

FROM THE LITERATURE

In the News

An opinion

Following the Role Model – Identification or Survival Strategy?

In *Academic Medicine* 2006;81(7) an interesting article appeared on a nice study into role modeling of humanistic behaviour: learning bedside manners from the experts (Weissmann *et al.*, 2006). The authors asked medical residents to identify excellent teachers of humanistic care on the inpatients' medical services at four medical universities in the United States. Subsequently they observed these teachers using standardized field notes. After the observations, patients, learners and the teaching physician were interviewed.

This study was triggered by the realization that humanism is an essential skill for medical practice. The authors state that we may ask ourselves whether it matters more *what* is taught in humanism than *who* teaches humanism, since the most important format of teaching seems to be through role modeling. They further noted that each clinical teacher had a unique style as a role model and that each had learned the role modeling on his or her own.

Data collection and data analysis were conducted appropriately, and are well described in the article.

The results reveal a number of clear examples of decent courteous behaviour, that we should expect every doctor to possess and practice. Unfortunately we know better than to assume that these qualities survive the medical curriculum intact. Young, caring individuals enter medical school, and if we don't actively do something we make them unlearn this natural behaviour (Helfer, 1970; Poole & Sanson-Fisher, 1979; Bishop *et al.*, 1981; Pfeiffer *et al.*, 1998).

Since the article focuses on role modeling as a didactic intervention, the authors are consistent enough not to address other educational approaches intended to assist the students/residents to keep their humanistic behaviour. Instead they refer to their earlier publication (Branch *et al.*, 2001).

It remains to be seen what we readers should learn from this publication. Yes, the need is high for a (more) humanistic approach to health care. Yes, there are many nice ways in which this approach can be demonstrated. Yes, we might learn from observing and imitating humanistic model behaviour. But how firm will this behaviour be embedded in the repertoire of the student/

resident when s/he moves on to another department or hospital or health care setting, with different role models?

Could it be that there is another phenomenon at stake here?

Most of us older folk remember vividly our asking around about the peculiarities of the professor we had to do our oral examinations with. What does he (usually a “he”) like, what are his idiosyncrasies? What should I wear? What will get me through the test?

In psychology this is occasionally referred to as “identifying with the enemy”; in normal language we call it a survival strategy. We copy the behaviour of those who assess us, in order to have an efficient route through our school/clerkship/residency.

This may be judged as a cynical point of view, but I actually mean the opposite. In my view we overestimate the value of good role models, and underestimate the common sense of our students/residents. In my view poor (or really bad) doctor behaviour can be an excellent (negative) role model. I am convinced that students will judge bad behaviour as bad behaviour. They may not tell us, and considering our power, that may even be very wise. But the value of the emotion: “*I will never ever be like Dr so and so*” is in my view a very important one, helping our students to identify humanistic behaviour equally well.

I won’t go as far as stating that we should organize more negative role models in our schools, but I do wish to warn against overestimating the value of the examples that we have. Obviously, health care needs more humanistic doctors. Relying mainly on the few good examples would not be doing sufficient justice to our students’ common sense. I would rather advocate accommodating more reflection periods, encouraging the students to identify with the patients and have them remember how they would like to be treated themselves.

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