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Integrating professionalism into the curriculum[1]

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Abstract

Professional values and behaviours are intrinsic to all medical practice yet remain one of the most difficult subjects to integrate explicitly into a curriculum. Professionalism in the twenty-first century raises challenges not only for the adaptation of the medical training programme to changing societal values but also for ensuring that trainees gain the skills for self-directed continuous development and future revalidation. This article is an introduction to the AMEE Guide in Medical Education No 61: Integrating Professionalism into the Curriculum (www.amee.org), which is based on the extensive contemporary available literature. An evidence-based approach has been taken throughout the Guide as it focuses on instilling professionalism positively into both undergraduate and postgraduate training. It takes a structured, stepwise approach and sequentially addresses: (i) agreeing an institutional definition, (ii) structuring the curriculum to integrate learning across all years, (iii) suggesting learning models, (iv) harnessing the impact of the formal, informal and hidden curricula and (v) assessing the learning of the trainee. A few well-evaluated case studies for both teaching and assessment have been selected to illustrate the recommendations.

Professionalism, recognised for centuries as fundamental to medical practice, remains one of the most difficult areas of teaching, learning and assessment within undergraduate and postgraduate training. Doctors' professional attitudes and behaviours are intrinsic to practice. Yet, integrating professionalism explicitly into a curriculum to make its importance both transparent to trainees and a tangible measurable outcome remains a challenge still to be effectively resolved. Identifying students with levels of professionalism inconsistent with fitness to practise gained momentum internationally when Papadakis et al. (2004) reported a link between students' unprofessional behaviour and subsequent practice as a doctor. Professionalism within the curriculum has risked assuming a negative perspective. The reverse potential of acknowledging and rewarding high standards of professionalism in trainees has been overshadowed. We have therefore chosen to focus the Guide (O'Sullivan et al. 2012) on ensuring that understanding, learning and valuing professionalism gains a high and explicit positive status within medical training. The Guide draws evidence from an extensive literature and highlights three main challenges.

First, there is a demonstrable lack of global consensus on a culturally appropriate definition. Over the centuries, different definitions have emerged internationally (van Mook et al. 2009a). Society has traditionally granted autonomy to the medical profession based on the understanding that doctors will put the welfare of the patients before their own and that the profession is self-regulated by a code of ethics (Cruess & Cruess 1997). Although core values may be shared, the influence of society, particularly with increasing globalisation, cannot be underestimated (van Mook et al. 2009b). Changing and culturally diverse societal values inevitably influence understanding at personal, institutional and national levels (Royal College Physicians 2005). If positive values are to be integrated across a curriculum, each institution must first agree on a definition which reflects the overarching values of its approach to health care delivery. Consensus must be reached by staff within the individual institution on what is to be learnt. These values should be instilled in, and reflected by, all those delivering the curriculum to guard against offering conflicting messages to students.

Second, continuous professional development underpins medical practice. The argument that professionalism can be taught has strengthened over the years with emphasis on the need for knowledge acquisition on the subject and instillation of appropriate professionalism into clinical skills and competencies (Cruess & Cruess 1997). However, the challenge to the curriculum is to not only ensure that students understand and can demonstrate appropriate professionalism on completing training, students must also develop the skill set needed to continue to develop professional identity throughout their career (van Mook et al. 2009c). Instilling responsibility for self-directed learning is essential. This requires a better understanding of emotional intelligence and the need to reflect on and build professional identity on a novice to expert trajectory.

Reflective learning *in* action has gained an increasingly dominant place as a learning methodology. The importance of situated learning and reflection *on* action has been less apparent. It is essential, but arguably more challenging, to harness learning from encounters in the clinical years. The theoretical approaches of Legitimate Peripheral Participation (Lave & Wenger 1991) and Communities of Practice (Wenger 1999) highlight an all important practical reality.

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Rather than assimilating an abstract body of knowledge to be applied at a later date, students appear to learn more effectively in context through apprenticeship and from professional role models. Experience in the workplace moves them closer to the central values of institutional practice. The opportunities to reflect on concrete experience must be embedded in the curriculum. Simulated classroom case scenarios with expert facilitation in the early years are relatively easy to implement. Using situated learning to build on experience in clinical years remains more difficult.

Furthermore, the Guide argues the need to vertically integrate learning on professionalism throughout the formal curriculum revisiting and repeatedly raising the contextual challenge of concepts in a spiral fashion (Harden 1998). The influence of apprenticeship learning in the less standardised informal curriculum is equally important. Unintended consequences inevitably emerge in this uncontrolled environment and these too need addressing (Hafferty and Franks 1994). Guidance by experienced and trained teachers is essential. Students observe inconsistent and not always exemplary professional behaviour and attention needs to be given to how students can reflect on and make sense of such interactions and the impact that they can have (Wilkes & Raven 2002). A more profound understanding is needed of the contribution stresses and pressures in the work environment make towards lapses in professional behaviour. Supporting trainees to learn the adaptive skills needed to address the challenges of maintaining and improving their Professionalism in the work environment must not be overlooked (Lucey & Souba 2010).

Finally, the assessment of professionalism must be carefully constructed to ensure that the assessment mirrors the curriculum intent. The Guide emphasises that professionalism is not a simple generalisable construct. It is complex and multidimensional. As with other areas of clinical competence, professional behaviour is context specific. Wide assessment across a range of contexts is essential. To add to the complexity of context, professional interaction takes place at an individual internal micro-level, an interpersonal meso-level and at a more macro-institutional level (Hodges & Ginsburg 2011). Identifying positive professional characteristics places different demands on assessment in comparison to fitness to practise. The focus of the academic literature has understandably been on professional behaviour (outer conduct) and not on the more attitudinal micro-levels of professionalism (inner virtues). We do not know the extent to which inner virtues and outer conduct differ (Hafferty 2006). Unless assessment is carefully constructed, we risk students learning to fake professional behaviours in order to pass.

Inevitably, a range of assessment tools are required across the curriculum. Careful consideration of their validity and reliability is important but, on its own, not enough. Findings must be collated over time and carefully triangulated before an overall judgement can be made. This favours a portfolio approach collating attendance records, multi-source feedback, performance in objective structured clinical examinations, reflective writing on critical incidents, etc. to build a positive picture of a trainee's professional performance across different contexts over time. This should illustrate their interactions at individual, interpersonal and institutional levels. Assessment needs to be embedded in the curriculum by integrating formative and summative measures vertically across the curriculum at increased levels of complexity as the trainee progresses. Inevitably, assessment will drive the learning.

We recognise that this Guide does not provide answers to all the future challenges we face. It remains difficult for medical educators to foresee and prepare trainees for the changing societal values (so different from the educators own) that they may face during a whole career. We have emphasised that instilling professional values and appropriate behaviours at the time of training is not enough. The ability to be flexible, cooperate, reflect and adapt to the uncertainty and stresses of the workplace is essential. Undoubtedly, as the professional mix of the clinical team changes and there is increasing workforce migration, these skills will gain increasing importance for doctors in the future. Yet, we tend to teach to fixed frameworks and assess using objective structures which foster certainty and standardise behaviour. Different approaches to training are needed. There is a risk competence-based curricula and a 'can do' approach to assessment fails to encourage motivation to continue to improve. Apart from summative assessment, formative assessment must be carefully programmed to foster a positive, non-punitive approach which demonstrates the value placed on striving for excellence. We cannot afford to stand still. Teaching, learning and assessment practice must be based on evidence. Despite the already significant literature, it is equally apparent that much more research is required. We hope this AMEE Guide will provide inspiration.

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Note

1. This short article referes to Intergrating professionalism into the curriculum: AMEE Guide No. 61. The full version of this guide is published as a web paper in this issue and is available at: http://informahealthcare.com/journal/mte.

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