

## Teaching Notes for Physicians

### Teaching Professionalism

#### Background

Medical professionalism can sometimes feel like a slippery concept to define let alone translate into our daily teaching, yet it is our responsibility to educate young physicians in those behaviours expected by patients, professional bodies, and society. Intergenerational changes can add to the challenge, as while core values are most often held in common by both teachers and learners, how these are interpreted can differ(1). As an example, modern students<sup>(i)</sup> value work-life balance, and providing optimal care is seen as a team responsibility. Modern students therefore find leaving clinic on time for that squash game compatible with the primacy of patient care, while more senior clinicians can interpret this behaviour as proof of excessive self-interest and a lack of altruism.

#### Defining Professionalism

*As Professionals, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.*

#### CanMEDS definition of Professionalism(2)

#### How did we learn to be professionals?

Much of our professional identities were formed during our time in medical school. There may have been little or no formal teaching in your undergraduate curriculum; Today however, professionalism is considered one of the fundamental physician competencies so it becomes imperative that we define it, deliberately teach it, and assess our students' professionalism.

*How did you develop your professionalism?*

#### Sources of learning about professionalism

##### Prior to medical school

Parents, school, friends, life experience

##### Undergraduate

Formal curriculum – med skills, systems courses

Informal curriculum – observing teachers' behaviours

##### Postgraduate

Academic half-days

Informal curriculum – observing preceptors' behaviours

*Building professionalism is a work in progress(3)*

#### The formal curriculum

We use formal teaching in classrooms and small groups to impart core knowledge that will form a foundation for our students to develop their medical professionalism. This gives learners a clear picture of the behaviours expected of them at graduation, as well as explicit and stage-relevant learning objectives to guide them towards this goal. For example; attending lectures, being punctual, doing their fair share of preparation for and participation in small group work, and treating others with respect would all constitute professional behaviours expected of students who are in their first year of medical school.

#### The informal curriculum

Students told us they learned most about professionalism by observing teachers' interactions with patients, peers, and other learners, particularly in a clinical setting.(4) This educational environment is referred to as the informal curriculum (4;5), and much of the learning that happens here is subconscious.

i) The terms 'student' and 'learner' are used synonymously to refer to those under your academic care

We all constitute some form of role model for our learners, but we have no control over which behaviours they will witness, admire, and choose to copy. Students have only their own life experience against which to judge the desirability of these behaviours, so the values that are revealed and transmitted by role modelling can be highly variable. Students will adopt behaviours modelled in the work setting much more readily than the often more politically correct concepts taught in the formal curriculum. Due to the context-dependent and complex nature of professionalism, learners frequently report witnessing behaviours that conflict with what has been formally taught, and this can cause confusion, cynicism, and even anti-establishment reactions(4).

How can we better harness the power of role modelling to improve the informal curriculum?

#### **Active role modelling: a 6-step model**

1. Make the implicit explicit
2. Find out what learners already know
3. Prime learners in advance
4. Demonstrate
5. Debrief to stimulate reflection; discuss
6. Supervise appropriate practice; reinforce

Make your role modelling transparent, and therefore reproducible, by announcing it:

*Let's talk about empathy today*

Ask what they already know; build on it:

*How can you express empathy with a patient?*

Describe exactly what you want learners to pay attention to during your encounter with the patient:

*Watch for 4 ways I show empathy with Mr. X*

Now that the learner is primed on what to watch out for, consciously role model this aspect of professionalism while the learner observes.

Afterwards, trigger reflection by inviting questions and comments about what you did. This discussion is a vital step which directs your further teaching, and helps learners to construct personal meaning from their experience(6).

*What did you notice? What worked well?  
What didn't? What are your thoughts?*

Allow learners opportunities for supervised practice, when appropriate. Repeat to reinforce the same professionalism concept at a later opportunity.

*You try with Mrs. Z and I'll give you feedback.*

#### **Improving your role modelling(7)**

##### *Be self-aware*

Be conscious of the fact that you are teaching informally whenever a learner can see or hear you. For example, institutional slang – disrespectful or otherwise - is likely to be adopted by learners to demonstrate that they are 'one of the team.'

##### *Make connections*

Help learners to link what they have been formally taught with how they see professionalism played out in clinical situations.

##### *Make reasoning transparent*

Discuss your decisions when professionalism is at issue, helping learners to understand your choices.

##### *Stimulate reflection*

Protect time for learners to discuss complex incidents with you, and be prepared to engage in a debate over received wisdom; students need safe arenas in which to explore and refine their own concepts of professionalism without risk of censure.

##### *Celebrate professionalism!*

Make sure you all celebrate good performance; commenting only on poor behaviours can make students dread the word professionalism, as it quickly becomes associated with shame and punishment.

### **What if I didn't set a good example?**

We all do our best, but it would be unrealistic to expect perfectly professional behaviour all the time. At some point we must expect to constitute a negative role model for those observing us. Make the most of this potentially powerful teaching opportunity; role model self-awareness, and be prepared to discuss the incident openly and honestly.

### **Opportunities for daily teaching**

Daily emphasis on specific professional behaviours and values makes teaching explicit, and something that we can do in everyday contact with learners. Here are some examples to get you thinking.

- A friend asks you to see her child ahead of the line up in emergency
- You make time to complete an insurance form for a patient
- You are curt with the resident when she phones at 2 a.m., asking you to come in
- You feel a bit light-headed after no food all day
- You stay after your shift to make sure an elderly patient's questions are answered
- The Prof asks your student to 'fudge' the budget on a grant application

### **Taking learner level into account**

Recent findings suggest that a physician's unique professional identity is formed and continually reshaped throughout medical school and working life. Learners begin by internalizing the formal teaching they receive in medical school (professional guidelines, codes of conduct), then continue

to reshape and refine these learned values as they reflect on their own experiences and observations in the informal curriculum. So we must take students' developmental stage into account if our teaching is to be effective. There are five major areas to be aware of (4): responsibility, respect, rule-following, competence, and context specificity.

#### *Responsibility*

Junior students define responsibility in very concrete terms, as personal accountability to those individuals with whom they have direct contact. Professional behaviours in early years are therefore defined as a duty to classmates (do the work; show up on time) and to patients (respect patient dignity; maintain confidentiality). Senior learners also interpret responsibility at this local level (responsibility to the team) but add an appreciation for the higher order concept of responsibility to society, or social justice.

*You can help develop this broader focus by discussing resource allocation, advocacy, and duty to the profession.*

#### *Respect*

Earning and maintaining the respect of others is important to junior students, while more experienced learners begin to appreciate the relevance of respect in additional areas, such as team function and self-care. *Promote deeper thinking by stimulating reflection on the importance of collegiality and team work, self-monitoring, self-respect, recognizing limits, and the importance of physician wellness.*

#### *Rule-following*

Most junior learners identify themselves as students and will make a clear distinction between behaviours that are acceptable in the clinical setting and those that are more appropriate for leisure time. When asked to behave as professionals, juniors refer to rules and guidelines to determine the best course of action. In contrast, experienced medical learners define professionalism as a state of being; their own values now guide their behaviour. The transitional state

between self as student and self as professional can leave intermediate learners struggling with where to draw their professional boundaries, so *guide by making stage-relevant expectations explicit*. Imposing rigid rules on experienced learners can cause resentment, cynicism, and even mutiny (!) as their motivation and direction stems from internal values. *Instead, help senior learners to examine their internal values from multiple perspectives, and reflect on experiences to continually refine their professional identities, by facilitating open discussion between peers and preceptors.*

#### *Competence*

Junior learners define competence in terms of a perfect performance; more experienced students value self-knowledge and recognition of limits. *Sharpen the accuracy of self-assessment by giving effective feedback, and role model an honest recognition of your own limits and how to overcome them (professional development).*

#### *Context specificity*

Junior students define professional behaviours as rule-following, while seniors appreciate it as a situationally dependent variable. *Teach students decision-making by making the reasoning behind your own professional judgments transparent. Protect adequate time for the group to discuss and debate cases where the best course was not obvious to them. Use effective feedback to develop self-reliance in your learners.*

#### **Enjoy your teaching!**

For further information, workshop schedules, and confidential no-charge teaching consultations, contact us:

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#### **Reference List**

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