What is the Veterinary Professional Identity? Preliminary findings from web-based continuing professional development in veterinary professionalism

Abstract

Professionalism and professional skills are increasingly being incorporated into veterinary curricula however lack of clarity in defining veterinary professionalism presents a potential challenge for directing course outcomes that are of benefit to the veterinary professional. An online continuing education course in veterinary professionalism was designed to address a deficit in postgraduate support in this area; as part of this course, delegates of varying practice backgrounds participated in online discussions reflecting on the implications of professional skills for their clinical practice. The discussions surrounding the role of the veterinary professional and reflecting on strengths and weaknesses in professional skills were analysed using narrative methodology, which provided an understanding of the defining skills and attributes of the veterinary professional, from the perspectives of those involved (i.e. how vets understood their own career identity). The veterinary surgeon was understood to be an interprofessional team member, who makes clinical decisions in the face of competing stakeholder needs, and works in a complex environment comprising multiple and diverse challenges (stress, high emotions, financial issues, work-life balance). It was identified that strategies for accepting fallibility, and those necessary for establishing reasonable expectations of professional behaviour and clinical ability, are poorly developed.

Introduction

Formal teaching in veterinary professionalism is increasingly being incorporated into undergraduate curricula, initially to improve the employability of veterinary graduates, and more recently to better prepare graduates for working in an increasingly complex professional environment (Rubin 2001, May 2008). A recent editorial in this journal highlighted the link between a well-developed professional identity, and the ability to practice with confidence (Allister 2015). A better understanding of the veterinary professional identity, and the challenges of working in a contemporary profession, also offers the potential for addressing identity dissonance and poor psychological wellbeing that is linked to veterinary practice (Platt and others 2010). Although there is recent evidence that this subject is being incorporated in the Certificate of Advanced Veterinary Practice, there is little evidence of it being addressed in other veterinary continuing professional development formats (May and Kinnison 2015).

A review of the health sciences literature demonstrates a variety of approaches to professionalism teaching; however most are modelled on the framework developed by Cruess and Cruess (2006), in which the cognitive basis of medical professionalism (definitions and theoretical frameworks) is followed by periods of experiential learning and reflection. A definition of veterinary professionalism is therefore required in order to determine curriculum content for both the didactic and reflective components (Mossop 2012). Traditional definitions of professionalism are built on the social contract between medicine and society, in which a profession is afforded a monopoly over its services, the use of discretion and autonomy in its practice, and self-regulation of its members, in return for pledges of altruism, self-servitude to its clients and patients, adherence to a code of moral conduct, and honesty and integrity in its practice (Cruess and others 2010). Contemporary perspectives additionally acknowledge the complexity of the modern professional environment, and modern definitions of professionalism are no longer represented only by the traditional virtues of altruism, autonomy and professional dominance, but additionally incorporate lifestyle, social justice and entrepreneurialism (Castellani and Hafferty 2006). Professionalism is recognised as a complex concept of multiple interacting layers (doctor-patient, doctor-colleague, doctor-institution), and the modern medical professional is conceived as one who can remain true to their core values, while managing the influences of the various layers, and balancing the demands of the different parties to which they have responsibility (Martimianakis and others 2009, Rogers and others 2012). Professionalism in medical education has also become intertwined with efforts to improve patient safety, resulting in greater emphasis on team communication, collaborative working, task prioritisation and acknowledgment of human factors (Dupree and others 2011).

Based on the medical education literature, experiential learning opportunities are typically provided in the form of small group sessions in which students reflect on professional issues highlighted by their clinical experiences, or where the students have insufficient relevant experiences of their own, clinical vignettes or trigger films (Boudreau and others 2014, Bernabeo and others 2012, Ber and Alroy 2002). In the teaching strategy described by O'Toole and others

(2005) medical students were placed in community healthcare organisations in order to gain experience; structured seminars provided the theoretical professionalism content and frequent one-to-one meetings with a mentor facilitated reflection. Following the experience, students perceived that they achieved learning outcomes not obtained elsewhere, such as the factors and influences affecting physician behaviour, and issues specific to the needs of disadvantaged populations. In an analysis of veterinary clinical rotations, 'professional' learning outcomes such as these were achieved only by a small fraction of students, perhaps reflecting a lack of focus on professionalism in the context of the clinic, or the complexity of this as a learning outcome (Matthew and others 2010).

Compared to the literature describing curriculum strategies for undergraduate medical professionalism teaching, there are relatively few reports of postgraduate or continuing professional development (CPD) interventions, the literature on postgraduate training in medical professionalism largely being focused on that provided in residency programs. Issues in delivering professionalism CPD include fear that such training may "challenge the belief of clinicians that they are professional", and perceptions that the acquisition of professionalism is intuitive (Steinert and others 2005, McLaren and others 2011). It is interesting to note the negative connotations of professionalism teaching noted in the medical literature; Chang (2013) described "being unprofessional" as "the catch-all criticism", and several of the courses reported are for the purpose of remediation (McLaren and others 2011, Parran and others 2013). However, the findings from veterinary CPD reported by May and Kinnison (2015) demonstrate positive outcomes, in this case following completion of a 10 credit/ 150-hour module in Professional Key Skills as part of the RCVS Certificate in Advanced Veterinary Practice. These included improved communication skills, competence in self-analysis of strengths and weaknesses and, through the enhanced understanding of the implications of being a professional, reduction in work-related stress. Although there are few reported, similar outcomes were seen in professional skills CPD provided for general practitioner (GP) doctors. Group discussion of professional challenges resulted in assistance with maintaining professional and personal boundaries, overcoming feelings of insecurity relating to the doctors' own professionalism, increased job satisfaction and prevention of burnout (Tulinius and Holge-Hazelton 2010, Nielsen 2011). Like the intervention described by May and Kinnison, these all involved participation over an extended time period. When professional development is organised in this way, participants can apply learned material to practice, reflect on the process, and discuss challenges with other participants and the course tutor. This 'learn-work-learn' approach (along with mixed interactive and didactic delivery, small group discussion and structured reflection) represented CPD formats most frequently associated with changes in practice or professional behaviour (Forsetlund and others 2009, Davis and others 1999). In both medical and veterinary continuing education, online formats are increasing in popularity (Fisher and Sadera 2011, Short and others 2007, Dale and others 2013). The online course described here was therefore developed with the aim of meeting the criteria for successful CPD (resulting in changes in participant behaviour), while retaining the advantages of a distance-learning format.

The course, titled "Professional and non-technical skills, what are they and how can they make me a better vet?" was run annually over a 4-week period, thus allowing time for implementation of taught content, reflection and discussion of successes and challenges. Each week consisted of a 1-hour webinar providing relevant theory (definitions of professionalism; patient safety and non-technical skills; mistakes and errors; lifelong learning), followed by asynchronous online discussion. Participants responded to tutor questions and instructions but were also free to initiate new discussions, post their own questions, and question other participants. Following completion of the course by two cohorts of participants, data from online discussions were analysed with the aim of identifying aspects of professionalism that were most meaningful to the participants. This had two objectives: by identifying the most meaningful aspects of veterinary professionalism to practising veterinary surgeons, undergraduate veterinary course content could be developed and improved; in addition, this information would contribute to an iterative process of CPD course improvement.

Methods

Online discussion content was analysed from two cohorts of participants; cohort 1 undertook the course in 2013, and cohort 2 in 2014. The use of two cohorts was to provide reassurance that the issues were of concern to more than a single cohort, to eliminate the potential effect of having a particularly vocal online participant directing discussion content, and to enable consistency in the emergence of issues. The institutional ethics committee approved data collection (the downloading of all text entered by participants) and analysis, and participants gave written permission for their online posts to be used.

Analysis of discussion content used a narrative approach. Although different methods of narrative analysis and interpretation are reported, this study used the "inquiry-guided" model of the 6-step framework described by Mishler (1990). Analysis of narrative has similarities to thematic analysis as described by Braun and Clarke (2006). However, whereas thematic analysis leads to a dechronologization and removal of the individual from the data (Nygren and Blom 2001), the narrative researcher treats the stories from individuals as a whole, and additionally considers the context in which the narration takes place, the environment of the author, and the reason for the story telling (Webster and Mertova 2007).

Following repeated reading (initially as the course tutor, and then by re-reading downloaded participant text), pieces of writing were selected that represented efforts by the authors to describe and interpret their own experiences in the context of understanding the veterinary professional. Within the whole data set (4 weeks of participant discussion over 2 participant cohorts), this criterion was met by the responses to two tutor prompts:

1) Consider all the skills, behaviours and attributes that may help define professional behaviour, and consider which are the most appropriate to you. What do you think makes a professional vet?

2) Think of incidents where you have had a lapse in professional skills, and also where you have demonstrated strength in these skills. What factors contribute to your ability to perform well or badly in this area?

These pieces of text were taken as the basic data unit, but narrative analysis was performed according to Mishler's "reconceptualization [of the data unit] as an abstract and more general type." Interpretation therefore remained cognisant not only of the material within this data unit, but also of the messages obtained from the wider narrative (the online discussion activity viewed as an intact entity), and interpretation involved a constant process of alternating between the smaller data unit, and the wider narrative, to check for consistency in extracted meaning. The data unit was re-read to look for evidence of the different characteristics of the participants' understanding of their professionalism, which were then coded. Final re-reading of the data unit revealed representative stories for each coded category and from these, text samples were taken to represent the patterns found in the wider narrative.

Results

Cohort 1 included ten participants (1 male, 9 female), who qualified as veterinary surgeons between 1977 and 2006 (median year 1999) and worked in small animal practice. Cohort 2 included 7 participants (3 male, 4 female), from a mixture of small animal, equine and mixed animal practice, who had qualified between 1993 and 2011 (median 2000). In each cohort, one additional participant enrolled on the course but did not contribute to online discussion, and therefore their practice type, year of graduation, and views are unknown.

Initial responses to the first prompt (defining the professional veterinary surgeon) were generally comprised of bullet-point lists of skills, knowledge and attributes. Although providing a useful 'ice-breaker', these non-narrative texts were of lesser value (compared to the ensuing discussion) for interpreting the most meaningful aspects of being a veterinary professional, since most of these defining attributes were taken from the webinar content. In the discussion that followed, participants questioned, commented on and volunteered further stories in response to each other's posts, and it was this discussion, as well as the responses to the second prompt, that were the more revealing in demonstrating those aspects of professionalism of the greatest significance to the participants. These discussions and online stories were coded into the following characteristics of the veterinary professional:

Balancing multiple responsibilities

A common defining characteristic was the multiple varying responsibilities of the veterinary professional. Most participants named the patient, the client, the practice, and colleagues when describing the challenges they faced in professional decision-making. Fewer appeared to feel it appropriate to name family or self. Participant stories revealed variation in their views of the role of the professional, as an advocate for the patient, serving the needs of the client, or guiding the client according to their own beliefs about what was right. Some felt the balance of responsibility, underlying their actions and professional decision-making, lay with the patient ("*at times I find [*it*] challenging… specifically learning to be less judgmental when their* [the client] *views differ from mine"*. In contrast, another participant felt the exercise had helped draw her attention to the needs of the patient, as she otherwise more naturally prioritised the client: "*My strengths include empathy to the owner, trying to get a feel for what they do and don't want… I found it helpful to me to have animals as a separate category, as I find sometimes the animal specifically can be overlooked while I am focused on what the client wants."* Some participants indicated that they wished to be more assertive, and able to effectively communicate to the client their own views of a recommended treatment or diagnostic plan: "*For me I have had trouble being decisive and guiding clients… I'm an appeaser and can see myself suggesting things to clients and backing down/ appeasing before I have finished my sentence".* There was a spectrum in views of the paternalistic/ maternalistic nature of the professional-client relationship, some seeing their role being to provide their own opinion of the best course of action for a patient, and others adopting a more maternalistic professional role and favouring the provision of different treatment options for the client, and being fearful of offering opinion or taking a guiding role.

Management of professional challenges

Stories of participants' experiences revealed that management of challenges was a particularly meaningful component in the defining of their professional role. The challenges described were diverse, and included achieving work-life balance, developing the resilience needed to work frequently with emotional clients, managing the expectations of clients regarding what is achievable in the context of veterinary practice, and balancing the conflicting needs of clinical cases, the business and colleagues. The most common stories about conflicting needs centred on the financial limitations of clients; however some focused on the challenges of supporting staff while respecting clinic and business priorities: "*Failing to be supportive to staff is unprofessional, but* [finding the time for] *being accessible and listening are the biggest aspects to being supportive".*

Management of challenges also extended to working in a high-pressure environment, such as during a heavy caseload (notions of "feeling swamped") or when a patient's disease state produced elevated stress levels. Participants noted that both their clinical and professional competence were affected in such situations; they described becoming distracted, and failing to do the best for the patient, as well as offloading stress and emotion onto colleagues. One participant wrote: "*On a day with a nice steady workload it is easier to fulfil the definition of*

professionalism. The challenge comes when there are multiple emergencies to cope with, often on your own. The challenge is also greater when I am tired, or have several challenging cases at once, or when we are very understaffed"

Professional fallibility

Management of the high expectations participants placed on themselves, both in terms of their professional behaviour and clinical ability, were described by a number of participants, as evidenced in the following examples:

- *"It is difficult keeping everything up all the time. This is my biggest problem I sometimes feel like I am one of those people spinning plates and sometimes I drop one and do something wrong, upset someone or just don't do my best work."*
- *"Working out what I should know and when it's acceptable to not know something... people are expecting me to have all the knowledge and always make the correct decisions."*

When participants were asked to write stories of clinical experience, they almost exclusively elected to write about situations with an adverse outcome or, where the outcome was mixed, they chose to write about the aspects that went wrong rather than those that went well. A description of a situation that was based around challenges in team communication was titled: "*An example where I was not happy with my performance". *This story described the rescue of a number of animals trapped following a traffic accident, and focused on the communication lapses that resulted in the death of one animal, rather than the impressive teamwork and communication that led to the survival of seven others.
This may be reflective of human nature, or that it may be easier to reflect on challenges rather than successes, however it may also be demonstrative of the 'assumed perfectionist' nature of the veterinary identity. A participant wrote that to her, the veterinary identity includes an assumption of never making mistakes. She wrote that if "*expectations of ourselves were more realistic *[and] *occasionally making errors became integral to our thinking we wouldn't be so traumatised* [when mistakes happen] *and would be less likely to fall into denial, diminishing the importance of and emotional distancing from the event. Instead of living in fear of such events we *[would] *simply embrace our fallible human condition and spend more time setting up systems to compensate for imperfections". *Several other participants wrote directly about perfectionism:
- *"I often put myself under as much pressure as the client does to provide the optimal outcome for the patient even where there are significant financial constraints. Colleagues have told me this is both my best attribute and greatest weakness."*
- *"I am too *[much of] *a perfectionist and have this all or nothing mentality where if I can't do it perfectly I don't want to do it at all"*

An observation was made that if we set such high aspirations for ourselves, it can result in professionals becoming highly judgmental when others fail to meet such expectations. This was demonstrated in an activity introduced for cohort 2, in

which a trigger film was used to encourage reflection on definitions of professionalism. The film, taken from a popular television medical drama, showed a stressed surgeon working with a group of junior staff and attempting to locate the source of haemorrhage during abdominal surgery. In general, participants responded negatively about the situation they observed, referring to the surgeon's inability to manage her own stress and the poor leadership and team communication that resulted. Only one participant described the observed behaviour as *"temporary human failings under stress".* It was interesting that the challenges of working in a stressful environment had previously been commented on in discussions of professionalism, and yet this did not (with the exception of this one participant) appear to manifest as empathy towards the surgeon in the video. Responses subsequent to this participant's comments showed no acknowledgment of this viewpoint. It is possible that empathy to client and patient is an attribute that is either more valued to veterinary surgeons, or one that is more easily expressed, compared to empathy to peers, and this may relate to the high standards placed on self that were evident in the participant discussions.

The veterinary surgeon as a team worker

Many stories, which also prompted wide engagement in discussion, incorporated the challenges and pitfalls of team communication. Many attributed this to increasing work patterns that involve multiple vets seeing individual patients, such as shift work, delegation of overnight care, and part-time working. It was frequently noted that patient records tend to include details of actions taken and drugs prescribed, rather than the thought processes, clinical reasoning and client communication. This lead to awkward client conversations (*"I often feel like an idiot when having to ask clients what the issue is/what op they are in for/where the affected area is and often clients are not impressed by this and state "it should be in the notes" - which frankly it should!"*) or errors in patient management (examples included prescribed drugs not being given, intended diagnostics not being performed, abnormal clinical findings not being pursued, and diagnoses being missed). An exemplifying story was told, in which a vet inadvertently communicated to a client a much worse prognosis for their cat's chronic renal disease than their usual vet had provided. The clients became highly distressed and also very likely confused, wondering why two veterinary surgeons had provided such contrasting information about the future of their cat. In another story, a participant described an aggressive dog who had been admitted for general anaesthesia and ear treatment. The dog suffered several complications during the anaesthetic, which were attributed to an imperfect handover of care between vets. When the client was contacted to inform them of the complications, they decided euthanasia was their preferred course of action, as they felt unable to manage the necessary aural medications, given the dog's temperament. The vet wrote: *"This case highlights problems around lots of different vets seeing cases – one booking, one admitting, one or two performing the procedure. There was a breakdown* [in communication] *at handover which could potentially had led to the dog's death, and a lack of full discussion with the owner about outcome."*

In the examples above, the 'veterinary surgeon as a team worker' was viewed as a challenge to the professional role, with the potential lapses in team working skills highlighted. However, in a separate discussion thread (which was initiated by a participant talking about errors in clinical reasoning caused by distraction and fatigue), positive consequences of the collaborative professional emerged. When discussing clinical reasoning, several participants wrote about their propensity to jump to conclusions, and a failure to take note of alternative possibilities or signs that didn't fit. It was particularly evident that the risk of this happening was heightened when pressure from clients, or emotional attachment to the patient, featured in the situation. In response, other participants provided examples where they felt a team approach to clinical reasoning in challenging or high-intensity situations (such as a surgical patient undergoing cardiovascular collapse during anaesthetic recovery) was beneficial. Situations were described in which, due to human factors influences, one individual's reasoning was impaired (for example where they had been involved with a case previously, or had performed the surgery) but a second vet, without these influences (no prior involvement in the case or interaction with the owner) could provide a useful, more rational, perspective and reason the patient problem list more effectively. An examples of this was as follows:

After a Caesarean Section on an English Bulldog, the dog was reported as pale with weak pulses. The vet who had performed the surgery reassessed the patient, concluded that all was well and returned to her consultation list. An hour later the dog was found to have 'crashed again', and on return to surgery, significant haemorrhage was found at the cervix. The vet wrote: "What other folk have said about coming into someone else's situation helping is definitely true, and I was so sure I had successfully tied off all blood vessels I effectively ruled out haemorrhage as a cause of the problem, whereas someone else would have looked harder to rule this out."

Discussion

Narrative analysis of online discussion between veterinary surgeons undertaking a CPD course on veterinary professionalism yielded valuable information about those aspects of professionalism that were the most significant to practicing veterinary surgeons, and identified areas of veterinary practice where professional skills are deemed to be important, challenging or prone to vulnerability.

The chosen methodology, using narrative analysis, is based on an interpretive framework utilising the notion of "narrative modes of knowing" (Bruner 1986). The researcher uses pieces of narrative text to understand an experience from the perspective of the author(s), and therefore obtain insight into those authors' own understanding of their position within the experiences described (Mishler 1990). The use of narratives in research incorporates a variety of methodologies, but for the purposes of this study, narrative text is defined as a story, in which "events and actions are drawn together into an organised whole" (Polkinghorne

1995). Using narratives of experience allows the researcher to identify what is meaningful to the author, and is of particular benefit in the development of understanding how a research participant creates their own understanding from a complex situation or concept. The clinic is a complex environment, and professionalism a complex concept (Hafferty and Castellani 2010), and therefore it is appropriate to use narrative analysis here, to explore how individual veterinary surgeons understand their own professional behaviours, and to identify what this reveals about individual's understanding of their own professionalism. The theoretical framework for analysis was therefore a complexity, rather than traditional, conceptualisation of professionalism.

It is recognised that the findings from the analysis performed are representative only of the participants who contributed to online discussion, and although most participants engaged in discussion, the self-understanding of professionalism, the professional role and professional challenges may be very different in the wider veterinary population. From the perspectives of the course participants, the veterinary professional identity was characterised by someone who is able to balance the multiple responsibilities for which the contemporary veterinary surgeon is responsible (the client, animal welfare, colleagues and employer, the business, the profession, the RCVS), and who works in an environment that incorporates multiple and diverse challenges. Despite the demanding nature of these roles, course participants frequently referred to the identity of the veterinary surgeon as an infallible expert: all-knowing and free from mistakes and errors. The distinction between this ideal and the reality was itself an area of complexity; participants tended to be in agreement that such ideals were not feasible in practice, and yet they demonstrated poor coping mechanisms for managing mistakes, and were critical when observing lapses in professionalism in trigger videos.

The notion of the veterinary professional as an infallible expert is troubling, both because of the unfeasible expectations this places on the individual (with under-developed support mechanisms when this fails), and because of the implications this has for the expectations professionals place on each other (which leads to individuals becoming judgmental when others fail). There is much literature describing mental health in the veterinary profession, although as would be expected with such a complex topic, there is considerable variation in findings. Veterinary surgeons are known to be at an increased suicide risk compared to the general population (Bartram and others 2009, Platt and others 2010) and there are concerns about the prevalence of anxiety, depression, burnout and poor career satisfaction (Meehan 2014, Locke 2013). However vets also frequently describe a high degree of satisfaction and enjoyment associated with their work (Cake and others 2015). What is very clear is the close connection vets make between their career and their sense of self, and the link between self-worth and work identity (Allister 2015, Page Jones and Abbey 2015). When mistakes, complaints and adverse clinical outcomes are encountered, this therefore challenges the perfectionist nature of many in the profession (Practice doesn't make perfect 2013), and may lead to significant negative emotional impact (Mellanby and Herrtage 2004). It is therefore clear that from a mental

health and career satisfaction perspective, strategies are needed to define reasonable expectations of the professional, individual limitations, and propensity for mistakes and errors. Although veterinary curricula are being revised, there remains an anchorage bias towards evidence-based veterinary medicine and technical skills, and the focus therefore remains on the notion of the "ideal vet" as someone who knows everything and is highly technically competent. Veterinary graduates need a much better grasp of society's reasonable expectations of them, and their reasonable expectations of themselves, and for this to be established, such content requires strong theoretical underpinning. This would not only enable better acceptance of one's own limitations, but also facilitate improved peer support mechanisms. When groups of individuals set high expectations of self, this tends to transfer to an expectation of similar standards in others. When these cannot be met, competition and distrust between groups may result, individuals becoming judgmental and critical of others. This has deleterious effects on patient safety (resulting in poor collaboration and communication between teams), inhibits the development of intra-profession support services, and leads to a loss of trust both within and of the profession.

The veterinary identity that was defined by this group of veterinary surgeons represents an interesting mixture of traditional and contemporary notions of professionalism. Examples such as communication between veterinary professionals that are part of the same team but rarely work together highlight a disconnect between a profession trying to embrace contemporary values (encouraging the achievement of work-life balance as a means of supporting mental health, improving retention in the profession and preventing burnout and compassion fatigue), but failing to recognise these in the preparation of students prior to entering work. The traditional virtue of altruism, aligned with the concept of the veterinary professional being responsible for the continuity of their own patients' care, informs themes in education, with the skills needed to ensure high quality sharing of care and error-free patient handover not being embedded in the mindset of the practitioner (Kinnison and others 2015). The identity of a profession is in constant flux as societal influences impact the role of the veterinary surgeon, resulting in constant evolution of the skills necessary to flourish in the profession. Within the span of a career, changes have included a shift from single-vet, small practices to large veterinary hospitals (Kinnison and others 2014), increased specialisation and provision of referral care, and increases in pet insurance; the veterinary identity has therefore evolved to include greater focus on collaboration and communication between colleagues, consideration of referral and limitations of practice during clinical decision-making, and attention to comparisons in veterinary care between insured and uninsured clients. If these rapid changes in the professional identity are not recognised in education, the graduating students will be ill-prepared for their contemporary profession.

The multiple and diverse challenges to the veterinary professional support the description of the veterinary environment as a complex clinic, reminiscent of that described by Foucault: historical separation of disease and patient being replaced by a more holistic conceptualisation of medicine (Foucault 1973).

Balancing the influences of multiple parties (the client, patient, business, colleagues), as well as considering the conflicting interests of self and the patient, and acknowledging the influences of stress, fatigue and high workload on clinical reasoning and technical competence, also aligns well with complexity models of the contemporary medical professional (Castellani and Hafferty 2010, Martimianakis and others 2009). The veterinary professional is therefore not viewed as an isolated individual, guiding the client according to a well-defined evidence base, but instead as one skilled in resolving complex decisions and professional dilemmas, often in the presence of significant environmental and emotional challenges. Furthermore, borrowing from models of different medical professional identities (depending on individual values and priorities), veterinary surgeons are also defined by their different, but equally valid, ways of resolving such dilemmas (Castellani and Hafferty 2006). This has implications for veterinary education, as the provision of a single gold-standard or evidence-based approach to disease management will not help the novice professional when they need to exert discretion in clinical decision-making (based on the needs of the different involved parties), a fundamental defining characteristic of a professional (Freidson 1999). The often-dualistic nature of clinical education, with an emphasis on best practice (implying "right" and "wrong" ways of treatment) can lead to assumptions of single ways of doing, which neglects the complexity of clinical decision making, and may lead to distress and confusion when these 'best practice' pathways cannot be followed.

Conclusion

Findings from the online discussions inform the current discourse surrounding the defining of veterinary professionalism and the teaching of veterinary professionals. It is evident from this small group of participants that an appropriate framework upon which to base curriculum outcomes would include complexity in decision-making, acknowledging and addressing the challenges veterinary surgeons face to their clinical reasoning and technical and professional competence, better understanding of societal, professional and individual expectations and limitations, and decision-making in the face of competing needs and uncertainty in outcome. The rate of change of the profession means that the issues and scenarios used in teaching need to be informed by current experiences in the profession; for example, although communication skills are increasingly embedded in veterinary curricula, the challenges of colleague communication during case handover, and the impact of human factors on quality of communication, may not have previously been considered. Traditional emphases on continuity of care and 'following a case through' fail to equip a new graduate with the communication and teamwork skills required for successful and rewarding employment in several branch practices or when delegating overnight care. Ignoring contemporary issues in the profession runs the risk of providing students and novice professionals with an unrealistic and unfeasible view of the professional role that is built solely on the quest for patient treatment. In this CPD course, participants demonstrated overwhelmingly that the successful diagnosis and treatment of a patient represented only a small component of being a veterinary professional, and that

defining their role in this way lead to significant concern about their individual ability to conform to this "idealistic" view of the modern veterinarian. Much has been written about professions from Marxist (agents of the state), Foucauldian (institutionalisation of expertise) and various neo-Weberian perspectives, such as control of the professional at the expense of the client, market control of services by a group of self-governing peers, and organised autonomy over professional subjects (Saks 2012). There is also an extensive literature devoted to defining a medical professional, although this is often written from an institutional or organisational perspective, for example medical training bodies (the Accreditation Council for Graduate Medical Education), and governing and regulatory groups (the General Medical Council, Royal College of Physicians) (Passi et al 2010). A definition of veterinary professionalism is lacking (Mossop 2012), but more important is the need to develop this definition by acknowledging the perspective of those working inside the profession. Building on the findings here, a greater attention to understanding how veterinary surgeons understand and define their own roles – their professional identities rather than their professional traits - will provide an important contribution to this discourse.

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