THE ETHICS OF SPEAKING: COMMUNICATION AND LANGUAGE IN MEDICAL PROFESSIONALISM

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I have no conflicts to declare
Objectives

• Describe and illustrate the importance of language to the formation of a physician
• Describe the role of communication in the creation of professional identity and professionalism and why we have challenges
• Identify medical education and training practices that are likely to influence professionalism and communication
• Make you think! Promote conversation
Talk is Important, Especially for Learners

- Physician talk serves many purposes:
  - Transfers information
  - Negotiates labor division, distributes responsibility
  - Establishes credibility
  - Is a strong socializing force in training health care providers
- Effects can be intended or not, conscious or unnoticed
- Humans perceive and innately categorize or form impressions about those with whom we come into contact
  - Humans quickly classify a newcomer as ‘friend’ or as foe

Forming professional identities on the health care team: discursive constructions of the ‘other’ in the operating room. L Lingard et al. 2002.
Medical education is as much about learning to talk and act like a doctor as it is about learning the content of the medical curriculum. [Becoming a doctor] synergizes the cognitive and interactional processes within institutional settings as we develop our identities and has profound implications for medical education.

Lynn V Monrouxe, 2010
The Hippocratic Oath
Some observations

• The major elements of “professionalism” in medicine have been described well and often
  • Congruence in the literature about attributes of a *virtuous* person
• Literature lacks a clear recognition of *gap* between the widely accepted manifestations of virtue in action and *what we actually do*
• Even if we recognize the gap, we remain silent or inarticulate about dissonance and do not help students understand
Some observations, continued

- Students learn powerfully from the systems in which they work.
- Many opportunities for change to enhance modeling of professionalism exist, but it is most critical to understand and to articulate that medical education is a special form of personal and professional *formation* grounded in daily activities of academic medicine.
The Challenge

“The challenge for professional education is how to teach the complex ensemble of analytic thinking, skillful practice, and wise judgment upon which each profession rests.”

- William M. Sullivan

Work and Integrity: The Crisis and Promise of Professionalism in America, 2005
The Challenge for Medical Professionalism

Professionalism was transmitted traditionally from one generation to the next by respected role models. Medicine was fairly homogenous, shared values.

Today’s complex and diverse climate can no longer assume shared values; challenges to traditional values of medical profession posed by modern health care systems are new.

The environment in which medical education occurs, in our institutions, has a profound impact on professionalism.
### The Struggle to Stay Centered on Values in the Medical Profession

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Inui, Tom “A Flag in the Wind”, 2003
Definitions

• Professionalism
• Humanism
• Hidden Curriculum
Alternative Views of Professionalism in Medicine

Treat every patient **politely** and considerately
Respect patient’s dignity and privacy
**Listen to patients and respect their views**
**Give patients information** in a way they can understand
Be **honest** and trustworthy

General Medical Council “The Duties of a Doctor” 1998

Skillful (clinical skills, reasoning, **communication**)
Altruistic (respect, **compassion**, **honesty**, ethics)

Medical School Objectives Project, 1998

**Interpersonal and communication skills**

Accreditation Council for Graduate Medical Education (ACGME) 1999

Respond to societal needs
Evince core humanistic values (**honesty**, integrity, caring, compassion, **empathy**, respect for others)

Herbert W. Swick, M.D. **Academic Medicine 2000** A “normative definition”:
Humanism in Medicine

The physician’s attitudes and actions that demonstrate interest in and respect for the patient and that address the patient’s concerns and values. These generally are related to patients’ psychological, social, and spiritual domains.

Branch, W.T., Kern, D., et.al. “Teaching the Human Dimensions Of Care in Clinical Settings” JAMA, 286; No. 9, 2001
Hidden Curricula

The often unacknowledged and unarticulated lessons, norms, values that are transmitted in the educational process – in the classroom and in the environment
Essential Elements of Communication

Build the Patient-Physician Relationship
Open the Discussion
Gather Information
Understand the Patient’s Perspective
Share Information
Reach Agreement on Problems and Plans
Provide Closure

WHAT CAN WE DO?
What Can We Do?

Acknowledging that the educational process in medicine changes – in some substantive sense – who we are as well as how we relate to others, may be the key to understanding why we need to be mindful, articulate, and reflective about the process.
An Action Agenda

- Make explicit the role of professionalism in organizational performance and management
- Promote resources that make explicit the link between personal and professional growth and development
- Make explicit the role of professionalism in trainee/physician/program performance within the organization
- Develop or enhance resources for continued learning and professional development in the hidden curriculum
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Human Dimensions of Care

AUDIENCE PARTICIPATION!

“What can we do in the patient’s presence to improve and teach the human dimensions of care?”
Human Dimensions of Care

Establish a CLIMATE OF HUMANISM
Recognize and Use Seminal Events
Role Model
Actively Engage the Learner
Provide feedback
Take advantage of the hidden curriculum!

- Correct the use of dehumanizing language
- Have the students/residents/ward team develop their OWN mission statement
- Treat learners with respect
- Establish atmosphere of trust and collaborative learning between teachers and learners
- Attend to the human needs of the learners
- Role Model
Communication skills

Focus on communication skills and management strategies that are feasible for the learner and are applicable generally.

• Social amenities of communication
• Non verbal communication skills
• Observational skills
• Humanistic care
• Self-awareness
FEEDBACK

- Feedback is critical to learning
  - General education (Hattie, 1999)
    - Meta-analysis of 12 meta-analyses
    - Feedback is among the largest influences on achievement (ES=.79)
  - Medical education (Veloski et al., 2006)
    - Feedback alone is effective in 71% of studies
- Work-based methods
  - Trainees rarely observed
  - Provides an excellent opportunity for feedback following observation
Active Learning

• Connects learners directly to the subject or process they are learning

• “The community of truth” [Parker Palmer]
  • All members of the team encouraged to participate in humanistic care of patients and their families
  • A possible antidote to the “hidden curriculum”
  • May require teachers to share of themselves; to challenge the hierarchy supported by the hidden curriculum
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In dialogue with students, with peers

- Consider what responsibilities publicly holding such high ideals confers on physicians in interaction with their trusting patients, in interactions with their peers, for their actions in the organizations of medicine, and for their roles in their communities.
A Learning Plan

• An assessment system that recognizes the continuous nature of performance
• Guide learner activities (as well as faculty)
• Require learner to demonstrate how they have used feedback from assessments for their own learning and improved patient care
• Shifts accountability toward a shared responsibility between learner and “the system” while emphasizing learning
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Faculty Development

- The Osler Fellowship – McGill University Faculty of Medicine
- Small group reflection on the values and attitudes of the faculty - Parker Palmer
“We find the way to be true to ourselves in our interactions with learners, much as we attempt to express ourselves….in our caring interactions with patients”

Palmer, Parker “Knowing in Community: joined by the grace of great things. In: The Courage to Teach: Exploring the Inner Landscape of a Teacher’s Life. 1998
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“What are you doing?”

Nothing, really....
SHUKRAN
Words, words, words....show me
Words, words, words!
I'm so sick of words
I get words all day through
First from him, now from you
Is that all you blighters can do?

Sing me no song, read me no rhyme
Don't waste my time, show me!
Don't talk of June, don't talk of fall
Don't talk at all!
Show me!