

Family Medicine Updates



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TEACHING AND ASSESSING PROFESSIONALISM AS A CORE OUTCOME

The American Board of Family Medicine (ABFM) and the Accreditation Council for Graduate Medical Education (ACGME) expressed the importance of professionalism through inclusion in both the milestones and core outcomes.¹ In addition to guiding residents in reaching these measures to demonstrate moral, ethical, and professional behavior, program directors and faculty must support our residents in the development of their future trusting patient relationships. Professionalism is “pivotal in the standing of the medical profession, the preservation of public trust and the provision of quality healthcare.”¹

Clear expectations of professionalism exist within family medicine that fall into recurrent themes. These themes should be explicitly and repeatedly discussed with residents, and they should be provided with case examples. Additionally, they must be modeled by faculty and program leadership with accountability for all. One such professionalism theme is the day-to-day behaviors consistent with responsibility, reliability, and trustworthiness. Some observable behaviors associated with this theme include arriving at the clinic on time, answering messages and calls on time, notification of others of emergencies, chart completion in a timely manner, having a system for needed patient care follow-up, showing up at expected rotations, remaining truthful at all times, and demonstrating academic integrity with utilization of artificial intelligence.² These are just some observable behaviors from one theme.

We have years of knowledge that teaching expectations of the profession is beneficial in many curricular iterations,³ but now the question is—do our methods still work? Program directors should consider different delivery modalities to target different learning styles. For example—we should consider utilizing social media, podcasts, or short videos in line with different learning styles. The use of social media platforms within professionalism curricula demonstrated success in the undergraduate medical education space and would logically also work in the graduate medical education space.⁴ This would reach learners in more meaningful ways and allow programs to distribute information asynchronously and with repetition to reinforce importance. When teaching about and holding residents accountable for expectations of the profession, inclusivity must also be considered. For example,

focusing on volume or tone of voice can be viewed as biased against certain populations. Focusing on context-specific professionalism will encourage guiding principles in an inclusive and unbiased manner. Although there are many ways to teach a curriculum on professionalism, program directors must identify multiple approaches and ensure it is happening.

In addition to incorporating professionalism into curricula, program directors and faculty must also address evaluation. Professionalism can be evaluated with observation of clear daily behaviors and tools with clear rubrics that provide reliable and reproducible information should be used. Such tools may be the Miller's Performance Level and Dreyfus and Dreyfus Level of Mastery.² An important aspect of these tools is the inclusion of self-awareness, which may help ensure learners can monitor themselves in their future careers. These tools can be completed with questionnaires, observations, comment cards, and other multi-factorial methods.

Ultimately, program directors should incorporate professionalism into the curriculum in a variety of ways, ensure the message is heard repeatedly, and have an unbiased method of evaluation by using standardized tools that include self-reflection.

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References

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INTEGRATING SERVANT LEADERSHIP INTO THE FABRIC OF NAPCRG

The values of NAPCRG have been built upon participatory processes. The document, “Responsible Research with Communities: Participatory Research in Primary Care,”¹ together with the recommendations for NAPCRG, was