Developing professionalism in postgraduate doctors beyond workshops

The awareness of the need to teach and assess medical professionalism more robustly continues to grow. This is driven by the increasing expectations of society[1] as well as reviews of postgraduate medical training.[2] While there have been numerous attempts to define professionalism, within the UK, it is the General Medical Council’s Good Medical Practice (GMP)[3] that provides the framework against which the standard of doctors’ professional practice is measured.

How to understand, teach, and assess professionalism in the postgraduate context is not clear.[4] We tried a novel approach in developing professionalism with trainees working in psychiatry in our department in a town in north England. The trainees were invited to attend the 4-monthly workshop. The workshop had the following learning outcomes: to become familiar with the concepts of professionalism, appreciate and understand medical regulation, apply knowledge (of professionalism and GMP) to professional contexts, and to engage in a process of service feedback and development. Facilitation was provided by a consultant psychiatrist. Workshops lasted for 2 h, with three distinct sessions, and a fourth postworkshop activity, occurring in the following order:

1. Interaction and reflection on the definition of professionalism: by comparing and contrasting different concepts, this hopefully imparts knowledge and acknowledges the degree of variation and ambiguity of some concepts and limited appearance in curricula
2. Existing medical regulation: Sharing and discussing the professional framework (GMP),[2] described as akin to a competency framework
3. Reactive vignettes: Trainees split into two groups, with one group given copies of GMP. The first group was presented with a challenging vignette that engages professionalism issues but was not permitted to look at GMP. The vignettes were written by the first author and a trainee, influenced by core themes in GMP. The second group, in possession of GMP, acted as a resource to the first. Sequential follow-up questions of increasing complexity were posed by the facilitator based on the groups’ responses and solutions
4. Facilitated trainee-reporting forum: Occurring immediately after the third part, trainees were supported to run a structured meeting, allowing them to raise service quality issues. Issues raised were then fed back into the relevant
clinical governance groups and to clinical directors. Within these forums, trainees take on specific roles such as chair, vice chair, and management lead, encouraging the development of managerial language (different to clinical language), verbal and written, as a part of effectively raising concerns.

The workshops were evaluated by asking attending trainees to complete a questionnaire after attending. The average group size was ten trainees. Of 29 trainees (out of 34 invited) who have taken part to date, 86% have completed questionnaires. All trainees either agreed (16%) or strongly agreed (84%) that the learning was “excellent.” All agreed (20%) or strongly agreed (80%) with the statement that the workshops “will improve my practice and quality of care I provide.” Comments included “the focus on GMP has produced something to make real changes” and “GMP vignettes were excellent in identifying real-life issues and solutions.” Trainees required more time in exploring real-life vignettes and learning how to engage with management and governance systems, and so future recommendations would be to use less time on the first two sections of the workshop.

This model moves from recognition of the relevance of professionalism to managing challenges and applying learning. Our approach suggests a workshop with real world issues, bridging the learning gap between conceptual frameworks and day-to-day working, encourages medical engagement with clinical governance, and merits further study.

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Conflict of interest
There are no conflicts of interest.

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