Teaching & learning professionalism: a core competency

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Goals of presentation
After this presentation, you will be able to:

- Define ‘core competency’ and ‘professionalism’
- List the attributes of a professional
- Describe the roles / characteristics of the professional and the healer
- Outline the evolution of professionalism in western society
- Describe & experience methods to learn & teach professionalism
- [Differentiate perceptions of professionalism across generations that affect the way professionalism is learned]

Core competency - description

- A combination of essential abilities, knowledge, skills and behaviours that reflects and defines the daily activities and roles of the physician
- Provides a framework for medical education (and practice) to improve patient care

Comparing competencies

- Japan
- USA ACGME
- UK Good Medical Practice
- Canada CanMEDS
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Comparing competencies
- Medical Expert
  - Medical knowledge & problem solving
  - Practice-based learning & improvement
- Medical knowledge
- Patient safety
- Doctor-patient relationship
- Collaborator
  - Teamwork
  - Working with colleagues
- Communicator
  - Interpersonal skills
  - Doctor-patient relationship
- Collaborator
  - Teamwork
  - Working with colleagues
- Manager
  - Social, organizational aspects of medicine
  - Systems-based practice
- Health advocate
  - Maintaining good practice
  - Practice-based learning & improvement
  - Teaching, research
- Professional
  - Ethical, organizational aspects
  - Probity, honesty, trustworthy

Relationships between competencies

2. Where is Professionalism?

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Literature: Professionalism & medical education

Why all this interest?
Declining relationship between doctors and society; decreased stature of physicians in eyes of media & public

“…the medical profession has sold its souls in exchange for bribes from drug manufacturers…” New York Times 2/2/06

Young doctors want “a greater emphasis on free time, leisure activity, and a 9-to-5 day” Am Board Fam Pract

“Japanese surgeon transplants unhealthy kidneys” Japan Times 07

e tc… etc… etc ……

Why all this interest?

“The Professional Model”
Society uses the notion of the professional as a means of conceptualizing the delivery of complex services which it requires, including that of the healer.

Cruess R & Cruess S

3. Professionalism – definition & characteristics

A Western perspective.

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Professional

CanMEDS: ‘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.’

ACGME: ‘Residents must demonstrate a commitment to carrying out professional responsibilities, and adherence to ethical principles.’

4. Evolution of professionalism

The Physician Has Two Roles

- Healer
- Professional

The two roles are:
Served simultaneously.
Analyzer separately.
Taught separately?

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Professionalism and Medicine

The concept of the healer
- Antiquity
  - Hippocrates
- Codes of Ethics
- Technology
  - “curing”
- The Present

The concept of the professional
- Middle ages
  - “Learned professions”
  - clergy, law, medicine
- Science
- 1900: University linkage
- 1913: Flexner
- 1850: Legislation

5. Professionalism: attributes & concepts

Attributes of the Physician

- Competence
- Commitment
- Confidentiality
- Altruism
- Integrity & honesty
- Morality & ethics
- Responsibility to the profession
- Autonomy
- Self-regulation
- Responsibility to society
- Team work

The social contract – another important concept

- Professionalism hinges on the social contract in health care.
- The basis for reciprocal expectations of doctor & patient, health professions & society.
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The social contract

Society’s Expectations of Health Care Professionals
- to fulfill the role of the healer
- assured competence
- altruistic service
- morality, integrity, honesty, trustworthiness
- accountability & transparency
- respect for patient autonomy
- source of objective advice
- promotion of the public good

The Profession’s Expectations of Society
- trust
- autonomy & self-regulation
- health care system with values & adequately funded
- role in public policy
- shared responsibility for health
- monopoly
- rewards: financial (lifestyle) & non-financial (respect, status)

6. Teaching & learning about professionalism

Theoretical issues

Examples

Physicians must understand professionalism (which many do not)

Teachers

and live it every day (which many do)

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Professionalism

- Traditionally learned from role models
  - An essential method, but alone no longer sufficient
- Role models must
  - understand professionalism and ...
  - be explicit about teaching it

Professionalism

- How to impart knowledge of professionalism to students, residents and faculty
- How to encourage the behaviors characteristic of the good physician.

Effective teaching of professionalism must reach both the head:

😊

and the heart:

❤️

Challenges in learning professionalism

Knowledge
- New concepts
- New language
- Implicit not explicit

Attitude & behavior change
- New, different learning strategies
- Effectiveness of these unknown
- Integrated into curriculum
- Sequential, progressive

Expertise
- Not generalized

Buy-in / acceptance
- Not widespread

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Knowledge
Skills, attitudes
Behaviors
Performance in practice

Knowledge
Skills, attitudes
Behaviors
Performance in practice

How to teach?
- Core knowledge or cognitive base:
  - Lectures, reading, web-based
  - Discussion, case studies
  - Guided reflection

- ‘Transfer of knowledge’ & application to practice
  - Role modeling
  - Narrative, stories
  - Experiential learning

What to teach?
- Core knowledge or cognitive base:
  - History, evolution, definitions, attributes, social contract...

- ‘Transfer of knowledge’ & application to practice
  - Discipline- & level-specific

Why?
- Teaching facts alone remains theoretical
- Selective, disorganized knowledge of professionalism & professional obligations

Match learning goals with teaching strategies

<table>
<thead>
<tr>
<th>Learning goal</th>
<th>Teaching strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquisition of cognitive base</td>
<td>Lectures, readings, Web-based</td>
</tr>
<tr>
<td>Understanding</td>
<td>Discussion, guided reflection</td>
</tr>
<tr>
<td>Application to practice</td>
<td>Case studies, video reviews, vignettes, role playing</td>
</tr>
<tr>
<td>Observation, patterning of behavior</td>
<td>Role modeling with explicit discussion, bedside teaching</td>
</tr>
<tr>
<td>Participation</td>
<td>Experiential learning</td>
</tr>
<tr>
<td>Reflection in, on practice</td>
<td>Portfolios, logbooks, narratives</td>
</tr>
<tr>
<td>Attitude change</td>
<td>Role modeling, mentoring</td>
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Teaching Professionalism – level of learner

Undergraduate  Postgraduate

Preclinical  Clinical

Imparting the cognitive base
Promoting self-reflection, application, ‘embedding’

level of sophistication
capacity to personalize professionalism

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Other points

- The hidden curriculum must match the overt one - the environment must support professional values
- Faculty development is essential - buy-in / ‘ownership’
- Evaluation of professionalism
  - Must be done – appropriate measures
  - Must be acted on
  “professional students make professional doctors” (Papadakis)

Example - reaching the head: R2 academic half-day

Objectives:
- Describe the social contract between physician and society & discuss how it applies to them
- Define professionalism
- Identify the attributes of professionalism in clinical contexts
- Apply this information in their professional and clinical settings

Mix of:
- Lecture: impart cognitive base:
- Small group discussion with case studies, questions for guided reflection
- apply plenary content
- promote discussion - interdisciplinary, cross-specialty format.

“THOU SHALT NOT might reach the head,

but it takes

ONCE UPON A TIME to reach the heart.”

Ascribed to P. Pullman: New Yorker, Dec.26 2005
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Other levels for cognitive base

- Similar model and content:
  - Students year 1 & 4
  - Senior residents, fellows
  - Departmental activities (grand rounds etc)
  - Freestanding lectures
  - To faculty at faculty development sessions

Example – reaching the heart: role modeling

Physicianship Program – 4 years
Mandated, integrated activities on Healer & Professional

‘Osler scholars’ for Physician Apprenticeship
Mentors to a small group (6) for 4 years: Role model during group work, clinical visits, patient assignment & discussions
- Selected from student-generated list of skilled teachers & role models
- Dedicated faculty development program (narrative, role modeling)

Example – reaching the heart: using stories

- Narrative competence – the ability to absorb, interpret and act on the stories and plights of others  
  R Charron
- Osler scholars and the “once upon a time...”
  - use stories about patients & own professional development as a teaching tool
- Supervise ‘Physicianship Portfolios’
  - Coach students in writing reflectively about becoming a doctor, understanding patients
  - a conversation separated in time and space

Your turn …

Please read the following case and identify the elements of professionalism raised:

During an appendectomy, the surgeon accidentally opens the caecum and its contents spill into the peritoneum. He cleans up the spill, repairs the caecum and completes the appendectomy. On rounds the next day the resident who assisted hears the attending tell the patient that there were no problems and that everything went well.
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Is this relevant in Japan?

Mission of the University of Tokyo, Faculty of Medicine serves Japan and the world by contributing new knowledge through research and providing an exemplary education to medical students who will become future leaders in the life sciences, clinical research, and the clinical practice of medicine. To prepare our graduates for the major challenges they will face, we seek to support their professional development as physicians with creative and inquiring minds, an appreciation of the principles of medical practice, and a sound foundation in both the scientific and humanistic aspects of medicine.

In summary ...

“The practice of medicine is an art, not a trade; a calling, not a business: a calling in which your heart will be exercised equally with your head”

Further reading


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