

Virtual Mentor

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From the editor

Reflections on the role of the professionalism curriculum in medical school

Previous issues of *Virtual Mentor* have focused on whether or not it is possible to teach professionalism in the medical school curriculum and on the importance of professional self-regulation. These concepts are especially relevant now that the accreditation committee for undergraduate medical education is calling for medical schools to establish means for evaluating professional development among students.

We, the editors of this issue, have a unique perspective on professional development in medical education. Several years ago, a group of rising fourth-year medical students at New York University School of Medicine (NYU SoM) established the NYU SoM Professionalism Development Committee (PDC) in response to unprofessional behavior among their colleagues. This endeavor resulted in the creation of the professionalism development portfolio as the school's principal means of evaluating professionalism.

In 2003, while we were first-year students in the early stages of our medical education, *Virtual Mentor* published an issue edited by the students who were charter members of the PDC. That issue broadly examined how professionalism might best be taught to medical students and covered topics that stemmed from the editors' experience designing and implementing a curricular program to teach professionalism formally during the years when students' professional values begin to take shape. The curriculum called for students to participate in a series of student-led workshops and peer-to-peer feedback sessions and to complete written reflections on the professional challenges of life as preclinical and, later, clinical medical students.

We and our colleagues in the class of 2007 were the guinea pigs for this new curriculum. We were also among a handful of our classmates who participated in the adaptation of this curriculum throughout our four years as students, motivated by our desire to improve upon its shortcomings and realize its best attributes. In this issue of *Virtual Mentor*, we explore thoroughly some themes that arose in many discussions and debates with each other, our classmates and our teachers over the last few years as this curriculum evolved.

This edition of *Virtual Mentor* opens with a series of hypothetical clinical cases drawn from medical student experience that illustrate some of the professional conflicts that emerge on the wards. In the first case, Jaclyn Bonder, a resident in the Department of Physical Medicine and Rehabilitation at NYU and former member of

the PDC, discusses the dilemma faced by a third-year student who does not know the answer to a question about a patient she is following on the wards. This case serves to emphasize the importance of honestly reporting oversights when working as part of a health care team. The clinical pearl, by Amar D. Bansal, a second-year student at NYU SoM, and David S. Goldfarb, chief of nephrology at NYU, uses this case as the basis for a discussion on the diagnosis and treatment of hyperkalemia.

Our second case explores two perspectives on crossing boundaries. David Stevens, an assistant professor of medicine at NYU, and Felice Aull, an associate professor in medical humanities, compose commentaries that address the complex nature of the patient-physician rapport: Dr. Stevens draws on experience and Dr. Aull uses examples from literature.

Case three juxtaposes a medical student's perceived self-interest and the educational value of routine pre-rounding. General surgeon Mary Ann Hopkins, who has an extensive background in the development and implementation of medical student education, frames pre-rounding as a valuable tool for contextualizing both medical data and the spirit of teamwork.

In the fourth case, Deirdre Masterton, an obstetrics and gynecology resident at Women & Infants Hospital in Providence, Rhode Island, and former *Virtual Mentor* editor, comments on the role of peer feedback between medical students who must evaluate each other's performance on a rotation.

In the first medical education piece, Autumn Lynn Edenfield, a fourth-year medical student, explains the origin of professionalism education at NYU and examines the theories that support the teaching of professionalism, such as a reassessment of the hidden curriculum and the role of reflection. These are the principles upon which NYU's curriculum is based, and her piece opens a window to the specific triumphs and travails inherent in incorporating professional development into the busy lives of medical students. In the second article in this section, Adina Kalet, a medical education researcher and proponent of professionalism education at NYU, discusses the funding and future of medical education research in academic medical centers.

Having discussed the role of professional development in medical education, we then seek to delineate some of the ways that the principles we have studied in medical school will affect us in our professional lives as doctors in society. In the journal discussion, Thomas LeBlanc, editor of the September 2006 issue of *Virtual Mentor* (Humanistic Care at the End of Life) and resident at Duke University, looks at a study that traced discipline by state medical boards back to incidences of unprofessional behavior in medical school. Many physicians (who were or were not unprofessional as medical students) are concerned with professional sanction and its appropriateness; thus, mechanisms are currently being examined that will alleviate some of this fear and encourage a climate of truthfulness. Attorney Flaura Fagadau Bender uses the health law forum to examine one of these mechanisms, focusing on

"I'm sorry" legislation that is currently being used in Colorado and many other states to encourage physicians to report errors and inform patients of them.

In medicine and society, Frederic W. Hafferty, a prominent figure in medical professionalism, reflects on societal expectations for the patient-doctor relationship over time. In his history of medicine piece, cardiothoracic surgeon Mark S. Hochberg relates the history of the white coat, highlighting its role in the professional awakening of medical students. In our op-ed section obstetrician and attorney David E. Seubert and health care attorneys Laurie T. Cohen and Jason M. LaFlam debate the feasibility of a no-fault medical liability system as a way to improve quality of care, encourage disclosure of physician error and expedite compensation of injured patients.

We hope that the topics in this issue provide an enjoyable exploration of professionalism in medical education. Not only are these topics and concerns inherent in any discussion of the evaluation of professional development, they also affect the experiences of individual medical students, and they influence our health care system as a whole. We hope that our focus on the current state of the role of the professionalism curriculum will provide a springboard for further thought about the needs and perspectives of medical students, practitioners and patients in the context of this model.

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