you give, to gain the confidence and trust of others.

Understand Your Limitations

If you accept your limitations you go beyond them

Brendan Francis [4]

Act within your abilities and be safe. It is often a fine balance between ensuring you act within your limits but avoiding looking non confident, not knowledgeable, looking as if you are responsibility shy. Know the limitations of your knowledge, clinical abilities, persuasive abilities, authority, expertise.

- If a clinical problem or procedure is beyond your skills, ask for help or refer it on.
- If you reach a dead end in trying to make a diagnosis, ask for another opinion. A fresh pair of eyes may help see things in new brighter light.
- Your position may not allow you to successfully refer a patient on or obtain a radiological investigation. Escalate to your seniors, whose word may carry more weight.
- You may be asked to give an expert opinion about the prospects of returning to work following an injury. Are you really able to assess that? Would an occupational specialist be better equipped to do so?

Know when to escalate and know whom to escalate to. You will not be criticised for asking for advice or help, but could be susceptible to criticism if you do not ask and things go wrong.

You may be the first on call at hospital and your more seniors are on call from home. It maybe late at night and your seniors may be asleep. If you need to ask, do so. A common concern is that, if on call, for which cases should you inform your senior? This will depend on your seniority, your capabilities, your specialty, your local arrangements. Some situations to consider are:

- For an unwell patient the management of who requires a senior's skills or knowledge.
- For controversial issues, to discuss the best line of action.
- If a high profile person gets admitted; better for your senior to find out from you, rather than from the newspapers the next morning.

Ask Questions

The art and science of asking questions is the source of all knowledge

Thomas Berger [4]

No matter how simple the question may sound, no matter how obvious the answer may look, if in doubt ask. Very likely, your trainers or seniors were in your shoes at some point, even if they seem reluctant to admit it. Asking often means learning, and it is important to learn the basics at an early stage, before you move up.

- You may see a patient with a finger tip open fracture. Do you wash it in the Emergency Department or do you take them to theatre for that? If taking them to theatre when do you do so? In the middle of the night? The next day?
- Someone may be having a heart attack. Do you start them on aspirin? If so how much?
- The radiograph is reported as showing a pneumothorax. How do you distinguish that from the surrounding air in the lungs?
- Someone presents with a large boil. Do you give antibiotics or do you slash it open?

Ask and ask again. No matter how basic the question seems, no matter how obvious the answer may be. Even if it is just to confirm that you are right, ask if you need to. Ask different people. You may ask several trainers to clarify the same issue. Different people may be able to explain things in different ways, ask more than one if needed. If in a lecture or group teaching, you may feel embarrassed to ask; what will the teacher think, what will your peers think? If there is an area that you do not understand, there is a good chance a substantial proportion of the audience does not understand that either but are too worried to ask.

Avoid Cutting Corners

Never cut corners, or accept anything that's second-rate

Bruce Oldfield [4]

We live in a fast world where rapid answers and actions are demanded. There are time pressures, workload pressures, financial constraints.

If you feel that you need to further investigate a medical problem, do so. If you feel that you need specialist equipment for operating, demand that is available. Be safe, stick to the book, and you will be respected for it. The main aim is to cause no harm, to give the best of your ability.

In August 2001, Air Transat Flight 236 flying from Toronto to Lisbon, suffered complete power loss over the Atlantic Ocean due to its fuel running out. Its experienced pilots managed to glide and safely land the plane in Azores. The Airbus A330 run out of fuel due to an engine fuel leak caused by an incorrect part installed in its hydraulics system. Subsequent investigation reported several factors accounting for this catastrophic failure. However, it was of note that during the engine change, the lead technician relied on verbal advice rather than acquiring access to the relevant engine service bulletin, a practise considered essential for proper engine installation. Time-pressures to complete the work in time for a scheduled flight, and to clear the hangar for another use, were quoted as factors that may have influenced the reliance simply on verbal advice [14].

If you do not feel at your best, then HALT [15]. This acronym, used to warn those recovering from addictions as to when they are more vulnerable to relapse, may also be used in the workplace. If you are:

H-ungry

A-ngry

L-ate

or **T**-ired,

take a pause, take a deep breath, take a step back. Avoid rushed decisions, rushed actions, avoid cutting corners.

Have a Plan B and a Plan C

If plan A doesn't work, the alphabet has 25 more letters – 204 if you're in Japan

Claire Cook [12]

Have a plan as how to do things your preferred way but have alternative plans, if things do not work out. Have a back up plan. Follow your preferred route but be prepared to take another road if you get stuck.

- You may be getting blood for a blood screen. What if you can not get any veins?
- You may be fixing a hip fracture. What if the fracture is too shattered and can not be fixed?
- You may be taking an appendix out through a laparoscope. What if the appendix has burst?
- What if you drop your saw on the floor in the middle of knee surgery? Do you have another on the shelf?
- You may set up a randomised trial. What if recruitment rate is poor at 6 months?
- You are sitting your fellowship exams. What if unsuccessful?
- Going for a new post interview. What if you do not get it?
- You may be treating someone with asthma. What if inhalers are not good enough?
- You may be taking a child to theatre with a pulseless hand for fracture reduction. What if the pulses do not return after you put the bones back? Should you warn the vascular team well in advance?

A football coach may bring on substitutes if the team is not playing hard, a parachutist has a backup chute, a pilot may log in a divergent route; should you not have an alternative plan? Try to predict the potential difficulties you may face for your day to day tasks. Plan how to deal with these before they arise. Have, not just one, but multiple alternate plans. To be prepared is professional, having alternate plans is a measure of good judgement.

Strive for Excellence

Perfection is not attainable, but if we chase perfection we can catch excellence

Vince Lombardi [4]

Strive for continuous improvement. Aim high, aim for the best possible, in what ever discipline you find yourself in, whatever tasks you undertake. Aim for the best achievable, whether these are clinical skills, technical skills, teaching skills, managerial tasks, or research activities. The best achievable may vary according to the system you are practising in, your support and resources. Consider the following:

- Train to the best standards – both for clinical and non-clinical skills.
- Learn from the best – the best may be on the other side of the world, or may simply be next door, in your institution or department.
- Adopt successful systems and policies – learn from successful, well functioning institutions. How did they achieve that? What are their systems and structures? How can you adopt their success to your practise? Why start from scratch if others have already led the way?
- Keep up with current evidence – long lasting questions are continuously getting answered. Controversies and queries are resolved. Keep up to date with an evolving medical world. Use the best evidence in your day to day practise.

Set high standards for practise, aim for continuous improvement, and try your best to achieve those.

Seek and Give Feedback

Feedback is the breakfast of champions

Ken Blanchard [4]

Feedback is paramount in professional development. Your personal perceptions for your performance may differ from the views of others. Ask for constructive feedback for what you do. Ask for feedback with regards your clinical skills, communication skills, professionalism, managerial or teaching skills.

Feedback may be verbal or written. It may be formal or informal. Seek feedback from your seniors, juniors, peers. Seek feedback from patients, other doctors and non-medical staff. Seek feedback not only from those you expect favourable views, but also from those who may criticise you. Listen to feedback and address any areas for further improvement.

In giving feedback be honest and frank, but try and be constructive. Praise the positives, highlight what went well, whilst also acknowledging what could be improved, what could have been done better. Giving feedback may fill you with authority, you may be eager to express your opinion. However, consider giving the individual concerned the chance to judge their own performance, in a critical way, before you rush to say what you think.

You may be asked by a junior to assess their clinical examination skills, history taking, surgical performance, presentation in the departmental teaching. You may be asked by a peer for feedback as how they managed the last departmental meeting, how they handled a difficult situation, how they dealt with a difficult colleague.

An approach of giving feedback is the following:

- Ask the individual
 - “What do you think went really well?”
 - “Is there anything you would do differently next time?”
- State your evaluation of the performance
 - Start by pointing out the good things.
 - State what could have been done better.

Keep an Open Mind for Change

To improve is to change; to be perfect is to change often

Winston Churchill [4]

We live in a fast world. Standards are rising, the public is becoming more demanding, redundant practises are scrutinised. The aim is not only to provide high quality safe medical care, but also provide care that is cost effective, and easily accessible. Technology is advancing rapidly and the medical workplace can not stay immune from such advances. Keep an open mind for new ways of working, for new applications of technology.

It maybe that printed radiographs are to be replaced with electronic equivalents. It maybe that traditional letter dictating and typing is to be replaced by voice recognition systems. It maybe that medical records move from a written to an electronic format. It maybe that requests or referrals have to be sent via email rather than through the post. It maybe consultations are to be done over the phone to reduce unnecessary hospital attendances. It maybe that out of hours working gives patients easier access to clinics. It maybe that outcome results will be audited through a national database. It maybe that new anaesthetic techniques can reduce post-surgery hospital stay. It maybe that braces and splints can be custom made with three dimensional printing. It maybe that technically challenging surgery can be performed more safely with computer guided or robotic assistance.

Keep an open mind in facing potential change, rather than dismissing it at first glance. The process of change may be challenging, but its outcome may well worth it. Engage in the change process, as that may help you shape the new order. As a frontline doctor you are in a unique position to facilitate that, since you know first hand what your patients are asking for, and what the challenges of the workplace are. Whatever your seniority, you may make a positive contribution, showing that you have the common interest at heart, as an integral team member. Give constructive suggestions that will help ensure changes are workable, applicable, and effective. If you distance your self, you may stand by as a mere observer. Most likely, change will still happen.

Respect the Resources

Too many people spend money they haven't earned, to buy things they don't want, to impress people they don't like

Will Rogers [4]

Costs of healthcare are rising. Life expectancy is increasing. New, more costly treatments are becoming available. Pressures on healthcare systems are mounting. In the USA, costs of health care rose from \$253 billion in 1980 to \$2.6 trillion in 2010. Up to \$700 billion of this, could be eliminated, without compromising quality of care [16–20].

Whatever your role in healthcare provision, whatever stage of career you are, respect the resources available. Question expenses, identify areas of wastage, propose and implement cost efficient care. Lower cost does not necessarily mean lower quality care. The skill is to distinguish between cost reducing, but quality maintaining measures, and cost reducing measures which may impair clinical care.

Simple ideas can result in massive savings. Should you be opening disposables unless you definitely need them? Should you not be turning off the lights and computer after you finished? Could some equipment you are about to throw away, be recycled and used again? If it were your own money would you be spending it differently?

Question the cost of new medicines, the cost of new implants. A survey of 503 Orthopaedic surgeons in the USA, showed that participants were able to estimate the cost of implants they used, only about 20 % of time [21]. Medicines and implants are produced by an industry which invests in them, and is looking at making a profit. Many of these companies are on the stock market, and are accountable to shareholders. Representatives of such companies may visit you to try and promote their products.

Much of the money industry spends is on marketing rather than the development of new products. It was estimated that in 2004, the pharmaceutical marketing expenditures in the USA mounted at \$57.5 billion as compared to \$31.5 billion for research and development [22].

A lot of new developments may be industry driven, as old patents are running out. New treatments may not necessarily improve outcomes. Question the cost of new products and new developments, rather than taking them for granted, seek evidence to support their effectiveness and superiority over traditional treatments.

Stick to the Rules

You have to learn the rules of the game. And then you have to play better than anyone else
Albert Einstein [4]

Follow the regulations and rules of your employer, your team, your department, your institution, your training program, your regulatory body.

You may not agree with some of these rules, you may feel they do not make sense, that they are counter-productive, short sighted, and unfair. You may be opposing the rule of having to give 6 weeks notice before you can go on holidays, that not all juniors can be away at the same time, and that you can not transfer holiday days from one attachment to the next. You may not agree with the rules of having to do countless work based assessments, or having to get published in order to complete your training.

If so, express your opinion, campaign to change those rules, but follow them in the meantime. Rules may at sometimes look lax or loosely applied. However, if rules are clearly laid out and you decide to go your own way, you may leave yourself open to criticism and be held to account.

If the circumstances demand to seek an exemption, follow the appropriate routes to put your case forwards, well in advance, and ask for such lineage. Breaking the rules with retrospective explanations, may simply look as coming up with excuses.

If unsure what the rules are, seek clarification, and follow them to the line. For any system or organisation to function, in a cohesive way, the rules ought to be respected and obeyed.

Dress Appropriately

Whether it's because of how somebody looks or because of what they're wearing, you kind of assess a person in the first five minutes before they even speak

Shemar Moore [4]

How we dress, how we look, may influence how we are viewed, both by patients and other staff, with regards to our authority and credibility. How we dress may also reflect how we perceive and respect our working environment, the organisation we work in, our colleagues and patients. How you decide to dress may depend on personal and cultural preferences, which part of the world you practice in, your exact duties, whether you are based in wards or clinics.

There are no hard rules as how to dress, but consider:

- Follow the guidance of your employer, if one exists. There may be a requirement for a uniform, a ban on ties and long sleeves (as a policy of infection control, despite the lack of sound scientific evidence behind it [23, 24]), a ban on jewellery and makeup.
- Dress comfortably to facilitate your daily duties. You may cover wards throughout the hospital, you may be on the crash call, are high heels really the best choice? You may look good in tight trousers, but should you worry about the buttons bursting undone, every time you kneel to take bloods?
- Be guided by your patients. If your patients dress smartly to visit you in clinic, would it be appropriate for you to turn up in jeans, T-shirts and flip-flops?
- Be guided by the rest of the team. If all seniors turn up in shirt and trousers, how would the most junior look turning up in black suit and bow tie?

Sotgiu et al. [25] surveyed 765 Italian medical and surgical patients. Most preferred doctors wearing formal attire with a white coat. Casual or semi-formal attire were the least preferred. Respondents felt that it was inappropriate for doctors to have long hair, visible tattoos, body piercing, or excessive makeup. Rehman et al. [26] evaluated 400 patients and visitors at a medical outpatients clinic, in the USA. Seventy six percent favoured professional attire with white coat, followed by surgical scrubs, business and then casual dress. Their trust and confidence with the doctors correlated with their preference for professional attire. Respondents reported that they would be more willing to share personal issues such as social, sexual or psychological problems with a doctor who is professionally dressed. Aitken et al. [27] evaluated patients and relatives views in an orthopaedic outpatients clinic. The most popular preference for doctors' attire was smart casual clothing. Patients reported that cleanliness and good personal hygiene may be more important than clothing style.

If still in doubt dress smartly, look tidy and respectable, blend in with the crowd.

Use Social Network Sites Wisely

Social media is changing the way we communicate and the way we are perceived, both positively and negatively. Every time you post a photo, or update your status, you are contributing to your own digital footprint and personal brand

Amy Jo Martin [4]

Recent years have seen an explosion of social network sites. Face book, Twitter, LinkedIn, YouTube, and Blogger are only some of those to mention. Facebook has about 1.32 billion active users, of whom 829 million are daily users [28]. Profiles may be accessed by anyone, especially if privacy settings are not applied. Even when such settings are applied, a profile may still be accessed by friends of friends, estimated for an average USA user at 45,000 other users [29].

Social media allows you to keep in touch with friends and family, sharing moments, news, and events, but can also provide beneficial healthcare uses. They allow discussions between professionals with regards healthcare, research and front-line developments, sharing of information with regards upcoming educational events. At the same time, social media provide an easy access to the public with regards information about medical conditions. Social media may also provide easy access to information about medical professionals, their clinical interests and expertise.

However, when it comes to doctors, social media may carry some challenges [30–35]. Moments of lapse may allow postings that could adversely affect how the individual doctor is viewed, or how the medical profession is perceived. Comments may be taken out of context and give unintended impressions. Once information is out in the public it may be very difficult, if not impossible, to retract. Rocha and de Castro [36] examined the frequency with which students from a Brazilian medical school came across unprofessional online behaviour of other medical students or physicians. 13.7 % of participants reported witnessing acts of violating patient’s privacy, whilst 85.4 % reported witnessing photos showing consumption of alcohol. Clyde et al. [29] evaluated the impressions of professionalism given by different face book profiles of medical doctors in the USA. Profiles that contained healthy behaviours (such as reading or hiking) were rated as the most professional. Unhealthy profiles (picturing behaviours such as overeating or sleeping in) were rated as the least professional.

Recently, several professional or regulatory medical bodies, have produced guidance with regards social medial use [37, 38]. In using social media consider the following:

- Avoid posting unprofessional material – offensive jokes, self embarrassment photos, unhealthy activities.
- Avoid posting confidential information about patients, colleagues, workplace.
- Ensure that any security settings, limiting who can access the posted information, are set on.
- Keep patient doctor boundaries clear.

Social network sites are essentially another form of public communication. Treat it as you would treat any other means, with the professionalism they deserve. Freedom of expression applies to the web for all individuals, medical and non-medical professionals alike. However, as in verbal communication, it is not only what is said that matters, but also how it is said, and how it is perceived.

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