

Creating a Curriculum of Professionalism:

An Example from Medical Schools

Helen O'Sullivan

Centre for Excellence in
Developing Professionalism
Medical School

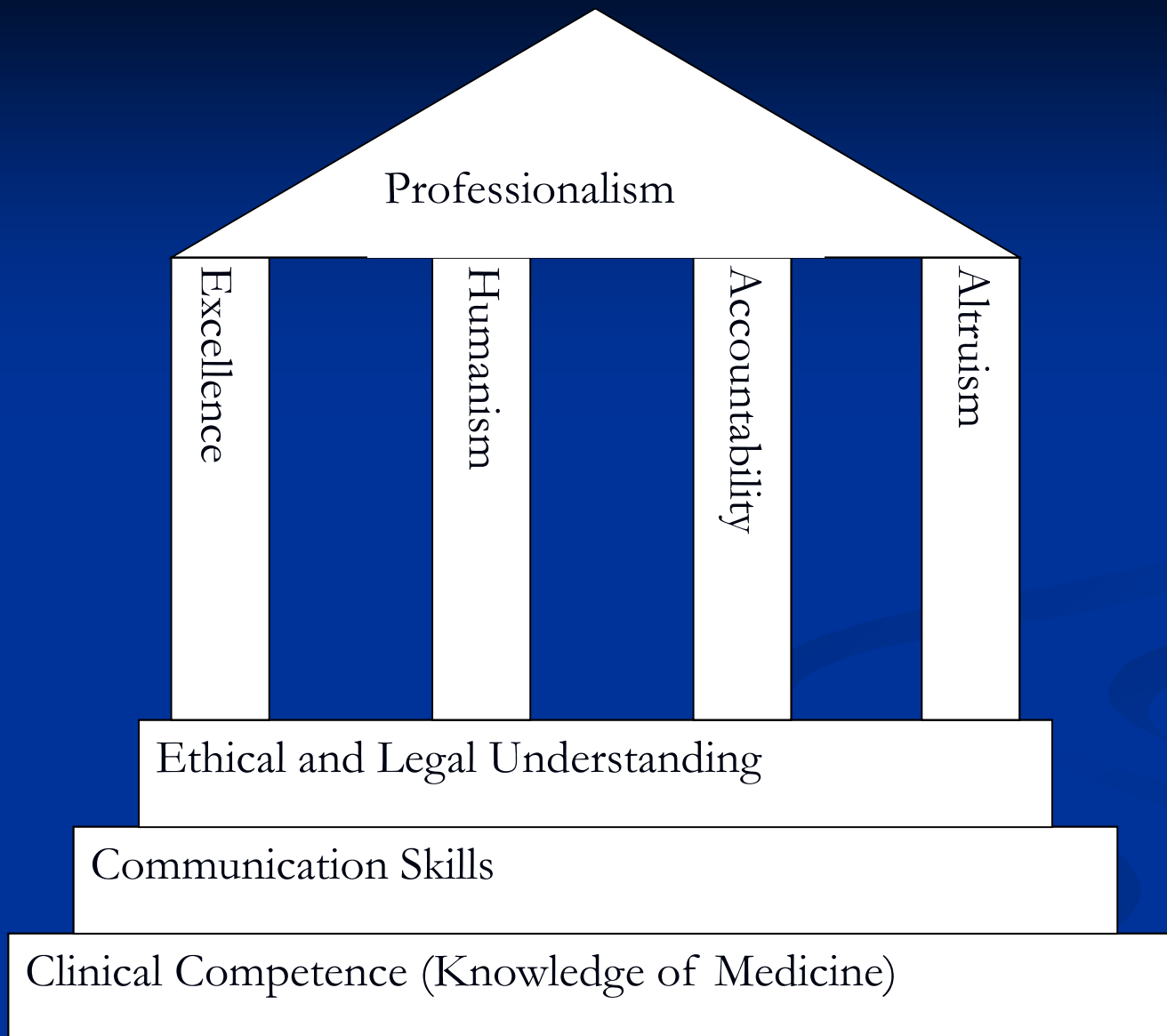


Outline of my talk

- Introduction: what is “medical professionalism”?
- Why has medical professionalism become so prominent?
- How do we develop professionalism in medical undergraduates – “The Liverpool Professional”
- Can we assess professionalism?
- Questions and discussion

What is Medical Professionalism?

- *“Medical professionalism signifies a set of values, behaviours, and relationships that underpins the trust the public has in doctors.”*
 - RCP , Doctors in Society, 2005
- From the US, David Stern has defined professionalism graphically:



Arnold and Stern, 2006

Hilton and Slotnik (2005)

- Suggest six domains in which evidence of professionalism can be expected:

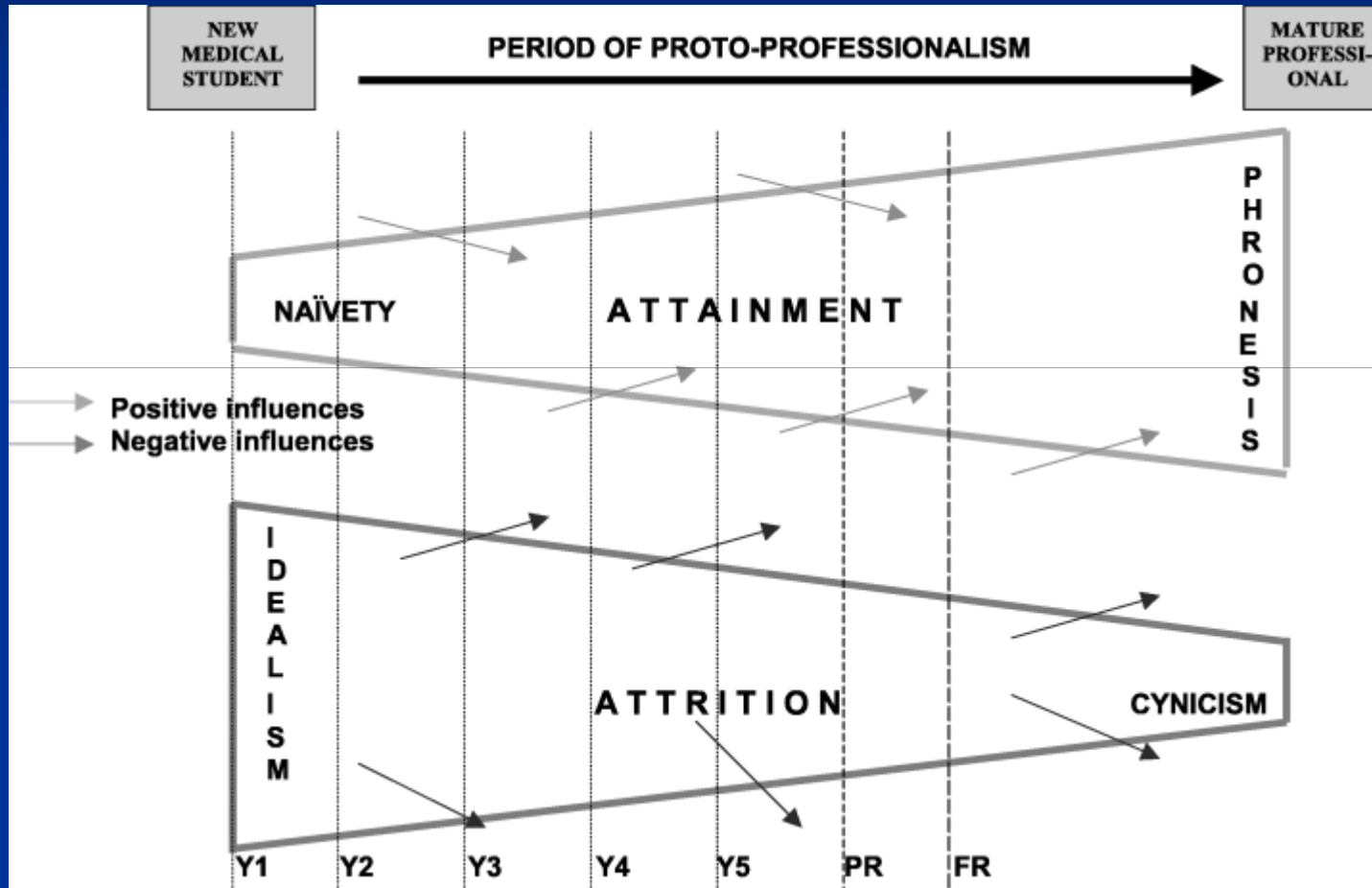
Personal (intrinsic) attributes:

- Ethical practice
- Reflection and self awareness
- Responsibility/accountability for actions

Co-operative attributes:

- Respect for patients
- Working with others
- Social responsibility

Introduces us to phronesis and proto-professionalism



Emergence of Professionalism

- Combination of “lapses” of professionalism and growing realisation of importance of developing those skills and attributes in undergraduate programmes.
- Requirement for students to demonstrate the development of professionalism in courses regulated by the GMC

GMC Regulate Medical Curricula

- The principles of Good Medical Practice must underpin medical education:
 - Good clinical care
 - Maintaining good medical practice
 - Relationships with patients
 - Working with colleagues
 - Teaching and training
 - Probity
 - Health

Professionalism and the Liverpool Curriculum

- Recent review of the curriculum (2008-9) had as its starting point: “We will develop graduates who:
- Are lifelong learners;
- Have the ability to exercise leadership skills and professional values;
- Possess appropriate knowledge and skills to deliver patient care and practise evidence-based medicine;
- Aspire to academic excellence”

- Professionalism has been a key feature of the Liverpool curriculum for several years
 - Excellence recognised with the award of the CETL in 2005.
 - One of the main aspects of the work of the CETL has been to develop “The Liverpool Professional”
 - Professionalism is integrated curriculum (authenticity, student acceptance) but is identified as a strand of activity (explicit identification of skills)

The Liverpool Professional

Patient	Values	Demeanour	Leadership	Personal	Motivation
<ul style="list-style-type: none"> •Empathy •Comm •Respect 	<ul style="list-style-type: none"> •Ethics •Integrity •FTP •GMC •Human rights 	<ul style="list-style-type: none"> •Appropriate manner •Attire •Comm •Internet image 	<ul style="list-style-type: none"> •People management •Teaching •Comm •Teamwork •Leadership theory 	<ul style="list-style-type: none"> •Critical thinking •Life-long learning •Career management •Action planning •Reflective practice •Excellence •Self management 	<ul style="list-style-type: none"> •Altruism •Public service •Social responsibility •Caring •Patient interest/advocacy •Being part of a community of care •“privilege to help”

Can you measure and assess professionalism ?

- Arnold 2002
- Suggested that there are three main ways of assessing professionalism:
 - Assessing component parts (e.g. communication)
 - Assessing professionalism as part of clinical practice
 - Assessing professionalism as a comprehensive entity
- “comprehensive entity” Difficult, complex

Key Components of an Assessment Strategy

- Integrated
- Authentic
- Promote excellence
- Challenges:
 - Don't simply measure that which is easy to measure
 - Language and sensitivity
 - The hidden curriculum
 - Measuring attitudes and behaviour
 - Don't focus on FTP

Measuring Attitudes and Behaviour

- Difficult/ impossible to measure attitudes - disputed
- Can measure:
- Expressions of belief and behavioural intentions
- Behavioural responses, physiological responses
- Skills
- Observable behaviour

Ethics of expecting doctors to change their attitudes

- Recent work by Whiting (2009) makes an ethical case for requiring doctors to change their attitudes in certain circumstances:
- the doctor has an attitude that if neglected by the doctor will (or is very likely to) compromise his or her fitness to practise;
- the only way in which the doctor can prevent that attitude from compromising his or her fitness to practise is by changing the attitude

Examples from our work: “The Liverpool Professional”

- Introduce an Annual Student Feedback Appraisal
- Developing our outcomes into a electronic resource that students can use as a annual self audit and preparation for appraisal
- Using social networking philosophy to engage students with reflection and professionalism

What evidence do the students bring to the appraisal? (Yr 1)

- Formative examination results;
- Multi source feedback comprising contributions from:
 - PBL Tutors
 - Clinical Skills Tutors
 - Communications Skills Tutors
 - Peers
- A structured reflective piece that they have written for their PDP
- A short task related to career management
- A self assessment of their current progress towards “The Liverpool Professional”

References

- Sean R Hilton, Henry B Slotnick (2005) Proto-professionalism: how professionalisation occurs across the continuum of medical education *Medical Education* **39** (1), 58–65.
- Arnold, Louise (2002) Assessing Professional Behavior: Yesterday, Today, and Tomorrow. *Academic Medicine*. **77**(6):502-515
- Arnold, L. & Stern, D. T. (2006) What is Medical Professionalism? . IN STERN, D. T. (Ed.) *Measuring Medical Professionalism*. . Oxford, Oxford University Press.
- The Royal College of Physicians Doctors in Society, RCP London, December 2005
- Whiting, Demian (2009) “Should doctors ever be professionally required to change their attitudes?” *Clin Ethics*; 4:67-73