



Professionalism Education: the Student Perspective

The University of Virginia School of Medicine

Introduction

Emphasis has been placed on medical professional behavior over the course of the past several years, with national effort given to create a comprehensive definition of professionalism. Organizations such as the National Board of Medical Examiners (NBME), Association of American Medical Colleges (AAMC), and American Board of Internal Medicine (ABIM) have composed the most widely used definitions of professionalism. Along with definitions of professional behaviors, curriculums have been designed to accent reflective practice, covenants, community service, situational learning, and enhanced assessment of student professionalism.

In the process of refining the professionalism education of medical students, how often do we listen to student voices?

Statement of the project objectives

The UVA School of Medicine identified professionalism as one of its twelve learning objectives for medical student education in 1998 and adopted the NBME definition of professionalism for the teaching and assessment of this aspect of student education. After the UVA School of Medicine Professionalism Committee established a document addressing professionalism education, a Director of Professionalism Education was appointed in 2004 to monitor the curriculum. The director organized the Student Coalition for Professionalism Education (SCoPE). SCoPE was designed to understand how the UVA School of Medicine shaped students' experience of professionalism education.



Figure 1. A small group activity.

Description of the project

The Student Coalition for Professionalism Education (SCoPE) served the University of Virginia School of Medicine from 2005-2006. Organized by the Director of Professionalism Education, the voluntary group was composed of seventeen students and served the school by anonymously observing peers, faculty, physicians, and hospital staff in their day to day experiences in the lectures halls, study rooms, and clinical settings. Monthly email reports were sent to the Director of Professionalism Education. Additionally, twice during the year the students were invited to meet with the director in focus groups to further consider professionalism education.

Results

Select comments from SCoPE members appear below and demonstrate the power of the informal and hidden curriculums. Themes revolve around student, resident, and faculty modeling of professional behaviors as well as curricular opportunities.

"I have seen some glowing examples of professionalism.... a 4th yr med student willing to take her time to teach a 3rd yr med student on [the student's] first day of surgery how to scrub, where to stand, and what to do. Moreover, her care for patients was unseen and unrecognized by residents and attendings. She would return to make sure wrappings were on correctly and patients were comfortable and understood what was going on."

"a question that was raised in my mind during my time with [Dr. X] was regarding the role of pharmaceutical sales reps in his practice... In my mind, protecting oneself from biased information is indeed an issue of professionalism and perhaps one to be addressed in future curricula."

"Because the psych floor was such an emotional battleground, the heights of sacrificial service seemed to be higher, and the lows of disrespect lower....I would suggest that the psychiatry rotation would be a time in which to encourage serious personal reflection on each student's emotional response to the mentally ill, especially those with personality disorders with whom counter transference seems to be worst. Thinking through the most difficult doctor-patient relations offers a unique training ground for professionalism that would extend to all areas of medicine."

The attending "took a few moments outside of the patient's room to mention how he was humbled by parents who had labored for 30 years taking meticulous care of their son, who suffered from cerebral palsy and was now dying in the [X]ICU. I almost cried right there. Dr.[X] was right, and it was so good to hear him dignify the patient and family with his words."

"My intern, rather than becoming angry with a nurse who insisted on paging her every 30 [minutes] for silly reasons ... took the time to answer the nurse's question and then inquire as to why the nurse felt insecure making routine decisions on her own the nurse was new to the floor and unclear about orders. The situation was handled with extreme courtesy."

"I was struck this week in the [X]ICU by the disconnect in my own mind between my work as a ... student, and the well being of the patients I encounter every day. I do not see my physical exam, my presentations on rounds, or my personal research as having any effect on real outcomes for real people. This is for the most part a very good thing since I have so little experience taking care of patients and would be woefully inadequate to the task at this point. On the other hand, I would benefit from some encouragement that what I am learning and doing is significant and has a purpose. Without a reminder, or some type of inspiration I have often disengaged, and not felt the weight of responsibility on my shoulders. I mention these feelings because now is the time when I am forming the habits of bedside manner and patient care (in the fullest sense) that will characterize my professional life."

Next steps

Enhanced goals for professionalism education:

1. Encourage bedside practice. Promote student involvement with all patient care activities.
2. Integrate more reflective practice in the formal curriculum. Keep situated learning integral to the experience.
3. Place professionalism learning objectives in each basic science course and each clerkship.
4. Encourage faculty and resident physicians to model professionalism and teach this to students. Reward those who do so with recognition equal to that placed on activities of scholarship in research.

Collectively, SCoPE comments have informed the school about how we shape our students' experience of professional education and have given us a better understanding of how to direct our teaching.



Figure 2. A clinical experience.

Footnotes

NBME Behaviors of Professionalism
<http://www.nbme.org>

University of Virginia School of Medicine Professionalism Committee (2004): Randy Canterbury, M.D., Marcia Childress, Ph.D., John Gazewood, M.D., Donald Innes, M.D. (chair), Allison Innes, Ph.D., Jennifer Wenger, M.D., Holly Glassberg, R.N., M.S.N., Nancy McDaniel, M.D.

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