



Editorial

Remediation of Professionalism Problems

Brockbank S*

Year 4 Director, Lancaster Medical School, UK

Abstract

There is an increasing demand for effective remediation in the wake of professionalism lapses but no clear evidence to support this process. In this paper, the author describes empirical research that explored unprofessional behaviours through the lens of identity formation. This research allows a reconsideration of professionalism lapses as dissonant identity performances. In turn, looking at professionalism lapses as difficulties with identity formation allows new remediation strategies to develop, particularly taking into consideration an environment that supports professional identity formation for all.

Editorial

Remediation is defined as an intervention that is intended to set a learner back on track [1]. Remediation is ordinarily targeted at specific deficits, such as a lack of knowledge or skill in a particular area of clinical practice. For example, if a learner fails an examination due to difficulties with history taking, some tailored input maybe required in this area in order to prepare the student for a repeat attempt at an examination.

Over recent decades, there has been an increasing mandate to assess professionalism [2] and remediate lapses in professionalism [3]. Superficially, this makes sense: professionalism problems in medical students have been associated with later professional misconduct [4] and links have been drawn between unprofessional behaviours and poor patient care [5]. Unfortunately, however, there is a lack of empirical evidence to support current approaches to remediation. This creates a challenging situation: professionalism problems must be remediated but we do not know how.

Much of the published literature on the subject of ‘professional’ remediation seeks to ‘diagnose’ deficits – such as specific learning difficulties or mental health problems – that can be addressed one at a time [6]. This approach, however, contradicts the way in which professionalism learning is conceptualized [7]. Increasingly, professionalism learning is described as a process of forming a professional identity, so professionalism is not something that a learner does but something that they become. If the model of identity formation is applied to learners who behave unprofessionally, remediation becomes focused on an ‘unprofessional’ identity.

An ‘unprofessional’ identity

My research [8] sought to gain insights into the identities of medical students who had behaved unprofessionally. Using a narrative inquiry methodology, I developed an understanding of the identities of unprofessional students through the stories they told about themselves.

These stories did not tell of an ‘unprofessional’ identity per se: instead, participants seemed to have co-existing identities that were in conflict with one another, leading to an external representation – or performance – of their identity that was perceived as unprofessional. Interestingly, this mirrored the work of Costello [9], who had previously studied identity formation in postgraduate law and social work students in the United States. Costello [9] described similar identity conflicts arising in some of his participants, which he termed identity dissonance.

Importantly, in Costello’s work [9], the students who seemed to experience identity dissonance were those whose background – due to their race, class or gender – was not ‘typical’. Similarly, the majority of participants in my research described themselves as unlike their peers, either due to their family background or to their unusual path to medicine. Costello [9] also recognised that this identity dissonance was not a neutral experience for learners. Identity dissonant students experienced an additional emotional and cognitive burden, leading to higher rates of academic failure. In my work, I theorised that each time a student experienced a professionalism lapse, this was perceived as failure and actually served to exacerbated identity dissonance, leading to a cycle represented by Figure 1.

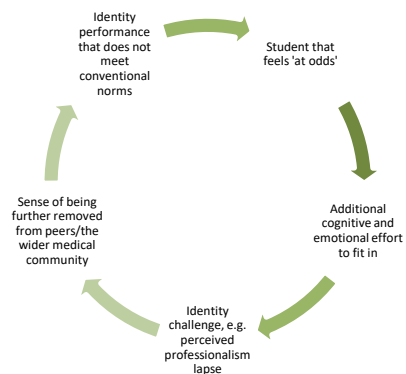


Figure 1: A representation of the cycle of identity dissonance.

Implications for remediation

Using the lens of identity dissonance to explain professionalism lapses can help to open new possibilities for remediation of unprofessional behaviours. Importantly, these implications are at a largely strategic, macro level and there is an ongoing need to understand how identity-focused remediation could and should work at a one-on-one level.

An environment that promotes identity formation

Perhaps most importantly, we should look at prevention rather than cure and seek to create an inclusive environment that fosters professionalism for all in medical education. An inclusive environment is increasingly vital as medical education looks to expand and widen participation to individuals who are currently underrepresented in medicine. We can no longer assume that students all arrive with the same tacit understandings of what 'professionalism' means as their life experiences prior to medical school should be more and more diverse. This is of particular importance when we consider that some of the learners from underrepresented backgrounds may be at increased risk of identity dissonance and thus professionalism lapses. With this in mind, explicit professionalism teaching and clear expectation-setting is required to prevent differential attainment in the professionalism domain.

There is also a wider debate [10] about whether the current definition of professionalism is fit for an increasingly diverse workforce. Discussion of the definition of professionalism is beyond the scope of this paper but should be considered as part of creating an inclusive and equitable professional environment.

Normalisation of failure

Importantly, remediation should begin as soon as possible when even low-level professionalism lapses are identified. By lowering the bar at which remediation is seen as necessary, the number of students requiring remediation would increase. This would lead to a normalisation of lapses and their remediation [11], thus reducing sense of failure and identity dissonance that individuals currently experience.

Faculty development

Individuals currently involved in remediation of lapses feel uncertain about whether they are taking the right approach [8]. To address the identity dissonance that occurs in the wake of professionalism lapses, there is a need to develop expert remediators with a solid understanding of unprofessional behaviour and identity formation. These individuals can then work one-on-one with students in a relationship designed to promote a positive, consonant professional identity. In addition, professionalising remediation allows the establishment of a community of practice to promote ongoing learning and sharing of good practice examples in this space.

Conclusion

There is still no clear best practice guidance for remediating professionalism problems but the lens of identity formation offers a new way to consider the impact of unprofessional behaviour and current remediation techniques. Based on my empirical research, I have made some straightforward and realistic recommendations for how remediation could be approached from a strategic perspective. This paper also highlights the ongoing need for empirical work in the field of remediation to increase certainty in this area.

References

1. Kalet AL, Chou CL, et al. (2014) Remediation in Medical Education: a mid-course correction. (1st edn), Springer Verlag, New York.
2. Norcini JJ, Shea JA (2016) Assessment of professionalism and progress in the development of a professional identity. In: Cruess RL, Cruess SR, Steinert Y, eds. Teaching Medical Professionalism. Cambridge University Press, Cambridge, UK, pp: 155-168.
3. Papadakis MA, Paauw DS, Hafferty FW, et al. (2012) Perspective: The Education Community Must Develop Best Practices Informed by Evidence-Based Research to Remediate Lapses of Professionalism. *Acad Med* 87(12): 1694-1698.
4. Papadakis MA, Hodgson CS, Teherani A, et al. (2004) Unprofessional Behavior in Medical School is Associated with Subsequent Disciplinary Action by a State Medical Board. *Acad Med* 79(3): 244-249.
5. Steinert Y (2013) The 'problem' learner: whose problem is it? *AMEE Guide No. 76. Med Teach* 35(4): e1035-e1045.
6. Kalet AL, Guerrasio J, Chou CL (2016) Twelve tips for developing and maintaining a remediation program in medical education. *Med Teach* 38(8): 1-6.
7. Cruess RL, Cruess SR, Boudreau D, et al. (2015) A schematic representation of the professional identity formation and socialization of medical students and residents: a guide for medical educators. *Acad Med* 90(6): 718-725.
8. Brockbank S (2021) Creating a Framework for the Remediation of Unprofessional Behaviour in Medical Students.
9. Costello CY (2005) Professional Identity Crisis. (1st edn), Vanderbilt University Press, Nashville.
10. Goddard V, Brockbank S (2023) Re-opening Pandora's box: Who owns professionalism and is it time for a 21st century definition? *Med Educ* 57(1): 66-75.
11. Kalet AL, Chou CL, Ellaway RH (2017) To fail is human: remediating remediation in medical education. *Perspect Med Educ* 6(6): 418-424.

Brockbank S (2022) Remediation of Professionalism Problems. *J Health Sci Educ* 6: e107.

***Corresponding author:** Dr. Susannah Brockbank, Year 4 Director, Lancaster Medical School, Health Innovation One, UK; e-mail: s.brockbank@lancaster.ac.uk

Received date: November 11, 2022; **Accepted date:** December 05, 2022; **Published date:** December 20, 2022

Citation: Brockbank S (2022) Remediation of Professionalism Problems. *J Health Sci Educ* 6(3): e107.

Copyright: Brockbank S (2022) Remediation of Professionalism Problems. *J Health Sci Educ* 6(3): e107.