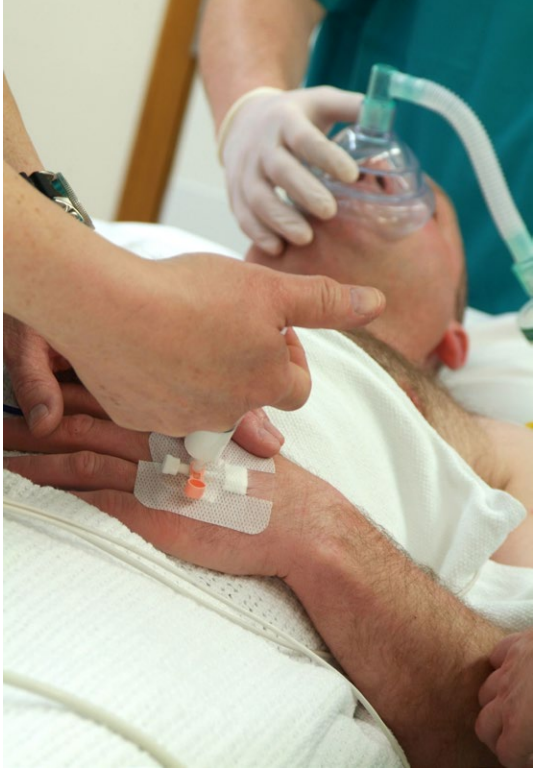
Insights



Role modelling: moving from implicit to explicit

Anne Marie Pinard[1,2], Isabelle Savard[3] and Luc Côté[4]

[1]Anaesthesiology Department, CHUL du CHU de Québec, Laval University, Québec, Canada
[2]Anaesthesiology and Intensive Care Department, Faculty of Medicine, Laval University, Québec, Canada
[3]Department of Education, Teluq University, Québec, Canada
[4]Family and Emergency Medicine Department, Faculty of Medicine, Laval University, Québec, Canada

Role modelling is an issue in health science education, particularly in clinical supervision. There is consensus that the modelling process is more effective when the clinical teacher is aware of being a role model and plays this role unambiguously.[1] One challenge is to guide clinical teachers into making the implicit explicit.[2–4] Côté et al. have developed a three-step explicit teaching strategy for role modelling in clinical settings: what to do before, during and after the structured observation of a clinical teacher by the resident (for example, observing a teacher putting in a central line, focusing on communication during the procedure and then discussing what was done; Table 1).[5] Although this approach is practiced in the health sciences programmes at Laval University (Quebec, Canada), to our knowledge it has not been subject to formal evaluation.

Every second year, we conduct a programme review activity in our anaesthesiology programme. This review focuses on the importance of CanMEDS roles (collaborator, communicator, health advocate, scholar and leader) in clinical settings,[6] including the identification of related educational activities that contribute to the development of the roles, as well as the establishment of programme priorities.

In 2014, using role modelling as a strategy to teach CanMEDS roles was identified as a priority in the anaesthesiology

The role modelling process is more effective when the clinical teacher is aware of being a role model

Someone is watching you, are you aware of it?

Table 1. Teaching explicitly by role modelling in the clinical setting: a three-step strategy

Before	During	After
• Explain to the resident what will be demonstrated • Draw the connection between the resident's needs and what will be demonstrated • Draw the resident's attention to the knowledge, skills and attitudes required • Provide clear guidance on what to observe	• Highlight specific aspects of the competence being shown, demonstrating more slowly as needed • Identify successful procedures and those that were more problematic	• Initiate a discussion with the resident based on their observations and understanding • Examine with the resident what was demonstrated, its effect and any difficulties to be addressed • Talk with the resident about practical steps that can be taken to acquire and integrate what was demonstrated into their practice (e.g. pedagogical prescriptions) • Check if the resident has questions, and provide answers • Ask the resident what one or two key messages they retain from the observation

Adapted from Côté, Perry & Cloutier (2013).[5] Reproduced with the permission of *Pédagogie Médicale*.

programme. Consequently, we planned two activities: a workshop with clinical teachers and a series of cartoon-type posters. The workshop for clinical teachers had two main objectives: to clarify what explicit role modelling is, and to highlight the relevance of this strategy for teaching CanMEDS roles. To publicise the workshop and promote reflection, the first cartoon-type poster (Fig. 1, left) announced: 'someone is watching you, are you aware of it?' This announcement sparked considerable interest among clinical teachers and residents (postgraduate medical trainees), and paved the way towards a thorough discussion about role modelling.

The second activity, undertaken in parallel with the workshop, targeted making explicit the characteristics of a positive role model. To this end, we produced seven more cartoon-type posters, which were displayed for 6 weeks in the anaesthesiologists' office in all hospitals of the Laval University hospital network. Each highlighted different aspects of role modelling (Fig. 1, right).[2–4]

Minutes into the discussion about role modelling during the clinical teachers' workshop, doctors expressed scepticism about being able to be good role models, as they perceived residents' expectations about their teachers to be rather ambiguous. This apparent ambiguity was enhanced by what the doctors perceived as passivity among some residents, as they rarely or never posed questions during learning activities, especially under everyday supervision in the operating room.

In that context, we next organised a workshop for residents in 2015 that focused upon helping them to recognise a good role model, and specify

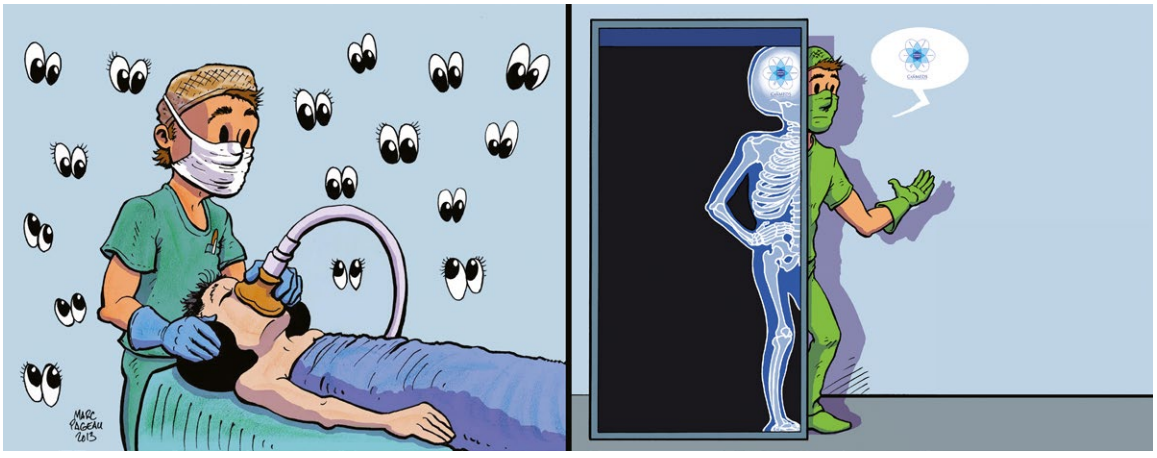


Figure 1. Left: the first drawing announcing the clinical teacher's workshop 'Someone is watching you, are you aware of it?' Right: the poster illustrating 'A role model should render explicit what is implicit'

their expectations of their preceptors as role models. The residents felt that many clinical teachers exhibited a certain lack of interest, as the one-to-one teaching in the operating room (OR) in the clinical setting was often perceived to be cursory and insufficient. They also identified their expectations of the clinical teachers as role models, such as taking the appropriate time to facilitate learning in the OR or to clarify their expectations.

On one side clinical teachers expected more questions, and on the other side residents expected more and better explanations (without asking questions). After analysing both viewpoints, we concluded that they were in fact very similar: they both considered role modelling to be important, and had shared expectations that remained unspoken, meaning that both residents and clinical teachers waited for the same behaviour from the other group, such as showing professionalism or having good communication skills with the other health professionals. These results convinced us that clinical teachers had to be supported to play their role more explicitly.

The main goal of this project was to demonstrate the importance of highlighting explicit role modelling as a strategy to teach CanMEDS roles in clinical supervision. As this innovative programme has not been formally evaluated, it's difficult to say whether the goals of the project were achieved; however, we have reasons to believe that the concept of explicit role modelling was clarified, at least for the clinical teachers, by the different posters and the discussions during the faculty member development workshop. Among the anaesthesiologists, the 'role model' project is now nicknamed 'the eyes project', referring to the first poster that we created (Fig. 1). This is a very positive anecdotal indicator, because remembering that 'someone is watching you' is the first step towards rendering role modelling explicit. On the other hand, we still lack the tools to use and evaluate explicit role modelling as a strategy to teach the CanMEDS roles in anaesthesiology. The next step therefore should be to evaluate how role modelling is actually employed as a pedagogical practice during daily supervision.

In conclusion, we cannot overemphasise the point that clinical teachers should be explicit role models during clinical supervision. Inspired by the three-step explicit teaching strategy (Table 1), we are developing a web-based tool that can be exploited both by clinical teachers and by residents on electronic devices to render available and explicit the objectives, the key messages and the pedagogical prescriptions (suggestions from the clinical teacher to the learner of activities to help the learner improve) in relation to structured observation at every moment during residency. As our programme just changed to a competency-based design programme, we hope to have the opportunity to test this tool and to evaluate its effectiveness. We hope that this will help both the learner and the programme maintain a coherent and explicit pedagogical path.

Remembering that 'someone is watching you' is the first step towards rendering role modelling explicit

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Corresponding author's contact details: Anne Marie Pinard, Anaesthesiology and Intensive Care Departement, Faculté of Medicine, Pavillon Ferdinand-Vandry, Université Laval, 1050, Avenue de la Médecine, Local 4853, Québec, G1V 0A6, Canada. E-mail: anne-marie.pinard@fmed.ulaval.ca

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