

Profiles in Professionalism With Bruce Greenfield

By Bruce Greenfield, PT, PhD, FNAP; and Melissa McCune, PT, DPT, MPH

Introduction

The Profiles in Professionalism series featured in the Journal of Humanities in Rehabilitation seeks to explore the elusive yet crucial concept of professionalism and its role in the field of rehabilitation medicine. Providing insight through the words of visionary leaders, we seek to reflect on what it means to be a professional in the current healthcare environment, and how the past can help to inform the future of our growing field.



Figure 1: Bruce Greenfield, Emory University

Biography

In this installment of the Profiles in Professionalism series, we interview Professor of Ethics at Emory University School of Medicine and one of the founding editors of the Journal of Humanities in Rehabilitation, Bruce Greenfield, PT, PhD, FNAP. Dr. Greenfield is an accomplished researcher, scholar, and educator in the field of ethics in physical therapy practice, with an appointment on the American Physical Therapy Association's (APTA) Ethics and Judicial Committee and as a member of the Emory University Hospital Ethics Committee. His scholarship focuses on strategies to improve patient-centered care through development of an ethics of care based on phenomenology and the use of reflective narratives.

In this interview, Dr. Greenfield discusses the intimate connections between professionalism and ethics and how he works with students to better understand their own core values alongside the core values of the profession.

DESCRIBING PROFESSIONALISM THROUGH STORIES

Interviewer: Hi, Dr. Greenfield. Thank you for taking

the time to speak with us. It seems like you have a good handle on “professionalism” through your research and teaching experience. For students who are just beginning their education in the rehabilitation field, going out onto their first clinical rotations, or just beginning their work as clinicians, how would you describe what it means to be a “professional”?

Bruce: Let me try to describe my thoughts about professionalism with two stories, the first of which is a story my wife told me. She went to see an orthopedic surgeon about problems with her hips. While sitting in the exam room, after some delay, the surgeon entered and talked to her for a couple of minutes. According to my wife, the encounter was very cursory, and she could sense that he was very busy. After a brief interaction, he walked to the door. And as he placed his hand on the doorknob and was opening the door to exit, with one foot out in the hallway, almost as an afterthought, he turned toward my wife and asked her, “Do you have any questions you want to ask me?” It was clear to my wife that he didn’t want to hear any questions, but rather move to his next patient. He just wanted to leave the room. My wife and I call this the ‘doorknob doctor’—a metaphor of a detached and disengaged healthcare provider.

The second story is based on a conversation with my mentor who told me, “Bruce, I view professionalism as when you care for the last person you see on a Friday night, when you’re tired and want to go home, as you care and attend to the first patient you see on a Friday morning.” I interpreted this as keeping your focus on the patient, and despite your personal needs, you maintain that deep commitment and obligation to provide the best care that you can. Your commitment to do that each time, even when you’re tired or you may be frustrated and have other things on your mind, is the very essence of professionalism—a deeply-held

obligation toward treating each patient with the care and attention they deserve. Reflecting on those two stories, I have concluded that as healthcare professionals we have a choice what our path will be, where we choose to work, what we are committed to do, what brings value to our own lives, how we choose to prioritize our time, and how we shape our sense of being and define ourselves as healthcare providers. I routinely tell these stories to my students and challenge them to decide what kind of professional they aspire to be.

LEARNING AND REFLECTING ON PROFESSIONALISM

Interviewer: It always feels like these topics are so deep and broad to discuss, and moreso to understand. How do you go about teaching these concepts and ideas to students?

Bruce: I think it is important to distinguish between teaching the tenets of professionalism versus instilling the values and behaviors of professionalism. For the former is easier to accomplish; I describe and define the core values of the profession and the behaviors associated with those and discuss their importance.

I challenge students by asking them to list their own core values and compare those to the profession’s core values, focusing on differences and commonalities; and about the implications of embracing those core values and exhibiting certain behaviors in terms of patient care. Saying that, I think the key is, you must find some way to facilitate students to intrinsically embrace those core values. And that’s hard to do.

And I don’t know if you can do it in a three-credit course in ethics. I think you can introduce the concepts

of professionalism and their importance, as I indicated, but I think ultimately students best develop their professional identity in the clinic.

What we do at Emory to facilitate professionalism is have students write reflective narratives during their clinical experiences, asking them to describe concrete experiences and link their feelings and thoughts during those experiences. We work with students to unbundle their narratives and try to make what is invisible, visible, and try to bring to the surface issues that influence professional formation and identity.

THE ETHICAL UNDERPINNINGS OF PROFESSIONALISM

Interviewer: I understand ethics is a large part of professionalism. Can you describe their relationship and why it is important to understand both when caring for patients?

Bruce: I don't think you can express professionalism if you're not morally and ethically engaged as a physical therapist. Without ethical discernment, one may lack moral sensitivity, a sense of moral agency. I think those are all important components to becoming or expressing professional behavior and growing as a professional. And I think it results in one's ability to

recognize that you're dealing with human beings—a statement in its obviousness that at first blush seems axiomatic, but nevertheless, as we get caught in the maelstrom of clinical care we sometimes need to remind ourselves of the human dimension of care. And if you're caring for a human being you're making a moral commitment to that person, to look out for that individual's best interest. And you are going to do anything you can realistically do to do that.

So, I think ethics and professionalism are connected. Ethics is a necessary but maybe not a sufficient dimension of professionalism, meaning that there are other factors that contribute to professionalism, but ethics is integral. And of course, there are ethical issues that arise in care that you need to be able to navigate through.

Issues arise that may constrain your ability to appropriately and effectively care for an individual, that you need to be able to recognize. There are judgments you need to make all the time. And of course, part of professionalism is ethical reasoning. And that's part of your ability to problem-solve and make judgments about what may be the most appropriate treatment based on your patient's goals, expectations, and their values.

About the Authors



Bruce Greenfield, PT, MA (Bioethics), PhD, FNAP is an Associate Professor in the Division of Physical Therapy and the School of Medicine and Senior Fellow in the Center for Ethics at Emory University. Dr. Greenfield is a well-known physical therapy educator and qualitative researcher. He serves on the APTA Ethics and Judicial Committee, and on the editorial boards of the *Journal of Physical Therapy Education*, the *Journal of Orthopedic and Sports Physical Therapy* and the *Journal of Humanities in Rehabilitation*. He wrote this poem, *Imprisoned*, as an experience of what it may be like to a heretofore healthy individual during and immediately after a spinal cord injury. The poem mixes memory with present reality as the narrator links immediate sensory experiences of hearing, sight, touch and smell to past experiences. In some ways, the poem reflects how memory is used to construct present meaning and understanding. The aim of the poem was to imagine the horror and the slow realization that one with a life changing injury awakens to. It is what Susan Sontag refers to in moving from the Kingdom of the Well, to the Kingdom of the Sick, with illness as the night side of life.



Melissa McCune, PT, DPT, MPH works as a physical therapist in Tucson, AZ. She received her Doctor of Physical Therapy and Master of Public Health degrees from Emory University in Atlanta, Georgia and has been engaged with *The Journal of Humanities in Rehabilitation* since 2018. Melissa was the recipient of the 2019 Frank S. Blanton Humanities in Rehabilitation Scholar award, is an active member of the American Physical Therapy Association (APTA) and strives to regularly contribute research and scholarship to the field. Her clinical interests include geriatrics, women's health, neurological rehabilitation, and population health and she enjoys working at the intersections of physical therapy, humanities, and public health as a strategy to promote health and well-being across the lifespan. As a clinician, she has grown to recognize the importance of a humanistic approach to patient care as individuals navigate their way through the healing process.