

Medical professionalism: implementing intangible skills into the curriculum

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Professionalism in medicine is an important issue because providing medical care is not all about collecting recent medical knowledge and performing clinical skills. There are also some factors that highlight the importance of professionalism in the training of medical students. Some of the most important reasons include the rapid expansion of medical knowledge, advances of technology, and more sophisticated and educated patients with higher expectations (1). The identification of Professionalism by the Accreditation Council for Graduate Medical Education (ACGME) has stimulated great interest among residency training programs on how to teach and assess professionalism to residents (2). Professionalism is defined as various traits, characteristics, qualities, and behaviors expected of a physician (3). The Royal College of Physicians (RCP) defines professionalism as the behaviors, characteristics as well as knowledge, skills, and judgment that doctors should exhibit. This definition revolves around diverse traits such as respect, integrity, responsibility and accountability, altruism, excellence and continuous improvement (4). One of the most essential competencies which is an indispensable quality for any practicing physician is professionalism (3,5). Evidence shows that insufficient mastery over professionalism, play a part in poor patient outcomes (6), complaints, patient dissatisfaction, and legal claims (7,8). These findings are consistent with a national survey conducted by the American College of

Physician Executives. In this survey which more than 2,100 physicians and nurses participated, unprofessional and outrageous behaviors were identified. Such behaviors encompassed hurling surgical instrument, sexual harassment, making degrading comments and rejecting to communicate with colleagues (9). Therefore, all these give credit for designing and implementing programs on teaching professionalism into the formal curriculum of medical education. Teaching professionalism precisely states the formation of doctors who show the appropriate professional behaviors which is needed in the current situation of change with an effort to the care of patients (10). It is important to highlight that of 116 medical schools in the United States, 104 schools have endeavored to have professionalism curricula in the education and training of medical students (11). Thus, it is highly important to investigate how professionalism is and should be embedded into the course structure of medical students. Therefore, since the introduction of professionalism in medical curricula worldwide, we conducted this study based on 2-folded purposes. First, we try to briefly review the current curricula on how some medical schools have incorporated professionalism in their curriculum to exemplify good educational practices. Second, we highlight how medical professionalism should be integrated into the curriculum. In order to meet the objectives of this study, we will provide information on some medical

schools which have implemented professionalism in their curriculum. By the same token, information on how a professionalism curriculum should be tailored will be discussed.

In this regard a review was conducted to identify the relevant articles on implementing professionalism into the medical school curriculum. Table 1 provides information on some schools which have developed a professionalism curriculum. We should

express that these schools are chosen for incorporating professionalism into their curriculum in order to train medical students or residents to gain the essential skills of professionalism. It should also be noted that the literature on medical professionalism is extensive. In this regard, we selected only some of the papers to provide practical examples of how professionalism is implemented into the curriculum.

Table 1. Universities which have considered professionalism as a component in their curriculum

Institution	Method of teaching	Participants	Method of evaluation	Description
The Washington University (WU)	An annual 5-day retreat with 11 mandatory sessions	24 Pediatric residents	Self resident assessment which was then reviewed by faculty members	A curriculum developed as a model for other programs to introduce 8 key components of professionalism
The Bournemouth University (BU)	6 themes of professionalism on different days of the course	80 Year 2 medical students	Feedback from faculty and students	A course created in professionalism for Foundation Program Year 2 doctors to develop their generic skills
The Southern California University (SCU)	Professionalism contents were covered during the course	24 Medical students	- self, peer, and faculty assessment - Portfolio	A required longitudinal course to internalize the tenets of professionalism
The New York University (NYU)	Faculty members taught six 1-hour interactive curricular sessions	15 Surgical residents	-6-precurricular and post curricular station scenario-based OSCE -SPs (checklists)	An innovative curriculum designed to address professionalism and communication skill competencies
The Brown University (BU)	Challenging communication issues discussed in hospital rounds (3 sessions)	93 first year Pre-clerkship doctoring students	sessions were rated by students and faculty members	A novel curriculum designated to foster professionalism to preclinical medical students to improve effective care
The Minnesota University (MU)	A n elective 4 week preparatory course	22 Senior medical students	- pre-course and post-course surveys -knowledge tests - performance examinations	Boot camp courses implemented to teach professionalism skill sets
The National University of Ireland (NUI)	Enquiry-based learning after introductory lectures	Medical students	Assessment was conducted by a board of reviewers	An integrated interdisciplinary approach was used to enhance professionalism

A description of how each school has implemented professionalism is provided below:

The Washington University (WU)

The pediatrics residency training program at Washington University (WU) designed a curriculum for introducing 8 essential components of professionalism: honesty (integrity), reliability (responsibility), respect for others, compassion (empathy), self-improvement, self-awareness (knowledge of limits), communication (collaboration), and altruism (advocacy). The faculty members of WU taught professionalism at an annual five-day retreat for residents, with 11 mandatory sessions covering topics as ethical dilemmas, child abuse, health of children within a specified population, and dying patients. In the program, residents found opportunities to contemplate on day-to-day issues which required moral judgments and interaction. Methods of instruction for the curriculum included the use of videotaped scenarios, discussions, role plays, and experiential exercises. Each session of the retreat was evaluated by residents. They were then reviewed by the faculty members (program director and department chair) responsible for the program (12).

The Bournemouth University (BU)

The School of Health and Social Care at Bournemouth University with the collaboration of educators from Dorset acute trusts created a course in professionalism for Foundation Program Year 2 medical students. For optimum result, group discussion, feedback, and scenario-based topics were incorporated into the learning activities. This course resulted in the development of professionalism and developing the skills vital for future perspectives such as becoming more reflective in practices and exploring answers to questions. The course revolved around six themes such as professionalism and judgment, accountability, relationship with patients and

society, team working and leadership, excellence and continuous improvement. The themed days were taught on different days and in different orders; and the feedback from both the trainee and those involved in developing and delivering the program was incorporated to enhance the learning (13).

The Southern California University (SCU)

The Keck School of Medicine at the University of Southern California implemented a novel 2-year longitudinal course entitled "professionalism and the practice of medicine". In this course-based curriculum the constructivism framework, adult learning, experiential learning, small group discussions, reflective practice approaches as well as role modeling and mentoring were adopted to integrate learning with experience. There were 24 and 16 sessions for year 1 and 2 respectively. The course had several content themes such as professional development, cultural competence, ethics, healthcare policy, and physician well being. For assessment purposes self, peer, and mentor evaluations were developed in line with reflection and a student portfolio. A survey of students showed that 79% had gained skills in relation to professionalism as a result of the professionalism and the practice of medicine course (14).

The New York University (NYU)

The surgical residency training program at New York University (NYU) developed a curriculum to teach and assess professionalism and communication skills. The faculty members of NYU selected basic themes to facilitate a curriculum including six 1-hour interactive sessions focusing on information gathering, rapport building, patient education, delivering bad news, responding to emotion, and interdisciplinary respect. For these 6 interactive sessions methods of instruction for the curriculum consisted of group discussion, mini lectures, video vignettes from popular

television medical programs, role plays, role modeling, etc. For baseline knowledge and skills a six-station scenario-based Objective Structured Clinical Examination (OSCE) was designed using standardized patients (SPs). Surgical residents were rated based on precise scenarios by SPs according to a behaviorally anchored checklist for both pre-curricular and post-curricular OSCE examination. The scenarios included admitting mistakes, delivering bad news, dealing with a culturally diverse patient, and identifying an impaired colleague. Findings showed a statistically significant improvement in 2 of the 3 sub domains of communication (information gathering, patient education, and counseling) and 3 of the 4 sub domains of professionalism (sensitivity to the patient, working with an interpreter, and delivering bad news) through the meticulously designed curriculum (15).

The Brown University (BU)

The Warren Alpert Medical School of Brown University found a novel curriculum (Schwartz Communication Sessions) to teach professionalism in the mandatory 2-year preclinical course for first-year medical students. The curriculum provided opportunities for interviewing, physical examination, and establishing rapport among the healthcare team. Methods such as cases and videos, large and small group discussions, role-playing, skills practice, guest patient presentations, and multidisciplinary panels were utilized. Faculty and students rated the sessions and found that each session achieved the targeted learning goals. The curriculum was particularly successful in the area of professionalism, and elicited ratings of excellent or exceptional by 83% of the faculty members and 52% of the students (16).

The Minnesota University (MU)

The Department of Surgery at the University of Minnesota prepared surgical residents by means of boot camp courses to address professionalism prior to entering residency.

Professionalism was taught as one of the 3 areas of focus (ward management tasks, operative and technical skills, and professionalism skill sets). The course encompassed 55 sessions of interactive didactics, small group discussions, simulation sessions, mock page exercises, and team-based problem solving. These sessions covered 19 ward-management tasks, 12 operative and technical skills, and 4 professionalism skill sets. For assessment purposes pre-course and post-course surveys, knowledge tests, and performance examinations were adopted. This course provided evidence that students' participation was dramatically improved for executing different types of tasks (17).

The National University of Ireland (NUI)

The Galway Medical School at the National University of Ireland adopted an interdisciplinary approach to teach professionalism. This interdisciplinary professionalism curriculum which met positive results was taught using the enquiry-based self-directed learning method and it revolved around topics such as health and illness in society, medical law, and ethics. Based on this curriculum, students were supposed to work in small groups on clinical cases and present their work through a scientific essay based upon scenarios that incorporated ethical, legal, sociologic, psychological, and technological aspects of health, as well as illness and disease. The scientific essay was assessed by a board of reviewers. This curriculum provided evidence of professional output and demonstrated the benefit of an interdisciplinary professionalism curriculum (18).

This paper is premised on the contemporary available literature and focuses on how medical schools instill and nurture professionalism into the formal curriculum. Although professionalism is fundamental to medical practice but it is one of the difficult areas to be taught due to its intangible, complex, and multi-dimensional nature.

Evidence shows that integrating professionalism explicitly into the curriculum is a challenging task (19) but teaching and assessing professionalism as one of the six core competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice) of ACGME effectively is vital for every medical school.

The tangible skills of ACGME such as medical knowledge can be fostered in the course of time through formal curriculum. But for intangible skills such as professionalism which are challenging and more embedded in the hidden part of every medical school; there is a need for a specially designed curriculum to successfully instill professionalism in medical students alongside the biomedical knowledge. Arnold (2002) reported that half of the medical schools in the United States have incorporated elements of professionalism in their curriculum (20). This signifies the importance of integrating professionalism within the curriculum in which medical schools have criteria for its implementation and assessment. In terms of curriculum implementation, our research shows that the aforementioned universities have used a combination of methods to incorporate professionalism into their formal curriculum. This implementation varies from short interactive sessions to integrated longitudinal courses. In addition, various aspects of professionalism were incorporated in the teaching of the professional behavior. This can be owing to the fact that each medical school has its own definition of professionalism which is acceptable in its context. Therefore, this justifies that each medical school incorporates a different aspect of professionalism into the curriculum. Based on the variations in the implementation of professionalism into the formal curriculum, we highlight that teaching on professionalism should commence mainly in the pre-clinical years and varies from single compulsory sessions to multiple courses. Rhodes (2001)

states that the essential attributes and traits of professionalism would be fortified if formal instruction of professionalism is incorporated into the curriculum during the later years in medical school (21). If the curriculum is longitudinal and consistent, medical students can better improve in professionalism in medical schools. It seems that the integration of professionalism skills into the medical school curriculum from an early stage of medical education and across all years can better foster the educational tenets of professionalism into medical students (22,23). Based on any kind of arrangement in order to teach professionalism, it is of utmost importance that vertical integration within a spiral structure be carefully designed across all years. Harden (1998) points out that the tenets of professionalism must be explicitly integrated into vertical strands. He also believes that the spiral structure plays a pivotal role in strengthening the content of professionalism which is taught to medical students as the course progresses (24,25). We also express that the multiple methods of teaching and assessment applied in different universities to enhance professionalism can be considered as an ideal approach since professionalism is a complicated construct. Thus, it can compensate for any weaknesses that are more prominent in a single approach (14).

This paper can provide guidance to those willing to design and implement programs on teaching professionalism by considering and incorporating the data presented in this study. Also, it helps curricular planners with a more comprehensive view to develop and enhance professionalism as an integral and explicit part of training in developing national and standardized curricula. Bearing in mind that with all the considerable changes in the medical knowledge, revolution in information technology, patients' expectation and healthcare delivery, a professionalism curriculum places the core values needed in today's changing world at the center of all

phases of medical training which are mandatory in the perspective life of a physician.

Ethical issues

None

References:

- Warner BW. Presidential address: professionalism and surgery—kindness and putting patients first. *Surgery*. 2004; 136(2): 105-15.
- Deptula P, Chun MB. A Literature Review of Professionalism in Surgical Education: Suggested Components for Development of a Curriculum. *J Surg Educ*. 2013;70(3):408-22.
- Lashkari M, Beigzadeh A. The concept and challenges of medical professionalism. *Report of Health Care*. 2015; 1(1): 39-41.
- Working Party of the Royal College of Physicians. Doctors in society. Medical professionalism in a changing world. *Clin Med (Lond)*. 2005; 5(6 Suppl 1):S5-40.
- Abadel FT, Hattab AS. Patients' assessment of professionalism and communication skills of medical graduates. *BMC Med Educ*. 2014; 11;14:28.
- Barach P, Johnson JK, Ahmad A, Galvan C, Bognar A, Duncan R, et al. A prospective observational study of human factors, adverse events, and patient outcomes in surgery for pediatric cardiac disease. *J Thorac Cardiovasc Surg*. 2008;136(6):1422-8.
- Pichert JW, Miller CS, Hollo AH, Gauld-Jaeger J, Federspiel CF, Hickson GB. What health professionals can do to identify and resolve patient dissatisfaction. *Jt Comm J Qual Improv*. 1998; 24(6):303-12.
- White AA, Pichert JW, Bledsoe SH, Irwin C, Entman SS. Cause and effect analysis of closed claims in obstetrics and gynecology. *Obstet Gynecol*. 2005;105(5 Pt 1):1031-8.
- Johnson C. Bad blood: doctor-nurse behavior problems impact patient care. *Physician Exec*. 2009; 35(6):6-11.
- Cruess RL, Cruess SR, Steinert Y, Arnold L. *Teaching medical professionalism*. New York: Cambridge University Press; 2009.
- Swick HM, Szenas P, Danoff D, Whitcomb ME. Teaching professionalism in undergraduate medical education. *JAMA*. 1999;282(9):830-2.
- Klein EJ, Jackson JC, Kratz L, Marcuse EK, McPhillips HA, Shugerman RP, et al. Teaching professionalism to residents. *Acad Med*. 2003; 78(1):26-34.
- Masding MG, McConnell W, Lewis C. Teaching professionalism to junior doctors: experience of a multidisciplinary approach in the Foundation Programme. *Clin Med (Lond)*. 2009;9(5):412-4.
- Elliott DD, May W, Schaff PB, Nyquist JG, Trial J, Reilly JM, et al. Shaping professionalism in pre-clinical medical students: Professionalism and the practice of medicine. *Med Teach*. 2009;31(7):e295-302.
- Hochberg MS, Kalet A, Zabar S, Kachur E, Gillespie C, Berman RS. Can professionalism be taught? Encouraging evidence. *Am J Surg*. 2010; 199(1):86-93.
- Shield RR, Tong I, Tomas M, Besdine RW. Teaching communication and compassionate care skills: an innovative curriculum for pre-clerkship medical students. *Med Teach*. 2011; 33(8):e408-16.
- Antonoff MB, D'Cunha J. PGY-1 surgery preparatory course design: identification of key curricular components. *J Surg Educ*. 2011;68(6):478-84.
- McNair A, Moran C, McGrath E, Naqvi S, Connolly C, McKenna V, et al. How we implemented an integrated professionalism curriculum to 2nd year medical students at the National University of Ireland Galway Medical School, with examples from students' final output. *Med Teach*. 2011;33(9):710-2.
- O'Sullivan H, van Mook W, Fewtrell R, Wass V. Integrating professionalism into the curriculum. *Med Teach*. 2012;34(2):155-7.
- Arnold L. Assessing professional behavior: yesterday, today, and tomorrow. *Acad Med*. 2002;77(6):502-15.
- Rhodes R. Enriching the white coat ceremony with a module on professional responsibilities. *Acad Med*. 2001;76(5):504-5.
- Kopelman LM. Values and virtues: how should they be taught? *Acad Med*. 1999;74(12):1307-10.
- Ludmerer KM. Instilling professionalism in medical education. *JAMA*. 1999; 282(9):881-2.
- Harden RM. Integrated teaching—"what do we mean? A proposed taxonomy. *Med Educ*. 1998; 32(216):7.
- Harden RM. What is a spiral curriculum? *Med Teach*. 1999; 21(2):141-3.

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Authors' contributions

Both authors equally contributed to the writing and revision of this paper.