

Teaching professionalism in medical education:

A Best Evidence in Medical Education (BEME) Systematic Review: BEME Guide No. 25

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Review website

<http://bemecollaboration.org/Published+Reviews/BEME+Guide+No+25/>

Keywords

Professionalism, medical education, role modelling, reflection, situated learning theory

Headline conclusions

- Role modelling and personal reflections, ideally guided by faculty, are the important elements in current teaching programs, and are widely held to be the most effective techniques for developing professionalism.
- The institutional teaching environment plays a critical role in the development, implementation, and evaluation of a successful professionalism curriculum.
- To date, there is not a unifying theoretical or practical model to integrate the teaching of professionalism into the medical curriculum.

Background and context

Teaching professionalism is not akin to imparting a technical clinical skill. If successful, it brings about a “personal transformation- the shaping of individual moral identity” in the learner (Huddle, 2005 p. 890). It is also argued that “there are few known techniques for effective teaching of humanism” (Branch et al., 2001 p.1067). Goldie et al. (2007) noted that few studies examined methods of teaching professionalism.

Presently there is heterogeneity of learning theories and teaching approaches applied to medical professionalism: professionalism has been defined various ways and there is a lack of consensus on the criteria that make up medical professionalism.

Research Question

We sought to learn more about what teaching processes, systems, and approaches have been found to work to ensure an ethos of professionalism in medical graduates; and, to discover:

- What works in teaching professionalism? (Method)
- How does it work? (Methodology)
- Why does it work? (Theory)
- What does it teach?
 - What changes in knowledge, attitude, and behaviour have been demonstrated?
 - Is the focus professionalism as a holistic construct, or an individual attribute?

Review methodology

Search Strategy: Medline, the Cochrane collaboration, Excerpta Medica (EmBase), PsycINFO, Proquest, Informat, legaltrac, Philosophers Index, PreMedline, Dissertation and Theses Full Text from 1999-2009 Inc. were searched. Libraries Australia, the British Library, Library of Congress (US) and www.Amazon.com were searched for books.

Medical Teacher, Medical Education, Academic Medicine, Education for Primary Care, Clinical Teacher, Teaching and Learning in Medicine were hand searched. Reference lists and citations from all papers meeting quality criteria were reviewed. To find grey literature we contacted people who have published prominently on professionalism in medicine.

Inclusion criteria:

- Any language
- Qualitative, quantitative research methods, and viewpoint/opinion articles
- Medical students

As epistemological and methodologic concepts regarding how professionalism should be taught were evolving through opinion/viewpoint articles, we included these in our review.

Exclusion criteria:

- Professionalism in professions other than medicine
- A single component attribute of professionalism (such as communication skills or empathy)
- Professionalism in subspecialties of medical practice

Results and Data Extraction: We identified 217 papers on how to teach professionalism. We determined that 43 of these constituted best evidence for teaching professionalism by applying our quality rating criteria, namely, the collective agreement of a positive answer to the 'Questions to ask of evidence based on experience, opinion, or theory' put forth in the first BEME Guide (Harden et al., 1999, p. 557). Two people independently assessed each paper for inclusion in the synthesis, and, concurrently, for quality.

Data Synthesis: A narrative synthesis (Popay, et al., 2006) incorporating a semi-structured analysis with unprompted appraisal (Dixon-Woods et al., 2007) for quality evaluation was employed.

Implications for practice

- Professionalism is learned most effectively through the influence on students of clinicians they encounter in the course of their education (role models).
- Situated learning theory is the best theoretical basis with which to develop a teaching program for professionalism.
- While it is generally held that professionalism should be part of the whole of a medical curriculum, the specifics of sequence, depth, detail, and the nature of how to integrate professionalism with other curriculum elements remain matters of evolving theory.

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