Developing a short course in professionalism for first year medical students

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Session Overview

- Overview of the Cambridge system
- Support for students
- Professionalism and the hidden curriculum
- Communities of practice
- Teaching professionalism overtly

My job:
Liz Soilleux:
A brief introduction

Work on professionalism was undertaken in my role as Director of Studies at Churchill College, University of Cambridge
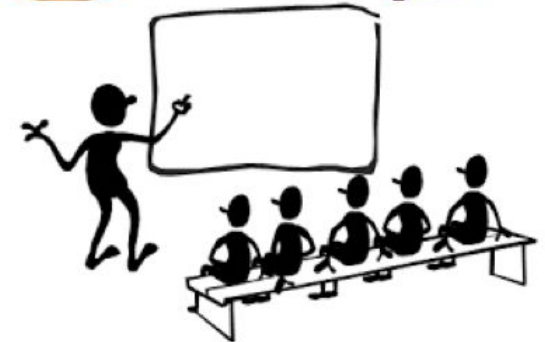

Clinical pathology

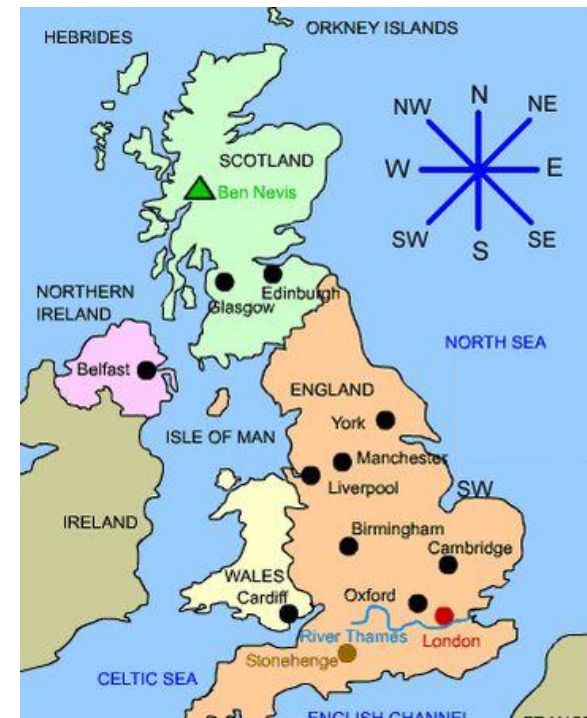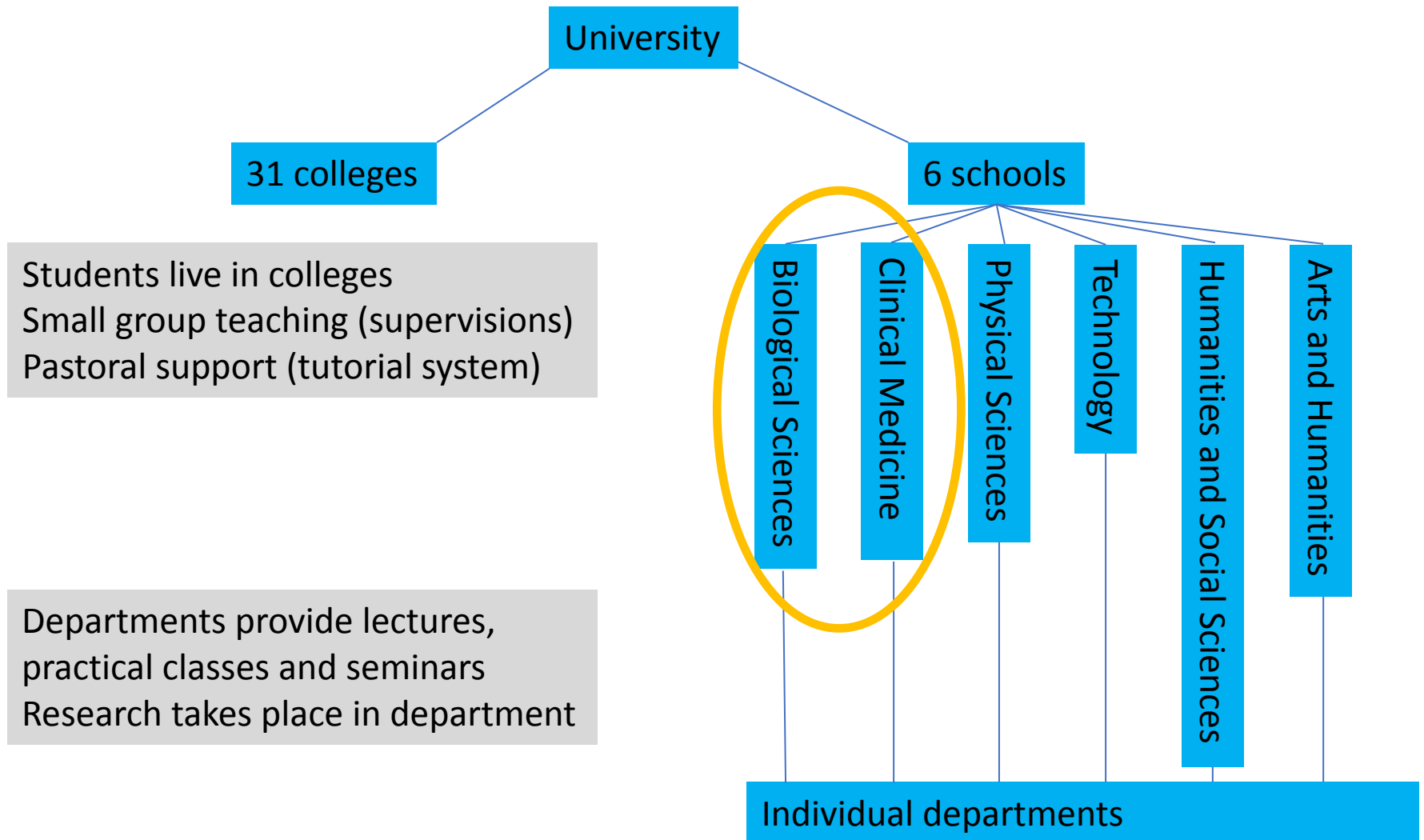*Director of Studies at Churchill College, Cambridge*

Research

Teaching pathology

Brief history of the University of Cambridge

- The second-oldest university in the English speaking world
- The world's 4th oldest surviving university
- Founded in 1209 by scholars who left the University of Oxford after a dispute with the townspeople.
- Granted a royal charter by King Henry III in 1231.
- Oxford and Cambridge = Oxbridge
  - Many common features
    - Prestige
    - Colleges
    - Supervision/ tutorial (small group teaching) system.

Structure of the University of Cambridge

University

31 colleges

6 schools

Students live in colleges
Small group teaching (supervisions)
Pastoral support (tutorial system)

Biological Sciences

Clinical Medicine

Physical Sciences

Technology

Humanities and Social Sciences

Arts and Humanities

Departments provide lectures,
practical classes and seminars
Research takes place in department

Individual departments

Cambridge is a collegiate university

- Each college houses 400-700 undergraduates.
- 8 – 25 medical places per college (strict quota)
- Responsible for supervisions, accommodation, food and financial support (if appropriate).
- Differ in location, age and size, but all offer the same experience and similar academic provision.
- University academics & some NHS staff are "Fellows", who oversee the students' studies and help them learn

Support students get in college

- Director of studies
  - Academic oversight and support.
  - Discipline if necessary, usually in discussion with senior tutor.
  - Sees students twice termly, unless problems.

- Tutor
  - Pastoral support.
  - Often from a different discipline (including the Arts).
  - Sees students twice termly, unless problems.

- Senior tutor
  - Oversees all academic activity in the college; line manager for directors of studies

- Supervisions
  - Small group teaching, with college fellows/ by-fellows/ clinical or PhD students

Is your medical course a traditional one, with separate pre-clinical and clinical components?

Cambridge Standard 6 year Medical Course Structure

Parts of the Tripos

BA, Medical Sciences

Preclinical

Part 1a

1st YEAR

Histology and Homeostasis (HOM)
Molecules in Medical Science (MIMS)
Functional Architecture of the Body (FAB)
Fundamentals of Evidence Based Practice (FEBP)

Clinical strand
Social and Ethical Context of Health and Illness (SECHI)
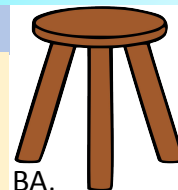Preparing for Patients (PfP)

Part 1b

2nd YEAR

Biology of Disease (BOD)
Mechanisms of Drug Action (MODA)
Neurobiology and Human Behaviour (NHB)
Human Reproduction (HR)
Head and Neck Anatomy (HNA)

Clinical strand
Preparing for Patients (PfP)

Part 2

3rd YEAR

NST Part II Biological and Biomedical Sciences (NST II BBS) with dissertation
 OR
Natural Sciences Tripos (NST II) with research project

Clinical strand
Preparing for Patients (PfP)

Clinical

Year 4	
Introductory course	2 Weeks
Addenbrooke's Core Clinical Method with weekly GP	4 weeks
Review and Integration	1 Week
Regional Core Clinical Method with weekly GP	4 weeks
Review and Integration	2 Weeks
Formative Review - 1 Single Best Answer and 1 Clinical Review	1 Week
Holiday	2 weeks
Research/SSC	6 weeks
Surgery and Peri-Operative Care	6 weeks
Holiday	2 weeks
GP	2 weeks
Emergency Care	4 weeks
Medicine	4 weeks
GP	2 weeks
Review and Integration & Exam preparation	1 week
Final MB Part I	1 week

Year 5	
Review and Integration/Introduction to Year 5	1 Week
GP	2 Weeks
Maternal and Child Health	6 weeks
Review and Integration	1 Week
GP	2 Weeks
Neurosciences and Mental Health	6 weeks
Holiday	2 Weeks
Review and Integration	1 Week
GP	2 Weeks
Specialist Medicine	6 weeks
Review and Integration	1 Week
Holiday	2 Weeks
GP	2 Weeks
Specialist Surgery	6 weeks
Review and Integration and Exam preparation	1 Week
Final MB Part II - Clinical Examinations	1 Week
Review and Integration and Exam preparation	1 Week
Final MB Part II - Written Examinations	1 Week
Holiday	2 Weeks
Elective	7 weeks

Year 6	
Review and Integration/Introduction to Year 6	1 Week
Senior Rotation - Emergency Care	6 weeks
Review and Integration	1 Week
Senior Rotation - GP	6 weeks
Exam preparation	2 Weeks
Final MB Part III Written papers	1 Week
Holiday	2 Weeks
Senior Rotation - Surgery and Perioperative Care	6 weeks
Senior Rotation - Medical Care	6 weeks
Holiday	2 Weeks
Exam preparation	2 Weeks
Final MB Part III Clinicals	2 Weeks
Apprenticeship	6 weeks
Graduation week	1 Week
Holiday	4 Weeks
Preparing for Professional Practice week	1 Week
Foundation Year 1 starts	

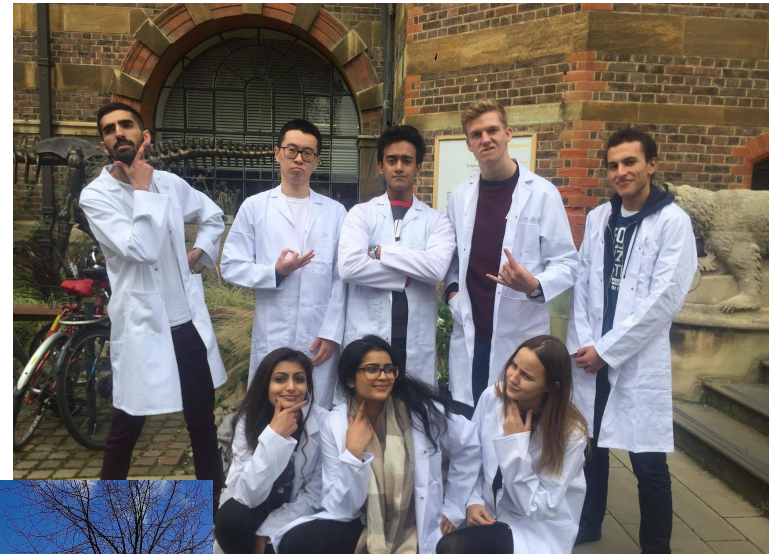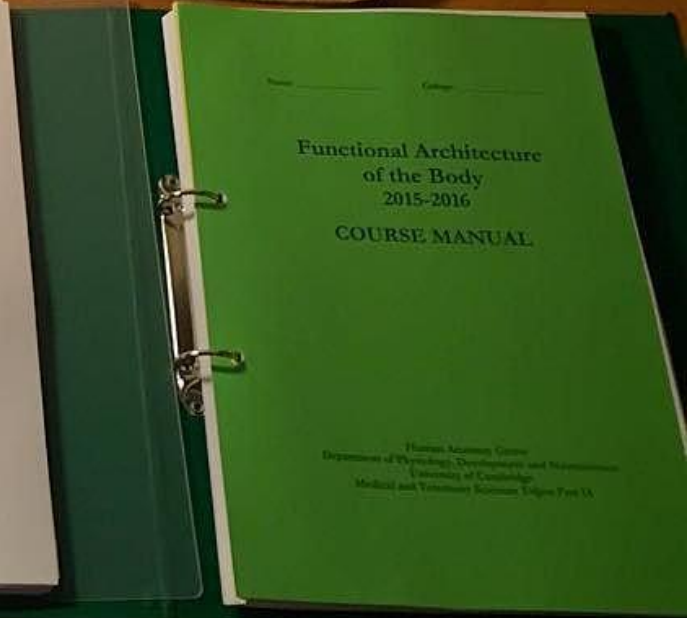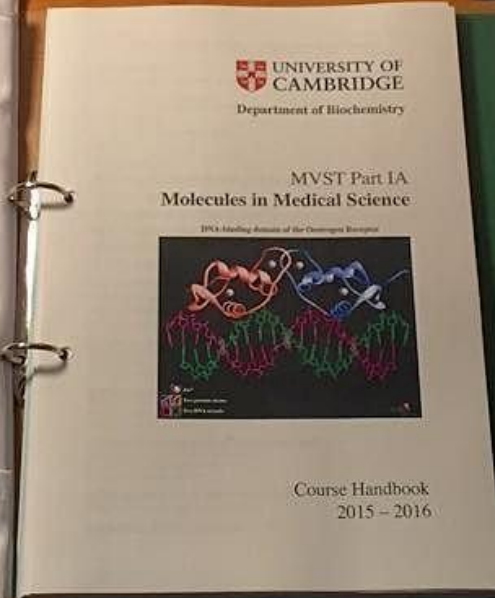**MBPhD Course**: 3 - 4 years' research between 4th and 5th year

Award: BA, MB BChir

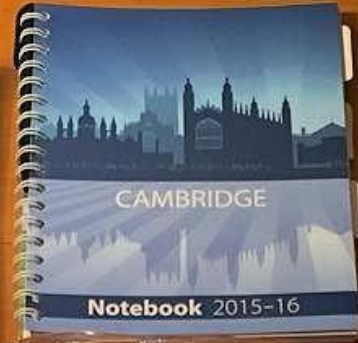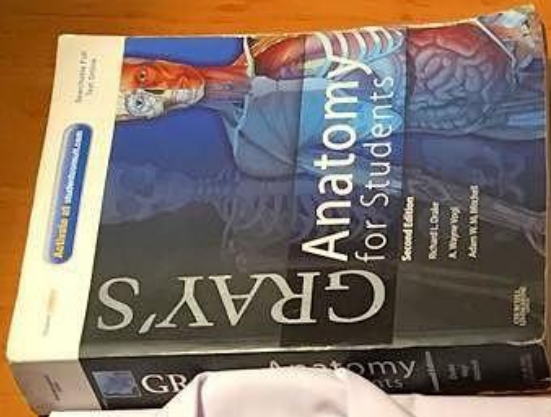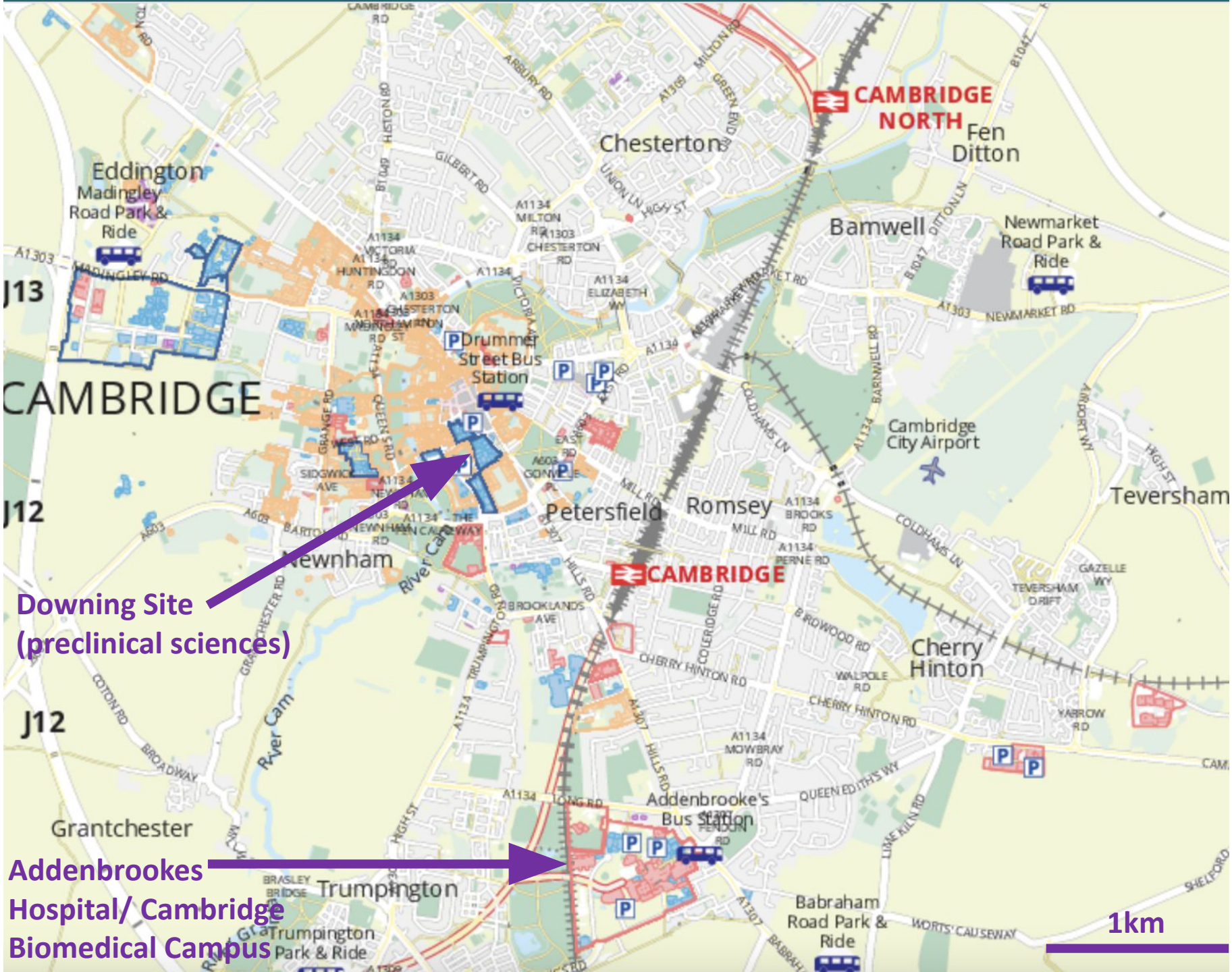# Downing Site, the preclinical biological sciences hub

- Lectures and practical classes occur in relevant pre-clinical science departments in years 1 and 2 ("part 1")

- Centre of Cambridge

- Opportunity to join one of the preclinical departments during "part 2" (year 3)

A medic's "starter kit"!

Downing Site (preclinical sciences)

Addenbrookes Hospital/ Cambridge Biomedical Campus

1km

Cambridge Clinical School: Years 4 -6

- All Cambridge students proceed to clinical studies based at Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust, an internationally renowned tertiary referral centre.

- Also a site of several major biomedical research institutions, the Cambridge Biomedical Campus is the biggest of its kind in Europe.

- College support remains as before, but supervisions are run centrally by the Clinical School, not by the colleges.
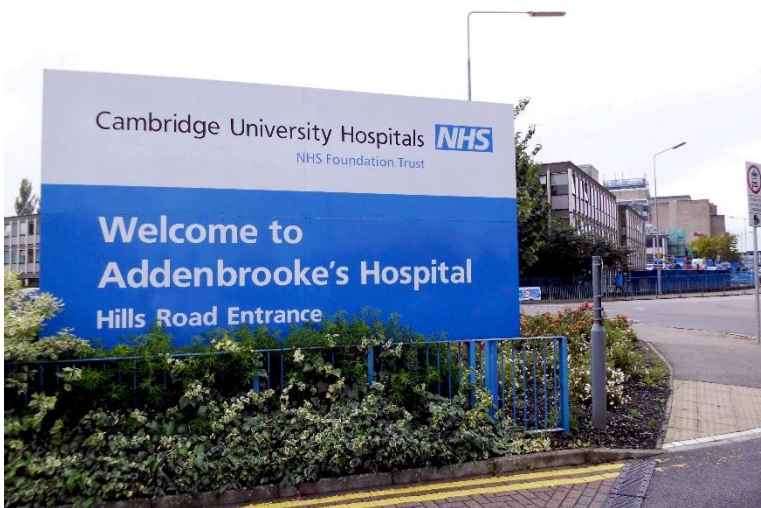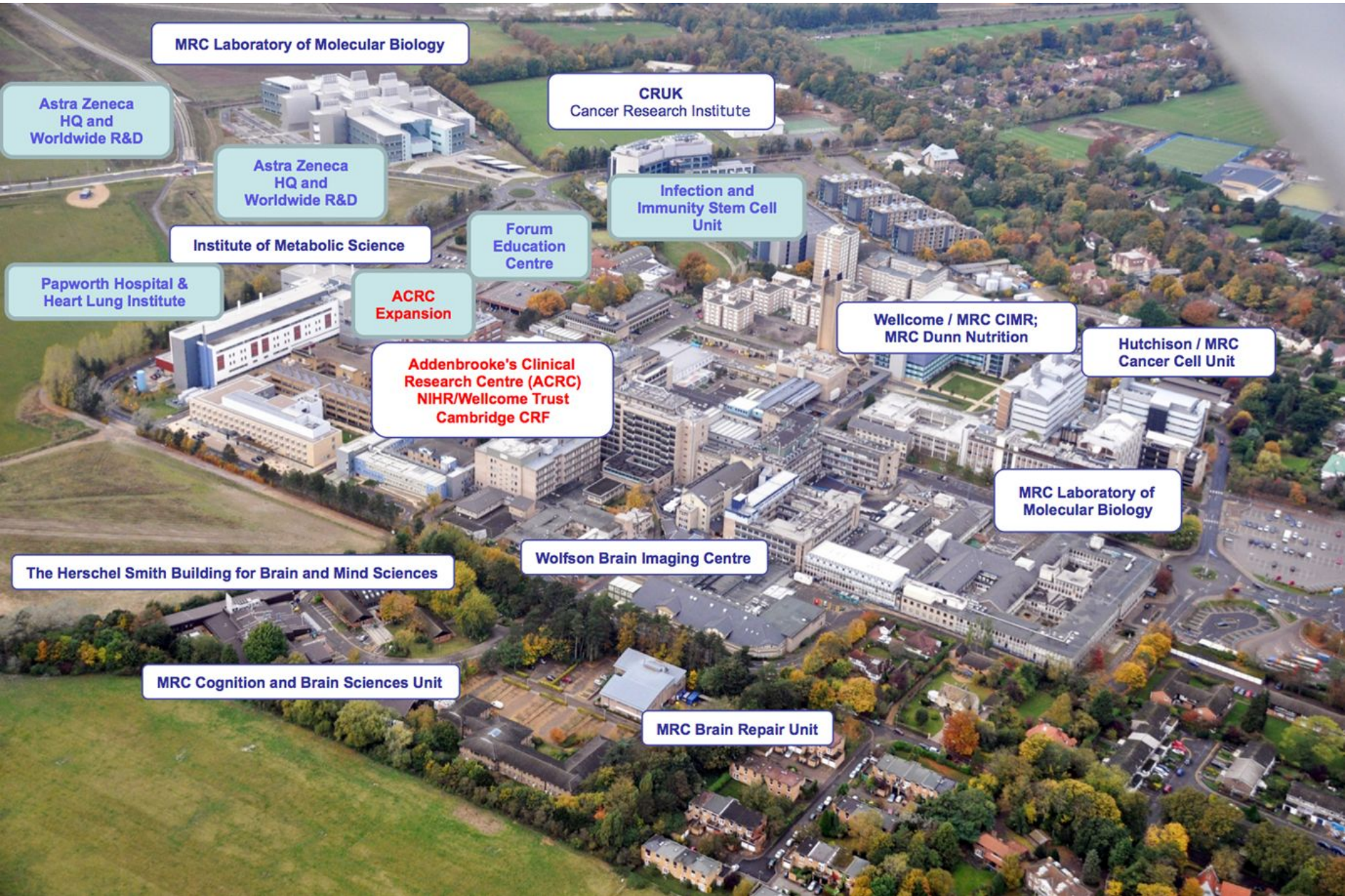
MRC Laboratory of Molecular Biology

Astra Zeneca HQ and Worldwide R&D

CRUK Cancer Research Institute

Astra Zeneca HQ and Worldwide R&D

Infection and Immunity Stem Cell Unit

Institute of Metabolic Science

Forum Education Centre

Papworth Hospital & Heart Lung Institute

ACRC Expansion

Wellcome / MRC CIMR; MRC Dunn Nutrition

Hutchison / MRC Cancer Cell Unit

Addenbrooke's Clinical Research Centre (ACRC) NIHR/Wellcome Trust Cambridge CRF

MRC Laboratory of Molecular Biology

The Herschel Smith Building for Brain and Mind Sciences

Wolfson Brain Imaging Centre

MRC Cognition and Brain Sciences Unit

MRC Brain Repair Unit

Cambridge Clinical School: Years 4 -6

- Time is spent in other regional NHS hospitals throughout East Anglia and in general practices in Cambridge and the surrounding region.

- Huntingdon, Peterborough, Ipswich, Bedford, Bury St. Edmund's, King's Lynn, Stevenage, Welwyn, Luton and Dunstable, Whipps Cross

King's Lynn and Wisbech Hospitals NHS Trust

Norfolk & Norwich University Hospital NHS Trust

Norfolk

James Paget Healthcare NHS Trust

Peterborough & Stamford Hospitals NHS Foundation Trust

Cambs.

Hinchingbrooke Health Care NHS Trust

Papworth Hospital NHS Foundation Trust

West Suffolk Hospitals NHS Trust

Bedford Hospital NHS Trust

Cambridge University Hospitals NHS Foundation Trust

Suffolk

The Ipswich Hospital NHS Trust

Beds.

East & North Hertfordshire NHS Trust

Luton and Dunstable University Hospital

Colchester Hospital University NHS Foundation Trust

Herts.

Essex

Princess Alexandra Hospital NHS Trust

Mid Essex Hospitals NHS Trust

Essex Cardiothoracic Centre

Southend Health Care NHS Trust

Basildon & Thurrock University Hospital NHS Foundation Trust

the tablet
the Clinical School magazine

Freshers' Handbook 2015

Written by students for students

Welcome to **Addenbrooke's**

↑ Emergency Department

↑ Sherwood Room

↑ Dubious DGH Accommodation

← Flights to Kings Lynn

Amazing Tablet Articles →

Medical Students on this site →

Interactive Exercise: 5 minutes

☐ *How would you define professionalism?*

☐ *What are the types of unprofessional behaviour we see from current students?*

Defining professionalism

- Conduct that justifies public trust and respect
- https://mededu.jmir.org/2021/2/e26667
- Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.
- https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/professionalism-in-action
- How a doctor should look and behave regardless of the challenge.
- https://www.healthcareers.nhs.uk/explore-roles/doctors/medical-school/medical-professionalism
- A set of values, behaviours and relationships that underpins the trust the public has in doctors.
- https://www.rcpath.org/uploads/assets/4738fece-a557-4d78-9bb6b58cd33ddbc5/Definition-of-medical-professionalism.pdf
- 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.
- https://www.tandfonline.com/doi/abs/10.1080/08998280.2007.11928225

Course context to consider when developing the curriculum

- Regulatory frameworks
  - Policies
  - **<u>Professional standards and guidelines</u>**
- Other factors
  - Local, regional and geographical
  - Social and cultural
  - Budget
  - Staff skill mix

Regulatory frameworks in the UK

General Medical Council

GMC Online ➜

Registration and licensing   Ethical guidance   Education   Concerns   About

Search this site 🔍

Home > Education > Standards guidance and curricula

Standards, guidance and curricula

From medical school to postgraduate education, we set the standards and expected outcomes for medical education and training in the UK. We regulate all stages of doctors' professional development, including training for qualified doctors who want to specialise.

Standards and outcomes

We set the standards expected of medical training organisations. We also set the outcomes students and doctors in training should achieve. Our five publications set out in detail what these standards and outcomes are.

https://www.gmc-uk.org/education/standards-guidance-and-curricula

Regulatory frameworks in the UK

Promoting excellence

This document sets out the standards for the delivery of medical education and training. These standards have patient safety, quality of care, and fairness at their heart.

Excellence by design

Excellence by design sets out the requirements for curricula. Royal colleges and faculties follow these when developing, or amending curricula.

Generic professional capabilities framework

Training in skills like communication, leadership and patient safety is vital to patient care. This framework explains how these skills can be included in postgraduate curricula.

https://www.gmc-uk.org/education/standards-guidance-and-curricula

Regulatory frameworks in the UK

Outcomes for graduates, plus supplementary guidance

Medical students must meet the necessary standards to apply for provisional registration. Outcomes for graduates sets out the knowledge, skills and behaviours that new UK medical graduates must be able to show.
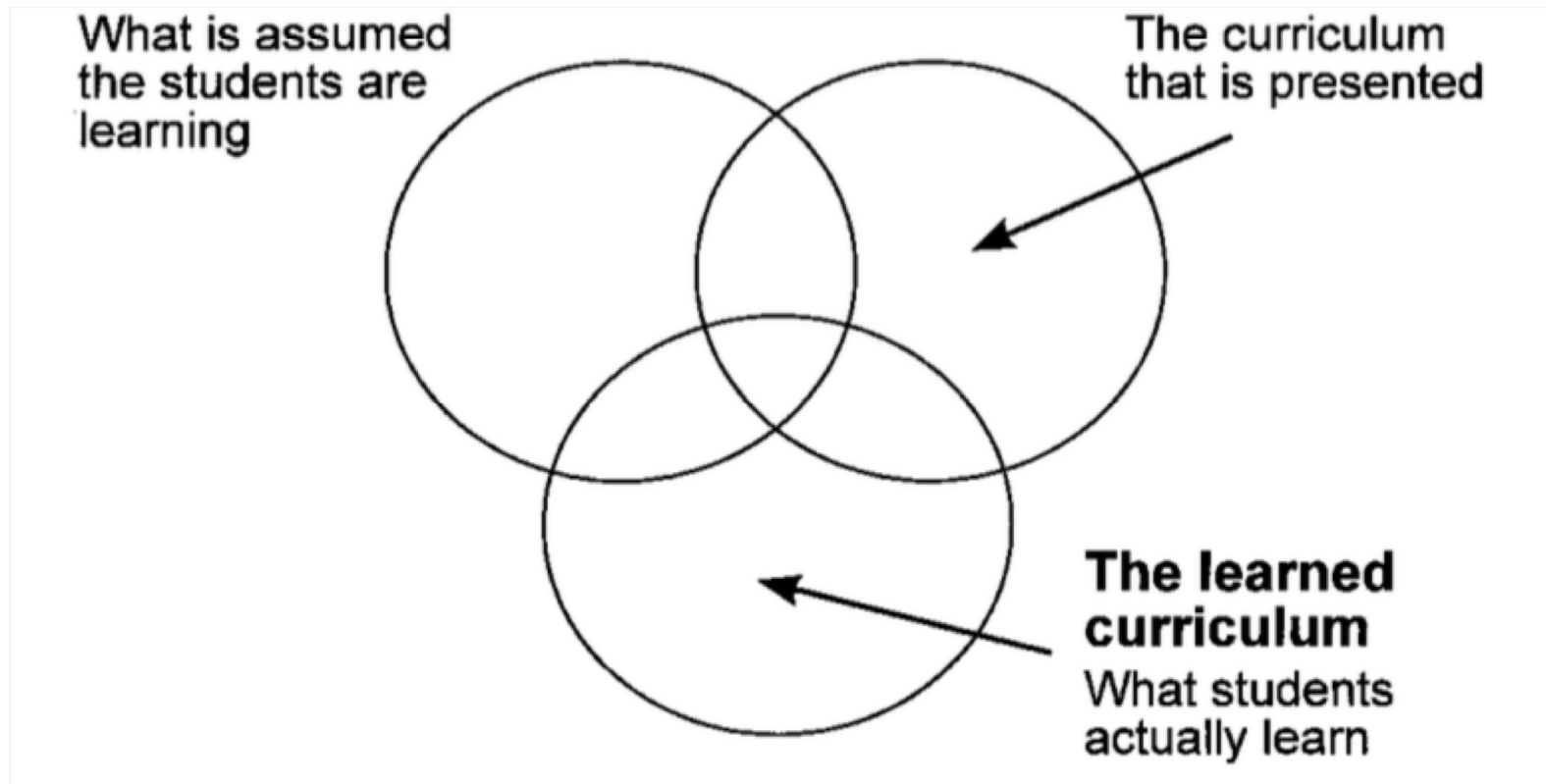
Outcomes for provisionally registered doctors with a licence to practise

Before applying for full registration, provisionally registered doctors must meet a high standard. This document sets out the outcomes expected of them.

Much of students' training in professionalism resides in the hidden curriculum

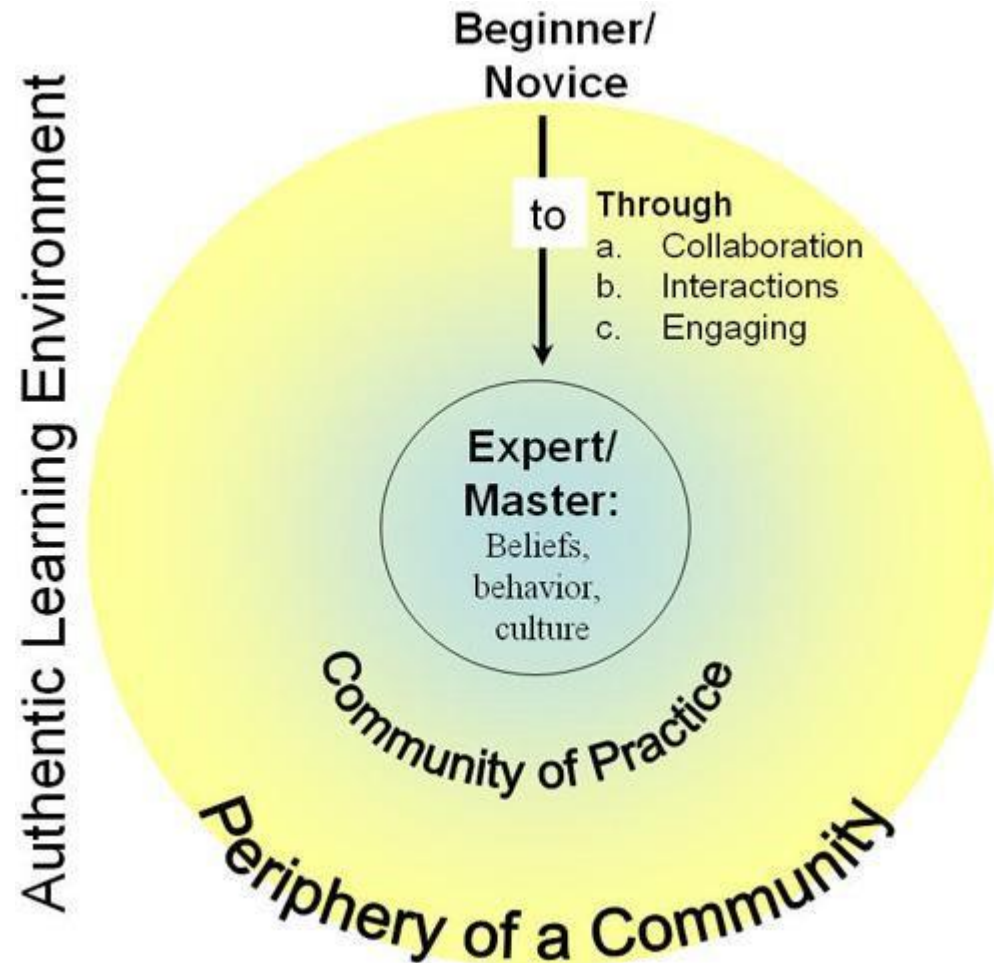What is assumed the students are learning

The curriculum that is presented

The learned curriculum
What students actually learn

Concept of the hidden curriculum
Professionalism is a big part of this.

Harden, R (2001) https://doi.org/10.1080/0142159012036547

Learning in a professional context: Communities of practice (CoP)

Jean Lave and Etienne Wenger, 1991

- Persistent, sustaining social network of individuals that share and develop an overlapping knowledge base and focus on a common practice or shared work

- Learners move from **legitimate peripheral participation** to become a **core participant**

- Knowledge is transferred between network members during their interactions

Beginner/ Novice

to Through
a. Collaboration
b. Interactions
c. Engaging

Expert/ Master:
Beliefs, behavior, culture

Authentic Learning Environment

Community of Practice

Periphery of a Community

Teaching professionalism more overtly

- Written information
- Active observation
  - Prior to the period of observation, give students questions to answer/ things to look out for, with a discussion afterwards
- Passive observation
  - Not very effective
- Role playing
  - Some find this patronising
- Scenario-based discussion
- Learning on the job
  - Communities of Practice approach – does not work for everyone!

Do any of you teach professionalism overtly?

Entry to the Profession: a professionalism course for 1st year undergraduate medical students

Background

- Students undertaking a very scientific preclinical do not identify as medical students and so may
  - Fail to understand fitness to practice obligations
  - Struggle with motivation
- Aims of the course
  - To ensure that students understand their obligations with respect to professional conduct

Teaching professionalism to first years on a traditional course: the Cambridge experience

- A preventative measure to save students from themselves!

- Problems the colleges had dealt with:
  - Social media posts about patients
  - Social media posts about other students
  - Dishonesty
  - Financial fraud
  - Plagiarism…….etc….

Risk to students

- Referral to the fitness to practice committee
  - Run by the clinical school
  - Covers preclinical (y1-3) and clinical (y4-6) students
- Even if cleared, the act of referral remains on their record
- Need to apply earlier for their first 2 years of jobs, to allow assessment of any fitness to practice concerns

Teaching professionalism to first years on a traditional course: the Cambridge experience

- We created a short scenario-based approach to teaching professionalism to Cambridge first-year medical students (limited patient contact years 1-3)

- College-based in a deliberately informal setting

- 3 main areas per session, each with:
  - 1 hard-hitting obviously wrong scenario
  - 3 more subtle ones highly relevant to medical students

- Likert 5-point scale quantitative feedback

- Qualitative feedback

The team

- Liz Soilleux (DoS, pathologist)
- Stephen Barclay (academic GP)
- Elizabeth Fistein (head of professionalism and law course)
- Lawrence Kemp (GP with significant teaching involvement)
- Patrick Warren (medical student)
- Liz Hook – ran early pilot
- Justin Davies – ran early pilot
- Tom Weatherby – assisted with early pilot
- James Ashcroft – undertook most of the write-up for publication

Areas we aimed to cover

- Confidentiality
- Social media
- Respect for colleagues (added)
- Stealing/ lying
- Violence to person/ property
- Alcohol and drugs
- Prescription drugs

- Racism/ sexism
- Sexual consent
- Mental health - of self and others
- Academic bullying
- Whistle blowing/ covering up
- Team-working
- Behaviour/ clothing

Session 1 topics

- Interacting with professional colleagues (issues: academic bullying, confidentiality, whistle blowing, public confidence in the profession)

- Respecting colleagues (issues: lying, respect for colleagues, racism, sexism, competence/patient safety, team working)

- Maintaining professional behaviour in all aspects of life (issues: alcohol, lying, respect for colleagues, racism, competence/patient safety, sexual consent)

Session 2 topics

- Health and probity (issues: alcohol/addiction, lying, mental health)

- Photos and communication (issues: confidentiality and probity, respect for colleagues and patients, consent for use of publication of photographic material)

- Presentation and conduct (issues: appearance, sphere of competence, data protection)

Piloting the professionalism course

- Ran on a voluntary basis: 70 students completed course over a 2-year period.
- Self-selected groups of 3-5 students and a facilitator
  - Drawing on communities of practice approach
  - Practising doctor or
  - Clinical student (senior peers as role models)
- Drinks, including alcohol, and snacks
  - Relaxed, so students can have open discussions
  - Relevance to <u>all</u> aspects of life

Implementation quantitative feedback 1

Curriculum implementation feedback	Value, mean (SD)
Environment in which the sessions were delivered allowed me to feel comfortable in sharing my honest opinions and asking questions.	4.66 (0.61)
Structure of the discussion was well designed and effective for achieving the aims of the session.	4.43 (0.69)
I now have a better understanding of what may be considered unprofessional behaviour.	4.39 (0.79)
These sessions have improved my understanding and awareness of how issues surrounding professionalism affect me as a medical student.	4.37 (0.76)
I now feel more able to act appropriately if an event occurs that could potentially bring my or a friend or colleague's professionalism into question.	4.29 (0.84)
Content of the scenarios and discussions was effective and covered most areas of professionalism that could affect me as a preclinical student.	4.23 (0.78)
I found these sessions useful and worthwhile to me as a medical student.	4.19 (0.95)
Scenarios and discussions were appropriate to me as a first-year medical student.	4.16 (0.93)

Implementation quantitative feedback 2

Curriculum implementation feedback	Value, mean (SD)
Environment in which the sessions were delivered allowed me to feel comfortable in sharing my honest opinions and asking questions.	4.66 (0.61)
Structure of the discussion was well designed and effective for achieving the aims of the session.	4.43 (0.69)
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Development of professionalism quantitative feedback

Development of professionalism feedback	Value, mean (SD)
Medical students should be expected to behave professionally.	4.78 (0.42)
I understand what is meant by professionalism.	4.71 (0.46)
Professionalism is a relevant topic for medical students in preclinical years.	4.62 (0.59)
I feel I can recognize professional and unprofessional behavior in my teachers.	4.04 (0.74)
My behaviour in my preclinical medical studies is social and shouldn't be evaluated.	3.87 (0.79)
Higher standards of professionalism are needed in preclinical medical education.	3.11 (0.99)

Qualitative feedback 1

- Anecdotal facilitator feedback very positive
- **Student feedback:**
- I thought the scenarios discussed were very useful and definitely helped put ideas that we may have already been aware of into practice.
- The setting for the seminars (relaxed, with drinks and snacks, etc) created a friendly engaging atmosphere.
- Really valuable to have a current clinical student present.
- Maybe slightly reduce the number of cases presented.

Qualitative feedback 2

- The scenarios were sometimes quite obvious.

- Definitely helped put ideas that we may have already been aware of into practice.

- Loved the sessions.

- I now feel I have a much broader understanding of the levels of professionalism required as both a medical student and a doctor.

- I felt that the open table group discussion was a bit intimidating simply because I am quieter than a lot of my peers.

Conclusions

- Traditional course structure presents challenges with identifying as a medical student.

- Small group format in a relaxed, open environment facilitates discussion of the major concepts of professionalism.

- Context is important – professionalism does not only apply when studying.

- Importance of senior peer discussion.

Questions and Answers

ejs17@cam.ac.uk

https://mededu.jmir.org/2021/2/e26667