Audit of the teaching of professionalism in undergraduate medical education

A statistical report for the Point of Care Foundation

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Foreword by Joanna Goodrich, Point of Care Foundation Associate

The Point of Care Foundation (PoCF) is a non-profit organisation which works to humanise healthcare for patients and the staff who care for them. PoCF holds the UK license to implement Schwartz Rounds in Ireland and the UK. A Schwartz Round is a meeting open to all staff in an organisation, held regularly, usually once a month, to provide a structured forum for staff to discuss and reflect on the emotional and social aspects of working in healthcare. Rounds are running in 200 organisations and more recently have been introduced to medical schools.

Through this work and PoCF's Medical Education Sounding Board, it was apparent that reflective practice and wider issues including the teaching of resilience, self-care and the promotion of transparent and open communication were important for medical students. However, these areas, while often included in the teaching of professionalism, appeared to be approached and taught quite differently across the 33 medical schools in the UK. While there was good practice, the type and content of teaching was variable and resources created were not shared.

Funded by the General Medical Council and Roche, and guided by an Advisory Group (made up of teachers from a range of medical schools) the PoCF undertook a project to understand how professionalism, particularly the aspects of reflective practice and self-care, is currently taught, and to make recommendations for the future. The project had three components:

1. Qualitative interviews with medical students [and F1s and F2s] were carried out in summer 2017, to find out what their experiences and views are on the teaching of professionalism. These interviews helped to inform the scope of the project and the design of the questionnaire for the audit.
2. An audit of all medical schools in the UK was undertaken to find out what is taught under the heading of professionalism and how resilience, wellbeing and reflection are taught.
3. Finally, informed by the results of the audit, a workshop was held with a mix of medical students and teachers to co-produce principles or guidelines for good practice, which have been turned into recommendations that, taken together, should increase resilience and self-care. This summary of the audit and recommendations is offered as a foreword to the full report that follows, which includes respondents' free text comments.

The audit

All 33 UK medical schools were invited to participate in the survey in November 2017 and 21 answered at least one question, 19 answered most or all of the questions. The findings, under broad headings reflecting the questions asked, can be summarised as follows:

1. Definitions and theoretical models

About half of respondents stated that their school had agreed a definition of 'medical professionalism'. These statements often cite the importance of values/behaviour/attributes

in addition to clinical aptitude and knowledge. Several cite the Royal College of Physicians' 2005 definition "A set of values, behaviours and relationships that underpin the trust the public has in doctors". Fewer (four) have an agreed theoretical model underpinning professionalism.

2. Aspects included in the curriculum

Aspects included as a 'specified, articulated part of the curriculum' by 90% or more of responding schools were:

- Patient safety
- Reflective learning
- Preparation for the transition to practice
- Continuity and coordination of care
- Team skills
- Recording clearly, legibly and accurately
- Informed patient consent
- Understanding and being open about legal and disciplinary matters
- Applied ethics (e.g., GMC ethical guidance)
- Confidentiality
- Appropriate use of social media

3. Involving patients

About three-quarters involve patients in some aspect of undergraduate training. Although statements about how this is done are short and lacking in detail, it appears to be typically as part of communication skills, or to share their experiences as patients, with some involvement in curriculum planning.

4. *Informal student networks*

Three-quarters said that there are relevant student support arrangements offered by the medical school or the wider university outside the formal curriculum.

5. Module/course details

In total 12 respondents provided details about curriculum aspects relevant to professionalism, either as identified professionalism modules or as aspects of professionalism running across the curriculum (because their schools do not have a modular structure).

The most common methods used are lectures, group work and personal reflection. Student outputs are more varied. The most common output is 'reflective writing', with five schools assessing such output; two assessing but where the marks do not count to overall progress; and a further three schools not assessing the writing.

6. Hours

Both the teaching and student hours listed vary greatly – teaching time ranging from one to 82 hours; student time from three to 172.5 hours. Similarly, respondents' job titles and time commitment for professionalism activities also vary widely (from zero to 100% of 'official' time).

7. Barriers

Most respondents perceive barriers to including medical professionalism in the curriculum, albeit the majority thought they could be overcome. It appears that barriers to its teaching come from students and teachers – for example:

- Perceived lack of an evidence base: “Professional behaviour is very much about the ‘how’ of medicine rather than the content of medicine. Evidence based medicine has yielded lots of data on ‘what’ to do rather than ‘how’ to do it.”
- Definition being unclear: “The concept is seen as nebulous and so is not favoured by the students who see professionalism being defined only by what is unprofessional. Since it is easy to assess the students do not prioritise this learning.”
- Time issues: lack of time, probably meaning lack of prioritising time for it: “Hostility from staff members and students who regard it as ‘common sense’ not requiring curriculum time.”
- Assessment issues: it is seen as difficult to assess, and is considered ‘soft’ by students and staff and therefore may not be prioritised learning.

8. Future development of medical professionalism

Respondents were invited to contribute their ideas on the future development. These range from a wish to have identified metrics for professionalism as part of Progression review to a view (quoting Hafferty[1]) that ‘Professionalism is more of a journey than a destination….best captured not in a definition or metric but in the willingness of a community to engage with itself in an ongoing and reflective search for soul’.

There was a call for the positive aspects of good professionalism to be taught, rather than a focus on unprofessionalism and disciplinary consequences.

Recommendations

Recommendations for the teaching of medical professionalism, with an emphasis on resilience, wellbeing and reflection were co-produced by a mix of medical students and teachers of professionalism, after the audit was completed. These are (in no particular order):

1. **The over-riding message and ethos should be “You will make mistakes, and that’s normal.”**

Students felt that doctors are put on pedestals both by the public and by students students which can be problematic. Students gain coping strategies by talking to their peers and from clinicians who are brought in to talk about real life experiences, and who have made mistakes and gone on to be successful.

2. **Create a just culture, promoting learning not blame**

It is important to create a psychologically safe space for sharing thoughts and experiences openly. This helps to promote insight into oneself and others as an iterative process, and works best in small groups.

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[1] Hafferty F (2017) Academic medicine and medical professionalism: a legacy and portal into an evolving field of educational scholarship. *Academic Medicine* Sept.5th

3. **Teach in small group settings, using different formats**

Teaching concepts around professionalism can be done much more effectively in a small group setting. Enable a 'safe space' for students to talk about their experiences. This approach requires teachers of professionalism to learn skills in creating a safe space for sharing thoughts and experiences openly. Accept different formats (e.g. podcasts, video, blogs, graphic comics) for teaching and learning about professionalism.

4. **Make teaching inter-professional**

This can be done in a number of ways, starting with inter-professional teaching sessions: Students should be exposed to teachers and tutors from backgrounds other than medicine as early as possible.

5. **Use experiential approaches**

Approaches which ground learning in 'real life' are important. Examples include patient shadowing, working as Health Care Assistants.

6. **Assessment**

The assessment of professionalism within the curriculum can be by a mixed format and written work should be kept short.

7. **Support is needed for feedback**

Have a framework for a good feedback process. Teach how to give and receive 360 feedback, including from peers and patients.

8. **Teach professionalism at the right time in the curriculum**.

Spread learning about professionalism through the terms/years, not in a bloc of a week which could be dull. Teach professionalism and wellbeing throughout the curriculum; don't push it in to one exam.

9. **Cultural awareness**

Training on equality and diversity should relate to patients and colleagues, to improve relationships and understanding with each other.

10. **Name unprofessionalism explicitly**

Help students identify unprofessional behaviour and feel able to make a judgement about how to cope with it. Teachers and trainers in medical and foundation schools should reflect on how they act as role models.

The full recommendations with examples of existing good practice are published on the GMC website.

September 2018

Contents

Background

1. The Point of Care Foundation (POCF) is conducting a project, funded by the General Medical Council (GMC) and Roche, which aims to help further develop the teaching and learning of professionalism in undergraduate medical education by:

    - auditing what of relevance is currently taught,
    - developing an on-line platform where materials can be down-loaded and shared across all medical schools, and
    - producing good practice guidelines for well-being and resilience in the training of medical students.

2. This report describes the findings from the first phase of the project - the audit of current practice (the first bullet point above).

3. POCF's original proposal paper to its working group notes that:

> "Through our work supporting the development of reflective practice in medical schools (in the form of Schwartz Rounds) we grew interested in a number of broader issues including the teaching of resilience, reflective practice, self-care and the promotion of transparent and open communication. We were struck by how differently these areas were approached and taught across the 33 medical schools in the UK and observed that whilst there were areas of extremely good practice, the type and content of teaching was highly variable and resources created weren't shared.… These observations are supported by two GMC reports. *How are students assessed at medical schools across the UK?* (2014) highlighted variability in the delivery and measurement of professionalism; and *Medical Professionalism Matters* (2016) made specific recommendations…:
>
> > "The GMC and Medical Schools Council should work with medical schools to make sure there is a stronger focus on understanding medical professionalism within the undergraduate curriculum. This should help students reflect on the realities of practice and the complex human interactions involved. It should promote self-awareness, wellbeing, safe ways to challenge aspects of care-giving and an understanding of the medical humanities and applied ethics.
> >
> > Together, they should also complement their *Achieving good medical practice* guidance with practical training and toolkits, focused on some of the key areas new doctors find most challenging, including caring for people at the end of their lives. Medical schools should strengthen their efforts to prepare students for the transition to practice. The principles set out in the GMC's *Generic Professional Capabilities Framework* could be translated into undergraduate medicine."

4. This summary report picks out key findings from the audit. The full survey findings – check-box answers, frequent words and full text statements provided by

each individual respondent for each separate question – can be found in Annex 2. Readers not involved in designing or participating in the survey may wish to look at Annex 1 first, which contains a blank copy of the questionnaire.

Methods

5. Preliminary discussions were held with POCF staff and members of the POCF project working group, whose members were drawn from the POCF Education Sounding Board, the GMC, the UK Council of Teachers of Professionalism ('The UK Council') and medical students. It was agreed that an online questionnaire would be developed to include questions about whether undergraduates currently receive teaching in the different aspects of medical professionalism, the type of teaching used, how assessed, etc. Schools' attitudes towards such teaching would be explored, and what type of sharing resources they might find of use.

6. Questionnaire design was guided by:

- telephone interviews and email exchange with key individuals;
- POCF meeting notes;
- documents by others of relevance (e.g., the GMC, the University of Westminster Centre for Resilience, and the UK Council); and
- internet searches for relevant available documentation.

7. The draft questionnaire was refined after comments from POCF staff and working group members. It was issued via invitation emails sent to named members of the UK Council at each of the 33 UK medical schools. The email contained a URL which took entrants into an online version of the questionnaire held within Survey Monkey. PDF and Word versions were also made available. The blank questionnaire is reproduced in Annex 1.

Response rate

33 UK medical schools were invited to participate in the survey. Invitation emails were sent to a named member of the UK Council of Teachers for Professionalism.

22 clicked on the email link to enter the survey.

21 answered at least one question

19 answered most or all of the questions

12 entered some information into the sections asking about for details about specific parts of the curriculum.

6 of the 11 described relevant modules.

6 of the 11 said they did not have a modular structure but described elements of professionalism that are spread across the curriculum.

2 said they would be sending curriculum material to survey@pointofcarefoundation.org.uk (not yet received at time of reporting).

1 provided links to module material.

Most commonly used words

8. The topic sections which follow later in this report describe analyses separately for each question; while Annex 2 contains the full detailed check-box answers for each question, in addition to respondents' full text statements for each separate open question.

Across the whole questionnaire

9. But first, Exhibit 1 (overleaf) combines the open-text answers provided by all respondents across the whole questionnaire. Text analysis software was employed to help identify the most commonly used words and themes.[1]

10. 'Education' was the most common theme across all questions (including words such as 'student', 'curriculum', 'learning', etc). Words related to 'professionalism'; 'clinical' aspects; and those associated with student 'behaviours' or attributes were next. 'Patients' was the least frequently used theme.

GMC publications and student competition

11. When sufficient material has been made available by medical schools, a comparison might be made between theme/word frequencies within teaching materials, and that found in relevant GMC guidance.

12. In the meantime, Exhibit 2 contains a brief comparison between POCF questionnaire answers and these three GMC sources:

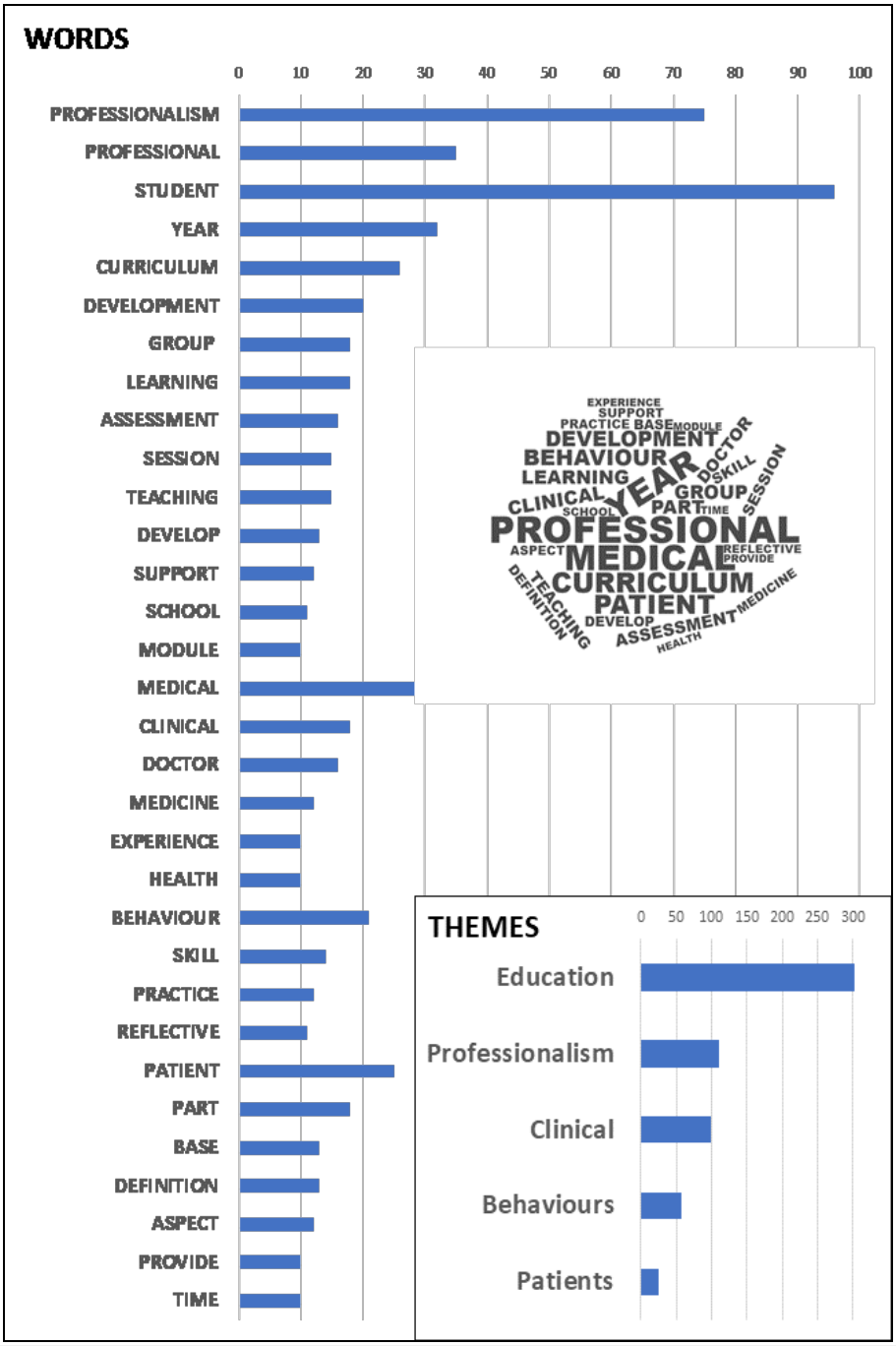
- *Achieving good medical practice: guidance for medical students* (GMC, 2016).
- *Medical Professionalism Matters* (GMC, 2016).
- Five shortlisted student-designed teaching modules (In 2016, medical students across the UK were asked to develop a teaching session on the importance of professionalism, related to the GMC's publication *Achieving good medical practice: guidance for medical students)*.

13. Of course, the words used in these three sources are not directly comparable to the POCF questionnaire - nevertheless, the main categories from the POCF questionnaire analysis are also relevant to the GMC publications.

14. It is of particular interest that 'social media' occurs as a new theme in the student winners' module designs, while this theme is rare in the other sources (Exhibit 2).

Exhibit 1 – most commonly used words and themes across the whole questionnaire

[1] The content analysis software uses 'lemmatisation' to combine singular/plural, tenses, etc. Words such as 'the', 'and', etc are excluded. Themes/categories were identified by the analyst.



Source: POCF questionnaire

Exhibit 2: Theme comparison between survey answers and GMC materials

% of words within each theme by source	A. Professionalism	B. Education	C. Clinical	D. Behaviours	E. Patients	F. Social media	N of words themed
POCF survey	17%	8%	52%	5%	18%	<1%	443
GMC publications:							
'Medical Professionalism Matters'	17%	8%	52%	5%	18%	<1%	444
Achieving good medical practice: guidance for medical students	14%	27%	37%	7%	15%	<1%	1014
Student-designed modules	25%	23%	25%	7%	9%	11%	882

Source: POCF survey and GMC publications. Note: excludes 'OTHER' category

Questionnaire topics

Definitions and theoretical models

15. About half of respondents stated that their school had agreed a definition of 'medical professionalism' (see Annex 2 for details of the numbers/percentages and the full text of statements given in the open text box). Statements often cite the importance of values/behaviours in addition to clinical aptitude and knowledge. Several cite the RCP 2005 definition "A set of values, behaviours and relationships that underpin the trust the public has in doctors").

16. Fewer have an agreed theoretical model underpinning professionalism (4 'yes', 22 'no').

Aspects included in the curriculum

17. Four matrices asked respondents to state whether c.40 different aspects were included in the curriculum. The aspects were grouped under four headers – about 'patients and care'; 'being a doctor'; 'working with others'; and 'wider aspects'. Of note are the following:

- Aspects included as a 'specified, articulated part of the curriculum' by 90% or more of responding schools were:
    - Patient safety
    - Reflective learning
    - Preparation for the transition to practice
    - Continuity and coordination of care
    - Team skills
    - Recording clearly, legibly and accurately
    - Informed patient consent
    - Understanding and being open about legal and disciplinary matters
    - Applied ethics (e.g., GMC ethical guidance)
    - Confidentiality
    - Appropriate use of social media

18. Comment text by several summarise how these aspects are taught/learnt.

Involving patients

19. About three-quarters involve patients in some aspect of undergraduate training. Statements about how this is done are short and lacking in detail.

Informal student networks

20. Three-quarters said that there are relevant student support arrangements outside of the formal curriculum.

Module/course details

21. In total 12 respondents provided details about curriculum aspects relevant to professionalism:

- Six of these respondents provided details about a relevant course/module, with one of those respondents describing three separate aspects; and a second describing two separate aspects. The course/modules about which details were provided are named:
    - Professionalism small group tutorials and lectures 1st semester Year 1
    - Professional behaviour, teamwork and developing as independent learners is an integrated part of case based learning small group work in Years 1 and 2
    - Vulnerability tutorials across 4 stations Learning Disability, the Older Person, Asylum seekers, Human Trafficking/modern slavery reinforced by comm skills within Year 5 Preparing for Practice
    - Personal and Professional Development
    - Diversity/Getting to know your Professional Identity
    - Patients doctor and society
    - Final year PPD module
    - Professionalism
    - Early years PPD teaching

- A further six described aspects running *across* the curriculum because their schools do not adopt a modular structure. Statements about this are:
    - Professionalism is developed longitudinally at [school name] and across all years. It is therefore, not possible to identify modules which have a significant component in order to fill out these sections in a meaningful way. Certainly, there are a number of activities relating to professionalism that are required components of the course, but they sit within large modules.
    - It is integrated throughout the curriculum through the theme personal and professional development.
    - Our professionalism is integrated in the main so in this section I will explain how this works
    - This is difficult because we are not a modular programme. PPD is a theme running throughout the programme.
    - We don't have a modular structure!

- Probably too complex a curriculum to suggest a named module - the entire course only contains 12 modules. As such completing this section of the questionnaire is potentially unreliable

22. Most are existing courses – only two of the 12 are ‘under development’. All but one is mandatory. The modules described were more likely to occur in the first two years of training.

23. The most common methods used are lectures, group work and personal reflection. Student outputs are more varied – the most common output is ‘reflective writing’, with five schools assessing such output; two assessing but where the marks do not count to overall progress; and a further three schools not assessing the writing.

Hours

24. Both the teaching and student hours listed vary greatly – teaching time ranging from one to 82 hours; student time from three to 172.5 hours.

25. Similarly, respondents’ job titles and time commitment for professionalism activities also vary widely (from zero to 100% of ‘official’ time).

Sharing material

26. Three-quarters stated that their school was willing to share curriculum material (nine of the 12 schools answering this question). However, the statements made reveal practical issues which the next phase of this project will need to address. For example:

- Yes, but I will need to liaise with my colleagues first to ensure they are happy.
- [Yes] But would be difficult as not a module as such, but happy to share any elements that might be helpful for others.
- We will send material to the email address when we have a minute to do so!
- Can consider and discuss with the head of med ed. Need to know more details about how and what.

27. Half favour an open-access arrangement for sharing, and half a 'drop box'-like arrangement accessible only by username and password issued via the UK Council.

Barriers

28. Most respondents perceive barriers to including medical professionalism in the curriculum, but the majority (14 of 19) ticked ‘To a degree, but they can be overcome’. Word frequencies and statements reflect issues such as time constraints, perceived lack of an evidence base and/or definition by colleagues, and assessment issues.

Future development of medical professionalism

29. The statements made under this question include some of the longest made across the whole questionnaire. They are for that reason given here in full:

- This survey has been a useful tool for allowing us the reflect on how we enable our students to develop their understanding of professionalism (thankyou). It is interesting to note the emphasis on inclusion of chunks of professionalism teaching/activities within modules. The benefits of this may link to aligning curriculum with assessment and may satisfy students. It may be that clear signposting to all the relevant material within an integrated vertical curriculum will A) allow students the clarity they require, B) demonstrate competency if activities are linked to a portfolio and C) reduce the risk that students may compartmentalise professionalism rather than integrating into all aspects of their practice. Very interested to see the ideas of colleagues on the future direction of medical professionalism. It seems that the commissioned research into the "best" way to assess professionalism is likely to influence the way students learn and the opportunities we as medical educators provide them with.

- Further work needs to be done on professional identity formation and how to combat the negative aspects of the hidden curriculum since this will majorly affect any proposed changes to teaching.

- Still developing themes.

- We are aiming at increasingly open and transparent feedback to students.

- Subscribe to Hafferty's view in his article: Academic Medicine and Medical Professionalism: A Legacy and a Portal Into an Evolving Field of Educational Scholarship, Frederic Hafferty, Acad Med. 2017 Sep 5. doi: 10.1097/ACM.0000000000001899. [Epub ahead of print]. Hafferty reviews research and key writings on professionalism in medicine and medical education spanning issues of Academic Medicine from 1994 to 2016 ‘Moved on from definition, assessment and institutionalisation’ … ‘individual motives and behaviours’… to ‘the settings in which they operate’ ‘Professionalism is more of a journey than a destination…best captured not in a definition or metric but in the willingness of a community to engage with itself in an ongoing and reflective search for soul’. this is how we have worked to include professionalism in the curriculum and it is a very exciting journey with a long way to go..

- I would like professionalism to be embedded in the curriculum and we are making this part of Progression review, but how to do this appropriately and fairly for all is a challenge. It would be good to have identified metrics to do so consistently in all medical schools. We have a number of initiatives that we

are keen to develop further, but one aspect that we have as yet not been able to develop has been the involvement of patients in the design process.

- Assessment is a thorny issue, which probably needs looking at again. Possibly also use of electronic means of providing evidence for professional development, may also be useful.

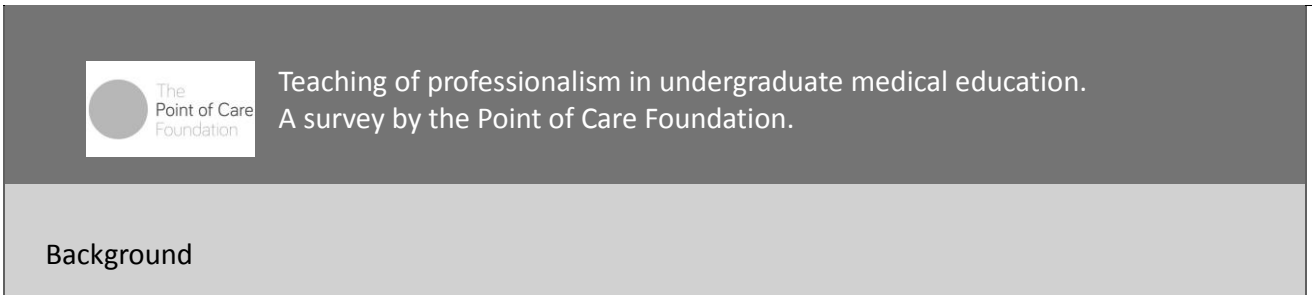
- professionalism is often viewed as just not being unprofessionalism. Our school promotes high standards of professionalism and this is also reflected in our assessment processes.

- Knowledge is only a small part of medical professionalism. Teaching is about scenarios and stories, getting the students to live the dilemmas and understand their professional identities, how they are perceived, the effect of stress and health etc. The progress in IT, social media, Skype, virtual clinics etc introduces new professionalism scenarios. Our teaching must reflect these changes. Our objective is to ensure the students understand the everyday relevance. We focus more on the positive aspects of good professionalism and less on the disciplinary aspects.,

- Maybe change name of module from Professionalism to Professional and Personal Development.

Annex 1 – questionnaire

[note: the online version of the questionnaire provided a better visual and interactive experience than the PDF-based version reproduced here]



The Point of Care Foundation (PoCF) is conducting a project to:

1. **Audit what aspects of professionalism are currently taught.**

2. **Produce good practice educational guidelines.**

3. **Develop an on-line platform where materials can be shared.**

This questionnaire is an important part of the first of the above three stages - the audit. It is being sent to each medical school via members of the UK Council of Teachers of Professionalism. Members of the Council have kindly commented on the survey design. Your answers will inform the second stage, when a workshop will be held to discuss the development of guidelines.

This questionnaire starts by asking which aspects of medical professionalism are included in the curriculum. Then you have the option to describe in more detail specific modules (or other elements of the curriculum) which focus on medical professionalism. You can submit curriculum content, if you wish to share it. Next there are some questions about any possible barriers to the teaching of professionalism, future directions, and about your views on sharing resources across medical schools.

This questionnaire includes check-box questions, space for free-text comments, and the option to describe and reference specific curriculum material if you wish to.

Thank you for taking part.

1. Please enter the name of your medical school:

Definitions and models

2. Does your school have an agreed definition of 'medical professionalism'?

- [ ] No
- [ ] Yes

If 'yes', please give the definition here

3. Does your school work to an agreed theoretical model (eg, cognitive model, professional identity model)?

- [ ] No
- [ ] Yes

If 'yes', please give the model here

Teaching of professionalism in undergraduate medical education. A survey by the Point of Care Foundation.

Which aspects of medical professionalism are included in the 2017/18 undergraduate curriculum?

The four questions in this section ask about aspects of professionalism grouped under these headers:

1. **About patients and care**
2. **About being a doctor**
3. **Working with others**
4. **Wider aspects**

Please note that these questions ask about the curriculum for the new academic year just starting (2017/18).

At the end of the section there is a chance to comment or add aspects you think we have not listed.

4. Which aspects about patients and care are included in the 2017/18 undergraduate curriculum?

	A. Yes - as a specified, articulated part of the curriculum	B. Yes - but not as a specified, articulated part of the curriculum	C. No - but I think it should be included	D. No - and I do not think it should be included in the undergraduate curriculum
Patient safety	◯	◯	◯	◯
Listening and empathy	◯	◯	◯	◯
Compassion	◯	◯	◯	◯
Diversity and cultural awareness	◯	◯	◯	◯
Involving patients in their care and/or decisions about care	◯	◯	◯	◯
Involving carers	◯	◯	◯	◯
Establishing and maintaining partnerships with patients	◯	◯	◯	◯

Please note that there is space at the end of this section to comment or add aspects you think we have not listed.

5. Which aspects about being a doctor are included in the 2017/18 undergraduate curriculum?

	A. Yes - as a specified, articulated part of the curriculum	B. Yes - but not as a specified, articulated part of the curriculum	C. No - but I think it should be included	D. No - and I do not think it should be included in the undergraduate curriculum
Acting with honesty and integrity	◯	◯	◯	◯
Resilience	◯	◯	◯	◯
Self compassion	◯	◯	◯	◯
Self awareness	◯	◯	◯	◯
Well-being	◯	◯	◯	◯
Stress management	◯	◯	◯	◯
Reflective learning	◯	◯	◯	◯
Preparation for the transition to practice	◯	◯	◯	◯
Coping styles	◯	◯	◯	◯
Mindfulness	◯	◯	◯	◯
Spirituality	◯	◯	◯	◯
Emotional intelligence	◯	◯	◯	◯
Avoiding professional isolation	◯	◯	◯	◯
Physiology, neuroscience of stress, emotion, etc	◯	◯	◯	◯
Physical health, fitness, body awareness, exercise	◯	◯	◯	◯
Nutrition	◯	◯	◯	◯
Sleeping patterns	◯	◯	◯	◯
Time management	◯	◯	◯	◯

Please note that there is space at the end of this section to comment or add aspects you think we have not listed.

6. Which aspects about working with others are included in the 2017/18 undergraduate curriculum?

	A. Yes - as a specified, articulated part of the curriculum	B. Yes - but not as a specified, articulated part of the curriculum	C. No - but I think it should be included	E. No - and I do not think it should be included in the undergraduate curriculum
Treat patients and colleagues with respect, fairly and without discrimination	◯	◯	◯	◯
Shared decision-making	◯	◯	◯	◯
Continuity and coordination of care	◯	◯	◯	◯
Team skills	◯	◯	◯	◯
Doctors as leaders	◯	◯	◯	◯
Complex human interactions	◯	◯	◯	◯
Awareness of a medical organisation's professionalism culture	◯	◯	◯	◯
Recording clearly, legibly and accurately	◯	◯	◯	◯

Please note that there is space at the end of this section to comment or add aspects you think we have not listed.

7. Which wider aspects about professionalism are included in the undergraduate curriculum for 2017/18?

	A. Yes - as a specified, articulated part of the curriculum	B. Yes - but not as a specified, articulated part of the curriculum	C. No - but I think it should be included	D. No - and I do not think it should be included in the undergraduate curriculum
Transparent and open communication (with patients and colleagues)	◯	◯	◯	◯
Informed patient consent	◯	◯	◯	◯
Understanding and being open about legal and disciplinary matters	◯	◯	◯	◯
Applied ethics (eg, GMC ethical guidance)	◯	◯	◯	◯
Medical humanities	◯	◯	◯	◯
Professional lapses and remediation	◯	◯	◯	◯
Safety improvement	◯	◯	◯	◯
Confidentiality	◯	◯	◯	◯
Appropriate use of social media	◯	◯	◯	◯

8. If you wish, please comment or add aspects you think we have not listed in the preceding 4 questions about patients and care; being a doctor; working with others; or wider aspects of professionalism.

9. Were patients involved in any aspect of undergraduate training in medical professionalism?

◯ No

◯ Yes

If 'yes', please describe.

10. Are you aware of any relevant student networks, self-help groups, etc, outside of the formal curriculum?

- [ ] No
- [ ] Yes

If 'yes', please briefly describe

Examples of the main curriculum modules in which medical professionalism is taught.

Previous work by the GMC and others found that aspects of medical professionalism are taught in many different ways in the different medical schools. The next sections ask you to choose examples of the main ways in which medical professionalism is taught in your school, and give information about the years taught, teaching and learning methods, etc. You can choose to describe several modules if you wish.
You can answer 'No' to the next question if you do not wish to provide details about specific curriculum modules.

Note: We have used the word 'module' for simplicity. Your school may use other terminology to describe curriculum content (eg, block, session, course, etc). Please include these.

11. Do you wish to describe curriculum modules taught in your school?

- ◯ Yes
- ◯ No

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The main curriculum modules in your school in which medical professionalism is taught.

12. Please enter the name of the first module about which you will be providing details.

13. When has/will this module run? (Please check as many boxes as apply)

- [ ] A. 2016/17
- [ ] B. Definitely included in the 2017/18 curriculum
- [ ] C. May run 2017/18 but not yet definite
- [ ] E. Under development for introduction in future years

14. Which years undertake this module? (Please check as many boxes as apply)

- [ ] 14
- [ ] 25
- [ ] 36
- [ ]
- [ ]
- [ ]

15. Is participation mandatory?

- ○ A. Yes, students must take this module.
- ○ B. It is a self-selected component (ie, it is one of a number of options from which a student must choose)
- ○ C. Participation is entirely optional

Other (please specify)

16. What methods are used? (please check all that apply)

- [ ] Lectures
- [ ] Groups - eg, tutorial, seminar, workshop
- [ ] Online or other self-study material
- [ ] Required reading
- [ ] Role modelling, simulated scenario
- [ ] De-briefing students from difficult encounters
- [ ] Personal reflection
- [ ] Schwartz rounds
- [ ] Balint groups
- [ ] Mentoring
- [ ] Cognitive Behaviour Therapy (CBT) tools
- [ ] Other (please specify)

17. What outputs do the students produce, and/or what exercises do they take part in? (Please tick as many as apply)

	A. Assessed	B. Assessed, but marks do not contribute to overall undergraduate progress	C. Not assessed
Essay	◯	◯	◯
Reflective writing	◯	◯	◯
Diary, journal	◯	◯	◯
Blog	◯	◯	◯
Written examination	◯	◯	◯
Multiple choice test	◯	◯	◯
Self assessment questionnaire	◯	◯	◯
Situational judgement test	◯	◯	◯
Quality of Life questionnaire	◯	◯	◯
Psychological assessment test	◯	◯	◯
Oral presentation	◯	◯	◯

Other (please specify)

18. How many hours?

Teaching hours

Student hours in addition to teaching hours

19. Is your school willing to share module material with other schools?

◯ Yes

◯ No

If yes, please send material to the email address given at the end of the survey, or add a URL/link here:

20. Do you wish to describe another curriculum module, and answer a similar set of questions about it?

◯ Yes

◯ No

[Note: respondents could then be presented with the above questions again if they chose, enabling up to three modules to be described]

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Barriers

38. Do you think there are barriers to including medical professionalism in the curriculum?

- ○ A. Yes, significant barriers
- ○ B. To a degree, but they can be overcome
- ○ C. No

If 'yes' or 'to a degree', please briefly describe the barriers.

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39. This questionnaire has asked about current practice. If you wish, please share your ideas on the future development of medical professionalism.

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Sharing resources

40. We expect to set up a facility to share guidelines and resources as part of this project. What format would you prefer?

- ○ A 'dropbox'-like arrangement accessible only by username and password issued via the UK Council.
- ○ Open access
- ○ Other arrangement (please specify)

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About you

41. About your post.

Your job title

Time commitment for professionalism activities

42. Will you be sending curriculum material to this email address: survey@pointofcarefoundation.org.uk?

○ No

○ Yes

43. Please enter your details if you are willing for us to follow up any queries with you.

Name

email

Phone

44. Please add any further comments you wish to make in the box.

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Thank you for taking part in the survey

ANNEX 2: Questionnaire findings

Contents

Response as at 17 January 2018

33 UK medical schools were invited to participate. Invitation emails were sent to a named member of the UK Council of Teachers for Professionalism.

22 clicked on the email link to enter the survey.

21 answered at least one question

19 answered most or all of the questions

12 entered some information into the sections asking about for details about specific parts of the curriculum.

6 of the 11 described relevant modules.

6 of the 11 said they did not have a modular structure but described elements of professionalism that are spread across the curriculum.

2 said they would be sending curriculum material to survey@pointofcarefoundation.org.uk (not yet received at time of reporting).

1 provided links to module material.

Content analysis – all open text questions combined.

The table below lists the 30 words[2] most frequently used by respondents when providing open-text answers across all of the survey questions. The words are grouped into six categories.

Category	Words	Count
A. Professionalism 110 occurences	PROFESSIONALISM	75
	PROFESSIONAL	35
B. Education 302 occurrences	STUDENT	96
	YEAR	32
	CURRICULUM	26
	DEVELOPMENT	20
	GROUP	18
	LEARNING	18
	ASSESSMENT	16
	SESSION	15
	TEACHING	15
	DEVELOP	13
	SUPPORT	12
	SCHOOL	11
	MODULE	10
C. Clinical 99 occurrences	MEDICAL	33
	CLINICAL	18
	DOCTOR	16
	MEDICINE	12
	EXPERIENCE	10
	HEALTH	10
D. Behaviours 58 occurrences	BEHAVIOUR	21
	SKILL	14
	PRACTICE	12
	REFLECTIVE	11
E. Patients 25 occurrences	PATIENT	25
F. Other 66 occurrences	PART	18
	BASE	13
	DEFINITION	13
	ASPECT	12

[2] See methods section: during content analysis singular/plurals, lower case/capitals, tenses, etc are combined to a single ‘word’.

Q2: Does your school have an agreed definition of 'medical professionalism'?

-		45.83%
No		11
-		54.17%
Yes		13
TOTAL		24

Most frequent words used in the medical professionalism definition comment box:

Word	Count
PROFESSIONAL	10
PROFESSIONALISM	9
BEHAVIOURS	8
DEFINITION	8
DOCTORS	8
MEDICAL	7
SET	7
TRUST	7

CLINICAL	5
VALUES	5
PUBLIC	4
RELATIONSHIPS	4
SKILLS	4

Full text provided:

- Being a good doctor and effective clinician encompasses much more than having excellent clinical knowledge and skills. Doctors must also maintain the standard of behaviour expected of members of the medical profession and adhere to the legal obligations imposed upon them. They have a responsibility to ensure that patients are kept safe whilst undergoing treatment. They do all of this as part of a multi-disciplinary team in which they are expected to provide leadership. They are also expected to continually learn and improve (by keeping up with developments and by reflecting on their own experience) and to share their knowledge and skills with students, trainees and other colleagues. Doing all of this effectively, alongside a clinical role, requires some specialist knowledge and skills. The Professional Skills Course is designed to help you to learn them.

- a set of values, behaviours and relationships that underpin the trust the public has in doctors

- 'a set of values, behaviours and relationships that underpins the trust the public has in doctors' (Royal College of Physicians 2005).

- It is not one agreed definition however we state that: Medical professionalism can be conceptualised in a range of different ways (Birden et al, 2014). For example, it might be understood as a set of individual attributes, either as acquired traits or innate characteristics. Van de Camp et al (2004) suggest that altruism, accountability, respect and integrity are key characteristics. Alternatively, medical professionalism can be considered as a set of actions and behaviours such as communicating effectively, showing compassion and maintaining composure (Green et al, 2009). Other definitions emphasise the effects of the context in which medicine is practised. For example, relations between colleagues, the nature of particular clinical settings and organisational processes might each interact with individual characteristics to shape professional behaviours. Wider sociological literature recognises differences between forms of occupational and organisational professionalism (Evetts, 2013). Occupational professionalism is understood as more closely based on collegial trust, discretion and autonomy within a professional group, whereas

organisational professionalism leans more towards standardised work practices and external regulation and governance.

- The attitudes and behaviours that allow patients to trust doctors
- We use the RCP definition: “A set of values, behaviours and relationships that underpin the trust the public has in doctors” Working Party of the Royal College of Physicians. Doctors in Society Clinical Medicine 2005;5(6:Suppl1):Suppl-40 AND the more relaxed version: “Doing the right thing at the right time for the right reasons even when nobody is watching” Cosgrove, 2006 However it is time to have an updated definition
- Although we tend to use the RCP definition (2005) as a basis for the year 2 teaching
- But we do use a general definition "It is a set of attitudes and behaviours adopted by a group that engenders respect and trust"
- Our definition is the GMC's Good Medical Practice four domains.
- RCP 2005 Arnold and Stern 2006
- We do not actually call it "medical professionalism" but Personal and Professional Development, which is defined as the evidence that the Intended Learning Outcomes for "Doctor as Professional" (Tomorrows Doctors 2009/2016) and Promoting Excellence 2016, have been met, at a level appropriate to the stage of the student in the MBChB programme. Note this this also includes professional standards, beviour and conduct
- Uses this: The Royal College of Physicians define it as ‘a set of values, behaviours and relationships that underpin the trust the public has in doctors.’
- We specify professionalism attributes of resilience, agreeableness, conscientiousness and integrity
- I wouldn't say that we have an agreed definition, but members of the faculty put forward a model of medical professionalism, which suggests three components: Personal and professional development, professional governance and professional clinical practice (see: https://eprints.soton.ac.uk/68684/1/OwenHillStephens_final2.pdf).
- I suspect that we have a number of 'agreed' definitions
- The [medical school name] Doctor; A highly competent and scientifically literate clinician, equipped to practise patient-centred medicine in a constantly changing modern world, with a foundation in the basic medical and social sciences. This vision is underpinned by the values of scholarship, rigour and professionalism. The focus is on the development of the student as a scientifically informed,

socially responsible professional who, in turn, can serve the health needs of individuals and communities.

Q3: Does your school work to an agreed theoretical model (eg, cognitive model, professional identity model)?

-	88.00%
No	22
-	12.00%
Yes	3
TOTAL	25

Most frequent words used in the comment box:

Word	Count
PROFESSIONAL	7
IDENTITY	4
MODEL	4
DEVELOPMENT	3
PROFESSIONALISM	3
THEORETICAL	3

Full text provided:

- Occupational professionalism at the University is understood as more closely based on collegial trust, discretion and autonomy within a professional group, whereas organisational professionalism leans more towards standardised work practices and external regulation and governance.
- Our teaching probably mostly comprises a cognitive base in the early years with transmission by role models in the clinical years. Although recently our

professionalism leads have become more aware of the role of the hidden curriculum and the effect of professional identity formation

- Professional identity
- Professional Development is such a complex business that we have learnt it is not possible to base it on one theoretical model . The actual model of PPD learning is based very much of Shon's reflective learning cycle, although the outcomes are interpreted in the context of professional identity constructs, which are learner focused, using the framework of Kelly's Personal Development Theory
- Again, I wouldn't say that we were working to an agreed theoretical model throughout the medical school. However, within the personal and professional development subject, there a particular interest in the literature around professional identity formation.

Q4: Which aspects about patients and care are included in the 2017/18 undergraduate curriculum?

–	A. YES - AS A SPECIFIED, ARTICULATED PART OF THE CURRICULUM–	B. YES - BUT NOT AS A SPECIFIED, ARTICULATED PART OF THE CURRICULUM–	C. NO - BUT I THINK IT SHOULD BE INCLUDED–	D. NO - AND I DO NOT THINK IT SHOULD BE INCLUDED IN THE UNDERGRADUATE CURRICULUM–	TOTAL–
– Patient safety	95.24% 20	4.76% 1	0.00% 0	0.00% 0	21
– Listening and empathy	71.43% 15	28.57% 6	0.00% 0	0.00% 0	21
– Compassion	47.62% 10	47.62% 10	4.76% 1	0.00% 0	21
– Diversity and cultural awareness	90.48% 19	9.52% 2	0.00% 0	0.00% 0	21
– Involving patients in their care and/or decisions about care	80.95% 17	14.29% 3	4.76% 1	0.00% 0	21
– Involving carers	76.19% 16	19.05% 4	4.76% 1	0.00% 0	21
– Establishing and maintaining partnerships with patients	85.71% 18	9.52% 2	4.76% 1	0.00% 0	21

–	A. YES - AS A SPECIFIED, ARTICULATED PART OF THE CURRICULUM–	B. YES - BUT NOT AS A SPECIFIED, ARTICULATED PART OF THE CURRICULUM–	C. NO - BUT I THINK IT SHOULD BE INCLUDED–	D. NO - AND I DO NOT THINK IT SHOULD BE INCLUDED IN THE UNDERGRADUATE CURRICULUM–	TOTAL–
– End of life care	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0

Q5: Which aspects about being a doctor are included in the 2017/18 undergraduate curriculum?	A. YES - AS A SPECIFIED, ARTICULATED PART OF THE CURRICULUM–	B. YES - BUT NOT AS A SPECIFIED, ARTICULATED PART OF THE CURRICULUM–	C. NO - BUT I THINK IT SHOULD BE INCLUDED –	D. NO - AND I DO NOT THINK IT SHOULD BE INCLUDED IN THE UNDERGRADUATE CURRICULUM–	TOTAL –
–					
–	80.95%	19.05%	0.00%	0.00%	
ACTING WITH HONESTY AND INTEGRITY	17	4	0	0	21
–	66.67%	33.33%	0.00%	0.00%	
RESILIENCE	14	7	0	0	21
–	60.00%	30.00%	10.00%	0.00%	
SELF COMPASSION	12	6	2	0	20
–	71.43%	23.81%	4.76%	0.00%	
SELF AWARENESS	15	5	1	0	21
–	71.43%	28.57%	0.00%	0.00%	
WELL-BEING	15	6	0	0	21
–	71.43%	19.05%	9.52%	0.00%	
STRESS MANAGEMENT	15	4	2	0	21
–	100.00%	0.00%	0.00%	0.00%	
REFLECTIVE LEARNING	21	0	0	0	21

–	90.00%	10.00%	0.00%	0.00%	
PREPARATION FOR THE TRANSITION TO PRACTICE	18	2	0	0	20
–	42.86%	42.86%	14.29%	0.00%	
COPING STYLES	9	9	3	0	21
–	30.00%	55.00%	15.00%	0.00%	
MINDFULNESS	6	11	3	0	20
–	9.52%	42.86%	19.05%	28.57%	
SPIRITUALITY	2	9	4	6	21
–	25.00%	50.00%	15.00%	10.00%	
EMOTIONAL INTELLIGENCE	5	10	3	2	20
–	19.05%	47.62%	33.33%	0.00%	
AVOIDING PROFESSIONAL ISOLATION	4	10	7	0	21
–	75.00%	15.00%	5.00%	5.00%	
PHYSIOLOGY, NEUROSCIENCE OF STRESS, EMOTION, ETC	15	3	1	1	20
–	52.38%	28.57%	14.29%	4.76%	
PHYSICAL HEALTH, FITNESS, BODY AWARENESS, EXERCISE	11	6	3	1	21
–	40.00%	30.00%	30.00%	0.00%	
NUTRITION	8	6	6	0	20

–	30.00%	35.00%	35.00%	0.00%	
SLEEPING PATTERNS	6	7	7	0	20
–	57.14%	42.86%	0.00%	0.00%	
TIME MANAGEMENT	12	9	0	0	21

Q6: Which aspects about working with others are included in the 2017/18 undergraduate curriculum?

–	A. YES - AS A SPECIFIED, ARTICULATED PART OF THE CURRICULUM–	B. YES - BUT NOT AS A SPECIFIED, ARTICULATED PART OF THE CURRICULUM–	C. NO - BUT I THINK IT SHOULD BE INCLUDED–	E. NO - AND I DO NOT THINK IT SHOULD BE INCLUDED IN THE UNDERGRADUATE CURRICULUM–	TOTAL –
–	80.95%	19.05%	0.00%	0.00%	
TREAT PATIENTS AND COLLEAGUES WITH RESPECT, FAIRLY AND WITHOUT DISCRIMINATION	17	4	0	0	21
–	80.95%	19.05%	0.00%	0.00%	
SHARED DECISION-MAKING	17	4	0	0	21
–	85.71%	14.29%	0.00%	0.00%	
CONTINUITY AND COORDINATION OF CARE	18	3	0	0	21
–	95.24%	4.76%	0.00%	0.00%	
TEAM SKILLS	20	1	0	0	21
–	65.00%	20.00%	15.00%	0.00%	
DOCTORS AS LEADERS	13	4	3	0	20
–	50.00%	35.00%	10.00%	5.00%	
COMPLEX HUMAN INTERACTIONS	10	7	2	1	20

–	50.00%	35.00%	10.00%	5.00%	
AWARENESS OF A MEDICAL ORGANISATION'S PROFESSIONALISM CULTURE	10	7	2	1	20
–	90.48%	9.52%	0.00%	0.00%	
RECORDING CLEARLY, LEGIBLY AND ACCURATELY	19	2	0	0	21

Q7: ***Which wider aspects about professionalism are included in the undergraduate curriculum for 2017/18?***

–	A. YES - AS A SPECIFIED, ARTICULATED PART OF THE CURRICULUM –	B. YES - BUT NOT AS A SPECIFIED, ARTICULATED PART OF THE CURRICULUM –	C. NO - BUT I THINK IT SHOULD BE INCLUDED –	D. NO - AND I DO NOT THINK IT SHOULD BE INCLUDED	TOTAL –
Transparent and open communication (with patients and colleagues)	71.43% 15	19.05% 4	9.52% 2	0.00% 0	21
Informed patient consent	95.24% 20	4.76% 1	0.00% 0	0.00% 0	21
Understanding and being open about legal and disciplinary matters	90.00% 18	10.00% 2	0.00% 0	0.00% 0	20

	A. YES - AS A SPECIFIED, ARTICULATED PART OF THE CURRICULUM	B. YES - BUT NOT AS A SPECIFIED, ARTICULATED PART OF THE CURRICULUM	C. NO - BUT I THINK IT SHOULD BE INCLUDED	D. NO - AND I DO NOT THINK IT SHOULD BE INCLUDED	TOTAL
Applied ethics (eg, GMC ethical guidance)	100.00% 20	0.00% 0	0.00% 0	0.00% 0	20
Medical humanities	36.84% 7	36.84% 7	26.32% 5	0.00% 0	19
Professional lapses and remediation	75.00% 15	20.00% 4	5.00% 1	0.00% 0	20
Safety improvement	78.95% 15	15.79% 3	5.26% 1	0.00% 0	19
Confidentiality	100.00% 20	0.00% 0	0.00% 0	0.00% 0	20
Appropriate use of social media	90.00% 18	10.00% 2	0.00% 0	0.00% 0	20

Q8: If you wish, please comment or add aspects you think we have not listed in the preceding 4 questions about patients and care; being a doctor; working with others; or wider aspects of professionalism.

Most frequent words used in the comment box:

Word	Count
PATIENT	5
PROFESSIONALISM	5
ASPECTS	4
SKILLS	3
SYSTEM	3

Full text provided:

- We have both didactic and experiential teaching for many of the above domains. We have a professionalism course, a patient safety course, mindfulness and resilience. Our students are assigned a patient to follow in the first term, developing patient facing skills. They learn communication skills from the outset.

- Q.5. Nutrition and sleep patterns are included in case based learning in Years 1 and 2, the main focus being on understanding health and the determinants of health. This is covered from the perspective of patients and the public rather than doctors. The curriculum needs to be patient centred and inclusive of marginalised communities rather than doctor centred

- Most of these aspects are covered multiple times. Specific groups in the medical school that particularly cover these aspects are the Human Values Team (Communication and patient educator unit, law and ethics, professionalism, humanities, interprofessional / team-based education, philosophy, cultural competency). Also there is a substantial student welfare and support system at [school name]. There is an organised system of dealing with professionalism lapses at the medical school as well as a system of commendations

- As well as sessions on social media, we also have an anual student-selected component on 'Social media and professionalism'. Two years ago, the emphasis was on bad profeeffionalism, last year the emphasis was on good professionalism.

- Taking responsibility for one's own learning; awareness of strengths and limitations, both essential aspect in their own right

- professional knowledge and skills, how we use them and our responsibility to apply these
- Some of the aspects are specific components that can be selected by some students but are not compulsory.

Q9: Were patients involved in any aspect of undergraduate training in medical professionalism?

-	19.05%
No	4
-	80.95%
Yes	17
TOTAL	21

Most frequent words used in the comment box:

Word	Count
PATIENTS	11
HEALTH	4
CURRICULUM	3
GROUP	3
SKILLS	3
ASSESSMENT	2
COMMUNICATION	2
INVOLVED	2
PARTICIPATE	2
PROGRAMME	2
TEACHING	2
TRAINING	2

Full text provided:

- Patients voice workshops (trans health) and presentations (migrant health) as part of the diversity curriculum
- Simulated patient/actors regularly participate in communication skills training. Gynaecology teaching assistant/ patients teach PV and breast examinations.
- In simulation
- Communication skills, curriculum planning and assessment panels
- We have a patient educator group as part of the medical school. Also patients are involved in certain parts of the programme for example the Year 2 GP longitudinal placement, as well as informally in clinical training.
- In inter-professionalism teaching
- Communications and consultations skills; Patients as Partners representation on committees that scrutinise and agree the programme contents
- in assessment using friends and family test
- Involved is development of modules in O&G curriculum. Participate in giving feedback in assessments; running OSCE stations. have input into question setting
- e.g. a group of patients with mental health problems discussing their health experiences with students
- The doctor as a patient, in the second year Wounded Healer tutorial. A patient and her mother was filmed as part of the final year PPD module
- Initial design of some of the sessions.
- Patient and Public Engagement group were consulted on aspects

Q10: Are you aware of any relevant student networks, self-help groups, etc, outside of the formal curriculum?

-	28.57%
No	6
-	71.43%
Yes	15
TOTAL	21

Most frequent words used in the comment box:

Word	Count
STUDENT	24
SUPPORT	7
MEDICAL	3
NETWORK	3
PROFESSIONALISM	3

Full comment text:

- Feelbright: University of [name] staff student initiative to raise awareness of and support students with mental health conditions. Niteline
- Both the Student's Union and Medical Society have welfare representatives from each class, who provide welfare support and advice on issues like housing, arrange networking events for students who may be marginalised e.g. students with young children, overseas students and lobby/ provide facilities like microwaves so students don't have to rely on canteen food. Peerwise (a bank of

MCQ questions written by students for formative use) is also run by students supported by Med School to help students revise for exams.

- Societies, small groups
- Yoga and medication. Student support across the university
- The student societies at [school name] cover all kinds of topics including recovery from illness support, diet, mental health, meditation and many, many other things. There is also a peer support network, supported by [school name] Counselling.
- If students have a question about professionalism, they can first consult our 'frequently asked questions' under professionalism on our website
- The student representatives on the key MB ChB committees are the basis of networks that provide guidance for other students e.g. advising on how to prioritise the evidence that is required to show engagement with the Doctor as Professional ILOs. We have a student communications network (OneMed Buzz) which is part of our virtual managed learning environment (OneMed), and is student led. It provides helpful information and guidance across the programme
- number of relevant student bodies
- Peer support network; various specialty groups with role modeling/mentoring
- Medical Ethics Society running practical sessions on professionalism dilemmas and talks on real experiences.
- Student mentoring scheme - which medical students are involved in, alongside other healthcare students
- Recent introduction of voluntary sessions provided by GP tutors that aim to develop resilience and prepare for practice through discussion and role play.
- Student Support Services through [school name] Informal student fora

Q11 Do you wish to describe curriculum modules taught in your school?

12 respondents provided details about curriculum aspects relevant to professionalism.

A. Six of these respondents provided details about a relevant **course/module**, with one of those respondents describing three separate aspects; and a second describing two separate aspects. The course/modules about which details were provided are named:

- Professionalism small group tutorials and lectures 1st semester Year 1
- Professional behaviour, teamwork and developing as independent learners is an integrated part of case based learning small group work in Years 1 and 2
- Vulnerability tutorials across 4 stations Learning Disability, the Older Person, Asylum seekers, Human Trafficking/modern slavery reinforced by comm skills within Year 5 Preparing for Practice
- Personal and Professional Development
- Diversity/Getting to know your Professional Identity
- Patients doctor and society
- Final year PPD module
- Professionalism
- Early years PPD teaching

B. A further six described aspects **running across the curriculum** because their schools do not adopt a modular structure. Statements about this:

- Professionalism is developed longitudinally at [school name] and accross all years. It is therefore, not possible to identify modules which have a siginificant component in order to fill out these sections in a meaningful way. Certainly there are a number of activities relating to professionalism that are required components of the course, but they sit within large modules.
- It is integrated throughout the curriculum through the theme personal and professional development.
- Our professionalism is integrated in the main so in this section I will explain how this works
- This is difficult because we are not a modular programme. PPD is a theme running throughout the programme.
- We don't have a modular structure!

- Probably too complex a curriculum to suggest a named module - the entire course only contains 12 modules. As such completing this section of the questionnaire is potentially unreliable

In the tables which follow, answers related to both (A) and (B) as just described are combined.

Q13: When has/will this module run? (Please check as many boxes as apply)

A. 2016/17	8
B. Definitely included in the 2017/18 curriculum	12
C. May run 2017/18 but not yet definite	0
E. Under development for introduction in future years	2

Q14: Which years undertake this module? (Please check as many boxes as apply)

Year	
1	13
2	10
3	4

Year

- 4	6
- 5	8
- 6	2

Q15:Is participation mandatory?

A. Yes, students must take this module.	10
B. It is a self-selected component (ie, it is one of a number of options from which a student must choose)	0
C. Participation is entirely optional	0

Most frequent words used in the comment box:

Word	Count
STUDENTS	8
PPD	5
DEVELOPMENT	4
MANDATORY	4
PROFESSIONAL	3
TUTORS	3

Answers in the comment box:

- Preparation for the reflective parts of the portfolio
- Actually I am describing the system as a whole so some is mandatory, some is self-selected and some is optional
- Phase 1 induction lectures and workshops (Week 1 of Medical School)
- Please note my comments about a "module"; we have small group PPD sessions in Year 1-2, in which students learn about specific aspects of professional development. (attendance mandatory) They form the basis of

their reflective entries in their ePPDportfolios and they meet individually with their tutors for Personal and Professional Development , who provide feedback and guidance on their PPDportfolio entries (meetings with TPPDs are mandatory) and these Tutors also assess their students professional development, based on their PPDportfolio entries. This must be satisfactory for the student to progress and graduate. In years 3 -5, there are no group sessions but guidance given through individual meetings with clinical PPD Tutors who also assess development, throigh the PPDportfolio entries, which must be satisfactory for the student to progress and graduate

- Sessions are all core. Some sessions have attendance taken.
- A combination of compulsory sessions and activities with some extra voluntary activities
- This is vertical module running through the spine of the 6 year MBBS, compulsory

Q16: What methods are used? (please check all that apply)

Lectures	12
Groups - eg, tutorial, seminar, workshop	12
Online or other self-study material	7
Required reading	7
Role modelling, simulated scenario	8
De-briefing students from difficult encounters	5
Personal reflection	10
Schwartz rounds	3
Balint groups	4
Mentoring	4
Cognitive Behaviour Therapy (CBT) tools	3

Most frequent words used in the comment box:

Word	Count
STUDENTS	17
YEAR	8
MEDICAL	3
PROFESSIONALISM	3
SCHWARTZ	3
STEP	3

ASSESSMENT	2
BALINT	2
CIRCLE	2
GROUPS	2
ONLINE	2
PERSONAL	2
PORTFOLIO	2
SUPPORT	2

Comments box statements:

- All of these opportunities are offered to our students across the programme (with Balint groups and Schwartz rounds being available at some but not all Trusts)
- We have formal professionalism and well being lectures in each of the years and professionalism symposium in each of the years. There is a mandatory online digital professionalism module for all first year medical students. There are seminars and tutorials attached to GP training in Year 2 and 5 that debrief students and encourages personal reflection, some of which is part of the portfolio assessment. We are introducing this year a Schwartz round for students returning from elective and also invite students to hospital Schwartz rounds. Balint groups are being organised for the new Year 3 in 2018-19. Each student has a personal tutor and students in the new course (Years 1, 2, 4 and 5 are running) each have an educational supervisor. There is a new medical student self-disclosure tool that is being piloted and brought in for all students. We are encouraging students to use the Good Thinking Site and KCL is bringing in Big White Wall for all students. There is a medical student support section online and support services are highlighted in the student portfolio.
- In the workshops, the students get to better understand diversity through several interactive sessions such as 'step into the circle'. The questions in 'step into the circle' get more difficult - we always remind them that they don't have to step forward if they do not feel comfortable.
- Please see comments above re our group learning sessions in Years 1 and 2 and the importnace of guidance, and assessment though discussions

between individual students and specially trained tutors (its not really mentoring) , more like motivational interviewing

- Responding to students' reflective and narrative writings
- Student Psychotherapy Scheme (SSC)

Q17: What outputs do the students produce, and/or what exercises do they take part in?(Please tick as many as apply)

-	A. ASSESSED-	B. ASSESSED, BUT MARKS DO NOT CONTRIBUTE TO OVERALL UNDERGRADUATE PROGRESS-	C. NOT ASSESSED-
Essay	3	0	3
Reflective writing	5	2	3
Diary, journal	0	2	2
Blog	0	0	2
Written examination	2	0	1
Multiple choice test	4	1	1
Self assessment questionnaire	2	1	1
Situational judgement test	4	0	2
Quality of Life questionnaire	0	0	2
Psychological assessment test	1	1	1

	A. ASSESSED	B. ASSESSED, BUT MARKS DO NOT CONTRIBUTE TO OVERALL UNDERGRADUATE PROGRESS	C. NOT ASSESSED
Oral presentation	2	1	2

Most frequent words used in the comment box:

Word	Count
STUDENTS	13
REFLECTIVE	6
BEHAVIOUR	4
CARE	4
CLINICAL	4
PROFESSIONAL	4
ASSESSMENT	3
FEEDBACK	3
HOSPITAL	3
IDENTIFY	3
LEARNING	3
MEDICAL	3
PATIENTS	3
PEERS	3
PROFESSIONALISM	3
SATISFACTORY	3
WRITING	3

Comments box statements:

- In professionalism tutorials students participate in board game that requires them to discuss certain doctor/student behaviours with their peers and make a judgement as to whether that behaviour is acceptable or not. Achieving Good Medical practice: guidance for medical students is required pre-reading. In ethics tutorials, students analyse clinical scenarios to identify ethical issues and explore ways of resolving conflict between competing principles

- Essays and oral presentations are part of student selected components and will be part of scholarly projects. Oral presentations are part of the GP teaching in Year 2. Reflective writing is part of the student portfolio. All students do the SJT. Something left off her are the OSCEs in Years 2-5 which have a professionalism component

- There is a formative professionalism quiz at the end of the workshops. It is interactive using TopHat technology. There are several situational judgement dilemnas - they have to rank the options according to appropriateness. The questions are appropriate to week 1 medical students who the following week wil get very early clinical experience on the wards and in the community. Questions start with items such as 'You are in the lift in the hospital.....' or 'You are sitting in the café in the hospital'.... or 'It is 5pm, you have come across an interesting patient but you have agreed to meet your friends at 5.30 outsie the hospital....' etc.

- The students' PPDportfolio contains the complete body of evidence for their professional development, which includes reflective entries on experience with patients, especially patients at the centre of care, reflective analysis of assessments, appraisals, clinical placements and feedback (to show independent learning) reflective records of their clinical understanding of patients seen (to show professional approach to learning) reflection on educational experiences, and analysis of strengths , weaknesses used as a basis for future plans (awareness of limitations). This must reach an appropriate standard for each part of the programme (cf Progress Tests) for the student to progress and graduate

- Reflective writing is not graded or marked - merely judged to be 'satisfactory' or 'unsatisfactory - all pieces receive a personal response Learning Log entries must be submitted after Professional Practice study sessions The SJT is the National SJT in the final year of study

- 360 DEGREE feedback by peers in year 2

Q18 How many hours?

Teaching hours	Student hours
1	3
6	0
60	40
15	172.5
40	
	Approx 20 hr of compulsory classroom work
82 hours teaching as 3 sessions are small group tutorials with 20 tutors	6 hours student contact time spread over the semester 2 hours pre-reading
Cannot specify in hours	

Q19: Is your school willing to share module material with other schools?

Yes	9
No	3
TOTAL	12

Most frequent words used in the comment box:

Word	Count

[no wordcount greater than two]

Comments box statements:

- But would be difficult as not a module as such, but happy to share any elements that might be helpful for others.
- Yes, but I will need to liaise with my colleagues first to ensure they are happy.
- We will send material t the email address when we have a minute to do so!
- Can consider and discuss with the head of med ed. Need to know more details about how and what
- Please contact [email address] for this information

Q38: Do you think there are barriers to including medical professionalism in the curriculum?

A. Yes, significant barriers	22.22%
	4
B. To a degree, but they can be overcome	77.78%
	14
C. No	0.00%
	0
TOTAL	18

Most frequent words used in the comment box:

Word	Count
STUDENTS	17
PROFESSIONALISM	13
CURRICULUM	9
TIME	8
ASSESS	8
DIFFICULT	6
IMPORTANT	6
LEARNING	5
PROFESSIONAL	5
STAFF	5
CLINICAL	4
KNOWLEDGE	4
MEDICAL	4
TEACHING	4
BEHAVIOUR	3
DEVELOPMENT	3
EVIDENCE	3
LACK	3
MEDICINE	3
UNPROFESSIONAL	3

Comments box statements:

- -Curriculomegally -Difficult to produce an "articulated" curriculum -...students appreciate articulated curriculum and the lack of one may be the cause of failure to engage with learning professionalism - something we observe in some students. -difficult to assess as probably best assessed via a less traditional approach which requires further understanding and development

- Lack of conceptual clarity as to what medical professionalism education covers. Hostility from some staff members and students who regard it as 'common sense', not requiring curriculum time. Role of the hidden curriculum and examples of unprofessional behaviour by hospital staff.

- Assessment drives learning, 2 pillars of assessment in most Med Schools are knowledge based tests and clinical skills examinations. Can be challenging to engage some students in professionalism and what may be perceived as 'softer' aspects of the curriculum. 2. Professional behaviour is very much about the 'how' of medicine rather than the content of medicine. Evidence based medicine has yielded lots of data on 'what' to do rather than 'how' to do it. There is tension in curricula for time to understand and apply growing evidence based knowledge needed by graduates and time and resources to develop, assess and feedback on values and behaviours. 3. Developing Professionalism is resource intense - it can't just be 'taught' in a lecture or readily assessed in a MCQ exam. However, modern curricula are moving towards small group work and clinical application of knowledge. One needs to be smart about integrating professionalism within other parts of curriculum delivery and assessment.

- To imbed the importance of professionalism within the curriculum.

- University lack of understanding of regulated courses and professionalism

- I think everyone subscribes to the importance and need for student training and development in the area of professionalism but it is difficult to ensure that for over 2000 medical students and thousands of teaching staff spread over multiple teaching sites, that it is role modelled and taught effectively.

- The concept is seen as nebulous and so is not favoured by the students who see professionalism being defined only by what is unprofessional. Since it is not easy to assess the students do not prioritize this learning

- Time constraints. The need to bring all students together. It needs to be a longitudinal theme.

- The nature of professionalism being multifactorial and being approached slightly differently by different individuals makes it difficult to covering comprehensively to all students is a large medical school. There is also student prejudice that the subject is 'soft' and, as it is difficult to assess, is seen as less important to devote time and effort to.

- Some Clinicians are still resistant to providing evidence for their own professional development. Students are often resistant because they regard knowledge and skills as more important than PD. Once they graduate they often understand it importance

- An agreed definition. Time (as ever!) Assessment methods

- not to including it per se, but some people may not see it as important as other curriculum areas. OR they see professionalism as a much less complex and extensive curriculum area

- Adding a workshop here or there is relatively easy, but providing an integrated, layered learning experience to scaffold students' professional identity formation is a complex task. Module leaders, clinical staff and students need to work together to create something which is theoretically sound, but which appears meaningful to students at time 1, as well as preparing them for a future they can't yet imagine. Bringing staff together and getting them on board is the largest barrier. It can be done, but requires time, patience, enthusiasm and funding.

- The tension between 'professionalism' as a regulatory (externally imposed) and potentially disciplinary threat to students and 'professional practice' that is something that students should be pleased to enact. Teaching through cases the provide examples of unprofessional behaviours rather than exemplary professional conduct. Possible generational differences in acceptable behaviour. Experiences gained in clinical settings (and even conduct of senior members of the Medical School - as experienced by students) being at odds with University-based teaching about professionalism.

- Considered 'soft' by some students (and some faculty) and difficult to examine, therefore may not always be prioitised learning.

Q39: This questionnaire has asked about current practice. If you wish, please share your ideas on the future development of medical professionalism.

Most frequent words used in the comment box:

Word	Count
PROFESSIONALISM	16
STUDENTS	8
MEDICAL	6
CURRICULUM	5
ASPECTS	4
TEACHING	4
ASSESSMENT	3
DEVELOP	3
MEDICINE	3
ACADEMIC	2
ACTIVITIES	2
DEFINITION	2
DEVELOPMENT	2
FUTURE	2
GOOD	2
HAFFERTY	2
JOURNEY	2
PART	2
PROFESSIONAL	2
REFLECT	2
RESEARCH	2
SCENARIOS	2
UNDERSTAND	2

Comments box statements:

- This survey has has been a useful tool for allowing us the reflect on how we enable our students to develop their understanding of professionalism (thankyou). It is interesting to note the emphasis on inclusion of chunks of professionalism teaching/activities within modules. The benefits of this may link to aligning curriculum with assesssement and may satisfy students. It may be that clear signposting to all the relevant material within an integrated vertical curriculum will A) allow students the clarity they require, B) demonstrate competency if activities are linked to a portfolio and C) reduce the risk that students may compartmentalise professionalism rather than integrating into all aspects of their practice. Very interested to see the ideas of colleagues on the future direction of medical professionalism. It seems that the commissioned research into the "best" way to assess professionalism is

likely to influence the way students learn and the opportunites we as medical educators provide them with.

- Further work needs to be done on professional identity formation and how to combat the negative aspects of the hidden curriculum since this will majorly affect any proposed changes to teaching

- Still developing themes

- We are aiming at increasingly open and transparent feedback to students

- Subscribe to Hafferty's view in his article: Academic Medicine and Medical Professionalism:
  A Legacy and a Portal Into an Evolving Field of Educational Scholarship
  Frederic Hafferty
  Acad Med. 2017 Sep 5. doi: 10.1097/ACM.0000000000001899. [Epub ahead of print]. Hafferty reviews research and key writings on professionalism in medicine and medical education spanning issues of Academic Medicine from 1994 to 2016 ‘Moved on from definition, assessment and institutionalisation’ … ‘individual motives and behaviours’… to ‘the settings in which they operate’ ‘Professionalism is more of a journey than a destination…best captured not in a definition or metric but in the willingness of a community to engage with itself in an ongoing and reflective search for soul’. this is how we have worked to include professionalism in the curriculum and it is a very exciting journey with a long way to go..

- I would like professionalism to be embedded in the curriculum and we are making this part of Progression review, but how to do this appropriately and fairly for all is a challenge. It would be good to have identified metrics to do so consistently in all medical schools. We have a number of initiatives that we are keen to develop further, but one aspect that we have as yet not been able to develop has been the involvement of patients in the design process.

- Assessment is a thorny issue, which probably needs looking at again. Possibly also use of electronic means of providing evidence for professinal development, may also be useful

- professionalism is often viewed as just not being unprofessionalism. Our school promotes high standards of professionalism and this is also reflected in our assessment processes

- Knowledge is only a small part of medical professionalism. Teaching is about scenarios and stories, getting the students to live the dilemmas and understand their profesional identities, how they are perceived, the effect of stress and health etc. The progress in IT, social media, Skype, virtual clinics etc introduces new professionalism scenarios. Our teaching must reflect these changes. Our objective is to ensure the students understand the everyday relevance. We focuss more on the positive aspects of good professionalism and less on the disciplinary aspects.,

- Maybe change name of module from Professionalism to Professional and Personal Development

Q40: We expect to set up a facility to share guidelines and resources as part of this project. What format would you prefer?

-	53%	
A 'dropbox'-like arrangement accessible only by username and password issued via the UK Council.	9	
-	47%	
Open access	8	
-		
Other arrangement (please specify)	0	
TOTAL	17	

Q41: About your post.

Your job title:

- Lecture Medical Education (part time)
- Professional Skills Course Lead & Ethics and Law Theme Lead
- Senior Lecturer in Geriatric Medicine and Lead for Professionalism
- Senior Lecturer
- Deputy Theme Head of PPD
- Director of Professional Development
- Director of Medical Education, Lead on Professionalism, Sub-Dean of Student Affairs
- Deputy Head of Undergraduate Medicine and Chair of curriculum review
- Associate Professor/Consultant Urological Surgeon
- Professor of Medical Education
- Clinical Sub dean
- Associate Director of Clinical Studies/Lead for Professionalism
- Director of Professionalism and Small Group Learning
- Lead for Professionalism and Patient Safety theme
- Personal professional development subject lead
- sub-Dean for Professional Development
- Academic Lead for Clinical & Professional Practice, UCLMS

Time commitment for professionalism activities:

- Unspecified
- 5 programmed activities (for both roles plus assessment)
- 4 University sessions per week including teaching and assessment other than professionalism
- Variable
- 14 Hours
- 3 sessions a week
- Four to eight hours a week
- one day per week
- Professionalism Curriculum Lead
- 100%
- 4 hours
- < 1 seesion/week
- variable as needed up to 1 day a week. We have a Professionalism Lead who works 1 day a week
- 0.8 FTE
- various
- Not remunerated or ring-fenced for this activity

Q42: Will you be sending curriculum material to this email address: survey@pointofcarefoundation.org.uk?

-	76.47%
No	13
-	23.53%
Yes	4
TOTAL	17

Q44: Please add any further comments you wish to make in the box.

Most frequent words used in the comment box:

Word	Count
PROFESSIONALISM	10
STUDENT	9
YEAR	6
DEVELOP	3
SESSION	3
WORKSHOP	3
AIM	2
AREA	2
BUILD	2
COPE	2
CURRICULUM	2
DAY	2
DEFINITION	2
ETHICS	2
EXPERIENCE	2
GMC	2
MEDICAL	2
PLAN	2
PRACTICE	2
RESILIENCE	2
RUN	2
START	2
WELLBEING	2

Comments box statements:

- I have only scratched the surface of the detail of what is going on and may have left some materiel out. Some areas I know more about than others but know who I can go to if necessary to get more information.

- I will seek permission from my colleagues before sending out the curriculum material. I am happy to do so.

- Our current curriculum involves the following: 1. day-2-day professionalism workshops with School of Medicine and staff and clinicians: designed to start at basics and take students through examples starting with critiquing their application statement (Year 1) to simple daily dilemmas that can arise as a

student in the early years (Years 1 & 2, e.g. being asked to sign in for a friend) and how this may translate to problems in clinical practice. 2. Digital professionalism workshop with the GMC / medical ethics input 3. GMC recognised good practice of our 'Measuring Professionalism' form to record professionalism issues with clear action plan 4. Teaching sessions on medical ethics as applied to professionalism 5. Student wellbeing conference at beginning of Year 1 with plans to develop further sessions to empower students to maintain their own wellbeing rather than being reactive 6. Mindfulness / self awareness sessions have been run for Year 3 toi build coping / resilience 7. Schwartz Rounds for all pre-registration healthcare students to develop empathy / build coping & resilience

- We purposefully aim not to impose a specific model or definition of professionalism on students. Our professionalism includes many areas we consider important and we run small groups throughout the 5 years of the programme where students explore and reflect on professionalism experiences and learning. Students also take part in humanities workshops and regular written reflection on professionalism topics/experiences. We aim for students to learn from this and develop and own their own definitions of professionalism

- Not sure it is useful to have a central repository without further structure and quality assurance.