BRIEF COMMUNICATION

Building Professionalism in Medicine: Early Encounters to Lasting Lessons

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Introduction

Lynne M Kirk says that as doctors, "our profession is to heal" (1). Almost all students entering a Medical Faculty dream of becoming a good doctor, who can heal suffering patients. However, some might not understand the actual responsibilities or duties of this sacred profession with increasing unprofessionalism observed in the medical field (2). Therefore, it is essential that students coming from various social backgrounds, ethnicities, and cultures should encounter professional conduct and behaviour early in their training, so that they may embody these values by the time they graduate and enter society as doctors.

Professionalism is defined as "the conduct, aims, or qualities that characterize or mark a profession or a professional person" (3). In the context of physicians, Epstein and Hundert propose a well-structured definition of professionalism: "Professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served" (4).

In 1999, the Accreditation Council for Graduate Medical Education (ACGME), responsible for maintaining the quality of residency programmes in the United States recommended professionalism as one of the competences that a physician should have (5). Professionalism charter which was published

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in 2002 defined primacy of patient welfare, patient autonomy and social justice as the three fundamental principles of medical professionalism (6).

Communication

From patient history taking up to management and discharge of the patient or even at a situation of death, effective communication skills play a major role. In medical career communication occurs mainly with patients/patients' relatives and with medical professionals. Good communication skills are essential in building doctor-patient relationships and proper understanding of the patient condition. Verbal and nonverbal communication with active listening and being empathetic to patients and their families is essential, while maintaining confidentiality and honesty (6). Therefore, having opportunities and activities/practical sessions on communication skills from the preclinical settings will be beneficial for developing those skills (7). From early encounters to clinical settings, providing opportunities to observe how senior and junior colleagues communicate with patients, with patients' relatives, with each other, and other paramedical staff will provide them an insight.

Knowledge

Proper knowledge is fundamental for maintaining professionalism in the medical field for proper diagnosis, management, and prevention of diseases. It is important for medical professionals to be careful in information resources and to be updated with the latest guidelines (5,6).

It is the responsibility of academics to provide opportunity and guide the students to gain the essential knowledge needed. It is also essential to equip students with the ability to gain facts from reliable resources. The students should be taught the value of continuous improvement and being up to date with new knowledge.

Technical Skills

Competence in technical skills is important in the identity of a medical professional. From handling a scalpel in the dissection hall, and later assisting in clinical procedures, the emphasis on precision, safety, and respect for the human body lays the foundation for developing professional habits that carry through to patient care.

Through demonstrations, and supervised practice sessions, students can learn the correct technique, understand the science behind the procedures and receive feedback to improve their performance. It is important to provide a safe learning environment where students can build confidence, ask questions, and learn from mistakes. Early technical skills training has been reported to improve the learning experience through active participation and improved motivation (8).

Clinical reasoning

From simple case discussions during the preclinical period to bedside teaching, students begin to connect symptoms to diagnoses and explore possible treatments. The students learn to gather information, ask meaningful questions, and think critically about patient problems. These early experiences help build a habit of careful thinking, decision-making, and

reflection, which are key elements of professionalism that ensure safe and thoughtful patient care.

Emotions, values, and reflection in daily practice

During preclinical years, students begin to develop professionalism through interactions with peers, seniors or juniors, and faculty. During clinical years this extends to nurses, physiotherapists, and other supportive staff. Managing emotions in group work, showing respect to others, and observing the conduct of others all contribute to shaping professional values. Early clinical exposure and reflective notes have been proven to improve the attitudes of medical students assessed by pre and post exposure objective structured clinical examinations (OSCE) (2).

Does the behaviour in the medical school predict their future career as doctors?

Although one can argue that doctors' medical professionalism has nothing to do with how they behaved as medical students or before that, their behaviour can be influenced during their time at medical college for good or bad. It is assumed that a professional student would make a professional physician, though most would improve with experience and training (9).

In a case-control study by Papadakis et al., it was concluded that disciplinary actions by medical boards were strongly associated with unprofessional behaviour at medical schools ($p<0.001$), and unprofessional behaviour during student time was a strong predictor of disciplinary action as a working physician (9). They have identified mainly three types of unprofessional behaviours: irresponsibility (e.g., unreliable attendance, not following up activities on patient care), diminished capacity for self-improvement (e.g., poor attitude, argumentativeness, failure to accept constructive criticism), and poor initiative (lack of motivation/ enthusiasm) (9).

The role of gross anatomy in building professionalism

Anatomy is the first encounter of a medical student with a real human body (cadavers and gross specimens). With that exposure, they learn to respect the human body which is mandatory in the clinical setting. Skills related to communication and teamwork also start from the dissection hall with the collaborative dissections. Students must share tasks, communicate effectively with peers and teachers and learn to resolve conflicts respectfully. Also, they learn to observe, analyse and present findings to peers while dissecting (10).

Preclinical lecturers and demonstrators are the first medical academics the students encounter in their medical career. The way teachers handle cadavers, specimens, handling of sensitive topics, interaction with peer academics, non-academic staff and students leave impressions on students about professional conduct. It is also important to correlate anatomical clinical relevance to develop critical thinking and diagnostic reasoning. Therefore, even though anatomy is noted as a theoretical and technical subject, it plays a major role in medical students' early professional development.

What can be done as academics?

Professionalism should be incorporated into the curriculum and must be taught (9). Not all are born professionals. However, students can be modelled to become more professional physicians once they graduate from medical school, if they are given the chance to improve themselves providing the required guidance, motivation, and help to resolve deficiencies (9). Medical academics serving as role models play a significant role in shaping and upbringing professional skills, values and attitudes of medical students from the beginning (8,9,10). In a study conducted among the preclinical medical students at the University of Washington, School of Medicine, students have recognized role modelling, small group discussions and lectures on professionalism as key modes of learning professionalism (10).

In the long run, it is the patients who get the benefit of this building of professionalism among budding doctors. Therefore, it is not only important, but also an achievable goal to include formal instructions about medical professionalism in medical school curriculum through a structured and supportive approach. With proper guidance, feedback and targeted discussions, students can grow into exceptional professionals, beginning from the dissection hall / early encounters.

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Books and other monographs

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