

# *Teaching professionalism to medical students in the surgery*

Family Medicine Teachers

*Amanda Howe, HKCFP Visiting Professor in Family Medicine, Dec 2010*



# *Aims of the talk*

- **Introduce the current use of family medicine as a setting for basic medical education in the U.K.**
- **Make the case for why community and ambulatory settings are ideal for early learning of a patient-centred approach to medicine**
- **Describe the specific role of FM teachers in the development and assessment of professionalism**
- **Discuss the challenges and developments which face FM teachers and academic faculty in creating a suitable educational environment for professional purposes**

# The context

**32 Medical  
Schools  
Mostly  
undergraduate  
5Year  
programmes  
Integrated  
Clinical + basic  
sciences  
Patient contact  
throughout**



**NORWICH**

# *Family medicine in the National Health Service*

- **~ 36,000 family medicine practitioners 2009**
- **44% female, majority work full time**
- **1 in 5 trained overseas**
- **All in the community (rare to work from a hospital base)**
- **Trend to fewer larger practices with multidisciplinary teams – usually 4-5 FMPs**
- **Most are independent partnerships contracted to the NHS**
- **Trend to more salaried GPs though still only ~ 8,000**
- **Varying additional roles (teaching, research, clinical specialisms)**

## *The value of the NHS for teaching*

- **Stable population registered with FMPs**
- **Strong investment and high quality care**
- **Large centres of population with medical schools near major hospitals**
- **Computerised medical records allow rapid identification of patients who may be suitable for teaching**
- **Personal relationships with patients encourage consent and mutuality**

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# *Teaching in family medicine*

- **All UK medical schools have patient contact from year 1**
- **Usually linked with general practices (FM)**
- **Educational aims are to:**
  - **Understand the patient experience and perspective of disease and health care.**
  - **Understand the social context of illness: the social determinants of health and the impact of disease on families and society.**
  - **Acquire communication skills and professional attitudes in relationships with patients.**
  - **Acquire clinical skills: history taking and clinical examination.**
  - **Embed and apply core clinical knowledge: learning about disease, diagnosis, and management.**
  - **Understand health service organisation: public health, health service delivery , and inter-professional relationships.**





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# *How are we going to teach professionalism in the surgery?*

## **Responses ..... Assumptions?**

-

**What *is* professionalism?**

**Why should *FMPs* teach it?**

***How* do we teach it?**

**What do we know about best practice?**

**How do we know we have succeeded?**

**And what happens next?**



# *What is professionalism?*

- WHAT? (definition) Medical professionalism is “a set of values, behaviours, and relationships that underpins the trust the public has in doctors”
- *\*doing the right thing in the right way for the right reasons*
- WHY? (purpose) “Medicine is a vocation in which a doctor’s knowledge, clinical skills, and judgement are put in the service of protecting and restoring human well-being. This purpose is realised through a partnership between patient and doctor - one based on mutual respect, individual responsibility, and appropriate accountability”.

*Doctors in Society: Medical professionalism in a changing world.*  
Royal College of Physicians of London

# *Dimensions of professionalism*

## ***Personal orientation***

- **Caring and altruism**
- **Respect for others**
- **Commitment and motivation**
- **Ethical judgement and humility**
- **Probity and integrity**
- **Reflexivity and ability to self – analyse**

## ***Organisational orientation***

- **Teamwork and interpersonal relationships**
- **Time management and organisational skills**
- **Accepting responsibility and accountability**
- **Reliability – attendance, work products**
- **Compliance – with rules and regulations**

*"So why should FMPs teach this?"*



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*Let me tell you a secret...*

- ***You don't have to teach professionalism!  
But you should***
- ***create a professional educational culture***
- ***act as excellent role models***
- ***help students reflect on professionalism***
- ***develop it through explicit relevant activities***
- ***monitor their behaviours and give feedback on aspects of professionalism***

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# *Educational approaches*

- **Professional educational culture – dress, timeliness, attitudes to students, preparation**
- **Orientation to others – contact with / expectation of patients and staff**
- **Feedback – on professionalism as well as knowledge / skills**
- **Group work – discussions of different perspectives**
- **Give learners appropriate responsibilities and hold them accountable for these**
- **Challenge their professionalism – e.g. giving them contact with patients whose backgrounds are different from theirs**
- **Include summative assessment of professionalism**
- **Patients, patients, patients.....**

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## *...and why FM?*



- 1. Because that is where most patients are**
- .... And patients are very diverse**
- 2. Role models of doctor-patient relationships very strongly professional – less about biomedical, more about values and communications**
- 3. Patient contact develops professionalism especially respect**
- 4. Professionals and students may be more ‘visible’**
- 5. Safer environment to explore professionalism (?)**
- 6. If placements are prolonged, definite evidence of professionalism of learners can be collected, sound formative advice offered**

# *The role of GPs in developing professionalism in the UEA MB/BS*

- **E.g. 24 clinic placements over a year**
- **Primary aim is clinical teaching with patients**
- **Tutors are known to monitor**
  - *honesty and integrity*
  - *respect towards others*
  - *taking responsibility for personal behaviour*
  - *working effectively as a member of team*
- **Options - unacceptable / needs improvement / good / excellent**
- **Report sent 3 times a year to medical school to form part of student overall monitoring of professionalism**

# Challenges and difficulties

- **Additional work**
- **Need good patient availability and staff continuity to do well**
- **Learners need to trust FMPs to take their feedback on board**
- **Can be difficult interpersonal dynamics**
- **Dependent for full positive impact on a consistent approach to professionalism across the whole training programme (hospitals, university, other clinics) – ‘hidden curriculum’**
- **Can expose differences in professional expectations e.g. between nurses and doctors**
- **Impacts are complex and longterm**

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# In conclusion

- **As FMPs, we know our patients as people**
- **We can often know our learners as people**
- **Our skills of working constructively to change behaviour, coupled with our respect for others, are directly relevant to developing professionalism in others**
- **We have the right clinical and disciplinary environment**
- **We know it works! – if tutors and students can have an authentic professional relationship, and students are actively supported to develop their professionalism in the clinical context with patients**

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## *A few quotes from students ...*

- ***‘It’s been wonderful to be part of a doctor - patient relationship that has been so familiar and so trusting’***
- ***‘by sitting down and thinking about things that have happened, we have had a chance to look beyond the facts, at what was really going on’***
- ***‘I think we all need to stop now and then... reflect on things and hopefully learn from them’***
- ***‘it’s hard to see yourself through other people’s eyes – but I did feel supported and I think I learned a lot’***

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*... professionalism is also about  
being valued as people!*



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Thank you!

Comments and questions

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