

TEACHING NOTES FOR PHYSICIANS

Teaching Professionalism

Background

Medical professionalism can sometimes feel like a complex concept to define let alone translate into our daily teaching, yet it is our responsibility to educate medical students and new 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(i), how these are interpreted can differ.¹

Generational differences, although often used as an oversimplification, should be considered when exploring differences in practice patterns. Generation X (born 1965 to 1980) are considered resourceful and self-sufficient. Some consider this the “work to live” generation as they are offspring of the workaholic Silent Generation (b.1928 to 1945) and Baby Boomers (b.1946 to 1964). Millennials (b.1981 to 1996) are the first digitally immersed generation, and such reliance may be identified as an anomaly by the Generation X and the Baby Boomer supervisors. Ground rules should be discussed to avoid confusion and unclear expectations. The millennials have a workplace mantra of “work to contribute” whereas the Generation X’s mantra is “work to live” and the Baby Boomer’s mantra is “live to work”. These three different approaches may result in confusion and potentially “labels” of unprofessional behaviour.

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

Although this may be an overgeneralization, considerations of generational differences are important and may result in avoiding misunderstandings regarding workday hours and expectations. Awareness of contractual rules, such as the Professional Association of Resident Physicians of Alberta (PARA) contract, and work hour limitations, would help set agreed upon work hour expectations.

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 Professionalism²

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 progress³

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 have noted that 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.

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 emulate. 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

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

Improving your role modelling⁷

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 may demonstrate actions that are representative of 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 of⁴: 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 behaviors 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 teamwork, 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 and cynicism 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, whereas more experienced students may focus on 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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