

Role Modeling and Its Effects on Attitudes and Argot

I feel compelled to amplify the message of Professor McGoldrick's excellent essay, "Jarring Unprofessionalism: Argot Revisited."¹ In it, she contemplates the slow "drip, drip" erosion of physicians' empathy toward patients, and offers theories about its origins.

She describes the perpetuation and evolution of argot: the "dirty" linguistic currency used by professionals in conversational transactions. I wholeheartedly agree with her concerns about the marked coexistence of argot, and a cynical and disrespectful attitude toward the patient.

Where does this cynicism come from? McGoldrick¹ suggests 3 etiologies: *first*, it is a method of fortifying professional relationships and the bonds of a working community; *second*, it is an externalization of internal frustrations and an attempt to relieve tension; and *third*, it is a contagious phenomenon: we hear it from our coworkers and adopt it ourselves. McGoldrick highlights this in her example of her younger self perceiving a cynical, dismissive, and very funny fictional physician as "cool."

My research has focused on the role modeling paradigm and its effects on the hidden curriculum. This has shown that the transmission of cynicism is vertical, not horizontal: senior physicians pass it on to junior physicians. To express it another way: cynical and disrespectful attitudes are hereditary, rather than communicable. Students and junior physicians are constantly auditioning role models in their clinical lives, and when personal role models are identified, the learners consciously pattern their knowledge and behaviors on them.^{2,3} However, it must be recognized that while junior physicians are actively merging their aspirations and ambitions with their chosen role

models' status and achievements, they are also unconsciously internalizing the role models' attitudes, behaviors, and values.

I want to highlight another unpleasant facet to embracing medical argot: the coarsening of medical attitudes toward patients plays a contributive role in physician burnout. One of the hallmarks of burnout is compassion fatigue, the inability to care about patients.⁴ It is plain to see how the deliberate adoption of a sardonic and derisive demeanor would act as a catalyst for this potentially devastating phenomenon.

We must be very careful. A healthy respect for our patients helps to humanize them, and it also protects us from burnout. It is not enough to explain ethics and respect to our young physicians; we have to demonstrate it too. We are the role models, and while humor and pathos serve a crucial purpose in our day-to-day lives, we must make it clear that we do not demean, mock, or laugh at our patients, and that we will not tolerate this behavior in others.

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References

1. McGoldrick K. Jarring unprofessionalism: argot revisited. *J Grad Med Educ*. 2016;8(3):471–472.
2. Passi V, Johnson N. The hidden process of positive doctor role modelling. *Med Teach*. 2016;38(7):700–707.
3. Passi V, Johnson S, Peile E, et al. Doctor role modelling in medical education: BEME Guide No. 27. *Med Teach*. 2013;35(9):e1422–e1436.
4. Prins JT, Gazendam-Donofrio SM, Tubben BJ, et al. Burnout in medical residents: a review. *Med Educ*. 2007;41(8):788–800.