

A panoramic view of the London skyline at sunset, featuring the River Thames, the Shard, and other skyscrapers. The sky is a mix of blue and orange, with a prominent white contrail streaking across it.

Concerns about students: Navigating the multidimensions of professionalism

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5 min

What is professionalism?

10 min

Your experience

10min

New concepts in professionalism

5 min

Professionalism at King's

10 min

Reflection

10 min

Case scenarios

5 min

Summary

What is professionalism?

Challenging to define, and the term is used frequently. Two recent definitions:

- RCP (2018) describes the professional attributes of a doctor in terms of roles: healer; patient partner; team worker; manager & leader; advocate; learner & teacher; and innovator. These 'aim to help doctors improve their professionalism in practical ways'.
- Shapiro (2018): 'Professionalism is an umbrella term to define behaviours that support **trustworthy** relationships.'

RCP (2018). Advancing Medical Professionalism (<https://www.rcplondon.ac.uk/projects/outputs/advancing-medical-professionalism>)

Shapiro J. Confronting unprofessional behaviour in medicine (Editorial) BMJ 2018;360:k1025

Think about a student you have had concerns about....

- What behaviours worried you?
- Discuss in small group
- Write 1 or 2 words to describe behaviours on post-it notes

Professional Identity and Communities of Learning

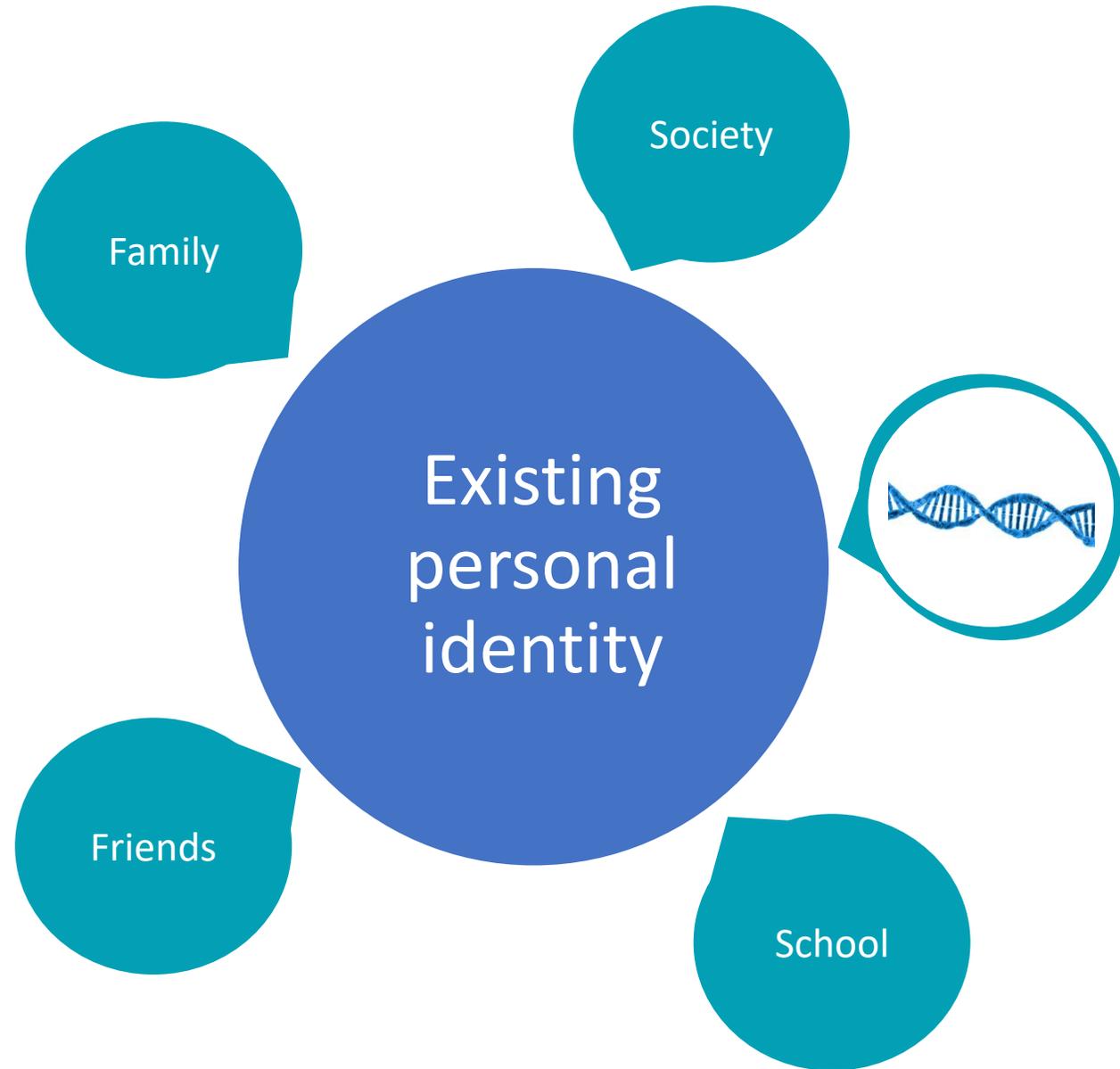
Professional identity is ‘a representation of self, achieved in stages over time, during which the characteristics, values and norms of the medical profession are internalised, resulting in an individual thinking, acting and feeling like a physician’.

Professional identity is formed through process of **socialisation** where, in a process of legitimate peripheral participation to full participation, the health professional becomes part of a community of practice, a ‘socially configured space[s] that necessarily involve[s] learning as an aspect of membership’.

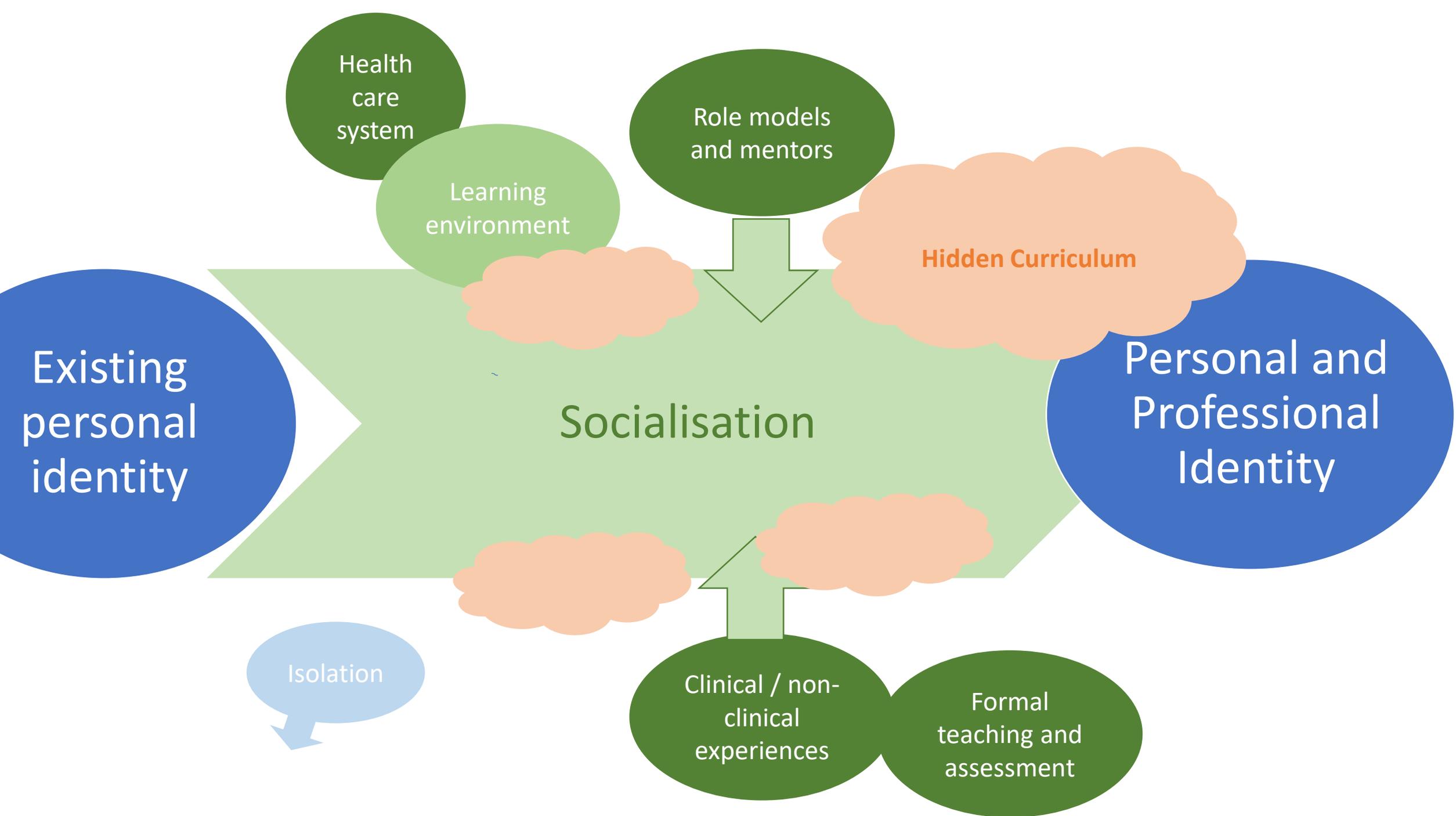
Cruess RL, Cruess SR, Boudreau JD, Snell I, Steinert Y. Reframing medical education to support professional identity formation. *Acad Med* 2014; 89(11):1446-51

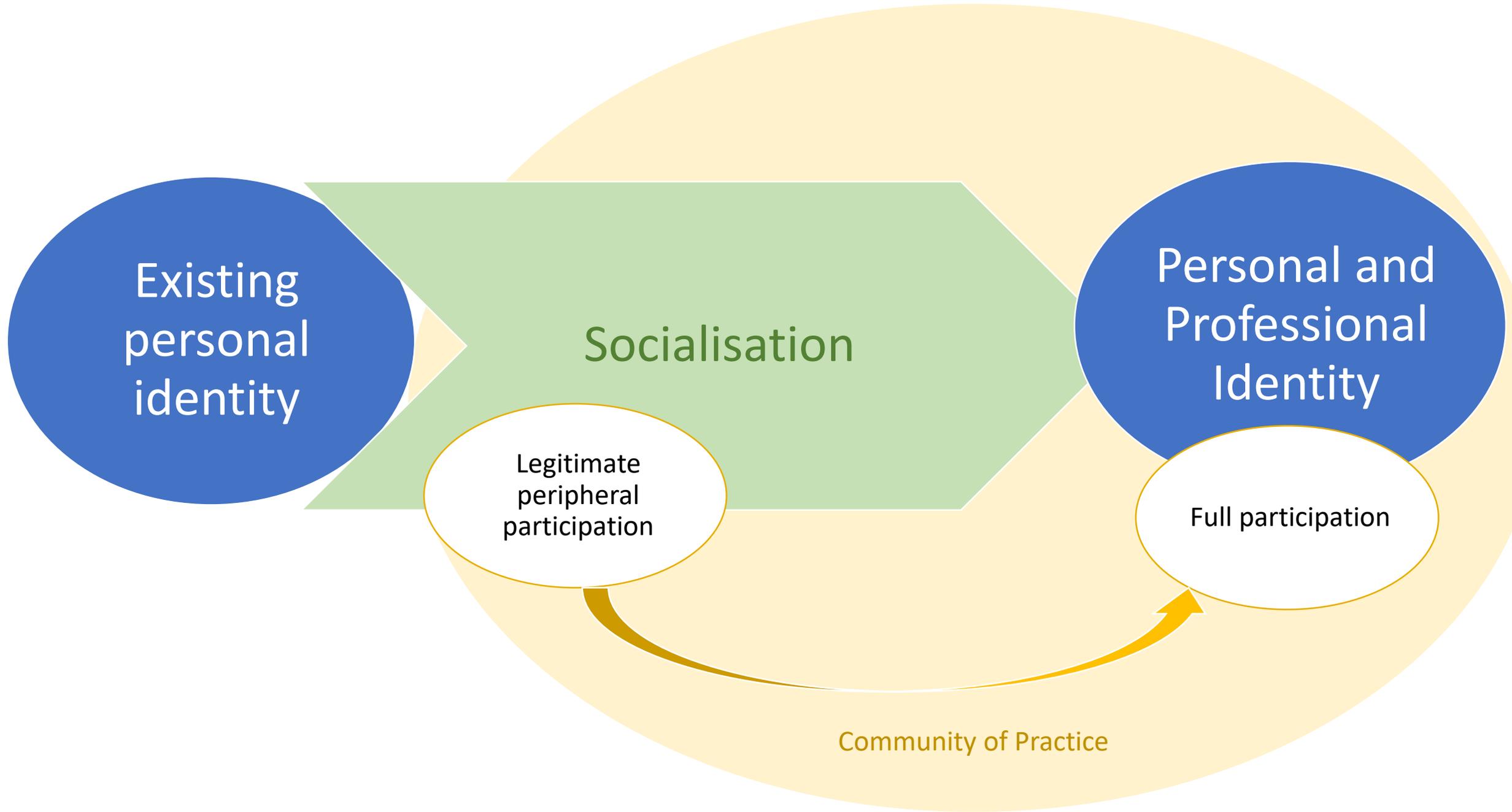
Wenger E (1998). *Communities of Practice: Learning, Meaning, and Identity*. Cambridge, UK: Cambridge University Press.

Tummons J (2018). *Learning Architectures in Higher Education: Beyond Communities of Practice*. London, UK: Bloomsbury Publishing.









Existing personal identity

Socialisation

Personal and Professional Identity

Legitimate peripheral participation

Full participation

Community of Practice

Supporting the development of the professional identity

'As educators it is our task to ensure that educational programmes support doctors in training at all levels as they develop their own professional identities'.

This adds to our previous understanding of professionalism as purely a topic to be taught and assessed.

Transformative Learning

As a medical student moves through their training, they may experience transformative learning where their beliefs are challenged in the learning environment and this disorienting dilemma may initiate other change in their meaning structures which are:

- meaning perspectives or broad sets of predispositions resulting from psycho-cultural assumptions;
- and meaning schema, constellation of concepts, beliefs, judgements, feelings which shape a particular interpretation

Mesirow's Transformation Theory nicely summarised and referenced in [Greenhill J, Poncelet AN](#). Transformative learning through longitudinal integrated clerkships. [Med Educ](#). 2013 Apr;47(4):336-9.

Reflection and Reflexion

- ‘Reflection in the context of learning is a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings and appreciations. It may take place in isolation or in association with others’ (Boud).
- Reflexive practitioners, in addition, ‘engage in critical self-reflection: reflecting critically on the impact of their own background, assumptions, positioning, feelings, behaviour while also attending to the impact of the wider organisational, discursive, ideological and political context’ (Finlay).

Boud, D., Keogh, R. & Walker, D. (1985). Reflection: turning experience into learning, London, Kogan Page.

Finlay L. (2008). Reflecting on ‘Reflective Practice’. The Open University.

[https://www.open.ac.uk/opencetl/sites/www.open.ac.uk.opencetl/files/files/ecms/web-content/Finlay-\(2008\)-Reflecting-on-reflective-practice-PBPL-paper-52.pdf](https://www.open.ac.uk/opencetl/sites/www.open.ac.uk.opencetl/files/files/ecms/web-content/Finlay-(2008)-Reflecting-on-reflective-practice-PBPL-paper-52.pdf)

The Elements of Transformative Learning

1. Safe, inclusive learning environment
2. Critical self-reflection (reflexive practice)
3. Critical discourse

Transformative learning leads to students acting differently, being more self-aware, more open perspectives, deep shift in world view

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10 mins reflection in small groups

professionalism

personal identity formation

communities of practice

transformative learning (& reflexion)

Possible questions:

- What do these concepts mean to you (or do they)?
- How do they reflect your experiences of learning and teaching?
- How do they affect / how might they change the way you learn and teach?

Professionalism at GKT: identifying, managing and supporting students whose behaviour calls their professionalism into question

- Aiming for a **Transparent** and **Fair** process
- Student **Professionalism Policy**
- **Low level concerns** markers of poor professionalism
(e.g. failure to attend, communicate properly, and meet deadlines)
- **Online recording system** (Student Tracker) supports staff in tracking low level concerns and be alerted to multiple numbers of concerns.
- **More serious concerns** referred directly to senior staff
(e.g. plagiarism, cheating, forging signatures, harassment / bullying, being untruthful).
- Separate Medical School and College **Fitness to Practice** systems for grave professionalism infringements (e.g. criminal activity, not addressing serious illness).
- Confidential GKT **Raising Concerns** online system. Concerns also communicated through email.

Professionalism documents

GMC (2016). Professional behaviour and fitness to practise: guidance for medical schools and their students. GMC: London

https://www.gmc-uk.org/-/media/documents/professional-behaviour-and-fitness-to-practise-0816_pdf-66085925.pdf

GKT Medical Student Professionalism Policy

<https://www.kcl.ac.uk/lsm/research/divisions/hscr/study/undergradops/kumec/teachers/kcl-medical-student-professionalism.pdf>

GKT Raising Concerns Process

[GKT Raising Concerns Process](https://www.kcl.ac.uk/lsm/education/meded/quality/Raising-Concerns)

<https://www.kcl.ac.uk/lsm/education/meded/quality/Raising-Concerns>

A Composite (and typical) Professionalism Case Scenario

WHAT WOULD YOU DO AT EACH STEP OF THE WAY

1. One of your students turned up late, saying they had slept in.
2. At the next session they fell asleep in their chair.
3. At a later session they were continually checking their phone.
4. They are increasingly not contributing fully in group sessions.
5. Now, after three sessions of not turning up in a row, you email them and do not hear back, despite a follow-up email.

Take home learning from today