

Development of professionalism in medical internship students

Desenvolvimento de profissionalismo em estudantes do internato médico

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ABSTRACT

Introduction: the modern doctor must have professional training based on knowledge, skills and conduct anchored in ethics, in addition to self-care and self-awareness.

Development: ethical precepts imply values such as integrity, honesty, altruism, humility, respect for diversity and transparency in relation to potential conflicts of interest, which are part of the physician's professional identity. Medical students in Brazil enter college at a very young age, around 18 to 22 years old, when their personal identity is still being formed. In academic life, students come into contact with the values of their future professional life, which will require specific knowledge, skills and attitudes, in addition to the physician's professional attitude, expected by society. At this moment, the professional identity is being formed simultaneously with the personal identity. This training process is gradual and must be an active part of the curriculum, not just the hidden curriculum, and teachers must be trained to provide this training. The development of professionalism occurs since the first semester with discussions in the classroom, but it is in the internship that the student will experience these situations in a real-life scenario. There is no single validated model in the literature for the development of professionalism, but several experiences have shown to be promising, such as vignettes and case presentations, simulation, portfolio, conceptual map and narratives, among others. These methods allow for feedback on student practice and emotions. During the internship, the in-service experience provides professional maturation simultaneously to the personal one, leading to the need to promote moments in which students can share their experiences, and reflect on them with teachers who guide this discussion and reflection, showing the best ethical practices to be applied to each situation.

Conclusion: there is no single successful formula for professionalism development. The teachers involved with this teaching must be receptive and welcoming, in addition to having professional experience and empathy to guide the student in their own process of building their personal and professional personality.

Keywords: professionalism, internship, humanization of assistance.

RESUMO

Introdução: A formação profissional do médico moderno requer conhecimentos, habilidades e condutas ancorados na ética, além de autocuidado e autoconsciência.

Desenvolvimento: os preceitos éticos implicam valores como integridade, honestidade, altruísmo, humildade, respeito à diversidade e transparência em relação a potenciais conflitos de interesse, que fazem parte da identidade profissional do médico. Os estudantes de medicina, no Brasil, ingressam na faculdade muito jovens, por volta de 18 a 22 anos, momento em que sua identidade pessoal ainda está em formação. Ao ingressar na vida acadêmica, o estudante entra em contato com valores da futura vida profissional, que exigirá dele conhecimentos, habilidades e atitudes específicos, além da postura profissional do médico, esperada pela sociedade. Nesse momento, a identidade profissional está em formação simultaneamente à identidade pessoal. Esse processo de formação é gradual e deve fazer parte do currículo de forma ativa, não apenas do currículo oculto, e os professores devem ser capacitados para essa formação. O desenvolvimento do profissionalismo ocorre desde o primeiro período com discussões em sala de aula, porém é no internato que o estudante irá experimentar essas situações de forma real. Não existe, na literatura, um modelo único validado para o desenvolvimento do profissionalismo, mas várias experiências vêm demonstrando ser promissoras, como vinhetas e apresentação de casos, simulação, portfólio, mapa conceitual e narrativas, entre outras. Esses métodos permitem feedback sobre a prática e as emoções do estudante. No internato a vivência em serviço proporciona o amadurecimento profissional simultaneamente ao pessoal, levando à necessidade de promover momentos em que os estudantes possam compartilhar suas experiências e refletir sobre elas com os professores que orientem essa discussão e reflexão, mostrando as melhores práticas éticas a serem aplicadas a cada situação.

Conclusão: não existe uma fórmula única de sucesso para o desenvolvimento do profissionalismo. Os docentes envolvidos com esse ensino devem ter receptividade e acolhimento, além de vivência profissional e empatia para guiar o estudante em seu próprio processo de construção da personalidade pessoal e profissional.

Palavras-chave: profissionalismo; internato médico; humanização da assistência.

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Chief Editor: Rosiane Viana Zuza Diniz. | Associate Editor: Daniela Chiesa.

Received on 02/14/24; Accepted on 01/22/25. | Evaluated by double blind review process.

INTRODUCTION

The physician is seen by society as the one who plays the role of taking care of health. This work not only requires technical and scientific competence, but also a range of other attributes related to care management, commitment to professional development and continuing education, promotion of physical and social well-being, and commitment to ethical precepts^{1,2}. The professional training of modern physicians requires knowledge, skills, and behaviors anchored in ethics³, as well as self-care and self-awareness⁴. Ethical precepts imply values such as integrity, honesty, altruism, humility, respect for diversity, and transparency in relation to potential conflicts of interest¹, which are part of the physician's professional identity.

DEVELOPMENT

Medical students in Brazil enter college at a very young age, around 18 to 22 years old⁵, a time when their personal identity is still in formation, influenced by cultural, family, gender, and socioeconomic factors⁶. When students begin to experience academic life, they come into contact with the values of their future professional life, which will require specific knowledge, skills and attitudes, in addition to the professional posture of physicians, expected by society⁷.

At this moment, the professional identity develops along with the personal identity of the young adult. This training process is gradual and should be an active part of the curriculum, not just the hidden curriculum, and teachers should be trained to provide this training^{8,9,10}.

Students are influenced by the learning environment, whether it is within the classrooms and laboratories, to the fields of practice. While they are in the academic environment, there is a more controlled monitoring of this learning, as they are closer to the teachers on a daily basis and can receive constant feedback on their attitudes. When they go on to the practice stages, especially in the internship, in smaller groups and far from the college environment, they experience contact with the health system, multiprofessional team and patients. These influences need to be discussed periodically so that the students can establish their experiences and assimilate only the practices that they consider ethical and committed to society^{11,12,13}.

Robert Kegan proposed a framework on the personal development of the "Self" as a moral entity and creator of meaning⁶. It proposes that the formation of identity occurs in six stages (0 - incorporation, 1 - impulsion, 2 - imperial, 3 - interpersonal, 4 - institutional, and 5 - interindividual), starting in childhood and extending to adulthood. The professional identity develops along with that of the young adult between stages 2 to 4. At stage 2, the young person is able to assume a professional role, not yet integrated into their personal identity;

they comply with rules without questioning them. In stage 3, the young person identifies with the profession, integrates with it, and concepts such as altruism and service gain meaning; the student manifests their professional desires by observing the models with whom they live and by following norms; they are self-reflective. In stage 4, the young person incorporates their professional and personal identities, is clear about their principles and values, has a greater capacity for criticism, negotiates conflicts between their personal beliefs and professional values. Few individuals reach phase 5, they do not perceive themselves as having a single identity and are open to other influences^{14,15,16}.

The "curricularization" of the teaching of professionalism, including the formation of the physician's identity, must be adopted with responsibility and flexibility, in addition to the need to structure educational practices based on clear objectives, which can be evaluated³.

According to the Academy for Professionalism in Healthcare³:

"The main objective of medical education in ethics and humanities is to promote humanistic skills and professional conduct in physicians. Patient-centered skills enable students to become medical professionals, while critical thinking skills help students to critically evaluate the concepts and the implementation of medical professionalism. Implementing a comprehensive medical ethics and humanities curriculum in medical school and residency requires clear direction and academic support and should be based on clear goals and objectives that can be reliably evaluated."

There is no single validated model in the literature for the development of professionalism, but several experiences have shown to be promising^{9,10,17,18}. The incorporation of local culture into teaching, the assignment of roles and personal reflections, guided by teachers, are important elements in teaching programs and are considered the most effective techniques for the development of professionalism^{19,20}.

Some authors work with the methodology of "vignettes" and case presentations, which involve clinical concepts associated with specific conflicts, and suboptimal dilemmas and practices, involving professional values and emotions. The results of these interventions were positive in the assimilation of the concepts^{14,21}. Other authors have been successful teaching professionalism through simulation¹⁷ and still others through narratives²⁰.

To assess the learning of the concepts, many methods developed directly for teaching-learning professionalism in the medical course, and others adapted from other courses, are described in the literature¹⁴. Some authors used the "Professional Identity Essay" (PIE), adapted for medical

students. This instrument proposes to the student a reflection on the professional role in society and provides formative feedback^{6,22,23}. Another widely used instrument is the portfolio, which is capable of identifying the development of the student, their performance on a daily basis, and their professionalization and incorporation of values into practice^{24,25}.

The concept map appears in the literature as an important method of meaningful learning, as it helps students to organize and integrate information, link the knowledge to be learned with what they already have with them, and correlate concepts²⁶⁻²⁹. A concept map is a diagram that correlates concepts and then hierarchizes them, but does not imply sequence, temporality or directionality: it is a diagram of significant relations²⁷. It can be used from the curricular organization to the evaluation process²⁸. As an assessment instrument, it reveals the student's cognitive and attitudinal aspects and skills, which involve: attention, memory, abstraction, comparison and differentiation^{28,29}. The student will need these skills to select contents considered significant to establish relationships between them and with previous knowledge^{28,29}.

Narratives appear in the teaching of professionalism as a form of humanization and reflection. They enhance learning about ethics, communication, diversity and empathy³⁰. They help to work and educate emotions through reports³¹. Rita Charon, creator of the term "Narrative Medicine", states that the physician needs to interpret the stories brought by the patients and act physically and emotionally according to their needs³². They also need to be clear about their own emotions and feelings to make effective and ethical decisions³¹. It is a method that allows feedback on the student's practice and emotions.

The Brazilian medical student, even if they are inserted from the beginning of the course in the fields of practice, will be immersed in this experience only in the last two years, during the medical internship, which constitutes in-service learning. The development of professionalism occurs from the first semester of the course, with discussions in the classroom through active methodologies simulating real situations, as previously discussed; however, it is in the internship that, in fact, the student will experience these situations more effectively, because at this point in the course they have more responsibility and autonomy in the care process.

This in-service experience provides professional maturation simultaneously to the personal one, and it is in this period that the most advanced stages of Kegan can be reached. In this very rich moment for the maturation of identity, the student is away from the classroom, and often from the teachers who accompanied them until that moment, immersed in the internship fields, in contact with preceptors linked to the services in the day-to-day care. They experience the solutions

of real conflicts, often without understanding which ethical concepts were used in that situation.

Viktoria Goddard and Suzannah Brockbank point out that although the concept of professionalism is dominant in health education and medical practice worldwide, there is no unanimity in its definition and it cannot be applied to all health professions³³. In medicine, the concept of professionalism is associated with the Social Contract, defined in 2005 by the Royal College of Physicians of London as "A set of values, behaviors and relationships that reinforce the trust that society places on the physician"³⁴. In this sense, it is necessary to make it clear that this concept of professionalism dialogues with the social contract effective in society and that it is guided by ethical and moral values, thinking of Medicine and its practice almost as a virtue, as Daniel Serrão states:

*"From a man of integrity and constant individual we should only expect actions that do good, in concrete situations. In health, because human relationships and decisions about others are of greater delicacy, sensitivity and risk, we must all be sure that the health professional is technically competent, but also a virtuous human being"*³⁵

Virtue in this case is the exercise of professionalism that is guided by an Ethics that, in turn, is inscribed in the daily routine of medical practice through constant decision-making and choices. In this regard, it is necessary to consider three major difficulties about the explicit teaching of medical professionalism:

*"(a) There is no global consensus on the definition of professionalism within the current cultures, (b) The curriculum should not only teach and make students understand the standards of professionalism but also create study habits, a sense of responsibility and reflection to be developed throughout their future medical careers, and (c) although there are recognized difficulties, the integration of knowledge throughout the curriculum and the effectiveness of teaching professionalism must be evaluated vertically, with formative and summative processes, at increasing levels of complexity and development, without neglecting the diversity of contexts in which medical action takes place and the existing interactions at the individual, interpersonal and institutional levels."*³⁶

That said, it is necessary to provide, during the medical internship, moments in which students can share their experiences and reflect on them with teachers who guide this discussion and reflection, showing the best practices based on ethical precepts, to be applied to each situation. Group reflections also help students to experience a range of different situations, which many times they have not yet had in the field of practice. This allows them to bring their distress,

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