Chapter 7
Professional Growth and Development

ABSTRACT

The purpose of this chapter is to explore why a medical professional’s career is one of lifelong learning and growth. Even after the period of formal education is over, continuous development and maintenance of skills is essential. Along with this, attention is also directed towards the improvement of health care services at the individual and general levels.

KEY POINTS

- to discuss the role and importance of clinical governance
- to appreciate the nature and need to undertake higher training
- to explore the various avenues available for higher training
- to study the different opportunities offered by higher specialization
- to understand the importance of self directed and lifelong learning
- to explore ways to promote mentorship and use the same to build a professional network and support system

INTRODUCTION

The complexities of modern health care throw up a lot of questions regarding the conduct and development of medical professionals and the satisfaction and well being that health consumers drive from accessing medical services. On the face of it, there might seem to be a tussle among the two- that doctors’ needs are diametrically opposite to those of their patients. It is actually quite the contrary- a well rounded development of the doctor bodes well for the satisfaction the patient receives, and this in turn, leads to increased productivity of the doctor (Wood et al, 2009).

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**Patient Advocacy**

In the days of yore, the doctor was the patient’s closest advocate over and above being a charming administrator. One does look back fondly upon those days when one could hop over to the friendly neighborhood doctor, chat with him or her as one might with an old friend, and walk away with a few pills that were friendly on the pocket as well as one’s body!

Friendship is what the modern doctor is unable to satisfactorily offer his or her patient because the patient-doctor relationship itself has suffered a tectonic shift and become a consumer-provider equation. A lot of skepticism, a little suspicion, and often complete stupefaction accompany the consultations of most patients with their doctors. Patients like to read before they meet with their doctor, and ask questions about things they do not understand or want more information about. The amount of satisfaction they receive is not so much in getting better but in having had an opportunity for open communication with the doctor, because as is seen in plenty of cases, the patient’s own intuition and understanding of the problem enable him or her to deal with it more effectively, and with a little help from the doctor, result in recovery.

Modern health care delivery is therefore as much about enhancing the competence of doctors with better training as it is about empowering patients with appropriate education. Patient advocacy is the dissemination of information to the community of health consumers about how they can access health care, assess its quality and assure themselves that they are getting a run for their money. Health insurance plans, listings of doctors and hospitals, grievance cells, consumers’ health forums, small aliquots of information about health and disease, and so on, assist in making navigation through the complex maze of health care services easier for the patient.

There are individual doctors or independent non medical persons who might be involved in patient advocacy. They bring out booklets and newsletters, hold talks and seminars and educate other doctors about the same (Gunderman, 2014). It helps the patient assume control and responsibility for his or her own health which, it is widely believed, is more than half the problem solved. The role of the medical professional in the modern era is to actively engage in the public sphere. Sharing information that could be useful to both the population of health consumers as well as one’s professional fraternity is a new skill that doctors must learn. This applies to doctors in training as well, and there are many who maintain popular blogs and websites. Educating the public, and in turn receiving feedback from them, goes a long way in building awareness about health issues. This way, health consumers could take care of a whole lot of minor, niggling problems and avoid using up precious health resources. Time, effort and money spent on visits to doctors and purchase of medications could be put to better use. Nevertheless, streamlining such processes is difficult at the current moment because of issues with internet and mobile connectivity, privacy and confidentiality, and a fee structure or reimbursement for doctors’ online consultations.

Patient advocacy also involves the firm conviction that the rights of the patient are to be protected at all costs. Doctors need to speak out against any kind of wrongdoing towards the patient, especially and even when they witness their peers and colleagues adopt irrational treatment strategies (Okuyama, Wagner, & Bijnen, 2014) (Schwappach & Gehring, 2014) (Schwappach & Gehring, 2014). Those in training also sometimes see their ‘professionalism’ strained beyond reasonable limits when they might want to voice their disagreement with their supervisors and challenge those in positions of authority (Kobayashi et al, 2006). Thus, this characteristic of patient advocacy is extremely difficult to execute both in training and actual practice, particularly in institutional settings where the hierarchical structure is well entrenched, and is one of the reasons why professional behavior suffers a critical blow- from the ‘hidden curriculum’, as has been mentioned earlier (Kirk, 2007).
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