

PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES



**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**



American Physical Therapy Association

PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES

Introduction

In 2000, the House of Delegates adopted Vision 2020 and the Strategic Plan for Transitioning to A Doctoring Profession (RC 37-01). The Plan includes six elements: Doctor of Physical Therapy, Evidenced-based Practice, Autonomous Practice, Direct Access, Practitioner of Choice, and Professionalism, and describes how these elements relate to and interface with the vision of a doctoring profession. In assisting the profession in its transition to a doctoring profession, it seemed that one of the initiatives that would be beneficial was to define and describe the concept of professionalism by explicitly articulating what the graduate of a physical therapist program ought to demonstrate with respect to professionalism. In addition, as a byproduct of this work, it was believed that practitioner behaviors could be articulated that would describe what the individual practitioner would be doing in their daily practice that would reflect professionalism.

As a part of the preparation for this consensus conference, relevant literature was reviewed to facilitate the development of the conference structure and consensus decision-making process. Literature in medicine^{3, 18, 19, 25, 27} reveals that this profession continues to be challenged to define professionalism, describe how it is taught, and determine how it can be measured in medical education. The groundwork and advances that medicine laid was most informative to the process and product from this conference. Physical therapy acknowledges and is thankful for medicine's research efforts in professionalism and for their work that guided this conference's structure and process.

Eighteen physical therapists, based on their expertise in physical therapist practice, education, and research, were invited to participate in a consensus-based conference convened by APTA's Education Division on July 19-21, 2002. The conference was convened for the purpose of:

1. Developing a comprehensive consensus-based document on Professionalism that would be integrated into *A Normative Model of Physical Therapist Professional Education, Version 2004* to include a) core values of the profession, b) indicators (judgments, decisions, attitudes, and behaviors) that are fully consistent with the core values, and c) a professional education matrix that includes educational outcomes, examples of Terminal Behavioral Objectives, and examples of Instructional Objectives for the classroom and for clinical practice.
2. Developing outcome strategies for the promotion and implementation of the supplement content in education and, where feasible, with practice in ways that are consistent with physical therapy as a doctoring profession.

The documentation developed as a result of this conference is currently being integrated into the next version of *A Normative Model of Physical Therapist Professional Education: Version 2004*. The table that follows is a synopsis of a portion of the conference documentation that describes what the physical therapist would be doing in his or her practice that would give evidence of professionalism.

In August 2003, **Professionalism in Physical Therapy: Core Values** was reviewed by the APTA Board of Directors and adopted as a core document on professionalism in physical therapy practice, education, and research. (V-10; 8/03)

We wish to gratefully acknowledge the efforts of those participants who gave their time and energies to this challenging initiative; a first step in clearly articulating for the physical therapist what are the core values that define professionalism and how that concept would translate into professional education.

PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES

Seven core values were identified during the consensus-based conference that furthered defined the critical elements that comprise professionalism. These core values are listed below in alphabetical order with no preference or ranking given to these values. During the conference many important values were identified as part of professionalism in physical therapy, however not all were determined to be core (at the very essence; essential) of professionalism and unique to physical therapy. The seven values identified were of sufficient breadth and depth to incorporate the many values and attributes that are part of physical therapist professionalism. The group made every effort to find the optimum nomenclature to capture these values such that physical therapists could resonate with each value and would clearly understand the value as provided by the accompanying definition and indicators.

For each core value listed, the table that follows explicates these values by providing a core value definition and sample indicators (not exhaustive) that describe what the physical therapist would be doing in practice, education, and/or research if these core values were present.

- 1. Accountability**
- 2. Altruism**
- 3. Compassion/Caring**
- 4. Excellence**
- 5. Integrity**
- 6. Professional Duty**
- 7. Social Responsibility**

PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES

For each core value listed, a definition is provided with sample indicators (not exhaustive) that describe what one would see if the physical therapist were demonstrating that core value in his/her daily practice.

Core Values	Definition	Sample Indicators
Accountability	Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.	<ol style="list-style-type: none"> 1. Responding to patient's/client's goals and needs. 2. Seeking and responding to feedback from multiple sources. 3. Acknowledging and accepting consequences of his/her actions. 4. Assuming responsibility for learning and change. 5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities. 6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions. 7. Participating in the achievement of health goals of patients/clients and society. 8. Seeking continuous improvement in quality of care. 9. Maintaining membership in APTA and other organizations. 10. Educating students in a manner that facilitates the pursuit of learning.
Altruism	Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self interest.	<ol style="list-style-type: none"> 1. Placing patient's/client's needs above the physical therapists. 2. Providing pro-bono services. 3. Providing physical therapy services to underserved and underrepresented populations. 4. Providing patient/client services that go beyond expected standards of practice. 5. Completing patient/client care and professional responsibility prior to personal needs.
Compassion/ Caring	Compassion is the desire to identify with or sense something of another's experience; a precursor of caring.	<ol style="list-style-type: none"> 1. Understanding the socio-cultural, psychological and economic influences on the individual's life in their environment. 2. Understanding an individual's perspective. 3. Being an advocate for patient's/client's needs.

Core Values	Definition	Sample Indicators
Compassion/ Caring (continued)	Caring is the concern, empathy, and consideration for the needs and values of others.	<ol style="list-style-type: none"> 4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc. 5. Designing patient/client programs/interventions that are congruent with patient/client needs. 6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care. 7. Focusing on achieving the greatest well-being and the highest potential for a patient/client. 8. Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases. 9. Embracing the patient's/client's emotional and psychological aspects of care. 10. Attending to the patient's/client's personal needs and comforts. 11. Demonstrating respect for others and considers others as unique and of value.
Excellence	Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.	<ol style="list-style-type: none"> 1. Demonstrating investment in the profession of physical therapy. 2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions. 3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes. 4. Conveying intellectual humility in professional and interpersonal situations. 5. Demonstrating high levels of knowledge and skill in all aspects of the profession. 6. Using evidence consistently to support professional decisions. 7. Demonstrating a tolerance for ambiguity. 8. Pursuing new evidence to expand knowledge. 9. Engaging in acquisition of new knowledge throughout one's professional career. 10. Sharing one's knowledge with others. 11. Contributing to the development and shaping of excellence in all professional roles.

Core Values	Definition	Sample Indicators
Integrity	Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.	<ol style="list-style-type: none"> 1. Abiding by the rules, regulations, and laws applicable to the profession. 2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc). 3. Articulating and internalizing stated ideals and professional values. 4. Using power (including avoidance of use of unearned privilege) judiciously. 5. Resolving dilemmas with respect to a consistent set of core values. 6. Being trustworthy. 7. Taking responsibility to be an integral part in the continuing management of patients/clients. 8. Knowing one’s limitations and acting accordingly. 9. Confronting harassment and bias among ourselves and others. 10. Recognizing the limits of one’s expertise and making referrals appropriately. 11. Choosing employment situations that are congruent with practice values and professional ethical standards. 12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.
Professional Duty	Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.	<ol style="list-style-type: none"> 1. Demonstrating beneficence by providing “optimal care”. 2. Facilitating each individual’s achievement of goals for function, health, and wellness. 3. Preserving the safety, security and confidentiality of individuals in all professional contexts. 4. Involved in professional activities beyond the practice setting. 5. Promoting the profession of physical therapy. 6. Mentoring others to realize their potential. 7. Taking pride in one’s profession.

Core Values	Definition	Sample Indicators
Social Responsibility	Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.	<ol style="list-style-type: none"> 1. Advocating for the health and wellness needs of society including access to health care and physical therapy services. 2. Promoting cultural competence within the profession and the larger public. 3. Promoting social policy that effect function, health, and wellness needs of patients/clients. 4. Ensuring that existing social policy is in the best interest of the patient/client. 5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision. 6. Promoting community volunteerism. 7. Participating in political activism. 8. Participating in achievement of societal health goals. 9. Understanding of current community wide, nationwide and worldwide issues and how they impact society's health and well-being and the delivery of physical therapy. 10. Providing leadership in the community. 11. Participating in collaborative relationships with other health practitioners and the public at large. 12. Ensuring the blending of social justice and economic efficiency of services.

References

1. Albanese, M. Students are *not* customers: A better model for education. *Acad Med.* 1999; 74(11):1172-1186.
2. American Physical Therapy Association. *A Normative Model of Physical Therapist Professional Education: Version 2000.* American Physical Therapy Association, Alexandria, VA; 2000.
3. American Physical Therapy Association. Professionalism in Physical Therapy: Core Values. American Physical Therapy Association, Alexandria, VA; August 2003 (www.apta.org/documents/public/education/professionalism.pdf).
4. Arnold, L. Assessing professional behavior: Yesterday, today and tomorrow. *Acad Med.* 2002; 77(6): 502-515.
5. Cary, JR, Ness, KK. Erosion of professional behaviors in physical therapist students. *Journal of Physical Therapy Education.* 2001;15(3):20-24.
6. Cohen, CB, Wheeler, SE, Scott, DA and the Anglican Working Group in Bioethics. Walking a fine line: Physician inquiries into patient's religious and spiritual beliefs. *Hastings Center Report* 31. 2001;5:29-39.
7. Coles, R. The moral education of medical students. *Acad Med.* 1998;73(1):55-57.
8. Covey, SR. *The Seven Habits of Highly Effective People: Powerful Lessons in Personal Change.* Simon & Schuster Adult Publishing Group, New York, NY: August 1990.
9. Covey, SR, Merrill RA, Merrill RR. *First Things First: To Live, To Love, To Learn, To Leave a Legacy.* Simon & Schuster Trade Paperbacks, New York, NY: May 1995.
10. Covey, SR, Reynolds. *Principled-Centered Leadership: Strategies for Personal and Professional Effectiveness.* Simon & Schuster Adult Publishing Group, New York, NY: September 1992.
11. DeRosa, C. Innovation in physical therapy practice. *PT Magazine.* February 2000:40-46.
12. Epstein, RM. Mindful practice. *JAMA.* 1999; 282(9):833-839.
13. Fox, RC. Time to heal medical education? *Acad Med.* 1999;74(10):1072-1075.
14. Ginsburg, S, Regehr, G, Stern, D, Lingard, L. The anatomy of the professional lapse: Bridging the gap between traditional frameworks and students' perceptions. *Acad Med.* 2002; 77(6):
15. Greenlick, MR. Educating physicians for the twenty-first century. *Acad Med.* 1995;70(3):179-185.
16. Hayward, LM, Noonan, AC, Shain, D. Qualitative case study of physical therapist students' attitudes, motivations, and affective behaviors. *J Allied Health.* 1999; 28: 155-164.
17. Hensel, WA, Dickey, NW. Teaching professionalism: Passing the torch. *Acad Med.* 1998;73(8):865-870.
18. Kirschenbaum H. Values clarification to character education: A personal journey. *Journal of Humanistic Counseling, Education, and Development.* 2000; 39(1):4.
19. Kopelman, LM. Values and virtues: How should they be taught? *Acad Med.* 1999; 74(12):1307-1310.
20. Ludmerer, KM. Instilling professionalism in medical education. *JAMA.* 1999; 282(9):881-882.

21. MacDonald, CA, Cox, PD, Bartlett, DJ, Houghton, PE. Consensus on methods to foster physical therapy professional behaviors. *Journal of Physical Therapy Education*. 2002;16(1):27-35.
22. Markakis, KM, Beckman, HB, Suchman, AL, Frankel, RM. The path to professionalism: Cultivating humanistic values and attitudes in residency training. *Acad Med*. 2000;75(2): 141-150.
23. Mathews, Jane. *Practice Issues in Physical Therapy: Current Patterns and Future Directions*. Thorofare, NJ: Slack, 1989.
24. May WW, Morgan BJ, Lemke JC, Karst GM, et al. Development of a model for ability-based assessment in physical therapy education: One program's experience. *Journal of Physical Therapy Education*, 1995, 9 (1):3-6.
25. Pellegrino, ED. Toward a virtue-based normative ethics for the health professions. *Kennedy Institute of Ethics Journal*. 1995;5(3): 253-277.
26. Perry, J. Professionalism in physical therapy. *Phys Ther*. 1964;44(6):429-434.
27. Robins, LS, Braddock III, CH, Fryer-Edwards, KA. Using the American board of internal medicine's "elements of professionalism" for undergraduate ethics education. *Acad Med*. 2002; 77(6):
28. Sullivan, WM. What is left of professionalism after managed care? *Hastings Center Report* 29. 1999;2:7-13.
29. Swick, HM, Szenas, P, Danoff, D, Whitcomb, ME. Teaching professionalism in undergraduate medical education. *JAMA*. 1999;282(9):830-832.
30. Triezenberg, HL. Teaching ethics in physical therapy education: A Delphi study. *Journal of Physical Therapy Education*. 1997;11(2):16-22.
31. Triezenberg, HL, McGrath, JH. The use of narrative in an applied ethics course for physical therapist students. *Journal of Physical Therapy Education*. 2001;15(3): 49-56.
32. Weidman, JC, Twale, DJ, Elizabeth LS. *Socialization of Graduate and Professional Students in Higher Education: A Perilous Passage?* ASHE-ERIC Higher Education Report Volume 28, Number 3. San Francisco, CA: Jossey-Bass; 2001.