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Doctor Role Modelling in Medical Education

Passi V, Johnson S, Peile E, Wright S, Hafferty F, Johnson N

Review citation

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Review website

<http://bemecollaboration.org/Published+Reviews/BEME+Guide+No+27/>

Keywords

Role models, role modelling, medical education, doctor and physician

Headline conclusions

- Role modelling is an important teaching strategy in medical education and occurs in all educational environments.
- Excellence in role modelling involves demonstration of high standards of clinical competence, excellence in clinical teaching skills and humanistic personal qualities.
- Positive role models help shape the professional development of our future physicians and influence their career choices.
- Role modelling can be positive or negative. The influences of negative role modelling require deeper exploration and research to identify ways to mitigate this effect.
- Future research is also required to further explore and understand this complex learning process of doctor role modelling in medical education.

Background and context

Role modelling has been highlighted as an important phenomenon in medical education (Althouse et al. 1999; Weismann et al. 2006). Role modelling has been described as the process in which 'faculty members demonstrate clinical skills, model and articulate expert thought processes and manifest positive professional characteristics.' (Irby, 1986: 40). Role modelling takes place in three interrelated educational environments which are the formal, informal and hidden curriculum (Hafferty, 1998: 404).

Role models are different from mentors as they influence and teach by example whereas mentors have a formal relationship with the student (Ricer 1998). Role modelling is elusive as there are no standards and the importance of role modelling remains unclear. In particular, the relative strengths of role modelling when compared with more traditional approaches to teaching is not fully understood (Passi et al. 2010). Therefore, a systematic review was conducted to synthesise the evidence currently available on doctor role modelling in medical education.

Review objectives

The objectives of this review were to determine: -

- The characteristics of effective doctor role models in medical education.
- The influences of doctor role modeling in medical education.
- The importance of doctor role modeling worldwide.

Review methodology

Search Strategy: A systematic search of electronic databases was conducted (PubMed, Psyc-Info, Embase, Education Research Complete, Web of Knowledge, ERIC and British Education Index) from January 1990 to February 2012. The medical subject headings (MeSH) and keywords used were *role models, role modelling, role modelled, medical education, doctor and physician*.

Inclusion and Exclusion Criteria: The inclusion criteria included all primary research studies on doctor role modelling by doctors in both undergraduate and postgraduate medical education. The literature search was conducted from January 1990 to February 2012. Only English language studies were included in the review. The search strategy excluded studies documenting role modelling by other healthcare professionals and descriptive articles without evaluative methodology.

Data Extraction: The methodological quality of each included study was assessed using the tool validated by the BEME Review on Education Portfolios (Buckley et al. 2009). Two assessors independently extracted data from all full text articles selected and the extracted information was systematically collated onto data extraction forms.

Data Synthesis: A thematic analysis was conducted. The main emergent themes on doctor role modelling in undergraduate and postgraduate education were summarised. No statistical integration of data findings was possible due to the predominantly descriptive nature of the results and therefore we adopted a narrative synthesis method to synthesise the data.

Implications for practice

- Clinical teachers can enhance their status as role models. To be an effective role model, clinical teachers must be encouraged to develop a conscious awareness of role modelling in all clinical environments. Role modelling should be explicit in clinical teaching, as it is important for teachers to make an intentional effort to articulate what aspects they are modelling.
- Clinical teachers need to be aware of the profound influence they exert on recruitment to specialities and that the level of enthusiasm they display for their job is a compelling factor.
- Medical leaders need to develop strategies to ensure the organisational structure supports a culture of excellence in doctor role modelling. This will involve developing innovative faculty development initiatives and may require establishing valid methods of evaluating the performance of faculty in addition to the provision of opportunities for self-improvement through faculty development.
- Medical educators worldwide need to collaborate and share ideas to develop excellence in role modelling; as this in turn will ensure high standards of patient care.

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