

NEED OF PROFESSIONALISM FOR INDIA MEDICAL GRADUATES: AN INSIGHT

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Introduction:

Alistair Cooke, American journalist (1908-2004) once said, "A professional is someone who can do his best work when he doesn't feel like it."

'Profession' is derived from Latin word 'Professio' means a public declaration with the force of a promise. It is an occupation pursued for higher motives, to a proper standard. Professionals, who are the members of the Profession promise to act in certain ways that benefit the society. The practice of medicine is widely considered as 'Profession' throughout the world. Older definitions of professionalism pitched the doctor in an exclusive group, defined through specialist knowledge and expertise⁽¹⁾.

Medical Professionalism is a set of intrinsic values expressed outside which justify the trust which the patients have on their doctors and public on the medical profession as such. Indian medical curriculum does not address professionalism in a formal way⁽²⁾. Most of the critical determinants of physician identity operate not within the formal curriculum but in a more subtle, less officially organized hidden curriculum⁽³⁾. The hidden curriculum functions at the level of organizational structure and culture. All stakeholders of health have something to teach on professionalism to medical students and students can always be made to imagine themselves in other's position and reflect their views on their expectations as a patient, as a doctor, as a family member of a patient, as a member of healthcare team and even as a cadaver

. Self directed learning will help students to acquire proper attitude towards professionalism.

Today, information about health and disease is available to anyone with access to a computer, and the definition of professionalism has had to adapt and change in an increasingly consumerist healthcare

sphere⁽⁵⁾. The commercialization of medical practice had increased the society's expectations from the medical professionals. There is gradual rise in incidences where doctor's professional act has come under scanner. Even MCI in its GME 2012 and ATCOM module had mentioned about emphasizing "Professionalism" as one of the important competency to be taught to medical graduates⁽⁶⁾.


The attitudes and behaviours that characterize the true professional are those born when hearts and minds are aligned and rooted in authenticity and humanity. Doctors were being respected next to God. Were they not using professionalism? Why the morals have deteriorated? Frankly speaking professionalism is inbuilt. If you have an aptitude, if you like work, professionalism automatically follows. The need of the hour is to change the mindset. Today students are joining medicine either because of peer pressure or parental pressure to run their parent's nursing homes. Some girls join to improve their matrimonial chances. Do you think these students are bothered about professionalism?

In our enthusiasm to teach Professionalism to students who grow up to be practicing doctors, how do we teach them to cope up with the side effects of professionalism? If we are not empathetic to ourselves to our colleagues, how can we be empathetic to patients? Some even defined professionalism is polished outward behaviour.

Teaching professionalism is not akin to imparting a technical clinical skill. Rather, if successful, it brings about what Huddle terms a "personal transformation the shaping of individual moral identity" in the learner. An alternative approach is to create a protected learning environment, focused on moral development, in which students can explore, through carefully constructed case scenarios, their

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reaction in terms of key professionalism aspects, thus to 'exert a counter cultural influence on the dehumanizing effects of the hidden curriculum.

Who should teach Professionalism?

Professionalism should be taught to medical students by trained faculties. The training of faculties regarding the same can be done by the MEU of the institution. In the absence of vibrant MEU, the UG/PG committee will have to look at it. All faculties across disciplines including residents can teach professionalism. But other health care workers including nurses, pharmacists, technicians and managerial staff from hospital can teach professionalism. Also faculty members teaching professionalism should be highly respected colleagues and they should have the attributes and behaviours of professionalism.

The following members can teach

professionalism in medical education at various levels of undergraduate course:

1. MET trained faculties (irrespective of the subject and qualification). Now, as per MCI, it is compulsory for all to undergo at least basic course workshops.
2. Members with qualifications in medical education (FAIMER, FIME, MEHP, IFME and some more).
3. Community medicine faculties and those who are regularly doing projects on student's practice at their work place.
4. Members with qualification in bioethics (PG diploma, Certificate courses, Master degree).

The faculty for teaching professionalism need not be doctors always. The other members who can teach professionalism. Few other members who can teach professionalism include:

Topic	Resource person
Breaking a bad news	HIV counsellor, Clinical Psychologist
Stress management	Yoga trainer
Time management, Public speaking skills, Dress code, Body language	Personality trainer
Ethics (Holistic view)	Spiritual leader/ Motivational speaker
Informed consent, Counselling skills	Experienced nurses
IT skills (for proper record keeping / innovative teaching etc)	IT people / interested students
Team management	Casualty team, Ambulance team

Professionalism is learned most effectively through the influence of clinicians on students in the course of their education (role models). Three steps to teaching professionalism include:

1. Serve as a proficient role model
2. Create a positive working environment with an efficient, pleasant office staff
3. Raise the expectations of the learner so he/she modifies behaviour, corrects self-defeating thoughts and attitudes, and pursues excellence in all their learned or accomplished skills.

You can learn professionalism from all around. Anybody who takes pride in a job well done could be a role model for imbibing professionalism⁽⁷⁾. Some of the core items in professionalism are transferable skills (like interpersonal, communication, counseling, care giving, mediating skills) that will stand in good stead in any situation that the students will face in the future.

When to teach Professionalism?

Professionalism should be taught in the 1st semester of MBBS itself along with ethics, communication skills (as a module) right at the beginning of the UG course, and reinforced every year (shorter course). The ATCOM module designed by MCI covers aspects like professionalism and ethics in practice. Even respecting the cadaver is part of this training during anatomy dissection classes. It is an ongoing process of learning from Novice to Expert. Professionalism can be taught right from day one onwards in medical school teachers being the role models and a systematically designed set of SLOs over the three professional years. The curriculum for professionalism should spread across all the 4 professional years with identified professional attributes as contents and activities. In general, the curriculum should strike a balance between explicit teaching and experiential learning incorporating the values of professionalism⁽⁸⁾.

Educationist like Coulehan and Williams criticize contemporary professionalism education as 'too little, too soon, too late, too distant, and too countercultural'.

Too soon, because it is generally included in the first years of the medical curriculum alongside the rote memorisation of facts required by anatomy, physiology, and the other hard sciences of medicine, and so gets glossed over as a priority.

Too late because by the time reflection on professionalism takes place, the socialisation process of the harsh work of clinical practice, especially in hospitals, has hard wired the student into attitudes, behaviours, and thought patterns that are the antithesis of professional.

Todistant because case scenarios discussed in class often bear little resemblance to the much more nuanced situations in real clinical practice and even if not are presented without the pressures of having to placate an authority figure.

Too countercultural because 'the culture of clinical training is often hostile to professional virtue'.

It should be spaced out and should be taught over a period of time. The professionalism is to be introduced at the preclinical, paraclinical and clinical levels in the present setting. As and when the subjects are introduced in MBBS/BDS/Nursing/BPT, professional competence pertaining to that subject has to be taught. If the curriculum is modified according to the MCI norms and ATCOM module introduced at specified level, the professionalism can also be familiarized similarly.

A curriculum can incorporate ATCOM as suggested by MCI with few modifications such that:

It is incorporated into their daily activities right from first year.

The teachers should be trained to teach and assess.

The teachers from each department should be involved.

The professionalism teaching should start in first year.

According to Mueller PS:

1st year--leadership

2nd year --reflective writing

3rd year--safe harbor that is group discussion, personal reflection, literature review. It continues throughout clinical postings and fellowship.

How to teach Professionalism?

Training in professionalism can be given in the form of interactive lectures delivered by the faculty quoting examples from various sources (newspaper articles and internet) about good practices in professionalism. Later, students can be given tasks of doing role play by

giving themes related to professionalism followed by feed back towards the end of the class. For example, if improving communication skills of the medical graduate is a learning outcome and under which how to break a bad news is a learning outcome then this can taught as follows⁽⁹⁾. First, a lecture on SPIKES model by the faculty followed by students doing role play on a given topic (say a diabetic patient non compliant with treatment and presenting to the doctor with gangrene of the foot). The doctor's role is to break the bad news on amputation of the foot⁽¹⁰⁾. Two groups chosen randomly for a role play modeled as per SPIKES model: one group does it the wrong way and the other group the right way. The audience and the faculty will give feed back towards the end of the class. Later, a panel discussion may be conducted involving physicians, surgeons, pediatricians, radiation oncologists etc. to share their experiences in breaking bad news in front of the entire class. Since an active learning method is being used it will stimulate learning and maintain students' interest throughout the class. All the doctors, nurses, paramedical staff and students need to practice professionalism.

Conduct a basic introductory course on "Professionalism" and subsequently have it as an integral component of all the "patient-doctor / doctor-doctor / doctor-health care team" interaction assessments in each department. This assessment should be done for the entire health team - students, faculty, support staff etc. An ongoing continuous observation and assessment might ensure that the "core values" identified in professionalism become an integral part of us⁽¹¹⁾.

Teaching humanities can be considered as a viable option to inculcate professionalism among medical students. 'Poetry' is useful in teaching humanities⁽¹²⁾. Role modeling and mentoring are the most effective techniques for developing professionalism. The environment of the institution does have a critical role in the development, implementation, and evaluation of a successful professionalism curriculum⁽¹³⁾. Evidences in the literature strongly suggest that role modeling and personal reflections, ideally guided by faculty, are the important elements in current teaching programmes and are widely held to be the most effective techniques for developing professionalism.

Etiquette based medicine would prioritise behavior over feeling. It would stress practice and mastery over character development. It would put professionalism and patient satisfaction at the centre of the clinical encounter and bring back some of the elements of the

ritual that have always been an important part of the healing professions. Professionalism through 'Close reading' has been defined as a disciplined reading and re-reading of complex texts to identify layers of meaning that lead to more nuanced interpretation and deeper, more subtle understanding⁽¹⁴⁾. An interesting comparison on close reading Vs patient care says that, Like a patient encounter, close reading first requires attentive observation what does the reader notice about the text? What does the doctor notice about the patient? Interpretation follows observation what is the meaning of the reader's or the doctor's - observations? Close reading requires a wariness of superficial and facile interpretations, a clinical position that helps the clinician avoid bias, assumptions, and judgmentalness⁽¹⁵⁾ Through the method of close reading it contributes to intellectual inquiry, emotional awareness, sociocultural context, and a countercultural perspective to questions regarding medical professionalism.

Our new entrants to the MBBS course would be the best starting point. The term 'productive discomfort' is interesting. Students would be more comfortable with literature in their local language and with a cultural affinity to their situation. To encourage repeated reading on a topic that requires interpretation and re-interpretation on a topic with "deep" philosophy or meaning.

1. Experts worked out the 'meaning' of professionalism for Indian context.
2. Most of the experts agreed to have a place for it in the exiting curriculum and teach it in an integrated manner.
3. It is also suggested formative assessment of it at the 'does' level [as a part of WPBA].
4. Learners should know the 'desired' expectations right at the beginning of the course and it should be taught throughout the course.

Professionalism is an integral aspect in training dentists to uphold the quality and standards of self and profession. This education needs to start early, be reinforced continually throughout students' graduate training, and continue after they embark upon their professional careers. Before this is taught to student, there needs to be training imparted to the faculty as faculty in most dental schools simply allow students to observe them at work and expect undergraduates to learn what they need to know about by direct observation. Student's skills are then often graded by the person they had previously been observing and students will only be assessed as performing well if they show similar traits to those

demonstrated by the staff member. It is often said doctor was taken for granted and it perhaps held true in the earlier apprenticeship model of physician training. As professionalism is so intrinsic and integral to the medical profession, it should be an explicit part of the medical curriculum. It is well known that what is not assessed is not valued by students. Therefore, institutions need to develop written criteria about what needs to be taught and assessed.

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