

TEACHING PROFESSIONALISM IN PHYSICIANSHIP

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The Challenge

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



THE LITERATURE

TWO APPROACHES

- Teach it explicitly:
definitions/list of traits
- Teach it as a moral endeavor:
altruism/service/role modeling/
experiential learning



MUST DO BOTH !

Teaching alone
remains theoretical

Experiential learning alone
selective/disorganized knowledge of
professionalism and professional
obligations- **WHERE WE STARTED**



HOW

- Cognitive base - teach it explicitly
- Self-reflection - encourage the active process
- Role modeling - requires knowledge and self-awareness
- The environment - must support professional values



Teaching Professionalism

Undergraduate

Postgraduate

Year 1

Year 4

↑ Level of Sophistication

“social contract”

↑ capacity to
personalize
professionalism

Imparting the
Cognitive Base
“Professionalism”

Promoting Self-
Reflection



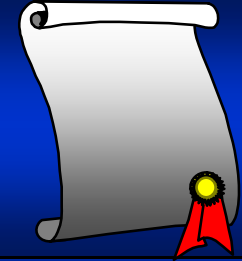
The COGNITIVE BASE

OUR APPROACH



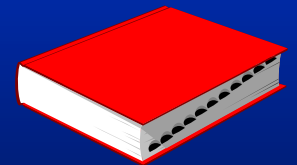
Definition

Profession



“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.”

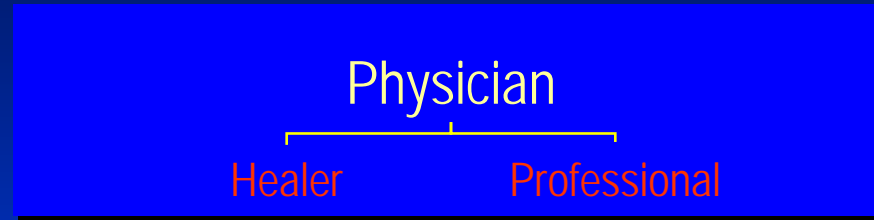
Derived from the Oxford English
Dictionary (1985) and the literature on professionalism



Cruess, Johnston, Cruess “Teaching and
Learning in Medicine”, 2004



Attributes



Healer

Caring/ compassion
Insight
Openness
Respect for the
healing function
Respect patient
dignity/
autonomy
Presence/Accompany

Competence
Commitment
Confidentiality
Altruism
Trustworthy
Integrity / Honesty
codes of ethics
Morality / Ethical
Behavior
Responsibility to
profession

Autonomy
Self-regulation
associations
institutions
Responsibility
to society
Team work

Professional



The Social Contract

- A mix of:
- the explicit and the implicit
 - the written and the unwritten
 - licensing laws, health care legislation, codes of ethics, the Charter
 - legal and moral obligations
 - the universal and the local
- Constantly evolving (being renegotiated)



“The rights and duties of the state and its citizens are reciprocal and the recognition of this reciprocity constitutes a relationship which by analogy can be called a social contract”

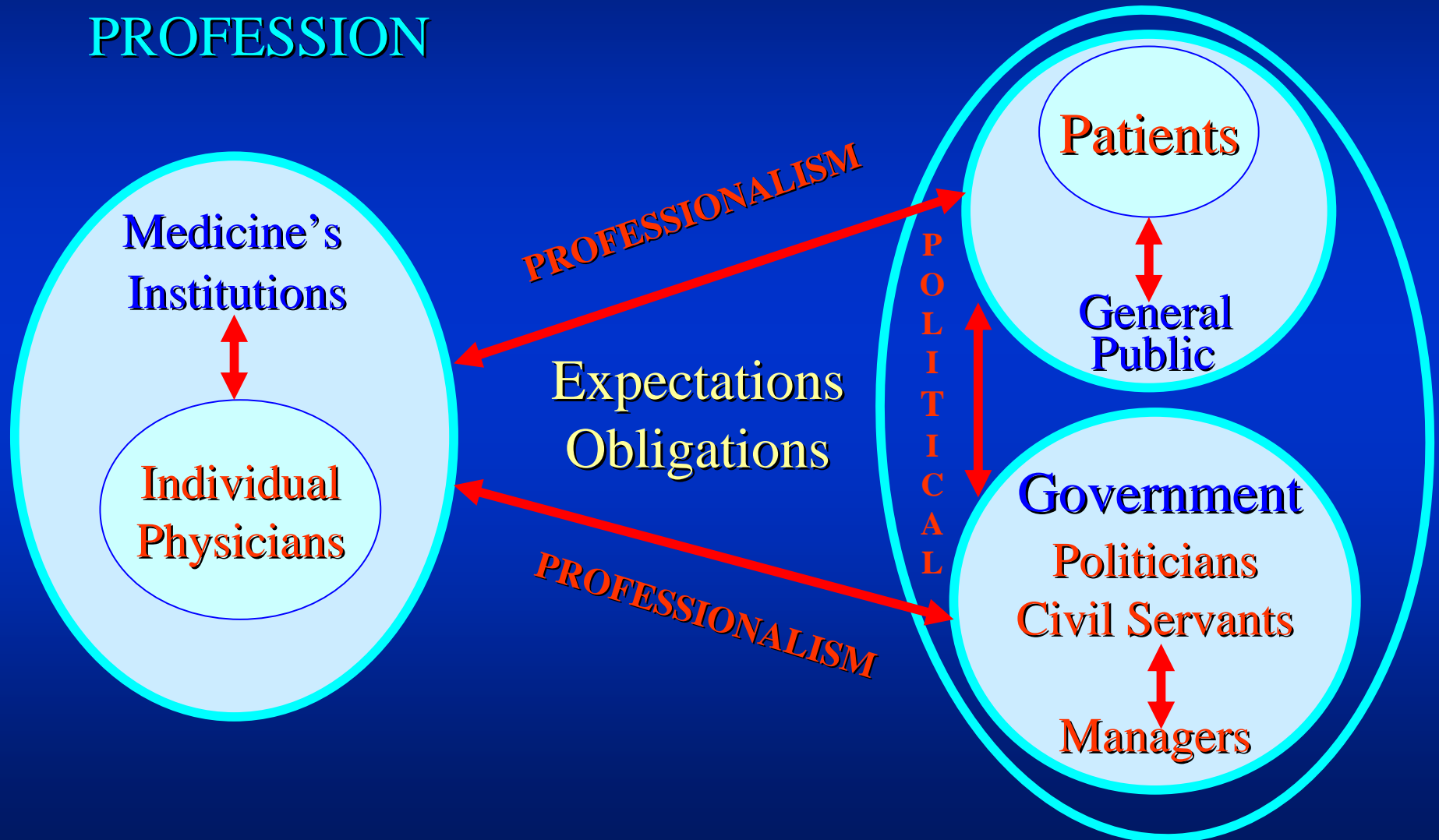
Gough: “The Social Contract”, 1957



The SOCIAL CONTRACT

THE MEDICAL
PROFESSION

SOCIETY



- The social contract in health care is based on professionalism.
- Professionalism is the basis for the expectations of medicine and society.
- Medicine's obligations are derived from the contract
- This approach provides a rationale for the obligations of the professional



SUMMARY OF THE PROGRAM



GENERAL PRINCIPALS

- Integrated approach throughout undergraduate and postgraduate education.
- Activities throughout the curriculum
- Support of Dean's office & Chairs
- Multiple techniques of teaching.
 - » **Formal Teaching**
 - » **Self-reflection**
 - role models - faculty
 - residents
 - small groups
 - independent activities
- Evaluation linked to teaching
- Faculty Development Essential



Cruess & Cruess,

Medical Teacher, 2006

Faculty Development

Results

- 4 sessions on teaching or evaluating professionalism over 3 years
- 152 faculty members attended at least one half day session.
- Agreed on the cognitive base and behaviors reflecting professionalism.
- Developed methods of formal instruction/experiential learning
- Participants became skilled group leaders/trained role models.
- Led to curricular change.
- ? Altered the environment.



Steinert, Cruess, Cruess and Snell
Medical Education, 2005

Content-Whole Class

“Flagship Activities”- at regular intervals- required

- lectures → small groups
- Prof 101 - 1st yr
- Prof 201 - 2nd yr
inter-professional
- Prof 301 – 3rd year
- 4th year seminars - Prof 401- “The Social Contract and You”
6 hours
- ethics → small groups
- communication skills (Calgary/Cambridge)
- introduction to the cadaver → small groups
- body donor service
- white coat ceremony



Content- Individual Courses

- unit specific activities
 - pre-clinical - small group
 - clinical-small group/rounds



Undergraduate- NEW

Revision of evaluation system

PROFESSIONALISM PIRE-EVALUATION EXERCISE

Evaluator: _____
Student/Resident: _____

Level: (please check) 1st yr 2nd yr 3rd yr 4th yr 1st yr 2nd yr 3rd yr 4th yr

Setting: In-classroom Out-of-classroom
 ward activity team meeting
 ambulatory clinic small group teaching
 IIR/Emergency Room other (specify) _____

	1	2	3	4	5
Licensed activity in patient					
Shared history to patient or a person					
Shared respect for patient					
Recognized and met patient needs					
Accepted responsibility to meet patient needs					
Ensured continuity of patient care					
Advocated on behalf of a patient or/and family member					
Demonstrated awareness of institutions					
Admitted errors/mistakes					
Sought feedback					
Accepted feedback					
Maintained appropriate boundaries with patients/challengers					
Maintained composure in a difficult situation					
Maintained appropriate appearance					
Wasted time					
Completed tasks in a reliable fashion					
Addressed own gaps in knowledge and skills					
Was available to patients/colleagues					
Demonstrated respect for colleagues					
Used disciplinary language					
Accepted a colleague as needed					
Maintained patient confidentiality					
Used health resources appropriately					
Respected rules and procedures of the system					

In: Please rate this student/resident's overall professional performance during THIS semester:
expectations: Below expectations Exceeded expectations

Comments: _____

Global Assessment Form P-MEX

SAME BEHAVIORS

valid, reliable, reproducible
Acad Med: 2006 (RIME Suppl)



Evaluation of Professionalism in Faculty

- WORK IN PROGRESS- Form Developed & Tested
- IMPORTANT
 - credibility
 - influences informal and hidden curricula
- STUDENTS: Believe it to be important
 - Are willing to evaluate
 - Prefer anonymity



PROGRAM EVALUATION

- Too early- only 11 years!
- ↑ faculty and student knowledge and awareness- ?? change in role models/the environment
- Ultimate evaluation
 - patient satisfaction
 - physician satisfaction
 - rate of physician disciplinary actions
 - the status of the profession in society

