(International Print/Online Journal)

SJIF IMPACT FACTOR: 5.565
PUBMED-National Library of Medicine ID-101739732

ISSN (Print): 2209-2870
ISSN (Online): 2209-2862

International Journal of Medical Science and Current Research (IJMSCR)
Available online at: www.ijmscr.com
Volume 6, Issue 3 , Page No: 401-405
May-June 2023

IJMSCR

Plan For Implementation Of Professionalism In Medical Education- A Review

Dr Triveni Kale- Bachhav, Dr Swapna Mahale, Dr Kunal Sethi
[1,3] Professor, [2]Professor & HOD
Department of Periodontics MGV's KBH Dental College and Hospital, Nashik

***Corresponding Author:**
Dr Triveni Kale- Bachhav
Professor, Post graduate Guide, PhD Guide Department of Periodontics MGV's KBH Dental College and Hospital, Nashik

Type of Publication: Original Research Paper
Conflicts of Interest: Nil

Abstract
Medical professionalism in today's society requires the exhibition of a range of qualities deployed in the service of patients, rather than more traditionally defined aspects such as mastery, autonomy and self-regulation. These qualities incorporate demonstrated clinical competence; aspiring to excellence in practice while demonstrating humility and recognition of personal limitations; exercising professional judgment; and maintaining a fiduciary relationship with patients by the earning and maintenance of trust.[1]

Keywords: Medical Professionalism, Simulation

Introduction

Medical professionalism is the ability to meet the relationship-centered expectations required to practice medic incompetently (Kuczewski et al., 2003; Lynch et al., in press; Surdyk et al., 2003).Personal and professional development is more than an isolated curriculum theme or strand; it is a way of approaching the entire course. (Gordon 2003) There has not been a systematic review of the literature on teaching professionalism. Professionalism is learned most effectively through the influence on students of clinicians they encounter in the course of their education (role models)[4]

Teaching professionalism is not akin to imparting a technical clinical skill. Rather, if successful, it brings about what Huddle terms a ''personal transformation – the shaping of individual moral identity'' in the learner (Huddle 2005). Branch argues that ''there are few known techniques for effective teaching of humanism'' (Branch et al. 2001, p. 1067), and Goldie et al. (2007), noted that few studies examined methods of teaching [2,4]

Teaching professionalism entails 'setting expectations, providing experiences, evaluating outcomes' (Stern & Papadakis 2006, p. 1794). There is still no unifying theoretical or practical model to use as a format to integrate the teaching of professionalism in the medical curriculum that has gained wide acceptance (Gordon 2003; Gracey et al. 2005; Archer et al. 2008). Richard Cruess is of the opinion that such a curriculum is not possible, and that, rather, a professionalism curriculum must be based on, and reflect, the environment of the institution in which it is taught (Cruess 2006). There is a major gap in the evidence base between what has been shown to work through evaluation data (there is little of this) and what may work as set out in the abundant theoretical and opinion literature.[2,4]

Historical summary [2,3]:

Medicine is, in part, the modern embodiment of the ancient art of healing—present since the earliest days of civilisation. In emerging Greek civilisation, the roots of Western medicine can be traced (Porter, 1997; Schon, 1983). Apollo was revered as the God

of Healing. His son Aescepleus who, according to Homer, was a highly skilled wound healer, became the tutelary god of medicine. Hippocrates (c460–377bc) led Hippocratic medicine, which built on these beliefs, but made itself distinct from other ancient forms of healing by being grounded in natural philosophy rather than supernatural powers—separating medicine from religion. By open and philosophical debate, the principles of Hippocratic medicine were developed—health being equilibrium, and illness being disturbance of it. Careful observation and recording by physicians was encouraged, as was expectant treatment of ills rather than intervention by drugs or surgery. Hippocratic physicians espoused ethical practice—premium non core—and altruism, both incorporated in the Hippocratic oath, which is still recited today (in derived form) by new graduates in medicine. Plato (c428–347bc) developed a series of arguments to describe three functions of human nature—reason, spirit and appetites—located within, respectively, brain, heart and liver.

Aristotle (384–322bc), himself the son of a physician, was a pupil of Plato, and built on his work further by encouraging systematic observation of nature, and experimentation to explain observations. He used animal dissection to propose biomedical theories about anatomical structures, such as circulation, and also discussed aspects of the mind, including sleep, memory and sensation. His writings on judgement and wisdom, in Nichomachean ethics (Halverson & Gomez, 2001), constitute a convincing description of professionalism. In the Roman era, Galen (129–216 AD) was the reference point, and his views and writings dominated Western medicine without serious review until the Renaissance. Galen's prolific writing on medical science, as understood by him and contemporaries created a formidable—if often mistaken—account of the pathophysiology of disease. Galen's views and beliefs held philosophy and medicine as counterparts: the best doctor was also a philosopher, while the unphilosophical healer (the empiric) was like an architect without a plan.

Paracelsus (1493–1542) was an early sceptic and iconoclast who challenged the Galenian concepts of qualities, elements and humours, moving more towards chemistry as the basis for treating illness. Harvey corrected Galen's faulty view of the circulation. New discoveries and theories followed in profusion as the western world's knowledge base exploded through the industrial revolution and the age of enlightenment during 18th–19th Centuries.

Comte (1988) as its three principal doctrines: 1. empirical science is not just a form of knowledge, but the only source of positive knowledge, 2. an intention to cleanse men's minds of mysticism, superstition and pseudo-knowledge, 3. a programme of extending scientific knowledge and technical control to society, making it not only mechanical, geometrical or chemical, but primarily moral and political.

By the late 19th Century, positivism became medicine's dominant philosophy. Growing

industrialisation, and the advance of 'scientific' thinking and beliefs over traditional belief systems such as religion (Menand, 2001) saw the strengthening of the professional class a development seen by Durkheim (1957) as protecting the individual from oppression by the state, or government.

Discussion [5,6]:

Perspectives on professionalism in the society - The three original learned professions were law, medicine, and the clergy (Freidson, 1971). Professions have a number of characteristics that distinguish them when considered collectively. Taken individually one or more of these characteristics are possessed by many other social groups. They are- a body of specialist knowledge and skills, a commitment to high standards of service, varying degrees of self- regulation and autonomy, moral and ethical standards of behavior. A key reward for this 'altruism' is the autonomy and selfregulation that society formerly conceded to professionals. In the past—many have argued—this formed the basis of the implicit 'social contract' between professions and the societies they served .The concept of phronesis is an important one in describing the actions of the effective, mature professional.

Medical professionalism- Much of the burgeoning literature has been prompted by the perceived politicization of healthcare; conflicts of interest regarding commercialism and its influence on medical practice and anxieties arising from medical litigation, with the defensiveness and cynicism that this engenders in clinical practice. (Chren & Landerfield, 1994; Department of Health, 1998; Emanuel, 1997; Sullivan, 1999) All of this threatens

Volume 6, Issue 3; May-June 2023; Page No 401-405
© 2023 IJMSCR. All Rights Reserved

to compromise the fiduciary relationship between doctor and patient (Rothman, 2000). 'Fiduciary' refers to a relationship based on trust, nowhere better summarised than in the famous 1960s quotation by Sir James Spence, English paediatrician.

Defining medical professionalism 'Professional' and 'professionalism' have different meanings for people, and in different contexts. Professionalism in doctors, to some, may indicate no more than punctuality and reliability in attendance; to others it may mean keeping suitably detached from highly emotional situations; to others it may mean a commitment to keeping up to date with evidence-based medicine. Powerful arguments were made by Swick (2000) for a normative definition of medical professionalism based on observable physician behaviors..

Contemporary statements by professional organizations -Professional organizations in North America and Europe have been prominent in defining, promoting and requiring professionalism, or 'good professional behaviours'. It lists 14 'Duties of a Doctor, which form

the basis for the GMC's definition of professionalism. In 2002, a combined North American and European Internal Medicine Boards project published the Physician's Charter—a declaration on medical professionalism requirements for the new millennium (Sox, 2002). In the mid-1990s, the ABIM commissioned Project Professionalism, which sought to define the components of medical professionalism (ABIM, 2001). Professionalism, as the Board has defined it, aspires to: altruism, accountability, excellence, duty, honor and integrity, respect for others. Their principal focus was on the patient, but they recognized the unique importance of professionalism within the context of relationships between physicians and other health professionals, and between professional organizations. CANMEDS (1996), as a project of the Royal College of Physicians and Surgeons of Canada specifies seven roles expected of the competent specialist: medical expert/clinical decision-maker, communicator, collaborator, manager, health advocate, scholar, professional. And, most recently, the Royal College of Physicians of London's Working Party on Medical Professionalism has defined medical professionalism succinctly as ''a set of values, behaviors and relationships that underpin the trust the public has in doctors.''

Our perspective on professionalism: six domains or areas are recurrent: respect for patients, ethical practice, reflection/self-awareness, responsibility—commitment to excellence/lifelong learning, teamwork, social responsibility. Phronesis requires high level reflective judgement (King & Kitchener, 1994), and incorporates action in addition to practical wisdom. It arises from experience and reflection on experience and implies that professionalism is a state reached only after a prolonged period of learning, instruction and experience.

The origins and acquisition of medical professionalism A good medical professionalism incorporates six domains of professional behaviour. An effective reflective practitioner will meet the requirements for self-awareness, responsibility and commitment, and teamwork. Ethical practice will include respect for patients and social responsibility. Professionalism incorporates highlevel reflective judgement, phronesis, a lengthy period of experience and maturation is necessary. This is consistent with a large body of theoretical knowledge relating to stages of personality development (Erickson, 1963), moral development (Gilligan, 1984; Kohlberg, 1969), and reflective judgement (King & Kitchener, 1994.The environment shapes these maturational experiences. Slotnick (2001) has described how medical education follows a series of stages, with psychosocial (Maslowian) needs (moving from basic biological needs through to self- actualisation) having to be met at each stage for satisfactory progress to be made (Maslow, 1970).

Reflective practice Reflective practice is necessary because without critical review of experience, the mature practitioner will not derive the insights needed to make the kinds of complex and reasoned decisions required for unsupervised clinical practice

Boenink's team in the Netherlands (Boenink et al. 2005) compared the professionalism of students before and after an educational programme on professionalism and also compared early year students with students from later years, using a set of scenarios (vignettes) each describing a professionalism dilemma as their assessment triggers.

A survey of US medical students at one university (Roberts et al. 2004) found that they considered

Volume 6, Issue 3; May-June 2023; Page No 401-405
© 2023 IJMSCR. All Rights Reserved

clinically associated training (role modelling, case conferences) as most effective in teaching professionalism, multidisciplinary expertise approaches (discussion with ethicists, attorneys, chaplains) effective, and formal didactic approaches (lectures, videos, grand rounds presentations) as least effective.

Qualitative studies focused on students' perceptions of the quality of the teaching on professionalism they were exposed to (Hatem & Ferrara 2001; Lempp & Seale 2004; Nogueira- Martins et al. 2006; Stephenson et al. 2006; Wear & Zarconi 2008) and the quality of students' writing on professionalism (Hatem & Ferrara 2001; Wear & Zarconi 2008; Rabow et al. 2009), as well as on medical teachers (Weissmann et al. 2006), and heads of medical education programmes (Stephenson et al. 2006).

Case reports Several groups have reported success, generally based on high scores in participant evaluations, in individual curriculum offerings. Charles Hatem (Hatem 2003) (Harvard) advocates teaching professionalism in clinical practice, as the values imparted come directly from the patient care perspective.

According to the systematic review by Hudson etal 2013-posed research question - What teaching processes, systems, and approaches have been found to work to ensure an ethos of professionalism in medical graduates? The aim of the study was what works in teaching professionalism? (Method) . How does it work? (Methodology) . Why does it work? (Theory) . What does it teach?

Teaching Professionalism in Graduate Medical Education [7,8 ,9]

CLINICAL/ EXPERIENTIAL each resident visits a patient post discharge to aid their understanding of patient functioning and related psychosocial issues in other settings. This information helps to determine how well discharge recommendations can be met - Role play with simulated patients

SIMULATION Following a seminar on cross-cultural patient-centered communication, each resident practices interaction skills with three simulated patients from different ethnic and/or religious backgrounds* [11]

DISCUSSION/ SEMINAR Residents meet to discuss and receive feedback on challenging psychosocial issues that occur during their care of patients [12]

COOPERATIVE/ TEAM LEARNING To develop leadership skills and promote excellence, physicians, residents, and medical students work in teams to identify and address care delivery problems Cultural sensitivity presentations Rosenfeld JC, Sefcik S. Utilizing community leaders to teach professionalism **) INDEPENDENT LEARNING-** Information about informed consent and confidentiality is presented online, followed by quizzes with vignettes One of its categories was learning outcomes. The results of this study show consistency between the medical education experts' perceptions of professionalism and learning outcomes and that in the literature [5]

Training methods was another category emerged in this study. In addition to effective teaching methods and techniques such as small group teaching [9], case-based discussion, reflection, role playing and role modeling [11] that were stressed by experts in this study, educating teachers on professionalism and its teaching methods, considering attitudinal domain in addition to knowledge and skill domains, giving effective, just and constructive feedback, are necessary in developing professional physicians [13.] A new finding in this study pointed out by the participants as a useful teaching method was professionalism round which means discussing professionalism cases in rounds by faculty members.

Conclusion: Current societal change is re-shaping the role of the professional in important ways. Some of this re-shaping may threaten acquisition and maintenance of phronesis. The imperative for medical education, at all stages of a career, is to highlight, foster and sustain the centrality of professionalism in medical practice, and to develop and maintain appropriate assessment of it.

References:

1. Professionalism in medical education Sean Hilton, Lesley Southgate St. George's, University of London, Cranmer Terrace, London SW17 0RE, UK 0742-051X/$ - see front matter r 2007 Elsevier Ltd. All rights reserved. doi:10.1016/j.tate.2006.12.024.
2. Teaching professionalism in medical education:A Best Evidence Medical Education (BEME)systematic review. BEME Guide No.

Volume 6, Issue 3; May-June 2023; Page No 401-405
© 2023 IJMSCR. All Rights Reserved

25. https://doi.org/10.3109/0142159X.2013.789132.
3. Advancing Education in MEDICAL PROFESSIONALISM https://www.researchgate.net/publication/222430550_Professionalism_in_medical_education
4. Hudson Birden, Nel Glass, Ian Wilson, Michelle Harrison, Tim Usherwood & Duncan Nass (2013) Teaching professionalism in medical education: A Best Evidence Medical Education (BEME) systematic review. BEME Guide No. 25, Medical Teacher, 35:7, e1252-e1266, DOI: 10.3109/0142159X.2013.789132
5. ARTICLE IN PRESS 270 S. Hilton, L. Southgate / Teaching and Teacher Education 23 (2007) 265–279
6. How to develop an undergraduate medical professionalism curriculum: Experts' perception and suggestion.SOOLMAZ ZARE, PhD Candidate,1 NIKOO YAMANI, PhD,1* and TAHEREH CHANGIZ, PhD1 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6820008/#
7. 16.Council GM. Good medical practice: General Medical Council Manchester. UK: GMC; 2013. [Google Scholar]
8. ABIM Foundation: American Board of Internal Medicine; ACP-ASIM Foundation, American College of Physicians-American Society of Internal Medicine; European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. Ann Intern Med. 2002;136(3):243–6. [PubMed] [Google Scholar]
9. Goldie J, Dowie A, Cotton P, Morrison J. Teaching professionalism in the early years of a medical curriculum: a qualitative study. Med Educ. 2007;41(6):610–7. [PubMed] [Google Scholar]
10. Cohen JJ. Professionalism in medical education, an American perspective: from evidence to accountability. Med Educ. 2006;40(7):607–17. [PubMed] [Google Scholar]
11. Karnieli-Miller O, Vu TR, Holtman MC, Clyman SG, Inui TS. Medical students' professionalism narratives: a window on the informal and hidden curriculum. Acad Med. 2010;85(1):124–33. [PubMed] [Google Scholar]
12. Challenging case conference Markakis KM, Beckman HB, Suchman AL, Frankel RM. The path to professionalism: cultivating humanistic values and attitudes in residency training. Acad Med 2000;75:141-50.
13. Leadership training Kuczewski KG, Bading E, Langbein, M, et al. Fostering professionalism: the Loyola model. Camb Q Healthc Ethics 2003;12:161.

Volume 6, Issue 3; May-June 2023; Page No 401-405
© 2023 IJMSCR. All Rights Reserved