

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**

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



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.



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

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?”



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

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*

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



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.....**

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



University of East Anglia

...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**

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



University of East Anglia

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**

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



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’*

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



University of East Anglia

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



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

Teaching professionalism to medical students in the surgery

Thank you!

Comments and questions

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

