

## Role Modeling in the First 2 Years of Medical School

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Financial Disclosures:  
None reported.

Support: None reported.

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Submitted  
December 19, 2014;  
final revision received  
April 10, 2015;  
accepted May 4, 2015.

**Role modeling opportunities for osteopathic physician teachers during a student's first 2 years of medical school are emerging as more colleges of osteopathic medicine strive to connect basic science didactics with clinically based learning activities. Examples of positive modeling by physician teachers during the first years of medical school are illustrated by 10 vignettes that can be incorporated into faculty development programs to increase awareness of such opportunities. The physician teacher in each vignette interacts with the student demonstrating desired professional behaviors. These vignettes also illustrate the effect of a positive "hidden curriculum" on a student's professional development. By recognizing these valuable teachable moments, teachers can incorporate role modeling into their daily practice.**

*J Am Osteopath Assoc.* 2015;115(8):510-512  
doi:10.7556/jaoa.2015.105

In the standard osteopathic medical school curriculum, osteopathic physician (DO) teachers have been expected to model a humanistic bedside manner and professionalism for third- and fourth-year medical students, interns, and residents.<sup>1,2</sup> As colleges of osteopathic medicine increasingly strive to connect basic science teaching with clinically based learning activities and engage first- and second-year medical students in clinical simulation experiences, modeling by DOs now occurs earlier in medical training during classroom interactions,<sup>3</sup> often without the physician's conscious intent.

How DO teachers model behaviors for first- and second-year osteopathic medical students can have a critical effect on students' development into professional and compassionate physicians; students emulate both positive and negative behaviors modeled by physicians they hold in high esteem.<sup>4</sup> Byszewski et al<sup>5</sup> found that students consider the observation of role models the most important way to learn professional behaviors. Ongoing faculty development for DOs with critical teaching roles within the first 2 years of medical education will help these teachers recognize and make use of positive role modeling opportunities.<sup>3-5</sup>

The literature supports the use of descriptive fictional vignettes as a powerful "reflective, research, and modeling tool"<sup>6</sup> and "an evaluation and discussion tool for monitoring and developing teachers."<sup>7</sup> The following vignettes provide examples of frequently observed positive modeling by DO teachers that typically occur during the first and second years of medical school. They are described in detail in the present article as discussion tools so that DO teachers may identify similar interactions with first- and second-year osteopathic medical students and, through increased awareness, increase the occurrence of daily positive role modeling.

How the teacher in each vignette interacts with and models for the learner demonstrates several desired professional behaviors identified by Swick,<sup>8</sup> including exhibiting a commitment to scholarship and advancing the field, evincing core humanistic values, demonstrating a continuing commitment to excellence, subordinating self-interest to the interests of others, and adhering to high ethical and moral standards.<sup>8</sup> The vignettes also emphasize how a positive “hidden curriculum” can shape the student’s professional development. It is crucial for DO teachers to recognize and create these role modeling opportunities. The effect on students of positive messaging and modeling concerning osteopathic principles and practice must not be underestimated.<sup>9</sup>

## Vignettes

### Modeling Commitment to Scholarship and Advancement of Field

After a clinical skills class, while students are still congregated and observing, a DO instructor reminds an osteopathic internist how to correctly perform a soft-tissue technique the internist can apply to patient care. The DO is positively modeling the importance of continuous medical education and the incorporation of osteopathic manipulative medicine into clinical practice.

A first-year osteopathic medical student receives constructive feedback from a DO teacher after performing poorly during an objective structured clinical examination and feels encouraged and inspired by the discussion. This DO is modeling the concept that well-constructed feedback is an important aspect of professional development, with positive associations that encourage a student to grow.

A second-year osteopathic medical student asks a DO faculty member a clinical question. Unsure of the answer, the DO shows the student how to search for it using a trusted medical resource website. For the student, this behavior is a reminder that DOs do not always have ready answers and must continually acquire medical knowledge, using trusted sources for information.

### Modeling Core Humanistic Values

A first-year osteopathic medical student approaches a DO teacher to clarify a key concept presented during a lecture on chronic obstructive pulmonary disease. The DO patiently explains the concept, using language the student understands and making sure the student comprehends the concept before moving on to a new topic. For the student, this behavior models the way in which a DO explains a medical condition to a patient and confirms the patient’s understanding before the end of the encounter.

A DO teacher demonstrates a pelvic examination on a standardized patient during a small group experience with several second-year osteopathic medical students. Students watch the DO establish a comfortable rapport with the patient before proceeding with the examination. In this instance, the DO is modeling how to establish an authentic connection with a patient and help create a trust-based relationship.

A second-year osteopathic medical student asks a confusing question during a DO-facilitated small group discussion on chronic renal failure. The teacher asks the student to repeat the question while listening intently. The DO is modeling active listening, which is required to determine precisely why a patient is seeking medical care.

### Modeling Commitment to Excellence

A DO teacher demonstrates an osteopathic structural examination to second-year osteopathic medical students during a physical examination skills course, taking time to answer questions and correct student mistakes when they practice the examination on each other. The DO is modeling the importance of performing a thorough physical examination on each patient, using proper technique.

A DO teacher lecturing on disorders of the esophagus to a class of first-year osteopathic medical students stops at the word *achalasia* to define it and ensure that students can pronounce it correctly. The DO is modeling proper

use of medical terminology, which will enable students to communicate professionally with their colleagues.

### **Modeling the Subordination of Self-Interest to the Interests of Others**

A first-year osteopathic medical student stops a busy DO teacher in a hallway and asks the DO to explain the clinical relevance of pulmonary function testing. The DO takes the student aside and provides a detailed explanation, making sure the student understands before walking away. The DO is modeling the patience that may be required when explaining a diagnostic test to a patient.

### **Modeling Adherence to High Ethical and Moral Standards**

A first-year osteopathic medical student invites a DO teacher to dinner after an objective structured clinical examination facilitated by the DO. The DO respectfully declines and explains that, although the student's thoughtfulness is appreciated, accepting the invitation would be unprofessional. The DO is demonstrating professional conduct in a teacher-student relationship, a dynamic similar to the DO-patient relationship.

## **Summary**

The fictional vignettes demonstrate ways in which DO teachers can continually model professionalism and humanistic behaviors in everyday encounters with first- and second-year osteopathic medical students. Faculty development to promote awareness, discussion, and reflection<sup>10</sup> on role modeling opportunities during the first and second years of osteopathic medical school may increase the occurrence of these teachable moments. Faculty developers could use these vignettes in workshops to create role-playing scenarios, helping faculty discuss best practices for role modeling in the preclinical setting and consider ways to increase opportunities for such modeling in daily interactions with

students. In a future study, faculty attitudes toward role modeling will be assessed before and after a workshop using these vignettes, followed by another survey 6 months later to determine whether participating faculty have been able to provide more positive role modeling for their first- and second year students, owing to their increased awareness of such opportunities.

## **Acknowledgment**

*Thanks to Joy H. Lewis, DO, PhD, and Deborah Goggin, MA, for their editorial support.*

## **References**

1. Egnaw TR, Wilson HJ. Role modeling the doctor-patient relationship in the clinical curriculum. *Fam Med*. 2011;43(2):99-105.
2. Paice E, Heard S, Moss F. How important are role models in making good doctors? *BMJ*. 2002;325(7366):707-710.
3. McLean M. Clinical role models are important in the early years of a problem-based learning curriculum. *Med Teach*. 2006;28(1):64-69.
4. Kirk LM. Professionalism in medicine: definitions and considerations for teaching. *Proc (Bayl Univ Med Cent)*. 2007;20(1):13-16.
5. Byszewski A, Hendelman W, McGuinty C, Moineau G. Wanted: role models—medical students' perceptions of professionalism. *BMC Med Educ*. 2012;12:115.
6. Jeffries C, Maeder DW. Using vignettes to build and assess teacher understanding of instructional strategies. *Professional Educator*. 2004/2005;27(1/2):17-28.
7. Veal W. Content specific vignettes as tools for research and teaching. *Electron J Sci Educ*. 2002;6(4).
8. Swick HM. Toward a normative definition of medical professionalism. *Acad Med*. 2000;75(6):612-616.
9. Gamber RG, Gish EE, Herron KM. Student perceptions of osteopathic manipulative treatment after completing a manipulative medicine rotation. *J Am Osteopath Assoc*. 2001;101(7):395-400.
10. Weissmann PF, Branch WT, Gracey CF, Haidet P, Frankel RM. Role modeling humanistic behavior: learning bedside manner from the experts. *Acad Med*. 2006;81(7):661-667.

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