Towards Transdisciplinary Professionalism in the Teaching of Public Health

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Overview

- Professionalism and public health
- Shaping transdisciplinary professionalism across public health and clinical medicine
- Teaching strategies and challenges
Perspectives on Public Health

- “Not (clinical) medicine”

- Government-funded health care (“safety net care”; Medicaid; Medicare)

- Encompasses healthcare delivery, disease prevention, health promotion and health policy
Public Health in U.S.

- A part of medicine?
- Or is medicine a part of public health?
- “Medicine-public health divide”
- Transprofessionalism implies a partial attempt to bridge the divide
Ethics and professionalism in public health

• Renewed attention to public health ethics and professionalism in past decade

• Various approaches:
  – Values in public health practice
  – Bioethics language and concepts
  – Health and human rights

(Slomka et al., 2008)
Professionalism guidelines for public health


- Association of Schools of Public Health (ASPH): professionalism competencies (“cross-cutting”) for MPH students (2006); ethics and professionalism competencies for DrPH (2009) ([www.asph.org](http://www.asph.org))
Code of Ethics for Public Health

• Public Health Leadership Society (PHLS), 2002, funded by PHLS and CDC. www.phls.org

• States values and beliefs underlying code

• “Public health should address…causes of disease and requirements for health, aiming to prevent adverse outcomes.”

• “…should achieve community health in a way that respects the rights of individuals…”
ASPH Professionalism/ethics competencies

• “Promote high standards of personal and organizational integrity, compassion, honesty and respect for all people.” (MPH)

• “Distinguish between population and individual ethical considerations in relation to the benefits, costs, and burdens of public health programs.” (MPH)

• “Manage potential conflicts of interest encountered by practitioners, researchers, and organizations.” (DrPH)
# Shaping perspectives on transprofessionalism

## Clinically-based health professions
- Training in clinical settings; ‘socialization’ into patient-focused care
- Professionalism locus is in professional-individual patient relationship

## Public health
- Training in community settings – advocacy, social justice
- Professionalism locus is in professional-community relationship (but communities are composed of individuals)
# Shaping perspectives on transprofessionalism

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<th>Clinically-based health professions</th>
<th>Public health</th>
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<td>Language, concepts derived from bioethics</td>
<td>Language, concepts derived from ethical practice, human rights, social justice</td>
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<td>Shared values, decisional processes (e.g., respect; justice; burden/benefit ratio)</td>
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Place interests of patients, populations at center of interprofessional care delivery

Embrace cultural diversity, individual differences (of) patients, populations, team

Work in cooperation (with all); manage ethical dilemmas re: patient/population situations

-Interprofessional Education Collaborative Expert Panel, May 2011
Teaching strategies

- Course naming: “Health Care Professionalism”

- Public health students from many disciplines; focus on values supporting relationships (among professionals, professionals and patients, populations); what is a social contract?

- Teaching cooperation, respect: all work has value; training model of aide, then nurse, then physician; student work experiences
Teaching strategies

- ‘Professionalism in Practice’ assignment: Observe team in practice; reflect on communication, cooperation (e.g., ICU; IRB)

- Literature, film, TV, social media, current events, cases, “games” (PBL, clinical and public health implications; leadership, accountability issues)
Teaching strategies

- Use cases with implications for transdisciplinary professionalism (e.g., professional responsibilities in treating substance user with endocarditis; different values of multiple stakeholders in HIV prevention research)

- Reflect “holistically” (i.e., socioeconomic, cultural, political contexts; individual health decisions affect public health and vice versa)
Challenges

- Time, curricular constraints (inevitable but manageable?)

- Medicine, nursing as “socialization” processes (trust, do no harm); clinical setting, practices may be intimidating for non-clinicians; difficult to understand for non-clinical public health students (e.g., Biology major) (ID practicum?)
Challenges

- Changing student attitudes, behaviors (e.g., “We can’t change anything (in society)”—Can compassion, respect be taught through literature, film?

- Dealing with cultural differences (professionals, patients)---international student associations; pot lucks; patient stories (Spirit Catches You...
Challenges

- Incorporate transprofessionalism into multiple areas of curricula? Need to identify educators with skills, confidence

- Evaluation – will teaching transdisciplinary professionalism improve patient/public health outcomes? What outcomes are desirable? How can we measure?
Conclusions (in my opinion...)

- Changes in attitudes, behaviors are difficult to change but not impossible

- Transdisciplinary professionalism requires changes in society’s thinking as well as within health professions