

Postgraduate training in medical professionalism

Medical professionalism receives little attention in postgraduate medical education, despite its importance in producing clinically and professionally competent specialists. Guidance for translating professionalism from postgraduate curricula into practice is lacking. This is the challenge for every postgraduate training programme.

Medical professionalism is an important competence to be achieved in postgraduate medical training, but to date postgraduate training in medical professionalism remains haphazard and unstructured. A critical re-orientation is necessary to redress the situation.

This state of affairs could have arisen because of the difficulties in the precise definition of medical professionalism and the lack of an all-encompassing definition of medical professionalism. This has led to its relegation to the background in favour of core clinical skills like history taking and clinical examination. Nevertheless, the major concepts of medical professionalism are well understood and perhaps best enunciated in the physician's charter which identifies patient autonomy, primacy of patient welfare and social justice as its core principles, with commitments from care providers to the provision of quality care, equitable use of resources, maintaining trust and managing conflicts of interests (ABIM Foundation et al, 2002).

Trainees enter core training programmes from a variety of backgrounds, with different levels of knowledge and understanding of medical professionalism, depending on what exposure they have had, their experience of, and what medical professionalism teaching they have had in their undergraduate training. Postgraduate medical training should ensure that doctors commencing core training have a basic and fundamental knowledge base regarding medical professionalism to which more learning could be applied (Cruess et al, 2011). This is important because specialty-specific medical professionalism as opposed to generic professionalism could be difficult to impart if basic knowledge and understanding is missing. Attempting to inculcate advanced medical professionalism values without some grounding in the basic elements could mean the difference between successful or unsuccessful specialty training, given the evidence that trainees deficient in professionalism are also deficient in clinical skills and medical knowledge (Rhoton, 1994; Haurani et al, 2007; Reed et al, 2008).

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Scope of the problem

Junior doctors starting core training are not only required to get to grips with the intricacies of specialist medical training in their chosen specialities, but need to also carry along speciality-specific medical professionalism values and awareness. These values need to be learnt in tandem with clinical knowledge and skills to produce a fully competent professional practitioner at the end of training.

Speciality training programmes in the UK are no longer time based but competency based, with curricula which seek to produce doctors who are competent in specialist knowledge and skills as well as in medical professionalism (Hilton and Southgate, 2007; Royal College of Obstetricians and Gynaecologists, 2013). While knowledge and skills are assessed formatively all through training and also in the membership examinations using well-established formats, the structures for assessing professionalism are less clear.

The teaching of professionalism is also less recognizable as there are no formal lectures, case discussions and seminars dedicated to issues of medical professionalism. Such teaching is often by chance, haphazard and unstructured (Larkin, 1999). This state of affairs appears to be a follow on from undergraduate training. This same approach is unhelpful in postgraduate training, especially for the trainee who has not had sufficient undergraduate training in professionalism. Such trainees need a structured approach early in specialty training to remedy their deficiencies in medical professionalism before they can go on to effectively learn specialty-specific professionalism.

A lot therefore has to change within postgraduate training programmes as they are currently organized to make this happen. Postgraduate medical education needs to do more to improve the knowledge of medical professionalism in trainees undergoing core training by ensuring that doctors beginning postgraduate medical training have some basic knowledge and understanding of medical professionalism. This can be achieved by a structured programme aimed at imparting its key principles at the start of training (Brownell and Cote, 2001). Some of these will have to be taught. The curriculum and training programme should make this possible. The General Medical Council (2013) document,

Good Medical Practice, provides some guidance on medical professionalism, but how this is incorporated into postgraduate curricula, taught and assessed is variable (Royal College of Anaesthetists, 2013; Royal College of Obstetricians and Gynaecologists, 2013). Most postgraduate curricula have poorly developed medical professionalism strands and even when these are present there is not sufficient guidance as to how the competency is to be taught and assessed, and all too often the emphasis of training is on 'academic' issues with less attention paid to issues of professionalism (Esen, 2013).

The concept of postgraduate medical professionalism as distinct from undergraduate medical professionalism is important as this should influence the emphasis and attention that medical professionalism should be given in postgraduate training, rather than being more of what happened at medical school.

For each speciality emphasis on the different components of medical professionalism will necessarily be different (Dreyer, 2010). For example, working in the pressurized environment of a busy emergency department, requires a different set of skills to the skills needed for a routine outpatient clinic.

Postgraduate trainees function both as learners and as teachers, and what they impart to junior trainees and medical students is of crucial importance in shaping the professional horizons of their juniors (van Mook et al, 2009; Sternszus et al, 2012). This brings to the fore the importance of ensuring that postgraduate trainees are well grounded in medical professionalism. A recognition of and harnessing of this immense power of influence of the trainee as regards medical professionalism should be an important consideration in postgraduate medical training.

Recommendations

A minimum number of sessions per year of training in professionalism should be stipulated within each curriculum, with each speciality developing teaching materials and aids with increasing complexity as the trainee progresses through training (Edelstein et al, 2005). Formal teaching sessions are required to buttress the

importance of this competency (Snell, 2009); these sessions could be organized at deanery as well as at hospital levels.

An ideal way of delivering hospital-based sessions could be by incorporating some sessions into hospital and departmental induction programmes at the beginning of postings. Such sessions could be tailored to reflect the peculiarities of the population served. At the moment most induction programmes focus on issues of clinical treatment, safety and documentation, without a professionalism component.

Commonly most deanery or hospital teaching and training will regularly include morbidity and mortality, incident review, case presentations, journal club and audit sessions, but there are rarely sessions on medical professionalism. This emphasizes the poor regard and value that postgraduate medical training places on medical professionalism. There is no reason why issues of professionalism could not be built into these sessions to enrich the learning experience. Deanery training programme directors, hospital medical directors, clinical tutors and speciality college tutors are ideally placed to bring about these changes.

Assessment of professionalism needs to occur alongside these changes, and this can happen at the hospital and deanery level as well via membership examinations. A variety of assessment methods exist including multi-source feedback, objective structured clinical examinations, peer and faculty assessments, teamwork exercises, reflective diaries and portfolio assessments, critical incident reviews and vignettes to mention a few (Arnold, 2002; Hawkins et al, 2009). The Royal colleges could drive these changes by introducing issues of medical professionalism into their postgraduate examinations, as this would emphasize to both trainees and trainers the important place of medical professionalism in postgraduate training. This is important as there is evidence that where professionalism is not formally assessed and made to count in student assessments then students accord it low priority in comparison to assessed subjects (Epstein, 2007; Esen, 2013). [BJHM](#)

Conflict of interest: none.

KEY POINTS

- Medical professionalism in postgraduate medical training is poorly addressed.
- Royal colleges have medical professionalism strands in their postgraduate curricula but there is not sufficient guidance within such curricula about to how to incorporate medical professionalism into training and assess it.
- Dedicated training sessions on medical professionalism are required in postgraduate training.
- Training programme directors, clinical tutors and medical directors have a responsibility to ensure that this happens.
- The Royal colleges have a responsibility to assess medical professionalism by incorporating this competency into postgraduate examinations.

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ISBN: 978-1-85642-391-5; 234 x 156 mm; paperback; 180 pages; publication 2010; RRP: £19.99

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