

# Professionalism as inspiration and discernment in educating medical students and trainees

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### Abstract

We propose that the various meanings of 'professionalism' in the literature can usefully be grouped as 1) professionalism denoting 'excellence in medical practice' and 2) professionalism as it relates to 'meeting certain standards.' These groupings lead to two complementary pedagogical goals and teaching strategies in terms of *inspiration* and *discernment*. These strategies address both the need for an aspirational goal, and for achievable standards in attaining clinical competence, understanding of ethics, and skills in communication. Achieving these standards then provides a base for the eventual expression of professionalism which is understood in terms of virtues—such as excellence, humanism, accountability and altruism. Some of the implications for medicine as a profession are discussed if it is to claim these virtues in professional practice. We suggest that disciplinary issues be dealt with separately from teaching programmes as they relate (in most cases) to a small proportion of students and clinicians who have difficulty in maintaining required standards of professionalism. We illustrate this approach to teaching professionalism by reference to a programme at the Yong Lin Loo School of Medicine in the National University of Singapore.

**Keywords:** Assessment, medical ethics, professional conduct, medical discipline

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### Introduction

Professionalism has gained importance in medical education in the past few years, although the term is used to mean a number of different things. The various meanings can usefully be grouped within the following two broad functions. These are professionalism as a term of commendation that denotes *excellence* in medical practice, and secondly professionalism as 'meeting certain standards' which addresses functions of *control*. From these groupings, two complementary pedagogical goals and strategies become apparent.

'Professionalism as excellence' addresses an aspirational drive. It is *inspiring* to recognise professionalism in others. It provides a higher aim that medical students, trainees and experienced clinicians may aspire to. Professionalism, in the second sense, as 'meeting certain standards,' addresses a regulatory function by identifying acceptable and unacceptable levels of knowledge and skills. In an educational context identified standards also serves the positive goal of providing attainable goals for students and trainee clinicians. For trainees whose goal is to perform at an acceptable (or higher) standard they address a need to *discern* the various elements that contribute to professionalism. By this means professionalism becomes accessible to students and junior doctors. *Discernment* relates to the hard (and necessary) work needed to support professionalism as an aspirational goal.

The pedagogical goals then become *inspiration* and *discernment*. As teaching strategies, the aim is to *inspire* students and trainees by examples of professional excellence and secondly, to help them to *discern* what it is they need to develop for themselves in taking small steps towards excellence in their own practice. We discuss

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the judicious use of each of these strategies according to the goals within particular contexts. Broadly speaking, we maintain that it is through inspiration that we will effectively influence and stimulate the majority of medical students and trainee clinicians to aim for excellence in their professional training and clinical practice. And it is through *discernment* that students will begin to acquire the necessary acumen and skill to develop as professionals.

Discernment highlights a necessity to develop and refine standards as criteria for assessment, for membership of the profession and for accountability in medical care. These standards relate to setting boundaries, and to identifying what is acceptable behaviour in clinical medicine and in the course of medical education. When members of the profession fail to maintain community expectations of the profession then talk of professionalism in its aspirational sense rings hollow.

Having said that, we are also concerned that an appropriate balance be found between focusing on professionalism as an aspirational goal and addressing behaviour that falls short of agreed standards. This is not to suggest that “unprofessional behaviour” is not an important issue, but that giving undue attention to poor behaviour in an educational context may be counterproductive. Our observation, from years of teaching in medical schools, is that most students and trainees attempt to do their best. Any concern therefore, about “unprofessional behaviour” should be kept in proportion to its actual occurrence. In most situations it will be more appropriate to deal with these issues aside from the classroom. We discuss the approach taken in the Yong Loo Lin School of Medicine in the National University of Singapore in terms of attempting to get this balance right.

### **What is professionalism?**

Kingham (2010) observes that professionalism’ is a “polyvalent and diverse concept” and a “contested term that is used in different ways by different clinicians”. Cruess *et al.* (2004) have proposed a working definition of professionalism for medical educators as including: maintaining and sharing a special body of knowledge and skill; serving others and the public good; committing to ethical conduct and to a code of ethics; and maintaining autonomy in practice and self-regulation. McKimm (in this journal)

focused on “professionalisation” as establishing standards “against which people or organisations can be measured” (McKimm, 2009). Kerridge *et al.* (2009) identified at least four different meanings of the word: professionalism as a higher aim; professionalism as autonomy and control over standards of practice; professionalism as “competence” and “accountability”; and professional as denoting “a certain coldness and detachment”.

All but one of these elements fit within our suggested categories of ‘professionalism as excellence’ and ‘professionalism as control’ (discussed above). For example, Kerridge *et al.*’s (2009) discussion of ‘professionalism as a higher aim’ and Cruess *et al.*’s (2004) ‘serving others and the public good’ relate to ‘professionalism as excellence’ whereas the other elements relate to ‘professionalism as control.’ This includes professionalism as ‘competence’ and ‘accountability’ Kerridge *et al.* (2009) along with McKimm’s (2009) ‘establishing standards,’ and Cruess *et al.*’s (2004) ‘committing to ethical conduct and to a code of ethics’ and ‘maintaining autonomy in practice and self-regulation.’ ‘Maintaining autonomy and self-regulation’ for an entire profession depends on a complex interplay of political forces involving the public, the profession and state authorities, although it can be supported by education to the extent that medical professionals are well prepared for maintaining professional standards. Nevertheless, it falls within ‘professionalism as control.’

The one element that does not fit our categories is Kerridge *et al.*’s (2009) professionalism as ‘coldness and detachment.’ We see this as a description and valid criticism of poor medical practice that derives (in part) from practitioners’ impoverished notion of professionalism. To some extent this can be addressed by clinician teachers who are capable of both empathy and detachment—neither of which necessitate coldness. Further, Cruess *et al.*’s (2004) element—‘maintaining and sharing a special body of knowledge and skill’— might reasonably be taken to refer to both ‘excellence’ and ‘control’ to the extent that ‘maintaining knowledge’ requires research and therefore research excellence. The reason for bringing these diverse aspects of ‘professionalism’ within two categories is to draw attention to the complementary and interdependent teaching strategies that emerge: *inspiration* and *discernment*.

## Professionalism as excellence

Addressing professionalism as comprising separate elements, as we have proposed (above) for purposes of *discernment*, raises a question about whether the elements so identified are constitutive of professionalism or whether professionalism is something further, not so easily captured by words or measured. In other words, is *professionalism* the sum of the elements that may be identified or is there something more, not easily identified and assessed? Kinghorn (2010) answers this question from an Aristotelian philosophical perspective by maintaining that professionalism is *not* something that can be compartmentalised but is “an overarching evaluative description of the excellent practice of medicine as a whole.” He is critical of any tendency to regard professionalism as a separate domain of clinical practice and as one of the core competencies. Rather professionalism consists of “moral excellences” in the *whole* of clinical practice (Kinghorn 2010).

Consistent with this approach, Arnold and Stern (2006) conceive of professionalism as “a virtue toward which physicians constantly strive”. Although professionalism is underpinned by knowledge, attitudes, and skills in “clinical competence, ethical understanding and communication skills” it is distinguished by aspirational principles that should be wisely applied (Arnold & Stern, 2006). For these authors, principles of professionalism are statements of values central to understanding professionalism and set it apart from clinical competence.

Mueller (2009) however takes a more pragmatic approach. He borrows Arnold and Stern’s framework but applies it “to develop curricula for teaching and tools for assessing professionalism.” As he conceives it, the framework comprises a foundation of “clinical competence, communication skills, and sound understanding of ethical and legal aspects of medicine.” Arising from this base are “*the attributes of professionalism*” excellence, humanism, accountability, and altruism—which lead to “cognitive, behavioural and affective outcomes”. Professionalism, in Mueller’s conception, is the “capstone” of this framework. Mueller’s (2009) paper steers away from the language of virtue and aspiration used by Arnold and Stern (2006), with the apparent aim of providing a more practical approach to teaching and assessment.

Swick (2000) in his “normative definition of medical professionalism” takes a similar approach to Mueller in presenting the “elements” of professionalism as nine value statements (including, for example, ‘physicians subordinate their own interests to the interests of others’; and ‘physicians adhere to high ethical and moral standards’) but grounds these in “what physicians actually do and how they act.”

In our view, any approach to teaching professionalism cannot escape this dilemma: that on the one hand professionalism is a term that refers to the values and highest aspirations of medicine; and on the other, has to be understood in terms of competencies and particular behaviours for the term to have meaning and to be accessible to students and trainees aspiring to be professional. Accepting professionalism as “an overarching evaluative description of ... excellent practice” (Kinghorn, 2010) does not preclude, in our view, a practical need to discern foundational elements and attributes of professionalism that can, and need to be addressed in medical education so as to provide the conditions in which professionalism can be supported.

## Teaching professionalism

Regardless of whether we define professionalism as ‘wisdom in practice’ as does Kinghorn (2010), or in the aspirational and virtuous terms used by Arnold and Stern, or as comprising “attributes” in Mueller’s (2009) terms, it is nevertheless a demanding educational goal.

Undaunted, Mueller confidently asserts that “professionalism can be taught and learned” and that these attributes “should be intentionally taught”. Included in his reasons for doing so are that:

- professionalism does not occur by chance alone;
- patients expect their physicians to be professional; and
- professionalism is associated with improved clinical outcomes.

Mueller (2009) proposes that one starts by teaching the foundational elements of professionalism: clinical competence; communication skills; and the ethical and legal aspects of medicine. Each of these requires specific knowledge, skills and competencies. It is a challenge to teach these basic underpinnings effectively. Nevertheless medical

schools worldwide do teach clinical competence, and increasingly schools of medicine are teaching communication skills, as well as ethics and law in medicine. This approach is *necessary*, although we accept that teaching these foundational competencies is not *sufficient* to convey professionalism.

Even more challenging however, is the prospect of teaching excellence, humanism, accountability and altruism. Mueller recommends that these attributes “should also be taught in order to foster the development of the complete and professional physician”. To do so he suggests a variety of methods including didactic lectures, web-based learning modules, case discussions, hands-on practice sessions, team learning groups, role-plays, and simulation using patient actors.

As with many other commentators, Mueller (2009) emphasises the importance of role modelling. For Kinghorn (2010) the place of exemplar professionals as role models in teaching trainee clinicians is central. Kinghorn likens the role of a “teacher of excellence” to the style of a “master harpist carefully shaping the technique and style of an aspirant beginner” not so much by didactic teaching but by proclaiming “*Ah, yes, that’s right!*” (Kinghorn, 2010). For Mueller (2009), role-modelling provides trainees opportunities for observing interaction with patients, colleagues and other members of the healthcare team—and particularly when trainees are permitted to observe challenging situations (such as providing “bad, sad or unexpected news to a patient”). Mueller goes on to advise that role-modelling be accompanied by “discussing and reflecting” on observed behaviours.

### **Post graduate training**

Professionalism also has an important place in postgraduate training. A number of recent papers discuss postgraduate professionalism training in different specialities. Park *et al.* (2010) interviewed surgery residents and faculty who identified factors they regarded as important in developing professionalism, including especially “positive role models.” Klein *et al.* (2003) described a residential teaching programme on professionalism for paediatric residents which identified values such as ‘respect for others’ and ‘compassion’ in relation to practical situations such as working with parents in stressful situation. Lapid *et al.* (2009) surveyed psychiatric trainees who drew attention to a number of concerns relating to professionalism including

boundary issues in psychiatric training and clinical practice.

Postgraduate training offers a fertile ground for teaching professionalism because trainees are moving from working under supervision to becoming professionals who are fully responsible for patient care. At this point in their education they are more cognisant of the concerns that are addressed by professionalism.

### **Assessing Professionalism**

Mueller claims that “professionalism should be intentionally assessed.” He reasons that “expectations and rich experiences alone will not guarantee that professionalism is learned.” Secondly assessment “motivates individuals to learn what is important” and gives a measure of “whether competency in professionalism has been achieved.” He believes in pervasive assessment that “should commence at the start,” be conducted “periodically throughout, a physician’s career” and be conducted at all levels of the hierarchy, including “medical students to faculty physicians” (Mueller 2009).

However there is “no universal tool for assessing professionalism.” Rather multiple tools are needed as appropriate to the various skills and qualities being assessed. These include testing for knowledge, communication skills, the use of objective structured clinical examination (OSCE) and a variety of other measures and reports such as 360° assessments, patient assessments, portfolios, and reports of critical incidents (Mueller, 2009). Cruess *et al.* (2006) propose a “mini-evaluation exercise” to assess professionalism in early residential training.

### **Approach to teaching Professionalism**

In the Yong Loo Lin School of Medicine at the National University of Singapore, several strategies are in place to support medical students’ in developing professionalism. A longitudinal track by the name ‘Health ethics, Law, & Professionalism’ (HeLP) was introduced into Year 1 of the undergraduate medical (MBBS) course in 2008. It now comprises lectures and tutorials in Years 1 and 2 including a lecture specifically addressing professionalism. In Year 3 of the course students are required to write a ‘Reflection on professionalism’ in relation to one of their clinical case studies. Further lectures on professionalism and ethics will be included in Year 4 of the upcoming academic year (2011-2012) with plans for additional elements in Year 5 (2012-2013). Professionalism provides a clinical context for

teaching ethics and some purchase for the more abstract and philosophical discussions within ethics.

There is also a prize for professionalism (newly established) that is to be awarded to one student in all five years of the medical course. Students can be nominated by a range of people (peers, academic and administrative staff members, patients, and patients' relatives). These nominations will be considered along with other information on file for the nominated student (including an 'excellent' grade for the student's 'Reflection on professionalism'). Each winner will receive a valuable token that can be used for purchasing books and educational equipment.

In parallel with this is a concerted effort within the Faculty to delineate appropriate competencies in all the clinical disciplines in each year of both undergraduate and graduate teaching in medicine. Some of these elements are intended to inspire students by the goals of professionalism (an initial lecture on professionalism and a prize in each year of the course) whilst the remainder of elements (discussed above) are to help students to discern professional standards.

### **Disciplinary standards**

At the outset, we discussed professionalism as both a term of commendation that denotes *excellence* in medical practice and as a concept relating to setting standards which address functions of *control*. We have discussed this second function in terms of the educational value of identifying standards and how this assists trainees in developing *discernment*.

However there is also a negative role that standards also serve: in identifying behaviour that falls short of these standards. Whilst most students *strive* to do their best, not all manage to do so. Although few in number, it is *problem students* who draw the most attention - especially when those students manifest disciplinary problems and raise concerns about their suitability for joining the profession. Similarly, in the professions themselves, a great deal of attention is given to clinicians when there are concerns about unprofessional behaviour. Accusations - especially the more salacious - inevitably attract a good deal of commentary in the press and raise public concern and calls for punitive responses. Although these cases represent of a tiny proportion - only 0.3 percent of physicians

practicing in the United States have been subject to disciplinary action (Papadakis *et al.*, 2005) - they draw disproportionate attention. We take the view that disciplinary problems need to be addressed with an appropriate equitable process. In extreme cases, this may lead to expulsion from a medical course or from the profession. Having said that, it is also important to emphasise that in proportional terms this is a rare event.

The Yong Loo Lin School of Medicine has developed 'Fitness to Practice' policies and procedures that are designed to respond to students whose behaviour or health issues raise concerns about their fitness to practice. Similarly there is a 'Code of Conduct' for medical students to make it clear what is expected of students during their medical training. For example, it sets out the requirements of confidentiality and respect for patients in clinical settings. However the Faculty also recognises that these policies need to be placed in a broader context of professionalism as an aspirational goal within a teaching programme designed to support students in meeting achievable standards of knowledge, attitude and skill.

### **Scepticism about professionalism**

We support teaching professionalism as an important concept that brings together clinical competence and the expression of important values in medical practice, although we do so with some trepidation. We are cognisant that 'professionalism' may appear as a cynical public relations strategy that presents the profession as 'altruistic' with members who 'subordinate their own interests to the interests of others' and 'adhere to high ethical and moral standards' when the behaviour of some its members - and, at times, the profession itself - may be far from this. This is a concern expressed by many including Friedson (1970a, 1970b); and more recently by Kerridge *et al.* (2009), who outline a long history of medicine's far from altruistic behaviour; and Hafferty (2006) who points to the profession's muted response to doctors whose financial interests were in apparent conflict with their patients' best interests. In the relationship between the medical profession and pharmaceutical companies, the profession has been slow in responding to evidence of the biasing, and potentially harmful effects, of pharmaceutical company largesse toward doctors (Macneill *et al.*, 2010). If medicine is to claim the virtues of altruism and assert a "fundamental difference between commercialism

and professionalism” (Cohen, 2006) there must be a strong commitment by the profession to the professed values and more vigilance in maintaining standards that are undermined by apparent egregious self-interest.

## Discussion

As we have maintained throughout this paper, professionalism has a dual aspect: professionalism as excellence and professionalism in terms of meeting certain standards. We have translated these aspects of professionalism into the pedagogical goals of *inspiration* and *discernment*. Professionalism as excellence is inspiring, but it can also be daunting for students or trainee doctors to compare themselves with someone at the pinnacle of his or her clinical and professional competence. Agreed standards however provide a substantive base for students to begin to discern what is appropriate and inappropriate. This approach is to emphasis professionalism as a positive construct and an attainable goal. It also leads to a caution about using the term negatively by identifying behaviour (such as talking in class) as “unprofessional” when other conventions (social etiquette, standards of politeness) are more appropriate (Kingham, 2010). Professionalism ceases to mean much to students when teaching staff resort to describing student behaviour as “unprofessional” in this off-hand way.

We have related this approach to professionalism to the teaching programme in the MBBS course at the Yong Loo Lin School of Medicine where there is a longitudinal track that identifies the values and positive characteristics of professionalism, and a programme being undertaken to delineate standards of competency for each phase of medical education through into post graduate courses. There are also protocols for responding to students who fall short of these standards, both in terms of providing remedial teaching and, in extreme cases, for responding appropriately to students who may not be capable (for a variety of reasons) of reaching the required standards.

We anticipate that our attempts to get the balance right will be ongoing as balancing between competing approaches is inevitably a dynamic activity. Nevertheless, we offer these reflections in the hope that they support others who are teaching professionalism, or proposing to do so, and in the hope that these ideas may stimulate further discussion.

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