

Teaching Medical Professionalism

Supporting the Development
of a Professional Identity

Second Edition

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Foreword

This is a report from a movement. It presents ideas, evidence, and guidance for those interested in using the most recent advances in knowledge about learning and human development to enhance medical education's ability to form competent, caring, and publicly responsible physicians. Like all genuine social movements, this new approach is emerging from experience and experiment, in this case by the medical educators involved in articulating a new way of understanding their mission. For that reason, it is an optimistic book. The voices are those of many of the leaders, theorists, and experienced practitioners of the new approach who have found in it a promising way to confront the challenges of a new era in medicine.

Though it is not formally a manifesto, this book makes a strong case that professional identity formation needs to become the central focus in educating tomorrow's physicians. In a time when medicine in general, and medical education in particular, finds itself under great stress, the book provides a way in which the profession can respond constructively through a new focus on the professional identity of physicians. The book is also not a how-to manual. But it does provide a thorough review of the learning science and social scientific insights that underlie the changes in training that it calls for, while vividly exemplifying these new educational practices in functioning programs. Neither is this a policy document, though it ought to provide persuasive evidence to support bold proposals to implement the vision of medical education that the book sets out, one that can sustain physicians' commitment to high standards of practice over an entire career.

Since the publication of the first edition of *Teaching Medical Professionalism* in 2009, medical education in the United States and Canada has seen an upsurge in efforts to ensure that physicians at all stages of their training encounter a learning environment that embodies the practice of medicine at its best. "Professionalism" is the term that is often used to encapsulate the complex but utterly essential features

of such high-performance practice that is grounded in continuing improvement, focused on the needs of patients, and guided by a sense of social responsibility shared between the profession and the public it is meant to serve. The point of focusing attention on professionalism in medical education, however, is not simply aspirational. It is to effect positive developmental growth in the thinking, skills, and dispositions of future physicians as they move from beginners toward growing competence as professionals.

Through years of careful experimentation and the sharing of insight and experience, the authors gathered in this volume have come to recognize the need to take a further step to deepen medical professionalism, both in understanding and in practice. Teaching medical professionalism has always involved more than simply teaching skills or imparting knowledge. But there has been little consensus about how to describe and understand that "something further." Now, with this volume, the authors propose that the goal of teaching professionalism be named in a clearer and more encompassing way. They call it the formation or "development of professional identity." This is the unifying theme of this book and the topic that all the contributors address from their various perspectives.

From concepts to evidence and then to cases

The volume is organized to first clarify what the development of professional identity is, in both its cognitive base and the theories and research that support it. Next, the import and implications of these concepts – which turn out to be quite wide-ranging – are explored in a section entitled "Principles." Then, as befits a book intended to be useful in spreading and supporting a growing movement, the fourth section provides an arresting group of case studies of how attention to professional identity formation changes and enhances medical education. This section includes illuminating

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descriptions of learning from mistakes as well as accounts of programmatic success. The fifth section looks to the future.

Much of the value of the book lies in this sequence. Moving from conceptual exploration to empirical evidence, to application of theory, and then to actual case studies, enables the reader to grasp something of the excitement the authors have experienced in their collective intellectual journey. Perhaps most saliently, the volume’s organization makes it easy to grasp how much the contemporary learning sciences have contributed to a better understanding of how professionalism actually can be decisive for a developing physician’s identity. This knowledge about how identity is formed is further illuminated by new research on how learning environments, ultimately meaning the whole situation of the learner, including relationships with faculty, peers, other professionals, and patients, can be better understood and more effectively managed to support the development of competent practitioners. To grasp the book’s breadth of approach, it is worthwhile to attend a bit more closely to how the authors identify the problems they are addressing as well as the assumptions on which their responses are based.

The current moment in medicine as problem and as opportunity

In medicine, as in all professions, identity is closely tied to education. It is in the years of training that extend from medical school through residency and fellowships that physicians learn the craft of modern healing. It is also then that they achieve a sense of themselves as members of the distinct society that comprises medicine as a profession, with its social roles, nomenclature, specific understandings, distinctive practices, and characteristic deportments. Moreover, in medicine, this education is closely linked with the care of patients. While intensively dependent upon the advancing frontiers of biological science and pharmacological as well as technological invention, medicine is ultimately an evolving tradition of practice.

Because medicine is a way of life as well as a body of knowledge and technique, its expertise can only be learned, as the skills of practice can only be transmitted through sustained, face-to-face relationships between mentors and students. In today’s healthcare environment, the number and kind of such

educational relationships is expanding. They now routinely include relations among peers and between physicians and nurses and other healthcare professionals working in teams. However, the fundamental reality remains that medicine is an intensely human and social art of healing as well as a highly organized profession. And this fact makes medicine always vulnerable to disruption and loss when the social and economic conditions that support a given organization of the profession begin to change, especially when, as recently, they change rapidly.

The large upsurge in interest in professionalism over the past two decades can best be understood as medicine’s response to major changes that, for many in the profession, have threatened to harm the transmission of what they see as essential values. These threatening changes are well-known. One might be called the “Technocratic Illusion.” This is the utopian program of turning medicine into an application of bioengineering that would eliminate all ambiguity and uncertainty from clinical practice. Without disparaging the value of new technology or evidence-based care, it is important to note what is left out by the technocratic vision, namely the uncertainties inherent in clinical judgment, as well as any public discussion of the ends, as well as the means, of providing healthcare. The second threat might be called the “Economistic Chimera.” This refers to the supposed gains in efficiency promised by the massive commercialization of medicine. These trends undermine the profession’s relationship with the public by restructuring practice with little regard to the values intrinsic to medicine. These disruptive changes are common across subspecialties but their effects seem especially acute in medical education. And while in the current jargon of business, “disruption” has become a desirable state, disruption less often plays a positive role in the therapeutic realm.

At least that is the judgment of the influential historian of medical education, Kenneth M. Ludmerer. In his most recent book, *Let Me Heal*, Ludmerer analyzes the shift from what he calls the “educational era” that saw the establishment of the teaching hospital and the residency system as pace-setting innovations in American medical education, to today’s medical centers governed by the imperative of “maximum throughput” of patients.¹ Ludmerer underlines the negative implications of this change for the crucial transmission of medical learning and identity through the residency system. The problem is

that the push to maximize hospital (and physician) revenue distorts the organizational culture required for successful medical education. It leaves less and less time, attention, and resources to support the sustained teaching relationships on which becoming a good doctor depends. The seriousness of these problems, and their negative effects on developing professional identity, were also analyzed in *Educating Physicians*, the 2010 study of medical education by the Carnegie Foundation for the Advancement of Teaching.²

Professionalism as supporting the evolving identity of physicians

In this difficult context, it is clear that it can no longer be presumed that the values of medicine will survive, let alone be effectively transmitted, unless they are consciously fostered in ways that can be effective under changing conditions. Professionalism entails attributes of organizational culture as well as those of individuals. Both must be renewed by being adapted to new circumstances. As a living culture, medicine depends upon intensive, sustained, personal contact. This contact can be augmented and mediated electronically, but, at basis, it is bodily and spatially rooted. The professionalism movement has brought to the foreground these human features of the medical landscape that current trends often inadvertently push to the periphery of attention.

Consider the important issue of student motivation. Studies of student motivation in college and elsewhere underscore the highly contextual nature of motivation for learning. Far from being an inherent and invariant trait of individuals, motivation turns out to be highly malleable, varying significantly over time even for the same individuals. To motivate learning, it turns out that the key is the student’s perception that the educator actually cares about whether and how well the student learns. Among colleagues, something similar operates, so that professional performance improves when practitioners understand themselves to be members of a community committed to high standards of professional performance. Recognizing the interrelationship between individual motivation and the quality of relationships prevailing within a specific organizational setting expands the horizon within which medical educators can consider their goals and practices. It also opens the potential for a stronger sense of agency on the part of the

educators themselves to improve the organizational culture in which they live.

Professionalism as an educational movement: the key elements

How does the turn to the development of professional identity develop these insights? How might it help to turn present threats to medical education into opportunities for significant improvement? This is to ask how professionalism can succeed as a social movement within the healthcare environment. Like all successful educational movements, it needs to do three things. First, it must provide a catalytic reframing of the issues and articulate overarching goals for change in a convincing way. Second, the movement’s participants have to elaborate clear principles that embody what is possible thanks to this new framing of the situation. And, third, the movement has to inspire and nurture core groups of participants who can develop exemplary centers of practice that demonstrate the potentials of the new way of seeing things.

At the heart of all successful social movements, the educational as well as the political kind, lies a reframing of the situation that elicits agreement and mobilizes energy from individuals who until then had experienced the deficiencies of their situation as purely private problems. Such reframing can transform individual acquiescence in a bad situation into collective efforts at improvement. Over the last half-century, a series of social movements – civil rights, women’s rights, and marriage equality, to name a few of the most prominent – have reshaped laws and institutions that deeply affect daily life. Each of these movements reframed what had been suffered as merely private difficulties as common problems to be solved. Like a catalytic agent, the new framing of the situation that these movements provided generated bonds among formerly unaffiliated individuals and groups, weaving trust and connection based upon a new sense of sharing common goals. By so doing, the new, shared understanding generated hope and the confidence that made sustained action toward improvement possible.

Something similar has operated at moments of major change in medical education and practice. The Flexner Report, for example, framed the problem of early twentieth-century North American medicine as inadequate training in science, especially clinical science, and proposed the new model medical school

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with teaching hospital as the exemplary way to overcome these deficiencies. Once taken up by the medical profession, the result was the establishment of an enduring pattern of preparing physicians that has virtually defined the profession for a century.

Reframing the focus of medical education as developing professional identity

The increased attention to professionalism in medical education embodies a deepened understanding that the development of competent and engaged physicians requires more than the acquiring of knowledge and skills by learners. Especially under the conditions sketched above, educating doctors for the healthcare needs of today and tomorrow demands a wholesale reframing of what teaching and learning are about. In doing this, the professionalism movement has brought about a very important shift in perspective. Professionalism has expanded the goals of medical training. By locating the acquisition of knowledge and skills within a larger process of gradual induction into the community of medical practice, it has emphasized the goal of educating physicians who identify with the values and purposes of the profession. It has therefore raised to awareness the necessarily ethical, as well as intellectual and technical, dimensions of medical practice. Articulating these aims has, in turn, focused new attention to the role of physicians as members of a profession with public ethical responsibility as defined by medicine’s contract with society at large.

The professionalism movement has therefore called increased attention to the profession’s need to ensure that its members develop the identity that the public expects and the ideals of medicine demand. As a result, the question of how best to support the formation of professional identity has assumed greater prominence as a focus of pedagogical research and experimentation. And, as the process of forming a professional identity has become an object of attention and scrutiny, the notion of knowledge presumed by discussions of medical education has itself begun to shift. From an older view that thought of knowledge and skill as being acquired by the learner, often imagined in isolation from contexts of social interaction and apart from institutional norms and expectations, a new view has emerged. Instead, learning is now

increasingly understood as an interactive process of social participation.

This shift in perspective significantly strengthens the agenda of the professionalism movement. Indeed, the shift to a participatory understanding of learning gives new depth and clarity to the reframing of medical education as the development of professional identity. The perspective of participation highlights the contexts of learning and, importantly, the changing social position and personal stance of the learner across the process of becoming a doctor. Effective learning of medicine, in this view, means moving from a stance of observer on the outside or periphery of the practice through graduated stages toward becoming a skilled participant at the center of the action. Seen as growing participation in the profession’s community of expert practice, developing competence becomes inseparable from the formation of a sense of identity committed to the profession’s mission and standards.

Convergence on the idea of social learning

A striking feature of this second edition of *Teaching Medical Professionalism* is the convergence among the authors of the chapters toward a common focus of attention on the process of social learning. This serves as the fundamental notion underlying the framing of medical education as professional identity development. Within this new framework of understanding, developing a professional identity is a process that is at once a transformation of an individual’s identity, in which the individual is ultimately the key actor, and a passage through shared environments. These learning environments are shaped by particular organizational cultures that embody, to notably different degrees, the norms of the profession and which can either support or undermine the efforts to make professionalism prevail as the overarching value.

The key concept is that learning to practice medicine is always, implicitly or explicitly, also a process of learning to *be* a physician. Before the professionalism movement called attention to this fact, medical education typically carried out much of its formative work tacitly. As noted, this made the whole process easily vulnerable to disruption. The chapters gathered here provide several theoretical perspectives on learning and psychosocial development that make articulation of medicine’s implicit goals more powerful.

These perspectives derive from social research and the learning sciences.

One approach proceeds from the inside out. It is derived from cognitive psychology, particularly the “constructivist” idea of learning that underlies much of current research on human development. This approach calls attention to the active role of the learner. Rather than the proverbial “blank slate,” the learner is understood as always actively trying to make sense of what is encountered, trying to weave newly acquired knowledge and performance skills into the individual’s existing fabric of understandings of the world and the self in the world. An important implication of this viewpoint for medical educators is the value to them of grasping the sense their students are making of their experience, which may be quite different from what the educators intend, and engaging with their students’ understanding to advance their development.

The other approach proceeds from the outside in. It derives from social psychology and sociology, especially the theory of socialization. The underlying metaphor here is learning as bringing new entrants into an ongoing team effort to achieve shared goals. This viewpoint highlights the fact that learners always occupy roles in relation to others in social groups – roles that strongly affect both the cognitive and the emotive stance of the learner. There is ample evidence of how strongly social role and position can influence the learner’s stance toward her experience, including the way the learner comes to feel about her own capacity to understand the world and her legitimacy in occupying a particular social role. These insights are crucial to making medicine a more welcoming environment in a diverse society. This perspective also emphasizes the importance for motivation and learning of role models and mentors in medical education. Its attention to social context illuminates the way different, even conflicting, expectations and norms can be embodied in the culture of an organization, with the result that the implicit but unacknowledged norms can become more formative of professional identity than the organizations’ formal, stated values, as in the idea of the “hidden curriculum.”

The key point of convergence between the two approaches, with their respective research literatures, lies in the idea of learning as a function of participation. The metaphor of learning as participation spans the psychological and the social while emphasizing the agency of both the learner and the community of educators. The very movement from periphery

toward the center depends upon a synergy between the movements from the inside out and the outside in. On the one hand, the literature makes it clear that active sense-making is a key contributor to identity development, and that this process can be analyzed and its components intentionally strengthened through pedagogical interventions. On the other hand, it is equally clear that students’ sense of agency is best engaged toward positive identification with professional values when educators and learners both become more aware of the often unseen power of organizational cultures. As educators themselves become more aware of these influences, they become better able to intentionally foster a more reflective and proactive stance on the part of learners toward their own development.

Principles and implications: three illustrations

The chapters in Part I and Part II explain these concepts and the research literatures from which they derive. From this enhanced theoretical base, the authors of chapters in the subsequent sections go on to explore the implications of the approach for a number of topics important for the success of the professionalism movement. Later chapters take up, for example, what is known about how to reliably assess progress toward the development of professional identity; the means available for remediating lapses in professional behavior; and the most effective ways to implement programs of faculty development in support of identity formation. There is also discussion of how licensing and accrediting bodies might play more constructive roles in advancing the formation of professional identity.

In addition, three other topics can illustrate the power of the book’s framing concepts: the emerging conception of professional education environments as “developmental networks”; strategies for fostering continuity in learning and identity development across major moments of transition; and attention to new forms of practice, especially interprofessional educational experiences.

Developmental networks

The synergy between fostering students’ own meaning-making, and explicitly modeling professionalism and providing mentoring relationships, has given rise

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in the literature to the idea of professional schools as evolving “developmental networks.” At the center of this idea lies the notion that a strong professional identity requires that students develop a proactive stance toward their own learning and career choices. However, it is not assumed that this should happen in isolation from efforts to design and foster educational environments built around explicit criteria of professionalism.

One of the points of convergence among educational researchers concerned with formation of identity is the importance of developing habits of self-reflection among students. This is entirely consistent with the metaphor of learning as participation. Reflection in that perspective names the process by which the learner develops greater awareness of her own capacities and ways of thinking and responding to experiences. Well-designed learning spaces and experiences – those that provide explicit modeling of what is to be learned, opportunity for the learners to practice this, and the provision of feedback on their performance – make the objectives of learning clear and assessable. Clear learning objectives, in turn, enable learners to orient their efforts and to become aware of their progress, as well as to relate their new experience to their ongoing sense of who they are.

Practices of reflection are quite varied and can take different forms at different points in the educational journey, ranging from the directed to the spontaneous. Reflection can be carried out privately or in small groups, with or without feedback from instructors or preceptors. The evidence is increasingly strong that in all its forms, reflection can be a powerful tool. Carried on in a context explicitly structured around the norms of professionalism, reflection proves an important aid toward becoming a self-directed learner, an essential quality for a successful later life as a physician.

What is perhaps most striking in the examples the book provides is the value of formally cultivating reflective practices among educators themselves. By becoming more aware of their own progress and difficulties, reflection helps educators recognize the need for change and further learning. But most importantly, it encourages greater empathy with students’ struggles toward a well-integrated professional identity, promoting the kind of mutual engagement that is optimal for professional and personal development.

Attention to continuity at transition points

Medical education is marked by major transitions between different environments for learning – transitions that require students and more advanced practitioners alike to navigate large discontinuities in the roles they occupy, as well as in the cognitive and emotive stance they are expected to assume. Entering medical school, the first experience of the dissection lab, the first encounter with death in a clinical context: all these provoke tension, uncertainty, and reflection about one’s sense of purpose and one’s fit with the world of medicine. Similar moments of discontinuity appear in the transition from predominantly classroom-based to clinical education, in gradually assuming responsibility for patient care and entry into residency. Such moments continue into the years of practice.

The literature on role modeling and mentorship presented in many chapters gives important resources for making sure that continuity of purpose and identity remains strong across these disorienting moments. Programs intending to foster identity development can draw upon a growing base of experience and research for tested methods of making it through the transitions with an enhanced, rather than wounded, sense of agency and meaning. Today’s fuller understanding of how identity matures can help students with what for many is a highly challenging transition: the cognitive and emotive shock attendant upon realizing that medical practice will frustrate expectations of certainty. Developing a new resiliency in the face of having to take responsibility in the face of endemic ambiguity and uncertainty, one of the most important professional virtues, can be greatly aided when the student is able to reflect on this experience in a supportive context and with awareness that this too is a necessary transition.

Attention to changing forms of practice: interprofessional learning experiences

The rapid changes in the contexts and forms of medical practice make this an issue that is likely to loom ever larger for future medical students and residents. With its discussion of interprofessional education in the health fields, the book provides an illuminating

example of how recent research in learning and socialization theory can assist in designing and testing new learning experiences to help students who will work in healthcare teams that are, like the settings in which they function, organized quite differently than has been typical. Learning from, with, and about allied healthcare professionals, including nurses but also pharmacists and technicians, is an area fraught with the possibility of missteps. So, it is important that experiments in this area proceed with as much knowledgeable guidance as possible.

Research is already identifying promising strategies for fostering forms of “cohesive practice” involving multiple professions. For example, longitudinal integrated clinical placements that enable medical and nursing students to train and work together in carefully designed settings seem to promote trust and collaboration that result in good patient outcomes. However, what is still to be determined is how such experiences can and ought to contribute to the physicians’ and nurses’ developing sense of identity. The issues such experiments raise echo some of those described above, especially the problem of coping with dissonance among points of view and social roles in ways that build a genuinely interprofessional sense of participation in the enterprise of healthcare provision.

“Rounds” of professional identity formation: learning from cases

For readers seeking a fuller sense of what is entailed in the shift toward professional identity formation as an overarching goal of medical education, the most inspiring section of the book is likely to be the fourth. This section presents a set of well-developed cases that describe the experiences of several institutions that have made large-scale attempts to implement the ideas set out earlier in the volume. Since reasoning and learning by cases is the classic method by which medicine advances, it is fitting that a book seeking to advance a movement of reform in medical education should conclude with the presentation and discussion of such cases.

Four chapters present stories of three institutions that have engaged in reform addressing diverse aspects of medical formation. The University of Texas Medical Branch has implemented a new undergraduate curriculum based on professional identity formation. McGill University’s Faculty of Medicine

has reshaped its undergraduate program on professionalism to now center on professional identity formation, while the same institution has also introduced identity formation into its residency programs. Colleagues at Indiana University have described ways to alter the learning environment so that it can support professional identity formation.

With more than a decade of experience, McGill’s four-year, longitudinal, undergraduate Physicianship Program provides an illuminating example of the possibilities opened up by making professional identity development the common focus of a whole educational program. At its center are an interconnected set of practices and roles that emphasize the students’ biographical coherence. This represents a departure from the inherited pattern of medical schools, which, like most other professional schools, have often distanced the beginner from previous ways of thinking and earlier identities. The idea behind this boot-camp or ordeal-like approach seems to have been a belief that the old, lay self had first to be decommissioned before a new, fully professional identity, with its attendant new way of thinking about self and world, could be constructed in its place. The student’s role in this process was largely reactive, allowing herself to be reshaped by new authorities.

Instead, the Physicianship Program draws on the theories of social learning to support students as they negotiate actively their movement from the periphery of the medical community toward deeper participation. To accomplish this, the program deliberately asks students to articulate and draw upon their earlier motivations and predispositions toward a medical career. The program provides concepts, common experiences, reflection, and active guidance to enable students to weave together a narrative that links their past lives and significant communities, with their present efforts to understand and enter the new community of medicine. The program aspires to give students the understanding and confidence necessary to look toward a future identity as a professional, a purpose that can enable them to create continuities across the difficult points of transition they must navigate.

When they enter medical school, McGill’s students are placed in small learning communities of six peers who, together with two volunteer upperclass students, meet three times each semester, throughout the four undergraduate years. These groups are led by selected members of the clinical faculty who have become Osler Fellows, named after the famous clinician. The

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fellows act as mentors to the group, having themselves already spent a year in similar groups of faculty engaged in the program. Known as Physician Apprenticeship, the learning communities take up different topics each year, appropriate to the group members' progress through the medical curriculum. They begin with discussions of their own goals in relation to definitions of modern roles of healer and professional and conclude in the fourth year with deliberative sessions that explore basic tensions endemic to the physician's identity as preparation for residency and the further transitions to come.

It is worth noting how many of the emphases and pedagogical approaches discussed in the earlier chapters of the volume show up as important practices in the cases presented. McGill's Physicianship Program is not an outlier in this regard. Practices of reflection, for instance, appear in a myriad of forms. Every program has developed ways to make the modeling of professional virtues and judgment a conspicuous feature of daily life for all involved. Perhaps most significantly, all the programs have worked out, including through trial and error, methods of fostering, not only continuity in medical learning but biographical coherence as well. This enables students to more intentionally and reliably develop as physicians who will embody the best values of medicine.

These cases, then, illustrate how the ideas promoted in this volume look in practice. They invite the reader to enter imaginatively into the atmosphere of a set of ongoing educational experiments that are helping to advance the agenda of professional identity formation. And so, they lead back to the proposal that begins the book: that learning medicine for our time is best reframed as the development of a professional identity centered on the central values of the community of physicians. The ideas as well as the examples presented in this book are all works in various stages of progress. The important point, however, is that this experiment is now ongoing and gathering momentum. As an educational movement, it is serious, increasingly well-grounded in evidence, and spreading. Perhaps most valuable of all, it is inspiring.

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