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Medical Education @ Cardiff

Teach Professionalism

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Professionalism and professional development are priorities in medical education at all levels. Universities are increasingly accountable for the development of professional behaviours in their healthcare students. Integrating the teaching of professionalism can be a challenging task for faculty members particularly if they lack formal training in this field.

Professional Behaviours

- ▶ *Fiduciary obligation*
- ▶ *Responsiveness to societal needs*
- ▶ *Empathy*
- ▶ *Respect for others*
- ▶ *Accountability*
- ▶ *Commitment to quality and excellence*
- ▶ *Ability to deal with ambiguity and complexity*
- ▶ *Reflection*

(Gliatto & Stern, 2009)

What is Professionalism?

The initial significant challenge posed when teaching professionalism lies in defining what attributes constitutes professional behaviour. The Royal College of Physicians views professionalism "as a set of values, behaviours and relationships that underpins the trust that the public has in doctors" (RCP, 2010). Many educators and regulatory bodies have further attempted to define specific professional attributes (see box). However, it is clear that this remains contextually dependent on shifting cultural, political and societal factors. Regulatory bodies require minimum professional standards that should be inculcated from the outset of the undergraduate curriculum and indeed, these are echoed in the myriad curriculum documents for postgraduate training.

How can we teach Professionalism?

It is suggested that professionalism is "not a series of personality traits but rather a variety of competencies that can be learnt" (Lesser et al. 2010). It is recognised that there is a shift away from informal opportunistic learning to more formal integrated methods in order for students to form their professional identity. There are numerous methods described in the literature that have been used to teach professionalism. This article identifies three broad categories which are discussed in turn namely, 1. Utilising existing teaching methods (e.g. lectures and PBL) 2. Formally recognising and harnessing the effects of the hidden curriculum including role modelling. 3. Implementing newer educational strategies such as reflective practice and narrative based approaches.

Existing Teaching Modalities

Whilst at first glance it may seem that traditional teaching methods do not lend themselves to the topic of professionalism it is argued they still provide valuable learning opportunities in which professional behaviours can be explored.

- ▶ **Lectures:** not only could specific sessions on professionalism and GMC expectations be delivered in the early years, elements of professionalism can be introduced within clinical lectures / plenaries across all years.
- ▶ **Problem Based Learning and Small-group Tutorials:** again, cases can be designed to specifically focus attention on issues such as ethics, confidentiality and moral reasoning. Equally, aspects of professionalism can be integrated across existing PBL scenarios.
- ▶ **Skills Labs:** whilst these may focus on the acquisition of clinical and communication skills, professional issues such as consent, respect and empathy can easily be incorporated.

The Hidden Curriculum

It is argued that the teaching of professional practice may be best achieved through real-life experiential learning environments. Through a process of emulation and socialisation, trainees consciously and unconsciously model their behaviours and actions (Hafferty, 2000). The effects of role modelling can be thought of in terms of Hafferty's description of curricula (Hafferty, 1998). The formal curriculum is the intended structure of learning that is outlined in mission statements. The informal curriculum consists of unscripted, unplanned, and highly interpersonal forms of teaching and learning. Finally, there is a set of influences which operate in the hidden curriculum which relate to organisational culture. All role models, from peers to seniors, function in the informal and hidden curricula.

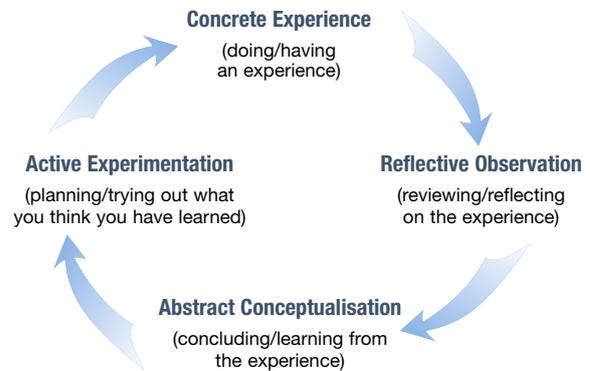
Role modelling is increasingly recognised as a powerful entity affecting educational learning. Through this, behaviour and responses can be consciously and unconsciously reinforced or weakened through exposure to significant others (McLeod & Harden, 1985). If this phenomenon is not recognised or indeed explicitly discussed then there is a risk that students or trainees will not differentiate behaviours observed and may develop less than ideal professional attributes. However, the effects of the informal and hidden curriculum can be turned into learning opportunities. For example, facilitated small group work can allow students to discuss real-life scenarios and reflect on both positive and negative role models they have encountered. Issues discussed potentially could include doctor-doctor and doctor-patient relationships.

Reflective Practice

Through integrating formal reflective practice within a curriculum, students are able to translate their experiences into meaningful learning episodes. This may take the form of reflective diaries, essays or portfolios allowing for the exploration of deeper complex professional and ethical issues. Formal facilitation of reflective work provides a framework within which critical thinking and self-awareness can develop. In this way, the student is empowered to develop an ever evolving professional identity.

A number of reflective models have been described and can be used as the basis to a number of reflective activities including learning logs and significant event analyses. One of the most recognised is Kolb's (1984) four-stage cyclical model of reflective practice based on experiential learning, adapted and shown in Figure 1. The model suggests that having an experience alone is not sufficient to promote learning. Instead, the learner must reflect on their experiences and formulate links between theory and action in order to truly promote learning.

Figure 1
Reflective Cycle – adapted from Kolb and Fry (1975).



Summary

We have seen that professionalism is difficult to define and subsequently difficult to teach. The formation of a professional identity starts from the day a student embarks on their undergraduate training and extends throughout their postgraduate careers. There is no one method that should be employed to teach professionalism. Instead faculty must attempt to incorporate a variety of learning opportunities throughout the formal curriculum whilst recognising and harnessing the effects of the informal and hidden curricula.

Further Information

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