

Professionalism – what does it mean?

NARRATOR: What does professionalism mean in a doctor?

MEDICAL STUDENT: Smart dress.

MEDICAL STUDENT: Keeping confidentiality.

MEDICAL STUDENT: Arriving on time.

MEDICAL STUDENT: Respecting the patient's autonomy.

MEDICAL STUDENT: Having good medical knowledge, because it is important.

NARRATOR: The views of some medical students and more from them later, but really how important is professionalism in a doctor to patients?

PROFESSOR DACRE: You need to look and behave like a doctor looks and behaves, and just imagine what you would like a doctor to look like if you were going to be seeing them yourself.

NARRATOR: GMC Council member Professor Jane Dacre, Vice Dean and Head of Education at UCL Medical School in London.

PROFESSOR DACRE: I think professionalism has always been part of how a doctor does and should behave but recently there have been all sorts of stresses in the system that have made it more difficult to maintain it. One of

those is the increase in shift patterns that doctors are having to work on and the reduction in continuity of care caused by doctors going through rotations very quickly and maybe not seeing patients for a very long period of time.

NARRATOR: For doctors at any level these new working patterns can pose tough challenges. For newly qualified doctors, maintaining professional standards under pressure can be even tougher.

DR CALEY: My name is Anne Caley and I am a foundation year 2 doctor. At medical school some of us felt that professionalism training was a bit of a waste of time and we had other commitments to do but believe me, when you start working, you need to use those professionalism skills every day.

NARRATOR: On the day we spoke Dr Caley was part of a three shift medical team caring for a patient with a medical secret, her case posing professional challenges on many different levels.

DR CALEY: We have a lady who has come into the obs and gynae department referred from A&E with abdominal pain. It turns out that she was in the stages of early pregnancy but does not want her family to know about this. So she told the team on call and obviously the team on call hands over to the night team who then hand over to a different day team. So it is very important obviously to respect the patient's confidentiality but we needed to make sure that this is critical information that is obviously handed over effectively. Now the only way we could do it is to write down in the patient's notes and also on the hand-over sheet, but obviously there is the concern that maybe the sheet might fall out of someone's pocket and a member of the family might pick it up. So there is a sort of risk factor really relying on this method of communication. Professionalism teaches us to maintain the patient's confidentiality but, you know, in the real world also we have to ensure that we have effective communication between colleagues, and especially when we are changing different shifts, to really be sure that it does not fall into the

wrong hands.

NARRATOR: Being equipped to handle complex, real life situations like that means developing excellent communication skills, a core part of medical schools' professionalism training. Professor Jane Dacre again.

PROFESSOR DACRE: People used to think that it was innate but actually you can improve the quality of somebody's ability to communicate and that is part of professional behaviour. We need to remember, as doctors, that the majority of complaints about doctors in fact are due to misunderstandings and poor communication, so it is very important to get it right.

NARRATOR: Do medical students rate this part of the curriculum as highly as, say, more basic medical subjects like pharmacology and immunology? Medical students like Mitesh Naik, Majd Al – Harasees, Niroshini Rajaretnam and Daniel Brown at Imperial College in London.

MEDICAL STUDENT: We do have to take it seriously. It is assessed in the exam. You do not just get assessed on the fact that you have picked up a certain sign or have listened to a certain part of the chest or whatever. Your communication skills with the patient are also assessed so it is not wise to ignore it.

MEDICAL STUDENT: I think also the curriculum aims to teach us not just to pass for exams, but at the end of the day they always emphasise, you know, you need these skills to become a good doctor, to be able to communicate with your patients and with your peers.

MEDICAL STUDENT: One of the examples that I do remember from our clinical communication skills is that as a patient when the patient goes home they are not going to say, "Oh wow, his angiograph was perfect", or "Oh Wow"; they are going to remember things about "He was such a wonderful listener" or "He

was very warm to me". These are things that the patients are going to remember about us as doctors.

NARRATOR: Is it easy to learn? Is it common sense?

MEDICAL STUDENT: It does vary from person to person. You can see it does come naturally to many people but with some people it is something that they have to knowingly think about before they act in a hospital setting, even with regard to language, the use of very colloquial phrases every now and again, "umming" and "stuff". If you do not appear as though you know what you are talking about then it is hard to instil that sort of effect on a patient and make them believe that you know what you are talking about.

NARRATOR: Ultimately what patients are looking for in a doctor beyond excellent medical skill is a good bedside manner. So how does a medical student get one of those?

DANIEL BROWN: You have to spend time at the bedside basically. You can learn it but the only way you can incorporate it in a natural way is by speaking to patients and doing the ward rounds and going to the clinics. The examiners say they can always tell people who have been on the wards and have spoken to the patients to those who have just kind of done it at the last minute. It is just an experience thing, unless you are one of the few people who it comes to just so naturally which are quite a small minority. The best way is just to talk to patients.

DR CALEY: Professional training is all about treating others as you would like to be treated yourself and in my personal opinion I would treat others how I would like my parents to be treated in hospital.

NARRATOR: Junior doctor Anne Caley and fifth year medical student Daniel Brown ending this GMC cast on professionalism. To find out more about standards of

professionalism the GMC expects of medical students and to see how these standards are important beyond medical school, visit the GMC website and click on “Information for medical students”. There you can view *Tomorrow’s Doctors* and the GMC’s core guidance for doctors *Good Medical Practice*.