

“They liked it if you said you cried”: how medical students perceive the teaching of professionalism

Hudson H Birden
MPH, PhD,
Senior Lecturer^{1,2}

Tim Usherwood
MD, FRACGP, FRCP,
Professor of General
Practice³

¹ University Centre for Rural
Health, North Coast,
Lismore, NSW.

² Centre for Values, Ethics,
and the Law in Medicine,
Sydney School of
Public Health,
University of Sydney,
Sydney, NSW.

³ Westmead
Clinical School,
University of Sydney,
Sydney, NSW.

hudson.birden@
sydney.edu.au

MJA 2013; 199: 406–409
doi: 10.5694/mja12.11827

Professionalism is an important component of medical training,¹ yet there is scant research that captures the perspective on professionalism held by medical students² or on the development of professional identity among doctors-in-training in general.^{3,4} Research is especially lacking on teaching methods and how the process of medical education moulds professional identity through the interactions that take place in practice settings⁵ and between generations.⁶

Professionalism training has, until recently, been more a product of the informal and hidden curricula — not so much taught, but assimilated through observation of the comportment and behaviour of tutors, clinical supervisors, residents and registrars.

More recently, the conceptual basis for teaching professionalism has been formalised.¹

The literature contains few reports by medical students on their experiences with or reactions to the teaching of professionalism.^{7,8} Those that have been published are largely critical of the teaching of professionalism. The chief problem was the disjunction between what the curriculum taught and the observed conduct of their teachers,^{9–11} as well as the double standard between what is expected of students and what is freely tolerated in accepted members of the profession.¹¹

The aim of our study was to discover what Australian medical students in the last 1–2 years of their program think about the way professionalism is taught in their medical curriculum. We sought to capture views students had developed as a result of their training and their views on how relevant they thought the training was.

Methods

Participants included both undergraduate-entry and postgraduate-entry medical students in their final 2 years

Abstract

Objective: To discover what Australian medical students think about the way professionalism is taught in their medical curriculum.

Design, participants and setting: Qualitative study including five focus groups between 2 June 2010 and 30 September 2010, comprised of medical students from both undergraduate and postgraduate entry programs who were in the last 1–2 years of the medical program and had undertaken rural longitudinal integrated clinical placements.

Results: The five focus groups ran for a total of 5.5 hours. Participants (16 women and 24 men; mean age, 26 years [range 23–32 years]) expressed a low regard for the ways in which professionalism had been taught and assessed in their learning programs. They “gamed the system”, giving assessors the results on reflective writing assignments that they believed would gain them a pass. They considered experiential learning — observing good professional practice — to be the best way (some view it as the only way) to learn professionalism and consolidate what they learned, and formed their individual mental model of professionalism through group reflection with their peers in medical school.

Conclusions: While students will always be critical of their curriculum, the universal negative views we captured indicate that current teaching would benefit from review. We suggest a less didactic approach in early years, with more evaluation and feedback from students to assure relevance; an emphasis on true reflection, as opposed to guided reflections linked to overformalised requirements; and more attention devoted to role-modelling and mentoring in the clinical years of training.

of study before internship in three medical schools in New South Wales. All students undertaking year-long rural clinical placements at the University Centre for Rural Health were invited to participate through student coordinators (administrative personnel in charge of managing the logistics of student placements) to avoid intimidation and ensure that students who did not wish to participate felt secure in declining the offer. A summary of participant characteristics can be found in Appendix 1 (online at mja.com.au).

We held five focus groups between 2 June 2010 and 30 September 2010. The groups were developed by both authors (medical educators for over 20 years) and conducted by one (HB). Scripts for focus groups were designed to elicit students’ conceptual understanding of professionalism as well as their views on professionalism training (see Appendix 2; online at mja.com.au).

Focus groups were audio-recorded and the recording transcribed verbatim for thematic analysis. The coding system was developed through read-

ing the transcribed text and deriving coding categories. Thematic analysis was carried out using NVivo version 8 (QSR International).

One focus group was reconvened to comment on and validate the results and preliminary analysis.

Ethics approval was granted by the University of Sydney Human Research Ethics Committee, Protocol ID 12759.

Results

The five focus groups ran for a total of 5.5 hours. Of the 40 student participants, 16 were women and 24 were men. The mean age was 26 years (range, 23–32 years). Fourteen participants (8 women, 6 men) were of ethnic origins other than white Australian. Most participants (30) were from homes in regional areas, as opposed to capital cities (10). Most students were enrolled in courses that identified the curriculum dedicated to the attributes of professionalism in medicine as “personal and professional development”, or PPD.

Twelve major themes related to concepts of professionalism, teaching methods and assessment methods were derived from the data (Box).

Defining professionalism

Students took a very pragmatic approach to defining professionalism, with ethics, communication skills, and general comportment being key themes.

They recognised the importance of professionalism, and the justification for making it an assessable component of the curriculum:

I know some people, or at least one I can think of, who've failed part of the course on PPD, and they probably clearly needed to because they were so outside the bounds of what would be expected to be acceptable behaviour.

They also saw professionalism largely as a function of character and upbringing:

Like 90% of the situations you encounter every day it's an outcome of your upbringing and your life experience, and someone standing up and saying, "You shouldn't do this, you shouldn't do that," is not going to be what you remember when you see the patient with the problem.

And further, they saw it as something they would develop themselves, almost despite the teaching they were exposed to:

For me it conjures up a private, personal process that happens by itself, without the help of faculty, over the course of your degree and future life.

Teaching professionalism

Students had a low opinion of the way professionalism is currently taught at their universities.

Interviewer:

When I say PPD, what does that bring to mind?

Students:

Stupid university reflections.

[Laughter]

Fear.

Waste of time.

It's just mind-numbing and it usually lasts for 2 days.

Redundancy and oversimplification in the teaching of professionalism were recurring themes:

95% of us get it, and the folks here that don't get it are not going to change their minds by this lecture.

Students challenged the legitimacy of lecturers who were not medically qualified:

It's not legitimate, you know? Dr [name omitted] is really, really legitimate because [the person is a doctor].

Interviewer:

But couldn't you make the argument that PPD has more to do with psychology than with anything else, so that would be ...

Student:

You just can't relate to it when it's psychological. They can't really relate to what you actually do when you're a doctor, and that's what you need, somebody who can really tap in and understand what you need.

Students felt that a seminar-style instructional setting worked better than a lecture format. Reflecting back on their early training, they felt they received the most value from presentation of a dilemma involving ethical or legal issues, with a challenge to decide a proper course of action guided by an ethicist or medicolegal expert. They considered education on the theme of professionalism to have more relevance and more value later in their training. Participants thought that professionalism should be taught in a practice context, not as a stand-alone module removed from clinical elements of their training.

It seems more relevant now than it does in the first years.

Professionalism being taught now as we're about to enter the workforce, I think, would be so much more valuable towards the end of your degree than at the very start.

I think ... [general practice] has been the biggest learning curve of PPD for me ... in that you also model what you see as well. You really start to become a lot more like the doctors that you spend the majority of time with, I think.

... and I think you have continued exposure to the same patients and you start forming relationships with those patients, and I think that tests a lot of your

Twelve emergent themes describing medical students at three medical schools in New South Wales, 2010

Participants:

- had a low regard for the professionalism teaching they had experienced
- held a pragmatic conceptual framework (definition) of professionalism based on their experience and reflection
- did not report that they had experienced bullying or flagrant unprofessional behaviour in their training
- did not accept the legitimacy of someone other than a doctor with clinical practice experience teaching them professionalism
- consolidated what they learned, and formed their individual mental model of professionalism, through group reflection with their peers in medical school
- had learned to "game the system", giving assessors the results on reflective writing assignments that they believed their assessors wanted to hear, and that would gain them a pass
- had a low regard for the ways in which professionalism had been assessed in their learning programs
- saw a difference in the capacity and necessity for professionalism (especially regarding empathy and communication skills) between various medical specialties (eg, general practitioners need more than anaesthetists and pathologists)
- valued the teaching of ethics and the legal parameters in which they must operate
- saw the situations they experienced in clinical placements as being far more complex than the ones they were presented with in didactic teaching sessions, which they considered superficial or trivial
- considered experiential learning — observing good professional practice — to be the best way (some view as the only way) to learn professionalism
- seemed confident in their developing professional identities, including a healthy life-work balance ♦

personal and professional boundaries, and you're living in the community that you're working in, that's also building and learning about your boundaries. It's just different to seeing a patient in the hospital, they're there for two days, you go and say, "Can I please examine you?" You examine them, you never see them again. You don't form that kind of relationship.

Communal learning, especially reflective debriefings with peers, was considered by these students to be important, if not essential, whereas individual learning experiences were hardly mentioned. Students relied on each other for reflection on their learning and for moral support, and felt that this solidarity within a student cohort contributed more to their professional development than any other single aspect of their training or clinical experiences. They reported that their sense of professionalism was improved by their informal dis-

cussion of the teaching they were exposed to and the experiences they were having on placement.

My mentors are the students around me, and I think that's not assessed at all. Like, we talk to each other about everything all the time, and that's not being noticed by the university as a form of PPD, and yet I think for me it's the most important form of PPD.

In our [problem-based learning] groups, if there's an ethical component to the case it gets discussed just naturally, not with any prompting or forwarding or anything like that, just around our kitchen table. We regularly discuss.

We debrief every day.

Assessing professionalism

Students also held a dim view of the PPD assessment methods of their medical schools. One student described them as "arbitrary and useless and trivial".

All three medical schools used written reflection as an aid to learning professionalism and for assessment. Students found these reflections artificial, restrictive and frustrating, and the scenarios too simplistic:

We see amazingly ethical conundrums all the time, and we discuss them just because we care about our patients and we care about what happens to people . . . The natural ones you find are always more interesting than the ones that they give you.

Students quickly learned to "game the system", writing their reflections to meet the assessment criteria and obtain the desired result (a pass).

I wrote a true one, my first one was true, and I failed it, and since then I've written fictional ones . . . and I've got excellentes.

Interviewer:

So the first one, you gave your genuine feelings. What didn't they like about that?

Students:

It didn't fit the criteria, the formula. So yeah, I failed it. Since then I've got all excellentes for every one, and every one's been

engineered completely by following the criteria.

If you make it up you can follow the criteria easier . . . They liked it if you said you cried.

Students saw value in patient assessment of medical students, in including professionalism in an objective structured clinical exam, and in personal reflection.

I personally think that the reflection is a good idea, but it should not be so strict or formalised or topics. You should be like, "I can write about something that's happened to me in the past 6 months or something, and what I've learned from that".

Professionalism in practice

Students saw a need for different professional attributes in different subspecialties, viewing specialties like anaesthesiology and pathology as needing few of the attributes that are of crucial importance for a general practitioner. On one occasion, students speculated on the filtering effect this may have on candidates for intensive specialties with less direct patient contact than general practice:

Maybe that's why we have a shortage of pathologists and radiologists, because we're excluding those people from our courses due to their total incompetence with patients, but no people person wants to do that job.

But they also saw the need for at least some elements of professionalism in every discipline.

It's being able to understand those situations. That is what PPD should be trying to teach you, not, "In this situation you act like this". It's more about the underlying philosophy behind how you deal with different situations.

Discussion

The responses to the professionalism component of the curriculum described by the medical students from three medical schools in NSW who attended our focus groups resonate with those of other students reported in the literature.^{8,9,11,12} There is common ground with regard to viewing assessment methods as being

too narrowly focused¹³ and designed in a way that does not elicit students' own views and experiences but, instead, elicits what examiners want to hear,⁹ as well as viewing course content as repetitive and patronising.¹⁴ They resent receiving cursory reviews of portfolios and reflective pieces that they have agonised over¹⁵ and writing reflective pieces to get a grade rather than to truly reflect on their experience.¹⁶

Students' views were very consistent — there were no dissenting voices. This may reflect unanimity due to a convergence of thought among this group of peers who had been living and studying together under an intense curriculum over several years. In this case, the focus group could have served as a welcome outlet to crystallise and vent frustrations. It is also possible that dissenting participants may have felt intimidated, as can occur in focus groups. As these students appeared confident and opinionated, individually and collectively, we consider the latter to be unlikely.

As has been demonstrated elsewhere,^{15,17} students reported a disjunction between their ideals and those the set reflection pieces were designed to elicit, leading to their jaded view of such assessments and their willingness to submit whatever they felt necessary to pass. However, reflective exercises have been found to have substantial value^{18,19} in enabling a student to define their own mental model of what it means to be professional.

These students do not see themselves as being dishonest in providing reflections that match what their assessors want to see. It is well known that medical students offer resistance to curricular exercises they see as trivial or time-wasting,^{11,14} which is how these students viewed their professionalism curriculum. Their own view of their integrity and honesty remains intact, it is just expedient, in the context, to deliver what is needed in order to advance to the next stage in their training. The danger is that they are learning to go through the motions of being professional without that professionalism being grounded in a fundamental belief in the virtues that should underpin it. One study found

that students were jaded by professionalism being “shoved down [their] throats”.¹⁴

The students in our focus groups had little regard for professionalism being taught by someone other than a doctor who had practice experience. Other authors have cautioned that attempts to teach professionalism using non-medical teachers will not be seen as credible by students.²⁰

As has been found elsewhere,^{14,21,22} clinical learning situations had more impact than classroom-based learning.

Extensive discussion within their peer group about ethical problems, communication issues and other aspects of professionalism appears to be an important activity in the development of professionalism in medical students,¹⁹ albeit one that is part of the hidden, rather than the formal, curriculum. The students we spoke with seemed to be engaging in critical reflection, rather than merely revisiting superficial details of an experience. There is value when the reflective process, as an extension of what is required for assessment, catalyses the kind of joint reflection these students engaged in, testing with each other what they learned and what they experienced.

Studies such as this one are useful for identifying the disjunction between what is intended to be taught and what is actually learned. Directions for improving the teaching of professionalism in medicine could include incorporating greater feedback from students and longitudinal follow-up of students to ascertain their professional development over time. A potential weakness inherent in focus groups is that the dialogue that emerges tends to be the dominant one within a group, with shy participants not contributing, and dissenting thoughts left unsaid. Since these students had long experience

and familiarity with each other as a group, we consider it unlikely that such intimidating factors were present among these individuals, who appeared to have a high level of trust within the group. It may also be that as they have spent considerable time reflecting on their medical education program, and the professionalism aspect of it, the views expressed during the focus group were already a distillation of commentary and reflection that these groups had collectively engaged in.

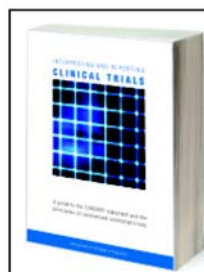
While students will always be critical of their curricula, the unanimously negative view we captured from the group of students interviewed indicates that current teaching would benefit from review. We suggest a less didactic approach in early years, with more evaluation and feedback from students to assure relevance, emphasis on true reflection (as opposed to guided reflections linked to over-formalised requirements) and more attention devoted to role-modelling and mentoring in the clinical years of training.

Acknowledgements: We thank the students who participated in this research for their time and thoughtfulness, and the University of Sydney Postgraduate Award Program and the Australian Rural Health Research Collaboration for financial support.

Competing interests: Tim Usherwood is a clinical teacher at one of the universities whose students participated in this study.

Received 17 Dec 2012, accepted 7 May 2013.

- Gordon J. Fostering students' personal and professional development in medicine: a new framework for PPD. *Med Educ* 2003; 37: 341-349.
- Finn G, Garner J, Sawdon M. 'You're judged all the time!' Students' views on professionalism: a multicentre study. *Med Educ* 2010; 44: 814-825.
- Reis DC. Who am I and why am I here? Professionalism research through the eyes of a medical student. *Acad Med* 2008; 83 (10 Suppl): S111-S112.
- Cohen MJ, Kay A, Youakim JM, Balaicuis JM. Identity transformation in medical students. *Am J Psychoanal* 2009; 69: 43-52.
- Apker J, Eggly S. Communicating professional identity in medical socialization: considering the ideological discourse of morning report. *Qual Health Res* 2004; 14: 411-429.
- Borges NJ, Manuel RS, Elam CL, Jones BJ. Comparing millennial and generation X medical students at one medical school. *Acad Med* 2006; 81: 571-576.
- Skiles J. Teaching professionalism: a medical student's opinion. *Clin Teach* 2005; 2: 66-71. doi: 10.1111/j.1743-498X.2005.00063.x.
- Fehser J. Teaching professionalism: a student's perspective. *Mt Sinai J Med* 2002; 69: 412-414.
- Brainard AH, Brislen HC. Viewpoint: learning professionalism: a view from the trenches. *Acad Med* 2007; 82: 1010-1014.
- Reddy ST, Farnan JM, Yoon JD, et al. Third-year medical students' participation in and perceptions of unprofessional behaviors. *Acad Med* 2007; 82 (10 Suppl): S35-S39.
- Leo T, Eagen K. Professionalism education: the medical student response. *Perspect Biol Med* 2008; 51: 508-516.
- Monrouxe LV, Rees CE, Hu W. Differences in medical students' explicit discourses of professionalism: acting, representing, becoming. *Med Educ* 2011; 45: 585-602.
- Byszewski A, Hendelman W, McGuinty C, Moineau G. Wanted: role models—medical students' perceptions of professionalism. *BMC Med Educ* 2012; 12: 115.
- Wear D, Zarconi J. Can compassion be taught? Let's ask our students. *J Gen Intern Med* 2008; 23: 948-953.
- Levenson R, Atkinson S, Shepherd S. The 21st century doctor: understanding the doctors of tomorrow. London: The King's Fund, 2010. www.gmc-uk.org/static/documents/content/The_21st_Century_Doctor_-_Understanding_the_doctors_of_tomorrow_2010.pdf (accessed May 2013).
- Hays R, Gay S. Reflection or 'pre-reflection': what are we actually measuring in reflective practice? *Med Educ* 2011; 45: 116-118.
- Thompson BM, Teal CR, Rogers JC, et al. Ideals, activities, dissonance, and processing: a conceptual model to guide educators' efforts to stimulate student reflection. *Acad Med* 2010; 85: 902-908.
- Mann K, Gordon J, MacLeod A. Reflection and reflective practice in health professions education: a systematic review. *Adv Health Sci Educ Theory Pract* 2009; 14: 595-621.
- Howe A, Barrett A, Leinster S. How medical students demonstrate their professionalism when reflecting on experience. *Med Educ* 2009; 43: 942-951.
- Gordon JJ, Evans HM. Learning medicine from the humanities. In: Swanwick T, editor. *Understanding medical education: evidence, theory and practice*. Oxford: Wiley-Blackwell, 2010: Ch. 6.
- Roberts LW, Green Hammond KA, Geppert CM, Warner TD. The positive role of professionalism and ethics training in medical education: a comparison of medical student and resident perspectives. *Acad Psychiatry* 2004; 28: 170-182.
- Michalec B. Clinical experiences during preclinical training: the function of modeled behavior and the evidence of professionalism principles. *Int J Med Educ* 2012; 3: 37-45. doi: 10.5116/ijme.4f42.5c99. □



Interpreting and Reporting CLINICAL TRIALS

A guide to the CONSORT statement and the principles of randomised controlled trials.

Written in a clear and engaging style, this book explains and expands on each of the items in the CONSORT checklist, including lively examples, practical tips, and traps for the uninitiated. **MJA BookShop Price \$49.95, includes GST, plus P&H.**

MJA ONLINE BOOKSHOP To ORDER visit <http://shop.mja.com.au>

