



UNIVERSITY OF TARTU

How to see beyond the disease – the roles of a healthcare worker?

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Role

How do you understand the Word: ROLE?

Role is a key concept in sociological theory. It highlights **the social expectations attached to particular social positions** (Oxford Dictionary of Sociology)

Every role brings a number of different partners, each with their own set of expectations

Role is **the exercise of rights and duties associated with a particular social status.**

(Goffmann 2007 [1959]; Moreno 1987 [1961]).

Role is **defined by the norms** established in society, institutions or in organizations (Castells 2004)

Role performance is how a person expresses his or her role.

Sociologist Erving Goffman(2007): idea that a person is like an actor on a stage. **Provides a visible model for the audience of the kind of response the performers are providing** to the expectations of audience

Some roles become part of the identity through internalization.
(Stryker, Burke 2000)

At the level of role-identity a person understands himself in such a way that he answers the question, what kind of person he is (has become) (Goffman 2007)



Role –Performance -
Identity

Process of internalisation:

- The learner is **aware** of the roles and attitudes discussed in the field
- Learner **responds** to what they learn (positively or negatively)
- The learner **relates** values and roles to his own value system
- The learner **accepts** the roles and values discussed in the field
- The learner **values** the roles and values discussed in the field
- The learner **internalises** the values and roles discussed in the field.



Internalisation of role-
identity (Wan 2014)

Who is a doctor?

Who is expecting?

Every role brings a number of different partners, each with their own set of expectations

Patients

Colleagues

Self

?

What are their expectations?



Doctor roles



Patient expectations

Already 1960: the good communication between the doctor and patient influences the results of therapy (Heine and Trosman 1960)

Good patient-centred communication (e.g introducing, hand shaking etc) is the expectation nr 1 of patients after medical expertise (Sobczak et al 2017)

But also:

- Greater respect to patients
 - Lifelong development of doctor (well educated),
 - In-depth clinical reasoning and being trained across a diverse range of patients,
 - To be responsive to the needs of the population
- (Kostov et al 2018 (large qualitative study in UK))



Expectations to the doctor by students

Patients:

- respect without prejudice
- awareness of the moral and ethical responsibilities involved in patient care
- awareness of the need to ensure provision of the highest possible quality of patient care
- Listening patients and providing them information understandable way

Colleagues:

- respect without prejudice
- teamwork
- willingness to participate in the peer-review process

Self

- approaches to learning
- ability to cope with uncertainty
- capacity for self audit
- need to adapt to change

(Martin, Lloyd, Singh (2002))

What are the learning goals of the doctor?

Performance in a role strongly associated with attitudes - expectations were in many ways expressions of attitudes

The resident is a learner and makes choices largely under the influence of the collegial environment and supervisor

Challenge how to manage the resident's choices?



Learning to be a doctor



CanMEDS



CANMEDS



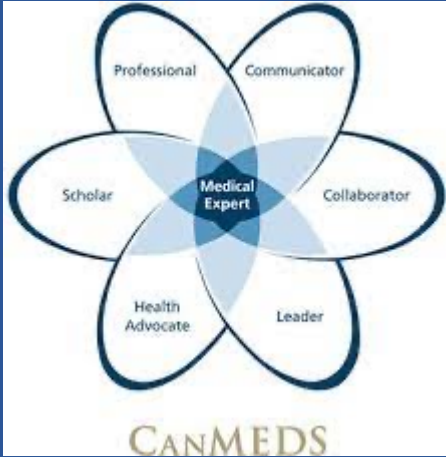
The CanMEDS competency framework published in 1996 with updates in 2005 and 2015

Based on extensive public consultations, was defined the roles of a physician

Its development has involved countless hours of literature reviews, stakeholder surveys, focus groups, interviews, consultations, consensus-building exercises, debate and work on educational design



CanMEDS



The CanMEDS competency framework has had a major impact on medical education, transforming curricular and program design to increase the focus on competencies that were historically not addressed adequately within medical education.

In the 25 years since then, the CanMEDS Framework has become increasingly integrated into health professions education.

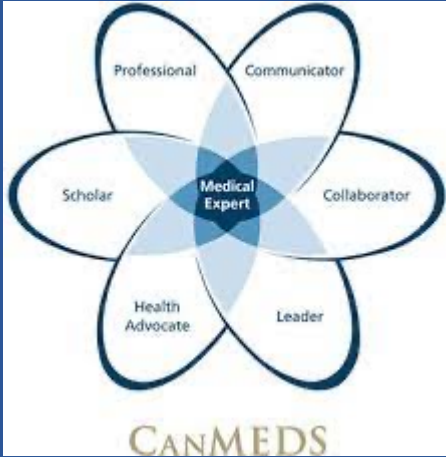
It is used or adapted by a dozen professions in more than 50 jurisdictions.

(Thoma et al 2023)



CanMEDS

The aim of CanMEDS 2015 is to transform medical training to **competency-based** approach

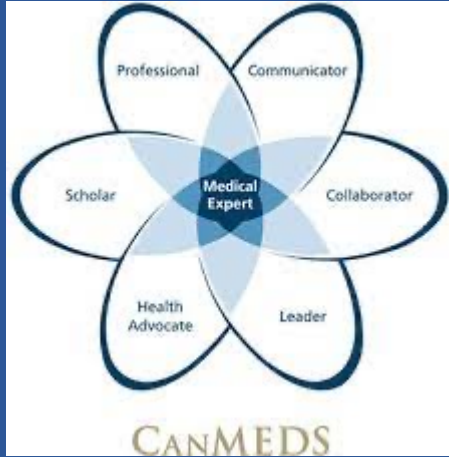


Competency-based medical education is seen as a mechanism to enhance the practice readiness of graduates and ensure they leave supervised training with the skills needed to continue their learning throughout their professional career.

This requires a **move away from traditional** time-based immersions with an emphasis on a single point in time assessment to a system of demonstrating performance regularly in real situations and settings.

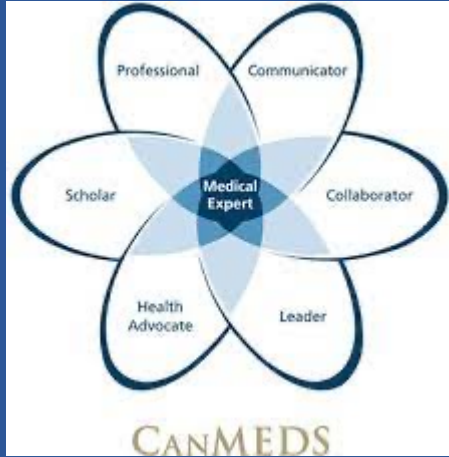


CanMEDS



CanMEDS roles

Medical Expert
Communicator
Collaborator
Leader
Health Advocate
Scholar
Professional



Medical Expert

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.



Medical Expert

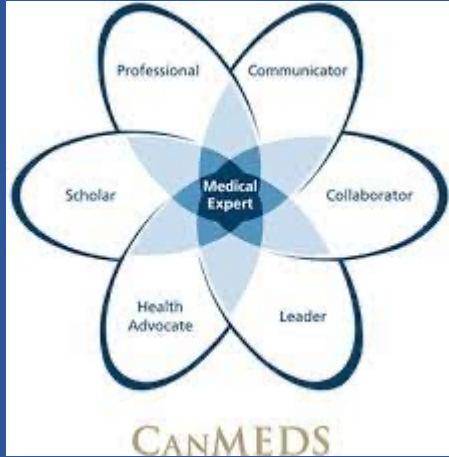


Communicator

As Communicators, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.



Communicator



Collaborator

As Collaborators, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.



Collaborator



Leader

As Leaders, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers



Leader

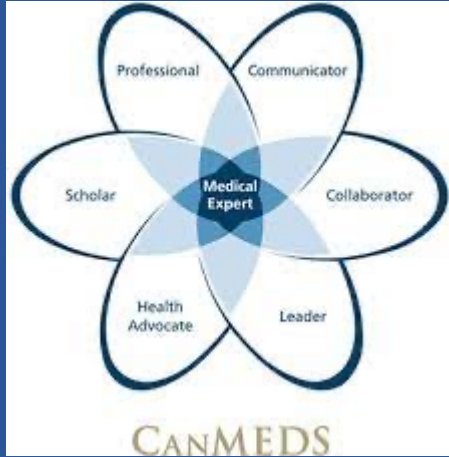


Health Advocate

As Health Advocates, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.



Health Advocate



Scholar

As Scholars, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship



Scholar



Professional

As Professionals, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.



Professional

How to teach the CanMEDS roles?



The role Medical Expert, can be more easily taught and assessed using traditional methods.

Some other roles, such as Health Advocate, Scholar and Manager, are more difficult to teach and assess

(Berger et al 2012)



Teaching roles

Direct teaching through ‘courses’:

communication-skills training, bioethics, teaching skills, research skills, public performance

Teaching by methods:

Collaborative skills, leadership, presentation skills



Teaching (Berger et al 2012)



Teaching by methods *example*

Module	Name	CanMEDS Role	Teaching Method
1	Asepsis and instrument ID	Medical expert, Professional, and Communicator	<p>Review of professionalism and communication concepts</p> <p>Discussion on communication effectively with OR nurse</p> <p>Communicating sterile technique problems</p> <p>Patient confidentiality</p> <p>Role play</p>
2	Sutures, knot tying, and suturing techniques	Medical Expert, Collaborator, and Manager	<p>Review Collaborator and Manager concepts</p> <p>Create and discuss a "good role scenario" and a "bad role scenario"</p> <p>Discussion on contrast scenarios by the whole group</p>
3	Tissue handling, management, and dissection	Medical Expert, Professional, and Manager	<p>Review professionalism and manager concepts</p> <p>Faculty performs a "play": Surgeon in OR having to be on call and at a meeting at the same time</p> <p>Surgeon demonstrates "unprofessional" behavior</p> <p>Discussion about play by the whole group</p>
4	Airway management	Medical Expert, Collaborator, and Communicator	<p>Review Collaborator and Communicator concepts</p> <p>Residents are divided in 4 groups; 4 cases specific to real life scenarios related to airway management are discussed with preceptor, then presented with a solution to the whole group</p>



Teaching (Berger et al 2012)

Direct teaching through ‘courses’:

communication-skills training, bioethics, teaching skills, research skills, public performance

Teaching by methods:

Collaborative skills, leadership, presentation skills

Interprofessional education/teaching:

Collaborator

Workplace teaching (Teaching by example, reflective teaching):

professional, scholar, leader, collaborator, communication, health advocate,

Communication, collaboration, management and professionalism,

Educational challenges in role modelling :

- Understanding the meaning of CanMEDS competencies and their importance in your specialty
- Being aware of one's strengths and weaknesses as a clinical teacher
- Being aware of what you want to project as a role model
- Preparing for consultations/meetings with the resident by identifying the competencies related to the case.
- Encouraging reflective practice, during the case discussion with the resident and applying it to the CanMEDS competencies



Teaching by example, role modelling (Cote et al 2014, Kim et al 2022)

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Internalisation of role-
identity (Wan 2014)

Modelling for Health Advocacy

(Dharamsi 2011)

- (1) identify and become involved in advocacy activities that relate to your discipline,
- (2) apply evidence-based prevention and health promotion initiatives at the patient, community, and population levels
- (3) identify and respond to factors outside the clinical encounter that influence health
- (4) examine and respond to factors that result in barriers to care
- (5) take a scholarly approach to advocacy by encouraging and/or participating in research that contributes to a better understanding of the issues at stake.



Health advocate

Reflective teaching:

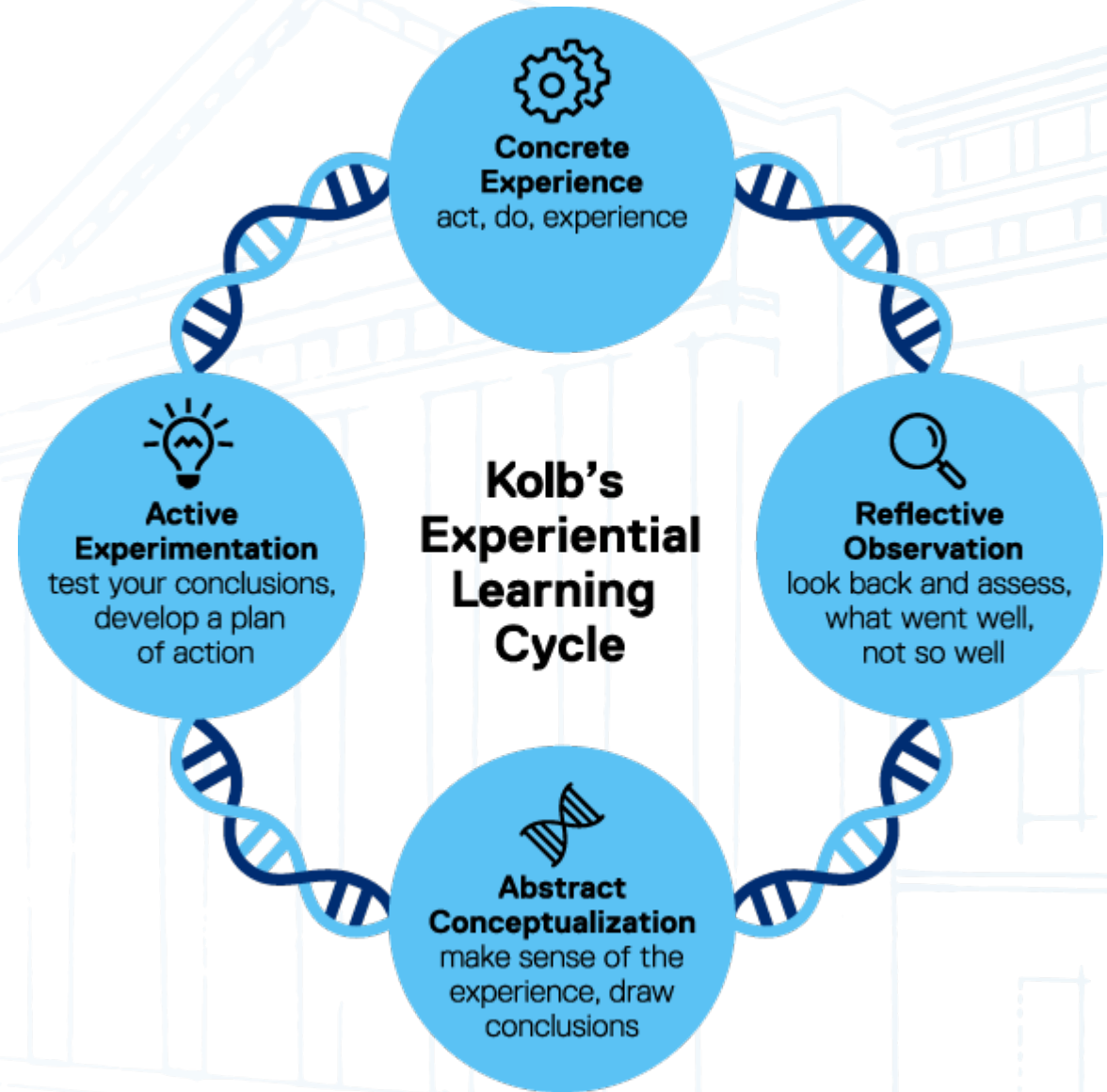
Support for regular reflection on the roles and behaviour

The process of critical reflection (Dharamsi 2010)

Reflective portfolio on CanMEDs Roles (Berger 2011)



Teaching roles



Growing attention to the CanMEDS roles in medical education

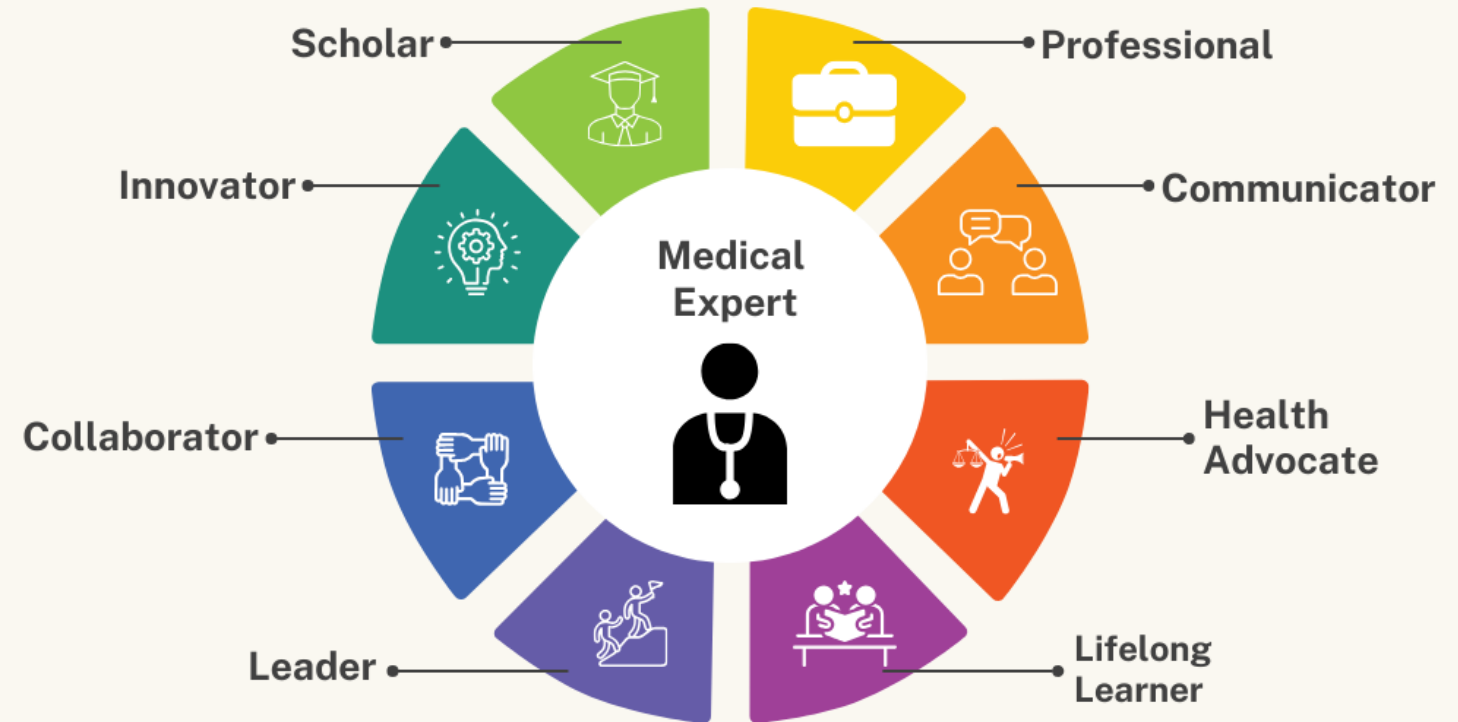
Growing need for rise awareness

Growing need for faculty development



Conclusion

EU-MedEd model 2023



Calohex tuning project

Thank you!

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