

Editorial

Generic Topics in Medical Education: A Forward to Healthy Professionalism in Medical Practice

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In an era of rapid scientific advancement, global health challenges, and evolving patient expectations, the role of medical education in cultivating professionalism has never been more critical. “Generic topics” – those foundational, cross-cutting themes that transcend specialty and geography – represent essential pillars in developing healthy professionalism in medical practice. These include ethics, communication skills, reflective practice, teamwork and interprofessional collaboration, cultural competence, lifelong learning, and accountability. Embedding these topics robustly in medical curricula promotes physicians not only as diagnosticians and technicians, but as trusted healers, responsible citizens, and compassionate partners in health.

Why Generic Topics Matter

The meaning of Professionalism is not simply a collection of behaviours or adherence to regulations; it is a complex, dynamic construct comprising values, attitudes, and identity that shape how physicians think, decide, and act in uncertain, morally ambiguous, and socially anchored contexts. Brody and Doukas argue that professionalism should be understood both as a *trust-generating promise* and as the application of virtue to practice.¹ Evidence shows that medical students exposed to professionalism curricula that stress deeper attitudes (beyond external behaviours) are better able to internalize the ethical foundations of their profession.²

Generic topics foster professionalism by:

1. Helping learners make sense of the intangible elements of medicine—empathy, integrity, humility, and respect.
2. Equipping future physicians to

navigate non-technical demands, such as interprofessional relations, health disparities, cultural and societal values, and system constraints.

3. Nurturing moral resilience, enabling physicians to uphold ethical standards even when resources are limited or when institutional pressures push against ideals.
4. Promoting patient trust, which remains the cornerstone of adequate care, erodes when professionalism lapses, leading to diminished patient safety and satisfaction.

What the Evidence Tells Us

Recent systematic reviews confirm that educational interventions targeting professionalism – through reflective practice, role modelling, peer feedback, and exposure to the hidden and informal curriculum – do improve desirable attitudes and behaviours among medical students, though with important caveats.²

Some key findings include:

1. Interventions that are longitudinal, experiential (clinical placements, case discussions), and that engage students in reflection tend to be more effective.^{2,3}
2. The influence of the hidden curriculum—the unspoken norms, role models, institutional culture—is powerful, often undermining formal teaching unless explicitly addressed.^{4,5}
3. Assessment of professionalism remains challenging: there is heterogeneity in tools, outcomes are often poorly defined, and the sustainability of effects is rarely demonstrated.^{2,3}

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Integrating Generic Topics: Recommendations

To leverage these insights and to forward healthy professionalism, medical educators and institutions should consider:

1. Curriculum design with vertical integration
2. Generic topics should not be confined to standalone modules but woven throughout the curriculum from the early years through to clinical and postgraduate training, with complexity increasing as training progresses.
3. Role modelling and institutional culture
4. Faculty and clinical supervisors must embody professionalism. Institutions should foster cultures that reward professionalism, transparency, and ethical practice.
5. Reflective practice, feedback, and peer learning
6. Structured reflection (journals, case debriefs), peer and self-assessment, and safe discussions of ethical dilemmas or real-life cases help students internalize professional values.
7. Addressing the hidden curriculum explicitly
8. Opportunities should be built in for students to observe, critique, and reshape the informal norms that often exert substantial influence over behaviour.⁴
9. Diverse and context-sensitive assessment tools
10. Use multiple assessment modalities (OSCEs, multi-source feedback, observed clinical encounters, portfolios) that evaluate not just knowledge and skills, but attitudes, values, professionalism in practice. Ensure assessments are culturally appropriate.
11. Sustainability and research
12. To assess whether interventions produce lasting effects on professional identity, behaviour, patient safety, and system trust, longitudinal studies are needed. Cross-cultural research is especially needed in diverse settings.²

Challenges & Tensions

There are inevitable challenges: balancing service demands with reflective time; resource constraints; diversity of cultural norms about professionalism;

variation in faculty preparedness; risk of “checkbox professionalism” where behavior is obeyed for compliance rather than internalized; and measuring something that is partly intangible.

Moreover, globalization and digital healthcare introduce new dimensions: professionalism in telemedicine; social media behavior; stewardship of resources; equity in access; and responsibility in handling AI and data privacy.

Conclusion

Generic topics in medical education are essential levers for shaping healthy professionalism in medical practice. They bridge the gap between technical expertise and ethical integrity, between what physicians *do* and who they *are*. For medical education to fulfil its promise—not just producing competent clinicians, but trustworthy, reflective, compassionate professionals—we must commit to embedding these topics deeply, continually, and authentically. This editorial calls upon educators, institutions, accreditation bodies, and policymakers to elevate generic topics from optional add-ons to foundational elements, and to invest in the evidence, culture, and systems that support long-term professional identity formation.

References

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