

2012

## Teaching Medical Professionalism. Richard L. Cruess, Sylvia, R. Cruess, Yvonne Steinert (Eds)

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### Recommended Citation

Williams, B. (2009). Teaching Medical Professionalism. Richard L. Cruess, Sylvia, R. Cruess, Yvonne Steinert (Eds). *Australasian Journal of Paramedicine*, 7(4).

Retrieved from <http://ro.ecu.edu.au/jephc/vol7/iss4/11>

This Book Review is posted at Research Online.

<http://ro.ecu.edu.au/jephc/vol7/iss4/11>



SSN 1447-4999

## BOOK REVIEW

### *Teaching Medical Professionalism*

**Richard L. Cruess, Sylvia, R. Cruess, Yvonne Steinert (Eds)**

Cambridge University Press, New York, 2009.

ISBN: 978-0-521-88104-3 (Hardback) \$AUD89.95 (RRP including GST)

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The notion of teaching professionalism in medical curriculum has undergone significant transformation in recent times (see CanMEDS<sup>1</sup> and Physician Charter<sup>2,3</sup>). Richard and Sylvia Cruess (along with Eliot Freidson) have perhaps been the most prolific writers within the domain of medical professionalism over the past several decades. In this publication with Yvonne Steinert, they offer a timely and important text for the medical profession. From a paramedic perspective, given the issues surrounding registration and accreditation, this text provides theoretical foundation and pragmatic examples which offer a potential roadmap for strengthening the paramedic professional identity.

At 308 pages long, the text is not daunting compared with some of its contemporaries. The text is an appropriate size and chapters are easy to navigate. With 15 chapters written by over 20 contributors, the content provides the reader with a broad range of professional issues that are both theoretical and practical.

The text is divided into four sections:

### **Section 1**

#### **What is to be taught?**

This section explores the concept of the cognitive base to professionalism in medical education, and provides the reader with a background of medical education and professionalism. Two key points are made in this chapter. Firstly, that teaching *professionalism* in medicine was non-existent for many decades, largely due to the notion of being informally taught via the socialisation process, during and following graduation with mentors and peers. Secondly, while professional models have existed for centuries, definitions and expectations continue to change, as do the attributes that underpin the social contract of professionalism.

### **Section 2**

#### **Theory**

The second section provides the theoretical framework, expanding on educational theory and how these are articulated into teaching strategies and integrated into curriculum. While large sections of this chapter are educationally uncomplicated, they nonetheless, remind us that simply added new content to the curriculum invariably achieves little. It is also argued that simply integrating professionalism into the curriculum is fraught with danger. Rather, the teaching and learning of professionalism should be within an educational framework and/or

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1

underpinned by an appropriate educational theory. This should be supported by appropriate instructional design and educational strategies. Several theories were seen as instructionally appropriate: situated and experiential learning theories, both of which incidentally have application in other health related disciplines such as paramedicine.

The latter part of this section conceptualises medical professionalism and the notion of socialisation, and the importance of medical schools being a site of occupational socialisation.

### **Section 3**

#### **Principles**

Section 3, the largest section, provides the reader with a plethora of educational and training principles that ultimately aim to provide a framework that are compatible with transforming students/graduates into skilled health care *professionals*. Reference is made to the Accreditation Council for Graduate Medical Education (ACGME) domains of professionalism. These domains provide a set of professional capabilities for medical graduates when undertaking ongoing specialisation training, highlighting the importance of teaching professionalism throughout undergraduate and postgraduate training. Several other sections of notable interest are assessment, evaluation and teaching across generations. The assessment and evaluation section outlines a range of strategies for assessing professionalism: simulations, OSCEs, critical incidents, peer assessments, portfolios and longitudinal observations.

### **Section 4**

#### **Practice**

The last section provides summaries of different case studies in teaching professionalism across the continuum. This section offers readers with practical examples from established medical programs, including learning professionalism in problem-based curriculum, and how to incorporate professionalism in continuing professional development programs. Again, these have distinct similarities with other health care disciplines. In addition, this final section also offers several appendices providing examples of instructional aids used in successfully teaching professionalism at various levels (undergraduate, postgraduate and continuing professional development). Several excellent examples include a 'matrix for matching teaching methods to attributes' and 'social contract vignettes'.

This book provides guidance to those who are involved in the design and implementation of programs for teaching professionalism. While it focuses on medicine, clear synergies and similarities do exist with other health disciplines, such as paramedicine. Given the current professional 'state of play' for the paramedic discipline, this text offers educators, academics, postgraduate students and clinicians with a useful and insightful resource.

#### **References:**

1. Royal College of Physicians and Surgeons of Canada [homepage on the Internet]. The CanMEDS 2005 Physician Competency Framework. Available from: <http://rcpsc.medical.org/canmeds/CanMEDS2005/index.php>
2. ABIM Foundation, American Board of Internal Medicine; ACP-ASIM Foundation. American College of Physicians-American Society of Internal Medicine; European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. *Ann Intern Med.* 2002;136(3):243-246.
3. Medical Professionalism Project. Medical professionalism in the new millennium: a physicians' charter. *Med J Aust* 2002; 177: 263-265.