

## Jesuit, Warrior, Physician Prisms on Professionalism

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## Goal

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Consider two successful examples of professional training and what they might suggest to improve medical training

## Perspective

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- Abraham Flexner and focus on rigorous science training
- Explosion of discovery and focus on curing problems
- Limited perspectives on what constitute problems
- ACGME Outcomes Project: competencies

## Perspective

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- Difficult to get into medical school
- Difficult to fail once in
- Evaluation still largely focused on knowledge
- Formation of students done by residents...lack of influence of senior physicians
- Focus on career formation, skill development, and advancement
- Goals about service, patient first, altruism: training about something else

## Background

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- Professionalism in medicine a much studied topic
- Can focus on attitudes, behaviors, and competencies
- Another approach is to consider human excellence...
- What environment allows individuals to become excellent people and excellent physicians?

## A Suggestion

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- What we identify as professionalism is a constellation of behaviors that result from the development of personal virtues
- Other groups have identified the types of behaviors and attitudes they want in their members
- They may not call it professionalism but there is a congruence

AMA Initiative to Transform Medical Education

## ***Transforming the Learning Environment***

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- **CULTURE:** Values and norms as embodied in formal policies and informal procedures
- **CURRICULUM:** The objectives and/or competencies of the educational program and the explicit learning experience and methods of evaluation to measure attainment of objectives
- **EDUCATIONAL CLIMATE:** The perceptions of learners (students and residents) about what it means to be a student/resident and, most importantly, a physician

## **Some Definitions**

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- Virtue
- Excellence
- Role models

## Three Paths to Excellence

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- Society of Jesus
- US Army Special Forces (Green Berets)
- Medical education

## Jesuit Formation

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- Background information
  - 1) Society of Jesus, founded St. Ignatius of Loyola in early 16<sup>th</sup> century
  - 2) A religious order in the Catholic Church: the largest men's order, noted for education, missionary work, service to the Church
  - 3) Formation as a Jesuit is a long process and refers to the path by which an individual progresses to Final Vows.
  - 4) Novitiate-First Studies-Regency-Theology-Awaiting Tertianship-Tertianship-Final Vows (Process is usually at least ten years, in my case will be close to 20)

## Highlights of Jesuit Formation

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- Not meant for everyone
- Clear Goals
- Explicit mentoring
- Experience and Reflection
- Ongoing evaluation
- Incorporation into a group

## Not Meant for Everyone

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- Some who enter will be happier in another state of life
- Very high rate of dropouts (about 50% of those who enter leave...similar over 400 years)
- Demanding in a variety of ways
- Highly value laden

## Clear Goals in Jesuit Formation

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- Service in the corporate mission of the Society (“The service of faith and the promotion of justice...”)
- Self-knowledge (A Jesuit is a sinner loved by Jesus Christ...)
- Interior Freedom

## Some Surprises

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- Jesuits as priests teach, run schools, manage refugee camps, perform as actors, artists, musicians
- Flexibility as to type of role one might play
- Working within the structure of the Church but dealing with ambiguity, some conflict, often with people disaffected, dealing with marginalized and powerful

## Explicit Mentoring in Jesuit Formation

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- Directors of formation have very clear jobs and authority
- Meant to be the best of the best...you take people who are doing good work and put them in formation
- Looking for the men who embody the goals of the Society
- Mentoring never really ends: *Cura personalis*
- Role of tertianship

## Experience and Reflection

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- A central part of what it means to be a Jesuit, related to our spirituality of "finding God in all things" or being "contemplatives in action."
- But the attention paid to experience and then reflection is not just about Jesuits...a way to grow as one takes one's life seriously

## Ongoing Evaluation

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- *Informatios*: the original 360 degree evaluation
- Secrecy does lead to honesty
- Evaluation continues until Final Vows, and often beyond
- Looks at “competencies” and what the person is like

## Incorporation into the Society

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- Formation aims at incorporation into the Society: meant to find a good fit, not a cookie cutter.
- Looking towards an embodiment of core values in some very different men---a spectrum of values and diversity but some clear boundaries
- A consistent diversion from the goals of the Society or a disregard for expectations leads to dismissal

## United States Army Special Forces

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- Historical forerunners
- Green Berets authorized by John Kennedy
- Motto: De Oppresso Liber
- Other elite forces are Special Operations Forces

## Mission

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- Unconventional warfare
- Foreign Internal Defense
- Special Reconnaissance
- Direct Action
- Counterterrorism

## Selection and Training

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- SFAS: Special Forces Assessment and Selection
- SFQC: Special Forces Qualification Course--- "Q Course"
- Very high failure rates
- From entry into selection to successful completion of Q course about 75% attrition

## Surprises

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- Skilled at fighting, but goal is working with local population
- Teaching is a central skill
- Training at selection and Q-course as well as Robin Sage also involves intense mentoring...meant to continue in the field
- Very strong relationships in teams and across SF
- Rigorous whole person evaluation in selection and beyond: physical, tactical, but also leadership, respect, attitude

## Any Lessons for Medicine?

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- Does our current system keep people in medicine who would be happier doing something else?
- Problems are amount of debt, inability to dismiss, lack of tracking of basic attitudes

## Goals in Medical Education

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- Are we crystal clear on our values?
- Do we consistently allow economics to trump those values?
- Do we respond to challenges about values from those in training?
- Do we acknowledge tensions between competing goals or just have a lot of windy talk while we focus on the bottom line?

## Mentoring Those in Medical Formation

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- The degree of involvement for Jesuits is not practical in medicine...
- But, caring and being with those in formation is possible
- Mentoring is not therapy: can be directional and pointed
- Particular need to mentor junior faculty

## Mentoring Relationships or Measuring Competencies...

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- Need both
- Need to be very clear we do not neglect the formative aspects while we are measuring
- Choosing residency program directors, clerkship directors, and other faculty with great care...not a stepping stone for personal gain.

## Experience in Medicine

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- Extraordinarily rich experiences often ignored, if not systematically avoided. Probably spouses do a lot of helping with processing.
- Looking at failure, mistakes, and behavior a way to grow
- Who am I, what am I doing, who am I becoming by my actions?

## Evaluation in Medicine

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- A real problem
- We are better at measuring
- The competencies are an important step
- Rare to find honesty in subjective evaluations
- Rare to dismiss people who should be dismissed...fear of legal reprisals or misplaced kindness

## Peer Evaluations

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- Especially critical in SF
- Important in Jesuit evaluation
- Difficulty in obtaining honest feedback with medical student peers

## Incorporation into the Profession of Medicine

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- In medicine, we tolerate students, residents, and attendings whose basic attitudes are clearly corrosive to values of service, altruism, and care for others in the profession.
- Values talk in American medicine often seems meaningless with examples of leaders in medicine.
- Wonderful people abound in medicine and they keep it going.

## So What?

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- Jesuit formation is not the perfect model for medical formation
- Jesuit formation does have some ideas worth stealing
- Medical formation needs to look for other solutions to problems that Jesuits can solve based on the peculiar nature of a religious order

## Problems with the Jesuit Model

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- Jesuit formation is all encompassing and meant to form all aspects of a life...medical formation is part of making one's way in the world, finding a partner, raising children, etc.
- No attention to how a spouse is part of the formation process...can be positive and negative
- Balance in a Jesuit life is meant to be attained through the community and the influence of the superior, how about for doctors?

## Lessons Worth Thinking About...

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- Jesuit formation as a combination of competency and personal growth
- Emphasis on very careful selection of those who form Jesuits needs to be part of medical formation
- Evaluation must include competencies but needs other components
- Lack of frankness in evaluations endangers the profession

## ...Lessons Worth Thinking About

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- Can explicit values and goals in medicine be made clear and accepted in a pluralistic society?
- Students and residents know the reality of those who are their leaders...having individuals as leaders in medicine who are not role models is disastrous.

## A Need for Balance and Wisdom

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- *Phronesis* and *sophia* Formation in the Society of Jesus as one model, albeit an imperfect one
- Medicine's need to look at ways to combine practical and technical wisdom to form individuals as good physicians with balanced lives

## Summary

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- Competency based outcomes measurements in medical education an important tool
- Need to pay attention to larger issues of growth, change, and the type of people who are becoming doctors
- Models of formation outside medicine give some insights...not all applicable
- Careful mentoring, reflection on experience, and honest evaluation are useful

## ...Summary

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- Program directors, clerkship directors, and others with similar roles need to be chosen with care
- Caution with rewarding and promoting individuals who are negative role models and corrosive to the profession

## Where am I going with this?

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- Jesuits and SF aim to form elites within a profession, not be elitist
- Modeling qualities of a profession that can be shared by others...other priests, other soldiers
- Should we consider specialized training for some MD's?