

as 'interactional professionalism', or an ability to move into another's world not just from the moment of the encounter but even before it.

ACCEPTING OTHER VIEWS

It would of course be easy to contest this particular angle on professionalism and many doctors might be tempted to do so. We all know, for example, that the clinical notes are sometimes unavailable for reasons outside our control, or we are so ridiculously busy that it seems impossible to take time before each consultation to read the notes. These objections are understandable, but they entirely miss the point. What patients want, it seems, is not for us to set the terms of engagement ourselves, but to alter them in their favour. Thus, they might well prefer us to keep them waiting while we move heaven

and earth to track down the notes (especially if we explain this is happening), and might even accept a shorter consultation with us if the quality of the time they do have is enhanced by full intellectual and emotional engagement on our part.

What this evidence teaches us is that professionalism may not be about looking inwards but outwards. In fact, a core feature of professionalism, however defined, might be to consider favourably the views of others, even if they don't happen to coincide with our own. Professionalism may mean rising to the challenges that others set for us, rather the ones we set for ourselves.

Competing interests None declared.

Provenance and peer review Commissioned; not externally peer reviewed.

Postgrad Med J 2010;**86**:127–128
doi:10.1136/pgmj.2009.095224

REFERENCES

1. **Levenson R**, Dewar S, Shepherd S. Understanding doctors: harnessing professionalism. *London: King's Fund and Royal College of Physicians*.
2. **Van de Camp K**, Vernooij-Dassen J, Grol R, *et al*. How to conceptualize professionalism: a qualitative study. *Med Teach* 2004;**8**:696–702.
3. **Jha V**, Bekker H, Duffy S, *et al*. A systematic review of studies assessing and facilitating attitudes towards professionalism in medicine. *Med Educ* 2007;**41**:822–9.
4. **Huddle TS**. Teaching professionalism: is medical morality a competency? *Acad Med* 2005;**80**:885–91.
5. **Martimianakis MA**, Maniate JM, Hodges BD. Sociological interpretations of professionalism. *Med Educ* 2009;**43**:829–37.
6. **Goldstein E**, Maestas R, Fryer-Edwards K, *et al*. Professionalism in medical education: an institutional challenge. *Acad Med* 2006;**81**:871–87.
7. **Green M**, Zick A, Makoul G. Defining professionalism from the perspective of patients, physicians and nurses. *Acad Med* 2009;**84**:556–73.

Correction

In an article published in the November 2009 issue of the journal (Tyrer F, Williams M, Feathers L, *et al*. Factors that influence decisions about cardiopulmonary resuscitation: the views of doctors and medical students. *Postgrad Med J* 2009;**85**:564–8), the authors omitted to say that the study was undertaken with the support of a BMA Walsh, Holt and Powell grant awarded in 2004. The authors wish to acknowledge this grant with thanks and apologise for the omission.

Postgrad Med J 2010;**86**:128. doi:10.1136/pgmj.2009.079491corr1

Correction

An article published in the September 2009 issue of the journal (Martineau M, Nelson-Piercy C. Venous thromboembolic disease and pregnancy. *Postgrad Med J* 2009;**85**:489–94) contained an error on page 491. In the paragraph beginning "Depending upon the chest X-ray...", the third sentence should read: "Compared to CTPA, however, fetal radiation exposure is higher with a marginally increased risk of childhood cancer (1:280 000 vs 1:1 000 000)" not "... (1:280 000 vs 1:10 000 000)".

Postgrad Med J 2010;**86**:128. doi:10.1136/pgmj.2009.079822corr1