Introduction

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> The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head.[1]

This book is about education. While the subject is about teaching and learning professionalism, the authors discuss how best to educate the physicians of the future who will be responsible for much of the health and well-being of their fellow citizens. While medical education often appears to have developed in isolation from the formal world of pedagogy, medical students are adult learners and the science of cognition applies to them as it does to other learners. Through the centuries, we have come to understand a great deal about education, but there is still much that we do not know and probably will never fully comprehend. For a period of time, both general and medical education placed great emphasis on the acquisition of knowledge and skills. In our knowledge-based world, this is certainly appropriate, as one cannot function without a minimal level of knowledge. However, recent times have seen a return to an earlier belief that education represents more than facts and figures. It has been said that education is what remains after what has been learned has been forgotten. Michael Polanyi, that wonderful combination of chemist and philosopher, coined the term ''tacit knowledge'' to help us understand this phenomenon. He stated that ''one knows things which one cannot tell.''[2] Tacit knowledge is acquired through experiencing a broad spectrum of life's challenges.

The authors who have contributed such rich material to this book have addressed the challenge of teaching and learning professionalism. They and others have uniformly concluded that knowledge and skills remain important but that something much more intangible and difficult to impart is necessary to produce a true professional and that it can no longer remain tacit. Physicians must be able to both ''know'' professionalism and ''tell'' what it is.

In recent decades, medicine has lost public trust through a combination of its own failings as a profession and health care systems which often discourage professional behavior. Medicine's fundamental role as healer depends upon patient trust, and its loss must be addressed, as without it healing is impaired. As the profession has attempted to respond and take corrective action in the domain over which it exerts control, two linked areas for action have emerged. It has been concluded that the profession must respond to societal concerns about its own performance, particularly the perception that it is less altruistic than it once was, that it self-regulates poorly, and that it has abused its privileged position in society for financial gain. Individual physicians and medicine's associations and regulatory bodies must react to this reality. Of equal importance, it has been concluded that professionalism as a subject must be addressed directly and explicitly at all levels of medical education. For over 2,000 years, it was not thought necessary to actively teach professionalism. The ideals and values of the profession were transmitted by mentors and role models and were important components of the tacit knowledge base of physicians. This method sufficed because times were simpler and both the profession and the society that it served were relatively homogeneous in most countries, sharing common values. This is no longer true. Medicine and society are wonderfully diverse and health care systems are now part of a global network. The professionalism of yesteryear has difficulty in coping with contemporary funding and regulatory mechanisms and with a society that has also changed profoundly. It is now believed that a professionalism appropriate to the times must be taught explicitly and that this requires decisive action on the part of medicine's educational institutions. We must also pay attention to the environment in which we educate future generations of physicians and remember that, while role models remain central to the process, the role models themselves must understand the professionalism that they are modeling.

It is hoped that this book will be of assistance to those responsible for designing and implementing programs of instruction on professionalism. It should also be of interest to both teachers and learners. While being aimed specifically at the medical community, it should be noted that the terms profession, professional, and professionalism are generic and applicable to other occupations both within and outside the health care field. The authors hope that the chapters in this book will also be of assistance to those responsible for training other members of the health care team with whom future physicians will most certainly interact.

The book discusses many aspects of becoming a professional, including an understanding of the process of socialization that is essential to transmitting the values, attitudes, and behaviors of the profession. An overview of the

cognitive base underlying professionalism is provided, as well as a discussion of educational theories and strategies that can underpin our work in this area. A number of chapters examine the special needs of programs at the undergraduate, postgraduate, and continuing professional development levels, as well as the environment in which we teach. The importance of evaluation to teaching and learning professionalism is stressed, as is the necessary link between remediation and evaluation. Faculty development, essential to the success of any program in professionalism, is described in detail, and a template for its implementation is presented. Generational differences, which lead to particular approaches for the teaching and learning of diverse age-groups are examined, together with strategies for bridging generational gaps. The relationship of professionalism with the regulatory and licensing bodies and the importance of enlisting the public in support of medical professionalism, along with methods that might be used, is discussed. This discourse on professionalism ends with a series of chapters illustrating how programs have been and can be established in different curricular designs (organ-based or problem-based) in undergraduate, postgraduate, and continuing professional development settings. The appendix is designed to provide educational resource materials that the authors have found to be helpful in their programs.

It has been an extraordinary experience for the editors to work with such a group of scholarly, creative, and enthusiastic authors known for their individual contributions to the field of medical professionalism. Those who read the book from cover to cover can obtain a comprehensive background for program development and teaching in the field of medical professionalism. However, each chapter can stand alone and be used by readers with specific areas of interest.

The editors would like to thank each and every author for their support, diligence, and commitment to the project as well as for the true excellence of their chapters. We are also grateful to the students and residents of McGill University for teaching us so much about professionalism and to our colleagues at the Centre for Medical Education and in the Faculty of Medicine for their intellectual engagement, honest feedback, and creative suggestions as we have tested our concepts and beliefs.

Finally, we would like to acknowledge the contribution of the McConnell Family Foundation whose generous support both validated the project and made much of the work possible. As well, we would like to thank Cambridge University Press for their patient assistance and especially Beth Barry, without whose enthusiasm and support this book would not have been written.

Elliot Freidson, a distinguished sociologist, believed that professionalism was the ''soul'' of the practice of medicine.[3] We are sure that each author

who has contributed to this book hopes that their efforts help to preserve this soul.

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PART ONE

What Is to Be Taught

1 The Cognitive Base of Professionalism

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As physicians, patients, and members of the general public have come to believe that medicine's professionalism is under threat, virtually all have concluded that any action to address the issue must include a major educational initiative aimed at ensuring that physicians both understand the nature of contemporary medical professionalism and live according to its precepts.[1–6] As a result, there is now a substantial literature containing a variety of opinions as to how this can be best accomplished. One of the common themes that has emerged is that the approaches of the past are no longer sufficient.

For centuries, professionalism as a subject was not addressed directly. There were no courses on professionalism and it was not included in the standard medical curriculum. This is not because it was deemed unimportant. The Hippocratic Oath, subsequent codes of ethics, and a host of writers including Osler addressed the values and beliefs of the medical profession, often linking them to the word professionalism. However, it was assumed that these values and beliefs, which are the foundation of the profession, would be acquired during the process of socialization of students as they ''acquire the complex ensemble of analytic thinking, skillful practice, and wise judgment.''[5] The learning of professionalism depended heavily upon role models where students, residents, and indeed practicing physicians patterned their behavior on ''individuals admired for their ways of being and acting as professionals.''[7] While this method remains essential and powerful, by itself it is no longer felt to be adequate.[2,4,6,8–10] There appears to be general agreement among educators that professionalism must be taught and evaluated as a specific topic. Indeed, certifying and accrediting bodies now require it.[11–14] What in the past was largely implicit in medical education must now be made explicit.

For this to occur, it is necessary to define professionalism, not only so that it can be taught but also so that the professionalism of students, residents,

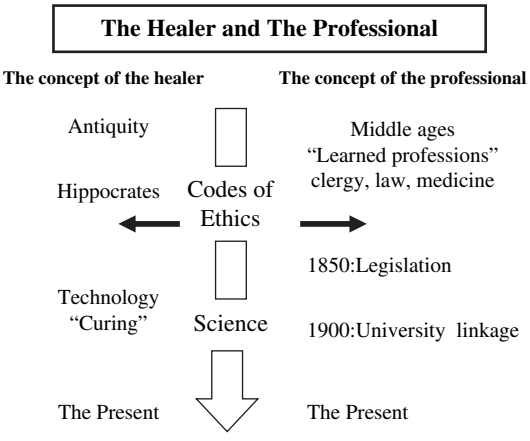

Figure 1.1. The healer and the professional have different origins and have evolved in parallel but separately. As shown on the left, all societies have required the services of healers. The Western tradition of healing began in Hellenic Greece and is the part of the self-image of the medical profession. Curing became possible only with the advent of scientific medicine. The modern professions arose in the guilds and universities of medieval Europe and England. They acquired their present form in the middle of the nineteenth century when licensing laws granted a monopoly over practice to allopathic medicine. When science caused medicine to be more knowledge based, the profession moved closer to universities. Codes of ethics have always guided the behavior of both the healer and the professional, and science empowers both.

and practicing physicians can be evaluated. This chapter will outline the origins and evolution of the modern medical profession, will provide definitions of professionalism and a list of its attributes, and will relate professionalism to medicine's social contract. The objective is to provide information drawn from the literature on professionalism to form a cognitive base for those designing and implementing teaching programs.

HISTORICAL ROOTS

The concept of professionalism has a long history and the word has been in use for at least 2,000 years (Figure 1.1). Its first appearance in connection with medicine has been ascribed to a Roman physician, Scribonius,[15] who defined professionalism as ''a commitment to compassion or clemency in the relief of suffering.''[16(p29)] He linked it to the act and the tradition of professing inherent in the Hippocratic Oath. This meaning carried forward to the Middle Ages when the learned professions of medicine, law, and the clergy emerged. They arose in their new form from the guilds and universities of Europe and England.[17–20] The professions were given status in society and a considerable degree of autonomy. Medicine, which served a small elite and had minimal

curative powers, exerted little impact on the average citizen. In the nineteenth century, science began to transform medicine, making it more effective and therefore worth purchasing, at the same time as the industrial revolution provided sufficient wealth so that patients could pay for health care. Some form of organization of the delivery of medical services was required, and society turned to the pre-existing profession to accomplish this.[1,17,19] Essentially, public policy in health care was built around the concept of the professions. The medical profession was enthusiastically complicit in this endeavor. By the middle of the nineteenth century, in most developed countries physicians had come together to form national professional medical associations and developed codes of ethics governing the behavior of their members. These bodies successfully lobbied governments to establish medical licensure that granted a monopoly over practice to allopathic medicine.[17,19] At this point, the foundations of the present day professions were laid.[17] Contemporary interpretation of these events indicates that the granting of professional status to medicine served then, and continues to serve, as the basis of a social contract between medicine and society.[5,21,22] Under the terms of this contract, medicine is given a monopoly over the use of its knowledge base, considerable autonomy in practice, prestige and status, the privilege of self-regulation, and financial rewards. In return, physicians and the profession are expected to be altruistic, demonstrate honesty and integrity, assure the competence of practitioners, and be devoted to the public good. While the operational details of both professionalism and the social contract have changed as both medicine and society have evolved,[1,3,18–20] the basic ''bargain'' has not.

THE CHALLENGE OF DEFINING PROFESSIONALISM

Although there is general agreement on the salient features of professionalism,[4,23] it has proven difficult to actually develop definitions of ''profession'' and the words ''professional'' and ''professionalism'' that are derived from it. In part, this stems from the use of the words as if they are interchangeable, which they are not. However, another cause is the difference in the background and approach of those studying all professions, including medicine.[23,24] The largest independent body of literature referring to the professions is found in the social sciences. Sociologists have been studying and writing about the professions for over a century and medicine has figured prominently in this literature. While there are certainly different approaches within the field of sociology, the primary interest is in the organization of society (and of work within society) and the role of the professions in this organization.[23] While sociologists recognize the importance of the doctor-patient relationship, they

are much more interested in the interface between the medical profession and the society it serves. The analysis of the medical profession and the accompanying definitions drawn from the sociology literature offer a series of snapshots of this interface over the past 100 years.

To members of the medical profession, the definition must convey something more than the organization of society, important as this may be. Physicians require something that can assist in defining their own identity, establishing the ideology of the profession,[3,5,20,23] and helping to establish the ideals to which they can aspire. Many physicians studying professionalism feel that the emphasis should be on medicine's base in morality and the nature of the doctor-patient relationship is stressed.[25–27] For others, the definition, while in no way diminishing the importance of medicine's moral base, must be broader to include the relationship between medicine and society and the very fundamental obligations derived from this aspect of professionalism.[1,9,28–30]

Those responsible for teaching professionalism must address aspects relating to the relationship of physicians with both patients and society as there are clearly expressed concerns about the performance of individual practitioners and of the profession in both areas.[3,5,25,31,32] These concerns relate to issues of morality, conflicts of interest, the state of the doctor-patient relationship, and self-regulation and to the impact of the health care system on the practice of medicine. For this reason, we believe that any definition of medical professionalism must encompass the approaches found in both the medical and the sociological literature.

There are individuals and organizations that prefer short and succinct definitions including three or four major points.[17,23,33,34] These have the obvious advantage of being simpler and easier to commit to memory. Others feel that the definition must be all inclusive and therefore embrace definitions that are more comprehensive, often including a list of traits or attributes, and are consequently longer.[1,28–30] Either approach is acceptable and can be effective. When short definitions are used, they must subsequently be expanded during the course of teaching as all elements of professionalism must be taught and learned. To leave anything out is to imply that it is not important. Longer definitions are more difficult to remember but can be helpful to guide teaching, having the advantage of including everything.

DEFINITIONS

The literature contains many definitions of profession, professionalism, and medical professionalism. Most are similar and present common concepts because they generally begin with the assumption that the physician is

a virtuous person and that the practice of medicine is a moral endeavor.[4,23,25,26] These concepts can serve as the cognitive base of teaching programs if placed in a proper perspective. Profession, derived from the word ''profess,'' is the etymological root of the frequently used terms professional and professionalism.[35] Profession, professional, and professionalism are generic and their definitions are therefore applicable to the other ''status professions'' such as law and engineering. For that reason, the word ''medical professionalism'' has been developed and is frequently used to allow for a definition that is specific to the practice of medicine.

It seems to us preferable to start with a definition of the root word ''profession.'' In recognition of the two different approaches – short and long – we will provide two definitions, either of which can easily serve as the basis of a program to teach and evaluate professionalism in medicine.

Those preferring a short definition that stresses broad categories generally include descriptions of professions as containing common elements; work based on command of a complex body of knowledge, autonomy (sometimes linked to self-regulation), and a service orientation. We would suggest the following, which was developed by Starr in his seminal book, *The Social Transformation of American Medicine*.[17]

> **Profession:** *An occupation that regulates itself through systematic, required training and collegial discipline; that has a base in technical specialized knowledge; and that has a service rather than profit orientation, enshrined in its code of ethics.*[17(p15)]

It must be stressed that if this definition is to be used as the cognitive base for teaching professionalism, the attributes of the profession that are outlined below must also be taught and should be linked to one of the broad principles covered in the definition.

For those who prefer a more complete definition, the following is offered. It is based on that of the *Oxford English Dictionary*[35] to which have been added elements drawn from the medical and social sciences literature that are felt to be fundamental parts of contemporary professionalism. Its disadvantage is its length and complexity but it does contain the major elements that the literature indicates should be included. In addition, it indicates that professional status is granted by society, with the important implication that society can alter the terms should it wish to do so.

> **Profession:** *An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed*