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Teaching Medical Professionalism in the Asian Context: A Case Study from Taiwan

Abstract:

Professionalism is an important competency in medical education around the world. Medical professionalism has become a ubiquitous accreditation standard in both undergraduate and post-graduate medical education. As medical education generally conforms to models originating from Western contexts, curricula for medical professionalism tend to adopt concepts and methods developed in Anglo-Saxon cultural contexts. However, societal expectations of medical professionalism vary across different cultural contexts. Medical schools in non-Western societies face challenges in meeting the needs of the local population. For instance, in the Asian context, family involvement in medical decisions often contests the teaching of patient autonomy, an essential principle of medical professionalism in the Western context.

At National Taiwan University, we used a systematic six-step approach to develop a medical professionalism curriculum that created an alliance between Western and Asian considerations of professionalism. We supported the social mission of our medical school by developing a medical professionalism curriculum that considered the local cultural context: in our case, the Confucian culture of Taiwan.

First, we engaged a variety of local stakeholders in a nominal group process to identify professionalism competencies. Second, students and faculty participated in a survey and/or focus groups to determine learner/faculty needs. Third, teachers drafted goals and objectives related to locally valued competencies. Fourth, we designed and implemented educational strategies to develop students' competencies that meet local societal expectations, such as involving family members in decision making. Fifth, we developed multi-source feedback and a portfolio to assess students, which reinforces a definition of integrity that encompasses not only congruence between individual values and behaviors, but also achieving harmony among all stakeholders. Finally, we reinforced the formal curriculum with attention to the hidden curriculum.

Based upon our experience and reflection, we offer some practical methods for integrating local cultural values and societal needs in medical professionalism education.