

## 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]

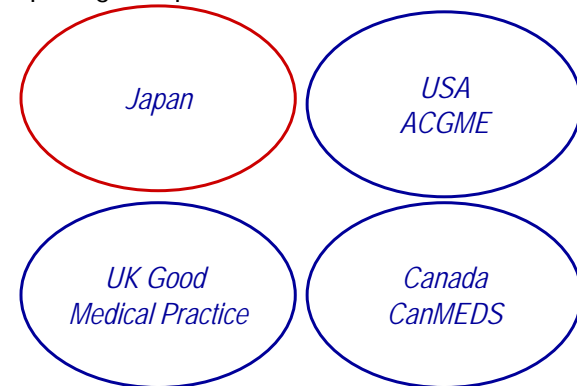


## Core competency - description

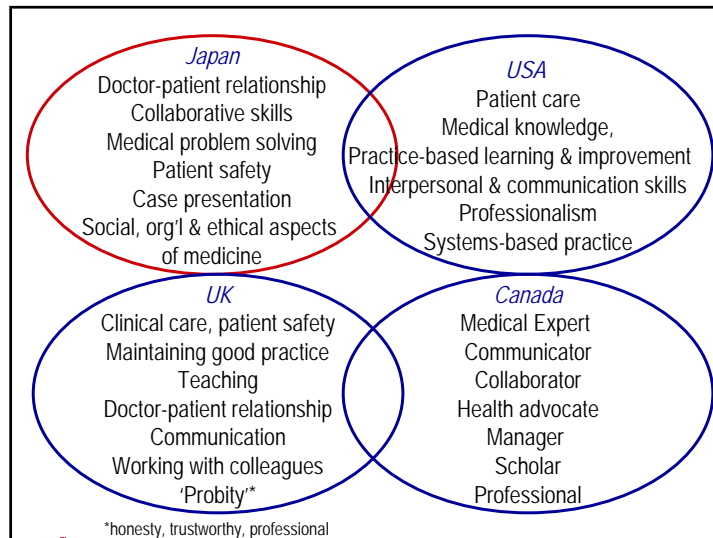
- A combination of essential abilities, knowledge, skills and behaviours that reflects and defines the daily activities and roles of the physician
- Provides a framework for medical education (and practice) to improve patient care



## Comparing competencies



# Teaching & learning professionalism: a core competency



## Comparing competencies

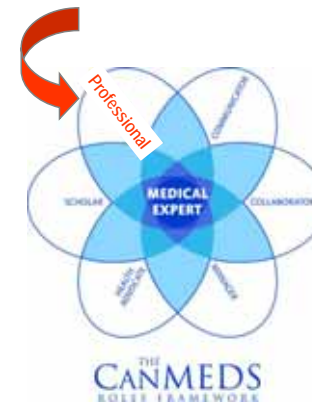
- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Medical Expert                             <ul style="list-style-type: none"> <li>Medical knowledge &amp; problem solving</li> <li>Clinical (patient) care</li> <li>Patient safety</li> <li>Case presentation</li> </ul> </li> <li>Communicator                             <ul style="list-style-type: none"> <li>Interpersonal skills</li> <li>Doctor-patient relationship</li> </ul> </li> <li>Collaborator                             <ul style="list-style-type: none"> <li>Teamwork</li> <li>Working with colleagues</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Manager                             <ul style="list-style-type: none"> <li>Social, organizational aspects of medicine</li> <li>Systems-based practice</li> <li>Health advocate</li> <li>Scholar                                     <ul style="list-style-type: none"> <li>Maintaining good practice</li> <li>Practice-based learning &amp; improvement</li> <li>Teaching, research</li> </ul> </li> </ul> </li> <li><b>Professional</b> <ul style="list-style-type: none"> <li><b>Ethical, organizational aspects</b></li> <li><b>Probity, honesty, trustworthy,</b></li> </ul> </li> </ul> |
|---|---|



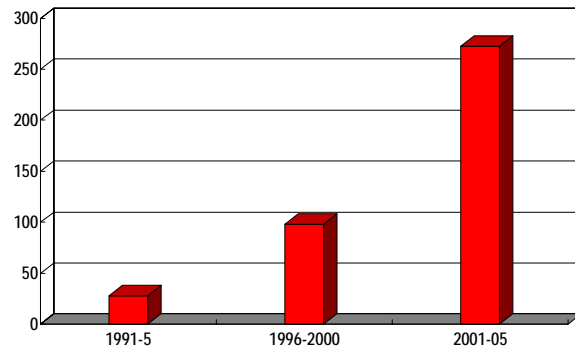
## Relationships between competencies



## 2. Where is Professionalism?



## 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 it's 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

*etc... 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.

Other models: bureaucratic, free market ...  
do not share values of healer



Cruess R & Cruess S

## 3. Professionalism – definition & characteristics

A Western perspective.



## 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**,
- adherence to **ethical principles**'.



## Profession: definition



"An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and to the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served, to the profession, and to society."

Derived from the Oxford English Dictionary & the literature on professionalism.  
Cruess, Johnston, Cruess



## 4. Evolution of professionalism



## The Physician Has Two Roles

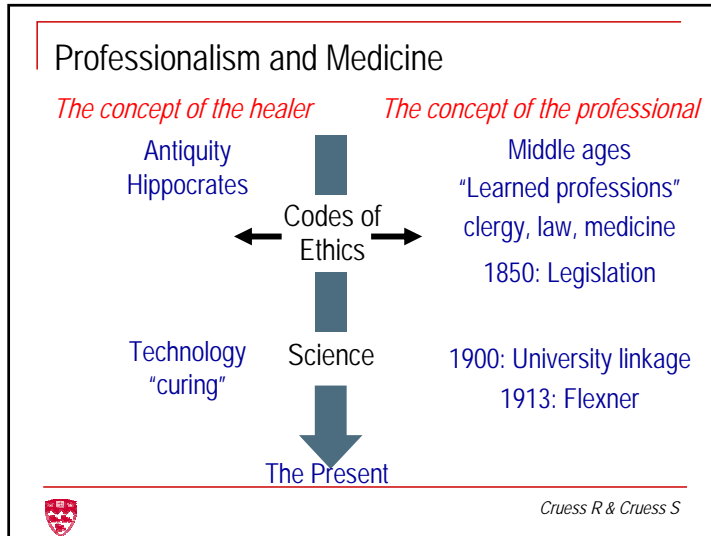
- Healer
- Professional

The two roles are:  
Served simultaneously.  
Analyzed separately.

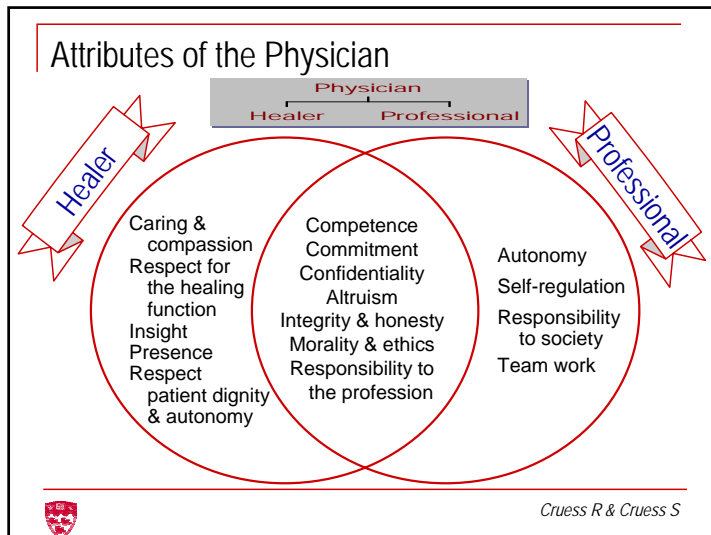
Taught separately?



Cruess R & Cruess S

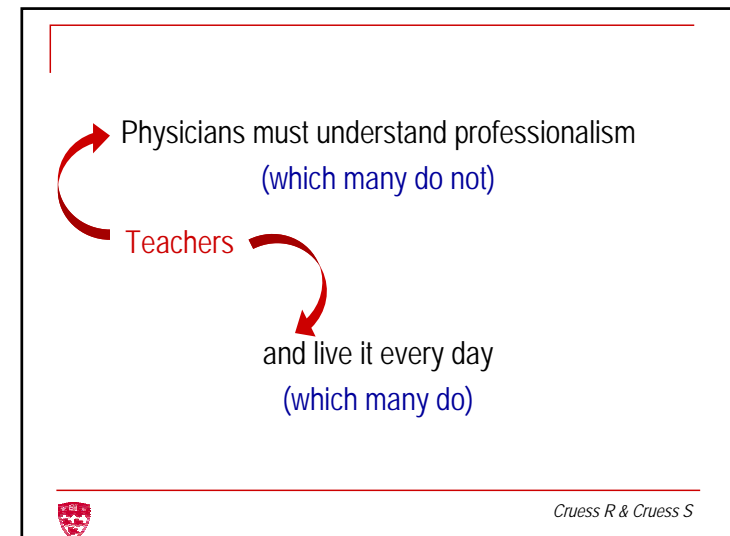
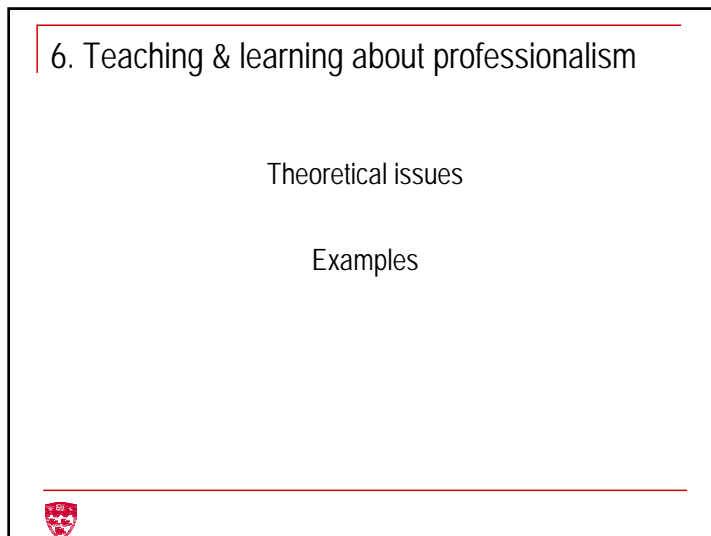
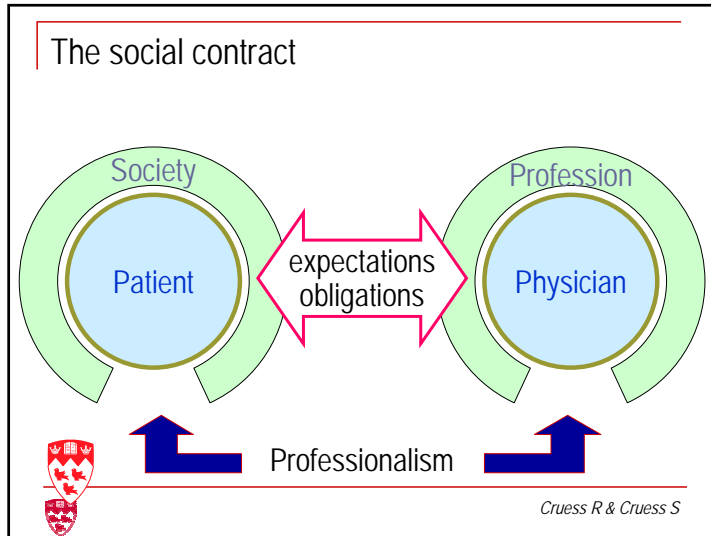


## 5. Professionalism: attributes & concepts



## 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.



## 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



*Cruess R & Cruess S*

## Professionalism

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

Formal curriculum

Informal & hidden curriculum



Effective teaching of professionalism must reach both the head:



and the heart:

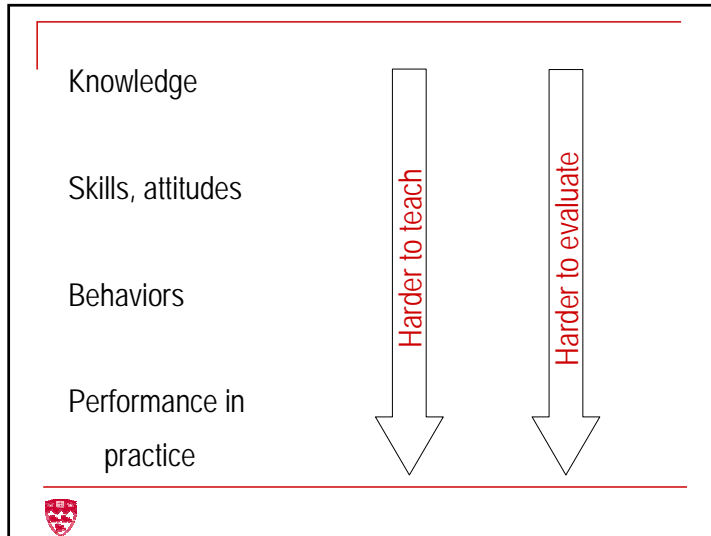


*Cruess R & Cruess S*

## Challenges in learning professionalism

- |                               |  |                                     |
|-------------------------------|--|-------------------------------------|
| Knowledge                     | <ul style="list-style-type: none"><li>➤ New concepts</li><li>➤ New language</li><li>➤ Implicit not explicit</li></ul>  | <i>For learners &amp; teachers!</i> |
| Attitude & behavior change    | <ul style="list-style-type: none"><li>➤ New, different learning strategies</li><li>➤ Effectiveness of these unknown</li><li>➤ Integrated into curriculum</li><li>➤ Sequential, progressive</li></ul> |                                     |
| Expertise Buy-in / acceptance | <ul style="list-style-type: none"><li>➤ Not generalized</li><li>➤ Not widespread</li></ul>   |                                     |





## What to teach?

*Why?*

- ▣ Core knowledge or cognitive base:
  - ▣ History, evolution, definitions, attributes, social contract ..

*Teaching facts alone remains theoretical*

AND

- ▣ 'Transfer of knowledge' & application to practice
  - ▣ Discipline- & level-specific

*Selective, disorganized knowledge of professionalism & professional obligations*

## How to teach?

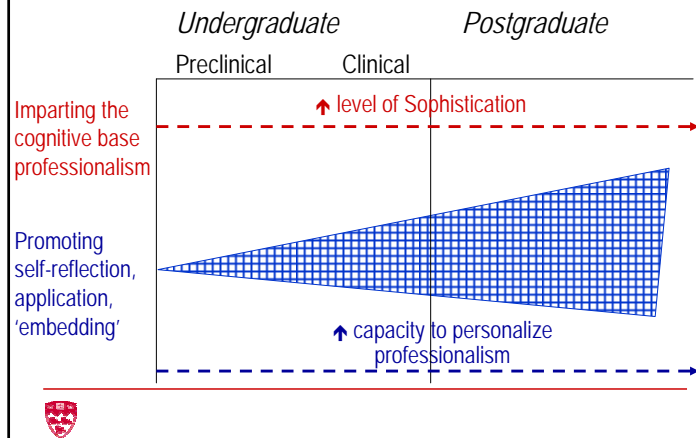
- ▣ Core knowledge or cognitive base:
  - ▣ Lectures, reading, web-based
  - ▣ Discussion, case studies
  - ▣ Guided reflection
- ▣ 'Transfer of knowledge' & application to practice
  - ▣ Role modeling
  - ▣ Narrative, stories
  - ▣ Experiential learning

## Match learning goals with teaching strategies

Acquisition of cognitive base	Lectures, readings, Web-based
Understanding	Discussion, guided reflection
Application to practice	Case studies, video reviews, vignettes, role playing
Observation, patterning of behavior	Role modeling with explicit discussion, bedside teaching
Participation	Experiential learning
Reflection in, on practice	Portfolios, logbooks, narratives
Attitude change	Role modeling, mentoring



## Teaching Professionalism – level of learner



## 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)

“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

## 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.

## 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.



## 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*.

*Translated T Inui, IRCME VP*



## 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"



*Osler: The Master Word in Medicine In "Aequanimitas"*



## Further reading

Cruess R, Cruess S. Teaching Professionalism: general principles. *Medical Teacher* 28(3):205-8, 2006

Cruess S, Johnston S, Cruess R. "Profession": a working definition for medical educators. *Teaching & Learning in Med.* 16(1)74-6 2004.

Hatem, C. Teaching approaches that reflect & promote professionalism. *Acad. Med* 78(7):709-13, 2003.

Medical Professionalism in the new Millenium: a Physician Charter.  
<http://www.annals.org/cgi/reprint/136/3/243.pdf>

Snell L et al. Report of the CanMEDs Professional Working Group. Frank J, Jabbour M et al. eds. *Report of the CanMEDs Phase IV Working Groups*. Royal College of Physicians & Surgeons of Canada, Ottawa. March 2005: 52-9

Steinert Y, Cruess S, Cruess R, Snell L. Faculty development for teaching and evaluating professionalism: from programme design to curriculum change. *Medical Education* 39(1):127-36, 2005

The CanMEDS 2005 Physician Competency Framework  
[http://rcpsc.medical.org/canmeds/bestpractices/framework\\_e.pdf](http://rcpsc.medical.org/canmeds/bestpractices/framework_e.pdf)

