

N Balachandran Professorship Lecture



Commitment to Excellence: Orthopaedic Professionalism Turning Expectations of Quality into Reality

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The field of surgery is demanding both technically and intellectually, and the modern diverse patient demands both technical proficiency as well as moral awareness. Characteristics of medical profession include fiduciary obligation in offering their skills and expertise; responsiveness to social needs; empathy; respect for others; accountability; commitment to quality and excellence; ability to deal with ambiguity and complexity; and reflection. However, current problems of health care system are challenging because of increased costs, decreased access, variable quality, increased fragmentation, increased administrative burden, technological imperative, medicolegal liability, and system out of control. Disparity in the quality of medical service among the countries, and between academics and community doctors at the local, state, and national level is critical. There exists a tacit, nonreflective acceptance of detachment and professional self-interest, sometimes affected by the power of the hidden curriculum, devaluating the relationship-centered approaches to medicine. One of the concerns facing orthopaedics is increasing disparity in the number of post-resident fellowship applicants among subspecialties. Exaggerated fragmentation due to subspecialization may lead orthopaedic surgeon to function more as technician rather than physician, which would obviously reduce collegiality among groups and damage the doctor-patient relationship.

Medical professionalism has been known to contain six core competences for excellence: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice. For surgeons, I think, surgical skills should be included as 7th competence. To accomplish these core competences for excellence, integrated education with horizontal and vertical integration through premedical education, basic medical education, graduated medical education and continuous medical education is essential. Quality improvement in medical care should target on six aims which should be patient-centered, safe, effective, timely, equitable, and efficient. We should all prepare to enter a new era of new healthcare delivery channels, including telemedicine and internet medicine. Evidences suggest that electronic communication between patients and providers is both efficient and effective, improving patient satisfaction and saving patient time.

Despite an increasingly complex and distrustful clinical environment, orthopaedic surgeon should be a leader of a team with outstanding competences as a professional, who recognize the importance of teamwork capacity, management capacity, and who can provide vision and motivation, and who knows the fruits of devotion and virtue of modesty. To be effective, system-based practice requires that orthopaedic surgeon should make a paradigm shift from 'captains of the ship' to 'key team members.' Let's make the orthopaedics lead the way by meeting the high standards of professionalism (SOP) with excellence, by enhancing transparency and promoting ethical relationships, by developing evidence-based clinical guidelines, by communicating with the public, and by participating actively in quality movement. Our active participation in a voluntary process of self-regulation and achievement of objectives to ensure continued contemporary competence would comfort our patients. Commitment to excellence would help us to shape the quality movement in a way that will enhance the true value of us as orthopaedic surgeons.