

PROFESSIONALISM IN MEDICAL EDUCATION: A REVIEW ARTICLE

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ABSTRACT

Medical professionalism encompasses the expected and desired behaviours and attributes towards which physicians aspire while serving their patients and society. Professionalism has been recently acknowledged as a hot topic in medical education literature. This article discusses three issues: 1 why professionalism has recently become a hot issue in the literature? 2 Is there a global model of professionalism that is acknowledged world-wide? 3 How professionalism can be addressed in medical education? Different models of professionalism have been discussed from different cultures along with challenges for addressing professionalism in medical education. The article further discussed the difference between conceptualizing professionalism as a list of attributes or as a belief system and highlight the corner stone of professionalism in a particular society.

This article may be cited as: Eraky MM, Marei HF. Professionalism in medical education: a review article. *Adv Health Prof Educ.* 2015;1(1):37-40

Medical professionalism exemplifies the expected and desired behaviours and attributes towards which physicians aspire while serving their patients and society.¹ A precise definition of the values that comprise medical professionalism has proved 'elusive'², but in its broadest sense, medical professionalism encompasses a blend of moral commitment and core attributes which are demonstrated in explicit behaviours.³⁻⁵

This article offers some reflective thoughts about three issues, related to medical professionalism:

(1) Why professionalism has recently become a hot issue in the literature?

(2) Is there a global model of professionalism that is acknowledged world-wide?

(3) How professionalism can be addressed in medical education?

The growing interest in medical professionalism

Although professionalism has always been a core value in medicine, it has received increasingly explicit attention during the past decade. A number of studies offer justification for the escalating global interest in medical professionalism in recent literature.

One reason was given by Talbott⁶ who addressed high profile failures in the practice of modern medicine which were evidenced by lawsuits, malpractice and patients' complaints. Papers carried by scholarly journals, as well as demands of increasingly vocal patients, call upon physicians for stricter adherence to the "standards of professionalism".⁷ The current "better-informed community" as described by Cruess⁸ is now aware about their right for healthcare services based on ac-

countability and transparency with the wake of which evidence-based medicine, continuing medical education and the need to re-certification are flourishing.

When considering the big picture, we can recognize two groups of powerful players almost monopolize the practice of contemporary medicine. Flynn⁹ referred to the first group, namely health insurance companies and governments who seem to be interested in cost containment, particularly in recent repeated economic recessions, thus infringing upon the clinical autonomy of physicians. Pharmaceutical companies represent the second group of players who is mainly interested in generating profits out of selling their products sometimes at the expense of altruism.¹⁰ Moreover, the dramatic rise in physicians' income over the past four decades¹¹ fostered the perceived image of physicians as a group of "greedy" individuals who take the advantage of their patients up to the extent of working as "double agents", as described by Angell¹², letting economic incentives dominate over the best interest of their patients. In a case-control study, Papadakis et al.¹³ reported that physicians who were

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Date Received: July 7, 2014
Date Revised: October 2, 2014
Date Accepted: November 9, 2014

disciplined by state medical-licensing board were three times as likely to have displayed unprofessional behaviors in medical schools compared to control students. This study alerted educationists that professionalism has to be monitored, taught, learned and assessed during medical education to avoid future unfavorable consequences to the doctors and the society that may risk losing the trust of society in medical profession. Consequently, medical professionalism has emerged as an integral core competency which is being explicitly taught and assessed in many countries across the continuum of medical education.

Professionalism in different cultures

To incorporate professionalism in medical education, its domains have to be clearly recognized. This cannot be done without considering the context where medicine is practiced, because professionalism is a culture specific. There is no one-size-fits-all framework for professionalism that can be used in different context.¹⁴ The attributes and behaviours of professional doctors have to be acknowledged by the society they serve. Professionalism is culture-specific, because it is closely related to the social contract, which includes a series of obligations and expectations based on 'mutual trust' between the society and medicine. Understating the hidden terms of the social contract is imperative to recognize the boundaries of professionalism in a particular context.⁸

Chandratilake et al.¹⁵ referred to regional similarities and differences of how people perceive professionalism in different parts of the world. Although a large proportion of attributes of professionalism are regarded as essential by a fairly global community of medical practitioners, not every aspect of medical professionalism is deemed to be relevant in each context.¹⁵ The American board of Internal Medicine (ABIM)³ reported a list of professional values, including: altruism, accountability, excel-

lence, honour, integrity, duty and respect. In the Arabian context, Adkoli et al.¹⁶ listed a number of attributes of professionalism from students' perspective including: accessibility, responsibility and accountability, punctuality, hard work, respect for others, honesty, willingness for teamwork, humility and God-fearing nature.

Differences are attributable to the cultural and socio-economic backgrounds of the patients and healthcare professionals of particular regions.¹⁵ For instance, 'altruism' was an essential element for Asian doctors, which reflects the collectivist nature of Asian cultures compared with the individualist nature of Western cultures.¹⁵ 'Patients' Autonomy' to have a greater say in their healthcare delivery is a key principle in the West.¹⁷ It was the other way round in the Arabian context. It was found that 'professional autonomy' was highly regarded, where physicians, not patients, have more authority in decision-making process in healthcare planning and delivery.¹⁸

In China, Pan et al.¹⁹ used a nominal group technique to develop a professionalism framework for Chinese healthcare providers that included two Confucian values, namely: 'ren ai' or humane love and 'gong xin' or public spiritedness. Similarly, Al-Eraky et al.²⁰ referred to two Islamic values of professionalism, namely: 'taqwa' or self-accountability and 'ehtesab' or self-motivation. Professionalism values and domains have to be addressed as they are grounded in the minds of doctors, patients, professional bodies and other stakeholders.

Professionalism in medical education

Traditionally, professional attributes and behaviours have been caught from role models.^{21, 22} The presence of role models is essential in promoting professionalism, but this informal process is no longer sufficient²³ with the emerging complexity of medical practice and the

heterogeneity of medical students who enter the study of medicine from diverse cultural and socio-economic backgrounds. Professionalism has been explicitly addressed as a core competency in undergraduate^{24, 25} and postgraduate²⁶ medical education systems worldwide.

Birden²⁷, however, admitted that teaching professionalism is not an easy task. Professionalism is one of the most challenging competencies to define, teach and evaluate.²⁸ Professionalism was reported as a challenge to faculty members²⁹ and even to medical educationists.³⁰ We can identify three challenges for teaching professionalism to medical students. The first one, as indicated above, is about the context-specificity of professionalism. Teaching of professionalism should acknowledge local values, traditions and customs. Different societies have different expectations of medicine which is the essence of the so called: the social contract. Therefore, a customized module should be designed based on local needs and learners' perceptions on medical professionalism. Defining those needs and perceptions along with module customization is an essential prerequisite to teach professionalism.

The second challenge is related to the instructional design. Planning one or more formal didactic sessions outlining professionalism as a list of traits or characteristic, in the manner of "a professional doctor should be ...", will have a minimal impact on transforming students into professionals. Teaching and learning professionalism should be situated in scenarios where students can discuss and reflect on what is professional and what is not. A set of scenarios (or vignettes), each describing a professionalism dilemma, can be used to trigger discussion and reflection that fosters the development of professionalism.³¹⁻³³ Using vignettes had a positive effect on students' ability to characterize a scenario as an example of professional or unprofessional behaviour.³¹ Professionalism

vignettes reflect the complexities of medical practice and offer opportunities in an open and safe forum to guide students' learning on un/professional behaviour.³⁴ Self-reflection and reflection among peers is fundamental to the understanding and development of professionalism.³⁵

The third challenge is typically related to medical education in general where there are always too many sciences to learn and not enough time for the other important aspects of professional life. Usually there is more emphasis on technical, academic, emotional, and analytical intelligences unfortunately on the expense of the personal intelligence (professionalism).

A list or a belief system?

Teaching professionalism should not only focus on the perspective of "what-to-be" and "what-to-do" attitude because definitions of "what" change over time in an evolving social context. Alternatively, physicians should develop a "know-why perspective".³⁶ In the same vein, Wynia et al.³⁷ argued that making lists of desirable professional characteristics is necessary and useful for teaching and assessment, but it is by itself enough to fully understand the sophisticated concept of professionalism. Medical professionalism is a normative belief system about how best to organize and deliver health-care.³⁷

CONCLUSION

Professionalism becomes an essential core competence in medical education. The domains of professionalism have to be defined in view of the societal expectations. Addressing professionalism in medical education is challenging. Professionalism can be conceptualized as a list of values or a belief system. Professionalism should be used as a concept and practice to gain and maintain public trust between physicians and the society at large. Other variable about what to do and how to do it vary, but 'trust' is a cornerstone of medical professionalism.

NOTES ON CONTRIBUTORS

Both the authors contributed significantly to the manuscript writing, idea development, and editing the final version of the paper.

CONFLICT OF INTEREST

Authors declare no conflict of interest.

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