TEACHING OF MEDICAL PROFESSIONALISM: Issues Challenges Outcomes

Matthew C.E. Gwee
Medical Education Unit & Department of Pharmacology
Yong Loo Lin School of Medicine

AMEA 2007 (October 23-26)
Chulalongkorn University
Bangkok, Thailand
Teaching Of Medical Professionalism: Some Key ISSUES
WHAT Is Medical Professionalism?

Many Definitions

From Simple Statements To Detailed Descriptions

Arnold and Stern (2006)

“…plethora of definitions …from the simplest straightforward statement to treatises…”
MEDICAL PROFESSIONALISM

ONLY DOCTORS - SPECIAL PRIVILEGE:

• LISTENING to the Most INTIMATE Stories Revealed by their Patients

• SEEING and TOUCHING the Most INTIMATE Parts of the Human Body as they Examine their Patients
UNWRITTEN SOCIAL CONTRACT

DOCTOR <-> PATIENT

VERY INTIMATE RELATIONSHIP

PATIENTS: Put FULL TRUST in Doctors

MEDICAL PROFESSIONALISM

HOW DOCTORS UPHOLD the TRUST of their Patients?
How Should Doctors Uphold Their Patients’ Trust? (Medical Professionalism)

Doctors must ensure:

- Primacy of Patient Welfare Prevails (Patient Welfare First—Not Doctor’s Self-Interest)
- Continuing Professional Competency (Acquire + Sustain the Desired KSA Required For Lifelong Competent Medical Practice)
- Compliance with Medical Profession’s Code of Practice and Conduct
MEDICAL PROFESSIONALISM: A Simple Conceptual Framework

Cohen (2006; Med Ed: 40)

“Professionalism…
…requires that doctors adhere to certain principled responsibilities, chief among them, the primacy of patient welfare and the subordination of self-interest.”

…is central to sustaining the public trust in the medical profession; it is the essence of the doctor–patient relationship.”
MEDICAL PROFESSIONALISM: Is There A Cultural Divide?

- IDEAS PRINCIPLES & CONCEPTS Of “MEDICAL PROFESSIONALISM” Developed Advocated Practiced Mainly in the “WEST”

- “PROFESSIONALISM” Non–Existent Word in Some Asian Cultures (Chinese, Japanese, THAI?)!

Just A Very Western Concept / Fad?
“Every culture knows illness; and every culture makes provision for caring for people who are ill. .... Disease makes medicine necessary. ............

East-West Share Similar Cross-Cultural Perspectives

“...about values in medicine and virtues in physicians.” Both are “...derived from the universality of disease and begin with caring or compassion.”

MEDICAL PROFESSIONALISM
NO CULTURAL DIVIDE!

Eastern Confucian – Western Hippocratic
WHY Do Students Need To Learn About MEDICAL PROFESSIONALISM? (1)

1. Meaning of “Medical Professionalism” Still Not Clear Among Many Medical Students / Practitioners

2. MP Still Not Included as an Important Component of Undergraduate Medical Curriculum in Many Medical Schools
WHY Do Students Need To Learn About MEDICAL PROFESSIONALISM? (2)

3. Impending BREAKDOWN In The DOCTOR-PATIENT RELATIONSHIP

“Evidence exists that public trust is waning and that doctors are facing powerful contemporary threats to their professional values. (Cohen, 2006)

Many Documented Reports- Especially in US:
- Growing Patient Dissatisfaction with Doctors
- Doctors “...astonished, resentful and angry...”
- Changing Professional Values of Doctors
“Although physicians are increasingly able to cure disease and prolong life, the American public is suspicious, distrustful of, even antagonistic to, the profession. Doctors, uneasy, astonished, resentful and angry, universally acknowledge a crisis in health care.” (Lown, 1999)
IMPENDING BREAKDOWN
DOCTOR–PATIENT RELATIONSHIP

Changing Professional Values

Not More Learning – But More Income!

“[Doctors]...bring to the bed–side not curiosity and a desire to understand, but a set of reflexes ...to earn a handsome living.”

WHY Do Students Need To Learn About MEDICAL PROFESSIONALISM? (3)

4. “…doctors hone their professional attitudes during their formative years as students and residents…”

Medical Education 2006; 40: 607-617

Professionalism in medical education, an American perspective: from evidence to accountability

Jordan J Cohen
WHY Do Students Need To Learn About MEDICAL PROFESSIONALISM? (4)

5. STRONG CONSENSUS

“...medical schools have an obligation... to nurture the development of the attributes of professionalism.” (Cohen, 2006)
WHY Do Students Need To Learn About MEDICAL PROFESSIONALISM? (5)

Papadakis et. al.,
NEJM (2005),
335 (25): 2673.

6. Unprofessional Behaviour in Medical School Is ‘PREDICTIVE’ of Future Unprofessional Behaviour in Practice

NOTE: Colliver et. al. (2007), T & L Med, 19: 213
REFUTES Predictive Value of the Study
“…a risk factor…, but the prognostic value is very limited.”!
“...a ‘charter’ to encompass a set of principles to which all medical professionals can and should aspire”

“...the charter is intended to be applicable to different cultures and political systems.”

Medical Professionalism Project
ABIM Foundation, ACP–ASIM Foundation
European Federation of Internal Medicine
I believe strongly that if Tom’s insightful recommendations are adopted and acted upon by the leaders of academic medicine’s institutions, ……………. we will be on our way to embedding professionalism in medical education.”

M.E. Whitcomb (2003)
Sr VP for Med Ed, AAMC
HOW Should Students Learn About MEDICAL PROFESSIONALISM?

HOW Can We Design EFFECTIVE LEARNING STRATEGIES For Students To Learn About MEDICAL PROFESSIONALISM?
HOW To Learn About MP?
(Cruess & Cruess, 2006; Med Teacher: 28)

“...the teaching of professionalism should start with the...cognitive base...which must be taught explicitly and then be reinforced and internalized by the student through experiential learning.”

‘Situated Learning Theory’: “...learning should be embedded in authentic activities which help to transform knowledge from the abstract and theoretical to the usable and useful.”
Designing Effective Learning Strategies

- Formal Lectures (Interactive, Case-Based)
- Small Group Discussions (PBL, etc)
- Bedside Teaching (‘Teachable Moments’)
- Video Clips: Real Medical DILEMMAS (Providing: Conflict Context Resolution)
- Written Reflections of Personal Experience(s)

All Faculty-Learner Interactions Should Model Good Examples of Professionalism
HOW Will We Know Whether Students Have Learned What They Need to Learn in MP?

HOW Can We MEASURE LEARNING OUTCOMES of Medical Professionalism?
MEASURING LEARNING OUTCOMES Of Medical Professionalism

IDEAL Evaluation: “…have a team of assessment experts eavesdrop on every conversation of every individual throughout the day.” !!! (Stern, 2006)

PRACTICAL Evaluation: “…..[use] methods for sampling behavior, with varying degree of reliability, validity, and proximity to reality.” (Stern, 2006)
MEASURING LEARNING OUTCOMES of Medical Professionalism

“…sampling methods range from… self–administered psychometric surveys, standardized patient encounters, faculty and peer evaluation forms, analysis of reflective portfolios and essays.” (Stern, 2006)

OSCEs PEER Assessment 360°
Developmental Model For The Assessment of Professionalism (Miller-Rest Model)

INTERNALISE Values, i.e. “possession of the character and skills to act, …”

Able to Display / Prioritize Values Relative to Others

Critical Understanding of the Professional Values

Awareness / Acceptance of the Professional Values

Testing Performance

Competence

Knowledge

(Stern 2006)

Figure 2-2 Combined Miller–Rest model for professionalism assessment.
Professionalism Mini-EXamination (P-MEX)
(Cruess, R et al., Acad Med, 2006: 81)

* 21 Specific Behaviours Examined
  (e.g. ‘maintained appropriate boundaries’;
   ‘avoided derogatory language’)

* 4–Point Scale Grading

  Unacceptable    Below expectations
  Met expectations Exceeded expectations
What Are Some MAJOR CHALLENGES To Teaching-Learning Of Medical Professionalism?
Major Challenge # 1
How Can We INCULCATE In Students and Help Them INTERNALISE the DESIRED ATTRIBUTES of MP?

Cohen (2006, Foreword): Most Important Task Facing Medical Educators in the 21st C

“Ensuring that students in medicine at all levels not only acquire, but consistently demonstrate the attributes of medical professionalism...”
WHY Is It Such A Challenge To INCULCATE / To INTERNALISE The DESIRED ATTRIBUTES of MP?

It’s Not Just What Teachers Say and Teach About the IDEALS of MP BUT Also- Very Importantly

INFLUENCE / IMPACT “HIDDEN CURRICULUM”
HIDDEN CURRICULUM?

WHAT Students SEE / EXPERIENCE In Their Daily Learning Environment- Especially in the Wards / Clinics:

Students Closely Observe Every Action and Behaviour of their Clinical Teachers Toward Patients, Junior Doctors, Nurses and Their Fellow Students.

“…they see us ‘say one thing and do another’.”

Inui (2003)
IMPACT Of The Hidden Curriculum?

• “...constitutes the most powerful influence on students’ understanding of professionalism in medicine.” (Inui, 2003)

• “...most powerful in transmitting the values of the profession.” (Cohen, 2006)

• “...has great power to contradict the lessons we aim to teach at any point; ...” (Goldstein, et. al., 2006)

“Academic medicine must [purge] the educational environment of unprofessional practices.” (Cohen, 2006)
Major Challenge #2
How Can We RELIABLY MEASURE Student Learning Outcomes of MP?

“The greatest challenge to measuring professionalism has been the absence of a convincing set of tools with which to measure professional behaviors.” (Stern, 2006)

Psychometric Qualities of Skills / Knowledge Assessments- Have Made Great Progress Over the Past 20 and 50 Years, respectively.
There Is A Need To Measure Student Learning Outcomes From MP

If You TEACH It–You Must MEASURE It

Students “…don’t respect what you expect, they respect what you inspect”!

(Stern, 2006): “…students who are not graded on professional behaviors infer that instructors don’t care about professionalism and that professionalism is therefore unimportant.”

“if it can’t be measured, it can’t be improved”

Strongly Advocates

High Quality Measures Of Professionalism Be Used As FORMATIVE Tools As Well:

“[To]...facilitate professional growth and development of physicians in under-graduate education, graduate training, and in their careers.”
MAJOR CHALLENGE
To PRACTICE Of Medical Professionalism?

Will Doctors Be Able To SUSTAIN Medical Professionalism In Their Daily Practice?
Is It Really That Difficult To SUSTAIN MP In Daily Practice?

YES: Doctors Are Often Confronted With Situations Which Seriously Challenge Their Integrity In Their Daily Practice

• TEMPTATION in the Examining Room
• PEER PRESSURE from Fellow Doctors
• COMMERCIALISM And Its Impact on Doctors’ Behaviour
TEMPTATION
In The Examining Room

DOCTOR ----> PATIENT
(Unwitnessed Privacy)

Large Authority GAP: Doctor–Patient

“The ease with which doctors can make undetected, self-serving decisions under the guise of respectability is, arguably, greater than any other walk of life.”

(Cohen, 2006; Med Ed: 40)
PEER PRESSURE

If Fellow Doctors are Not Sanctioned for Professional Misconduct- Then Others are Likely to Do the Same!

“Unfortunately, the prevalence of unprofessional behaviors among doctors appears to be on the rise, thereby giving implicit license to others to abrogate their commitment to self-discipline.”

(Cohen, 2006; Med Ed: 40)
COMMERCIALISM

Pervasive Practices Within Academic Medical Centres Which Undermine Professionalism

“...the marketing activities of [the pharmaceutical and medical devices industries] have enticed the faculty and leadership of many medical schools and teaching hospitals into questionable financial relationships.”

Such Conflicts of Interest Will Compromise:
- Doctors’ Decision-making (e.g. Prescribing)
- Integrity in Science and Scientific Research

(Cohen, 2006; Med Ed: 40)
WHAT Can We Expect
As The OUTCOMES from
Teaching-Learning / Practice of Medical Professionalism?
OUTCOMES FROM TEACHING-LEARNING (1)

1. OPTIMUM OUTCOMES From An Effective MP Curriculum

Medical Graduates Will:

• Acquire the Desired Attributes of MP

• Be Able To Consistently Display a High Level of Professionalism in Their Daily Practice
OUTCOMES from TEACHING-LEARNING (2)

2. INADEQUATE OUTCOMES
Medical Graduates Will:

LACK the Desired Attributes of MP

MISMATCH in OUTCOMES:
ACTUAL Practice vs INTENDED Teaching

Graduates:
‘Misfits’ in Medical Profession?
Engage in Unprofessional Behaviour?
OUTCOMES FROM DAILY MEDICAL PRACTICE

OPTIMUM OUTCOME

• **PRIMACY** of Patient Welfare Prevails

• High Level of **PROFESSIONALISM** is **SUSTAINED** in Daily Medical Practice

• **HEALTHY** DOCTOR-PATIENT Relationship is Maintained
What Would Be The Outcome
(What’s At Stake)
IF- Medical Professionalism Is Not Sustained In Practice?

“If norms of physician behavior fall short of the responsibilities called for by medical professionalism, .......

...the profession and the public— are destined to suffer irreparable harm.”

(Cohen, 2006; Foreword)
Unwritten Social Contract
(Cohen, 2006; Med Ed: 40)

Society GRANTS Privileges to Doctors
“…a substantial degree of autonomy over its own affairs, a good measure of financial security and social standing as well.”

Society’s EXPECTATIONS of Doctors
“…the care it receives from doctors will be competent, rational and free of compromising self-interest.”
What’s At Stake For The MEDICAL PROFESSION?

“These exceptional privileges are not birthrights to which doctors are entitled just because they have an M.D. degree; they are tenuous accommodations granted by society, in return for which society has legitimate expectations. ..............”

(Cohen, 2006; Foreword)
“Failing to deliver on these expectations, that is, …

...falling short on the responsibilities of professionalism, will surely result in a withdrawal of the tremendous advantages that now accompany our profession’s status.”

(Cohen, 2006; Foreword)
“Only by adhering to the fundamental precepts of professionalism can physicians establish the requisite trust...... that both sustains medicine as a moral enterprise and assures patients that their interests are always of paramount concern.”

(Cohen, 2006; Foreword)
IF- Medical Professionalism FAILS: What’s At Stake For the PUBLIC?

(Cohen, 2006; Foreword)
The Stakes Are Even Much Higher!

“Nothing can substitute for having a trustworthy physician to safeguard a patient’s interest: no laws, not regulations, not a patient’s bill of rights, not watchdog federal agencies, not fine print in an insurance contract. Nothing.”
Why Is It So Difficult To Inculcate Internalise Sustain MEDICAL PROFESSIONALISM?

Human NATURE Itself: Our Strong SURVIVAL INSTINCTS! “The innate tendency to serve one’s own interests”

“...human beings, like most living organisms, are hard-wired for self-interest. Even when individuals try to avoid it, their judgment is subject to an unconscious and unintentional self-serving bias.” (Cohen, 2006)
Will Medical Professionalism FAIL IN PRACTICE?

Chapter 4: An Instinct for Altruism

Not Likely: We Are Endowed With INSTINCTIVE COMPASSION

“Yes, when we see someone in distress, similar circuits reverberate in our brain, a kind of hard-wired empathic resonance that becomes the prelude to compassion. Our brain has been preset for kindness.”

“...all men have a mind which cannot bear to see the suffering of others” (Mencius / Mengzi, 3rd C, BC)
“[Natural] Selection must have favored mechanisms to evaluate the emotional states of others and quickly respond to them. Empathy is precisely such a mechanism.”

“...when we act morally: we are making decisions that flow from social instincts older than our species; ...”
“...mirror neurons help us share other people’s experiences as reflected in their expressions, providing a biological basis for empathy...”

(Dobbs, 2006)
“When people use the expression ‘I feel your pain,’ they may not realize how literally it could be true.”
NATURE’S GIFT TO MANKIND

BRAIN

SURVIVAL INSTINCTS

INDIVIDUAL
SELF-Serving
SELF-Interest

GROUP
Compassion / Empathy
(MIRROR NEURONS)

What Lessons We Can Learn From This?

NURTURE Our GROUP Survival Instincts in the Teaching of MP
CONCLUDING REMARKS (1)

- **Medical Professionalism MUST be Taught**
- **Bad Role Models / Hidden Curriculum HINDER the TEACHING of MP**
- **In PRACTICE: Temptation, Peer Pressure, and Commercialism Make it Difficult for Doctors to SUSTAIN the Main Tenets of MP**
- **Our Brain is Hard-wired for ‘Self-interest’, BUT— It is Also Hard-wired for ‘Instinctive Compassion’ Mediated by the Activity of the MIRROR NEURONS**
CONCLUSION (2)

• MIRROR NEURONS Provide An Inherent Biological (NEUROSCIENTIFIC) Basis of ‘EMPATHY’ (‘Instinctive Compassion’)

• The Lessons from Neuroscience Should be Exploited in the Teaching of MP

Design Learning Experiences to NURTURE Our Innate Quality for EMPATHY- and Build a Firm FOUNDATION Against Future Challenges To SUSTAINING Medical Professionalism in Practice
Thank You

Empathy

Instinctive Compassion

Survival Instincts

Individual

Self-Interest

Group