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FACULTY OF MEDICINE, CHULALONGKORN UNIVERSITY PRESENTS THE FOURTH CONGRESS OF THE ASIAN MEDICAL EDUCATION ASSOCIATION - QUALITY ACCREDITATION AND STANDARD IN MEDICAL EDUCATION
INVITED SPEAKERS: CHARAS SUWANWELA, THOMAS ARETZ, PETER DIETER, PT JAYAWIKRAMARAJAH, KHUNYING SUCHADA KIRANANDA, TADA YIPINSOI, RICHARD LEWIS, DORTE KRISTOFFERSEN,
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TEACHING OF MEDICAL PROFESSIONALISM: Issues Challenges Outcomes



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**Teaching Of
Medical Professionalism:
Some Key
ISSUES**

WHAT Is Medical Professionalism?

Many Definitions

From Simple Statements
To Detailed Descriptions

Edited by
David Thomas Stern



Measuring Medical
Professionalism

Arnold and Stern (2006)

“...plethora of definitions
...from the simplest
straightforward statement
to treatises...”

MEDICAL PROFESSIONALISM



VERY SPECIAL RELATIONSHIP

ONLY DOCTORS- SPECIAL PRIVILEGE:

- **LISTENING** to the Most **INTIMATE** Stories Revealed by their Patients
- **SEEING** and **TOUCHING** the Most **INTIMATE** Parts of the Human Body as they Examine their Patients

UNWRITTEN SOCIAL CONTRACT

DOCTOR  PATIENT

VERY INTIMATE RELATIONSHIP

PATIENTS: Put **FULL TRUST** in Doctors

MEDICAL PROFESSIONALISM

HOW DOCTORS
UPHOLD the TRUST
of their Patients?

How Should Doctors UPHOLD THEIR PATIENTS' TRUST? (MEDICAL PROFESSIONALISM)

DOCTORS MUST ENSURE

- **PRIMACY of PATIENT Welfare PREVAILS**
(PATIENT Welfare First–Not Doctor's Self–Interest)
- **CONTINUING Professional COMPETENCY**
(Acquire + SUSTAIN the Desired **KSA** Required
For **LIFELONG COMPETENT** Medical Practice)
- **COMPLIANCE With Medical Profession's
CODE OF PRACTICE AND CONDUCT**

MEDICAL PROFESSIONALISM: A Simple Conceptual Framework

Cohen (2006; Med Ed: 40)

“Professionalism...

...requires that doctors adhere to certain principled responsibilities, chief among them, the **primacy of patient welfare** and the **subordination of self-interest.**”

...is central to sustaining the public trust in the medical profession; it is the **essence** of the **doctor-patient relationship.**”

MEDICAL PROFESSIONALISM: Is There A Cultural Divide?

- **IDEAS PRINCIPLES & CONCEPTS
Of “MEDICAL PROFESSIONALISM”**
Developed Advocated Practiced
Mainly in the “WEST”
- **“PROFESSIONALISM”**
Non–Existent Word in Some Asian
Cultures (Chinese, Japanese, THAI?!)
Just A Very Western Concept / Fad?

MEDICAL PROFESSIONALISM: A Cross-Cultural Perspective

***Hastings Center Report, July 2000, 30 (4): S45.**

“Every culture knows illness; and every culture makes provision for caring for people who are ill. Disease makes medicine necessary.

***Murray, TH (2000). Closing Reflections.**

Chinese-American Conference on Medical Ethics in Practice, Teaching and Research: May 1999, Beijing.

East-West Share Similar Cross-Cultural Perspectives

“...about values in medicine and virtues in physicians.” Both are “...derived from the universality of disease and begin with caring or compassion..”

**MEDICAL PROFESSIONALISM
NO CULTURAL DIVIDE!**

Eastern Confucian – Western Hippocratic

WHY Do Students Need To Learn About MEDICAL PROFESSIONALISM? (1)

- 1. Meaning of “Medical Professionalism”
Still Not Clear Among Many Medical
Students / Practitioners**
- 2. MP Still Not Included as an Important
Component of Undergraduate Medical
Curriculum in Many Medical Schools**

WHY Do Students Need To Learn About MEDICAL PROFESSIONALISM? (2)

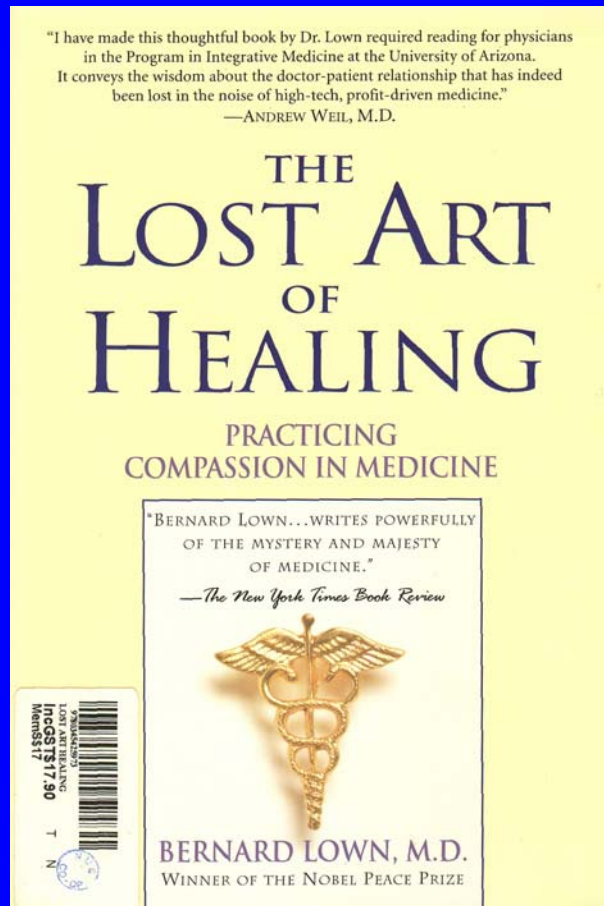
3. Impending BREAKDOWN In The DOCTOR-PATIENT RELATIONSHIP

“Evidence exists that public trust is waning and that doctors are facing powerful contemporary threats to their professional values. (Cohen, 2006)

Many Documented Reports- Especially in US:

- Growing Patient Dissatisfaction with Doctors**
- Doctors “...astonished, resentful and angry...”**
- Changing Professional Values of Doctors**

IMPENDING BREAKDOWN DOCTOR-PATIENT RELATIONSHIP



“Although physicians are increasingly able to cure disease and prolong life, the **American public is suspicious, distrustful of, even antagonistic to, the profession. Doctors, uneasy, astonished, resentful and angry, universally acknowledge a crisis in health care.**” (Lown, 1999)

Irony of 21st Century Health Care!

IMPENDING BREAKDOWN DOCTOR–PATIENT RELATIONSHIP

\$\$\$ Changing Professional Values \$\$\$

Not More Learning – But More Income!

“[Doctors]...bring to the bed–side **not** curiosity and a desire to understand, **but** a set of reflexes ...to earn a handsome living.”

Bishop, JM (1983). Speech delivered at the Annual Meeting, AAMC, 8th November.

WHY Do Students Need To Learn About MEDICAL PROFESSIONALISM? (3)

4. “...doctors hone their professional attitudes during their formative years as students and residents...”

current perspectives

Medical Education 2006; 40: 607-617

Professionalism in medical education, an American perspective: from evidence to accountability

JORDAN J COHEN

Jordan J Cohen

WHY Do Students Need To Learn About MEDICAL PROFESSIONALISM? (4)

5. STRONG CONSENSUS

BMJ 1997;315:1674-1677 (20 December)

Education and debate

Professionalism must be taught

Sylvia R Cruess, *associate professor of medicine*,^a

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“...medical schools have
an obligation...

to nurture the deve-
lopment of the attri-
butes of professiona-
lism.” (Cohen, 2006)

WHY Do Students Need To Learn About MEDICAL PROFESSIONALISM? (5)



**Papadakis et. al.,
NEJM (2005),
335 (25): 2673.**

6. Unprofessional Behaviour in Medical School Is ‘PREDICTIVE’ of Future Unprofessional Behaviour in Practice

**NOTE: Colliver et. al. (2007), T & L Med, 19: 213
REFUTES Predictive Value of the Study**

**“...a risk factor..., but the prognostic
value is very limited.” !**

WHAT Should Students Learn About MEDICAL PROFESSIONALISM? (1)

PERSPECTIVE

Annals of Internal Medicine, 2002, 136: 243–246

Medical Professionalism in the New Millennium: A Physician Charter

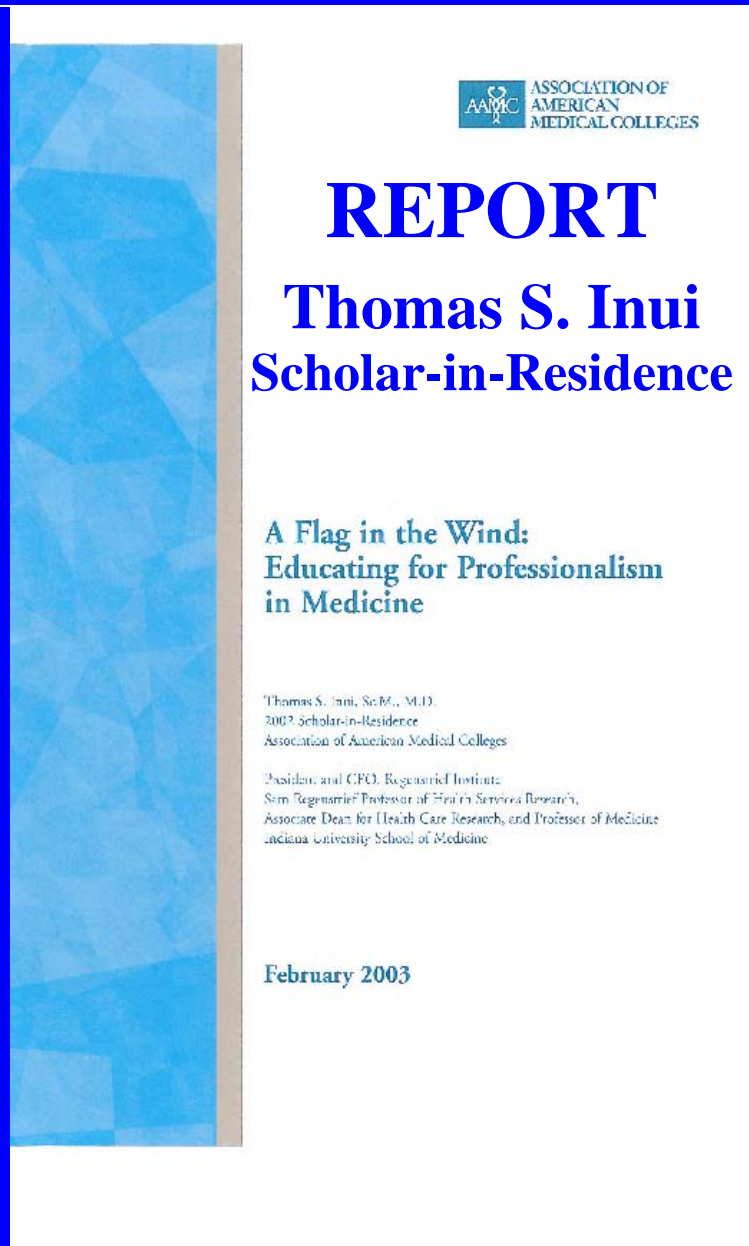
“...a **‘charter’** to encompass a **set of principles** to which all medical professionals can and should aspire”

“...the **charter** is intended to be **applicable to different cultures and political systems.**”

Medical Professionalism Project

**ABIM Foundation, ACP–ASIM Foundation
European Federation of Internal Medicine**

WHAT Should Students Learn About MP? (2)



“I believe strongly that if Tom’s insightful recommendations are adopted and acted upon by the leaders of academic medicine’s institutions,

we will be on our way to embedding professionalism in medical education.”

M.E. Whitcomb (2003)
Sr VP for Med Ed, AAMC

HOW Should Students Learn About
MEDICAL PROFESSIONALISM?

HOW Can We Design

EFFECTIVE

LEARNING STRATEGIES

For Students To Learn About

MEDICAL PROFESSIONALISM?

HOW To Learn About MP?

(Cruess & Cruess, 2006; Med Teacher: 28)

“...the teaching of professionalism should **start** with the...**cognitive base**...which must be taught explicitly and then be **reinforced and internalized** by the student through **experiential learning**.”

‘Situated Learning Theory’: “...learning should be embedded in authentic activities which help to **transform knowledge** from the **abstract and theoretical** to the **usable and useful**.”

Designing Effective Learning Strategies

- **Formal Lectures (Interactive, Case-Based)**
- **Small Group Discussions (PBL, etc)**
- **Bedside Teaching ('Teachable Moments')**
- **Video Clips: Real Medical DILEMMAS (Providing: Conflict Context Resolution)**
- **Written Reflections of Personal Experience(s)**

**All Faculty-Learner Interactions Should
Model Good Examples of Professionalism**

**HOW Will We Know
Whether Students Have Learned
What They Need to Learn in MP?**

**HOW Can We
MEASURE
LEARNING OUTCOMES
of Medical Professionalism?**

MEASURING LEARNING OUTCOMES Of Medical Professionalism

IDEAL Evaluation: “...have a team of assessment experts **eavesdrop** on every conversation of every individual throughout the day.” !!! (Stern, 2006)

PRACTICAL Evaluation: “.....[use] methods for **sampling** behavior, with varying degree of reliability, validity, and **proximity to reality.**” (Stern, 2006)

MEASURING LEARNING OUTCOMES of Medical Professionalism

“...**sampling methods** range from... self-administered psychometric surveys, standardized patient encounters, faculty and peer evaluation forms, analysis of reflective portfolios and essays.” (Stern, 2006)

OSCEs PEER Assessment 360°

Developmental Model For The Assessment of Professionalism (Miller-Rest Model)

(Stern 2006)

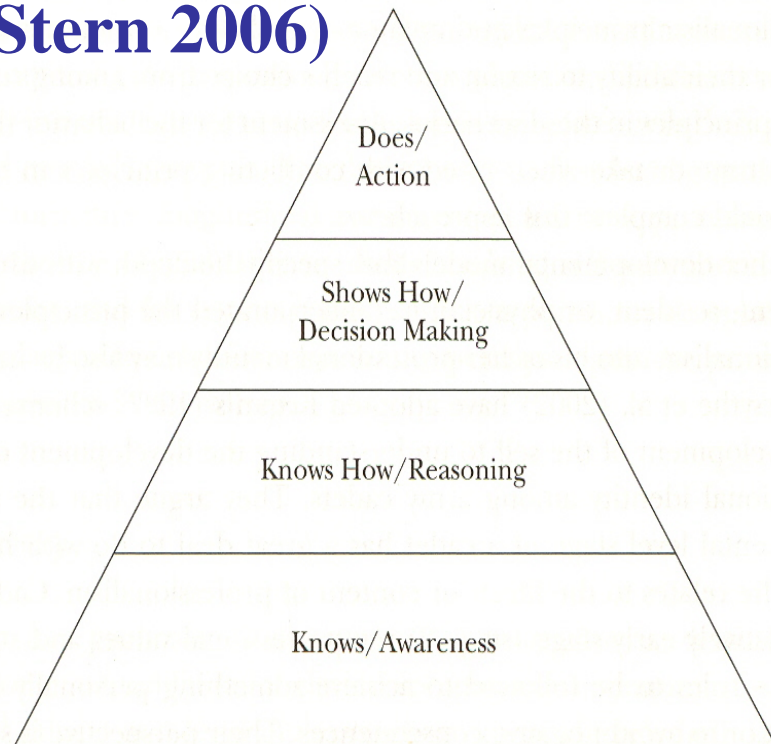


Figure 2-2 Combined Miller-Rest model for professionalism assessment.

**Testing
Performance
Competence
Knowledge**

**INTERNALISE Values, i.e.
“possession of the character
and skills to act, ...”**

**Able to Display / Prioritize
Values Relative to Others**

**Critical Understanding of
the Professional Values**

**Awareness / Acceptance of
the Professional Values**

P r o f e s s i o n a l i s m

Mini-EXamination (P-MEX)

(Cruess, R *et al.*, Acad Med, 2006: 81)

*** 21 Specific Behaviours Examined**

(e.g. *'maintained appropriate boundaries'*;
'avoided derogatory language')

*** 4–Point Scale Grading**

Unacceptable

Below expectations

Met expectations

Exceeded expectations

**What Are Some
MAJOR CHALLENGES
To Teaching-Learning
Of Medical Professionalism?**

Major Challenge # 1

How Can We **INCULCATE** In Students and Help Them **INTERNALISE** the **DESIRED ATTRIBUTES** of MP?

Cohen (2006, Foreword): **Most Important Task Facing Medical Educators in the 21st C**

“Ensuring that students in medicine at all levels **not only acquire, but consistently demonstrate** the attributes of medical professionalism...”

**WHY Is It Such A Challenge
To INCULCATE / To INTERNALISE
The DESIRED ATTRIBUTES of MP?**

**It's Not Just What Teachers Say
and Teach About the IDEALS of MP
BUT Also- Very Importantly**

**INFLUENCE / IMPACT
'HIDDEN CURRICULUM'**

HIDDEN CURRICULUM?

**WHAT Students SEE / EXPERIENCE
In Their Daily Learning Environment-
Especially in the Wards / Clinics:**

**Students Closely Observe Every Action
and Behaviour of their Clinical Teachers
Toward Patients, Junior Doctors, Nurses
and Their Fellow Students.**

**“...they see us
‘say one thing and do another’.”**

Inui (2003)

IMPACT Of The Hidden Curriculum?

- “...constitutes the **most powerful influence on students’ understanding** of professionalism in medicine.” (Inui, 2003)
- “...**most powerful in transmitting the values** of the profession.” (Cohen, 2006)
- “...has **great power to contradict** the lessons we aim to teach at any point; ...”
(Goldstein, et. al., 2006)

“Academic medicine must [**purge**] the educational environment of **unprofessional practices.**” (Cohen, 2006)

Major Challenge #2

How Can We **RELIABLY MEASURE**
Student Learning Outcomes of MP?

“The **greatest challenge** to measuring professionalism has been the **absence** of a **convincing set of tools** with which to measure professional behaviors.” (Stern, 2006)

Psychometric Qualities of Skills / Knowledge Assessments- Have Made Great Progress
Over the Past 20 and 50 Years, respectively.

There Is A Need To Measure Student Learning Outcomes From MP

If You TEACH It–You Must MEASURE It
**Students “...don’t respect what you
expect, they respect what you inspect”!**

**(Stern, 2006): “...students who are not graded on
professional behaviors infer that instructors
don’t care about professionalism and that
professionalism is therefore unimportant.”**

**“if it can’t be measured,
it can’t be improved”**

Thomas S. Inui (2003)

Strongly Advocates

**High Quality Measures Of Professionalism
Be Used As **FORMATIVE** Tools As Well:**

**“[To]...facilitate professional growth
and development of physicians in
under-graduate education, graduate
training, and in their careers.”**

**MAJOR CHALLENGE
To PRACTICE Of
Medical Professionalism?**

**Will Doctors Be Able To
SUSTAIN**


**Medical Professionalism
In Their Daily Practice?**

Is It Really That Difficult To SUSTAIN MP In Daily Practice?

YES: Doctors Are Often Confronted With Situations Which Seriously Challenge Their Integrity In Their Daily Practice

- **TEMPTATION in the Examining Room**
- **PEER PRESSURE from Fellow Doctors**
- **COMMERCIALISM And Its Impact on Doctors' Behaviour**

TEMPTATION In The Examining Room

DOCTOR  PATIENT

(Unwitnessed Privacy)

Large Authority GAP: Doctor–Patient

“The ease with which doctors can make undetected, self–serving decisions under the guise of respectability is, arguably, greater than any other walk of life.”

(Cohen, 2006; Med Ed: 40)

PEER PRESSURE

If Fellow Doctors are Not Sanctioned for Professional Misconduct- Then Others are Likely to Do the Same!

“Unfortunately, the prevalence of **unprofessional behaviors** among doctors appears to be **on the rise**, thereby giving implicit license to others to abrogate their commitment to self-discipline.”

(Cohen, 2006; Med Ed: 40)

COMMERCIALISM

Pervasive Practices Within Academic Medical Centres Which Undermine Professionalism

“...the marketing activities of [the pharmaceutical and medical devices industries] have enticed the faculty and leadership of many medical schools and teaching hospitals into questionable financial relationships.”

Such **Conflicts of Interest** Will **Compromise:**

- Doctors' Decision-making (e.g. Prescribing)
- Integrity in Science and Scientific Research

(Cohen, 2006; Med Ed: 40)

WHAT
Can We Expect
As The
OUTCOMES
from
Teaching-Learning / Practice
of Medical Professionalism?

OUTCOMES FROM TEACHING-LEARNING (1)

1. OPTIMUM OUTCOMES

From An Effective MP Curriculum

Medical Graduates Will:

- **Acquire the Desired Attributes of **MP****
- **Be Able To Consistently Display a High Level of Professionalism in Their Daily Practice**

OUTCOMES from TEACHING-LEARNING (2)

2. INADEQUATE OUTCOMES

Medical Graduates Will:

LACK the Desired Attributes of MP

MISMATCH in OUTCOMES:

ACTUAL Practice vs INTENDED Teaching

Graduates:

‘Misfits’ in Medical Profession?

Engage in Unprofessional Behaviour?

OUTCOMES FROM DAILY MEDICAL PRACTICE

OPTIMUM OUTCOME

- **PRIMACY** of Patient Welfare Prevails
- High Level of **PROFESSIONALISM** is **SUSTAINED** in Daily Medical Practice
- **HEALTHY DOCTOR-PATIENT** Relationship is Maintained

**What Would Be The Outcome
(What's At Stake)
IF- Medical Professionalism
Is Not Sustained In Practice?**

“If norms of physician behavior fall short of the responsibilities called for by medical professionalism,

...the profession and the public– are destined to suffer irreparable harm.”

(Cohen, 2006; Foreword)



Unwritten Social Contract

(Cohen, 2006; Med Ed: 40)

Society GRANTS Privileges to Doctors

“...a substantial degree of **autonomy** over its own affairs, a good measure of **financial security** and **social standing** as well.”

Society's EXPECTATIONS of Doctors

“...the **care** it receives from doctors will be **competent, rational and free of compromising self-interest.**”

What's At Stake For The MEDICAL PROFESSION?

“These **exceptional privileges** are **not birthrights** to which doctors are entitled just because they have an M.D. degree; they are **tenuous accommodations granted by society**, in return for which **society has legitimate expectations.”**

(Cohen, 2006; Foreword)

“Failing to deliver on these expectations, that is, ...

...falling short on the responsibilities of professionalism, will surely result in a withdrawal of the tremendous advantages that now accompany our profession’s status.”

(Cohen, 2006; Foreword)

**ONLY PROFESSIONALISM
Can Ensure
PUBLIC TRUST IN DOCTORS**

“Only by adhering to the fundamental precepts of professionalism can physicians establish the requisite trust.....

that both sustains medicine as a moral enterprise and assures patients that their interests are always of paramount concern.”

(Cohen, 2006; Foreword)

IF- Medical Professionalism FAILS: What's At Stake For the PUBLIC?

(Cohen, 2006; Foreword)

The Stakes Are Even Much Higher!

“Nothing can substitute for having a trustworthy physician to safeguard a patient’s interest: no laws, not regulations, not a patient’s bill of rights, not watchdog federal agencies, not fine print in an insurance contract. **Nothing.”**

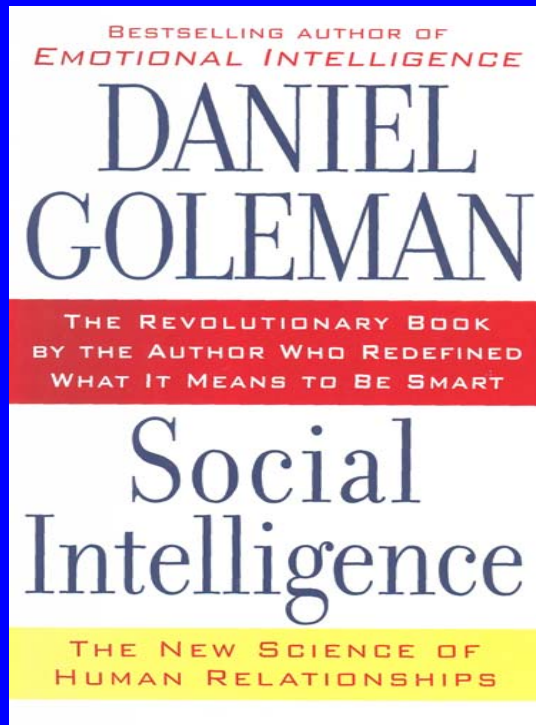
Why Is It So Difficult To Inculcate Internalise Sustain MEDICAL PROFESSIONALISM?

Human NATURE Itself: Our Strong
SURVIVAL INSTINCTS! “The innate
tendency to serve one’s own interests”

“...**human beings**, like most living organisms, are **hard-wired for self-interest**. Even when individuals try to avoid it, their judgment is subject to an unconscious and unintentional **self-serving bias**.” (Cohen, 2006)

Will Medical Professionalism FAIL IN PRACTICE?

Chapter 4: An Instinct for Altruism

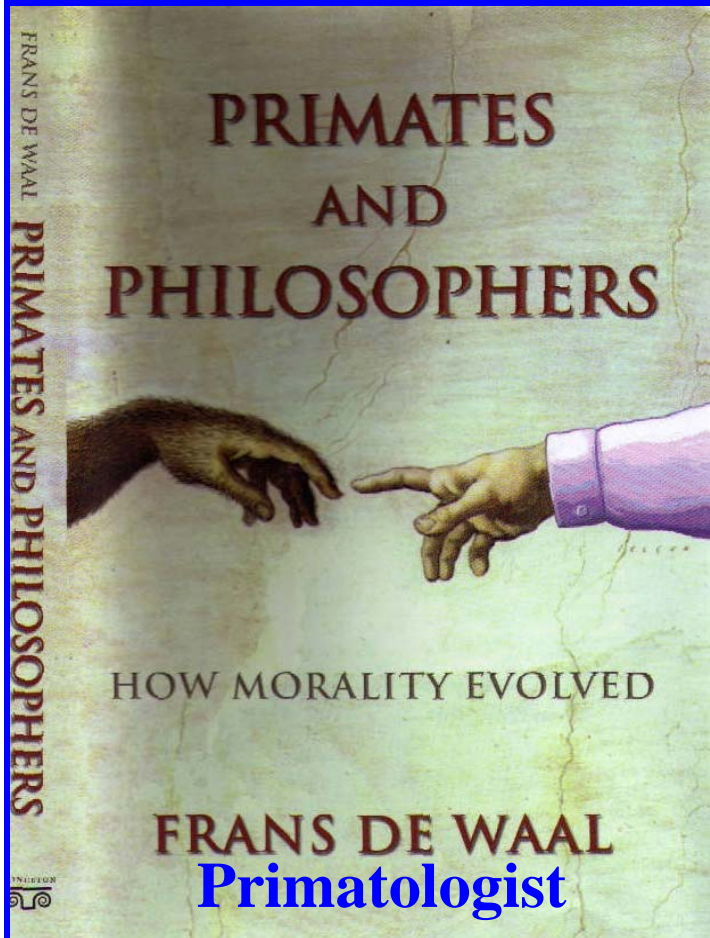


Not Likely: We Are Endowed With INSTINCTIVE COMPASSION

“When we see someone in distress, similar circuits reverberate in our brain, a kind of **hard-wired empathic resonance** that becomes the **prelude to compassion**. Our brain has been preset for kindness.”

“...all men have a mind which cannot bear to see the suffering of others” (Mencius / Mengzi, 3rd C, BC)

INSTINCTIVE COMPASSION: Strong Evidence From EVOLUTIONARY BIOLOGY

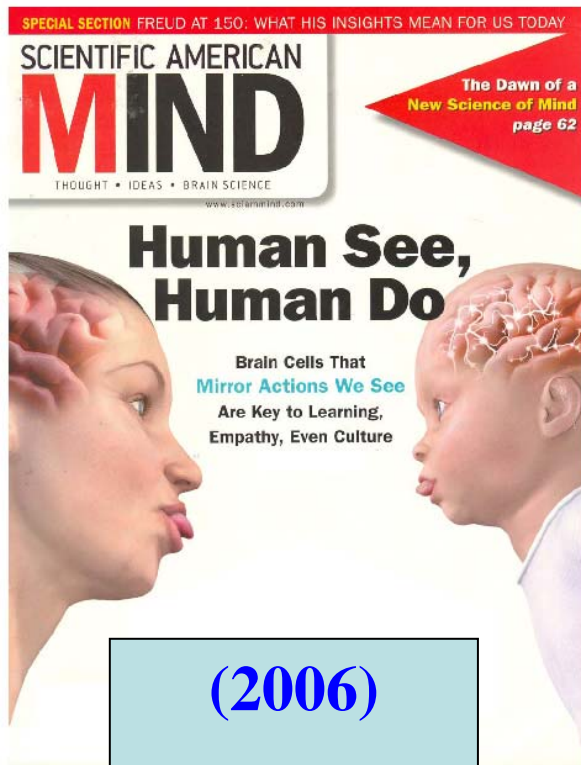


“[Natural] **Selection** must have favored mechanisms to evaluate the emotional states of others and quickly respond to them. **Empathy** is precisely such a mechanism.”

“...when we **act morally**: we are making decisions that flow from **social instincts** older than our species; ...”

INSTINCTIVE COMPASSION: BASIS?

NEUROSCIENTIFIC: MIRROR NEURONS



(2006)
17 (2): 22-27

“...**mirror neurons** help us share other people’s experiences as reflected in their expressions, providing a **biological basis for empathy**...”

(Dobbs, 2006)

“When people use the expression ‘I feel your pain,’ they may not realize how literally it could be true”

SPECIAL REPORT: MIRROR NEURONS AND THE MIND
ALSO: SUPERCONDUCTOR EYES • DEAD ZONES • PHONE VIRUSES

**SCIENTIFIC
AMERICAN**

The Dark Ages
of the
UNIVERSE

LATEST ISSUE
AIRFREIGHT

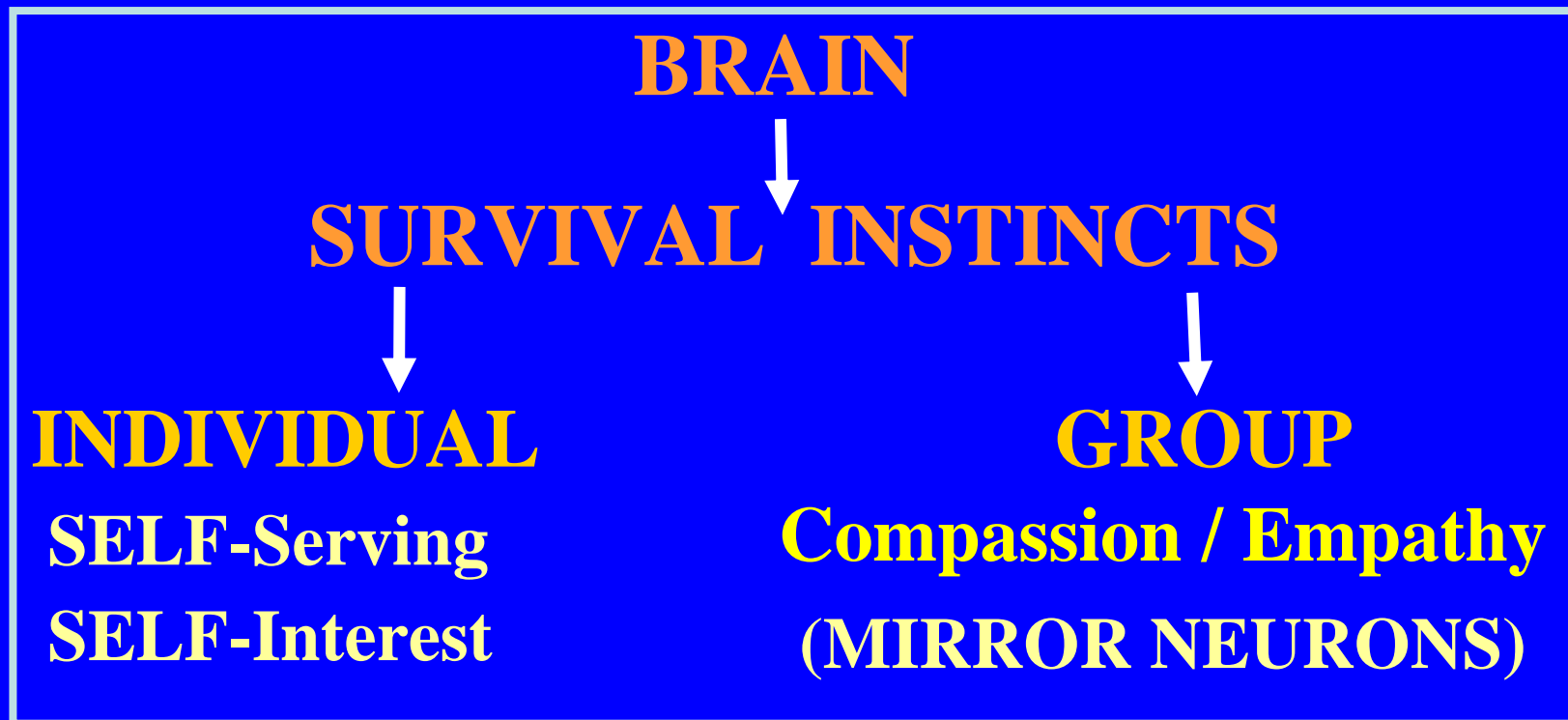
MIRROR NEURONS

2006, Vol. 295 (5): 30-35

MIRRORS IN THE MIND

(G. Rizzolati, et al.)

NATURE'S GIFT TO MANKIND



What Lessons We Can Learn From This?

NURTURE Our **GROUP** Survival Instincts
in the Teaching of **MP**

CONCLUDING REMARKS (1)

- **Medical Professionalism MUST be Taught**
- **Bad Role Models / Hidden Curriculum HINDER the TEACHING of MP**
- **In PRACTICE: Temptation, Peer Pressure, and Commercialism Make it Difficult for Doctors to SUSTAIN the Main Tenets of MP**
- **Our Brain is Hard-wired for ‘Self-interest’, BUT– It is Also Hard-wired for ‘Instinctive Compassion’ Mediated by the Activity of the MIRROR NEURONS**

CONCLUSION (2)

- **MIRROR NEURONS** Provide An Inherent Biological (**NEUROSCIENTIFIC**) Basis of 'EMPATHY' ('Instinctive Compassion')
- **The Lessons from Neuroscience Should be Exploited in the Teaching of MP**

**Design Learning Experiences to NURTURE
Our Innate Quality for EMPATHY- and
Build a Firm FOUNDATION Against
Future Challenges To SUSTAINING
Medical Professionalism in Practice**

**SURVIVAL
INSTINCTS**

**SURVIVAL
INSTINCTS**

INDIVIDUAL

GROUP

**SELF -
INTEREST**

**Thank
You**

EMPATHY

**Instinctive
Compassion**

