

Is health professions education more about 'doing' rather than just 'knowing'?



The 20th century Flexnerian approach to health professions education (HPE) focused on the need to provide healthcare professionals with a solid foundation of biomedical knowledge. While such knowledge will always underpin clinical practice, health professions educators in the 21st century are grappling with a much broader mandate – the professional behaviour/attributes of healthcare practitioners, i.e. professionalism. As suggested by Wilkinson *et al.*,^[1] 'professionalism is about what someone does, rather than what he or she knows.' Miller's pyramid,^[2] intended to describe a hierarchical approach to assessment, also serves well in the context of professionalism – we need to move toward 'doing' and away from just 'knowing'.

On an international scale health professions training institutions and other key organisations, which train and accredit HPE programmes, have devoted a considerable amount of time and effort to defining the key aspects of professionalism and appropriate methods of assessment. Since this is an essential aspect of the training of health professionals in the 21st century we, as health professions educators in Africa, need to reflect on whether we are aligned with this mandate.

A quick and simple 'dipstick' test to determine whether professionalism is on the agenda of health professions educators in Africa is to scan the education-related research output of our colleagues. Using a simple but comprehensive classification system,^[1] which aggregates the desirable behaviour/attributes of healthcare professionals into five themes, it is easy to map out the articles in this edition of *AJHPE* and determine whether we are devoting sufficient time and attention to advancing the professionalism agenda in HPE.

The key themes identified by Wilkinson *et al.*^[1] include:

- *Adhering to ethical practice principles* is the focus of two contributions: (i) Govender^[3] from the University of KwaZulu-Natal (UKZN) reflects on the dilemma clinician-educators face every day, i.e. the tension between providing workplace-based training and clinical service delivery; and (ii) Mitchell^[4] describes an innovative tool for teaching health and human rights at the University of Cape Town (UCT).
- *Effective interaction with patients and with people who are important to those patients* is the focus of three papers: (i) Müller^[5] from UCT writes about the need for including sexual orientation and gender identity in HPE curricula; (ii) Eksteen and Basson^[6] from North-West University discuss the potential value that understanding personality types may have on improving communication between healthcare providers and healthcare practitioners; and (iii) Diab (UKZN) and colleagues^[7] from Walter Sisulu University and Sefako Makgoba Health Sciences University (formerly MEDUNSA campus of Limpopo University) discuss the challenges that need to be addressed to ensure retention and success of rural-origin health sciences students who are likely to play a major role in the provision of healthcare in rural communities.
- *Effective interactions with other people working within the health system* is addressed in three contributions: (i) Kloppers *et al.*^[8] from Stellenbosch University (SU) report on students' experiences

of inter-professional learning at a community-based rehabilitation centre; (ii) Sokol-Hessner and colleagues^[9] from the University of Botswana and the University of Pennsylvania discuss competencies perceived as important for physician leadership in Botswana; and (iii) Waggie^[10] from the University of the Western Cape (UWC) describes a tool that could be used for evaluating community-based HPE courses.

- *Commitment to autonomous maintenance and continuous improvement in the competence of self, others and systems* is addressed in five papers that deal with teaching, learning and assessment activities that ultimately shape our lifelong learning and teaching habits: (i) Delpont *et al.*^[11] from the University of Pretoria describe the development of more explicit standards of professionalism, for teaching and assessment, using an outcomes-based approach; (ii) McMillan's work,^[12] from UWC, describes the relationship between transition to university and early academic performance for first-generation university students; (iii) Keiller and Inglis-Jassiem^[13] (SU) provide insights into the importance of students' views about the rationale for implementation and appropriateness of technology used in blended learning experiences; (iv) Mosca *et al.*^[14] provide insights into the learning approaches used by emergency medical care students at the University of Johannesburg; and (v) Olivier *et al.*^[15] provide an overview of the opinions of students and examiners using a new assessment strategy at the University of the Witwatersrand.

The remaining professional attribute described by Wilkinson *et al.*^[1] is reliability, i.e. the need for healthcare professionals to be trustworthy, punctual, responsible, accountable and organised. While these attributes have not been directly addressed in this edition of the *AJHPE* they underpin all the encounters healthcare professionals have with their colleagues and the communities they serve. I am, therefore, of the opinion that if these attributes are neglected, the other attributes I have discussed lose their foundation and are rendered meaningless.

My rapid overview of the current edition of the *AJHPE* demonstrates the potential utility of Wilkinson *et al.*'s thematic classification of the essential attributes of healthcare professionals. This user-friendly framework, as suggested by the authors, may serve as a valuable tool

for blueprinting the multiple aspects of professionalism that need to be addressed in our teaching, learning and assessment activities as health professions educators in the 21st century.



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