Professionalism and Communication in Medical Practice

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Ethical and legal principles, professionalism and communication are linked to each other. Whereas ethical and legal principles inform professionalism, communication skills are used to express professionalism. This chapter will discuss the scope of professionalism and communication in today’s medical practice and review current concepts on teaching and evaluation of these competencies.

PROFESSIONALISM

Introduction

Though professionalism has become a buzzword in medical education literature, training in professionalism occurs to a large extent through role modeling and socialization. The culture of institution and socioeconomic factors are the forces which have significant impact on professionalism and are beyond control of an individual doctor. Helping future and current doctors meet professional standards should be one of the key mission objectives of any medical education endeavor. The need to teach and evaluate professionalism in a formal manner has arisen out of recent concerns about physicians’ conflict of interest and evidence that certain behaviors during training are linked to future loss of licensure for issues related to professionalism. This view is advocated by medical schools, graduate education programs and professional bodies. Regulatory bodies have also issued practice guidelines explicitly outlining professional duties of physicians. Students, recent graduates and practicing doctors are expected to understand, internalize and demonstrate professionalism.

Defining professionalism

Educators and regulatory bodies have tried to define professionalism to facilitate deliberations on the subject as well as teaching and evaluation of trainees and physicians. A medical student begins the process of becoming a professional from the day he enters a medical school. Being a professional means internalizing and adhering to a set of values, behaving according to standards that define acceptable medical practice. The word profession is derived from profess which means ‘to proclaim something publicly. Physicians profess two things: to be competent to help patients and to have patients’ best interests in mind. Such commitment invites trust from their patients. Behaviors that are common to several proposed definitions and discussions on professionalism include the following, however a detailed discussion of these attributes is beyond the scope of this article.

- fiduciary obligation
- responsiveness to societal needs
- empathy
- respect for others
- accountability
- commitment to quality and excellence
- ability to deal with ambiguity and complexity
- reflection

Professionalism: how to teach it

Though principles of professionalism can be articulated at the level of institution and educational program, the teaching of professionalism is best done in real life situations. Such a strategy also takes care of hidden or informal elements of curriculum. Some strategies to teach professionalism are detailed here.

Courses: Most medical schools offer courses on clinical skills that include ethics, doctor-patient relationship and moral
reasoning\textsuperscript{9,10,11,12}. Course can be taught in non interactive lecture format, however problem based or team based learning allows to teach content using the process that needs to be taught. Such teaching methods require students to be collaborative and accountable, attributes important for developing professional attitudes and behaviors needed for multidisciplinary care of complex patients\textsuperscript{9}. Some educators have used literature, art and film to teach professionalism. Students are able to see and feel patient’s perspective during these efforts, thereby developing empathy and respect.

Role modeling and mentoring: Trainees model their behaviors on those who they see around them through process of emulation and socialization. Mentoring is more formal relationship in which a senior and established member of a community advises a specific trainee regarding personal and professional growth. Role modeling occurs on day to day basis and does not have the length and intensity of mentoring relationship. Modeling may go unnoticed without explicit discussion. For example a physician may model behavior like washing hands to teach importance of preventing nosocomial infection, yet a student may interpret this as physician’s concern about contracting disease.

Reflection: Reflection provides trainees opportunities to generate insight into how they perceive themselves and their roles. Since trainees may have limited practice in self assessment it is better if reflection is structured and involves the assistance of faculty. Reflection should take the form of small group discussions, essays, journals, or portfolios. Trainees can draw upon their own experiences or can reflect on scenarios provide to them.

Service learning: Medicine has at its core a service endeavor. Trainees may not get to participate in this central activity of medicine. The way medicine is currently taught is too focused on aspects of biomedical knowledge and procedural skills and therefore may not promote a sense of duty amongst trainees. The informal or hidden curriculum has the potential of devaluing central elements of professionalism like compassion and respect in favor of efficiency and expediency. Service endeavors led by trainees help fill this large gap in professional education.

Professionalism - how to evaluate it
Key regulatory and educational bodies internationally and across the continuum of medical education have called for increased attention to the measurement of professionalism. Professionalism can be evaluated formatively or summatively, be targeted at educational ends or accreditation, be used measure the effects of educational program, or to reward individuals or promote practices in an institution. Since professionalism is context specific and its manifestations are in actions and behaviors as well as attitudes and motivations, its evaluation should be done in longitudinal fashion, by different methods and across different contexts.

Evaluation by supervising faculty: Faculty supervisors may witness behaviors of trainees in interaction with patients, peers and staff. They may have the opportunities to observe trainees over time and in different clinical contexts.

Incident reports: Faculty document notable professional or unprofessional incidents that they observe in trainees over longer periods and across more contexts. Several reports over time and in aggregate may detect trainee traits that are generalizable.

Peer assessment and 360\textdegree evaluations: Peers, since they are at same level of training or experience, and they have longer and more intimate exposure to each other, may offer unique perspectives in humanistic attribute and collaborative behaviors. Peer evaluation can take the form of rating forms, nominations, rankings or qualitative assessment, can be required or voluntary, anonymous or signed. Developing assessment with peers is recommended. Most acceptable form of peer assessment is anonymous and formative. In addition to assessments from faculty and peers, 360\textdegree evaluations also add elements from patients, nursing and ancillary staff. These perspectives enhance evaluation process and offer unique perspectives on qualities like compassion, respect for others, cultural awareness and ability work in teams.

Portfolios: The portfolio operates on the theory that reflection on experience can result in deeper and more permanent learning. Reflecting on experience and documenting the reflection, could be useful method of promoting mindful practice. Experienced faculty members should serve as mentors and reviewers of portfolio.

Promoting a culture of professionalism
For any efforts to teach and evaluate professionalism to be successful, they must occur within a institutional culture that reinforces the fundamental messages of the educational endeavor. Educational efforts will be more successful if educators take into consideration the cultural factors and
use them to inform the curriculum. The informal or hidden curriculum, which is to an extent decided by institutional culture, is a powerful teaching force. Educators must keep in mind this force while teaching and evaluating professionalism.

Potential threats to teaching and learning of professionalism within an institutional culture may include:

- lack of shared definition of professionalism
- lack of consequences for trainees and faculty who engage in unprofessional behaviors
- lack of recognition for those who exemplify professionalism
- the fast pace and intensive nature of clinical medicine that encourages reflexive as opposed to reflective thought and action
- the brief and episodic nature of interactions between faculty and trainees, that gives faculty too few opportunities to observe trainees and model professionalism
- the selection process for trainees and faculty as well as promotion of faculty may not include professionalism

There are a number of ways to address these threats. Institutional or programmatic recognition of importance of professionalism is the first step. Health care institutions can instill professionalism by operationalizing and implementing innovations at the institutional level that promote empathy, respect and accountability.

**Challenges to professionalism in developing world**

In India and some other developing countries, doctors have been traditionally greatly trusted. However 'my doctor knows what is best' type of trust is giving way. Some of the unprofessional facets of health care in developing countries are unethical advertising, fee splitting and other incentives to lure referrals, doctors' tendency to prescribe expensive and irrational drugs, fetal sex determination tests etc.

**CLINICAL COMMUNICATION**

**What are communication skills?**

The word ‘communicate’ comes from the Latin to impart, to share. Communication is about how doctors and patients interact with each other in search for mutual understanding and shared solutions to problems. Communication lies at the heart of medical practice and is becoming increasingly important in present times. Given the complexities of health care, with involvement of larger health care teams and increasing number of available therapeutic options, it is essential that all communication is carried out in a safe manner. There is evidence that, though effective communication improves patient outcomes, doctors are not all ideal communicators and skills of communication can be learned.

In medicine, communication skills are needed,

- for forming and maintaining relation
- to gather and share information
- to gain informed consent
- to support problem solving
- to provide reassurance
- to alleviate distress
- to make best evidence-based decisions

Communication skills in medicine includes interaction, between doctor and patient, between colleagues and with other health professionals. A variety of media influence the development communication in health care and they include written patient records, telephones and electronic written communication like e-mails and text messages.

**Why are communications skills important?**

It is well known that patients prefer clinicians who are warm and compassionate, listen to their patients and ask relevant questions. Effective communication is a product of appropriate knowledge, skills and attitude. Doctors who communicate well are more likely to,

- make an accurate diagnosis especially with regards to problems with psychological element or psychiatric conditions
- have their patient manage their medications better
- have better outcomes
- be safer
- encounter fewer malpractice claims

**Communication models**

Although a number of models of communication for clinical practice have been described, the Calgary Cambridge approach has become well established as generic guide to consultations. All models emphasize the importance of understanding not only the patient’s disease process but also their thoughts, beliefs, feelings and expectations. The basic elements of a successful consultation include,

- initiating the session
- building relationship
- arranging the consultation
- gathering information
- explanation and planing
- closing the session
More advanced communications skills are required for areas such as,
- breaking bad news
- dealing with anger
- language and cultural differences
- communication through and interpreter
- where there are medical problems such as dementia

A useful statement from UK medical schools has provided the content of undergraduate clinical communication curricula.

Core concepts in teaching communication skills
Communication skills are used in daily practice and therefore teaching them will be more effective if it contains practical experience and feedback along with theoretical material.

**Theoretical material:** Clear handouts of the model used accompanying regular lectures, seminars or web-based material can provide clear directions to students about their progress in the curriculum. It is also essential to identify specific instructional objectives for a communication skills session or a module. This helps standardization of sessions and gives signposts to the students in their journey of learning.

**Practical experience:** Practical experience can be imparted in several formats under supervision with real patients on wards, outpatients setting or in primary care, or with simulated patients in more controlled environment. Initially experience is directed at core skills of communication, to be followed by more difficult and complicated situations. It is also essential to provide opportunities for analysis and discussion of experiences. For any audio or visual recorded communication skills session key issues to be taken care of include consent of the patient, setting ground rules with the learner and giving constructive feedback to the learner. Effective feedback is the cornerstone of effective communication skills learning and needs to be clear, regular, balanced, specific and objective.

**Methods for delivering communication skills teaching**
Medicine is a knowledge based profession and when you are unfamiliar with information, it is a daunting task to be learning how to share information. Communication skills teaching sessions are more productive if learners have prior underlying knowledge.

**Demonstrations:** Recorded consultations either real or simulated in diverse settings can be used during lectures, discussion groups or seminars to help students learn core concepts.

**Simulations:** Simulated consultations can be created using members of teaching team, volunteer patients or professional actors. Simulations can be developed in different settings like out patient consultations to ward or community where communication with patients, colleagues and other health care professionals can be observed.

**Role play:** Students themselves can take the role of patient and doctor to carry out simulated consultation. Students are able to understand the patient’s perspective while learning communications skills through role play.

**Observation:** An experienced tutor can write observations during an encounter of a student with real or simulated patient for accurate feedback later on.

**Recording:** Students can record their consultations with real or simulated patients which they can take to their supervisors for constructive feedback. Videos allow students to analyse their body language and eye contact.

**Remote observation:** Encounter of student with a patient can be captured by video camera linking the recording live to a room of observers.

**Providing experience for specific communication skills**
There are number of special situations which require further training
- breaking bad news
- dealing with distressed patients who are angry or upset
- dealing with ethical dilemmas like confidentiality
- dealing with patients who have communication difficulties through sensory impairment
- communicating across language or cultural differences
- communicating through an interpreter
- giving life style advice
- communication with colleagues
- communication in acute or emergency setting
- teaching
- dealing with media
- communicating using telephone
- using written communication
- recording an interaction with patient or colleague in medical records

Students are only able to observe experienced doctors handling such situations. However real learning comes from trying out yourself and hence simulations and role play are the methods which can be employed.
Assessing communication skills
Assessment can be used to focus on learning in addition to measuring competence.

**Continuous self assessment:** Ideal assessment of communication skills requires evidence about all aspects of communication throughout a clinician’s practice.

**Formative assessment:** Feedback on student’s performance can be given using direct observation or recording.

**Summative assessment:** Assessment of communication skills can be part of objective structured clinical examination using simulated patients for standardized consultation. Standardized instruments for assessing communications skills can be either used or further refined in different settings.

Teaching the teacher
Communication skills teaching requires sensitive and dedicated teachers who are excellent communicators and role models. It is important that those who teach communication skills are themselves adequately trained and experienced in the teaching methods being used.

Summary

Concerns about eroding values of practitioners and trainees, expression of public dissatisfaction with medical care, and threat to primacy and autonomy of medical profession all have contributed to renewed look at professionalism. Planning and implementation of medical training in professionalism and its evaluation requires careful attention to educational structures and cultures. Whereas medical education focuses on observable behaviors and outcomes, professional identity is complex matter involving inner processes like feelings, attitude and beliefs. Educators face the major challenge of ensuring how trainees internalize these lessons so that their claims to expertise and service are authentic ones.

Knowledge by itself is insufficient to make an effective doctor as doctors need to communicate with patients, colleagues and staff. Effective communication skills can be taught. Basic communication skills can be taught effectively by using standard communication model in small groups or one-to-one situations. Effective teaching methods may involve role play, simulated or real patients with either recording or direct observation used to support feedback to student. Teachers of communication skills should be well trained and themselves be role models. Good communication skills are central to practice of medicine.

REFERENCES

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FURTHER READING