

Professionalism in Medical Education: Current Concepts

Fouzia Khalid¹, Maria Safdar², Amna Ahmed Noor³, Minahil Fatima⁴

¹Demonstrator DME Ckmc, kharian Cantt

²Assistant Professor, Forensic Medicine Ckmc, Kharian Cantt

³MBBS, MHPE Assistant Professor Department of Medical Education, Mohtrama Benazir Bhutto Shaheed Medical College Mirpur

⁴Demonstrator DME Shifa Medical College

Corresponding Author:

Amna Ahmed Noor

MBBS, MHPE Assistant Professor Department of Medical Education, Mohtrama Benazir Bhutto Shaheed Medical College Mirpur

Email ID : amnaahmednoor@gmail.com

Cite this paper as: Fouzia Khalid, Maria Safdar, Amna Ahmed Noor, Minahil Fatima (2025) Professionalism in Medical Education: Current Concepts. Journal of Neonatal Surgery, 14, (33s) 413-418

ABSTRACT

Objectives: This review will set out to examine the emerging ideas about professionalism in medical education, its characteristic features, evaluation methods and the issue of professionalism in the modern context of the academic world. The question is to be used to draw focus on the importance of professionalism as a core competency that leads to ethical clinical practice and lifelong learning in medical trainees.

Study Design and Setting: Literature published between 2015 and 2025 was used as a basis to conduct a narrative review. PubMed, Scopus, and Google Scholar were searched and articles about professionalism structures, evaluation models, and methodologies of teaching in undergraduate and postgraduate medical schools were found. General medical council (GMC), Accreditation Council for Graduate Medical Education (ACGME) and World Federation for Medical Education (WFME) guidelines that are relevant were examined.

Methodology: Peer-reviewed journals, institutional reports, and documents of education policy were synthesized to obtain data. The thematic analysis was used to determine the appearance of professionalism dimensions such as communication, empathy, accountability, and social responsibility. The comparison of trends in different medical curricula in different countries was conducted.

Results: Professionalism is now being seen as a multidimensional construct that implies values, behaviors, and identity formation. New models focus on reflective practice, interprofessional cooperation and patient-centered ethics. The concept of assessment has developed away beyond subjective observation to the structured forms of assessment, like professionalism mini-evaluation, reflective portfolios, and multisource feedback. The professional development of the learners depends greatly on faculty development and institutional culture.

Conclusions: Medical education and clinical competence have been anchored on professionalism. The incorporation of explicit teaching, unremitting feedback, and modeling on an institutional basis are instrumental in maintaining professional practices. Modern practices promote long-term assessment and mentoring in order to make sure that professionalism is not only imparted but also transferred as a lifelong professional identity..

Keywords: Education in medicine; Professionalism; Ethics; Competency-Based Education; Reflective Practice; Professional Identity Formation.

1. INTRODUCTION

Professionalism used to be taken as the keystone of medical activity and the characteristic feature of a good doctor. It takes the form of values, behaviors, and relationships upon which the society trusts the medical profession.^{1,2} In the last 20 years, professionalism in medical education has been transformed to an explicit core competency in the present medical education curriculum, as a guarantee of safe, ethical, and caring care.

Professionalism is multifaceted--comprising of spheres of integrity,.

accountability, respect, empathy, and excellent dedication. 6-10 The General Medical Council (GMC), Accreditation Council of Graduate Medical Education (ACGME) and World Federation of Medical Education (WFME) are all institutions that defined professionalism as a core outcome of medical training.

Teaching and evaluation of professionalism is still a complicated process, even with its perceived significance. Professionalism related to affective and behavioral aspects, which are more prone to be influenced by personal values, institutional culture, and clinical circumstances, in contrast to technical competencies, are becoming more frequently reported in medical students and residents and have become a problem of concern concerning the hidden curriculum and role modeling.^{13,14}

As a result, medical educators are challenged with not only defining and imparting professionalism but also ensuring that they are actually internalized by learners, and different models have been suggested, such as the American Board of Internal Medicine (ABIM) model, the CanMEDS professional role, and the ACGME competencies, which all focus on altruism, accountability, and observance of ethical principles.¹⁶⁻¹⁸ The challenge is, however, to ensure that these models are localized to educational settings due to cultural differences and contextual issues.

The paper aims to discuss the existing notions of professionalism in medical education and consolidate the recent evidence and theoretical advancements. It tries to define the changing definitions, pedagogical techniques and measurement instruments and discern the most critical issues in the development of a professional self among the medical trainees. Through the global and regional insights, this research will offer information that can inform the practices of curriculum development and institutional policies that empower professionalism as a lifelong and integrated process of medical education.

2. METHODOLOGY

The study was in form of a narrative literature review that aimed at examining existing ideas, paradigms, and methodologies regarding the subject of professionalism in medical education. The review followed the concept of systematic narrative synthesis to have a thorough and impartial impression of the subject. The Institutional Review Board of PAF gave ethical exemption to the study (Ref: ERC/24/2025) because the study was not direct on human subjects.

Sources of Data and Search Strategy

The extensive literature search was carried out in the significant databases such as PubMed, Scopus, ERIC, and Google Scholar, and published since January 2015 and June 2025. The search terms were some combinations of medical professionalism, professional identity formation, competency-based education, ethics in medical training, and professionalism assessment. They also reviewed grey literature, like the policy documents of the regulatory bodies like the General Medical Council (GMC), the Accreditation Council for Graduate Medical Education (ACGME) and the World Federation for Medical Education (WFME) to get an institutional opinion.

Inclusion and Exclusion Criteria

The studies had to include studies that:

Discussed professionalism as a specific aspect of undergraduate or post graduates medical education,

Conceptual frameworks, teaching strategies, or assessment strategies, and

Published in English in peer-reviewed journals.

Non-evidence-based opinion pieces (editorials), papers that simply discuss professionalism in non-medical fields were both excluded.

Analysis and Extraction of Data

Titles, abstracts and full-text articles were independently screened as relevant by two reviewers. Differences were sorted out through agreement. The data extracted comprised of the year of publication, geographic area, type of study, principle conceptual framework, and major findings. The concept of a thematic analysis method was utilized to classify the findings into three large domains:

Many theoretical and definitional perspectives,

Teaching and learning strategies, and

• Practices of assessment and evaluation.

Quality Appraisal

Quality methodology The Medical Education Research Study Quality Instrument (MERSQI) framework was used to determine the methodological quality of empirical studies. Critical evaluation of policy and guideline documents was done on the basis of clarity, completeness and applicability. The synthesis was oriented on new patterns, innovations, and variations in the context of the educational settings.

Outcome Measures

The results were identification of:

- Changing definitions and characteristics of professionalism,
- Good pedagogy to develop professional identity, and
- Valid instruments of determining professionalism among learners.

Institutional and cultural factors affecting the teaching and modeling of professionalism in medical schools were the secondary outcomes.

3. RESULTS

The final synthesis contained 126 articles, 8 institutional guidelines, and 5 professional competency frameworks. The origin of publications was North America (42%), Europe (28%), Asia (20%), and others (10%). The analysis yielded three themes:

- (1) the changing concepts and characteristics of professionalism,
- (2) teaching and modeling strategies of professionalism, and
- (3) evaluation and feedback methodologies of professional behavior.

Theoretical Development and Main Characteristics

The idea of professionalism has changed model in behavioral-based approach to professional identity formation (PIF) model; recent literature underlines internal values, reflective abilities and dedication to patient well-being as a major dimension.

The most frequently mentioned qualities have been integrity, altruism, accountability, respect toward other people, and devotion to excellence.^{6,8} A number of researchers also highlighted the combination of empathy and emotional intelligence as the new indicators of professionalism in the modern curriculum.

The competency domain and the moral commitment of professionalism mentioned in the WFME 2020 Standards and GMC (2024) as the outcomes of graduates explicitly place it into the context of the physician identity formation.

The teaching and learning strategies are divided into two groups: the initial group focuses on the strategies and their development and execution that take place during interaction and communication. Teaching and Learning Strategies The teaching and learning strategies can be broken into two categories; the first category is concerned with the strategies and their development and implementation that occur during interaction and communication.

Professionalism has shifted towards active and experiential learning patterns as opposed to passivity in teaching.¹² In most institutions, there is a longitudinal approach in professionalism during preclinical and clinical stages. Some major strategies are:

Role modeling and mentorship which were the strongest influence on learner behavior were identified;¹³

- Small-group discussions and reflective writing, which lead to self-awareness;¹⁴

Simulation-based ethics training and interprofessional education, which encourages collaboration and caring;

Community-based learning and service programs, which promote social accountability.

Best practices reported to have a decisive role in the internalization of professional values were the hidden curriculum or informal attitudes as well as institutional culture, which were found as preconditions to the existence of long-term professionalism education.¹⁹

Assessment and Evaluation

Professionalism is subjective and, therefore, not easily assessed. But as of 2018-2025 in the literature, there is growing usage of multimodal and structured tools of assessment such as:

Initially, Professionalism Mini-Evaluation Exercise (P-MEX),

- Multi-Source Feedback (MSF),
- Reflective portfolios, and
- Critical incident reporting systems.²⁰⁻²³

Isolated summative assessments are no longer considered preferable to longitudinal and formative ones. Digital portfolios and narrative feedback were also defined as new instruments of monitoring professionalism development during training.

It has been observed that institutional support, frequent feedback and remedial mechanisms are important in dealing with the lapses of professionalism.^{26, 27}

Institutional and Cultural Influences.

Contextual issues such as institutional culture, societal expectations, culture value etc. have a great influence in perception

of professionalism, hence it is important to have context-sensitive curriculum on professionalism that do not interfere with the societal expectation and cultural values, but uphold universal ethical standards.

Summary of Findings

All in all, professionalism in medical education is nowadays being seen as a dynamic and developmental process, but not a fixed behavioral checklist. Reflective practice, mentorship, and systematic evaluation have been found to be potentially helpful in fostering authentic professional identity formation among medical students.

4. DISCUSSION

As noted in this review, the definition of professionalism in medical education has been changed to an exclusive framework of behavioral prescription to a dynamic model of identity formation based on reflection, empathy, and accountability. The results confirm that professionalism is not an inherent quality but a process of continuous improvement, which is determined by education, mentorship, and institutional ethos. Just like in the change observed in the clinical competency models, the existing paradigms focus on the integration of cognitive, affective and moral domains of learning.^{1,2}

The shift in teaching traditional moral education to competency based education has been highly acclaimed in global standards like ACGME, CanMEDS and WFME standards.³⁻⁴ These models focus on explicit education, structured reflections as well as formative assessment of professional behaviors in the learning process. The thematic analysis in this paper brought three interrelated areas: conceptual evolution, pedagogical strategies, and assessment models that are consistent with the concept of multidimensionality of professionalism as outlined in previous literature.

In line with the research conducted by Cruess et al., professional identity formation (PIF) is also becoming the main objective of medical education and learners internalize the values of the profession, through reflection and tutelage, which involves a transformation of compliance into a moral commitment. Nevertheless, it has been shown that role modeling and the hidden curriculum still have a more profound effect on trainees compared to just having formal instruction.¹ - Institutions where positive learning conditions are developed and faculty are empowered to be professional role models show a greater degree of professionalism among trainees.

Professionalism is an issue of difficult evaluation. Structured and validated instruments like the Professionalism Mini-Evaluation Exercise (P-MEX), multi-source feedback, and reflective portfolios have increasingly replaced subjective assessments and encourage continuous monitoring and early correction of lapses.¹⁵

The cultural and institutional background is critical in the development of perceptions of professionalism. The western education systems focus on autonomy, patient rights, and shared decision-making, whereas the Asian education system tends to adopt collectivism, respect to hierarchy, and social responsibility aspects.

This review confirms that professionalism has to be clearly taught, periodically evaluated, and constantly exemplified. The attainment of sustainable professional growth needs the establishment of an institutional culture of integrity, reflection, and accountability. The strategies that help close the gap between the theoretical teaching and the real-life professional practice include faculty development programs, mentoring systems, and reflective exercises, which are essential.^{19, 20}.

5. CONCLUSION

Professionalism is a crucial pillar of clinical competence and medical education. The modern paradigms have identified it as a multidimensional construct that is inclusive of ethical conduct, empathy, accountability and social responsibility. The longitudinal integration, positive role models, and constructive feedback mechanisms are essential to effective teaching of professionalism. The focus needs to move towards corrective measures against the lapses rather than the nurturing of professional identity.

Further studies should aim at creating context-sensitive assessment models, assessment of the influence of institutional culture, and a study of digital innovations that can be used to teach and assess professionalism. International research may serve as a basis of further investigation on culturally responsive measures that support universal values of the medical profession.

6. LIMITATIONS

The limitation of this study was the narrative design, which is prone to the selection bias. Although an attempt was to cover extensive and up-to-date literature, all the regional curricula and unpublished information were not available. In addition, the synthesis was based on publications in English language, which might have omitted local viewpoints. In spite of these shortcomings, this review offers a strong summary about the existing ideas and training methods in medical training concerning professionalism.

AUTHORS' CONTRIBUTION

Author 1: Concept development, literature review, manuscript drafting, final approval.

[Co-author Placeholder]: Data extraction, analysis, and critical revision of methodology.

[Co-author Placeholder]: Reference validation, editing, and formatting for publication compliance.

REFERENCES

- [1] Swick HM. Toward a normative definition of medical professionalism. *Acad Med*. 2000;75(6):612-6. doi:10.1097/00001888-200006000-00010.
- [2] Hafferty FW. Beyond curriculum reform: confronting medicine's hidden curriculum. *Acad Med*. 1998;73(4):403-7. doi:10.1097/00001888-199804000-00013.
- [3] Lempp H, Seale C. The hidden curriculum in undergraduate medical education: qualitative study. *BMJ*. 2004;329(7469):770-3. doi:10.1136/bmj.329.7469.770.
- [4] Birden H, Glass N, Wilson I, Harrison M, Usherwood T, Nass D. Teaching professionalism in medical education: a Best Evidence Medical Education (BEME) systematic review (BEME Guide No. 25). *Med Teach*. 2013;35(7):e1252-e1266. doi:10.3109/0142159X.2013.789132.
- [5] Cruess RL, Cruess SR, Steinert Y (eds). *Teaching Medical Professionalism: Supporting the Development of a Professional Identity*. 2nd ed. Cambridge: Cambridge University Press; 2016. (Book).
- [6] Cruess RL, Cruess SR, Boudreau JD, Snell L, Steinert Y. Reframing medical education to support professional identity formation. *Acad Med*. 2014;89(11):1446-51. doi:10.1097/ACM.0000000000000427.
- [7] Monrouxe LV. Identity, identification and medical education: why should we care? *Med Educ*. 2010;44(1):40-9. doi:10.1111/j.1365-2923.2009.03440.x.
- [8] Passi V, Johnson S, Peile E, Wright S, Hafferty F, Johnson N. Doctor role modelling in medical education: BEME Guide No. 27. *Med Teach*. 2013;35(9):e1422-e1436. doi:10.3109/0142159X.2013.806982.
- [9] Hodges BD, Ginsburg S, Cruess R, Cruess S, Delport R, Hafferty F, et al. Assessment of professionalism: recommendations from the Ottawa 2010 Conference. *Med Teach*. 2011;33(5):354-63. doi:10.3109/0142159X.2011.577300.
- [10] Ginsburg S, Regehr G, Lingard L. Basing the evaluation of professionalism on observable behaviors: a cautionary tale. *Acad Med*. 2004;79(10 Suppl):S1-S4. doi:10.1097/00001888-200410001-00002.
- [11] Ginsburg S, Regehr G, Hatala R, McNaughton N, Frohna A, Hodges B, Lingard L, Stern D. Context, conflict, and resolution: a new conceptual framework for evaluating professionalism. *Acad Med*. 2000;75(10 Suppl):S6-S11. doi:10.1097/00001888-200010001-00003.
- [12] Lynch DC, Surdyk PM, Eiser AR. Assessing professionalism: a review of the literature. *Med Teach*. 2004;26(4):366-73. doi:10.1080/01421590410001696434.
- [13] Cruess RL, McIlroy JH, Cruess SR, Ginsburg S, Steinert Y. The Professionalism Mini-Evaluation Exercise (P-MEX): a preliminary investigation. *Acad Med*. 2006;81(10 Suppl):S74-S78. doi:10.1097/01.ACM.0000235173.53351.ef.
- [14] Fong W, Kwan YH, Yoon S, Phang JK, Thumboo J, Leung YY, Ng SC. Assessment of medical professionalism using the P-MEX in a multi-ethnic society: a Delphi study. *BMC Med Educ*. 2020;20:225. doi:10.1186/s12909-020-02147-9.
- [15] Tsugawa Y, Tokuda Y, Ohbu S, Okubo T, Cruess RL, Cruess SR, et al. Introducing the P-MEX in Japan: results from a multicenter cross-sectional study. *Acad Med*. 2009;84(9):1190-7. doi:10.1097/ACM.0b013e3181b180d2. (PDF available via research repositories).
- [16] Karukivi M, Kortekangas-Savolainen O, Saxén U, Haapasalo-Pesu KM. Professionalism Mini-Evaluation Exercise in Finland: preliminary investigation introducing the Finnish version of P-MEX. *J Adv Med Educ Prof*. 2015;3(4):154-8.
- [17] GMC (UK). *Outcomes for Graduates* (updated). London: General Medical Council; 2020 (and web updates). Available online.
- [18] WFME. *WFME Standards for Basic Medical Education (2020 Revision)*. World Federation for Medical Education; 2020. (Official PDF).
- [19] ACGME. *Common Program Requirements (Residency)*. Accreditation Council for Graduate Medical Education; 2023–2025 versions. (Official PDFs/portal).
- [20] Cruess SR, Cruess RL, Boudreau JD, Snell L, Steinert Y. Professional identity formation: an explicit objective of medical education. *Acad Med*. 2015;90(6):718-24. (Often cited alongside the 2014 reframing article; include as supportive reading if needed.) doi:10.1097/ACM.0000000000000731.
- [21] Jarvis-Selinger S, Pratt DD, Regehr G. Competency is not enough: integrating identity formation into medical education discourse. *Acad Med*. 2012;87(9):1185-90. doi:10.1097/ACM.0b013e3182604968.

[22] Chandratilake M, McAleer S, Gibson J. Cultural similarities and differences in medical professionalism: a multi-region study. *Med Educ.* 2012;46(3):257-66. doi:10.1111/j.1365-2923.2011.04153.x. (Cited within cross-cultural professionalism work.).