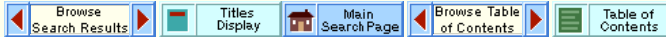


Educating for Professionalism: Creating a Culture of Humanism in Medical Education

[Books, Journals, New Media: Education]

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Outline

- [Section Description](#)

edited by Delese Wear and Janet Bickel, 215 pp, \$42.95, ISBN 0-87745-741-7, Iowa City, University of Iowa Press, 2000.

This thought-provoking, inspiring, and challenging book is a "must read" for all medical school administrators, faculty, staff, residents, students, and those considering a career as a physician or advising others about such a choice. Unfortunately, too much publicity and discussion continue within and beyond medical academia, primarily about Medical College Admission Test scores, passing board examinations, lack of reimbursement for patient care costs, the rise in cost of medications, malpractice suits, and increasing clinical—ie, fiscal—obligations for physician faculty, curtailing time with students and residents for demonstrating authentic professionalism.

In the first of two parts, comprising four chapters, "Understanding the Experience of Medical Education," experienced medical educators define and discuss what constitutes professionalism, as it is taught formally and practiced informally, and consider its history in 20th-century medical education. Topics include ethics, moral order, knowledge, and sensitivity. The authors discuss faculty-modeled values compared with institutional behaviors and the value of encouraging faculty and students to comment on positive and negative institutional goals. All four chapters consider from various vantage points the American Board of Internal Medicine's Project Professionalism (1995), which includes altruism, accountability, service, honor, excellence, duty, integrity, and respect for others, and the American Association of Medical Colleges' Medical Schools Objectives Project (1999), which also focuses on professional attitudes medical students should possess "to meet their individual and collective responsibilities to society." Hidden and informal curricula are discussed in many chapters.

The essayists raise important issues, such as who should teach professionalism: physicians within medicine, beyond medicine in the liberal arts, or both. They look at which courses receive the most focus and credit hours, and whether professionalism should be integrated into all preclinical and clinical courses or taught preclinically as a separate core or elective course.

The second section of nine chapters is inspiring and challenging, filled with individual program descriptions from US and Toronto schools. Each school report focuses on why and how professionalism is defined, emphasized, and integrated and on related knowledge, skills, behaviors, and experiences to be taught, practiced, and evaluated. Two schools established in the 1960s integrated professionalism from the beginning, from orientation through to graduation, in informal and formal programs within the school and in communities in which students, residents, and faculty developed service projects.

At the University of Kentucky, professionalism is included in learning objectives throughout the curriculum in formal course work and in students' community service experiences with preceptors in the city and in rural counties. A Task Force on Professionalism, which included medical students and community physicians, drafted the school's definition; assessed needs perceived by students, patients, faculty, and administrators; and modified the medical education program across all 4 years to include presentations to all faculty, residents, students, and others involved. At Michigan State University College of Human Medicine, professionalism was taught via interdisciplinary seminars, allowing for more discussion, and included humanities modules such as Spirituality and Medicine, History and Medicine, and Literature and Medicine. At Yale University, preclinical students took their concerns about peers' and faculty members' lack of sensitivity to diversity, particularly ethnicity and sexual orientation, to the Educational Policy and Curriculum Committee, and the Committee responded with major successful educational changes.

At the University of Pennsylvania, students successfully sought educational input for ward ethics. At the University of Rochester, educational change was focused on mentoring—its definitions, development, and successful delivery, recognizing unique needs and issues for certain groups. At the University of Chicago's Pritzker School of Medicine, a continuum of experiences to reinforce humanism and professional values begins at orientation with the Gold Foundation's national White Coat Ceremony and continues with ongoing creative programs to graduation, including awards for humanistic behavior. At the University of New Mexico two family practice residents and 12 immigrant Mexican women in the community and, later, medical students, developed the La Mesa Cooperative. Initially focusing on obtaining jobs, it extended its reach to health care, legal issues, and school supplies.

At the University of Toronto, a community half-day experience during the preclinical years was developed, entitled, "Health, Illness and the Community." At Chicago's Rush Medical College of Rush University, a Community Service Initiatives Program, begun by students, concerned health and social services for the poor and disadvantaged. This voluntary program enabled students to experience authenticity and altruism in their fullest meanings. Bridging the Gaps, a preclinical summer elective community health internship program begun at one Philadelphia school, has expanded to include six other schools in Pennsylvania.

Through the Health Awareness Workshop at the University of Louisville, students and their significant others experience professionalism before orientation; the program includes retired physicians sharing decades of experience being true professionals. The students' Greater Louisville Organization for Health, a volunteer inner city clinic, dates from the 1960s. Vanderbilt and Brown medical schools feature student-community programs.

This very readable reference will aid schools ready to improve and enlarge their students' experiences in learning professionalism. The examples cited reflect what medical educators have been doing for more than two decades. We must be aware of the professionalism observed and practiced by students participating in overseas electives. We must develop and lead such programs and publicize them to counterbalance too many current

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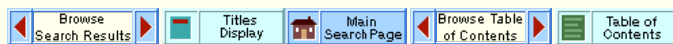
negative images of physicians.

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Section Description

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