

development of ethical humanist skills and professionalism.¹ Brazilian national curriculum guidelines (NCG) highlight the desired professional profile of a humanist, critical and reflective doctor with the capacity to act at different levels of health care. Accordingly, two public medical schools in the state of Rio Grande do Norte in northeastern Brazil have used an innovative educational model for developing ethical humanist skills in undergraduate medical students using the arts. This active method is not focused on the acquisition of technical and scientific knowledge, but on goals of comprehensiveness and humanisation in the development of medical practitioners.

What was tried? Undergraduate medical students in Years 1 and 2 participated in a workshop entitled 'Imitating Art' in order to develop appreciation of artworks by renowned painters and to identify relationships with their current educational experience and future professional practice. The masterpieces analysed included, among others, *Mona Lisa* (da Vinci), *The Scream* (Munch) and *The Anatomy Lesson of Dr Nicolaes Tulp* (Rembrandt). Students were encouraged to deconstruct the paintings and rebuild them, thereby acting as protagonists in an artistic context by reproducing scenes from medical practice. In this process, details such as adjusting light, colours and expressions were addressed by the students. After rereading the staging of the art masterpiece, photographic records were made and students were stimulated to reflect on the entire process. The workshop was evaluated using an online survey with the aim of highlighting perceptions on the development of the following competencies contained in the NCG: health care; decision making; communication; leadership; administration and management; continuing education; ethics; professionalism, and teamwork.

What lessons were learned? Students welcomed the Imitating Art workshop, reporting that it expanded their view of ethical humanist attitudes. Two thirds of the students responded that the workshop favoured the development of the majority of NCG competencies. Additionally, 90% specifically pointed to perceptions on the development of teamwork, leadership, decision making, communication and professionalism. Student-generated reproductions were classified by faculty members as high-quality pictures and with high potential to promote critical reflection. Thus, this student-centred educational intervention resulted in a practical and creative work environment that supported the development of important components involved in the comprehensive formation of doctors and other health

professionals. Because most students and educators continue to value the acquiring of technical and scientific knowledge above other learning, the adoption of this innovative learning activity, in conjunction with the art, seems to represent a promising strategy for encouraging them to meet current educational requirements.

REFERENCE

- 1 Perry M, Maffulli N, Willson S, Morrissey D. The effectiveness of arts-based interventions in medical education: a literature review. *Med Educ* 2011;**45** (2):141–8.

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Enhancing medical professionalism through interactive seminars

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What problems were addressed? Historically, students of medicine learned professional values through clinical experiences and mentoring. Today, the process of training doctors is far more complex and technological, and sometimes removes trainees from direct interaction with patients. Medical educators and the public express concern about the depersonalisation of medical care. Although many organisations prioritise efforts to enhance medical professionalism, medical students still graduate with limited humanistic qualities, cynicism and a sense of entitlement.

What was tried? We developed an innovative 8-week professionalism curriculum to: (i) identify components of and, especially, barriers against professionalism; (ii) develop advanced skills in communication, and (iii) provide a format for self-reflection, emotional engagement and sharing, which are critically important skills for the lifelong maintenance of professionalism. Curricular topics included the hidden curriculum,¹ health care finance, health care disparities, managing difficult patients, communicating with patients and their families, conflicts of interest, doctor wellness and impairment, and advocacy. The junior author and another faculty member facilitated each 90-minute

seminar. Other faculty staff were asked to participate based on their expertise in the various topics. Sessions were interactive and devoted to the responses and concerns of the interns. This approach was designed to engage the resident doctors (residents) on emotional and cognitive levels.

What lessons were learned? A total of 12 interns participated. On a 5-point Likert scale on which 1 = poor and 5 = outstanding, all sessions were evaluated very positively: overall ratings for each session ranged between 4.6 and 5.0. Residents asked insightful questions, such as: 'How does one maintain appropriate boundaries with patients?' 'Why is the current US health care system so fractured?' 'Why do Americans accept such huge disparities in health care?' 'How could one create a system free from bias and with a climate of social justice?' They suggested that additional time be allotted for exploring conflicts of interest for doctors in relation to industry and the topic of health care finance. They were interested in understanding the process of using doctors' health committees to assist doctors without breaking confidentiality.

Residents value this interactive, educational experience, which is aimed at enhancing and maintaining professionalism. They are ideal candidates for developing and nurturing professionalism because they are in the process of becoming socialised as doctors. In addition, they are key teachers of medical students and thus serve as role models. Having respected senior doctors model and teach key issues of professionalism, and acknowledge the lifelong challenges of maintaining professionalism, is likely to have added to the success of the curriculum.

Although all interns reported that curricular participation would have a positive impact on their interaction with patients and colleagues, our study was not designed to assess the impact on the patient-doctor encounter, which would be the ultimate outcome of interest. This was a labour-intensive curriculum and required two faculty members to attend each session. Adding videos and personal narratives of challenges in professionalism would increase its curricular success. Future study should examine the impact of a professionalism curriculum on actual resident behaviour and provide a more detailed analysis of the impact of each topic.

REFERENCE

- 1 Hafferty FW. Beyond curriculum reform: confronting medicine's hidden curriculum. *Acad Med* 1998;**73**: 403–7.

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Medical professionalism adapted to faith and cultural beliefs

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What problems were addressed? Faith and culture-based ethics are integrated into daily life in the Middle East. The inclusion of medical professionalism into regional medical education curricula needs to be aligned with current medical practices, especially in relation to gender sensitivity, communication with veiled female doctors, patient service and education during prayer time and Ramadan (fasting month), faculty staff–trainee social relationships, and drug company funding of scientific activities and international conference attendance.

What was tried? A programme entitled 'Students' Professional Practice and Accountability' (SPPA) was developed to provide a basic foundation in knowledge and analytical skills in medical professionalism for undergraduate and graduate students. It is also intended to adapt established faith and cultural beliefs to professional medical practices in order to enhance commitment to the health of individuals and society. The project was conducted at the King Fahd Armed Forces Hospital (KFAFH), Jeddah, Saudi Arabia. Participants included Year 5 medical students in the Faculty of Medicine of King Abdulaziz University, who rotate in the Department of Paediatrics at KFAFH, and residents in the Departments of Paediatrics, and Obstetrics and Gynaecology at KFAFH. The sessions were half-day, narrative and interactive small-group (six to 10 trainees) classes. The critical incident technique was applied utilising two types of case: (i) simulated cases or vignettes adapted from standardised scenarios sourced from the Accreditation Council for Graduate Medical Education, CanMEDS, American Board of Internal Medicine and the Barry Challenges to Professionalism questionnaire, and (ii) student-generated scenarios and incidents that are unique to local cultural practices.

The interactive sessions revealed gaps in overall knowledge of the attributes of professionalism (extent of altruism, defining integrity) and areas of