

Medical Education

Teaching professional values in medical education

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INTRODUCTION

One of the foremost concerns of the medical profession today is 'lack of professionalism'. Professionalism deals with professional conduct. It is defined as 'the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.'¹

The medical profession, which enjoyed a large amount of trust and goodwill in the past, has, to an extent, lost its credibility. There is growing mistrust between physicians and patients. Many factors have contributed to this and include market forces, which have led to the commercialization of medical education; the emergence of high-end technologies; a nexus between the medical industry and practitioners for earning money; growing consumer awareness; increasing litigation; the proneness to error that is inherent in medicine; and the stiff competition among members of the profession.^{2,3} Medical schools in different parts of the world have addressed this issue as part of curriculum reform. The Accreditation Council for Graduate Medical Education (ACGME) in the USA has listed 'professionalism' as one of the core competencies.

While there is abundant international literature on professionalism,⁴⁻¹¹ there have been few deliberations in the context of Indian medical education.^{12,13} An article on 'Teaching and assessing professionalism in the Indian context' is perhaps one of the most comprehensive discussions, besides the proceedings of a National Consultation at Karamsad, Gujarat in April 2013 and a meeting of Global Indian Doctors at Kolkata, West Bengal in January 2014.¹⁴

In this article, I propose that the *Bhagavad Gita* (in brief, Gita), an ancient Indian epic, provides some insights on the teaching of professional values in medical education. Keeping in view the challenges involved in teaching professionalism, I suggest that we can draw relevant lessons from the Gita and the practice of yoga as these are the source of a holistic model for inculcating professional values among the medical faculty and students. It is increasingly being recognized that the Gita does not belong to a particular religion, but is the repository of a universal wisdom that belongs to the entire humanity.

CHALLENGES IN TEACHING PROFESSIONAL VALUES

There is neither a universally accepted definition of professionalism, nor a common 'checklist' reflecting its attributes. In the absence of a consensus, it is difficult to design a teaching strategy and assessment of professionalism.

Professionalism is shaped by several factors: heredity, parental influence, upbringing and schooling, which are beyond the control of medical education. When students enter medical college, they are full of ideals but have little technical competence. By the time they complete their education over 5–6 years, they gain technical

competence, but lose all those humane qualities and end up being sceptics and cynics.¹⁵ This is called the 'formative arc of professionalism'. Professionalism is shaped by role models through a 'hidden' rather than 'formal' curriculum.⁵ Didactic teaching of professionalism is not likely to be effective.¹⁶ What is recommended is the provision of an actual experience to the students and the creation of an institutional culture in which professionalism is recognized, reinforced and respected.⁷

The assessment of professionalism is a complex issue. The conventional methods are not valid for such assessment. The trend is to develop a comprehensive approach, deriving evidence from multiple tools, administered by multiple observers, over a period of time.^{12,14} The development of professionalism requires a four-pronged approach: an explicit statement of the expected behaviour, role modelling by seniors combined with authentic experience, followed by continuous assessment and the creation of a culture of professionalism (Fig. 1).

Interestingly, if one considers the challenges involved in teaching professionalism, one finds that each of these challenges can be met by heeding the counsel contained in the Gita.

The Gita, sometimes called the 'Song of Life' is the essence of ancient Indian wisdom, retold by Lord Krishna to the warrior, Arjuna, in the battlefield of Kurukshetra. Arjuna faced a conflict—whether or not to fight a war against his own kith and kin. Arjuna, in fact, symbolizes individuals who are faced with the dilemma of 'to do or not to do'. Through this discourse, Lord Krishna alleviates Arjuna's doubts and fears and motivates him to act. While the Gita has been interpreted in a variety of ways by different thinkers, its essence remains the same² (Box 1).

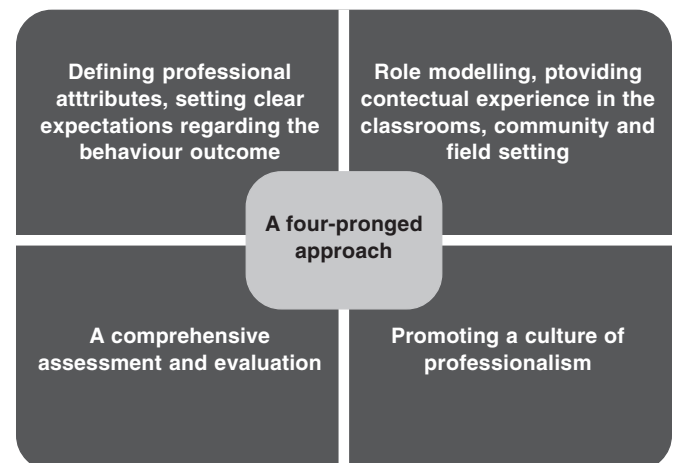


FIG 1. Four-pronged approach to the development of professional values

Box 1: The essence of the Gita

- There are three pathways to liberation: the paths of knowledge, action and surrender. One may choose any of these paths.
- Fulfil your duties sincerely, without expecting results or bothering about the consequences. You have the right to perform your duties.
- Attachment to the body and sensory pleasures is the root cause of all miseries. The body is short-lived and when we leave this world, we shed it as if changing clothes, but the soul or spirit is immortal.
- The practice of yoga unites body, mind and spirit. Hence, it helps in maintaining physical fitness, controlling the senses and attaining the experience of bliss. A yogic person is attached to his or her duties, but detached from the results or consequences and hence, is never ruffled by success or failure, gain or loss. Such a person is able to conquer the 'ego', which is a major barrier to self-empowerment.
- People exhibit three basic tendencies, depending on the lifestyle they adopt, viz. the food they eat, the type of relaxation they engage in, the thoughts they cherish and the action or behaviour they demonstrate. These basic tendencies are (i) tending to the divine; (ii) engaging in action characterized by desires; and (iii) engaging in destructive action.

Defining attributes of a medical professional

The western literature on medical professionalism generally underlines clinical competence, communication skills, the ethical and legal aspects of medicine, accountability, altruism, excellence and humanism.⁸ Other attributes such as maintaining appropriate relations with patients, improving the quality of and access to healthcare, and just distribution of finite resources are also often stressed.⁴

Indian philosophy underlines five human values, viz. truth, righteousness, peace, love and non-violence.¹⁸ The concept of *dharma* (roughly meaning righteousness) is at the core of Indian philosophy. Each of these values is of great relevance to a medical professional, who is expected to be truthful and fair to his patients, follow a proper code of conduct and ethics, maintain peace with her/his inner self and outer world, display love, care and compassion, and do 'no harm' to the patient or to society.

The practice of yoga encompasses several codes of conduct and austerity measures which are conducive to good professional conduct. They are called '*yama*' (truth, non-violence, non-stealing, limited acquisition or 'ceiling on desires' and controlled sex), and '*niyam*' (purity, contentment, austerity, study of the scriptures and devotion to the divine).

Medical professionals are expected to lead a 'divine' lifestyle, i.e. action combined with renunciation, so as to perform their duties with the utmost care and compassion. This will help in conquering six negative qualities (sometimes called the 'six enemies'), viz. lust, anger, greed, attachment, ego and jealousy. Some may question the feasibility of adopting this lifestyle in the present era of fast food and fast life. However, considering the side-effects of a modern lifestyle, such as increased stress, higher crime rates, violence and unrest, the yogic lifestyle appears to be invaluable and presents the inevitable solution to modern ills. Even the corporate world has created space and opportunities for

healthy eating, exercising and relaxation. Medical establishments, too, can emulate this.

Role models and rich contextual experience

The second challenge is how we can teach professional values. Many argue that professionalism is 'caught' rather than 'taught'. The literature on professionalism emphasizes the influence of role models and authentic experience. The Gita's prescription of a yogic lifestyle emphasizes role modelling and authentic experience. A medical professional is expected to be a role model for patients and society in the practice of preventive and promotive health. Physical fitness, mental balance, social affinity and a spiritual bent of mind are all ingrained in a yogic person. Each of these is of vital importance to a medical professional.

The effect of yogic practice on health is a matter of great interest today. Several lifestyle diseases, such as obesity, hypertension, diabetes, coronary heart disease and chronic obstructive pulmonary disease, are being prevented or treated with yoga.¹⁹ Reports have listed 13 health benefits of yoga, viz. total body workout, increased lung function through deep breathing, relaxation response, improved posture and flexibility, weight reduction, stress control, boosting of immunity, relief from migraines, protection from injuries, relief from insomnia, reduction in menstrual pain and improved sexual health.²⁰ Many ailments associated with a sedentary lifestyle, such as backache, sprains and postural defects, can also be corrected by practising *yoga asanas*, which are a part of yoga.²¹

A malady of modern living is stress and its side-effects on health. A yoga-based lifestyle intervention has been found effective in treating anxiety disorders.²² Similarly, *sudarshan kriya* yoga, a unique technique of controlled breathing has been found to be beneficial in the treatment of stress, anxiety and depression.^{23,24}

One can only imagine the amount of stress that medical professionals undergo, right from the time of admission to the time of appearing for the examination, and then coping with the pressures of residency training, meeting their patients' demands, fulfilling their seniors' expectations, and maintaining their relationships with their family, friends and professional colleagues, including the health team. A medical professional deals with life and death. Medical science is not as 'exact' as any of the physical sciences. Human errors and mishaps are bound to occur. The problem is more acute in the public sector, in which the needs are unlimited but resources are scarce.

By practising yoga, doctors can effectively handle stressful situations (without getting attached), wind off (focus on the present moment), tolerate and absorb shocks (by accepting realities), accommodate (even their opponents' views), discriminate between 'what is right' and 'what is wrong', decide the best course of action (resolve dilemmas), endure hardship (yet keep cool), and cooperate with other members of the health team with zeal and enthusiasm.

METHODS OF TEACHING

The conventional methods of didactic teaching derived from the behaviourist schools of thought are no longer effective for teaching professionalism. Research has shown that professional values cannot be taught in classrooms, as is done at present to impart knowledge and skills. Contextual learning derived from cognitive science is far more effective than traditional knowledge-based didactic learning. Modi *et al.* have listed several methods, such as interactive lectures, brainstorming, clinical scenarios, case vignettes, reflective exercises, feedback, portfolios and art- or

narrative-based interventions for teaching professionalism. They have also reinforced the general opinion that professionalism should be woven into the entire fabric of medical education in a stage-wise, incremental approach.¹⁴

The Gita's prescription for learning includes three pathways: knowledge, action and devotion. This corresponds with knowledge, skill or practice and attitude. However, much stress has been laid on the path of action, i.e. the acquisition of skills through practice and service, which is more relevant to the medical profession. This implies that professionalism should be practised in the contexts of outpatients, wards, homes, communities and workplaces. It follows that fieldwork and projects, which are a small, isolated part of community medicine, should play a very important role in the curriculum. Students would benefit more from being deeply immersed in the care of patients as a selfless activity, rather than from didactic teaching. Faculty members should become role models and *gurus* (teachers) in the true sense. The four letters of *guru* can be taken to represent one who *guides*, *understands*, *reforms* and *uplifts* a student with the right human values. To foster such 'role models', attention must be paid to the recruitment of the right kind of teachers, besides the introduction of specially designed faculty development programmes.²⁵

Assessment of professionalism

The assessment of professionalism perhaps requires an approach that does not focus on conventional examinations. The recent trend in assessment is characterized by a shift in emphasis from classroom-based to workplace-based assessment.²⁶ Moves have also been made to extend the scope of assessment to use multiple tools, both objective and subjective, and use multiple observations in a continuous manner.²⁷

Drawing on the insights that can be obtained from the Gita, the emphasis should be placed on intrinsic motivation or inner satisfaction, and 'working for the sake of the joy of working' rather than getting a degree or certificate. One may ask whether this amounts to the abolition of all examinations, which are the driving force behind studying, according to behaviourism. The Gita points to a system of self-directed learning and assessment, based on practice, self-reflection, self-audit and self-accountability. A robust system of continuous learning and reflective practice, coupled with handholding, mentoring and feedback by teachers and mentors, can definitely reduce the burden of examinations and their misuse in the present context. This is in tune with the cognitive school of thought.

ROLE OF SOCIETY

Can professionalism be dealt with by medical colleges in isolation? No. Society is equally responsible for developing a culture in which professional values are recognized and respected. It is the responsibility of parents to induct good values (value induction), schools to develop these values during the formative years of schooling (value formation), and subsequently, medical colleges to admit the right students, i.e. those who possess and nurture these values (value nurturing). The matter does not end there. Workplaces should be held responsible for maintaining these values (value maintenance) and ultimately, society should reward these values, which should become part of its culture (value culture). This can be called the 'continuum of value development' (Fig. 2).

One might ask whether we are justified in talking about concepts such as *dharma* and ethical behaviour in a society which is steeped in materialistic values and in which the rich can 'buy medical seats paying high capitation fees, and recover money by

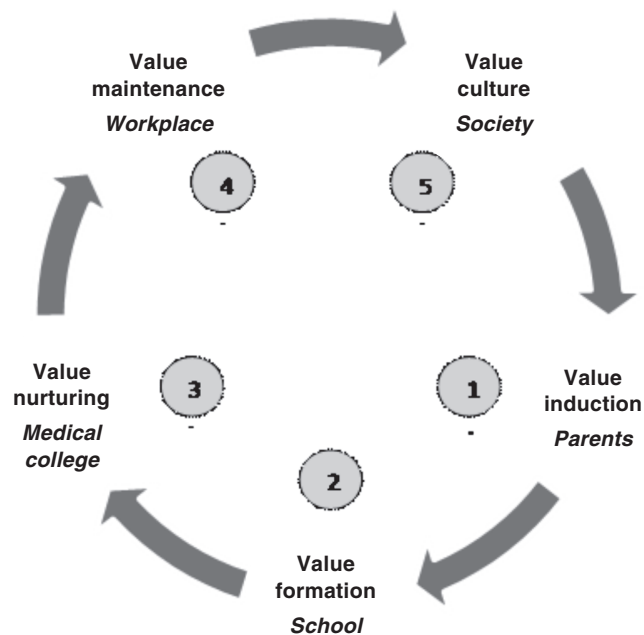


FIG 2. The continuum of value development

unethical means'. Yes! The Gita has a message for everyone. Medical professionals who are swayed by the current of accumulating wealth by fraudulent methods ultimately become victims of lifestyle-related health problems, develop feelings of guilt or are held in low esteem by society. Those who follow the difficult but right path are at times disappointed to see some of their colleagues 'manipulating' the rules, yet 'rising in the public's eyes'. The Gita's message to them is 'have no regret, keep on doing your good work'. At the end of the day, such people do realize that their self-contentment is of true value. Their sense of self-satisfaction and self-respect allows them to hold their heads high. The message is loud and clear. Distinguish between 'need and greed'.

STEPS NEEDED TO IMPLEMENT THE ESSENCE OF THE GITA

1. Every medical college should deliberate on how to incorporate the essence of the Gita and the practice of yoga at all levels of the medical curriculum. While the initiatives of the Medical Council of India on the additions to be made to the curriculum are likely to take a long time to fructify, there is ample scope for medical colleges to experiment and find innovative methods of introducing co-curricular activities which lead to the development of professionalism during medical training. Activities such as inspiring talks by eminent leaders, debates and discussions on scenarios or real-life stories, community service in slums or for members of society at large, fostering the study of humanities, philosophy and ethics, and working with non-governmental organizations that render selfless service to society can all contribute to the development of values.
2. It is recommended that instead of teaching the Gita in a didactic fashion, we should integrate concepts such as yoga as a means of leading a healthy lifestyle, action filled with love, control of stress and the overcoming of negative emotions. Community medicine, with its outreach activities, provides an ideal platform for introducing these concepts.

3. The mission statement of every medical college should set and clearly spell out expectations regarding the values to be imbibed by the students before satisfactory completion of the course. The ethics committees, in consultation with leaders of civil society, can help in delineating the expected behavioural outcomes of the graduates. The policies should specify both the reward for those who display positive qualities and punitive action for dealing with negative behaviour. Such a policy should be implemented with full force and be reflected in the final assessment of the students.
4. Medical colleges, universities for the health sciences and centres of higher learning should establish centres for yoga to develop an academic environment congenial to the study of yoga. The Centre for Yoga Therapy, Education and Research under Sri Balaji Vidyapeeth University, Puducherry is an example of a centre which encompasses treatment, education and research aspects (<http://sbvu.ac.in/cyter-center-for-yoga-therapy-education-and-research/>).
5. While any organization is inherently resistant to change, it is advantageous to target a young audience. The practice of yoga should be encouraged among students and young faculty members soon after their induction. The evidence of yogic practice and participation in yogic activities may be given some weightage in the assessment of students and the career progression of the faculty.
6. The evidence of the outcome of education cannot and should not be confined to students' answers to multiple choice questions or their performance in routine examinations. The evidence should be collected from multiple sources, such as continuous observation by mentors/peers, besides the candidate's own learning portfolio.

In conclusion, the development of professionalism is the need of the hour. The Gita gives some general direction in this regard. We need to re-examine the present system of admitting medical students on the basis of their capacity to pay, rather than their aptitude for service. No doubt medical education is expensive. However, those who are service-minded should be admitted with liberal bank loans or financial support from charitable societies. Students should be engaged in authentic experiences, in a spirit of selfless service. Examinations should be replaced by continuous learning and mentoring by *gurus* in the true sense. Not only medical colleges, but also society at large should embrace the practice of a yogic lifestyle to create a culture of professionalism. The unprecedented support given to the practice of yoga by the Prime Minister of India, and the endorsement of its importance by the international community, which has decided to observe June 21 as the international day of yoga, are positive signals.²⁸ If yoga is the 'in thing' in modern living, why not discuss it in medical education?

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