Editor’s Note: In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. jfshapir@uci.edu.

Teaching Professionalism Artfully
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The Accreditation Council for Graduate Medical Education requires all residencies to teach professionalism as a core competency. Other medical organizations also emphasize the importance of teaching professionalism. In 1990, the American Board of Internal Medicine initiated Project Professionalism. The Association of American Medical Colleges (AAMC) and the National Board of Medical Examiners (NBME) convened a joint conference on “Embedding Professionalism in Medical Education” in 2002. These organizations focus on intellectual approaches to teaching professionalism, usually utilizing lectures and clinical vignettes. None of them describes incorporating creative media such as art or video into their curriculum. We have found that by utilizing art and video clips from movies and television to teach professionalism, we are able to engage the residents emotionally and evoke their own professional ideals that initially led them to choose a career in medicine.

Our seminar on professionalism is organized around the following questions: What is a profession? How should a professional behave? What are the limits of professional behavior, or do physicians have legitimate self-interests? How does professionalism apply to you on a daily basis? Prior to the seminar, residents are asked to read the selection, “Virtues and Ideals in Professional Life” from Principles of Biomedical Ethics by Beauchamp and Childress. This reading discusses the ethical continuum of professional behavior from that which is expected and obligatory to behavior that is supererogatory, going above and beyond what is owed or required. These concepts are incorporated into our discussions on the limits of professional behavior.

We begin the seminar by showing the residents two paintings depicting different but complementary aspects of the medical profession. The first is The Agnew Clinic (1889) by Thomas Eakins (1844–1916), one of America’s foremost realist painters of the 19th century. He studied anatomy at Jefferson Medical College and pioneered the use of photography with painting. Eakins was asked to paint the prominent surgeon, Dr David Hayes Agnew, in honor of his retirement from teaching at the University of Pennsylvania Medical School. In the painting, Dr Agnew guides the mastectomy of a woman with breast cancer in an amphitheater filled with his students. While his assistants attend to the patient on the operating table, Dr Agnew is shown standing apart, holding a scalpel, either deep in thought or making a point in his lecture. This painting is a tribute to the state of the art of surgery and medical teaching in the late 19th century.

The second painting is by Norman Rockwell (1894–1978), the well-known Saturday Evening Post illustrator. His work captures classic American themes by depicting everyday activities in often humor-

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From the JFK Family Medicine Residency, JFK Medical Center, Edison, NJ.
ous, idealized scenes. We show one of Rockwell’s medical paintings, “Norman Rockwell Visits a Family Doctor” (1947). In it, the family doctor consults with a family in what appears to be his home office. The doctor is sitting alongside his desk, holding a stethoscope, and leaning forward while talking intently with the mother who is seated facing him holding a baby on her lap. The father, whose gaze is also focused on the doctor, stands behind her. Sitting quietly against the far wall opposite the doctor is their older son, while a dog is lying down on the seat of a rocking chair next to the fireplace. Rockwell’s painting admirably captures all the warmth and compassion at the heart of the doctor-family relationship.

Based on what they see in the paintings, we ask the residents to answer the first question, “What is a profession?” This group discussion yields comments that include the elements of education, expertise, skill, licensure, commitment, professional membership, and control. We then compare the residents’ feedback to a formal definition of profession: a systematic body of knowledge that must be mastered, a code of ethics, accountability to society, and service to one’s profession, including teaching. There are many similarities between the residents’ reactions to the paintings and the formal definition. We also discuss how these characteristics apply to other professions in our society.

Next, we divide the residents into small groups to address the second question, “How should a professional behave?” We ask the groups to revisit the paintings and record the professional behaviors they see depicted. Responses to “The Agnew Clinic” included the characteristics of leadership, confidence, respectfulness, seriousness, being skillful, and having a thirst for knowledge. In contrast, the Rockwell painting was thought to portray caring, understanding, communicating, responsibility, and accessibility. While looking at the artists’ use of lighting and how each positioned the doctor to convey the painting’s message, we discuss the fact that a physician’s behavior should really embody the attributes of both paintings. We then compare the residents’ responses to the professional behaviors described by the AAMC and NBME: altruism, honor and integrity, caring and compassion, respect, responsibility and accountability, excellence and scholarship, and leadership.

Having defined what a profession is and how a professional should behave, we then turn to the third question, “What are the limits of professional behavior?” To explore whether or not physicians have legitimate self-interests, we show three brief video clips, with residents reassembled as a large group. The first is the opening scene from the movie “Backdraft” (1991). This movie, about the sibling rivalry between two firefighter brothers, begins with the younger brother witnessing the death of their father while in the line of duty as a firefighter, after saving a little girl. We ask the residents if the father was merely doing his job or if he was a hero who risked his life beyond his professional obligation. We point out that Beauchamp and Childress quote the risk of death for Boston firefighters to be approximately 0.2% to 0.5% per year. This risk is comparable to that faced by a doctor from needle sticks while caring for HIV patients but smaller than the risk to a surgeon who operates on a large number of HIV patients. While the residents recognize that there are some inherent risks in being a physician, they generally agree that overtly risking their lives exceeds their personal limits of professional behavior. There were some residents, however, who stated that they would be willing to risk going to an unstable part of the world to help provide medical care.

The second video clip is a scene from the movie “Serpico” (1973). This true story portrays an honest New York City cop who fights corruption in the police department. In the video, Serpico refuses to take his portion of a bribe and is warned by his partner about the danger of trying to fight the system. Based on this scene, we discuss the obligation that a profession has to society to monitor the conduct of its members and the consequences when it does not fulfill that obligation. We also talk about a professional’s responsibility to fight corruption encountered within the profession and if one should take risks like Serpico.

The last video clip comes from the television show “M*A*S*H,” which is an irreverent portrayal of an Army surgical unit during the Korean War. In the video, surgeons Hawkeye and Pierce disobey an order from their ranking surgical officer, Frank Burns, to transfer a wounded North Korean prisoner because they think he is medically unstable. When Frank confronts them for disobeying, Hawkeye tells Frank to go reread his “Oath of Hypocrisy.” We ask the residents to consider what they would do if given an order that violates their professional code of ethics. Would they comply or disobey as Hawkeye and Pierce did? Would they confront prisoner of war torture if they were the military physicians caring for the prisoners? These difficult questions help the residents explore their own personal limits of professional behavior.

We conclude the seminar by again breaking the residents into small groups to discuss the last question, “How does professionalism apply to you on a daily basis?” Their shared insights included the importance of being on time, helping each other, striving to do your best, and being honest in admitting errors.

It was clear to us from these discussions that the paintings and
video clips touched the residents on an emotional level and had a much greater impact than would otherwise have been experienced from didactic lectures and isolated clinical vignettes. This multimedia approach also enabled our residents to discuss their professional beliefs without feeling that their personal integrity was being threatened and fostered a deeper and more sophisticated understanding of professionalism and the work-related expectations that they have for one another.

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REFERENCES