Family medicine (FM) in the undergraduate curriculum:
preparing medical students to work in evolving health care systems.

Section two: What to aim for: Principles of curriculum design

Chapter 12: Values based education: integrating professionalism into the curriculum

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Summary of key learning points

- Professionalism is a concept based on socio-cultural values that are context specific.
- Each institution should agree its own definition.
- Medical educators' expectations of professionalism should be clear and reflect the social contract between health professionals and the public.
- Values-based practice offers a framework for decision making to form the foundation for a new way of teaching about professionalism
- FM educators can act as positive role models for medical students, demonstrating their professional values in action

Defining professionalism

In health systems around the world, emphasis is placed on 'professionalism' through codes of conduct for healthcare practitioners. It is a key element of curriculum design. Patients may find professionalism easy to define using layman's terms which might include 'doing the right thing', 'being trustworthy' and 'being good at their job'. It is, therefore, ironic that an international definition has proven hard to pin down despite a wealth of literature. [1]

The UK 2005 report on medical professionalism from the Royal College of Physicians (RCP) defined professionalism as 'a set of values, behaviours and relationships that underpin the trust the public has in doctors'. [2] More recently however, in 2018, the RCP concluded: 'There is increasingly a gap between what doctors are trained to do and the realities of modern practice'. [3] They abandoned the search for a revised definition and aimed to: 'explain, expand and interpret' the earlier definition. [3]

Institutional professional standards must reflect the expectations of the patients and public.

In some regions of the world, the way the medical profession is viewed by patients and the public differs. In some cultures, it is still a hierarchical relationship and in others more egalitarian. Through a process of 'democratisation of knowledge' information is increasingly not just in the hand of a privileged few however but available to all, via the internet and other sources. Definitions of professionalism that centre on the possession of expert knowledge are perhaps becoming less relevant.

Given these differences in social-cultural factors, perhaps it is not surprising, that consensus on a generic, global definition of professionalism has not emerged. How to teach and assess professionalism, to ensure medical graduates achieve the high standards expected of them, should be contextualised to reflect the expectations and professional trust given them by their institution and society. [4] Given these complexities, each teaching institution should agree its own values and local definition to underpin learning about professional standards. This should inform their curricula on how to best teach, role model and assess students.

Defining values

Defining professionalism to inform education and training can be challenging. The RCP definition importantly includes 'values'. Values are those principles which tend to determine a person's behaviour; principles which are 'action-guiding', but which can mean different things

to different people. Even the word 'values' itself is hard to define. Sacket defined it as the 'preferences, concerns and expectations' of individual patients[5] and, we might add, of practitioners.

Values are action guiding but can mean different things to different people

A crucial feature of both healthcare and healthcare education is that both are values-laden activities. Healthcare deals with often difficult and frequently emotional decision-making. Underlying values can be both complex (e.g., 'best interests') and conflicting (e.g., incompatibility between the two values of 'person-centred care' and 'public health'). Citizens, healthcare professionals and patients will hold a range of values as drivers for behaviours. These arise from their professional and personal codes, belief systems, experiences, and preferences. We define values-based practice as "a process that supports balanced decision making within a framework of shared values where complex and conflicting values are in play". [6]

Nurturing Professionalism

In an attempt to 'professionalise' physicians' behaviour, one response has been to increase regulatory measures of control such as revalidation and performance management.[7] This risks a negative, rules-based approach to professionalism and healthcare decision making. It potentially achieves just the opposite, i.e., to "de-professionalise and erode trust". [8] The Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations are currently under revision. [9] As Kane highlights: "a purely control-based regulatory response, as is being currently envisaged by the Parliament and the Supreme Court of India, runs the risk of undermining the trusting, interpersonal relations between doctors and their patients".[9]

Medical schools face a similar dilemma. A punitive or regulatory approach, focussing on fitness to practise in the undergraduate curriculum, fosters a negative view of professionalism. There is a risk it sends a message to medical students that professionalism means 'staying out of trouble' or, worse still, 'not getting caught'. Medical educators should nurture a positive view of professionalism, why it matters and how it benefits future patients and society. Professionalism should be explicitly dissociated from increasing regulation and managerial oversight. Innovations in undergraduate curricula such as elements of reward or commendation for excellence, perhaps in activities that extend outside the taught components and beyond the assessed components, attempt to redress this.

A positive approach to professionalism is important to foster excellence

The impact of the null (or hidden) curriculum, or the unintended learning experiences (chapter 13) particularly in the clinical setting, underlines the importance of ensuring that our espoused values are aligned with the behaviours that are rewarded, to avoid negative role models for our students in the workplace. We must help our students develop the tools to continue to monitor and develop professionalism both in themselves and others. Students need the skills to reflect on what they see in practice and respond to situations where behaviours are falling below expected standards. Empowering students to speak up on behalf of patients if they observe actions raising patient safety concerns is crucial. Approaches can include reflective writing after clinical encounters, encouragement to document learning events and the skill and confidence to open 'courageous conversations'.[10]

Defining and role modelling professionalism should take place in all medical schools. Values based practice offers a good platform for achieving this.

Values based practice (VBP)

Consider the role of the FM doctor, who takes pride in the role of advocate for her patient. Advocacy is one of the guiding principles (or values) that generalists use, helping to signpost a patient through the mass of medical uncertainty. They aim to help make sense of a patient's symptoms, explain the options and mutually develop a plan of action. The enactment of professionalism, in this context, does not require a list of preferred (or 'right') outcomes, or adherence to rules, but a flexible process through which the family physician helps the patient make decisions that 'fit' with the way they see the world. An important element of the model of values-based practice is that of ***dissensus***: differences in values are explored and acknowledged but are not necessarily 'merged' or agreed upon, as they would in a consensus-building model. We can think of medical professionalism in FM as the competence of being able to explore and balance the three value domains of the patient, medical science and our own personal ones.

Advocacy is a guiding principle that generalists use, helping to signpost a patient through the mass of medical uncertainty

Exploring global values:

In May 2021 we asked around 50 colleagues across South Asia and the UK to list those aspects of professionalism they felt are important in graduating doctors. Our respondents were experienced trainers, workplace-based assessors and examiners; all in active FM practice. It was not a scientific survey; more the email equivalent of a chat over coffee. Box 1 summarises the aspects where agreement emerged :

Insert Box 12:1 near here

Whilst these core aspects of professionalism were similar, Box 2 shows that some differences were seen that may arise from differences in social context. FM doctors described some elements of professionalism that are expressed differently in their communities. There was a recognition that some of these elements are in a state of flux as healthcare systems develop. The VBP model requires us to keep such differences in values visible and unsilenced, so they can be taken into account.

Insert Box 12:2 near here

Represented by the two columns in Box 2 are expressions of values that should be considered to exist to a greater or lesser extent in all doctors and all citizens; both doctors and patients will sit somewhere on a spectrum between the two positions. It seems likely that individual doctor-patient relationships will negotiate a way between the two positions depending on the individual values in play in that particular doctor-patient dyad, for any specific decision being considered. Perhaps there is, in fact, only one element of professionalism, the ability to recognise and respond creatively and imaginatively to such differences in values?

Many values are shared but differences arise and must not be lost across different contexts

Teaching Professionalism

From our discussions with FM colleagues, trainees and trainers we have developed five tips for teaching values-based professionalism in the undergraduate curriculum.

1. **Fostering debate:** Tutors have a responsibility to create a climate that fosters debate about differences in value. This encourages discussion and exchange of ideas and develops an understanding that there may be more than one appropriate course of action.

2. **Time, space and emotional support** from tutors is needed to encourage learners to reflect on personal motivating values. This might be a new activity for students used to 'finding out the right answer'.

3. **Exploring complex and conflicting values**: The emphasis on 'doing the right thing' in training should shift to a focus on developing 'imaginative professionals' with the ability to explore complex and conflicting values.

4. **Critical reflection**, such as in learning logs or diaries, should be encouraged as a 'safe space' to explore personal views and reactions to clinical challenges.

5. **Values based practice** should be considered an ongoing approach to developing professionalism and professional practice in medical school and beyond.

Conclusion:

Professionalism is arguably one of the hardest elements to explicitly include in the undergraduate medical curriculum. It is largely based on socio-cultural values and is the foundation of trust and expectations between society and its healthcare professionals. There is a lack of international consensus on its formal definition. Medical educators need to nurture the positive aspects of professionalism and develop standards appropriate for their society's context along with a mechanism to teach and role model positive behaviours. FM doctors have an important role in enabling students to explore complex and conflicting values in the generalist setting through reflective practice .Students should be encouraged to understand adherence to excellence in professionalism and its positive impact on the medical profession and its role in society.

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Box 1 Core elements of professionalism shared by FM doctors across South Asia and the UK

Aspects of professionalism that graduates:	
Should know:	that community epidemiology of disease is different from hospital
	the limits of their knowledge and skills
	how to coordinate and oversee care within a team
	how generalist and specialist care fit together
	the importance of advocacy
	the importance of data management
	financial and managerial aspects of healthcare provision
Should be able to:	act in the best interests of the patient in front of them
	solve problems
	balance 'today's conversation' with future decision making with the patient
	listen to the patient using 'ears, eyes and heart'
	engage in population-based health systems development
Should be:	curious and interested in the patient
	able to change – themselves, their approach, their systems
	creative, imaginative leaders and owners of decisions
	aware of the importance of creating a collaborative culture

Box 2: Areas of values-based dissensus between FM doctors across South Asia and the UK

UK FM doctors	**South Asian FM doctors**
The importance of work life balance and knowing when to say no	Being the best or 'never fail' approach
Person-centred decision making	Rules-based decision making
Equality between patient and doctor	Hierarchical culture, doctor expected to know'
Primacy of patients in decision making decisions	Tendency towards doctors leading
Individualism in decision making	Collectivism in decision making e.g. family involvement