

For the Office-based Teacher of Family Medicine

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Feature Editor

Editor's Note: In this second of a two-part series on the office-based teaching and assessment of professionalism, George D. Harris, MD, MS, of the Department of Community and Family Medicine at the University of Missouri-Kansas City describes common situations in which the preceptor can teach professionalism and important factors that contribute to the assessment of a learner's professionalism.

I welcome your comments about this feature, which is also published on the STFM Web site at www.stfm.org. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate *Family Medicine* citation). Send your submissions to williamh@bcm.tmc.edu. William Huang, MD, Baylor College of Medicine, Department of Family and Community Medicine, 3701 Kirby, Suite 600, Houston, TX 77098-3915. 713-798-6271. Fax: 713-798-7789. Submissions should be no longer than 3-4 double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

Professionalism: Part II—Teaching and Assessing the Learner's Professionalism

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Part I of this two-part article introduced the characteristics of professionalism and described how the office-based teacher can be an effective role model. Part II discusses how the preceptor can teach concepts of professionalism during office-based care and assess the learner's professionalism.

Teaching Professionalism

Teaching professionalism begins with the first-year medical student in the classroom and continues as the student progresses into the clinical arena. A curriculum that includes clinical and professional ethics, social issues in medicine, community service activities, and longitudinal patient care is necessary.¹ It is a responsibility of the institution to create an environment for

professionalism, have leaders who are involved with mentorship, and ensure that the entire faculty is contributing to the same outcome.

For most medical students, their initial exposure and preparation for the "outside" world of medical practice occurs during an office-based preceptorship. This is a unique opportunity for the preceptor to emphasize to learners their responsibility to patients, to society, to their profession, and to themselves. As discussed in Part I, the first step in teaching professionalism is serving as a proficient role model. Creating a positive working environment with an efficient, pleasant office staff is the second step. The third and most important step is for the teacher to raise the expectations of the learner so he/she modifies behavior, corrects self-defeating thoughts and attitudes, and pursues excellence in all their learned or accomplished skills. The preceptor must grasp the potential of the learner, cultivate the learner's

positive attributes, and assist each learner in achieving all of his/her capabilities.

To initiate these steps, the preceptor should meet with the learner in the beginning to establish the expectations and goals of the learner as well as the preceptor. These expectations and goals should include not only those for the acquisition of knowledge and skills but also those for the acquisition and demonstration of professional behavior. Goals for professionalism should include humane care and treatment of all patients with utmost consideration for their perspective and privacy; truthfulness and uprightness in all encounters with the patient, their families, and all individuals contributing to their medical care; and development of the knowledge, skills, and ideals to be a medical professional.²

Preceptors must make the effort to observe their learners caring for patients. Observing the learner in action gives the preceptor the

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chance to give feedback on how well the learner interacted with the patient, handled the clinical aspects, and demonstrated professionalism. These observations also give content for teachable moments on professionalism issues. For instance, after the preceptor and learner have seen a "difficult" patient together, there is opportunity for the preceptor and learner to discuss how each handled the situation, the challenges to demonstrating professionalism in that situation, and how it might be handled better in the future.

Handling many routine tasks of clinical care also provides opportunities on teaching professionalism. Allowing learners to write notes in the patient chart and answer phone calls from patients, other physicians, pharmacies, and managed care organizations under the preceptor's guidance will give the preceptor opportunity to give feedback and hold discussions on how to professionally handle these issues in the midst of a busy day. Self-directed learning is another aspect of professionalism that the learner can demonstrate by providing the preceptor with a summary of information obtained from reading about conditions of patients seen earlier.

Observing the preceptor work in the office after a night of being on call shows the learner that a physician's responsibility does not go away because he/she is tired, had a difficult night of call, or just does not want to work that day. The preceptor has opportunity to teach about responsibility by openly discussing his/her feelings while simultaneously informing the learner of the moral and ethical commitment that must be fulfilled to patients with scheduled appointments.

If the preceptor volunteers his/her time at a free clinic or other community activity, then the learner should be encouraged to attend. This time provides another scenario for the learner to see the preceptor's professionalism in serving others as well as develop his/her own sense

of altruism and ability to serve an organization or community.

In addition, the learner has the opportunity to learn about the responsibilities necessary to manage the medical practice; the balance required to maintain a healthy personal, spousal, and family relationship; and time management skills. Again, the preceptor can enhance the teaching about these professionalism issues by more explicitly discussing them and shaping the learner's attitudes and skills in behaving professionally in these situations.

In each of these areas, the preceptor has opportunity not only to teach but also to challenge the learner to change behavior where needed and grow as a professional. A summary of teaching points on professionalism that I give to learners includes: (1) Take care of your patients, and they will take care of you, (2) Treat your colleagues with courtesy and respect no matter how they treat you, and (3) Remember that all of us will eventually become a patient but only a few of us are given the privilege to be a physician.

Assessing the Learner's Professionalism

The assessment of the learner should begin during the interview process for medical school and in the Admissions Committee's deliberations. The selection process should identify students who already display the major qualities necessary to be a medical professional.³ The student who is mature with high moral standards is more likely to distinguish virtues from vices.⁴

The evaluation of professionalism should not just use a simplified form that allows the teacher to simply mark "achieved," "not achieved," or "could not assess" on it. It should be a dynamic, not static, evaluation and longitudinally occur to encompass all the training years. In addition to evaluating the learner's knowledge and skills, the

office-based teacher's comments on the learner's professionalism and interpersonal skills may especially be useful.

Attributes of professionalism that should be assessed include how well the learner demonstrates reliability and responsibility, rapport with and respect for patients and families, a positive relationship with the preceptor and office staff, motivation and maturity, flexibility and initiative, and self-directed learning.⁵ An easy way to remember these items as well as other important assessment items for professionalism is the mnemonic "DR." The preceptor should assess the learner's demonstration of the four Ds (degree of maturity, degree of motivation, direct listening, and [self]-directed learning) and the four R's (reliability, responsibility, rapport, and respect). The preceptor can address these items by commenting on the learner's ability to interact and communicate with patients, dependability in accomplishing tasks related to patient care, willingness to acknowledge his/her limitations and work on them, and demonstration of characteristics such as humility, courtesy, and consideration of others.

An exit interview with the learner is beneficial to both the preceptor and the learner. In this discussion, each can offer a constructive critique of his/her experience, and the preceptor can also give an assessment of the learner's professionalism. Afterward, the preceptor can submit a written evaluation summarizing how well the learner demonstrated the desirable knowledge, skills, and professionalism of a physician.

However, many clinical teachers may be reluctant to put all of their thoughts about a learner's professionalism in writing. In one clerkship's experience, a direct verbal discussion between clerkship director and the clinical teachers about the learner's professionalism was more useful in identifying in-

cidents of unprofessional behavior than relying solely on the written evaluation form that was submitted.² Accordingly, if there are concerns about a learner's professionalism, the preceptor may also wish to verbally discuss these with the clerkship or program director.

Conclusions

Professionalism is demonstrated and then emulated. Before we can adequately evaluate it, we need to ensure as teachers that we are practicing and reinforcing it. We must also make an effort to observe learners, teach them how to demonstrate professionalism in specific interactions with patients, and accurately assess their professional behavior.

As educators, we need to emphasize humanism in medicine and teach learners to respond to societal needs.³ Our goal is to help learners demonstrate the appropriate knowl-

edge, skills, and professionalism expected of safe and competent physicians. The next generation of practicing physicians must regain the high degree of public trust that medicine once experienced by understanding their obligations to society and placing the welfare of society above their own. They also should strive to become the health care policy decision makers and perpetuate the integrity of the medical professional role.⁶ If the new generation of learners meets these challenges and embraces these concepts of professionalism, they will have an appreciation for their profession and fulfill their calling.

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REFERENCES

1. American Board of Internal Medicine. Project professionalism: Staying ahead of the wave. 1999. Available at www.abim.org/pubs/p2/wave.htm. Accessed March 5, 2004.
2. Wong RY, Hemmer PA, Szauter K. Student professionalism: a CDIM commentary. *Am J Med* 1999;107:537-41.
3. Fehser J. Teaching professionalism: a student's perspective. *Mt Sinai J Med* 2002;69:412-4.
4. Pellegrino ED. Professionalism, profession, and the virtues of the good physician. *Mt Sinai J Med* 2002;69:378-84.
5. Papadakis MA, Osborn EHS, Cooke M, et al. A strategy for the detection and evaluation of unprofessional behavior in medical students. *Acad Med* 1999;74:980-90.
6. Kassebaum DG, Eaglen RH. Shortcomings in the evaluation of students' clinical skills and behaviors in medical school. *Acad Med* 1999;74:842-9.