For the Office-based Teacher of Family Medicine

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Feature Editor

Editor's Note: This month's column begins a two-part series on the office-based teaching and assessment of professionalism. In Part I, George D. Harris, MD, MS, of the Department of Community and Family Medicine at the University of Missouri-Kansas City defines key aspects of medical professionalism and discusses how the office-based teacher can role model professionalism in today's challenging health care environment.

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 I—Introduction and Being a Role Model

George D. Harris, MD, MS

This two-part article will discuss important aspects of professionalism that office-based teachers should consider when working with learners: role modeling, teaching, and assessing the learner's professionalism. Part I gives an introduction to medical professionalism and discusses how the office-based teacher can role model many aspects of professionalism.

Introduction

An important aspect of clinical education is learning and demonstrating appropriate professional behavior.[1] The professional development of a physician begins in medical school, where students learn about the patient-physician relationship, an important aspect of medical practice that sets it apart from others.[2] Medical educators can assist in the development of professionalism by not only helping learners acquire knowledge and skills and maintain their proficiency but also by explicitly teaching learners how to demonstrate professionalism in patient interactions and their other responsibilities. This process should include the promotion and development of attitudes, values, and commitments necessary to be a physician.[3]

Webster's dictionary defines professionalism as "the conduct, aims, or qualities that characterize or mark a profession or professional person."[4] An expanded definition for physicians includes the ability to cultivate a relationship with patients, to listen to them, and to commit to their needs as well as to your profession.

Each profession encompasses a specialized body of knowledge and skills. In addition to its particular knowledge and skills, the medical profession distinguishes itself from other jobs or trades by a high code of behavior that insists on responsibility and public service.[5] The Hippocratic Oath describes our calling and our mission to help those in need of care and reduce their pain and suffering. Without the Oath as a guide, physicians are merely skilled workers. Practicing what is described in the Oath results in physicians being professionals.[6,7] The keys to following the Oath and providing service to the ill are demonstrating humility, identifying the needs of patients, and striving to meet those needs. This should be done without seeking or expecting recognition or reward. In addition, each of us has our own testimony, the driving force that led us to pur-

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sue medicine as a career. That driving force includes the pursuit of excellence and independence and the desire to demonstrate humanism, empathy, and respect toward others.[5]

In defining medical professionalism along these different ideals and values, there are challenges. One is that all medical professionals must abide by and demonstrate these standards. Second, as a result of other entities interfering with the practice of medicine, physicians must regain control and preserve high standards of care for all patients.[8]

One model summarizes these thoughts into three core elements of medical professionalism: (1) a dedication to serve and care for patients, including placing individual and public health needs over one's own interests, (2) an open expression of principles with accompanying commitments, such as never taking advantage of patients or abandoning them, and (3) a willingness to work with others to include patient and societal needs in the practice of medicine while simultaneously protecting essential health care values.[9]

Being a Role Model

The need for appropriate role models during medical training is imperative. These individuals are the most powerful force in professional character formation. Aristotle taught that "We learn by practice and the best practice is to follow a model of the virtuous person."[7] This emphasizes the importance of consistency between the standards of behavior expected of the students and the standards of the faculty. The faculty has a responsibility for the attitudes and actions that they model for their students, the education and professional growth of learners, and the accurate assessment of each learner's professionalism.[1]

As faculty we should strive to present a strong, enthusiastic character, demonstrating humility and maintaining competency in our specialty. This requires maintaining a current knowledge base, promoting trust, and portraying a positive attitude. To be an effective role model, the clinical teacher must demonstrate all facets of professionalism in his/her own practice. Actively role modeling professionalism will enable the preceptor to more effectively teach different aspects of professionalism and better assess a learner's professionalism.

Unfortunately, medicine is in turmoil due to changes in health care reimbursement that have resulted in a daily tension between medicine as a business and medicine as a profession. As a result, clinical teachers must increase patient record documentation, increase their patient encounters in clinics while evaluating more medical problems in less time, and receive decreasing reimbursement for this more complex visit. All of these factors lead to less time to supervise and teach learners, limited opportunity for study and research, and decreasing time for extracurricular community involvement.[10]

For the office-based preceptor, the challenge is demonstrating humanism, compassion, and altruism during a 15-minute office visit while dealing with daily aggravations such as third-party payers dictating which tests are necessary, the limitation of medication choices through restricted formularies, and other barriers to the development of a therapeutic physician-patient relationship. Ironically, these situations also create the opportunity and potential for the learner to remain idealistic and altruistic. The preceptor can reinforce the concept that becoming a physician is a privilege as well as emphasize the role of keeping the patient first through a demonstration of advocacy and patient centeredness, allowing the patient to express his/her wishes and be involved in the decision-making process and not permit financial incentives to affect the evaluation and management of the patient. The preceptor and learner can also discuss the importance of participating in organized medical associations that seek ways to preserve quality, patient-centered health care through forums for voicing opinions, and opportunities to work with others to change health care policy.

This valuable time with the preceptor is a unique opportunity for the learner to comprehend the virtues of medicine and the value of a trusting relationship with the patient. In addition, it establishes an understanding for promotion of standards and discipline as well as a commitment for public good.[6] Being an effective role model is the first step the office-based teacher can take in helping learners appreciate the importance of professionalism.

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