

Teaching Professionalism: A Student's Perspective

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Abstract

As a fourth-year medical student, I was asked to speak about the role of the medical school in teaching and promoting professionalism in its students, and specifically to describe and critique the efficacy of Mount Sinai School of Medicine in this endeavor. I concluded that the concept and framework of professionalism can, in fact, be effectively taught in medical school, but that role modeling and mentoring are also crucial to the development of the professional. Finally, I make suggestions for furthering the promotion of professionalism through medical education at Mount Sinai.

Key Words: Professionalism, professional standards, professional practice, medical ethics, medical education, medical curriculum student's perspective.

FOR ME, A FOURTH-YEAR MEDICAL STUDENT, there are several components to professionalism. Aside from the obvious, that a profession "owns" a specialized body of knowledge, there are additional components that distinguish a profession, such as medicine, from other jobs or trades (1, 2). For example, professionalism requires adherence to a high ethical code. It also incorporates a sense of responsibility and public service that is not necessarily inherent in other jobs; physicians are expected to act for the public good and the good of their patients, and to place this good of others above their own interests or the interests of the profession (1, 2). Other qualities that I strongly associate with professionalism include humanism, excellence, accountability, compassion, autonomy, and respect.

Where did I learn this sense of professionalism? Should it — can it — be taught in medical school? In particular, did the Mount Sinai School of Medicine teach it to me? These are the questions that I have been asked to address.

In my view, during the rigorous process of applying to and being accepted by the medical school, the school selects a body of medical students who already exhibit many of the qualities deemed essential for physicians to possess. In my case, I did have a sense that medicine was a calling, as opposed to simply a career. But if you had asked me to define professionalism three and one-half years ago, I am sure that while I had a vague sense of the responsibility and the commitment to service that it entails, I probably would not have been able to articulate it clearly, and I certainly did not understand the true context, history, and significance of the word.

I have found that the formal teaching of the concept of professionalism is a priority here at Mount Sinai. In preparing for this talk, I read a recent article by Dr. Herbert Swick and colleagues in the *Journal of the American Medical Association* (3). The authors surveyed many medical schools to determine if and how they teach professionalism to students. I was surprised to see that, according to this survey and analysis, only 42% of the schools which claimed to teach professionalism specifically addressed the concept that doctors are obligated to respond to societal needs, and only 54% taught students to evince core humanistic values. Mount Sinai strongly emphasizes humanism in medicine and attempts to teach students to respond to societal needs, facts which I had previously taken largely for granted.

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The major forum through which professionalism is formally taught at Mount Sinai is through the Medical Ethics curriculum, which spans all four years of the medical education. During the first year, one of the major focuses of this curriculum is to define professional responsibility. Students learn that physicians have responsibilities to their patients, to society, to the profession, and to peers, as well as to themselves. Scenarios are presented in which there are conflicts among these different responsibilities and students are asked to consider what they might do. Similarly, the qualities which are essential for physicians to possess — qualities such as compassion, knowledge, and respect — are elicited and discussed. In addition, several codes of ethics, ranging from the Hippocratic Oath to the Code of Maimonides, are examined and discussed thoroughly. As the culmination of these discussions, first-year students take part in the White Coat Ceremony; with the symbolic cloaking of their sparkling new white coats and with their recitation of the Code of Maimonides, students begin to understand and to accept the responsibilities that come with joining the medical profession. In addition to the Medical Ethics curriculum, our dean leads a discussion on professionalism during the third-year retreat, and our chairman of medicine leads a similar discussion during the clerkship in Medicine. Through these many formal and didactic exercises, as well as others, Mount Sinai demonstrates its commitment to teaching and reaffirming the importance of professionalism.

I also think that Mount Sinai does an excellent job of promoting important components of professionalism, such as empathy, humanism, cultural competence, and community service. By fostering these qualities, such as through the Morchand Center for Clinical Competence and the Office for Multicultural Affairs, Mount Sinai will effectively produce professionals.

So, is it through this formal and informal teaching that I learned what professionalism is and the responsibility that it entails? I would argue that while didactics are certainly an important part of the process, they alone are not sufficient (4).

For me, it was largely through the didactic exercises that the concept of professionalism became clearer intellectually, and I began to strive for the ideal. But a major component of my learning “what a professional is” occurred through contact with professionals at the bedside, in the clinic, and in the operating room. For example, late one night when I was on call

at a busy affiliate of Mount Sinai, a 47-year-old woman with end-stage breast cancer was admitted to my team's internal medicine service. Her husband and family of ten children had brought her. The woman had been fighting breast cancer for nearly ten years and, at this point, had widely metastatic disease. After examining the woman, who was encephalopathic and in a tremendous amount of pain, and after receiving the results of key tests, we realized that she most likely was not going to survive the night. The scene was incredibly emotional and I found myself fighting back tears. Despite the fact that my resident was being paged relentlessly, a sign of the dozens of other responsibilities he held that night, he chose to sit and listen to the dying patient's husband for nearly an hour, letting him cry and listening to his many stories about his wife. I was in awe of his compassionate, empathetic, and humanistic approach, especially when he began to prepare this man for the fact that his wife might not live through the night. He handled the situation with such compassion — with such professionalism, in the truest sense of the word — that I learned volumes. Likewise, there is an attending here at Mount Sinai of whom we students speak in awe, because of his compassion, knowledge, and respect. Not only is his manner exemplary, but we are all impressed with his choice to dedicate his life and career to serving the underserved in medicine through home visits and in other ways. On the other hand, as a student I have witnessed actions that, because they were in clear opposition to the qualities that we have been discussing, were equally important in my learning to define professionalism for myself. Thus, while I was formally taught in the classroom the framework within which to consider and understand the concept of professionalism, it was largely through observation, mentoring, and role modeling that the concepts were finally solidified and internalized.

The final question that I will address is what, in my opinion, Mount Sinai can do better to promote professionalism in its students. First and foremost, teach us more of the historical context of professionalism in America (1, 2). Teach us about the noble tradition of doctors here and their long history of obligation to society, so that we can truly understand where medicine has been and where it is going (1, 2, 5, 6). Teach us that, in fact, the autonomy which the field of medicine has enjoyed historically was granted in exchange for a stated commitment to altruism and public service (1, 2, 5,

6). But also teach us about lapses in professionalism that occurred in the past so that we can learn to recognize them and to prevent them effectively (1, 5). Likewise, acknowledge the inherent conflict between professionalism and a doctor's own financial security and how these issues have been dealt with in the past and how they will be addressed in the future (2). Most important, teach us about how professionalism as we know it is threatened by forces such as managed care and how the field of medicine must adapt (2, 5). How can we be humanistic and compassionate when we have only 10 minutes to see the patient? How can we truly care for our patients if insurance companies are telling us which tests to run, which medicines to prescribe, and how much time we will be allocated to do it? Give us the knowledge and the tools so that we can maintain the principles of professionalism as health care reform continues — so that we, the next generation of doctors, can lead the reform ourselves.

As a final note, I think that it is crucial to mention that many medical students — not all, but probably most — come to medicine with some sense of a higher calling. Most, including me, initially are idealistic, altruistic, and humanistic. I remember a lecturer who once implored the students in our first-year class to write down on a small scrap of paper those qualities we aspired to as physicians. He urged us to carry this paper close to us, in our book bags or in our wallets, so that we could pull it out and remind ourselves why we were here at times when it might be less obvious to us — when we found ourselves in the midst of chaos or stress. I have often felt during my medical

education, beginning with the anatomy lab and continuing through the various clerkships, that my personal challenge was to maintain this humanism and idealism throughout the years of medical school, to resist the desensitization and disillusionment that were probably natural. I know that many of my classmates felt the same way. And many of them feel as if they have lost too much through the process. It is ironic that the system itself squelches so much of the idealism and the spark of professionalism that educators are, in the classroom at least, trying to teach, preserve, and foster. As important as formally teaching professionalism and providing role models whom we can emulate is the need to reform the system (4, 5). By “the system” I am referring both to the system of managed care that threatens professionalism, at least as it once existed, and the system of medical education that, at times, causes students to lose sight of the amazing privilege that we are being granted: that is, to be part of what I believe is the most meaningful and gratifying calling that there is.

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