Title: Perceptions about "being a doctor": A professionalism project

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What problem was addressed: There is a specific increase in violence against physicians in our country that nearly every day it is on media. We noted buzz words about "How a doctor should be?", general moaning about paradoxes and conflicts between Education Block and the Hospital and complaints about a degradation in the corridors, canteens, and meetings. We hypothesized that there are misconceptions about understanding of the meaning of "being a doctor" and "social contract" between physicians and the society and violence against doctors may be one of the reflections of it. These misconceptions seem to create different ethical manners stressing teaching a common professional understanding. We aimed to express the conceptions of different parts through their words, expressions as a project for FAIMER Institute fellowship program.

What was tried: To detect these misconceptions, a hundred individual semi-structured, audio-taped/noted voluntary interviews with simple random sampling were conducted with written informed consent after ethical approval. Guiding questions are; 1-What does the word ''being a doctor'' means to you; 2-What do you think that you will be/are a doctor mean for the society?; 3- What the words '' social contract between a doctor and a patient'' means to you?; 4-From your viewpoint are there any unacceptable attitudes/behaviors (for a doctor) you observe in (your) daily life? At least two interviewers were at each interview and the main researcher (NK) took the notes.

After an open initial coding of one interview using a grounded theory approach by repeatedly reading /listening, three interviews were coded independently. After an agreement of 90% researcher NK coded all interviews, noted important quotations; SY and SP independently coded randomly selected four interviews for each group. The 35 themes were correlated to the ABIM standards and remaining 19 were categorized separately. Some of the participants gave feedback during the interview process or later. Numbered interviews analyzed with SPSS for frequency of attributions to the themes.

What lessons were learned: Violence was a common theme for both doctors and society even though we asked no questions specifically about it (physician 30%; society 23%). Themes about "patient-doctor relationship" as trust, altruism, fair, appropriate manner (being friendly, valuing, warm welcome, being honest etc), intimacy, building morale etc.", "giving information to patient" and "changing image of doctor in the society" are specifically related to the violence theme. Image change is noted mostly by physicians (physician 26%; society 8%). Nearly all of the participants (98%) stated words about doctor patient relationship, humanistic values and social abilities. While mostly noted "patient oriented manner" (75%) is coming to words equally (physician 37%; society38%), specified job oriented manner like prescribing, physical examination, or medical errors is 43% and physician part noted more (27%).

This study has some important implications as "a doctor who is a great scholar but rude and unable to smile seem to make no sense for both the physician itself and the society the doctor is living in", "informing patients" and again "social aspects of medicine" for the further investigations, interventions and curriculum planning in medical education.

Reference

Medical Professionalism in the New Millennium: A Physician Charter. Project of the ABIM Foundation, ACP–ASIM Foundation, and European Federation of Internal Medicine. *Ann Intern Med* 2002; 136: 243-6.

Acknowledgement

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