ORIGINAL ARTICLE

Clinical Excellence in Academia: Perspectives From Masterful Academic Clinicians

COLLEEN CHRISTMAS, MD; STEVEN J. KRAVET, MD, MBA; SAMUEL C. DURSO, MD, MBA; AND SCOTT M. WRIGHT, MD

OBJECTIVE: **To better understand and characterize clinical excellence in academia by exploring the perspectives of clinically excellent faculty in the top American departments of medicine.**

PARTICIPANTS AND METHODS: **Between March 1 and May 31, 2007, 2 investigators conducted in-depth semistructured interviews with 24 clinically excellent Department of Medicine physicians at 8 academic institutions. Interview transcripts were independently analyzed by 2 investigators and compared for agreement. Content analysis identified several major themes that relate to clinical excellence in academia.**

RESULTS: **Physicians hailed from a range of internal medicine specialties; 20 (83%) were associate professors or professors and 8 (33%) were women. The mean percentage of time physicians spent in clinical care was 48%. Eight domains emerged as the major features of clinical excellence in academia: reputation, communication and interpersonal skills, professionalism and humanism, diagnostic acumen, skillful negotiation of the health care system, knowledge, scholarly approach to clinical care, and passion for clinical medicine.**

CONCLUSION: **Understanding the core elements that contribute to clinical excellence in academia represents a pivotal step to defining clinical excellence in this setting. It is hoped that such work will lead to initiatives aimed at measuring and rewarding clinical excellence in our academic medical centers such that the most outstanding clinicians feel valued and decide to stay in academia to serve as role models for medical trainees.**

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ACGME = Accreditation Council of Graduate Medical Education; AMC = academic medical center; PBLI = practice-based learning and improvement

Academic medical centers (AMCs) are committed to advancing clinical knowledge through research and education and by providing clinical care to the communities they serve.[1] Because AMCs are responsible for training the next generation of health care professionals, they must have clinically excellent role models on the faculty who are dedicated to delivering the highest standards of care to patients.[1-5]

Many AMCs represent themselves as an equilateral triangle, with the sides of the triangle representing research, education, and clinical care.[6] However, reward systems at AMCs often do not support the notion that all 3 sides of this triangle are indeed equal. Expectations for research accomplishments are well defined with clear criteria for promotion.[7] Standards and measures to document distinction in teaching have received considerable attention such that the pathway to successful promotion along this course has become more clearly established at many institutions.[8-10] Defining, measuring, and identifying clinical excellence at AMCs has lagged behind to the point that rewards and recognition for excellence in this realm have been unfeasible. Indeed, studies indicate that faculty who spend greater proportions of their time on clinical activities feel undervalued by their institutions.[11] The failure to define, measure, and reward clinical excellence threatens the core values of AMCs and weakens their potential for greatness.[1,5]

For editorial comment, see page 974

We conducted this qualitative study to explore the perspectives of exceptional clinicians working in AMCs in hopes of identifying elements judged to be most pertinent to defining clinical excellence in academia. Only themes and data that characterize clinical excellence within AMCs are presented.

PARTICIPANTS AND METHODS

A qualitative study design was selected to explore clinical excellence in academia to allow themes to emerge that researchers did not anticipate. Individual one-on-one interviews permitted exploration in greater depth than is possible with closed-ended scales, surveys, or even focus groups.

STUDY SAMPLING

Through purposive sampling, we recruited those with reputations for being most clinically excellent within the top 10 departments of medicine according to the 2006 rankings from *US News and World Report*.[12] Department chairs at these 10 institutions were asked to name 5 physicians within their department judged to be the most clinically

From the Division of Geriatrics (C.C., S.C.D.) and Division of General Internal Medicine (S.J.K., S.M.W.), Johns Hopkins Bayview Medical Center, Johns Hopkins University School of Medicine, Baltimore, MD.

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Individual reprints of this article are not available. Address correspondence to Scott M. Wright, MD, Johns Hopkins University School of Medicine, Johns Hopkins Bayview Medical Center, 5200 Eastern Ave, Suite 2300, Baltimore, MD 21224 (swright@jhmi.edu).

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TABLE 1. **Interview Guide Questions Used to Stimulate Discussion With Informants About Clinical Excellence in Academia**

Before we contacted you to set up this meeting, were you aware that you are considered to be an excellent clinician by your department chair? Why do you think your department chair considers you to be clinically excellent? How would he or she know this?
What is an example of something you have done that you think was perceived as excellent clinically? Perhaps a time when you felt particularly proud or a time when you were complimented about your abilities in providing patient care.
Can you tell me about a colleague whom you feel is clinically excellent and why?
What is your definition of clinical excellence within an academic institution?
Do you believe your clinical work is noticed, valued, credited toward promotion? Does anyone at your institution get promoted based on excellence of clinical work?
Is the quality of the clinical care you provide monitored or measured in any way? If yes, how?
Have you ever received an award for clinical work either at your institution or through another venue? If yes, please describe the award.
How do you feel the system in which you provide clinical care fosters or hinders provision of high-quality clinical care?

excellent. To help with their selection process, the following was included in the request: "In considering this, it may help to think about which of your faculty you would ask to care for a close family member who was ill (with a diagnosis within this physician's area of expertise)." From the lists of physicians, we randomly selected 3 physicians from each AMC to interview using www.random.org. If any of these physicians were unavailable or declined participation, we proceeded to the next physician from that institution on the random order list. Mayo Clinic Institutional Review Board approved the study.

Data Collection

From March 1 to May 31, 2007, 2 investigators (C.C., S.M.W.) audiotaped semistructured interviews with participants via telephone, which lasted about 30 minutes. The interviewer began by asking closed-ended questions that collected demographic information, such as division and academic rank, before switching to open-ended questions about clinical excellence in academia (Table 1). The interviewers, trained in qualitative interviewing techniques, used reflective probes to encourage respondents to clarify and expand on their statements. All interviews were transcribed verbatim.

Data Analysis

We analyzed transcripts using an "editing organizing style," a qualitative analysis technique in which researchers search for "meaningful units or segments of text that both stand on their own and relate to the purpose of the study."[13] With this method, the coding template emerges from the data, as opposed to application of a preexisting template. Two investigators (C.C., S.M.W.) independently analyzed the transcripts, generated codes to represent the informants' statements, and created a coding template. In cases of discrepant coding, the 2 investigators successfully reached consensus after reviewing and discussing each other's coding. Atlas.ti 5.0 software (Atlas.ti GmbH, Berlin, Germany, 2005) was used for data management and analysis. The authors agreed on representative quotes for each theme.

Following accepted qualitative methodology, we discontinued sampling after 24 interviews, when it was determined that new interviews yielded confirmatory rather than novel themes, a process called achieving "thematic saturation."[13] This sample size is consistent with other qualitative studies.[14-17]

RESULTS

Informant Sampling and Respondent Demographics

Two Department of Medicine chairs did not respond to our requests for the names of the most clinically excellent physicians among their faculty. Of the 40 names provided by the other 8 chairs, 24 (3 from each AMC) were randomly selected for the study. Of these, 2 were not willing to make time for participation; however, at both institutions the next physician agreed.

Of the 26 physicians approached, 24 (92%) participated in the interviews. Most participating physicians (83%) were associate professors or professors; one third (33%) were women; and informants hailed from diverse specialties of internal medicine (Table 2).

The average percentage of time informants spent on clinical care in their current schedule was 48%. Most informants (19; 79%) reported that they considered their clinical effort was "just the right amount of time" to spend in clinical work. The other 5 (21%) reported a preference to decrease their clinical time.

Qualitative Analysis

Comments made and stories told by informants were categorized into 7 domains that describe and relate to clinical excellence in academia. These are listed in Table 3, with the number of times each domain was mentioned and the percentage of informants referring to the domain. An eighth domain, reputation for clinical excellence, explored how clinically excellent physicians in academia could be recognized.

Communication and Interpersonal Skills. Physician informants described how communication and interper-

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TABLE 2. **Characteristics of the 24 Clinically Excellent Physicians From 8 Academic Institutions With Highly Rated Departments of Medicine**[a]

Women	8 (33)
No. of years on faculty	24 (4-39)
Academic rank	
Professor	15 (62)
Associate professor	5 (21)
Assistant professor	4 (17)
Specialty	
Internal medicine	6 (25)
Cardiology	5 (21)
Gastroenterology	2 (8)
Hematology	2 (8)
Infectious disease	2 (8)
Rheumatology	2 (8)
Nephrology	2 (8)
Oncology	1 (4)
Endocrinology	1 (4)
Pulmonology	1 (4)
Time in various activities (%)	
Clinical care	48 (15-90)
Research	11 (0-45)
Teaching	19 (5-50)
Administration	21 (0-50)
Time respondent wished to spend in clinical care	
More	0 (0)
Less	5 (21)
Right amount as is	19 (79)

[a] Continuous variables are expressed as mean (range); categorical variables are expresssed as number (percentage).

sonal skills are very much at the core of clinical excellence. Specific facets within this domain that were thought to set the most excellent clinicians apart included forging deep connections with patients, being responsive and considerate of others, simplifying concepts to create better understanding, being skillful in teams, being flexible, having the skill to relieve stress, and helping patients to regain control.

An assistant professor who spends 25% of his time in clinical settings emphasized the importance of forging meaningful relationships with patients, "To be clinically excellent, you have to have relationships with patients. You have to have those communication skills and that professionalism that will allow you to build trust between you and the patient."

Communication was also stressed by an associate professor oncologist who spends 30% of her time in clinical care:

> I think the foremost thing is communication. You have to be able to listen and then also communicate with people of all different levels. You have to be able to connect with them, and you have to be able to deal with stressful situations in a way that helps relieve stress and that is productive.

Professionalism and Humanism. Many top clinicians discussed themes related to professionalism and humanism, as they pertain to clinical excellence. The excellent clinician was noted to be generous with people and with his or her time, humble, and deeply caring and dedicated. Other facets central to excellence included being honest, being nonjudgmental, genuinely caring, treating all patients equally, and constantly striving for excellence.

Dedication to the patient and the profession was recognized by a hematology professor in academics for 16 years who stated, "I can love somebody [a colleague] who is dedicated, who is always there for the patient or for your questions, and goes the extra mile."

A professor in the Division of Endocrinology believed that availability and commitment were largely responsible for why he is viewed as clinically excellent, "Commitment: I take my clinical care and teaching very seriously. I have never put it on the back burner. I have always been available. I make myself accessible to patients as well as students, whether they are residents or medical students."

One professor who spends 25% of her time in clinical settings expressed her perspective that treating all patients equally well is a real sign of clinical excellence:

> Basically my belief is that everybody gets treated the same and that everybody has VIP status when I walk through the door to see anybody in our clinic. So therefore, the people that I like or the people that I think are wonderful clinicians basically have that

TABLE 3. **Major Themes Related to Defining Clinical Excellence, From Interviews With 24 Clinically Excellent Faculty Physicians at 8 Academic Institutions**[a]

Theme	No. of times theme mentioned in all interviews	No. (%) of respondents referring to theme
Communication and interpersonal skills	47	22 (92)
Professionalism and humanism	46	21 (88)
Diagnostic acumen	46	14 (58)
Skillful negotiation of the health care system	21	8 (33)
Knowledge	16	10 (42)
Scholarly approach to clinical practice	10	7 (29)
Passion for clinical medicine	6	5 (21)

[a] Respondents were not queried specifically about these themes, and these counts represent spontaneous and unsolicited responses in each subcategory.

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same thought: that they're treating everybody the same and everybody deserves the best treatment.

A female internist who is an associate professor spoke in great detail about how humanism relates to clinical excellence:

> To be hailed as a stellar clinician and what sets those folks apart are (1) the ability to communicate with patients, (2) the ability to communicate with colleagues, and (3) their level of compassion toward their patients: understanding, and true thoughtfulness as opposed to dismissiveness. It's a lot of humanistic qualities I think makes the person a great clinician, not just diagnostic qualities.

Diagnostic Acumen. The importance of being a skillful diagnostician was referenced 46 times during the interviews. The most excellent clinicians were thought to be expert thinkers who were thorough, exercised outstanding judgment, and were called for the tough cases. In their quest to arrive at correct diagnoses, they would uncover historical features and physical findings not seen by others and would apply their experience thoughtfully.

A male assistant professor internist who has been in academia for 7 years stated, "I think you have to be right a lot.... I think you have to have a track record of going out on a limb, making calls about things, making decisions regardless of the uncertainty, and having success."

An associate professor in oncology with 30% time in the clinical setting also noted, "It's hard to define that, but you get the sense that some people can listen to a story and they can home right in on what part of that story, that clinical story, doesn't make sense. They know to focus on that because that is where the answer lies."

Likewise, another physician (a male internist) described an excellent colleague as follows:

> What's amazing to me is how often he's right, how often he has just hit the nail on the head, whether it's being presented at [the Clinical Practice Committee] as an unknown, or whether it's in a prospective fashion.… But he would be the one I send any complex patient to in a heartbeat because I know he'll get the right answer 9 times out of 10.…

Skillful Negotiation of the Health Care System. Informants frequently discussed issues related to the systems in which they practice medicine. Practicing evidence-based medicine and using resources appropriately appear to distinguish good clinicians from excellent ones. Informants spoke of how excellent physicians must demonstrate leadership related to the delivery of optimal care or must serve as advocates for patients. Some explained that economic factors or time constraints affect the ability to realize clinical excellence.

A lengthy quotation from a male associate professor cardiologist who spends 85% of his time in clinical practice summarized the sentiments of several informants:

> [M]y perception of…clinical excellence is an individual who practices evidence-based medicine, uses resources appropriately and wisely, is able to diagnose problems (at times complicated), addresses therapies, and effectively communicates those therapies and decisions to…the house officers, their colleagues, and patients;…there's now enormous disconnect between that advancement [of science] and the implementation of delivery of clinical care. Care is [fractured]; it's discontinuous.… Our group will see our patients no matter where they are in the hospital or no matter what service they come in on to provide continuity of care.…

Knowledge. The physicians interviewed described outstanding knowledge and lifelong learning as being central to clinical excellence in academia. Clinically excellent physicians are not only learned and up-to-date in their own field but are also facile and sharp in related fields.

In characterizing clinical excellence, one female associate professor in internal medicine commented that superior knowledge was a requirement. "You absolutely have to start with a reasonably excellent knowledge base and excellent clinical judgment. That is nonnegotiable."

In regard to lifelong learning, a professor who spends 60% of his time in infectious diseases practice described a colleague that he judges to be excellent, "He's extremely knowledgeable, and I think that makes him such an excellent clinician and teacher. Besides the fact he's very smart, knows the literature, and has a great deal of experience, he has a tremendous enthusiasm for learning."

Scholarly Approach to Clinical Practice. Clinically excellent academic physicians described being scholarly in their approach to patient care, including applying evidence judiciously to patient care decisions. They are committed to improving patient care systems and disseminating clinical knowledge. Several physician informants discussed interfacing with researchers both to inform research and to translate research findings into clinical care.

An associate professor who spends 30% of her time in clinical practice and 45% in research explained, "An academic clinician, I think, needs to go a step further and not just know guidelines, but know what's on the horizon, know the directions. I'm a clinical researcher, so I'm biased to say that clinically excellent academicians would be participating in clinical research and trying to move the field forward."

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Passion for Clinical Medicine. During the interviews, 5 informants mentioned that clinically excellent physicians must have a passion for, enthusiasm about, and enjoyment of clinical medicine.

A professor who is 60% clinical and considers this "just the right amount" of clinical work to be doing conveyed the following:

> But what really separates the superb clinician, at least as I look around and I make judgments on my colleagues, it is the enthusiasm that the best of the clinicians have in regard to their approach to patient care. They really enjoy doing it. It is obvious to people around them that they enjoy doing it. That kind of enthusiasm gives a kind of charisma to the way they do business that is really quite infectious.

Reputation for Clinical Excellence. The most common theme, identified 53 times by 21 respondents (88%), was the idea that one's reputation was critical with respect to being perceived as clinically excellent within the AMCs. These physicians believed that clinically excellent academic physicians are renowned for their prior achievements in clinical settings. Informants reported that many had received recognition for their clinical care, in the form of awards and as philanthropy from grateful patients. Further, referrals from colleagues within and outside the institution, as well as being called on to care for physicians, their families, or other VIPs were believed to play into one's reputation.

A male hematologist alluded to reputation in his definition of clinical excellence: "I think that I would define that as someone who has the respect of his or her colleagues, housestaff, fellows, and medical students: somebody that probably any other faculty member would seek out if they had a problem, an illness."

A rheumatology professor whose schedule is 45% clinical concurred, "When you get right down to it, the determination of clinical excellence really comes from the recommendations of peers, course directors, division chiefs, and department chairs."

An assistant professor interventional cardiologist was tuned in to the elements that contributed to his reputation, "I think I have a pretty good reputation in terms of care of complex patients and for lack of a better word, 'better-known' patients. I see a lot of VIP-type people and a lot of complicated patients that get referred."

Other Ideas Raised by Informants. Several comments did not fit into any of the 8 domains but are worthy of mentioning. Some comments related to "continual reflection on the practice of medicine with efforts to improve clinical care" and "development of systems or processes or measures to improve clinical care." Other physicians noted technical skills are important to defining clinical excellence.

DISCUSSION

In this qualitative study, excellent academic clinicians defined clinical excellence in academia as a coming together of multiple characteristics and aptitudes: communication and interpersonal skills, professionalism and humanism, diagnostic acumen, skillful negotiation of the health care system, knowledge, taking a scholarly approach to clinical practice, and having passion for clinical medicine. This confluence of factors, perhaps together with other features, might bestow on certain individuals the reputation for being clinically excellent, which was the most common theme in the interviews. The fact that reputation was a leading theme in the analysis was not all that surprising in that peer assessment is perpetually used in medicine, for example with credentialing and board certification.[18-20] The 7 themes that emerged as informants attempted to delineate clinical excellence correlated highly with the core competencies outlined by the Accreditation Council of Graduate Medical Education (ACGME).[21] The ACGME's 6 core competencies define the areas in which house officers in residency training programs across all specialties are supposed to demonstrate competence before graduating: medical knowledge, patient care, systems-based practice, practice-based learning and improvement (PBLI), interpersonal and communication skills, and professionalism. Only PBLI was not specifically identified in this study of clinical excellence among faculty, although the theme "scholarly approach to clinical care" included both familiarity with the literature and creation of new knowledge, both of which are part of PBLI. The themes of reputation and passion for clinical medicine elaborated by these faculty are not captured within ACGME's core competencies; they could be instrumental in clinically excellent physicians' ability to inspire others, particularly to serve as role models for learners at AMCs.[4,22,23]

Medical knowledge and diagnostic acumen were common themes related to defining clinical excellence, but they figured less prominently than did communication and interpersonal skills and professionalism and humanism. The "art" of medicine appears to be highly valued in identifying standards of excellence in clinical care. Indeed, one study found that the traits that patients themselves most highly value in their physicians are confidence, empathy, humanism, personal regard, honesty, respect, and thoroughness.[24] Another study showed that physicians' communication skills were closely linked to patient satisfaction, whereas the actual quality of care delivered (according to standards and guidelines) was not.[25] Further, learners want to emulate role models who are professional, and they describe noting discord between what they are taught about professionalism in the classroom and what they witness in clinical

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settings.[26] Likewise, modeling humanism to learners is believed to be the most effective means of reinforcing and fostering this attribute with medical trainees.[27] Therefore, fostering the careers of clinically excellent faculty is crucial not only for providing excellent clinical care to patients but also for preserving the humanism and professionalism that are essential to maintain medicine as a public trust.[27]

These excellent clinicians spend on average 50% of their time in clinical care, with a low of 15%. This feature makes these full-time academic physicians different from their colleagues practicing medicine outside academic settings. No informants wanted to increase their clinical time, and some wanted to reduce it. Although it is unclear why these superb clinicians are not spending more time in clinical settings, reasons could relate to their interest and skills in research, teaching, or administrative responsibilities. One would hope that the assumption of duties outside clinical arenas was not merely undertaken as a means to survive and ensure promotion within the academic institution.

Several limitations of this study should be considered. First, this study relied exclusively on self-report. However, this is considered the most direct approach for understanding attitudes and beliefs. Second, this qualitative study is limited to a few clinically excellent physicians at 8 AMCs within the Department of Medicine; as such our findings might not apply to other institutions, other departments, or the private sector. That being said, many of the characteristics and skills that were believed to translate into clinical excellence among academic faculty in medicine would likely be germane to physicians in other departments and those caring for patients outside academic settings. Third, 2 physicians declined participation, and their perspectives could have been different. Finally, the frequency with which many of the themes were mentioned by informants was less than 50%. However, it is important to note that the responses emerging from the open-ended question about clinical excellence were spontaneous. Qualitative analysis does not allow us to know whether reputation was a more important theme than passion for clinical medicine merely because it was mentioned more frequently. If all informants were specifically asked about each theme, the number of comments related to each would certainly be much higher.

CONCLUSION

This study describes how clinically excellent physicians think about excellence in clinical care in academia. Their perspectives can be used to define clinical excellence in academia, which is essential before moving on to the next steps of measuring and rewarding accomplishments in this realm. Organizations hoping to recruit and retain clinically excellent physicians or to advance and cultivate their clinical missions might need to invest resources into this enterprise.

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