



Development of professionalism – the need for a holistic approach

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ABSTRACT : While the global literature on the need for promoting professionalism amongst health care personnel has accumulated extensively, there is a need to adopt a multi-pronged approach in which the faculty, regulating agencies and civil society join together in this endeavor. The institutes should admit right type of students and recruit right faculty who can serve as role model of professional behavior. Further, they should set clear expectations, provide both formal and “hidden curriculum” with emphasis on community service. Role modeling, mentoring, feedback and reflective practice should be emphasized throughout the course. The assessment strategy should be geared to collect multiple evidences through portfolio approach. Reforms are also called for in the legal and legislative mechanisms. Finally the civil society has a role to foster a culture of professionalism at all levels. Individual professional development can be aided by life style modification by techniques such as practice of Yoga.

Introduction

The quality of health care delivery depends upon the professional competence of the doctor, which in turn depends upon the training of doctor. Growing body of literature suggest the need to stress on the humane aspects of medicine or dentistry, alongwith technical skills, which together contribute in the making of a competent, and compassionate doctor.

Teaching of professionalism has been receiving due attention during past two decades due to the side effects of growing commercialization, glamour of high tech, and stiff competition for survival. There is growing mistrust between doctor and the patient. With better consumer awareness and access to information, the patient has high expectation often fuelled by hyper active media. The hospital system is prone to medical errors caused by communication failure amongst several cadres of staff. The attitudes and ‘values’ of the doctor are also influenced by the general value system of the society.. Thus development of professionalism is a multi-dimensional problem and requires a multi-pronged approach.

While the global literature on developing professionalism has accumulated beyond leaps and bounds (Passi, Doug M. et al., 2010)¹ there is still dearth of practical tips and strategies for designing and implementing various recommendations made by the experts (Howe A)². This is essentially because we don’t have a universally accepted list of professional

behaviors. It is neither possible nor desirable to have one, as it has been shown that professionalism attributes are cultural specific and context-based. (Al Eraky 2015)³ Secondly, conventional approaches to the teaching and learning of technical competencies are not found to be useful because of the fact that professionalism is shaped by ‘hidden curriculum’ which is influenced by the role models. Thirdly, the factors which influence professionalism embrace the organizational philosophy and the culture of the institution which are again influenced by societal factors. The implications for the development of professionalism should therefore be derived in a holistic manner in which all stakeholders are expected to play their role in a coherent manner.

The purpose of this article is to outline some practical tips for the faculty, medical or dental schools, regulating bodies and the civil society who are collectively responsible for the development of professionalism.

The strategy for development requires four main elements (Fig. 1)

- Defining professional attributes, setting clear expectations regarding the behaviour outcome
- Role modelling, providing contextual experience in the class rooms, community and service settings
- A comprehensive assessment and evaluation through multi-source feedback and portfolio approach
- Promoting a culture of professionalism

Within the above framework, I propose some tips to build a robust system of professionalism among educational institutions in particular and the health care system in general.

Tip 1

Catch them young

Studies have shown a positive correlation between unsatisfactory behavior on record at medical schools and subsequent disciplinary action against unprofessional behavior (Papadakis, Teherani et al, 2005).⁴ The professional behavior of students is shown to be declining in the first and second year of medical school (Morley, Roseamelia C, et al 2013).⁵ This phenomenon calls for a serious intervention during this period combined with a suitable selection process to ensure that right type of students are selected. How do we select such students? Unfortunately, no single tool has been shown to possess validity and reliability for selecting a student who is likely to demonstrate professionalism during later practice. However, a combination of Personal Qualities Assessment Tool such as Multiple Mini Interviews (MMI), self reported measures of interpersonal skills and moral orientation is worth attempting.⁶ You should consider using a combination of tools to admit those students who are likely to demonstrate professional behavior at a latter practice.

Tip 2

Set clear expectations and define rules of the game

Setting expectations of appropriate professional behavior is the foremost step (Nace et al 2009)⁷, because it helps in guiding the teachers and students to learn and practice right behavior and to monitor the progress as well as assess the outcome through formative and summative assessment (Epstein & Hundert, 2002).⁸ The consequences of inappropriate behavior should also be made explicit and widely circulated (Kirk L).⁹ The statement of competencies should be aligned with the institutional vision and mission statements. Such a document should be evolved as a consensus statement in consultation with various stakeholders.

The American Board of Internal Medicine (ABIM, 2002) document defines professionalism as commitment to ten professional responsibilities, viz., competence, honesty, confidentiality, relationships, quality of care,

access to care, distribution of finite resources, scientific knowledge, managing conflicts and responsibilities.¹⁰ While this may be considered as the basis, local adaptation is inevitable in view of different cultural norms. A high level committee may be set up to oversee the implementation of the guidelines, identify students showing unacceptable behavior and take appropriate remedial action. Some schools have constituted Progress and Promotions Committee (PPCs), which helps in rewarding those with exemplary professional behavior and taking punitive action against the culprits in a strict, timely and transparent manner.

Tip 3

Adopt a Competency Based Model

Competency based approach to curriculum planning is the most effective way to ensure that educational outcomes are monitored continuously and assessed effectively. Towards this end, each department can list Entrustable Professional Activities (EPAs) for various professional attributes (ten C.O., 2013)¹¹ Once you define the EPAs and the mile stones for each EPA, you can fix the entry level for each student, and provide appropriate learning experience. This should be accompanied by maintenance of an e-portfolio for documenting every single experience gained by the student. The e-portfolio entries form the basis for a comprehensive assessment consisting of formative and summative components.

The model suggested by Bloom and Krathwohl related to Affective Domain is highly relevant to the development of professionalism (Blooms and Krathwohl).¹² Accordingly the learners' progress gradually from level of 'receiving' to 'responding', 'valuing', 'organization' and 'characterization' or 'internalization' of behaviors, which can be monitored through e-portfolio.

Tip 4

Use diverse methods and approaches to the teaching learning of Professionalism:

Though there is no single best evidence for teaching professional values, there is growing consensus that teaching should be supported by the role models through hidden curriculum, in addition to formal teaching supported by digital media, and courses in humanities (Collier, 2012).¹³

Interactive lectures and workshops, experiential learning with reflective practice, clinical contact with tutor feedback, ethics teaching, problem based learning using case scenarios or case vignettes, role play, bedside teaching, screening videos and movies, followed by reflection and writing narratives and educational portfolio are some of the commonly cited methods of teaching (Modi et al 2014).¹⁴

The teaching of professionalism is highly context dependent. As such it should start from Day one, and integrated with almost every subject till the completion of internship, where the student gets posting on rotations in several departments including community and field posting. Some countries have introduced specially designed modules integrated with the curriculum along-with on-going assessment aided by log-books or portfolios.

Tip 5 Encourage Feedback and Mentoring

Role modeling, mentoring, giving and receiving feedback on a day-day basis are highly useful practices to make the ‘hidden curriculum’, more explicit.

Extensive literature is available on how to give feedback and how to receive the same.¹⁵ The feedback should be objective, brief, specific, positive, constructive, timely, and respectful. Whenever a feedback is received, it should be acknowledged and considered positively for improvement, instead of becoming ‘self-defensive’. A culture of giving and receiving feedback has to be created by the organization, in which faculty play a major role.

Tip 6 Promote Service Learning

One of the most ingredients for the successful development of professionalism is ‘service learning’ undertaken by the students in various settings, viz., OPDs, wards, communities, and workplaces. While the conventional practices like Hippocratic oath taking, ‘White Coat Ceremonies’ are already in place, there is a need to focus on experiential learning in the community.

A large number of Non-Government Organizations (NGO’s) are engaged in service activities, which give deep insight in to professionalism. It will be a ‘win win’ situation if the medical schools tie-up with such

activities in the larger interest of the society. Visits to the orphanage, elderly homes, school health camps, village youth forums, women empowerment groups, palliative care centres, disaster management groups are just a few examples where the medical students can get first-hand experience of what it means to be caring and compassionate professionals.

Tip 7 Incorporate Medical Humanities

Medical Humanities are becoming increasingly important value additions as they create space for handling overcrowded curriculum, and tend to highlight the ‘human face’ of medicine. They encourage reflective thinking for cultivating empathy (Charaon, 2012).¹⁶ Human values should be incorporated in pre-clinical environments, during the transition from pre-clinical to clinical settings and later during clinical clerkships (Cohen & Sherief 2014).¹⁷

Emphasis should be laid on Co-curricular activities that promote humanistic qualities (Weinberg, 2014).¹⁸ Debates, quiz, literature, fine arts, painting, music, skits, theatre activities, street plays, video/film shows, and motivational talks by civil society leaders contribute to the promotion of humanistic aspects of medicine. The controlled environment of movies has been found beneficial to the students to explore their values, beliefs and attitude towards the features of professionalism without threatening their personal integrity (Klemencetis & Kersnik 2011).¹⁹

Tip 8 Link promotion of faculty with professional behavior assessment

In countries where most of the medical colleges are situated, the regulatory frameworks are lacking in vigor to maintain and enforce strict code of conduct for medical teachers. There is undue emphasis on mundane requirements of infrastructure and insistence on certain quantum of faculty, rather than the quality, commitment, and the reward structure for their professional excellence. In many cases, the very structure and composition of the regulator itself is defective. Attempts should be made by the regulatory bodies to set in place a robust system for recruiting, and training of teachers who are best suited to serve as mentors, role models, and icons of professional excellence (Adkoli et al, 2011).²⁰ Presently the recruitment is based on

satisfying minimum qualifications and experience and at times the number of research publications which in no way guarantee the professional qualities.

Tip 9

Approaches to Assessment

Assessment of professionalism is a complex issue, because many of the attributes are not amenable for objective assessment by using conventional tools such as written tests, MCQs, OSCEs, short or long cases. A comprehensive instrument for self-assessing the behavioral aspects (Kelly KA, Stanke LD et al 2011) in the form of Professional Assessment Tool (PAT) is yet to gain ground.²¹

Collecting and analyzing evidences through a comprehensive portfolio helps in capturing the learners' continuous progress. The portfolio helps the student in reflecting the experience encountered with the patients, on a day today basis. Gibbs' reflective cycle is a useful concept describing what happened, what are the feelings involved, what was good and bad about it, what sense can you make out of it, what else can be done in the future and the action plan for doing the needful.

Supplementing self-assessment with peer assessment, assessment by the nursing and technical staff, besides patient satisfaction surveys results in a robust system of assessment, which can amount to 360° assessment. Analysis of narratives written by students, Videotape analysis of student behavior and 'Professionalism Mini-Evaluation Exercise' (P-MEX) are other useful tools which have been tried with success. Scenario based written questions can also be used effectively with a good preparation. A multi-dimensional approach (Passi, Doug et al 2010) with a wide variety of tools collected in a continuous manner is perhaps the best way out.ⁱⁱ

Tip 10

Reform legal and legislative mechanism for curbing malpractices

The existing approach of targeting individual doctors for professional lapse has not worked well. On one hand, the doctor is likely to be stigmatized for his lapse. On the other hand, the patient has to pursue a long trial of litigation hassle, which can be traumatic. There is a need for introducing patient oriented approach in which

medical establishments take pro-active measures for ensuring quality of service and safety to the patients. The compensation should be offered to all cases through internal vigilance mechanism to pre-empt the chances of litigation resulting in 'stigma'. This will build mutual trust between doctor and the patient, hence works as a 'reformatory approach' rather than a 'defamatory approach (Brody & Hermer, 2011).²²

Tip 11

Role of the Civil Society – 'Do as you wish to be done by'

The development of professionalism should be viewed in a holistic framework of all stakeholders who are involved in this process. The continuum of professionalism (Adkoli, 2015)²³ starts with 'value induction' from parents, possibly with some role played by 'inheritance'. The schools at the primary and secondary level are responsible for 'value formation' through their curricular and co-curricular interventions. Medical schools deal with students who already bring with them a set of pre-determined values, hence can play role of 'value nurturing'. After graduating from the medical schools, the workplaces are mainly responsible for 'value maintenance'. In the ultimate analysis, it is the society, through its 'value culture', which makes or mars the 'end game' of professionalism. This implies that the strategies for development of professionalism should not be viewed in isolation, but considered in a larger context of various stakeholders who contribute to the phenomenon. (Fig. 2)

While the society has a right to expect a high standard of practice by the medical teachers, it cannot remain blind folded to their dreams and aspirations in terms of their career goals. It is necessary to relook at the reward and incentive structure for teachers who dedicate their lives to mould the young doctors. A system of reward for those who excel, and punitive measures for those in engage in malpractices is the need of the hour. It is unrealistic to expect highest noble values from medical professionals in an environment of a morally corrupt society.

Tip 12

Inculcate spirituality through life style modification

A medical professional has been subjected to the stress and strain caused by the modern society polluted with

rat race for accumulating material wealth and comforts by using short-cut methods. A way out from this trap appears to be the cultivation of self-contentment through life style modification. A practical approach for modifying life style is the practice of Yoga which is found to have several therapeutic benefits in reducing stress (Woodyard 2011).²⁴

Yoga deals with the harmonization of body, mind and spirit. It advocates perfect alignment of our five sheaths of our existence (referred to as *panca-kosa*), viz., body, breath, emotions, intellect and spirit. It deals with physical postures (*Asanas*), controlled breathing (*Pranayam*) and certain code of practice called ‘*Yama* and *Niyamas*’ (practice of non-violence, truthfulness, non-stealing, control of senses, non-hoarding, purity in thought /expression/practice, contentment, dedicated practice, self study and surrender to the divine. Meditation (*Dhyana*) and merging with the universe (*Samadhi*) are the highest goals. The practice of Yoga, at various levels, schools, communities and society can lead to individual emancipation which helps in professional development.

In conclusion, the journey towards professionalism is quite complex and requires multiple interventions by multiple players at multiple levels. This calls for an integrated organizational philosophy in which the intended, taught and received curricula overlap with each other.²⁵ Inculcation of professional values requires both formal and informal approaches of learning besides a comprehensive assessment. There is role for the faculty, medical schools and the civil society. Unless we address all players of education, we can't really make significant progress in developing professionalism in medical education.

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