

Professionalism in Family Medicine Summit Executive Summary and Next Steps

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Hosted by the Society of Teachers of Family Medicine (STFM), co-sponsored by the American Medical Association, and supported by a grant from the American Board of Family Medicine (ABFM) Foundation

Introduction

The 2025 Professionalism in Family Medicine Summit brought together leaders from family medicine residency and academic departments, certifying and accrediting bodies, and professional societies to reexamine the meaning, teaching, and assessment of professionalism in an era of rapid cultural and systemic change. Over two days, participants identified opportunities for innovation and collaboration, and brainstormed strategies for embedding professionalism in both training and practice.

Summit goals were to:

- Discuss future directions for family medicine professionalism expectations
- Develop strategies for faculty and physician education/development
- · Get input on future curriculum
- Identify opportunities for collaboration
- Define next steps

What is the Problem We're Trying to Solve?

The Summit started with a prioritization exercise to gauge perceptions of the problem the specialty is trying to solve by investing time and resources into reimagining professionalism.

Highest-rated response:

 Identifying a definition of professionalism in the modern era that allows us, as a body, to develop curricula, faculty development, and assessment tools ideally suited to promote holistic, patient-centered care grounded in excellence

Other highly-rated responses:

- Moving away from professionalism as a "duty" or punitive word and towards a shared identity where family physicians at all stages take pride in their work and its responsible and ethical practice
- Making space for individualism while forming a coherent collective identity as a profession
- To reimagine family medicine professionalism as a means to address the crisis of trust and engagement between patients, doctors, and the health care environment

Reclaiming the Word "Professionalism"

Participants acknowledged that professionalism has, at times, been "weaponized" in training and practice, however ABFM research indicates that diplomates support keeping the word "professionalism."

Recommendation: Reclaim the word professionalism, while communicating clear distinctions between misconduct, job expectations, and professionalism.

Key themes and discussions:

- Definition: Participants encouraged the task force to not get caught up in creating a definition. The focus, instead, should be on behaviors.
- Shared Identity vs. Punitive Framework: Participants emphasized shifting
 professionalism away from a punitive or compliance-based concept toward one rooted in
 pride, identity, and shared responsibility.
- Generational and Cultural Shifts: Younger physicians' expectations (e.g., work-life balance, equity, advocacy) and the rise of AI are shaping new professionalism norms.

Supporting comments from Summit attendees:

- Professionalism is about professional identity and purpose.
- This is about connecting what we say we are with what we do.
- Focus on identity formation rather than misconduct.

Proposed steps to reclaiming the word:

- Develop a Family Physician Oath grounded in values unique to the specialty.
- Formalize white-coat or graduation ceremonies tied to family medicine identity.
- Make attestation to core values part of certification and recertification.

Curriculum for Family Medicine Residency Programs

Participants discussed development of a future curriculum and what should be taught.

Below are specific recommendations for residency education. Participants also created a detailed list of behaviors associated with professionalism.

Recommendation	Rationale / Benefits
Outline and communicate the difference	Eliminates confusion and moves the specialty
between misconduct, job expectations,	toward reclaiming the word professionalism
and professionalism; focus education on	
professionalism.	
Teach the "why" behind professionalism. Take	Adult learners are driven by relevance,
into account the history and values of the	experience, and intrinsic motivation.
discipline.	
Develop a core professionalism curriculum	Ensures consistency; allows repeated
with longitudinal threads.	reinforcement; avoids "one-and-done"
	lectures.
Emphasize identity, role modeling,	Identity formation is central. Reflection helps
and reflection.	internalization. Faculty role models are
	powerful.

Integrate advocacy, social accountability, and	Professionalism increasingly includes
community engagement.	advocacy for patients, systems, and
	communities. Integration of these activities
	builds relevance and aligns with learner
	values.
Incorporate well-being, equity, and inclusion	Without supporting physician well-being,
as core components.	professionalism efforts may feel hollow.
	Equity reduces harm and builds inclusive
	culture.
Offer early orientation to professional	Sets the tone and shared expectations,
standards and ethical expectations.	reduces confusion, and improves consistency
Align curriculum with core outcomes,	Ensures that professionalism curriculum is
competencies, and milestones.	coherent with accreditation expectations and
	certifying bodies
Use learner individual learning plans and	Recognizes that each resident has unique
remediation pathways.	strengths and growth areas; supports
	continuous improvement

Faculty Development

Attendees recognized that faculty development is critical to meaningful change. Faculty need to be taught how to model professionalism, as well as the concepts and principles that will be embedded in future curriculum. It's important to begin with an explanation of why this effort to reimagine professionalism is important and why family medicine is elevating this topic now.

Assessment and Accountability

Participants noted that professionalism is sometimes context-dependent and culturally nuanced. However, standardizing competency-based assessments, using entrustment scales, can promote learner development and reduce bias.

Promising approaches:

- Use multiple assessment methods with regular feedback.
- Consider embedding professionalism assessment into the New Innovations and MedHub direct observation mobile app assessments developed by the STFM CBME Task Force.
- Use direct observation, portfolios, 360 evaluations, and structured reflection.
- Begin using coaching and individualized learning plans rather than remediation plans alone.
- Explore using Al-assisted tools for recognizing positive behaviors (used cautiously, not as decision-makers).

Recommendations for Health Care Executives/Systems

- Invest in and reinforce professional values at the institutional level, recognizing culture as a key determinant of professional behavior.
- Ensure organizational policies, evaluations, and leadership promotion criteria reflect and reward professionalism values.

- Support faculty development and faculty recognition. Ensure faculty are evaluated on professionalism, not only clinical or academic metrics.
- Invest in interprofessional involvement; professionalism involves all members of the care team. Include non-physician staff in training and feedback mechanisms.

Next Steps for the STFM Professionalism in Family Medicine Education Task Force

Get input from residents and students on professionalism in family medicine educationThe task force will continue to conduct focus groups with residents and students to get their input on:

- The current state of professionalism in family medicine education
- Challenges with maintaining professionalism in family medicine education
- What should be included in professionalism curriculum
- Their perception of faculty development needs

Develop and release professionalism curriculum for residents and third- and fourth-year medical students

The scenario-based curriculum will cover:

- The founding principles of family medicine
- How to identify and mitigate inherent business/medical professionalism conflicts
- How to maintain integrity in settings that are more systems-focused than patient-focused
- When and how to advocate for change

Identify or create competency-based assessment tools

The task force will identify or create strategies to assess learners and faculty.

Deliver faculty development

Faculty development will be done through:

- Conference presentations
- Virtual training sessions (webinars)
- Faculty Development Delivered workshops at individual residency programs

Faculty development topics will include:

- Creating learning environments conducive to the ongoing development of "explicit and appropriate professional behaviors" in students, residents, faculty, and staff
- How to foster professionalism based on intrinsic motivation, rather than on a list of rules
- Assessing professionalism, and strategies for addressing professionalism lapses

Collaboration Opportunities

Several organizations were represented at the Summit (see attendee list). Opportunities for future collaboration could include:

- Working on a culture shift by agreeing to common expectations and a shared language
- Leading and participating in faculty development
- Creating and disseminating shared messaging on why professionalism matters
- Disseminating resources developed by the task force
- Creating professionalism tracks at national meetings
- Advocating for more robust ACGME professionalism Milestones

Conclusion

The 2025 Professionalism in Family Medicine Summit underscored that professionalism is not static—it must evolve to meet the realities of modern practice, workforce needs, and societal expectations. By reframing professionalism as an identity to be cultivated rather than a set of punitive rules, and by embedding it at both individual and organizational levels, family medicine can restore trust, strengthen its workforce, and align with the values of future generations. The STFM Professionalism in Family Medicine Education Task Force is positioned to translate Summit discussions into actionable curricula, assessment tools, and institutional supports.

Summit Attendees

Summit Chair

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