

How a visit to the museum can contribute to professional awareness during medical school

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I was a junior medical student waiting to see the “Dead Sea Scrolls” exhibit at the Museum of Civilization in Gatineau, Quebec. The wait was arduous. I looked around with hope that the grey carpet or walls would somehow entertain a fidgety mind. The shoulders of the lady in front of me jiggled; was she laughing at the comedy of this wait or crying? Eventually, she turned and said hello to me; her eyes were more red than the small sack she held tightly. We politely chatted about the exhibit, where I was from, and what I did. “I’m a student,” I said, and naturally, her next question was, “Of what?” My answer seemed to give her the confidence to share an immeasurably personal story — the story of her deceased son. What could I do other than listen? I couldn’t give answers to her medical questions at the time, yet somehow, she assumed that I would provide these answers and more.

It can sometimes be difficult to say, “I don’t know,” but accepting limitations in knowledge and looking for an answer plays a large part in “making a conscientious learner.” How can we foster humility within a profession that seems to inspire such immediate trust, courage and confidence? Our goal is to discuss

ways of teaching codes of conduct, professionalism and applied professional ethics to undergraduate medical students.

In practice, several faculties have a professionalism program or sessions relating back to the Canadian Medical Education Directions for Specialists (CanMEDS) physician competency framework,¹ which defines various physician roles, including professionalism. Although a detailed discussion of the definition of professionalism and its behaviours is beyond the scope of this paper, suffice it to say that even physicians in training should understand that responsibility to the patient should be executed with honest and self-awareness.

The challenge in creating “ethically competent physicians,” or professionals, is neither a lack of information available, nor a deficit in understanding these concepts. Speaking to some new students about what it means to be a professional has demonstrated that one challenge in teaching this topic is the lack of practical understanding of its importance. Some students, awash with academics, may not yet consider humility a serious part of their medical education. Of course, the technical aspects of medicine can be overwhelming,

and it is understandable that students focus on academic objectives.

One method of highlighting the importance of a few aspects of professionalism, such as communication and respect, early in medical training is to promote anonymous feedback between students. Most Canadian curricula are based on or provide some component of small group learning, under the umbrella of Problem Based Learning (PBL). By means of anonymous student evaluations, behaviours may be more truly defined and, as suggested by educators at the Mount Sinai School of Medicine, these evaluations help identify alterable behaviours and encourage self-reflection.²

Aside from increasing awareness of personal behaviour and attitudes, the next challenge is to create a more formal way of teaching professionalism that encourages student participation. One approach is a series of case scenarios, as is currently done at the University of Ottawa. For instance, using the College of Physicians and Surgeons of Ontario (CPSO)³ policy statements (or the respective provincial college authority), students and faculty have created scenarios that are discussed in small group sessions (facilitated by a

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member of the faculty) throughout the preclinical and clinical years. Students are encouraged to think about ethical behaviours in a more active way. Rather than simply identifying inappropriate behaviour, students and faculty create scenarios that violate ethical codes of conduct and develop cases that are more realistic and applicable to the students' current level of training.

We study medicine out of interest and curiosity, and when our curiosity is not enough, testing maintains the work ethic (aside from their parents' second mortgage on the house) There is usually a timid arm in the class that is raised halfway up, sometimes scratching behind the head, waiting to ask, "Is this going to be on the exam?" Therefore, it may be prudent to include ethics scenarios on exams. For instance, one might describe a few viewpoints and then ask students to consider which one may be "more correct." This would force students to think critically about all options and would benefit students who were already learning about critical ethics situations and who were familiar with their own intuitive responses and subconscious biases.⁴

Other teaching approaches include role playing, which help personalize

the humanistic competencies of medicine, as elaborated by the American Board of Internal Medicine report.⁵ For example, one student might role-play an individual who has gone through a depressive event related to treatment and another could interview him/her in front of a group of classmates. After this interview, the former patient could discuss how the interviewer's skills made them feel, while the tutor and fellow classmates could provide feedback on any medical questioning that was missed. This method of teaching "compassion and caring" (one element of what it means to be a professional) may also be therapeutic for the former patient. Involving patients in medical education may help them gain control over an adverse experience by teaching one of the most difficult aspects of medicine — the subtleties of psychosocial expectations.

Exams, quizzes and laboratories promote and assess an adequate knowledge base. As faculty continue to encourage learners to provide input on what it means to be professional, they may inspire students to develop a locus of control in saying, "I don't know but I will find out" — one way of encouraging humility.

I did get to see the "Dead Sea

Scrolls," but oddly enough, all that can be remembered has been written.

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