

Summary Remarks:

The Implications of Professionalism for Medical Education

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Abstract

Can professionalism be taught and measured? In the medical school environment, particularly with clinical encounters occurring in the first year, a focus on professionalism should begin right away. Attitudes and behavior of the students are strongly influenced during these encounters between physician-mentors, and patients and their families at the bedside or in the clinic. Careful listening and the demonstration of communication skills during these encounters are paramount. Asking questions may be better than telling students what to do. The faculty must provide thoughtful and constructive critiques and must have a mechanism for follow-up. By paying attention to how students really function, we might better teach the precepts of professionalism without adversely affecting their own well-being.

Key Words: Professionalism, medical education, medical school curriculum.

CAN WE MEASURE PROFESSIONALISM among students? This has been a vexing question because it is one thing to teach professionalism, and another to evaluate it. I want to draw your attention to the article in *Academic Medicine*, by Maxine Papadakis and her colleagues (1) at the University of California, San Francisco (UCSF). She points out that one can start evaluating professionalism, particularly now that we have clinical encounters in the first year, right from the beginning of medical school. And perhaps there are ways to influence professionalism during the socialization process of medical training. Again, I agree that teaching professionalism has to be done around patients. The place has to be at the bedside and the encounter has to be between the physician, the patient and the family. Maxine has developed a framework for doing that. The mentor completes an evaluation sheet at every clinical encounter. The curriculum can be structured in

terms of this evaluation: reliability and responsibility, rapport with and respect for patients and families, relations with preceptor and office staff, motivation and maturity, flexibility, initiative and self-directed learning. The idea is that the students know that they are being evaluated along these lines, and the instructors, their mentors, tell them that these are issues that will be looked at.

Certainly professionalism or ethics cannot be taught by sitting at home in front of a computer. There has to be some obligatory participation. Preparation and self-directed learning are of course important. Communication skills are also important: listening carefully, contributing constructively, giving and receiving feedback, and respectfully engaging with a person, particularly with someone who has opinions different from those of the student. It has to be made clear to students when they begin medical school that a negative rating on these parameters, irrespective of their cognitive skills and knowledge success, may prevent them from graduating.

In academic medical centers, it is the whole atmosphere that creates the balance in terms of how students, residents, and fellows emerge. The sum total of all the mentors and role models convey the importance of professionalism. Deans, chairmen, division directors all have an

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enormous responsibility and a huge role in terms of creating this climate. There's no doubt in my mind that this collection of role models and mentors has an enormous impact on medical students.

Just as it was during the apprenticeship system, many former students speak or write to you or your colleagues and say they remember x, y, z. Of course they don't tell you the bad things they remember. Somebody else tells you that. But many former students tell you that thirty years ago they were on rounds with you and they remember when you did this and how it never left them. Of course I remember such experiences during my medical school training in South Africa among my own mentors. I can remember many ward rounds, including interactions with patients, and the attitude and behaviors which particular mentors imparted to me. We can't minimize that. To me, this activity must play a dominant role in any medical center that seeks to promote the professionalism of its graduates.

I came across an article, outside of medicine, about role models. I don't know how many of you have read this book, which has just been written by Barbara Sand (2). It's about Dorothy Delay, who apparently is one of the great musician teachers of all time. Very few people know about her because she never did anything except teach great people like Itzak Perlman, Sarah Chang, Madori, Kennedy, Chen, Duffy and so on. And only recently has the impact of this wonderful woman become known. Ms. Sand tried to analyze why this woman has had such a huge impact on a number of genius musicians. I found it fascinating. Something to titillate your fancy. Here are some of the things that we can learn from this wonderful mentor.

- Teach the student, not the subject. Of course this personal involvement with young people usually leaves an indelible impression.
- Have high expectations. Many of us tend to accept mediocrity. That's clearly not acceptable.
- Be positive. Many of us are always critical in a negative way rather than the opposite. It takes thoughtfulness to be constructive.

Many people here have talked about how you actually create an environment for professionalism, not by telling students what to do, but by

asking questions. Coming originally from the University of Chicago, watching the Socratic method being used at its best, I can tell you that using it with medical students is enormously powerful. They come expecting to be told facts or to find them in syllabi or Internet curricula. When you really challenge them, as many of us have done, they respond. I learn from them.

One of the things Delay stressed is to "be yourself." You can't change. If you are yourself all of the time, students trust you and clearly that's important. "Try to analyze the problems they have." When we make the situation too complex they can't respond to it. We can't talk about finances, and managed care, and time commitments in academic medical centers. We have to be able to dissect the issues and discuss them step by step, so that they can build on basic concepts and benefit from the discussion. "Feedback, showing people how they have evolved, and rewarding them" for their progress is very important. We tend not to do that in a systematic way. I'd like to think about how we might do that better. Delay used all kinds of tricks to do this. One involved a young student who couldn't play the violin fast enough to keep up with the metronome. Delay stopped the metronome and she got him to play slowly. Then she said "a little faster, a little faster, a little faster." When she finally put on the metronome, he was going faster than it was. That's trickery in the best sense of the word. Another thing is, "you can't teach everything." We have to choose certain things to teach and get students to learn the rest themselves. That's true adult education. Being a team player is critically important in medicine. I guess if you are part of an orchestra, you can't play by yourself. Another point she made is "attend to everything." We don't do that very well. We don't think about the student's family or about how they are going to function in the system. Maybe if we paid more attention to how students really could function in a system, and being professional without harming their own well-being, we would teach them that they could do both of these with some modest but not overwhelming compromises. And then the point that I think is so important with young people is "to follow up." One of the most rewarding parts of medical education is to watch their careers blossom and to keep in touch with them. Now that e-mail is available, I e-mail a couple of students every few months. When I get replies from them, it's like I've given them a pot of gold.

It's quite clear that techniques and opportunities exist today for teaching professionalism. I'm an optimist about the profession. Despite some real problems, I think we can do a whole lot better, particularly by attending to the culture of academic centers, by seeing that leadership is much more pro-active in terms of mentorship, and maybe even by measuring it along the lines suggested by Dr. Papadakis.

Mentoring is clearly the most effective means of transmitting values. It is an educational exercise. There must be agreement on the objectives. In fact, when you talk about professionalism, the faculty has to agree about what it believes constitutes professionalism. The UCSF's program is obviously very, very effective but it's only addressing about forty or

fifty percent of what constitutes professionalism in modern society. Mentoring requires that those agreed-upon definitions and sets of attributes be taught by the entire faculty. The first thing you have to do is to start with a faculty development program that has its origins in an agreed-upon definition of professionalism and then follow with a very extensive development program on how you're going to transmit those values.

References

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