

## Professionalism and medical education

### El profesionalismo y la educación médica

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In the field of medical education, there are many different definitions of medical professionalism <sup>(1)</sup>. However, it is generally accepted that “it is to fulfill with excellence and responsibility the duties and attributes of a professional.” <sup>(2)</sup> A more precise definition is the one presented by Swick: “Medical professionalism consists of those behaviors by which we—as physicians—demonstrate that we are worthy of the trust bestowed upon us by our patients and the public, because we are working for the patients’ and the public’s good. Failure to demonstrate that we deserve that trust will result in its loss and, hence, loss of medicine’s status as a profession.” <sup>(3)</sup>

To achieve this, it is necessary for each professional to have an optimal and up-to-date knowledge of medicine; to behave within the ethical and legal framework; to have communication skills; to be respectful of patients and colleagues; and to show empathy, integrity, altruism, trust, honesty, sense of honor, solidarity, among other characteristics <sup>(4)</sup>.

The practice of health care in recent years, as well as the information provided by scientific publications, allow us to state that there has been a deterioration of the professional behavior of recent medical school graduates, which compromises the safety and quality of care <sup>(5-7)</sup>.

Young physicians have been impacted by modernity through technological advances (i.e., social networks, digital medical records, telemedicine), changes in the economic system, growth in the demand for professionals in private practice and the pressure they exert on the behavior of professionals. This has altered the way they deal with patients, family members and colleagues, and has undermined their autonomy when making decisions <sup>(8)</sup>.

We should add to the aforementioned the consequences from the COVID-19 pandemic: compliance with social distancing resulted in performing clinical examinations only when necessary; in medical offices, the communication between physicians and patients was carried out through transparent means; and finally appointments had to take as little time as possible. We must keep in mind that an important part of the professional commitment is related to humanism, i.e., to place patients as the center of our work for their benefit, where verbal and nonverbal communication play a key role. There should be no distance between physicians and patients during the medical consultation.

Medical education cannot remain indifferent to these changes. From the educational perspective, the concept of professionalism is handled as an essential multidimensional competency with cognitive and attitudinal components for a good professional performance.

The main goal of medical schools should be to ensure that graduates have ethical and humanistic behavior above any technological, epidemiological or social changes. Training in this aspect is usually subject to a hidden curriculum <sup>(9)</sup>. For this reason, in schools or faculties with a large number of professors and several hospitals, it ends up being a random product that should not be allowed.

The teaching of professionalism is not usually explicitly indicated in the curricula of most medical schools through subjects or modules; rather, it is performed in a transverse manner through the attitudinal competencies. However, this does not seem to be enough, even more in schools where the traditional teaching-learning method is still in use, which does not pay much attention to the attitudinal component of students. The same occurs with competency-based programs, where, although it is true that attitudes are taught, these are not the best probably due to the strategies employed.

This has led to the introduction of the concept of “professional identity formation” (PIF), which can be defined as the process of forming “a representation of self, achieved in stages over time during which the characteristics, values and norms of the medical profession are internalized, resulting in an individual thinking, acting and feeling like a physician.” <sup>(10)</sup> In other words, it refers to having and displaying a medical professional’s behavior that is based on the internalization of norms and

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values. It is an external representation of the feelings, beliefs, experiences and values of medical personnel that impact on the delivery of holistic patient care <sup>(11)</sup>.

The development of this competency requires training in clinical competencies that are solidly based on basic sciences and framed with humanistic qualities and reflective thinking within a curriculum <sup>(12)</sup>. Moreover, Krishnasamy et al. <sup>(13)</sup> propose strategies such as problem-based learning (PBL), case-based learning and team-based learning activities in addition to the monitoring of individual students.

Furthermore, Barnhoorn et al. <sup>(7)</sup> have proposed a multi-level professionalism framework in teaching, starting with the identification of the environment, behavior, competencies, beliefs, values, identity and mission.

We believe that this process should be implemented, in a transverse manner, in both the basic and clinical subjects according to their contents and characteristics. And, in a longitudinal manner, with the inclusion of subjects, such as medical ethics, medical communication, conflict management, leadership in medicine and cultural diversity, and the use of strategies, such as case studies, PBL, simulations, group discussions, among others.

All this poses a challenge to medical schools to train physicians with a professional attitude that goes beyond epidemiological, socioeconomic, ideological and technological changes in search of patients' well-being above all other interests.

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