

Influencing Career Choice and So Much More: The Role Model Clinician in 2018

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In this issue of the *Journal of Graduate Medical Education*, Yoon and colleagues¹ report the results of a longitudinal study that highlights the influence of attending physician role models on the career choices of medical trainees.

Medicine is a profession that is still learned, to a considerable extent, through an apprenticeship model, with professional development occurring during learners' integration into practice. Medical school curricula expose students to a wide breadth of fields within medicine, where students can appreciate the clinical work performed by different physicians. Insightful trainees imagine what life might be like for them, if they were to pursue a medical career in each of these specialized areas, and it makes sense that exposing learners to clinically excellent role models flourishing in their work may very well inspire them to consider a particular field. Not surprisingly, exemplary role models might actually seal the deal for those already leaning toward a given branch of medicine.²

The authors suggest that role models could be “leveraged” to influence workforce needs in medicine. Taken to the extreme, if more physicians in a given specialty were needed, schools and training programs might expose learners to outstanding role model clinicians in that field, and to blasé or uninspiring clinicians from other disciplines. Of course, this absurd extension of the authors' assertion does not make sense, mainly because role models are critical in the professional formation of soon to be independent physicians in so many ways. Therefore, it is imperative to allow learners to interact regularly with as many great role models (including a range of specialties and types) as possible. Many physicians report that learning from role models is among the most practical ways to acquire skills and attitudes related to (1) connecting and communicating effectively with patients and colleagues; (2) clinical reasoning; (3) medical humanism; (4) professional standards and expectations; (5) leadership; and (6) work-life balance and coping with stressors.³⁻⁶

The real question facing medical educators is how to get learners exposed to more of the truly outstanding role model clinicians from a variety of fields. Because these clinicians tend to also be teachers who support a welcoming learning environment, they can have profoundly positive effects on the sometimes stressful learning context that exists in medical education. To expand the pool of role model clinical teachers, faculty must be encouraged to maintain a conscientious awareness of role modeling, wherein they think about being exemplars when interacting with learners. In so doing, faculty can be more explicit in their clinical teaching, making intentional efforts to articulate the desirable aspects they are modeling—in case these are missed by distracted learners. In addition, clinical teachers should be made aware of the profound influence they have on the career choices of trainees and that the level of enthusiasm they display for their work is a compelling factor in whether trainees will follow in their footsteps.^{1,5}

At Johns Hopkins University, we have developed a “clinical excellence” elective for trainees as an immersion experience with role models. During this 2-week elective, learners spend 10 half-days, each with a different member of the Miller Coulson Academy of Clinical Excellence.⁷ Over the course of the elective, learners focus on carefully watching the behaviors of outstanding clinicians as they interact with patients and their teams, rather than learning clinical content.⁸ Because electives reach only a small number of local trainees, in March 2018, we launched CLOSLER (<http://www.closler.org>) to share the insights and perspectives of exceptional clinician role models with learners around the globe. Unlike face-to-face mentoring, which is predicated on a 2-way longitudinal relationship, trainees can learn from and be inspired by role models on CLOSLER from whom they are separated by time and space.⁹ Through such virtual connections, CLOSLER aspires to stimulate reflection and learning about how we can achieve our common goal of delivering exceptional care to every patient, and thus grow “Closer to Osler.”

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As pointed out in a case control study,⁴ 2 educational approaches that can be adopted by clinician-educators and are independently associated with being identified as role models stressed the importance of the physician-patient relationship in one's teaching (odds ratio = 2.58) and teaching the psychosocial aspects of medicine (odds ratio = 2.31). These results and other faculty development initiatives offer insight into how individual faculty members can become highly regarded role models.¹⁰ Medical trainees today are smart, motivated, and truly aspire to be clinically excellent. Knowing that they look up to faculty and are watching everything we do very closely, it is imperative that we behave accordingly and lead by example.

References

1. Yoon JD, Ham SA, Reddy ST, et al. Role models' influence on specialty choice for residency training: a national longitudinal study. *J Grad Med Educ.* 2018;10(2):149–154.
2. Wright S, Wong A, Newill C. The impact of role models on medical students. *J Gen Intern Med.* 1997;12(1):53–56.
3. Wright S. Examining what residents look for in their role models. *Acad Med.* 1996;71(3):290–292.
4. Wright SM, Kern DE, Kolodner K, et al. Attributes of excellent attending-physician role models. *N Eng J Med.* 1998;339(27):1986–1993.
5. Passi V, Johnson S, Peile E, et al. Doctor role modeling in medical education: BEME guide no. 27. *Med Teach.* 2013;35(9):e1422–e1436.
6. Cruess SR, Cruess RL, Steinert Y. Role modelling—making the most of a powerful teaching strategy. *Br Med J.* 2008;336(7646):718–721.
7. Wright SM, Christmas C, Burkhart K, et al. Creating an academy of clinical excellence at Johns Hopkins Bayview Medical Center: a 3-year experience. *Acad Med.* 2010;85(12):1833–1839.
8. Johns Hopkins Center for Innovate Medicine. Miller Coulson Academy. <http://www.hopkinscim.org/initiatives/miller-coulson-academy>. Accessed February 12, 2018.
9. Rovai AP. Building and sustaining community in asynchronous learning networks. *Internet Higher Educ.* 2001;3(4):285–297.
10. Branch WT Jr, Frankel RM, Hafler JP, et al. A multi-institutional longitudinal faculty development program in humanism supports the professional development of faculty teachers. *Acad Med.* 2017;92(12):1680–1686.



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