

The “P” Word: Biggest Problems and Best Practices Imparting Professionalism during the Preclinical Years

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The genesis of the professionalism curricula

- The Charter
- The behaviors that were noticed
 - Tardiness
 - Inappropriate dress
 - Lack of preparation
 - Cheating and plagiarism
- The plan
 - Implement an integrated curriculum which emphasizes professionalism and ethics in addition to communication, physical exam, and clinical reasoning skills

The Initial Plan

- Lectures
 - Introduction to key behaviors for preclinical years
- Unearth the Hidden Curriculum
 - Review what was taught explicitly and where
 - Interviews for asking what students understood of professionalism and where they were learning it
- Develop the Benchmarks

Feedback from students

- Exit interviews
- Small group advisory
- Medical Student Association

The “P” word: Loss of meaning

- “It use to have more meaning that it does now, ‘cause we’ve had so many talks about it and it’s been twisted in so many ways that it’s like when you repeat a word over and over and it loses some meaning.”
- “I guess it’s a word we hear so much that maybe it almost loses it’s meaning, because we hear it so much.”

The “P” Word: Loss of Meaning

- “I think it’s about the same as saying cultural competence. It’s another word that changes the meaning day to day. I mean, cultural competence is already being replaced by what ... what’s the new word? ... I can’t remember, but you know, in two years, we won’t even talk about cultural competence any more. It’ll be something else.”

The “P” word: Eliciting Anger

- “As a medical student, professionalism means a topic which we have had beat into our heads, since day one that is one of the buzz words that we absolutely despise.”

Quick and easy: lecture!

- Problems:
 - Elicited resentment and anger
 - Time wasting: Not viewed as important as “tested” material, hence poor attendance
 - Seen as too obvious: students could not envision the challenges: Right answer seems too obvious in cases
 - Students who were attending and found it valuable were distressed that others’ weren’t

The value of lecture

- “Professionalism, as a concept to us, as physicians, is not a bad thing at all. I think it's a very important thing. But, from an educational perspective, it ... if I looked on my schedule and I saw that I was going to have another lecture on professionalism this week, I would be very angry.”
- “If we did another lecture or discussion in ICM, today, and the first words out were professionalism, your eye'd roll back and go, (big sigh) deep breath, “Not again, today.”

The value of lecture

- “What professionalism meant to me, before coming to medical school, was exactly what they say to us. What it means to me, now, is just a lecture, like somebody coming' into the room and saying, “This is what you need to do. You're not being ... You're not going to be good enough, so we're going to tell you how to act, before you ever mess up. And, I'm really, really sick of hearing about it.”

The value of lecture

- “There are certain topics which are introduced first year, which keep coming up. And they're clearly topics which are very important to the world of medicine. And obviously also very important in the minds of the people who construct the ICM classes, but if you hear it once, you pay a lot of attention to it and you learn something from it and store that away. If you hear it twice, it's kind of like, “All right, this is a reminder. I remember what I stashed away before.” If you hear it three times, you wonder, “Why are you continuing to say this?” When you hear it four times, you're like, “Why are you wasting my time?” And when you hear it five times, you get up and leave.”

Lessons from the exit interviews

- Avoid overusing the word: be specific about the value
- Don't underestimate background ethics and values
- Emphasize the real world issues
- Avoid emphasizing rules
- Use small groups and bedside over large group lectures

What was working

- Good:
 - Reviewing cases with mentor in small group sessions
 - Reflecting after special skills interviews
- Better:
 - Hearing true stories from college mentor
- Best:
 - Observing mentors and colleagues at the bedside
 - Challenges at the bedside during patient interviews
 - Feedback from patients

The value of true case discussion

- “Even reading about a case doesn’t have the same meaning as if you meet the person and you hear their story. You get an opportunity to discuss with them what could’ve happened differently ... and maybe you just kind of reflect on how you would’ve handled that situation differently.”

What has influenced you most?

- “I think, just learning (by) observation. We have some amazing clinicians and faculty and just watching how they conduct themselves. I think that’s really been my influence in professionalism.”

The value of clinical experience

- “I still fell like ... when I put a stethoscope around my neck ... it’s a tremendous responsibility. I mean, every time I would go into clinic, go into the hospital, (I would) try and always be acutely sensitive to like, how am I supposed to behave? ... I was always sort of looking to those around me and through the ICM courses, through my preceptorships, things like that, just sort of to sort of see what the standard of practice and behavior is.”

The value of clinical experience

"I think that lectures and ...one-way discussions on the subject, as opposed to kind of an interaction with students, isn't real effective. I think students kind of benefit from more...real world situations where you're put in the situation. What do you do? How do you handle it? And what are the outcomes, regardless of what you do? And the only way to really learn from those experiences is to be in 'em. And I think having ICM or the colleges kind of help, because you were in the hospital, interacting with patients, sometimes you would run into their care providers. And so you could kind of see the interaction, the dialogue that would go on and how critical professionalism can be, in those circumstances."

Watching their colleagues in action

- "One girl in my group I thought did a very professional job once, when she said that, you know, "This patient is very scared that he might get the diagnosis of cancer." And so she really addressed that ... what the patient was feeling and also kind of clued us all in that we weren't gonna be like, "Oh, I really think he has cancer, right now." Like, we weren't gonna start saying that. Not that we would have, anyway, but just kind of clued us in then, what this patient's fears were and it was really sad, when later, as we were leaving, the student was able to talk with the team and it turned out that the patient did have cancer and he hadn't gotten that diagnosis, yet. But she just ... she just handled it, I thought, in a very professional manner, that situation."

Grooming role models

- "True leaders, in my opinion, aren't the ones that slap you on the wrist and tell you how to be. They all lead by example. I just need more opportunities to see the awesome ones interact and I'm blown away by how spectacular a person is interacting with other people. I try to glean as much as I can from them, but most of the time, I'm just in awe. How does a person become like that? It's impressive and I would like to be able to get to a level like that."

Changes

- Asked students how they wanted to handle professionalism
 - MSA (Student run)
 - Honor code
 - Clear rules and outcomes from the Dean's office
- Asked students how they wanted to be taught
 - Time with patients and mentors
 - Real stories
 - Small group discussions

Challenges

- Keeping the curriculum uniform when case based, patient based, and in small groups
- Integrating into the clinical years
- Helping students when they identify professionalism issues in those higher up
- Thinking beyond: resident and faculty development

Current curriculum in the works

- Fostering advocacy and service in our students
 - By our example
 - By encouraging our students
 - By forums
- Student feedback
 - Letters from past offenders
- Literature discussions in small groups
 - Mountains Beyond Mountains
- MSA and Honor Code

The value of an explicit curriculum

- “The bonus is I’ve become more aware of that idea. And I suppose it’s worked, even though I’ve gotten frustrated how much we’ve talked about it, that it has been drilled in, a little bit, and it’s in my head the notion that I represent a group larger than myself and because of that ... and that’s one of the concerns that I think is a good one to have all the time – it’s not just you, it’s your profession. That maybe will help me stay in line a little more.”