

PROFESSIONALISM PEDAGOGY AND THE CONSPICUOUS CURRICULUM

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I. Introduction

As neurology educators, we have been entrusted to help shape the attitudes, habits, and careers of neurologists in training, each one of whom will impact the lives of many thousands of patients. Whereas guiding our trainees to develop technical competence is crucial, their professionalism is of no less importance.

II. Professionalism Defined

Professionalism, according to the American Board of Internal Medicine, “is the basis of medicine’s contract with society. It demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health. Essential to this contract is public trust in physicians, which depends on the integrity of both individual physicians and the whole profession.”[1]

Professionalism is about much more than compliance with rules and regulations, achieving good clinical outcomes or higher patient satisfaction scores, as important as those ends are. Professionalism encompasses keeping abreast of scientific knowledge, maintaining medical competence, exercising truthfulness in communication, protecting patient confidentiality, maintaining appropriate relationships with patients, a commitment to improving access to and quality of care, the just distribution of finite medical resources, managing conflicts of interest, fulfilling promises, and respecting all members of the healthcare team. The medical professional regards the patient as a person, a fellow human being in need.[2]

Professionalism is also about our character and the kind of people we are, in or out of the hospital.

III. Teaching Professionalism

Whether and how professionalism can be taught to the next generation is an age-old question. In wrestling with this problem, Plato considered virtue—an essential aspect of professionalism—to be a product of both nature and instruction and, therefore, something both innate and learned, which ought to be tethered to reason.[3] In his ethics, Aristotle emphasized *phronesis*, or practical wisdom. Also in ancient Greece, the hippocratic school taught a code of values, including the concise expression of non-maleficence in the words, “First, do no harm,” secured for generation to generation by a sacred oath. Professionalism, therefore, involves a cognitive aspect as well as internalization of values.

In the current age, learning methods have evolved, but the basic principles of professional conduct still hold true. One aspect—and possibly the most important—of teaching professionalism remains constant despite technological change, and that is the behavior that we model to our trainees. Our colleague Jim Bernat writes that “Modeling the characteristics of professional behavior by virtuous physicians remains the most effective method to instill professional behaviors in trainees.”[4]

IV. Current Challenges to Professionalism

The challenges to professionalism in neurological education are many. They perplex us with accelerated change, ever greater complexity, as well as ambiguities and uncertainties. Some of these challenges are:

- Electronic medical records
- Increasing volume of medical knowledge surpassing what any one person can learn
- Patient access to healthcare information, not all of which is reliable
- Rising cost of healthcare
- Diminishing reimbursement for neurological services
- Less time to spend with patients
- Greater clerical burdens on physicians
- An ever more complex, burdensome, and at times punitive regulatory environment
- Telemedicine replacing the face-to-face, in-person, hand-on encounter

- Direct-to-patient advertising of clinical tests and pharmaceuticals
- The ability to damage a healthcare professional's reputation online

These changes are disruptive; they are also opportunities. If society is to grant physicians a voice in these healthcare revolutions, we must remain trusted and trustworthy. We must exhibit authentic professionalism, even as the context of professionalism changes with evolving technology.

V. The Conspicuous Curriculum

The "hidden curriculum"[5] refers to lessons that, through the social environment of the educational environment, are "learned but not openly intended." [6] Teaching professionalism is also subject to a hidden curriculum insofar as our trainees may learn habits and behaviors from us that we do not intend to model. An exception to a highly professional faculty member's clinical demeanor, for example, a harsh comment, a judgmental expression, or a dismissive utterance at a frustrating moment, can sometimes stick in a trainee's memory more vividly than a long pattern of good behavior. Patients and their loved ones also remember such comments when they hear them. We must remember that our residents and fellows are watching what we do and how we do it, oftentimes when we are unaware that they are looking.

Therefore, we must be intentional in exercising professionalism consistently in our practice of neurology. This means developing habits of communicating charitably and with compassion and allowing those habits to shape us. I propose calling this the "conspicuous curriculum," recognizing that what we model to our trainees is not as hidden as we might at first believe.

VI. Reaffirming Professionalism

The most important way we teach professionalism is by what we do: the behaviors and attitudes we exemplify in the presence of our trainees, even when we are unaware that they are looking. In reaffirming professionalism, we must therefore be intentional in exemplifying professional behavior, especially at times when doing so is difficult. [7-10] We must be the kind of physicians who act professionally without pretense and always with the best interest of our patients in mind.

We should also welcome opportunities to teach and (this one may be difficult) allow our trainees permission to hold us accountable to the professionalism we profess without fear of retaliation. We should be willing to listen and receive critical feedback.

We must also manage our personal stress effectively and not allow distress to sap our strength or erode our tempers. We must balance our work with activities that enlarge our perspective and engage us humanly in the ongoing discovery of meaning and purpose.

If we fail to pass on professionalism to the next generation of neurologists, the cost to our profession and to our patients would be incalculable. Currently, approximately 5% of physicians exhibit occasional disruptive nonprofessional behavior, and this can cause communication failures that contribute to 90% of adverse medical events. [11,12] If we allow professionalism to be worn down or even replaced by mere technical competence, the integrity of our profession and the health of our patients will suffer immeasurably.

We strive for professionalism in neurology, not because it is easy, but because it matters.

References

1. American Board of Internal Medicine. The Physician Charter, 2002. Accessed at: <http://www.abimfoundation.org>
2. Peabody FW. The care of the patient [1927]. *JAMA* 1984; 252(6): 813-818.
3. Plato. *Meno and Protgoras*, 380 B.C.
4. Bernat JL. Restoring medical professionalism. *Neurology* 2012; 79(8): 820-827.
5. The phrase has been attributed to Philip W. Jackson, *Life in Classrooms*, New York: Holt Rinehard and Winston, 1968.
6. Giroux, Henry and Anthony Penna. "Social Education in the Classroom: The Dynamics of the Hidden Curriculum." In: Giroux H, Purpel D (editors), *The Hidden Curriculum and Moral Education*. Berkeley, California: McCutchan Publishing Corporation, 1983, pp. 100-121.
7. Van Mook et al. Teaching and learning professional behavior in practice. *Eur J Int Med* 2009; 20: e105-e111.

8. Birden H et al. Teaching professionalism in medical education: A best evidence medical education systematic review. *Medical Teacher* 2013; 35: e1252-e1266.
9. Gaiser RR. The teaching of professionalism during residency: Why it is failing and a suggestion to improve its success. *Anesth Analg* 2009; 108: 948-954.
10. Creuss RL, Creuss SR. Teaching professionalism: general principles. *Medical Teacher* 2006; 28(3): 205-208.
11. Samenow, Swiggart, and Spickard. "A CME Course Aimed at Addressing Disruptive Physician Behavior" *Physician Executive* Jan/Feb, 2008, pp. 32-40.
12. Lingard et al., *Qual Saf Health Care* 2004; 13: 330-334. Accessed at: http://www.jointcommission.org/assets/1/18/SEA_40.PDF