Medical Professionalism–Is it a new dimension in medical education?

There is no single, compact definition for medical professionalism. Depending up on person, place and time definitions can vary. Medical Professionalism is rather a set of intrinsic values, manifesting as extrinsic behaviours with justification between patients and good doctors, and between the public and the medical profession[1]. In the current scenario of medical profession, professionalism has tremendous significance. The values and behaviours attached to them include[2]:

- Patient centered practice with respect to patients' feelings.
- Ethical approach to patient care including honesty, integrity, empathy and altruism.
- Reflections / self-awareness demonstrated by reflective practice.
- Personal responsibility towards actions demonstrated by responsible behavior, including protecting one's own health and well-being.
- Team building demonstrated by effective communication and team work wherever appropriate, acting as the leader of the team.
- Social responsibility demonstrated by commitment to the health of the society.

The attributes of professionalism are applicable to all stages of a medical professionalism, from the first day in medical school until he/she retires from active practice3. Professionalism could be used by Physicians to win the trust of patients, their caregivers and society at large. In recent times, medical education has incorporated evidence - based thinking into clinical problem solving. Quinn et al (1996)[4] had observed four levels of professional intelligence:

1. Cognitive knowledge (know- what)
2. Advanced skills (know-how)
3. Systems understanding (know-why)
4. Self-motivated creativity (care-why)

The American Board of Internal Medicine had listed seven dimensions of professionalism, i.e., Altruism, Accountability, Excellence, Duty, Honesty, Integrity and Respect for others. Professionalism touches behaviours and attitudes. The concept of a Physician's profession has changed in recent times. In the olden days doctors were looked upon as Gods by the community, on the belief that they would place the welfare of their patients much above their own and would be able to cure any disease. In recent times, this autonomy has been challenged by the altered public opinion on the role of the Physician. The behaviour of the Physician is more closely observed and scrutinized by the society and the media. Clinical errors, inappropriate outcomes, malpractice and unacceptable behavior occur when Physicians do not adhere to strict rules, encounter difficult work place relationships, inadequately prepared for communication, collaboration and transfer of information or suffer from low morale.

The Medical Council of India in their Post Graduate Regulations have touched upon Professionalism by saying "Indian medical Graduate shall possess requisite Knowledge, Skills, Attitudes, Values and Responsiveness so that he / she may function appropriately and effectively as a Physician of first contact of the community while being globally relevant". That is Professionalism. However, there is no serious attempt by MCI to include professionalism in the basic curriculum of the MBBS program[5,6].

It has been observed that students who show unprofessional behaviour during their student days are likely to be found guilty of unprofessional behaviour after they graduate. Thus there is a need to teach and assess professionalism in a formal way for the under graduate and post graduate programs[5].

Teaching and Learning Professionalism

Professionalism is a multidimensional competency construct with several component attributes. Thus a combination of Teaching – Learning methods is essential for imparting training in professionalism. The teaching of professionalism should address the questions "Why, What, Who, Where, When and How" of teaching it before incorporating it into the curriculum[7].

Why Is it necessary to teach professionalism ?[8,9]

It is agreed that professionalism is a core competency for physicians and it is an intrinsic and integral part of medical profession.

What should be taught and learnt ?

It is important for each institution to formulate its own guidelines so that faculty and students have a clear idea of what is taught and what is assessed. The institutional curriculum should be developed which is a feasible and an acceptable blueprint for Teaching – Learning and Assessment so that it instills a sense of ownership in the faculty and facilitates effective delivery of the curriculum.

Who should teach and be taught ?

It should be included in both undergraduate and postgraduate curriculum. At the same time, the hidden and informal curriculum also merits attention. The behaviour of faculty must reflect the attributes of professionalism. Thus sensitization and training of faculty in Teaching – Learning and Assessment becomes very important[7].

When and Where should it be taught ?

The curriculum should be 'Woven into the fabric' rather than saying that it will be taught at a certain stage of the program. Continuity and incremental approach have been proposed by some.

How should it be taught ?

Most of the core attributes of professionalism are related to soft skills eg. Motivation, Observation of role model, Continued stimulus, Feedback, Reflection and Reflective Practice and Extrinsic motivation are some of the attributes[7].

The Teaching – Learning modalities to be utilized include:

1. Interactive Lectures and Brain storming.
2. Clinical scenarios or Clinical vignettes
3. Reflective exercises
4. Feedback
5. Portfolios
6. Role Models
7. Art based intervention
   A stimulated step wise approach involving various methods is an acceptable module.

Assessment of Professionalism

Assessment influences learning so much that it will not be wrong to say that assessment is the driving force behind learning. There are several drawbacks to the assessment of professionalism. It is commonly believed that "professionalism is caught and not taught". Also the issue of cultural acceptance or non-acceptance of professional behaviour comes in the way. The third issue is regarding objectivity in assessment. Although it is difficult to achieve objectivity in assessment, it is not difficult to take steps to blunt the effect of subjectivity. Lastly, behaviours are greatly influenced by local context and organisations. One organization's professionalism may become unprofessional to another organization. The issues explain the difficulty being encountered to develop standardized tools to assess professionalism[7,10].

What should be assessed under professionalism ?

The best approach would be to consider Miller's pyramid and assess each level as appropriate to the stage of the training. Thus, new students could be assessed to find out what they know about professionalism while more senior students should be assessed at the "shows" and "does" levels[7].

Core attributes of Professionalism[7]

(taken from Modi et al)

Tools used to assess professionalism[7] (taken from Modi et al)

Level of Miller's Pyramid	Tools
Does	Multi Source Feedback (MSF), healthcare outcomes, critical incident report.
Shows	Observed real or standardized patient encounter (mini-CEX, PMEX, OSCE)
Knows how	Reflective/narrative portfolios, Case Based Discussion.
Knows	MCQ, SAQ, Vignettes with professional conflict.

Model for Teaching – Learning & Assessment of Professionalism for MBBS students: The Indian scenario[7]

Year of Study	Learning objectives (What)	Teaching–Learning Methods (How)	Time Schedule (When)	Assessment methods (How to assess)	Weightage in Internal Assessment
I year MBBS (I & II Semesters)	Develop understanding of concept. Institutional definitions of attitudes/ behaviours	Interactive lectures Role plays Observation of doctors at work followed by small group discussions	Foundation course / Orientation programme 2 months posting. Follow up in I& II semesters. Half day hospital visits	Written tests MCQ/MEQ Orals, Group Discussions Role Plays & Feedback OSCE	10%
II Year MBBS (III–VI Semesters)	Critical thinking exercise about own experience in clinical settings. Develop professional behaviours during interaction with patients.	Role models Case Based Discussion in Small groups. Reflective thinking by sharing experience & documenting.	Clinical posting IP/OP. Community visits. Community Medicine Ratings. Half day feedback session.	Observation aid feedback during clinical postings, Reflective diaries written test, Case Based Discussions in small groups.	10%
Final year MBBS (VII–IX Semesters)	In addition to above, develop an understanding of ethical dilemma Demonstrate team skills.	In addition to above group discussion based on clinical scenarios and case vignettes	During clinical postings.	Portfolios OSCE Standardized patients Mini CEX	10%
Internship	Demonstrate professional & ethical behaviours at work place. Function as a team member & demonstrate managerial skills.	Observation of role models. Reflective thinking based on own experience portfolio.	Interns Orientation Program. During rotation.	MSF Patient satisfactory report Portfolio PMEX	Variable

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