

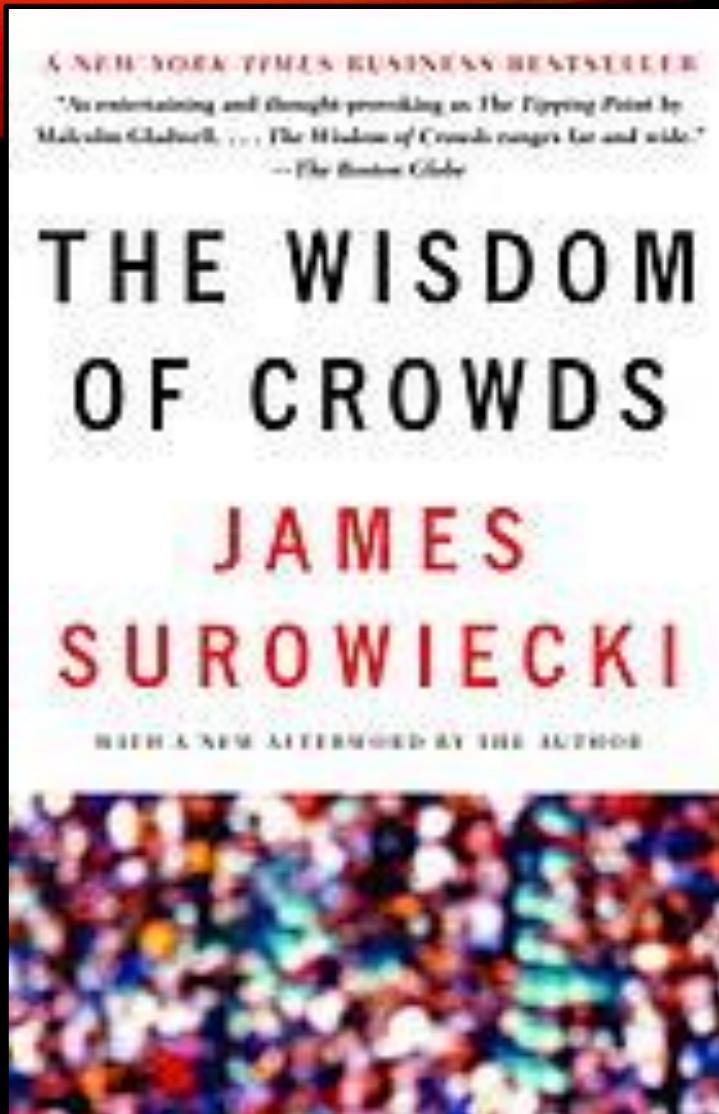
# THE HIDDEN PROFESSIONALISM CURRICULUM

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# AIMS

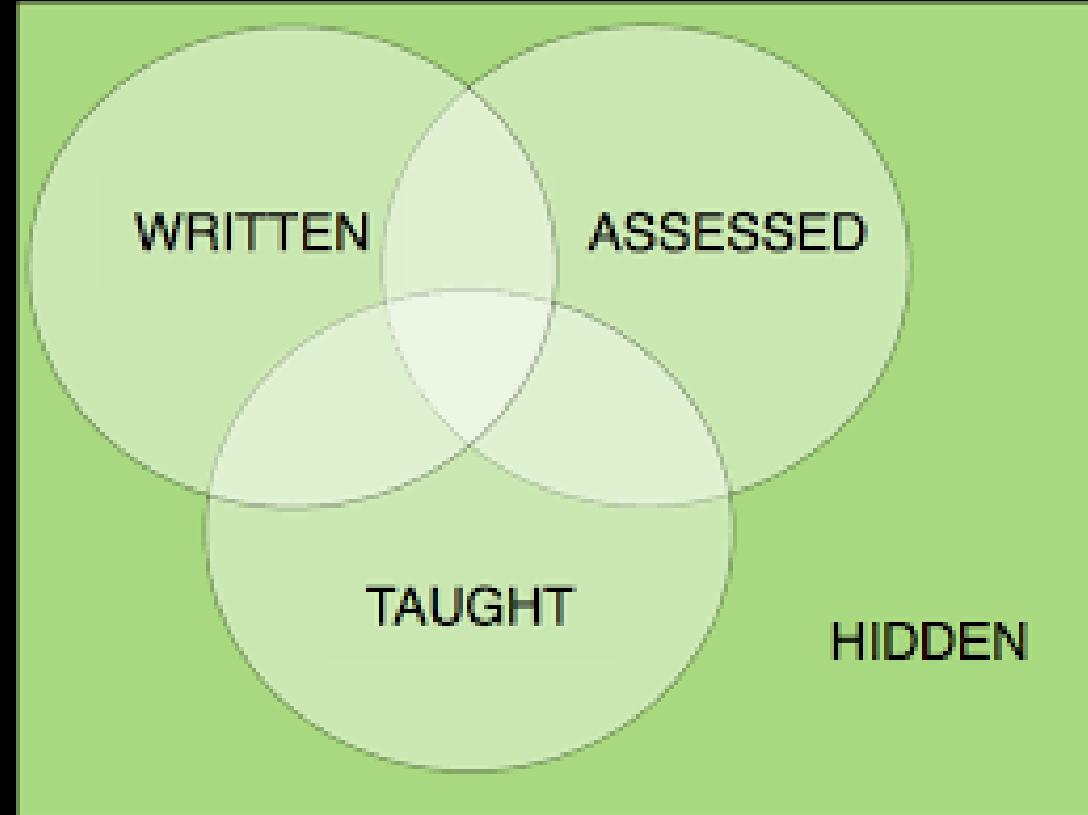
- To consider how students learn professionalism behaviours
- To discuss the ways in which professionalism can be taught
- To consider why learners may lapse in professionalism and what can be done to support them



# SESSION STRUCTURE

- Introduction
- Small Group Work
- Theory to support Professionalism  
Teaching

# HIDDEN CURRICULUM



# WRITTEN CURRICULUM



Professional behaviour  
and fitness to practise:  
guidance for medical schools and their students



General  
Medical  
Council

‘ we expect medical students to display standards of professional behaviour that are different from those expected of other students not training to join a regulated profession’

‘ Medical schools are responsible for giving their students opportunities to learn, understand and practise the standards we expect of them’

- Medical school code of conduct, student agreement

# SMALL GROUP WORK 1 – 3 QUESTIONS

- What does the term ‘professionalism’ mean to you?  
Compare with your colleagues
- How easy was that? How long have you been studying medicine? How did you learn about professionalism?
- How do you teach your learners about professionalism?

# DEFINING PROFESSIONALISM



The meaning of professionalism is still not clear among many medical students, residents and practitioners due to the various published definitions and perspectives of what professionalism is.

# TAUGHT AND ASSESSED CURRICULUM

## Teaching – spiral curriculum

- Vocational studies teaching
- ‘Professionalism half days’ and other ad hoc teaching
- Informal e.g. role modelling

## Assessment

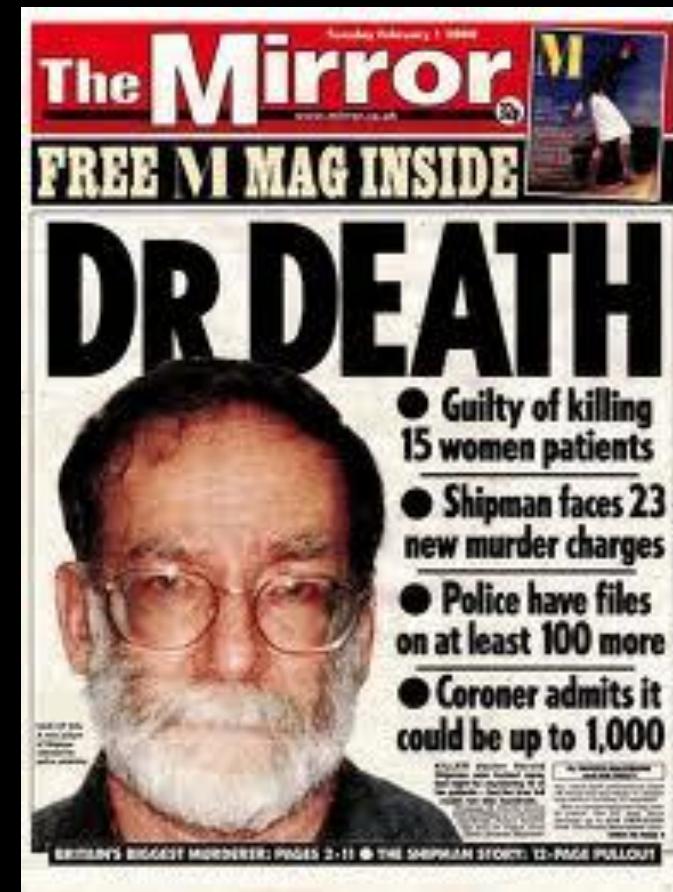
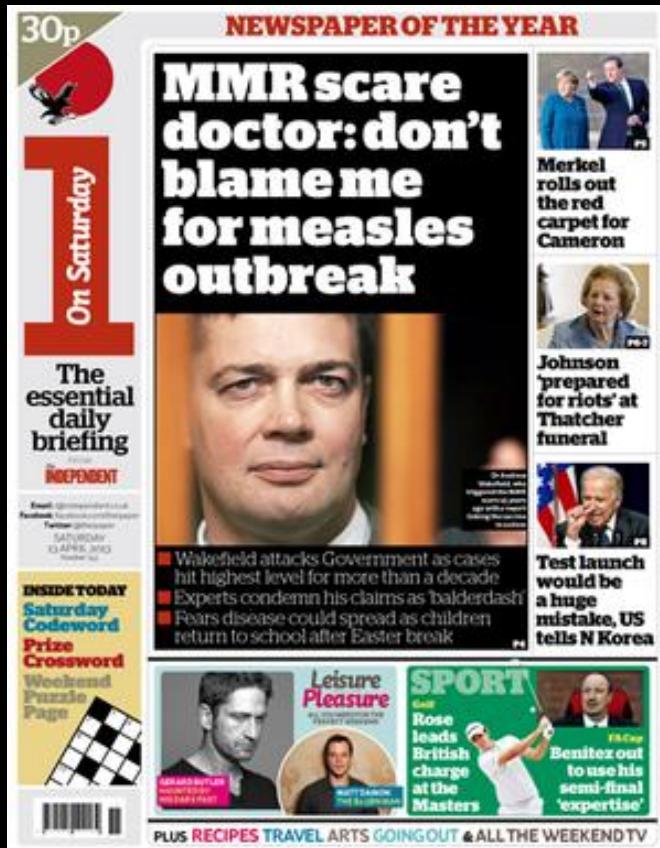
- E portfolio
- Coursework
- OSCE scenarios
- Placements

# EXAMPLE - WHY DOES PROFESSIONALISM MATTER?



- Public trust – reputation of the profession
- Patient safety

# IMPACT ON PUBLIC PERCEPTION AND TRUST



# ANDREW WAKEFIELD 2017

News > Health

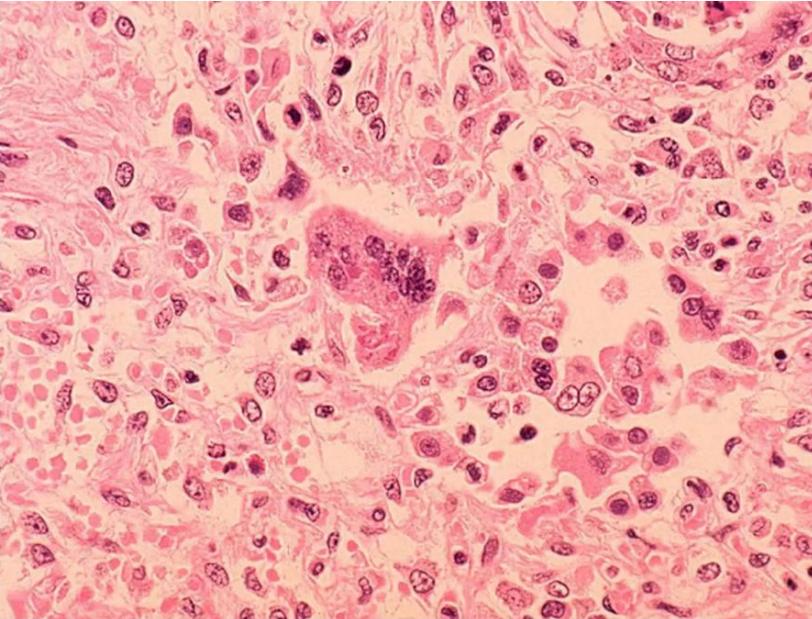
## Measles eradicated in UK in 'sign of recovery' after MMR vaccine controversy

Medical experts say announcement marks turning point after discredited research by Andrew Wakefield in 1998 linking the MMR jab to autism slowed progress in eradicating disease

May Bulman | @maybulman | Wednesday 27 September 2017 13:45 BST | 17 comments

   568 shares

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The disease has stopped freely circulate in Britain for three years; the length of time a country must sustain 'interruption of endemic transmission' before an elimination can be verified Getty

Measles has been "eliminated" in the UK, global health leaders say, in what doctors have linked to a decline in fears over discredited research linking autism with the MMR vaccine nearly 20 years ago.

- Speaking arrangements on a cruise to dedicated Conspiracy Theorists, ConspiraSea cruise.
- Expanded his attack on vaccines while speaking on America's number one conspiracy theory show – Info Wars.
- Source – Channel 4 Dispatches - #fakenews?

# ANDREW WAKEFIELD 2017

- 1 in 10 parents in the United States now believes vaccines are unsafe.
- Measles was declared eliminated by 2000, but there have been more than sixty cases just this year.
- Wakefield on Trump: '*He knows vaccines cause autism. That vaccine damage is real...And I had the pleasure of meeting [him] the other day to discuss this very issue.*'



# HOW DO WE DEFINE?

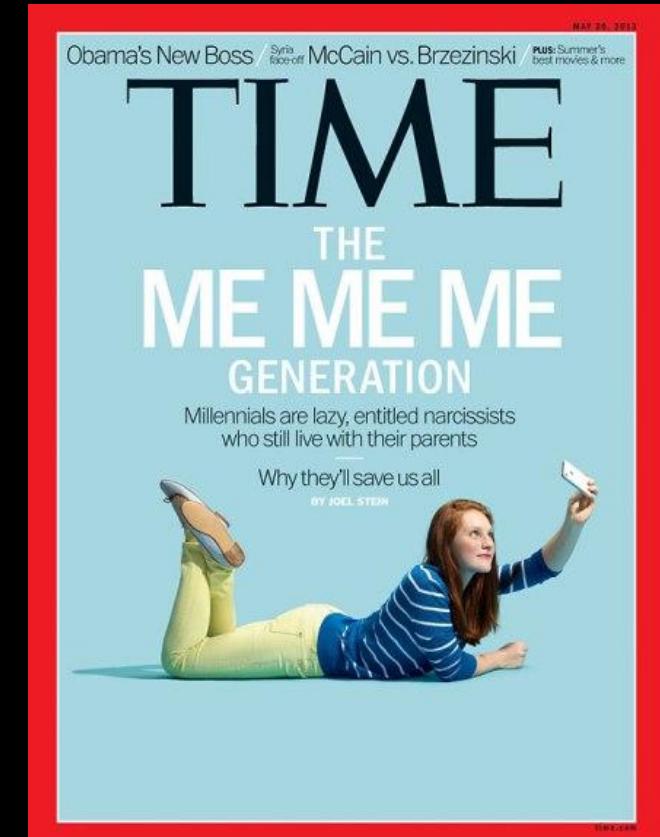


**PROFESSIONALISM**  
That's not my job.

- Med ed goes beyond learning the technical aspects of medicine.
- Becoming a dedicated doctor who will need to respond to increasing numbers of patients with complex needs in different settings
- Need to communicate effectively, empathise, lead and follow and be diligent and conscientious

# THINGS TO THINK ABOUT

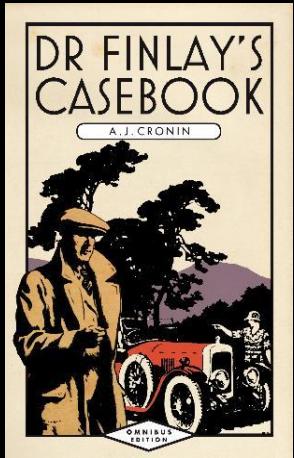
- Generational differences: ‘Narcissism epidemic’? Impact of social media and internet. Can’t expect ‘just to know the rules’.
- Best predictor of future unprofessional behaviour is past unprofessional behaviour – Papadakis
- Changing public expectations – more informed, less deferential
- Mid Staffs – Francis Report – individual and collective responsibility



# SMALL GROUP WORK 2 – TAUGHT CURRICULUM

- What do you think we should be teaching learners about professionalism in your workplace?
- What are the challenges to teaching about professionalism in the workplace?

# TRADITIONAL VIEW OF PROFESSIONALISM



- Selfless clinician
- Motivated by strong ethos of service
- Equipped with unique skills and knowledge
- In control of their work
- Practicing all hours to restore full health to his patients – ‘heroic’
- Eg. Writing prescriptions for yourself

# MORE MODERN VIEW ?

- Shared decision making – partnership
- More informed patients - internet
- Team based practice
- Patient safety emphasis
- Changing working patterns - EWTD
- Work life balance expected
- Less control of their work



# DIFFERENT ASPECTS OF PROFESSIONALISM

Rules

Patient  
Centredness

Presentation

Attributes of  
individual

Competence



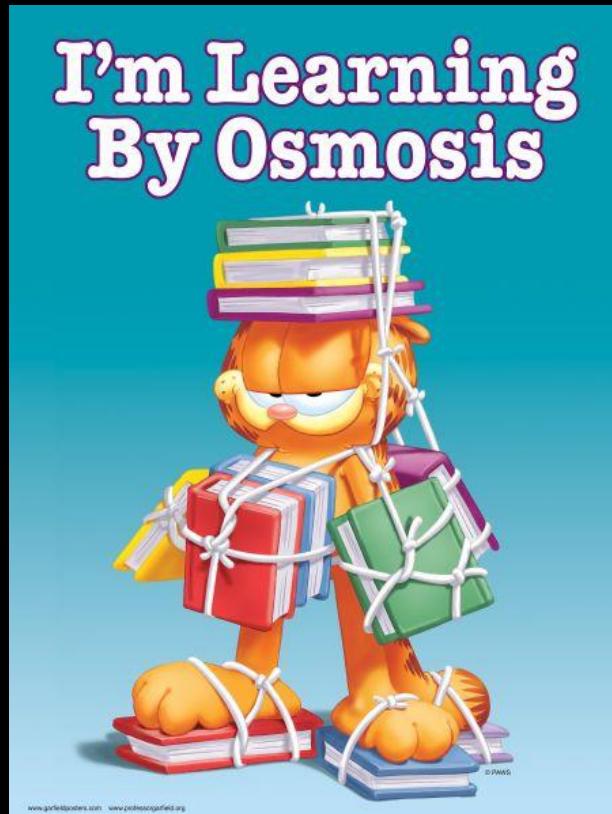
# THRESHOLD CONCEPTS IN PROFESSIONALISM

- In any subject there are concepts which once understood lead to ‘new and previously *inaccessible ways of thinking about something*’ (Meyer and Land, 2003)
- Change learners way of being in, or knowing the world
- ‘Aha’ moments
- Can be where learning is troublesome

# 7 CONCEPTS

1. There is a professional culture and I am becoming part of it
2. Consider the whole person
3. I don't need to know everything
4. Consider the bigger picture
5. We have to work with uncertainty
6. People have different expectations
7. Emotional intelligence

# TEACHING PROFESSIONALISM



- Need to be explicit about standards we expect
- What is our hidden curriculum? Our example - PPD portfolio.
- The informal, or 'hidden' curriculum constitutes the most powerful influence on students' understanding of professionalism in medicine (Inui, 2003)

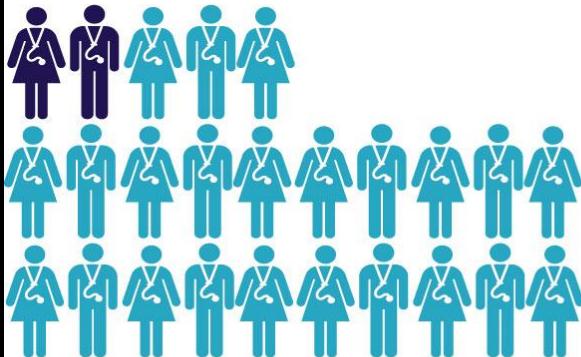
# SMALL GROUP WORK 3 – HIDDEN CURRICULUM

- What hidden curriculum exists at your workplace? (positive, negative) Why?
- If positive – how can you as educators promote that to students?
- If negative – what can/should you be doing about it?

# BULLYING AND UNDERMINING

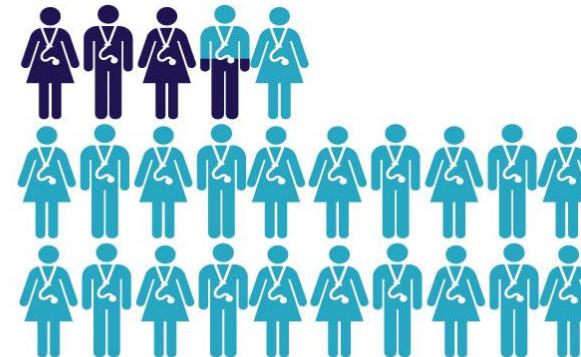
**8 %**

of c.50,000 respondents  
**reported being bullied**



**13.6 %**

of c.50,000 respondents  
**reported witnessing bullying**



Data: Questions 47 (How often, if at all, have you been the victim of bullying and harassment in this post) and  
48 (How often, if at all, have you witnessed someone else being the victim of bullying and harassment in this post)  
National training survey 2014: bullying and undermining



# CONTEXT MATTERS



# HOW WE OFTEN TEACH MEDICINE



# PROFESSIONALISM ‘EMBRACING THE MESSINESS’



- Uncertainty
- Complexity
- Polypharmacy
- Multimorbidity



## SMALL GROUP WORK 4 - REMEDIATION

- Why do students have lapses in their professional behaviour?
- What lapses have you seen/experienced?
- How have you attempted to remediate them? How successful has that been?

# SCAMPS OR SCOUNDRELS?



Scamp - a person, especially a child, who is mischievous in a likeable or amusing way

Scoundrel - a dishonest or unscrupulous person; a rogue



# MORAL REASONING DEVELOPMENT

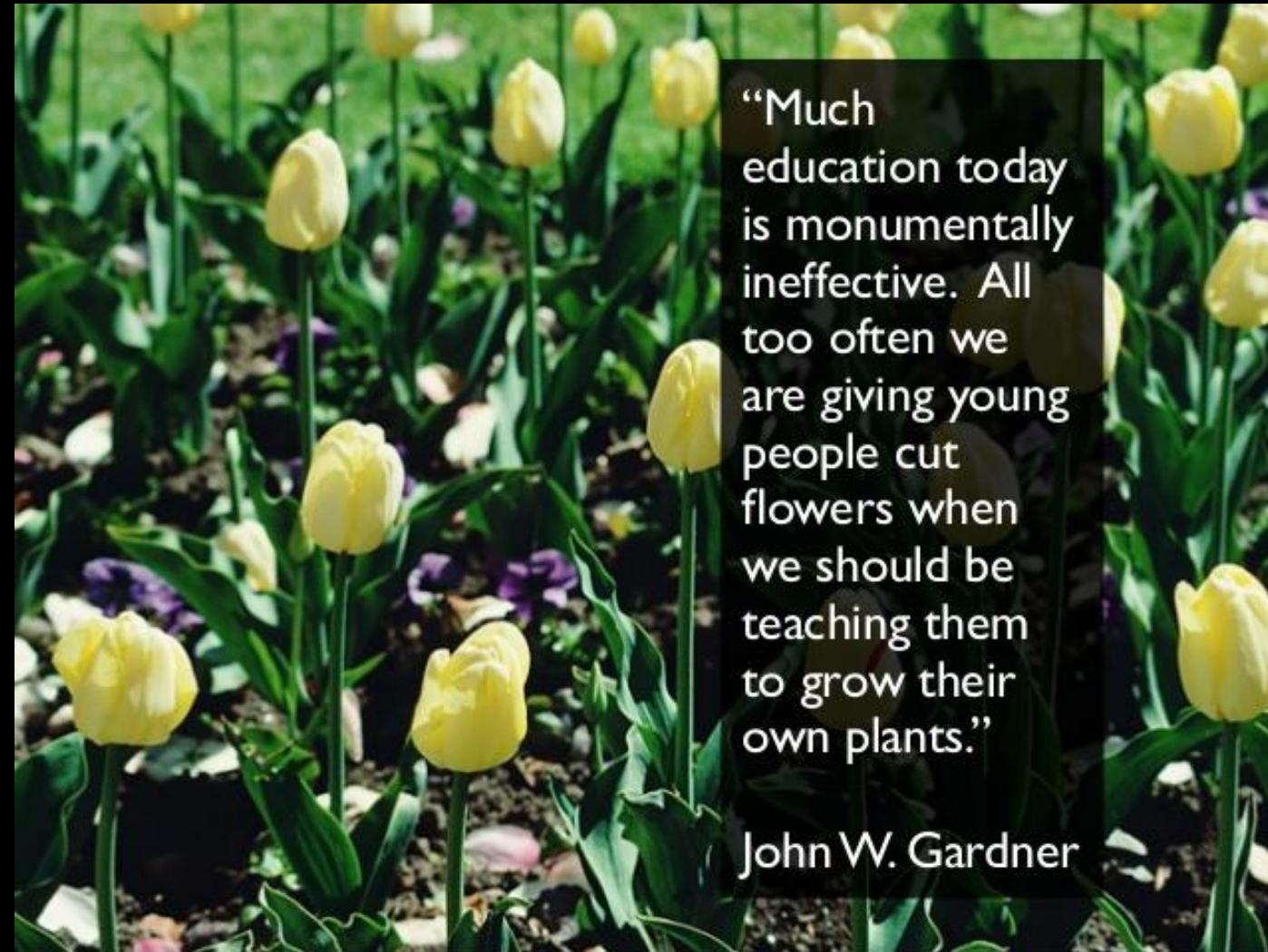
- Vary in degree to which decisions are reflective, deliberate, and resistant to self interest.
- Expectation is Drs should reflect on moral basis for their decisions and place interests of their patients before self
- **Formation professional identity** – incorporate professional values, aspirations and actions into identity and develop increasingly complex understanding of what is to be professional
- **Aim:** develop competence in reasoning to reduce idiosyncratic fx affecting action and behaviour becomes consistently more professional.

# WHY DO STUDENTS LAPSE IN PROFESSIONALISM?

- Not necessarily result of bad intentions. Rest – model of morality
- 1. **Moral sensitivity** – interpretation of situation and options flawed
- 2. **Moral judgement** – once aware options, judgement is flawed
- 3. **Moral motivation and commitment** – may not recognise self as responsible for that action (e.g. puts self first)
- 4. **Moral implementation/character and competence** – may lack character to implement plan or wilt under pressure. CONTEXT CRUCIAL

# REMEDIATION: 3 GENERAL MORAL SCHEMA

1. Personal interests schema – consider what protagonist has to lose/gain  
Is the students behaviour solely self serving?
2. Maintaining norms schema – take into account law and authority, social order maintenance  
Do they misunderstand codes, rules, norms?
3. Postconventional schema – laws not blindly accepted, what is best for society as a whole e.g. Civil rights movement
  - Trying to understand their decision making process. Is their decision making consistent?
  - There often isn't a 'right' decision to a moral dilemma but there are more defensible decisions. Decisions usually informed by all.

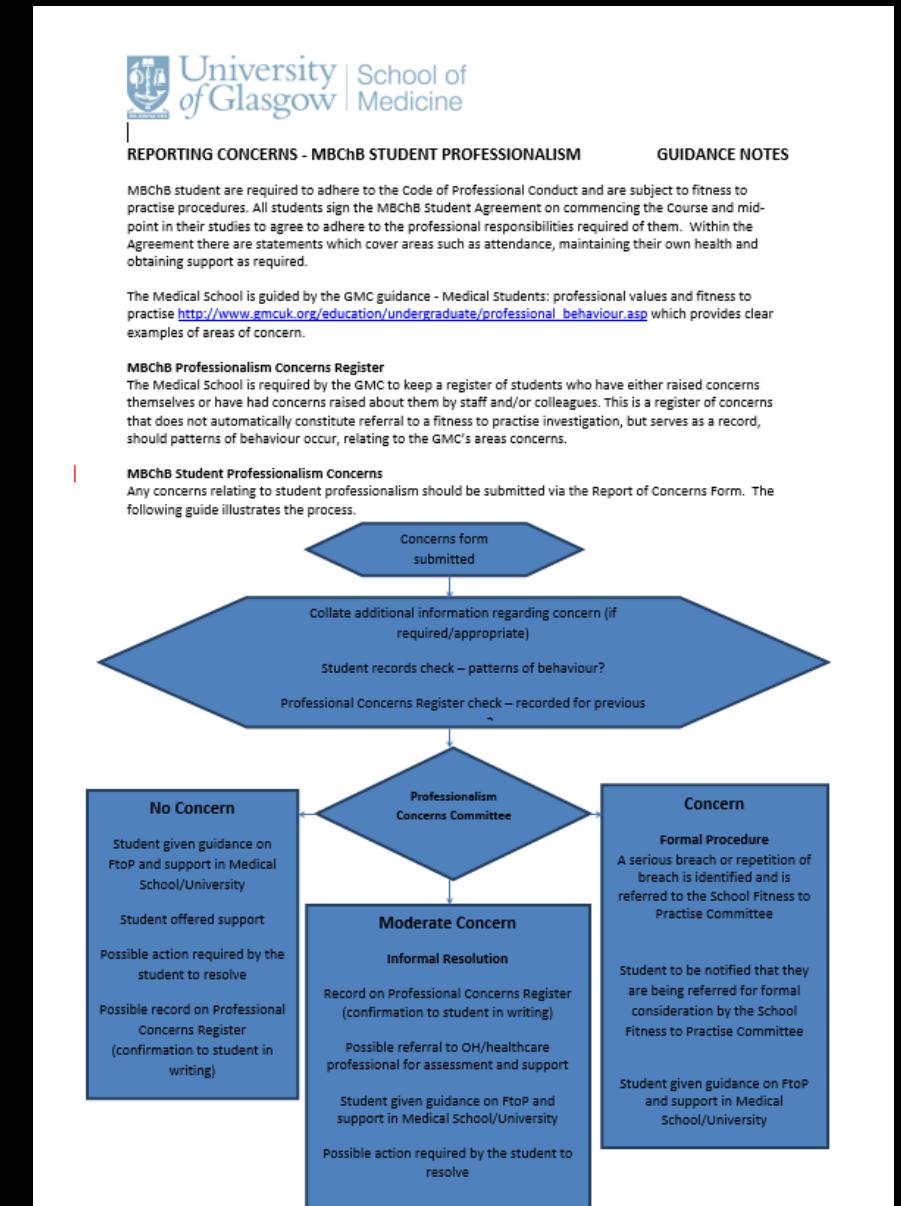


“Much education today is monumentally ineffective. All too often we are giving young people cut flowers when we should be teaching them to grow their own plants.”

John W. Gardner

# PROFESSIONALISM CONCERNS PROCESS

- Trying to capture persistent low level concerns
- Formal process for dealing with these
- Importance of documentation

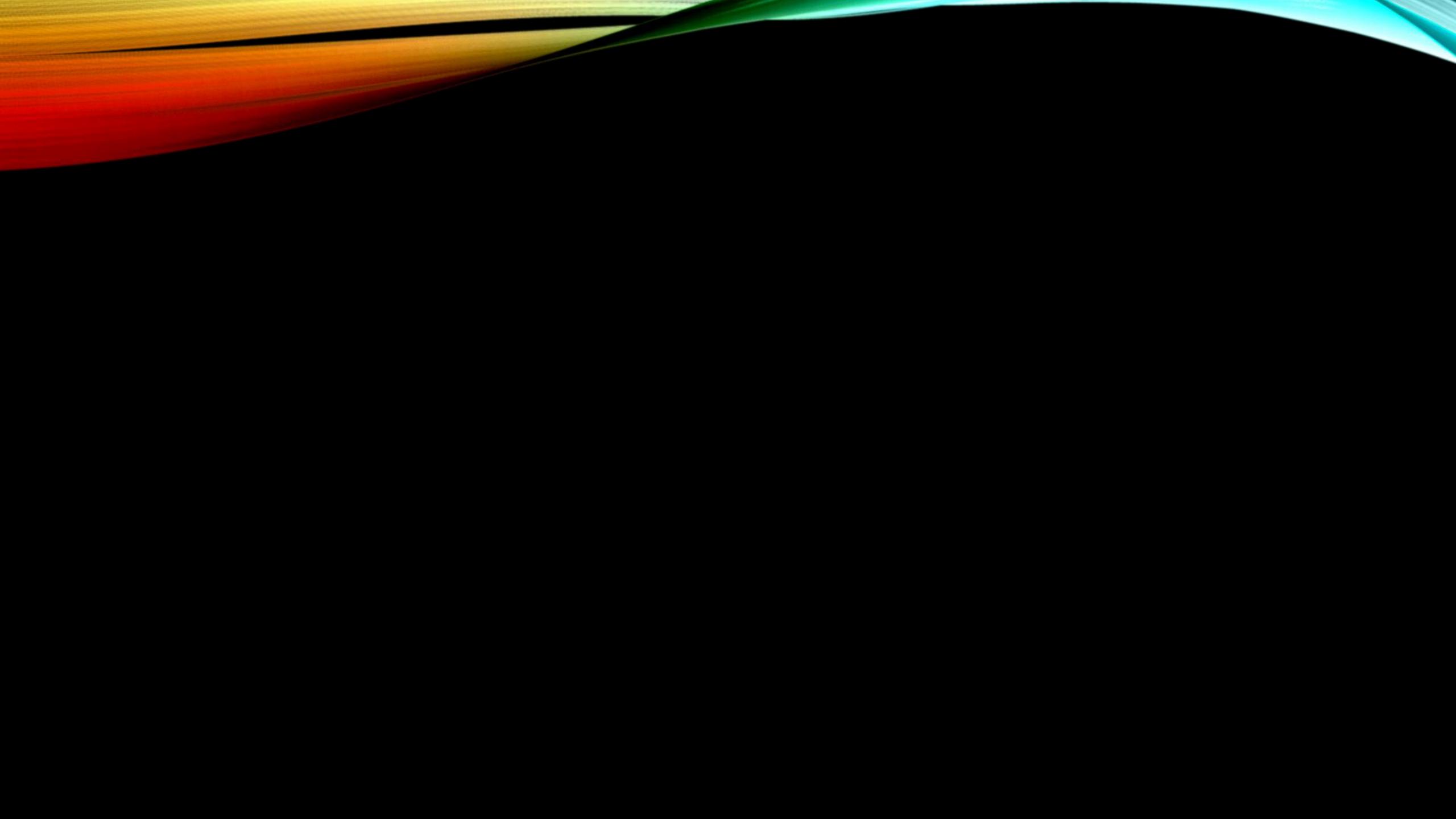


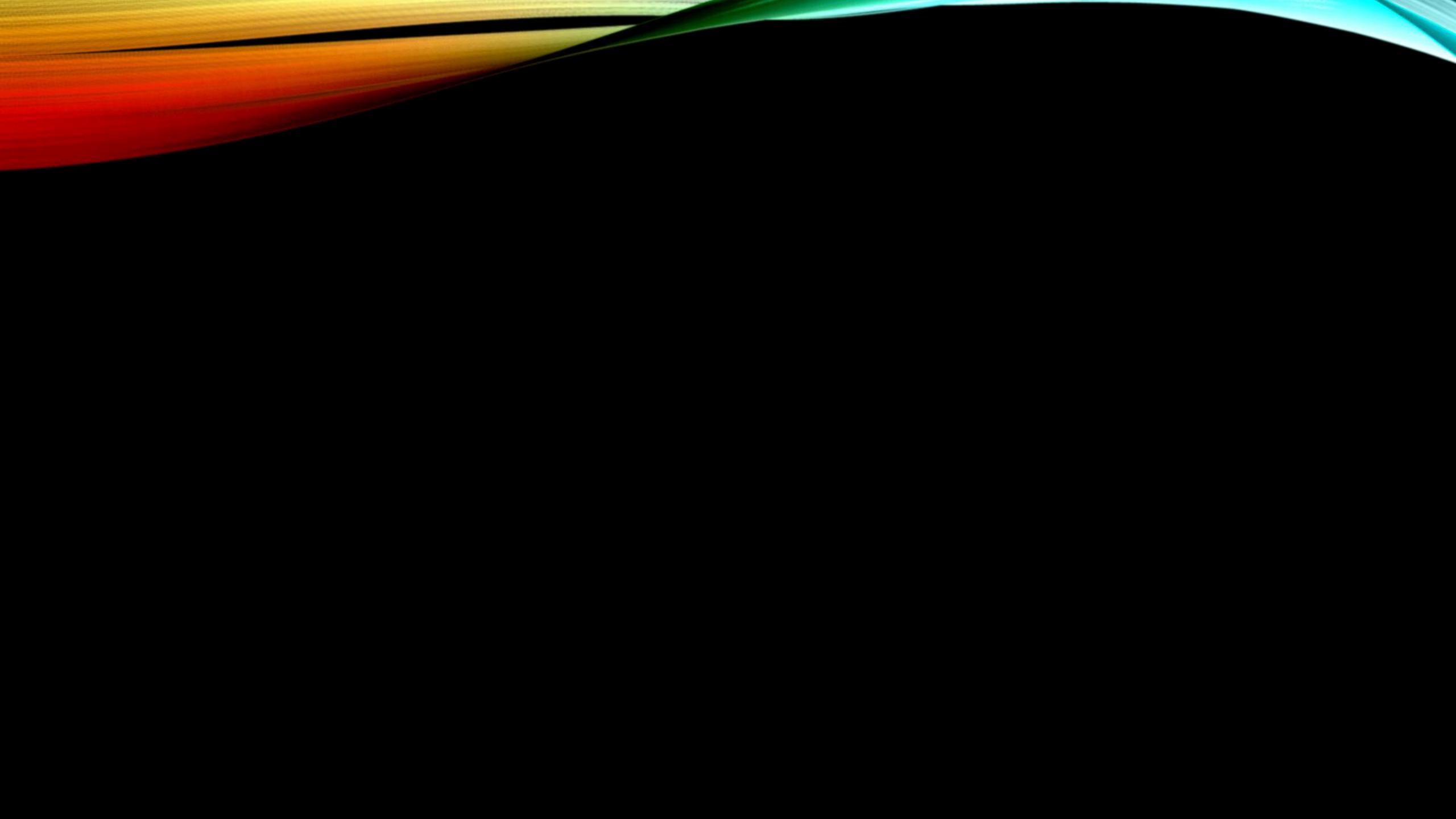
# FUTURE DIRECTION OF TRAVEL

- Reviewed our professionalism curriculum throughout 5 years
- More focus on the assessment of professionalism aligned to best practice
- Any questions or comments

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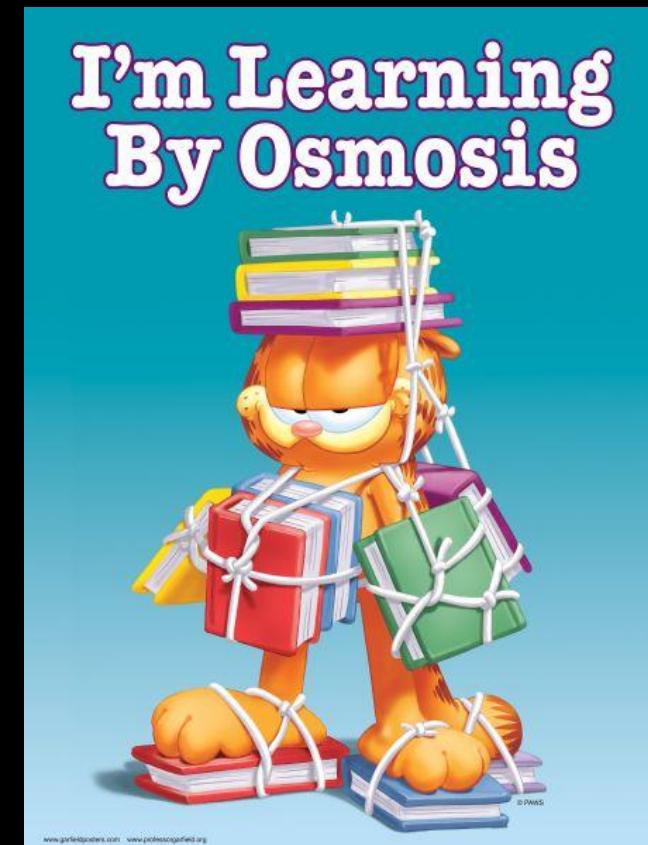
# WHAT ONE OF OUR TUTORS THINKS ABOUT TEACHING AND ASSESSING PROFESSIONALISM

'I'm very concerned about recent decisions about disciplining students. I think medical students in contact with patients, families, carers or during learning from the university should act professionally. The vast majority do this perfectly with only minor transgressions.'

But medical students should also be free to be young adults, get drunk, etc etc, and have their behaviour guided by law rather than 'higher moral principles'. I'm afraid that we create some kind of 'moral elite' code that isn't desirable and actually tries to maintain the 'god like' idea of doctors.

The best way to learn professionalism is by osmosis, and the best way to assess it is to listen and work and be with students, and the best way to remediate is to talk and listen. Not evidence based.

I am honestly not really sure what problem this is actually addressing - I think the GMC are having a moral panic.'



# THINGS TO CONSIDER

- How do we define professionalism?
- Why might students behave unprofessionally?
- Persistent low level concerns v FTP
- We have a responsibility to remediate
- Why teaching and assessing professionalism is difficult

# WHY TEACHING AND ASSESSING PROFESSIONALISM IS DIFFICULT



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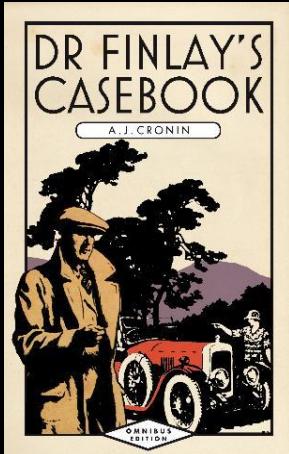
## WHERE YOU COME IN

Giving support to students is pivotal in helping to prevent issues of behaviour or health becoming more serious and a greater cause for concern. Students may be affected by many issues during their time at medical school, including health, financial and family or other social issues. Medical schools should be aware that overseas medical students may have particular support needs due to their unfamiliarity with their new home and work environment. When concerns arise, medical schools should give their students access to appropriate support to help manage these issues.

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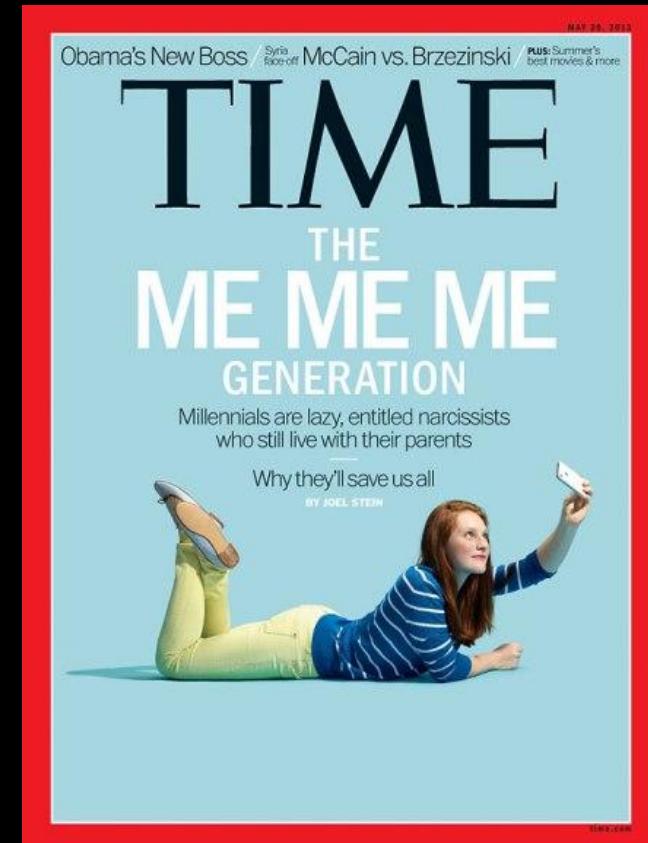
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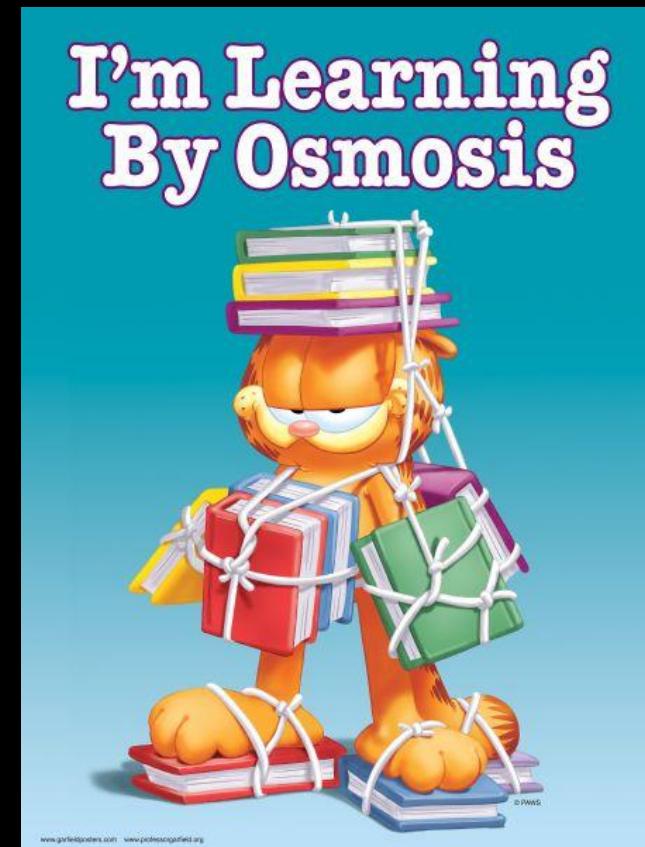
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# SCAMPS OR SCOUNDRELS - TUTOR TRAINING ON PROFESSIONALISM

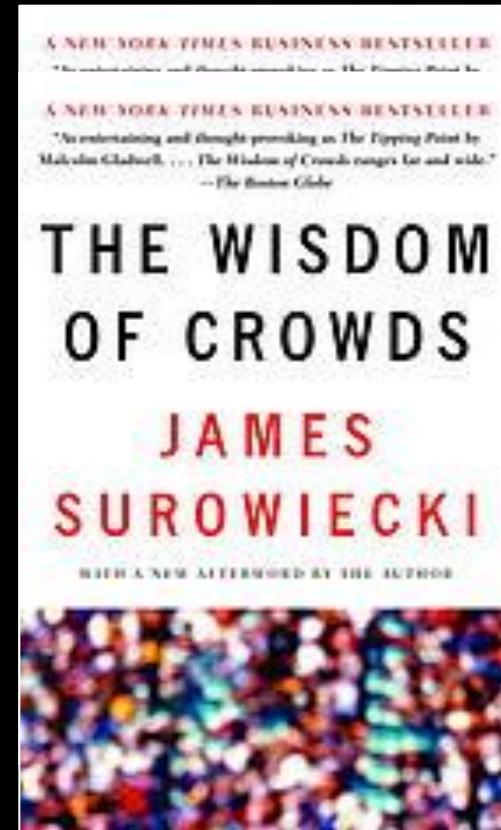
2 hour session focused on:

- Difficulty in defining professionalism
- Why we need to teach and assess this and 2014 context eg Francis, generational differences, GMC stats
- Why students might behave in an unprofessional manner – linking to theory of moral reasoning development
- Approaches to remediation – tailored to diagnosis of cause
- 3 case studies to work through in small groups
- How to raise a concern about students professionalism – new Professional Concerns Policy



# FOR GROUP DISCUSSION

- Group Discussions
- What professionalism issues have you had with trainees or colleagues?
- What have been the challenges related to this?
  - How have you tried to address these issues?
  - How successful has that been?



# WHY DO TRAINEES LAPSE IN PROFESSIONALISM? SCAMPS OR SCOUNDRELS?

- Actions judged as unprofessional are not necessarily result of bad intentions.
- 4 component model of morality – 4 capacities for effective moral decision making  
(Rest) – conscious decisions, develop through life
1. **Moral sensitivity** – interpretation of a situation and possible options
  2. **Moral judgement** – once aware possible courses of action, asks which is morally justified
  3. **Moral motivation and commitment** – prioritises moral values over personal values, recognises self as responsible for that action
  4. **Moral implementation/character and competence** – strength of your convictions – can have first 3 but then lack character to implement plan or wilt under pressure

# ROLE OF ‘ASSESSMENT’

- Actions judged unprofessional are not necessarily result of bad intentions
- Assessment should determine shortcomings in one or more capacity which can help individual engage (perhaps with mentor) in self-reflection, goal setting and development and implementation of learning plan to enhance ethical competence and reduce chance unprofessional behaviour in future
- Need to make a professionalism ‘diagnosis’

# HOW DO WE DEFINE?



- Med ed goes **beyond learning the technical aspects of medicine**. Fundamentally about **becoming a dedicated doctor** who will need to respond to increasing numbers of patients with complex needs in different settings
- Need to communicate effectively, empathise, lead and follow and be diligent and conscientious

# CSA EXAMINER SESSION TOPICS

- What do we mean by professionalism?
- Consider professionalism issues in trainees or colleagues
- What have been the challenges related to this?
- Share useful resources/approaches to addressing these