

# TEACHING PROFESSIONALISM: COLLEGIAL CONVERSATIONS WITH OUR LEARNERS

## TEACHING CASE 1

Richard is finishing the second week of a clinical rotation with you. He is repeatedly late for your office clinics and has missed a number of days without notifying either the clinic staff or you. This morning he arrives in tattered jeans and told your staff that it was a dress down Friday.

1. How is Richard's behavior unprofessional?
2. What strategies would you use in discussing your concerns with Richard?
3. How would you respond to Richard's concern that it is unfair that his day starts earlier than the other learners and preceptors in your community?

### Summary:

Although professionalism is a core competency for students, residents, and practicing physicians; the teaching of professionalism is often haphazard. Professionalism is largely contextual and best understood as a series of behaviors within a clinical setting rather than a list of character traits or attributes. Preceptors have a critical role in assisting learners with their professional development. Lapses in professional behavior by students and residents are common and to be expected as they integrate and apply the principles of professionalism within the clinical setting. A lapse in professional behavior provides an opportunity to have a crucial and collegial conversation to better understand the learner's context, rationale for their behavior, and impact of their behavior on others. Collegial conversations encourage reflection and assimilation of new professional behaviors.

### References:

1. Buchanan AO et al. Professionalism in practice: Strategies for assessment, remediation, and promotion. *Pediatrics* 2012;129(3):407-9.
2. DeCamp M. Social media and medical professionalism: Toward an expanded program. *Arch Intern Med* 2012;172(18):1418-9.
3. Donoff M et al. Defining competency-based evaluation objectives in family medicine: Professionalism. *Can Family Physician* 2012;58:e596-604.
4. Goertzen J. *Developing professionalism in our learners: Critical conversations*. Hamilton: The Foundation for Medical Practice Education, 2011.
5. Social media: The opportunities, the realities. *CMPA Perspective* 2014;6(4):4-7.

Goertzen J. *Teaching professionalism: Collegial conversations with our learners*. Toronto: Family Medicine Forum, College of Family Physicians of Canada, November 11, 2015.

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1. Buchanan AO et al. Professionalism in practice: Strategies for assessment, remediation, and promotion. *Pediatrics* 2012;129(3):407-9.  
Clinical teachers are in an excellent position to promote and assess professional behaviors in students but are often hesitant to address lapses in professionalism. Addressing professionalism early is critical, as professional misbehavior in medical school is a major risk factor for subsequent censure by state medical boards. This article discusses tools and strategies for the assessment, remediation, and promotion of professionalism in medical students.
2. DeCamp M. Social media and medical professionalism: Toward an expanded program. *Arch Intern Med* 2012;172(18):1418-9.  
Social media use via Facebook, Twitter, blogs, and other social networking technologies is widespread. Although social media provides a number of benefits, it also presents risks to medical professionalism. Realizing the benefits of social media while minimizing the risks is of major importance to health care practitioners and their learners. This article discusses three fundamental issues of medical professionalism requiring clarification in the online setting.
3. Donoff M et al. Defining competency-based evaluation objectives in family medicine: Professionalism. *Can Family Physician* 2012;58:e596-604.  
Family physicians have identified professionalism as one of the essential skill dimensions for competence in their practice setting. Competency-based education emphasizes the importance of formative evaluation and feedback. Feedback is particularly challenging in the domain of professionalism due to its personal nature and potential for emotional reactions. Access to clear descriptions of professional behavior in practice settings can assist observation and dialogue necessary for learning in this area.
4. Goertzen J. *Developing professionalism in our learners: Critical conversations*. Hamilton: The Foundation for Medical Practice Education, 2011.  
Professional behavior is a critical consideration for those working in health care. Although professionalism can be taught partly through role modeling, more direct teaching strategies around specific content areas are also necessary. It is important for preceptors to understand that professionalism is a learned, developmental process, and that professional behavior is quite dependent on setting and external factors. This module provides continuing education/faculty development in a case-based format encouraging relevant reflection and discussion on the topic of professionalism by preceptors.
5. Social media: The opportunities, the realities. *CPA Perspective* 2014;6(4):4-7.  
Virtual interactions have never been more frequent. Individuals can now exchange information instantaneously, to one person or a million. For the medical professional, social media offers opportunities and innovative options for sharing information. Along with innovation comes risks as online content can be inaccurate, is unmoderated, maybe attributed to the wrong author, violates privacy, and blurs professional boundaries. Physicians should recognize the impact of social media and consider how they may want to engage and mitigate potential risks.

Goertzen J. Teaching professionalism: Collegial conversations with our learners. Toronto: Family Medicine Forum, College of Family Physicians of Canada, November 11, 2015.