

EDUCATION AND PRACTICE

Teaching, learning, and assessing professionalism: lessons learnt and future directions

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Abstract

Professionalism is a priority for the medical students, physicians and medical educators because it is an important component of medicine's contract with society. The authors wish to share the experience of the operationalization of current teaching, learning and assessment tools of professionalism course. The authors also desired to share proposal as a future direction.

A detailed description is provided about the current practice for inculcating in the students the best professional attitudes, communication and management skills and knowledge. Furthermore, a comparison of the proposed future plan with the current practice is also attained.

The authors believe that adopting the evidence based practices need time and gradual improvements which in turn pave a path to have the best professional care for the patients.

Keywords: teaching, learning, professionalism, lessons learned, future directions, Saudi medical school.

Introduction

The wearing away of professionalism during medical training has been recognized. Students' professional growth requires a more organized curriculum in which early patient contact with supportive feedback is regularly and competently provided.

Community anticipates medical students to act thoroughly according to the attributes of professionalism, rather than merely acting professionally. This, in turn, entitles professionalism to be one of the top priorities for the medical students, physicians and medical educators. Professionalism has received an augmented thoughtfulness in recent years because it is a serious eminence among the physicians [1]. Over the past 25 years, professionalism has ascended as a vital and continued theme, the operationalization and measurement of which have turned out to be a foremost worry for those involved in medical education [2]. Most

of medical institutions have a professionalism curriculum in place [3].

Rationale of teaching professionalism

It was chronicled that, in the Kingdom of Saudi Arabia, there has been an upsurge in the happening of medical error claims [4]. This is matching the observed trends elsewhere [5,6]. Therefore, now a day there has been a mounting interest among healthcare professional institutes including College of Medicine, King Saud University (KSU) to nurture and inculcate the professional attributes in the medical students through the curriculum. College of Medicine, KSU, in the year 2010 started a new course "Professionalism" of one year length. This course boards the second year medical students. The objective of this course is to inculcate in the students the best professional attitudes, communication and management skills and knowledge. Teaching methodology, currently comprises of

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interactive lectures on topics that comprehend all three professionalism discourses by scope i.e. Individual, interpersonal and societal/institutional (As defined by Ottawa conference on Medical Professionalism). For the students' evaluation currently used tools are short answer question (SAQs-during lectures as continuous assessment) and multiple choice questions (MCQs as the end of year/final assessment).

The question on whether the existing teaching and assessment tools of the professionalism hold all that is obligatory to inculcate cognitive base of vital professional attributes within the medical students' still remains debatable.

Previous studies have exemplified that there are no validated and guiding principles elucidating the most operational ways of assisting medical students to cultivate high standards of medical professionalism [7]. A Lancet review in 2001, highlighted the prominence of a commitment to the teaching of professionalism to medical students and suggested that laborious research is obligatory in this area [8].

The traits of professionalism which are universally quoted in the literature and as demarcated by the American Board of Internal Medicine (ABIM) stated as follows.

The elements of professionalism as defined by the American Board of Internal Medicine.
<p>“Altruism: The essence of professionalism, in which the best interest of the patients, not self-interest, is the rule”.</p> <p>“Accountability: To patients—honoring the patient/physician relationship. To society—addressing the health needs of the public. To the profession—adhering to medicine’s ethical precepts”.</p> <p>“Excellence: A commitment to life-long learning and to exceed “ordinary expectations”.</p> <p>“Duty: Free acceptance of a commitment to service (e.g., enduring unavoidable risks in the care of patients and advocating best care regardless of ability to pay)”.</p> <p>“Honor and integrity: Consistent regard for the highest standards of behavior and the refusal to violate one’s personal or professional codes”,</p> <p>“Respect for others: Including patients, families, other physicians, and health care professionals”.</p>

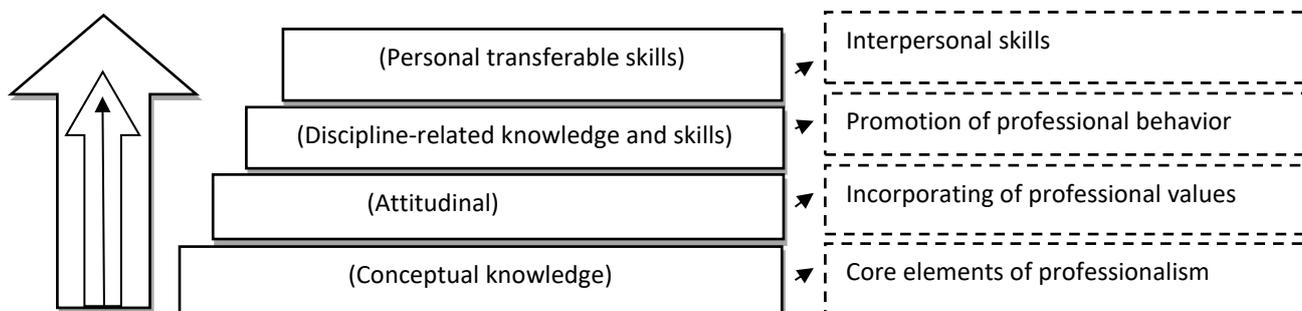
Professionalism in practice (current course)	
Aims	
Conceptual knowledge	Attitudinal
<ul style="list-style-type: none"> • To inspire the students to grasp the theory of Professionalism. • To define the core elements of the profession and professionalism. • To deepen the understanding of the moral magnitudes in the practice of medicine. 	<ul style="list-style-type: none"> • To make students aware of the role of professional medical student towards his fellows as well as towards the community. • To weigh the cost of being unprofessional and the legal aspects inherent to the medical profession • To identify, judgmentally analyze, and resolve the professionalism issues that may arise in their practice of health care.
Discipline-related knowledge and skills	Personal transferable skills
<ul style="list-style-type: none"> • To guide the students into acting and behaving along the guidelines of Professionalism. • • To promote professional & ethical behavior that reports the benefits of patients and society first, likewise serving the interests of the profession. • To exhibit sensitivity and openness to others’ culture, age, gender and disabilities. 	<ul style="list-style-type: none"> • To refine the personal skills and reach the highest standards of Professionalism by knowing how to use them. • To develop and refine the Interpersonal relationships. • To cultivate decision-making skills that will add to students' ethical behavior.

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Outline of the current course	
Educational strategies	Teacher centered /Didactic lectures
Teaching methods	Small group study
Teaching staff	Faculty members (clinicians+ non- clinicians)
Assessment	<ul style="list-style-type: none"> • Continuous assessment (MCQs as post lecture quizzes) • Final assessment (SAQs)

Keeping our objectives of the course as same, we Propose future directions	
Introducing The Problem Based Learning (small group)	Brief specifications (operationalization)
<ul style="list-style-type: none"> • 2 sessions a week • Students are presented with a set of PBL scenarios • All students are placed in small groups of 5 students each. • Students shall read the problem scenario • Students are required to enlist the important information in the scenario • Students are required to enlist what is additionally required to know • Students are required to list what are the findings in PBL scenario. • Students are encouraged to be self-reflective with critical analysis about the problem in the case. 	<p>Communication /Announcements Central notice board/ Learning management system (blackboard) as an online learning platform.</p> <p>Content of the course</p> <ul style="list-style-type: none"> • Core knowledge and skills. • Incorporation of professional values in students’ lives. • Promotion of professional behavior • Development of interpersonal & decision-making skills <p>Educational strategies Student centered such as PBL</p> <p>Teaching staff Faculty members (clinicians+ non-clinicians)</p> <p>Teaching methods</p> <ul style="list-style-type: none"> • Small group study • Independent study <p>Assessment: Checklists for</p> <ul style="list-style-type: none"> • Tutor assessment of students (30 marks) • Self-assessment (5 marks) • Attendance (15 marks) <p>Feedback to the students To be provided in a non-threatening way</p>

Content organization



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Rationale for the proposed future directions

PBL with a small group (2 sessions a week & 60 min each session) to inspire and motivate the students in acquiring the deep understanding of identifiable positive qualities. In addition, an independent study time lets student utilize time management skills. The Professionalism course is comprised of two semesters, each with 11 topics (total 22 topics based on professional attributes are to be dealt during the full length of the course)

- Target audience is second year medical students as students start learning positive behavioral and attitudinal aspects of their academic life.

- Role play enhances the students' ability of comprehension.
- During scenario discussions students' critical thinking and reflection on the subject is stimulated.
- Informal (independent) learning plays a vital role to develop students' self-evaluation skills.
- The checklist provides bias free assessment to evaluate the level of students' understanding
- Opportunity for remediation is present in the form of counselling.
- Attendance carries 15 marks making students incline towards the teaching activities.

Comparison of current practice with future directions		
Course specifications	Current practice	Remarks / how to improve
Target audience	2nd year medical students	<ol style="list-style-type: none"> 1. Research does not favor to limit the course to the 2nd year (as a discrete standalone course). 2. This course needs a larger share in the curriculum which in turn contributes positive reinforcement for the explicit learning outcome. 3. Extending the course up to the clinical years.
Course content	Teaching focuses on Professional attributes only by didactic lectures	<p>Small group sessions should be based on '<i>signs and symptoms</i>' e.g., <i>impairment, arrogance, fraud, abuse of power and lack of conscientiousness</i>.</p> <p>Because, recognizing what creates unprofessional behavior is likewise important when gauging professionalism.</p>
Communication /announcements	Central notice board	Emails, Learning management system (blackboard) and also text messages on mobile of students' group leaders additionally timetable can be included in the students' guide book.
Add on for the current Teaching & learning	Rationale	Remarks / how to improve
Small group (PBL) with Simulated patients/real patients (Observation under guidance)	Grasping knowledge	<ol style="list-style-type: none"> 1. Tailoring small group sessions within the cultural context may foster grasping of professional attributes relevant to the community needs, making the process <i>Beneficial to individual and community</i> 2. A well-planned feedback provides identification of flaws with the solutions and remedy.
Role play/ Role modeling	Ability of comprehension	<ol style="list-style-type: none"> 1. The use of simulated patients/real patients might be of help to add in students' ability for analytical skills 2. In addition, structured visits to the outpatient clinics might be of great learning as it helps students learn in real life situations and this early exposure helps confidence building and <i>primacy of patient welfare</i> is addressed. 3. Role modelling and initial clinical contact have a thoughtful influence on endorsing professionalism.

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Scenario discussion	Application	Professional development can be facilitated If scenarios are created in relevance with other teaching blocks, e.g. CNS, GIT, and Reproductive & Endocrine. It should not only depend on a discrete course located in an isolated part of the curriculum.
Independent learning Informal learning	Self-evaluation	Best results can be achieved if proper guidance on how to manage time, is provided.
Mentored independent leaning	Not part of the current assessment	Introduction of mentoring guarantees excellence of ongoing professional development.
Assessment	Currently	Remarks / how to improve
<ul style="list-style-type: none"> • Continuous assessment • Final assessment 	Short answer questions Multiple choice questions	Current tools allow to assess the cognitive base only
Feedback to the students by small group facilitator	Not part of the current assessment	<ul style="list-style-type: none"> • Provides students the opportunity of aligning their behavior with professional attributes • Senior faculty members (specialized in the field) will do this job better than facilitator.
Rating scales (self-assessment and peer assessment)	Not part of the current assessment	<ul style="list-style-type: none"> • Adding rating scale is crucial as it serves as, the basic tool • Can be incorporated into the self-assessment and peer assessment.
Multisource (360°) feedback	Not part of the current assessment	Multisource is always more reliable and adds more accuracy than single source assessment.

Medical schools must address the point that the medical students on their career-path, in medicine are unquestionably very committed yet have an imprecise consideration of the values and characteristics that define medical professionalism. It is the responsibility of medical schools to place the base for nurturing professionalism, as professionalism lapses gone unobserved at this stage may lead fitness to practice issues among practicing clinicians. Some schools already begun to advance policies and mechanisms for formally identifying and working with students who display unprofessional behavior. The University of California, San Francisco, School of Medicine has developed such a system [9]. It is thus imperative that professionalism is incorporated into the undergraduate curriculum [10, 11].

Recommendations

Professionalism is a complex construct. It is clear that the growth of professionalism evolves over time by a process of probe and reflection. So this process needs time and gradual improvements in order to introduce professionalism to the medical students, to have the best

professional care for the patient for which we have following recommendation.

1. Extending the course up to the clinical years / early patient contact
Small group sessions with simulated /real patients (observation under guidance) are the need of time. Role models of doctor-patient relationships very strongly professional – less about biomedical, more about values and communication. Patient contact develops professionalism, especially respect. Early patient contact with clinician-led small groups results in broader, more compound indulgent of professionalism [12]. To enable students to develop an understanding of what it means to be a doctor, and the nature of professionalism as it manifests in real life practice. Because that is where most patients are! And patients are very diverse. Early clinical contact helps students develop a professional identity [13].
2. A yearly evaluation for the course shall be carried out.
3. A realistic goal shall be set forth with the intention of quality improvement on a yearly basis.

4. A number of assessment session (continuous quiz) shall be tapered down as to not to exhaust the students with exams.

The wearing away of professionalism during medical training has been recognized [14]. Still the unrealistic belief that with negligible regulation the medical students will “do the right thing” continues. Students’ professional growth involves more prearranged backing and a curriculum in which feedback is regularly and competently provided.

Conclusions

There are areas to improve the existing teaching and learning as well as assessment system for the professionalism course. Authors believe that adopting the evidence based practices need time and gradual improvements which in turn pave a path to have the best professional care for the patients.

List of Abbreviations

ABIM	American Board of Internal Medicine
KSU	King Saud University
MCQ	Multiple choice questions
PBL	Problem based learning

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Since this is a teaching strategy article, we do not have any data and material to make available.

Authors’ contribution

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Competing interests

None

Consent for publication

Not applicable

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