THE UNIVERSITY OF BRITISH COLUMBIA
Office of Respectful Environments, Equity, Diversity & Inclusion
Faculty of Medicine

It Starts With Us

# Inclusive Professionalism in Medicine

Summary from the It Starts with Us series webinar hosted on Wednesday, March 5th, 2025.

## Learning Objectives

1. **Define Inclusive Professionalism** – Deepen your understanding of inclusive professionalism and how it is evolving from traditional notions of professionalism.
2. **Reflect** on the ways that academic and healthcare norms can exclude or disadvantage historically, systemically, and persistently marginalized groups.
3. **Analyze** the potential tensions between balancing professional norms in inclusive learning and working environments with advocacy and authenticity in your various roles.

## Professionalism is Evolving

***Traditional Professionalism*** → ***Inclusive Professionalism***

### Less Following, More Connecting

**The dominant group** in the profession dictates values & norms as requirements to earn & maintain the public's trust.

Encourages **conformity;** professionalism is "checking all the boxes."

**Rules** (explicit or implicit) reinforce the dominant culture, such as having "neat" hairstyles or being "clean shaven."

**All members** of the profession get to define the characteristics, norms, & values truly required to ensure public trust.

Recognizes the **complexity** of practitioner/patient relationships and contextual nature of professionalism.

**Context** is valued; asks, "what is truly required here to ensure trust, safety, confidentiality & honesty?"

### Inviting Perspectives

Adopts the notion that health practitioners **know-it-all** and know what is best for patients.

**Includes the patient** as care team member; admits that practitioners are fallible & unknowns exist

## Themes:

- [ ] **Appreciate the complexity.** Don't oversimplify professionalism in your evaluation of others, especially those belonging to historically marginalized groups and international learners.
- [ ] **Focus on building trust instead of expecting it** in order to improve individual health outcomes.
- [ ] **Show your humanity** and emotions to patients when it helps them, but seek comfort from your colleagues. Don't feel like you must choose between being a healthcare provider and being a person.

# Additional Key Messages

### Shifting from conformity to individuality

The discourse around professionalism is shifting away from standardizing behaviour and appearance amongst group members and moving toward individual professional identity formation.

### Rethinking how we teach about professionalism

Healthcare educators have caused harm to diverse learners by conflating the truly required parts of professionalism–relational and contextual–with the unnecessary parts, such as style and dress. Professionalism looks different in different places.

### Reflecting on the role of activism within professionalism

Activism has a place in inclusive professionalism because health outcomes are socially determined, but the visibility of our activism depends on context. When we are with patients, our priority is to make patients feel welcome so we can use the information they share to improve their individual health outcomes. When we are with our colleagues, our priority is to advance knowledge for the improvement of health outcomes.

## Questions for Discussion

1. Can you describe your professional identity & trace its formation throughout your career?
2. How do we decide whether to be “professional” and composed or “authentic” and show our emotions? What are the contextual factors that influence your decisions in situations that require you to choose?
3. What relational and contextual norms of professionalism are genuinely required to serve patients and thus, should be regulated by the health professions?
4. Are health professionals from different contexts and identities allowed to question the norms of professionalism in order to prompt reflection and potential adjustments to the norms? Which portions of the defining norms should be questioned?
5. How can we support learners in their advocacy while encouraging them to slow down and make informed decisions about their intentions and the impacts of their activism?
6. When do we entertain trade-offs in our position of advocacy for better results in patient care?

## Further Reading

Sternszus R, Steinert Y, Razack S, Boudreau JD, Snell L, Cruess RL. Being, becoming, and belonging: reconceptualizing professional identity formation in medicine. Front Med (Lausanne). 2024;11:1438082. doi:10.3389/fmed.2024.1438082.

Razack S, de Carvalho Filho MA, Merlo G, Agbor-Baiyee W, de Groot J, Reynolds PP. Privilege, social justice and the goals of medicine: Towards a critically conscious professionalism of solidarity. Perspect Med Educ. 2022;11(2):67-69. doi:10.1007/s40037-022-00699-8.