

What the educators are saying

Three themes of professionalism

Medical educators have focused a great deal of attention on professionalism in recent years without having a clear definition of the term. Researchers in Nijmegen attempted to define the term by reviewing and analysing the literature. They identified 90 elements of professionalism and described three main types of professionalism: interpersonal, public, and intrapersonal. They conclude that professionalism is a multidimensional concept, and they say that it is context dependent—in daily practice, doctors in one specialty will place more emphasis on some elements of professionalism than others.

Medical Teacher 2004;26:696-702

Professional doctors are reflective and act ethically

An article in a different journal offers a more precise definition of the mature medical professional: "a physician who is reflective and who acts ethically." It proposes that professionalism is the product of attainment (positive influences) and attrition (adverse effects of the environment) during training, and the author outlines measures to encourage the learning of professionalism.

Clinical Teacher 2004;1:69-73

How to predict professional behaviour

Predicting the future professional behaviour of medical students is no easy task. Surprisingly, skills in communication and moral reasoning have not yet been correlated with future professional behaviour. Researchers in the United States have identified two observable measures that predict future professionalism: conscientious behaviour; and humility in self assessment in the preclinical years. Conscientious behaviour was measured by compliance with immunisation and course evaluation, and students who underestimated their own performance were considered to be reflecting humility.

Medical Education 2005;39:75-82

Students learn that doctors give patients the time they need

First year medical students attached to doctors based in the community see many aspects of positive role



The debate about the conflicting roles of pharmaceutical representatives as educators or marketers is ongoing. Some commentators call for a ban on reps' contact with doctors. Most Canadian pharmaceutical representatives responding to a survey believed that their main goal was education and not marketing. They would value an educational programme provided by academic centres to improve the quality of medical information they deliver to doctors.

Education for Health 2004;17:339-45

modelling. In a study, students watched doctors interviewing patients and rated various aspects of doctors' behaviour. They were surprised that doctors gave patients time if they needed it, which ran counter to what they'd heard about busy physicians. The most frequently observed behaviours were showing concern, interest, and respect for patients. The authors conclude that understanding the students' early experiences of doctors' behaviour can help their teachers to deal with the effect of the hidden curriculum.

Teaching and Learning in Medicine 2004;16:312-6

Teaching may change attitudes towards disability

Attitudes towards disability are pertinent to an exploration of professionalism, but attitudes can be difficult to evaluate and it is not clear if they change as a result of formal teaching. Before and after a four day course on disability, medical students in Bristol were asked to write down two words that came to mind when they heard the word "disability." Before the course the students predominantly associated disability

with negative words, but the short course seemed to change these associations.

Medical Education 2005;39:122-6, 176-83

Conference on professionalism

"Defining and developing professionalism" is the focus of a meeting in London on 28 April 2005 organised by the Association for the Study of Medical Education (ASME). Online registration and details of other future meetings are available at www.asme.org.uk

Summarising in consultations may be undervalued

An underestimated part of the doctor-patient interview may be the summary—an important aspect of patient centred communication. The authors of a US study say that the phase of summarising is one of the most challenging for students and yet can be one of the most rewarding parts of the interview for patients and students. The "invite, listen, summarise" (ILS) technique emphasises the need to get the story right, underlies the therapeutic value of being understood, and provides the opportunity for patients to correct inaccuracies and add further information. Interestingly, the students found that using summaries reduced their need to take notes and enhanced their non-verbal skills.

Academic Medicine 2005;80:29-32

The value of basic science in clinical diagnosis

Learning basic science can be good for medical students and for their future patients by helping students make the links between the features of disease and diagnosis. Students who learnt to relate mechanisms of signs and symptoms to disease made more accurate diagnoses after a delay of a week than those taught probabilities of particular signs and symptoms in disease. The authors postulate that the basic science information was more memorable because of the coherence of concepts and that it enabled the students to reconstruct features of disease.

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