

## Teaching Professionalism by Vignettes in Psychiatry for Nursing Students

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### ABSTRACT

**Background:** Professionalism has recently gained attention in nursing education, particularly in psychiatry. Despite it was used to be part of the hidden curriculum, scholars advocate teaching professionalism explicitly in a safe educational environment. Vignettes were used to demonstrate professionalism dilemmas and with the use of triggers for reflection, students can learn the basis for decision making in critical situations though their experiential learning process. Experiential Learning Theory (ELT) emphasizes the central role that experience plays in the learning process. **Aim:-** This study aims at using a module of vignettes and stimulates student reflection and discussion to help them in constructing the meaning of professionalism in psychiatric practice. **Method:-** Vignettes were developed based on common situations that psychiatric nurses used to encounter in daily clinical practice. The Authors developed a list questions to trigger their reflection on the Vignettes and guide them to learn about specific elements of professionalism. Students' learning outcomes and feedback were reported as a measure of module effectiveness. **The results:-** A total of seven vignettes was reported to represent common professionalism dilemmas in clinical psychiatric nursing. The study confirms the feasibility and effectiveness of teaching professionalism by the use of vignettes and the effectiveness of self constructed learning outcomes. The process for the development and the use of vignettes was reported and students debate about the ethical, personal and cultural dimensions of each scenario that drive their decision making. **In conclusion,** teaching professionalism in Psychiatric education can acknowledge humanistic values such as: respect and altruism. It is essential to prepare nursing students for conflicting situations by discussion of professionalism dilemmas in a safe educational environment and provide them options for decisions. Students need to learn the consequences of their decisions and anticipate the impact of their choices on patients, colleagues and themselves. We need to graduate nurses who will meet the societal expectations from them and they have to learn gradually how to feel, think and act as nurses to develop their professional identity.

**Key words:** Professionalism, psychiatry, nursing education, vignettes, experiential learning theory, small group discussion.

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## INTRODUCTION

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Determining Professionalism represents the desired behaviors and characteristic towards which health professionals – aspire while serve their patients and society in what is known as the social contract (**Welie 2012; Reid 2011**), where there are a series of expectations and obligations between nurses, as professionals, and the society, where they live. Nursing, as a profession, plays an essential role in patient care and nurses have to meet – if not exceed – societal expectations to be granted the trust in their capabilities as stand alone professionals. (**McKimm & Wilkinson 2015**). Nursing education should be designed to enable students to acquire pertinent knowledge, practical skills and social responsibility required for accepting their roles as professional nurses. Recently scholars advocate that professionalism must be explicitly taught (**Carmi et al. 2005; Karimi et al. 2014**) and assessed (**Hodges et al. 2011**) as an integral theme of the curriculum . So current study used a module of vignettes and small group discussion. In this module, students were being more stimulated to reflect freely, be more involved to help them in constructing their meaning of professionalism in psychiatric practice, which reflected on attainment certain learning outcomes and students' feedback about the module.

### Literature Review:-

#### Meaning of professionalism:-

According to the essence of professionalism consist of concepts of mastery of a body of special knowledge and skills, using them in the service of others, a moral code and some degree of self regulation and autonomy (**Gabbard et al. ,2012**). According to The Physician Charter developed by the American Board of Internal Medicine, the American College of

Physicians, and the European Federation of Internal Medicine, the cornerstone of professionalism in medicine is related to the three fundamental principles and the ten professional responsibilities. Professional responsibilities include a commitment to professional competence, honesty with patients, confidentiality, maintaining appropriate relations with patients, improving quality of care, improving access to care, a just distribution of finite resources, Commitment to scientific knowledge, Commitment to maintaining trust by managing conflicts of interest, and Commitment to professional responsibilities. (**Spandorfer et al. 2010**).

Professionalism in nursing is essential in establishing the credibility, autonomy and the positive image of nursing as a profession (**Boling 2003**). Making lists of desirable professional characteristics is necessary and useful for teaching and assessment, but this discourse is not sufficient either to fully define professionalism or to capture its social functions (**Wynia et al. 2014**). According to **Wynia et al. (2014)**, medical professionalism is a normative belief system about how to best organize and deliver health care (**Wynia et al. 2014**).

Recently, a more philosophical argument emerged in guiding professionalism education. Health professions education has to be reframed from teaching aspect, attributes and behaviours of professionalism into a paradigm shift to support professional identity formation of health professional (**Cruess et al. 2014**). The aims is more intuitive to scaffold students, causing them to gradually feel, think and act like nurses. Professionalism is an acquired state rather than a trait, and the environmental influences contribute more than biological ones to its development over time (**Hilton & Slotnick 2005**).

### **Experiential Learning theory (ELT):-**

**Experiential learning theory** defines learning as "the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience **Kolb, A.Y. and Kolb, D.A. (2005)** The ELT model portrays two modes of grasping experience -- Concrete Experience (CE) and Abstract Conceptualization (AC) -- and two dialectically related modes of transforming experience -- Reflective Observation (RO) and Active Experimentation (AE), which means that students must be involved more in their learning to construct its meaning. So the authors in this study examine the effect of using this module in which students are involved in their learning process through discussion and reflection about different vignettes allowing them to grasp and construct the meaning of professionalism in psychiatric practice

In the current study a couple of learning outcomes were established after each session to tackle one or more aspects of nursing professionalism. Students need to learn the consequences for selecting particular options or decisions for each vignette and acknowledge that in real practice, there is no clear right or wrong, but each option have its pros and cons. The teacher act as a facilitator, guided a small-group discussion. Self-reflection and reflection among peers along with social interaction are fundamental principles to the understanding and development of professionalism

### **How to teach professionalism:-**

Nursing education should be designed in a manner that enable students to acquire pertinent knowledge, practical skills and social responsibility required for accepting their roles as professional nurses. Professionalism was tacitly addressed in what is called hidden curriculum (**Glicken &**

**Merenstein 2007; Rogers et al. 2012**), not the formal one. Recently scholars advocate that professionalism must be explicitly taught (**Carmi et al. 2005; Karimi et al. 2014**) and assessed (**Hodges et al. 2011**) as an integral theme of the curriculum .

Teaching professionalism starts with defining the core elements of professionalism education. Establishing a common ground on professionalism is of paramount importance to be infused in a medical school. There is a need to build a 'cognitive base' within each institution to encompass the core principles for teaching professionalism, which must remain constant throughout the continuum of medical education and faculty development programs (**Cruess R L & Cruess 2006**). To facilitate discussion and modelling of professional values in nursing education and clinical practice, the abstract attributes of professionalism have to reflected in tangible behaviours (**Green et al. 2009**).

Few studies discussed teaching professionalism in nursing education (**Chiovitti 2015; Ghadirian et al. 2014; Castell 2008**), particularly in psychiatry (**Boling 2003; Boschma et al. 2005**). This study reported professionalism education to nursing students in an Arabian context. As indicated above, professionalism is culture-specific and its attributes in the Arabian context was linked to core values and faith. (**Al-Eraky et al. 2014**)

**Al-Eraky et al.** reported a model named: Four-Gates model (**Al-Eraky et al. 2014**) to represent the attributes of Arab health professionalism in layer (gates) for accountability, while they are (1) dealing with self, (2) dealing with task, (3) dealing with others and (4) dealing with God. In Arab countries, linking self- accountability and self-motivation to faith (dealing with God) might possibly lead to tangible improvement in professional conducts. Such improvement, in presence of good role models who practice what they preach, may

be expected to be sustained, even in absence of direct supervision or instant reward. Faith may further provide the doctor with an internal North and insight to navigate his/her path in a sophisticated healthcare environment.

The issue of identity in psychiatry as a profession as well as the future of medical psychiatry topic of controversial debate and a lot opinions and suggestions .These issues are linked strongly with the professionalism, and the way in how we define and practice the basic principles and professional responsibilities in psychiatry. (**Jakovljević M, 2012**).

In recent years much attention has been focused on the benefits of enhancing student understanding of ethical perspectives and professionalism in the workplace. An ongoing challenge for accounting educators is the need to address ethics in a way that will hold student interest, especially when most students have yet to experience an ethical situation in a work setting. (**Haywood EM &Wygall ED,2007**)

Professionalism can be taught using a wide spectrum of teaching methods, such as: interactive lectures, role-plays, group discussion on scenarios that manifest professionalism dilemma (**Kirk 2007; Al-Eraky 2015**). Lecturing the abstract concepts of professionalism domains like respect or altruism was found to have the least impact on students learning (**Baernstein et al. 2009**). Teachers may be dragged to preaching, rather than teaching, about what should be and should not be done in practice (**Boenink et al. 2005**).

Alternatively, dilemmas regarding medical professionalism should be a frequent topic of discussion at all levels of medical education and the use of vignettes was found to advance student knowledge of professional behaviour and their preparedness to encounter similar situations in real practice

(**Boenink et al. 2005; Carmi et al. 2005; Bernabeo et al. 2013**).

Scholarly articles advocated teaching professionalism using a set of scenarios (vignettes), each describing a professionalism dilemma, can be used to trigger discussion and reflection that fosters professionalism. Using vignettes had a positive effect on students' ability to correctly characterize a scenario as an example of professional or unprofessional behavior. Moreover, these vignettes reflect the complexities of medical practice and offer opportunities in an open and safe forum to guide students' learning on a/professional behavior. Self-reflection and reflection among peers along with social interaction are fundamental principles to the understanding and development of professionalism (**Schostak J, Davis M, Hanson J, Schostak J, Brown T, Driscoll P, Starke I, Jenkins N,2010**)

This study presents a model of how professionalism can be taught in psychiatry using vignettes that demonstrate common professional dilemmas. The study incorporates different case scenarios from real life situation contain some issue related to ethical and professional practice. We aimed to develop short vignettes that describe behaviors which will be used to measure attitudes of participants on professionalism in psychiatric nursing education and use a battery of questions around these vignettes to trigger students' reflection on these scenarios in a safe educational environment, breadth the depth of their involvement. So the authors in this study examined the effect of this module on teaching professionalism in psychiatry, which have been reflected on students' feedback about the module and attainment of self constructed learning outcome.

#### **Method:-**

This is an Interventional study design where we developed a module on

professionalism for psychiatric nursing students in an Arab context that stimulates student reflection and discussion to help them in constructing the meaning of professionalism in psychiatric practice and measuring this through achieved learning outcome and their feedback. (The summary provided in Graph 1 )

**Context:-**

To understand professionalism in the Arab context, there is a need to explore what we mean by the Arab context. The Arabian context can be perceived as the blend of culture, traditions, beliefs and behaviors that are being practiced by the nations of Arabian countries in the Middle East, where Arabic is the official language and Islam is the religion of a majority of the population.

**Participants:-**

Fourth-year students during their psychiatric and mental health nursing course were recruited from the Nursing College at the University of Dammam, Saudi Arabia.

**Method:-**

Authors reviewed the literature related to: professionalism in Arabian context, guides on teaching professionalism and scholarly reports of teaching professionalism in psychiatry. Then a number of vignettes were developed to address common dilemma related to professionalism in psychiatric nursing practice. The vignettes are described in Table 1.

**Table 1:** Sample vignettes on professionalism in psychiatric nursing education

Vignette Title	Narration
1. <i>Imminent harm!</i>	<i>While you're writing for shift report, one patient enters to the office, and seeks your immediate attention, telling you "I need to leave the hospital now". You asked him "why?". Then suddenly the patient moved a chair with anger and seems as if is about to hit you.</i>
2. <i>Rejected!</i>	<i>Your supervisor asked each of your group to select one psychotic patient to take care of. When you visited the ward, you noticed one patient that is rejected by all nurses and even other patients, because she is used to eat waste and have very bad personal hygiene. None of your colleagues showed interest to take that rejected patient.</i>
3. <i>Detain that patient!</i>	<i>A psychotic patient (23 years) told you that he wants to leave the hospital. You took him to the treating physician to ask him when the patient may be discharged. The physician answered: "This patient will never leave the hospital". The patient became very angry and used bad words against the doctor, yourself, and everybody in the hospital. The doctor shouted to the workers to restrain that patient immediately. The workers started to cause the patient, as if they are after a sheep to be slaughtered!</i>
4. <i>Getting worse!</i>	<i>A is a 34-year-old man with a history of schizophrenia was admitted to the hospital for worsening of paranoid ideation, and agitation. Prior to this hospitalization, he was physically stable; patient entered the ward about 1 week and treated with haloperidol. In previous 24 hr he had tremors in the upper extremities, diaphoresis and fluctuation in blood pressure during your shift patient become hyperthermia (104.4 °F), tachycardia, tachypneic and unresponsive.</i>
5. <i>I want to die!</i>	<i>A new 23 old girl was admitted to the psychiatric ward in your shift with a history of frequent attempts to suicide. You knew that her aunt had committed suicide last year. You are alone in the shift with another new nurse. Both of you should care for 18 cases for the next 8 hours.</i>
6. <i>I need to leave!</i>	<i>You escort a group of patients in recreational activity in the hospital's gardens. You noticed a patient that is walking fast towards the gate line. There was no security attending that gate. You know this patient is paranoid and dangerous.</i>
7. <i>Shock him!</i>	<i>Will you seek out your patient you found him inside the room and asking you why I am here they told me I have laboratory test but I doubt please tell me the truth. You ask about reason for putting him in this room nurse, she answered " he will take the first session of ECT and please don't inform him about the true reason.</i>

**Procedure:-**

Vignettes were administered in the classrooms to explore how students are expected to feel about, react to and learn from these situations. Students were grouped in teams (7-12 member each) to facilitate small group discussions. A battery of questions was presented with each dilemma to trigger reflection on the given situations, as suggested by Al-Eraky et al. (2015), as listed in Table 2.

**Table 2:** A battery of questions to trigger reflection on professionalism vignettes

- *How would you feel if you were in that situation?*
- *What is the professionalism dilemma in that scenario?*
- *What would you do in that situation? and why?*
- *How can you anticipate the expected consequences of your decision?*
- *What if you were in the shoes of other people, such as: the colleague or the patient?*
- *What did you learn from discussing this scenario?*

*Do you feel more prepared in case if you encounter a similar situation in reality?*

Time was allocated as follows: 15 minutes for students' discussions within the group, followed by 10 minutes for presentation and sharing views with other groups and seeking feedback from the instructor on the given situation. Students were asked to express their feelings. A student leader from each group volunteered to present the view of the group and advocate particular course of actions to handle the situation in a rational and non-judgmental argument. After the presentation, teacher confirmed that students learned the intended learning outcomes for each situation. After the session, a short survey was administered to all students to measure their reaction to the learning experience. The survey questions are listed in ( table 3).

**Table 3:** Survey questions to measure students' learning after the session

1. The learned outcome followed a logical, well organized sequence.
2. The examples used to make sense and supported the information.
3. The learned outcome(s) will be of use afterwards.
4. I recognized the attributes related to professionalism from the scenario.
5. I realized how to set my priorities in my professional practice.
6. The time was properly allocated for the session.
7. I enjoyed the learning experience.

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8. What are the outcomes achieved today through these discussions?

What is your suggestion to improve learning, professionalism in future sessions?

### Data Analysis:-

For quantitative data, a five-point Likert scale was used to record students' responses to questions 1 through 7 (Table 3), where Strongly Disagree equals 1 point and Strongly Agree equals 5 points. For qualitative data, content analysis focused on manifest content only to analyze students' responses to question 8 (Table 3). Regarding the effectiveness of this module in teaching professionalism, learning outcomes was coded then grouped under higher headings (categories) to suggest venues to improve learning in future sessions. (Table 4)

### Results:-

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Regarding Students 'feedback on the new learning experience it was found that 93 % of students seeing that Learning through the real clinical situation was relevant to their needs, The learned outcome followed a logical, well organized sequence (96%). The examples used to make sense and supported the information (89%). The learned outcome will be of use afterwards, (90%). While 86% stated that they recognized the attributes related to professionalism from the scenario, and finally 83% stated that they I realized how to set my priorities in my professional practice.

Students debated on some issues with regard to the given scenarios, particularly when there is a conflict between their own

safety or and patient wellbeing or when they feel a contradiction between patient interests with physicians' instructions. Students reported many feelings in situations like fear, anxiety, panic, depression and embarrassment, yet they felt more prepared to deal with these situations in reality afterwards.

In response to the open-ended question (**Question 8**),The key learning outcomes of most of the sessions were concluded in thinking about patients as human being with rights, which have to be respected by all health team members and also they acknowledge the drawbacks of discussing psychiatry patients' issues in front of them. Students reported other benefits from the discussion of professionalism dilemmas in a safe educational environment, such as: the value of documents, appropriate case management, maintaining patients' confidentiality and commitment to lifelong learning. (Table 4)

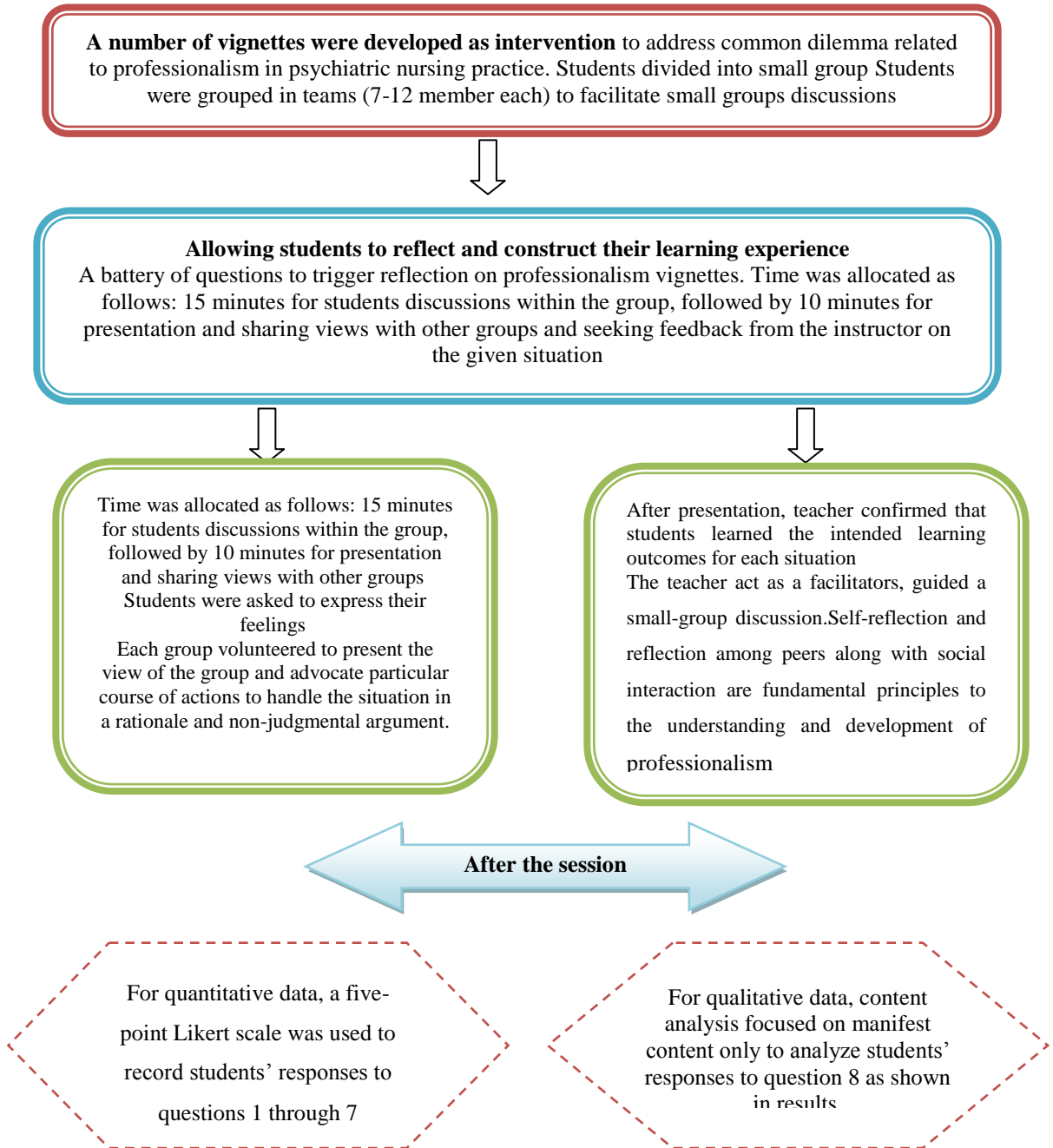
Moreover, students suggested a number of tips to improve learning, professionalism in future sessions, including: keeping reflective teaching, they feel secure more when discussing within small group and learned to express themselves clearly . Moreover, reflection on a broader level (i.e., other health team, even society) may be one of the important tips to improve learning professionalism and bringing it closer to reality.



**Table 4:** Reported learning outcomes by students for selected vignettes

Vignette Title	Sample learning outcomes, as expressed by students
<i>1. Imminent harm!</i>	➤ Recognize concept of professional competence & safety in perspective of nursing professionalism.
<i>2. Rejected!</i>	➤ Identify importance of follow her Conscience and think about doing good for the patient ➤ Recognize the concept of Altruism in perspective of nursing professionalism.
<i>3. Detain that patient!</i>	➤ Recognize concept of advocacy & resection of other in perspective of nursing professionalism.
<i>4. Getting worst!</i>	➤ Identify importance of follow her Conscience and think about being updated. ➤ Recognize the concept of Commitment to scientific knowledge & its Application in perspective of nursing professionalism.
<i>5. I want to die!</i>	➤ Identify importance of follow her Conscience and think about doing good for the patient ➤ Recognize the concept of Commitment to a just distribution of finite resources in perspective of nursing professionalism.
<i>6. I need to leave!</i>	➤ Recognize the concept of accountability & reliability in perspective of nursing professionalism.
<i>7. Shock him!</i>	➤ Identify importance of follow her Conscience and think about doing good for the patient ➤ Recognize the concept of veracity in perspective of nursing professionalism.

**Figure 1.** Study design and session content. All convenient third nursing students were participating in teaching module. Module element was shown in the graph. After the discussion, a short survey was administered to all students to measure their reaction to the learning experience.



### **Discussion:-**

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Teaching of professionalism must be addressed in psychiatric education, helping students to acquire a cognitive meaning of professional values and to reflect upon these values (what are reasons behind, why this right, why decision must be thoughtful) this way is very important to the internalization process of those values and consequently exhibiting professional behavior. In the present study variety of vignettes encountered in real clinical experience were used to explore how students are expected to feel about, react to and learn from them using a battery of questions to trigger more reflection process. From the author's perspective, the continuation and success of this reflective process may be related to approaching students in a form of a story telling, whereby they will be stimulated by curiosity to know the end, questioning stimulate critical thinking and helping them to be more focused during discussion

This method similar in some way to the use of critical incident technique (CIT) which was used by **Rademacher et.al (Rademacher et al. 2010)** as a teaching strategy focusing on professionalism. The CIT emphasis on participants' real-life experiences has repeatedly proven to be a powerful strategy for reforming learners' daily experiences using key concepts of Professionalism. It was found that majority of students found that the use of critical incidents helpful in personalizing the professionalism elements; 96% agreed that the workshop helped 'define the concepts of professionalism at an abstract level'; and with 97% reporting that the incidents 'helped define the concept at a concrete/action level.' Almost all students reported a strong impact on learning: 98% agreed that the workshop helped them understand and accept the perspectives of other roles; 96% reported that the sessions changed their understanding of

professionalism; and 94% felt that the session would have an impact on their behavior.

The findings of **Rademacher** are consistent with our current study which revealed that 93 % of nursing students perceiving that Learning through the real clinical situation was relevant to their needs, the learned outcome followed a logical, well organized sequence (96%). The examples used to make sense and supported the information (89%). The learned outcome will be of use afterwards, (90%). (86%) stated that they recognized the attributes related to professionalism from the scenario, and finally 83% stated that they I realized how to set my priorities in my professional practice.

From other angel, in the present study the author's demonstrated discussion for vignettes in the classrooms, and thus succeeds in exploring how students are expected to feel about, react to and learn from these situations and construct their learning experience as elicited by experiential learning theory. Moreover, the present study results showed that this method of teaching simulates and enriched students a clinical sense; allow time to pass quickly without the sense of being bored. Thus it provides greater chance for learning opportunity (**Richard L. Cruess & Cruess 2006**).

**Goldie et al. (Goldie et al. 2007)** investigated tutors' and students' perspectives of the delivery of professionalism in the early years of Glasgow's learner-centred, problem-based learning (PBL), integrated medical curriculum. They found that the integration of professionalism across the domains of Vocational Studies (VS) was important for learning; however, it was not well integrated with the PBL core. Integration was promoted by having the same tutor present throughout all VS sessions. Early patient contact experiences were found to be particularly important. The hidden curriculum provided both opportunities for, and threats to,

learning. The small-group format provided a suitable environment for the examination of pre-existing perspectives.

In conclusion, teaching professionalism in Psychiatric education can acknowledge humanistic values such as: respect and altruism. It is essential to prepare nursing students for conflicting situations by discussion of professionalism dilemmas in a safe educational environment and provide them options for decisions. Students need to learn the consequences of their decisions and anticipate the impact of their choices on patients, colleagues and themselves. We need to graduate nurses who will meet the societal expectations from them and they have to learn gradually how to feel, think and act as nurses to develop their professional identity.

### Research highlight

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- Students 'feedback about using vignettes and reflection and discussion indicating that this method allowing them to follow and construct outcome in a logical, well organized sequence, they get clinical sense, and realized how to set priorities in professional practice.
- Active involvement through small group discussion, allowing them to reflect on the consequences of their decisions and finally agreed on intended learning outcomes and constructs a meaning of professionalism in psychiatry.
- Student discussion and reflection upon different vignettes and its related dilemma, let them to address and agreeing on the commitment to the following learned outcomes: - patient respect, competence, honesty, improving welfare, a just distribution of a finite resource, professional responsibilities, and Commitment to scientific knowledge

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