DEFINING AND TEACHING VETERINARY PROFESSIONALISM

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Abstract

Despite extensive research and discussion around the notion of medical professionalism, veterinary professionalism is an understudied area. The aim of this study was to define the concept of veterinary professionalism and analyse the hidden curriculum of a new veterinary school, in order to produce a new curriculum of professionalism.

This study used a constructivist grounded theory method to develop the definition. An iterative approach, using interviews and focus groups, collected information from a range of stakeholders including veterinary surgeons, professional bodies, veterinary nurses and clients. Sampling was theoretical and concluded when theoretical saturation had been reached. An analysis of the hidden curriculum of a new veterinary school was also undertaken using a cultural web model to perform a thematic analysis of focus group narratives from staff and students. The outcomes from both studies were combined to develop a curriculum of veterinary professionalism.

The normative definition of veterinary professionalism produced places the attribute of balance as the central component. Veterinary surgeons are constantly managing the requirements and expectations of their clients, the animals under their care, society and the veterinary practice that provides their employment. The ability to balance these demands and therefore demonstrate professionalism is helped by attributes which are: efficiency, technical competence, honesty, altruism, communication skills, personal values, autonomy, decision making, manners, empathy, confidence and acknowledgement of limitations.

The components of the veterinary school's hidden curriculum emerged within the framework of the cultural web and the development of professional identity was a consistent theme. The school's central paradigm was found to be a community that is hard working and friendly. Routines and rituals were readily identified, as were both positive and negative role models.

The curriculum of veterinary professionalism produced is an integrated, spiral curriculum involving strategies such as early clinical experience and critical event analysis to guide student reflections and shape their development as professionals. Four core professional skills of communication, ethical reasoning, reflective practice and learning skills are central to the curriculum. These are used to reinforce the values and behaviours included in the definition of professionalism.

The definition of veterinary professionalism should also contribute to discussions around the position of the profession in society. The central behaviour of balancing responsibilities between clients, animals, the practice and society appears to be uniquely positioned, and may have application in other professionalism contexts. The presented curriculum is a good starting point for any veterinary school wishing to teach veterinary professionalism, alongside consideration of their hidden curriculum.

For my parents

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Contents

“Dr Dolittle had rabbits in the pantry, white mice in his piano, a squirrel in the linen closet and a hedgehog in the cellar, and he lived on sixpence a year”

Hugh Lofting, The Story of Doctor Dolittle

Transcript abbreviations

[ ] = description of action or infill of words where required

..... = pause

The words veterinary surgeon, vet and veterinarian are used interchangeably throughout this thesis; they all mean the same thing: a Member of the Royal College of Veterinary Surgeons.

1 Introduction

An individual's identity is influenced by many things. Membership of a profession is perhaps one of the most powerful, adding to society's perceptions of what an individual's attitudes may be, and how they should behave. Being a member of a profession often affects not only behaviour when functioning in that role, but also outside of work. Expectations are present, both from within the profession and also from society.

The role and nature of professions has been studied for many years by social scientists, in particular considering the way professions behave and exert their influence on society. Professions have attained a status and identity, but how this has occurred is interesting. Have they carried out a program of self promotion, or has society rewarded them with this status? Once this status has been achieved, has it been maintained, or even increased, through changes in society and the way people interact with each other, or is this status under threat?

Education of professionals has therefore had to alter to enable professions to meet the demands of society. It is no longer enough to simply demonstrate knowledge and skills of a chosen profession – attitudes and behaviours must also be considered. Professional education has consequently evolved to include delivery of these areas, and this ranges from explicit teaching through to an inherent expectation that this learning will occur by being exposed to the professional workplace.

This change to professional education has happened predominantly in medical education, where extensive research and developments have taken place surrounding the complex concept of medical professionalism. It is perhaps not surprising that medicine, in many ways the most traditional of professions, has led the way in this respect. However, other professions are starting to take note of these changes and consider their own attitudes to

professionalism and professional education. Educators of professions must pay attention to the demands of society, and ensure graduates are fit for purpose.

The veterinary profession has many similarities with medicine, but educational strategies have often lagged behind the rapid changes occurring in the training of doctors. This is particularly true when considering professionalism. The preparation of veterinary graduates for practice has paid little heed to attitude and behaviour teaching, and has instead focused on the more traditional components of knowledge and skills. The veterinary profession is a fascinating one to consider in the UK context, because although it delivers healthcare, unlike human healthcare this is not free at the point of delivery. Society may consider vets to be 'animal doctors', but the interaction of society with medical doctors and veterinary surgeons is often very different, which has the potential to be problematic. The exchange of money between customer and professional adds an extra dimension to the veterinary surgeon-client relationship.

The veterinary profession has changed significantly over the last few years, with ownership of practices altering and specialisation increasing. Demands of society for top class animal healthcare are also great, and pets are often given a child like status in families. There is a need to produce cheaper food in order to feed an expanding global population, putting pressure on farming practices. The recent economic downturn has presented yet more demands on the veterinary profession, and all these issues require a response from educators. It may no longer be enough to rely on attitudes and behaviours to develop automatically; curricula may need development in order to deliver these components of being an effective professional.

1.1 The context of this study

The opportunity to carry out this study arose because of the creation of a new veterinary school – the School of Veterinary Medicine and Science, at the University of Nottingham (SVMS). This new school presented a rare chance to establish facilities, staff and curriculum to produce a modern, forward thinking graduate. This development therefore provides the backdrop to the entire research process undertaken in this study.

When initial thoughts around the general aims of the new school's curriculum were first discussed, it was proposed that professional skills – such as communication skills and ethical reasoning – would be given equal status to the more traditional clinical and non clinical components. The concept of professionalism was not discussed explicitly, although there was to be an emphasis on professional behaviour, and the extensive discipline code was mirrored from the University of Nottingham Medical School's strategy.

It quickly became clear to the curriculum developers that there was very little evidence base for the teaching of these professional skills. Although certain aspects, such as communication skills, had been taught in varying amounts in other schools, very few included entire curricula of professional skills and therefore there was little research into which skills, knowledge or attitude teaching should be included. There was certainly no evidence for improvement in professional behaviour as a consequence of any such teaching. Early on in the school's curriculum design process a survey of practitioners was carried out to establish areas which they felt were under taught in curricula in the UK. Non traditional skills such as communication, ethical reasoning and business management emerged strongly from this informal report, and so these and other skills were included in a module 'Personal and Professional Skills' which was to run through each year of study. It was hoped that this would deliver some of these essential elements.

It is however difficult to implement this kind of teaching, and the lack of evidence base for its inclusion or indeed how it should be taught created problems. It became clear that professional skill teaching was not enough, and that the school should also be trying to develop professional attitudes and behaviours during undergraduate study. A usable definition of veterinary professionalism was required to provide a basis for this teaching. Without such a definition, the curriculum was in danger of lacking validity.

1.2 The veterinary profession

Although understudied from a sociological perspective, the veterinary profession has interesting historical roots and complex responsibilities. In order to consider the position and status of any profession it is useful to examine the development of that profession through history. Perhaps unsurprisingly, the evolution of the veterinary profession has parallels with the use of animals within society. A society that relies on animals in some way – be it for food, transport, war or comfort – requires animals to coexist alongside humans. This close coexistence with humans necessitates healthcare for animals – not only to improve the welfare of animals, which improves their usability, but also to prevent the possibility of zoonotic disease transmission. As a guardian of animal health the veterinary profession inevitably has additional responsibility for public health. Recognition of this responsibility has been critical for the regard of the profession by society.

1.2.1 The history of the veterinary profession

Domestication of animals necessitated the development of husbandry techniques, and there is possible evidence of ancient animal care and medical treatment from as long ago as 12,000 years (Bahn 1980). However, the true development of animal healers as a distinct role did not happen until much later, and owes a debt to one particular species, the horse. Horses, along with wheels, meant transport, which lead to power and dominance for different cultures. There was therefore a worthy investment in caring for these creatures,

and inevitably this centred on their feet. Hence a productive symbiotic relationship developed between horse and early farriers, who often combined this role with horse trainer and general health care.

Both Greek and Roman civilisation contributed in different ways to the development of the veterinary profession – one of a scientific nature, and one of a practical basis. Romans relied heavily on horses for both war and sport. They saw treatment of both animals and humans as more of a practical ability than something requiring great skill - bloodletting was the cornerstone of therapy, and there was little actual understanding of clinical disease. Socially therefore, status was limited. However, the Romans do seem to have given animal doctors a name, as it is likely that the word veterinarian comes from the Latin word *souvetaurinarii*, animal caretakers, or *veterina*, the word for pack animals. Despite their poor social standing, for the first time veterinary surgeons had the beginnings of an identity, and *veterinarii* were listed within military rankings as "immune subjects", meaning they were considered specialists in their craft (Dunlop and Williams 1996).

In contrast, the Greeks began developing veterinary knowledge, and Aristotle applied Hippocratic methods in the veterinary context. He published several books on animal anatomy and disease, covering many species, and even described methods of castration. However he was a scientist, not a practical veterinarian, and his writings contributed to ideas about disease in humans as much as in animals.

It wasn't until the renaissance that veterinary writing really began in earnest. Although there are a couple of exceptions, such as Rusio, a Roman vet who wrote "La Mascalcia" a horsecare book which noted infectious diseases, and Paracelcus (1493-1541), who made some pharmacological advances by treating glanders with arsenicals, veterinary surgeons remained in limbo as a profession, erring on the Roman side of being practical horsemen

who dabbled with veterinary care as necessity dictated. Leonardo da Vinci, amongst other renaissance scholars, learnt much about human anatomy from dissecting animals, but as much as da Vinci's drawings contributed to knowledge of animals, the work was done to advance knowledge of human medicine. It could be argued that had there been a better supply of human cadavers, da Vinci might have ignored animal anatomy. However, much of the work was published, and Carlo Ruini Jr (1530-1598) produced the first accurate veterinary anatomy book. Despite these advancements in knowledge during the renaissance, it did not lead directly to the development of the veterinary profession. No formal education existed for those treating animals, and cow and horse 'leeches', as animal doctors were known, practiced quackery and magic. There appears to have been little application of the discoveries made by Renaissance scholars.

1.2.1.1 The rinderpest outbreak

The massive rinderpest epidemic in the 18th century brought an urgent need for the understanding of animal disease, and the establishment of the first veterinary school. The profession's focus on the horse was over, and there was suddenly a need to control disease in herds. The rinderpest outbreak is thought to have killed 200 million cattle in Europe. In Rome the disease was brought quickly under control under the direction of the court physician, who implemented a slaughter policy, and then urged doctors to continue studying animal disease. In Lyon, an Academy of Surgery was created to control the outbreak, and in 1761 this became the first veterinary school. The founder, Claude Bourgelat, demonstrated both practical and scientific knowledge of the care of horses. He was in an excellent position to drive the development of the school, and the beginnings of the veterinary profession, because his brilliance with horses gave him great esteem within the military. The school at Lyon was quickly followed by a second in Paris. Bourgelat had demonstrated how essential this new profession was to society.

Meanwhile in England, the situation was behind that of mainland Europe. This was not without some advanced individuals, but farriers still played an important role. The first UK veterinary school eventually opened in London in 1791.

1.2.1.2 The history of veterinary education in the UK

The first UK vet school evolved out of pressure from society – populations were growing, and more people were living in cities, requiring food from the countryside, which therefore needed to be produced in a more intensive way. The days of every family possessing a backyard cow and pig were disappearing, yet horses were more in demand, as turnpikes were created and infrastructure in the UK grew. Charles Benoit Vial of St.Bel (known as Sainbel) was appointed founding professor at London. Sainbel had trained in Lyon and came into the public eye in London when asked to dissect the body of the famous racehorse, Eclipse. He already had plans for a London veterinary school at this stage, and seemed to be the perfect appointment. However, the school had a difficult start, as Sainbel contracted glanders and died shortly after his appointment. Edward Coleman, the next principal, seems to have had more of a business leaning than a scientific one, and the school floundered. Sainbel had recruited young men with a good grounding in science or surgery, but Coleman recruited anyone who could pay, onto a dramatically shortened course of just three months in some cases. The course focussed entirely on the horse, and so graduates were not equipped with skills that society so desperately needed in the agricultural sphere. The London veterinary school struggled under Coleman's leadership for forty-eight years, and the profession lost an opportunity to truly establish itself in Britain. Coleman accepted current thinking that the status of a veterinary surgeon was below that of surgeons and physicians, although he did ensure vets became commissioned officers in the cavalry. It was to take a disillusioned graduate of the London school, William Dick, to rescue British

veterinary education, and begin proper establishment of veterinary surgeons as a respected profession.

The son of an Edinburgh farrier, Dick gained his diploma from London in just three months. The Highland Agricultural Society recognised the need for someone with the practical skills of a farrier to be given scientific training so that animals could be treated and studied properly, and William Dick was the perfect choice. He returned from London and studied anatomy with medics, and then established the Edinburgh Veterinary School, with diplomas issued by the agricultural society. These diplomas stated that graduates were qualified to practice the 'veterinary art', again an indication that the veterinary profession was establishing itself independently from practical farriers. These men received an all round better education, covering multiple species, and two early graduates were to go to America and establish the first veterinary schools there and in Canada. Dick also improved the social standing of veterinary surgeons on a more personal level, as he became a much respected member of Edinburgh society, appointed amongst other things as a Justice of the Peace, and to the town council. When Dick died in 1866 his legacy was truly a vital component of the embryonic veterinary profession.

1.2.1.3 Professional recognition - the Royal College of Veterinary Surgeons

From a shaky start in Britain, veterinary education eventually became more important, as the importance of animal health became clear. However, farriers and leeches continued to practise their skills on unlucky patients, and developments in veterinary medicine were behind where perhaps society expected. Recognition of the profession was therefore essential, and eventually a Royal Charter, in effect marking the establishment of the veterinary profession, was issued in 1844, creating the Royal College of Veterinary Surgeons. A true identity emerged, and this was recognised officially in 1881 by the first Veterinary

Surgeons Act, which protected the title of “veterinary surgeon”. The professions’ growth was assured with the establishment of veterinary degree courses at several locations.

1.2.1.4 Veterinary education today

Veterinary education in the UK is now delivered purely by large universities – the six veterinary schools (London, Edinburgh, Bristol, Glasgow, Liverpool and Cambridge) and since 2006, the seventh Nottingham, are all faculties or schools of universities rather than being the stand alone private schools some of them once were. Overarching curricular control is maintained by the RCVS, who carry out regular inspection visits. Six veterinary schools maintain their own private referral practices, whilst Nottingham has opted for a dispersive model of clinical education using private first opinion associate practices to provide teaching and case material for final year students.

1.2.2 Governance - The Royal College of Veterinary Surgeons

The Veterinary Surgeons Act was revised in 1966, and the RCVS continues to fulfil the roles for which it holds jurisdiction as statutory regulator of the profession; it maintains the register of veterinary surgeons licensed to practice in the UK, and it regulates professional education and conduct of these veterinarians. The supplemental Royal Charter of 1967 gives the college the right to award postgraduate qualifications to its members and to veterinary nurses, and allows it to act as a source of information on veterinary related matters to the general public. All these roles contribute to the mantra of the RCVS: “To promote and sustain public confidence in veterinary medicine” (RCVS 2010).

As a self regulating profession, the main body of the RCVS is made up predominantly of veterinarians – there are 42 council members, of which 24 are elected by the profession itself. A further 14 members are appointed by the veterinary schools, and four members by the Privy Council. RCVS policies are formed by a series of committees and working parties. One of the most important documents which the RCVS produces, and revises on an annual

basis, is the Guide to Professional Conduct (RCVS 2010), which instructs veterinary surgeons on their professional behaviour and ethical decisions. The RCVS describes it not as a "detailed rulebook", but "a set of fundamental principles which may be applied to all areas of veterinary practice."

The ownership and management of veterinary practices in the UK began to change in 1997 as the RCVS altered their rules; practices can now be limited companies and corporate ownership is becoming more widespread, with one company owning over 200 practices[1].

1.2.3 Current challenges to the profession

There are some pressing issues for the veterinary profession in the current climate. The changing nature of practice ownership could potentially lead to conflict and difficulties for the profession, whose first allegiance is to animal welfare, and not to profits. Another challenge relates to the revision of the Veterinary Surgeon Act, which is nearly 50 years old. The RCVS was required to present a case for revision to a parliamentary select committee (EFRACOM 2008). Amongst revisions it saw as necessary were provisions for the regulation of paraprofessionals such as equine dentists and animal behaviourists, who do not currently fall under RCVS jurisdiction. However, the case was not thought strong enough, and the RCVS has had to re-consult on the issue. This has caused some discussion within the profession, which appears to hold conflicting views about the necessity and nature of changes to the act (Michell 2008). Halliwell (2008) talks about a "divided profession" in the aftermath of the EFRACom review, and there are opinions surrounding a perceived lack of clarity of the RCVS' role, and the negative "climate" of the profession (Anon 2008; van Dijk 2008).

[1] CVS UK Ltd - http://www.cvsukltd.co.uk/origins.htm

Pressures to intensify and modernise farming practice have lead to changes in demands on veterinary surgeons. A good example of this is dairy farming; in 1950 there were 3.4 million dairy cows in the UK in 196,000 herds giving an average herd size of just 17. By 2008 these numbers had dropped to 1.9 million dairy cows, and just 17,000 herds with an average herd size of 112. Average productivity per cow, however has increased from 2870 litres of milk per year to 7020 litres per year[2]. These figures demonstrate well how the demands on the veterinary surgeon has changed – in the 1950s, the traditional 'James Herriot' country veterinarian regularly attended farms to treat even the most minor of aliments. Pets were less of a priority. The situation is now dramatically different with the number of mixed practices declining. In response to the demands from farming society, specialist farm animal veterinarians treat herds more commonly than individuals, with the emphasis on preventative and production medicine. Companion animal practice, meanwhile, has grown by huge proportions, and many practices treat only small animals, equipped with the latest technology, costing significant amounts of money. Equine work has also become specialised, with hospital practices delivering diagnostics such as Magnetic Resonance Imaging and Computed Tomography. Some basic demographics of the UK profession are shown in Appendix 1.

The concept of 'one health' is also receiving increasing interest from the veterinary and medical communities. The necessity of veterinary surgeons and doctors working together during zoonotic disease outbreaks may seem obvious, but this has often not been the case in practice, the Q Fever outbreak in the Netherlands being a recent example (Lubick 2010). Various organisations therefore exist to promote the one health concept, the US organisation's mission statement being:

[2] All dairy farming figures obtained from DairyCoDatum service www.dairyco.org.uk

"Recognising that human health (including mental health via the human-animal bond phenomenon), animal health, and ecosystem health are inextricably linked, One Health seeks to promote, improve, and defend the health and well-being of all species by enhancing cooperation and collaboration between physicians, veterinarians, other scientific health and environmental professionals and by promoting strengths in leadership and management to achieve these goals." (One Health Initiative 2011)

Veterinarians are also respected members of the scientific community, carrying out research into animal and comparative diseases and technology. The establishment of the government veterinary division, originally to deal with the rinderpest outbreak but now managing such threats to animal and public health as foot and mouth disease and avian influenza, also ensured a place for the profession within society. The Chief Veterinary Officer is a spokesperson for the government when dealing with disease outbreaks that threaten the economy or public health.

Another interesting change in the veterinary profession is the increase in female veterinary surgeons. In post war Britain, veterinary practice was not seen as an affluent or obvious career for women (Brancker 2002), and it wasn't until the late 1970s that a significant increase in numbers of women applicants to veterinary school was seen. Since then this number has gradually risen to overtake male applicants during the 1990s, and the profession demographics have recently become predominantly female (RCVS 2011)c.

1.3 The Nottingham Curriculum

The School of Veterinary Medicine and Science, University of Nottingham (SVMS), was opened in September 2006 and is the school under examination in this study. Being the first new veterinary school in the UK for over 50 years, a specific, relevant and forward thinking program of teaching was planned. The Nottingham curriculum had a 'top-down' design from

the RCVS Day One Competencies (RCVS 2006), European Association of Establishments for Veterinary Education subject areas (EAEVE 2000) and Quality Assurance Agency for Higher Education subject benchmarks (QAA 2007). It was also 'designed up' from surveying a wide range of members of the profession. Some core educational principles and values are maintained throughout this curriculum structure.

A key strategy is the vertical integration of clinical and pre-clinical material - years one and two are described as 'clinical science', and pre-clinical concepts are often delivered in a clinical context. In the later years, pre-clinical concepts are revisited whilst learning clinical disease processes. This gives the curriculum a spiral nature as students move from novice to expert.

The SPICES model (Harden 1984) provides a useful framework to describe the curriculum and educational theory underpinning the chosen format at SVMS (Table 1). This model is commonly used to analyse medical curricula by examining certain aspects of delivery and comparing them between modern and more traditional delivery methods.

Modern curricula	**Traditional curricula**
Student-centred	Teacher-centred
Problem-based	Information-orientated
Integrated/**I**nterprofessional	Subject/ discipline-based
Community-based	Hospital-based
Elective-driven	Uniform
Systematic	Opportunistic

Table 1 The SPICES curriculum model (Harden 1984)

1.3.1 Student-centred

A student-centred curriculum challenges the traditional role of the teacher, leading to a different way of learning. The concept of student centeredness is that "what the student learns matters, rather than what is taught" (Harden 2009 p.12). This philosophy encourages students to learn in an independent fashion, giving them more responsibility for their own education. The teacher changes from a didactic deliverer of vast quantities of information and becomes a facilitator of learning. Clinical curricula are traditionally extremely effective in removing any inclination by students to self motivate and learn from their own experiences. They are adept at delivering excessive information and examining on a factual basis, leading to a loss of motivation and overdependence on pedagogy (Parkinson and St George 2003). Encouraging a more active approach to learning – a constructivist approach, whereby a learner will build on prior knowledge, and learn by doing, in order to assimilate and accommodate their own learning – is essential to avoid over burdening students. Using active learning techniques in the delivery of a curriculum should lead to the students accepting this responsibility for their own learning.

The decision to attempt to design a student centred veterinary curriculum was of primary importance, not least because of the current state of postgraduate education of veterinary surgeons in the UK. Although the RCVS issues postgraduate qualifications, allowing specialisation in species or subject area, they may be difficult to obtain for the majority of vets working in private practice. There is often not enough time or the finances within a practice to support further studies. Hence the majority of veterinary surgeons do not go on to gain further qualifications (RCVS 2002), although this may change with the introduction of a new modular certificate format. There is an obligation to undergo Continuing Professional Development (CPD), and of course this is primarily self directed. The SVMS curriculum was therefore designed to prepare graduates for this kind of environment, so that they emerged with these essential lifelong learning skills. Teachers and curriculum designers must develop

awareness that excess content in a curriculum actually leads to students learning less (Blumberg 2005), and so a more conceptual approach is essential (Cake 2006). A content heavy, prescriptive curriculum was therefore avoided in order to discourage strategic and surface learning. It was hoped by faculty at SVMS that teaching conceptual skills such as decision making and problem solving, as well as developing lifelong learning skills, would mean graduates would emerge with the ability to manage their own learning and engage in clinical reasoning in an effective manner.

This overriding student centred philosophy of the Nottingham veterinary curriculum made it possible to reduce and refine much of the content delivered in more traditional approaches, particularly during the early years. The heavy practical component of the curriculum also reinforces this principle, as students have to interact with material and generate and answer their own questions. Traditional curricula tend to include little or no use of live animals in early years of study, but SVMS decided that their use stimulates and motivates students, and included contact from the very beginning of teaching. Individual self directed learning (SDL) sessions are timetabled extensively throughout all modules – and the skills needed to successfully implement SDL techniques such as time management, evidence searching and self assessment are also taught, usually in the small group setting. This is essential if SDL is to be implemented properly (Blumberg 2005), and teachers at SVMS are aware that self directed learning skills must be allowed to develop with time (Srinivasan, Wilkes et al. 2007). Learning skills therefore form the first term of the Personal and Professional Skills module (PPS), which runs throughout the course, delivering a wide range of generic and more veterinary specific skills.

Experiential learning is further promoted through the inclusion of Extra Mural Studies (EMS) - an RCVS requirement. During the holiday period, students in years one and two have to

undertake 12 weeks EMS working on farms, stables and kennels. Once year three is entered, EMS becomes clinical, with students spending 26 weeks in external placements.

The curriculum is entirely outcomes-based, with the outcomes created from process and competence, rather than content (Gibbs 1995), again shifting the emphasis onto the student, rather than just stating what the teacher is delivering. Learning outcomes form the backbone of teaching sessions, and are available to the students prior to sessions with the exception of the problem based learning sessions. These PBL-type sessions are another excellent example of encouraging self-directed learning skills, and they are called 'Clinical Relevance' at SVMS (see 1.3.2).

Lifelong learning is listed as a Day 1 Competency by the RCVS (2006), and so the modern SVMS curriculum is very similar to many medical curricula, which have responded to similar requests from the General Medical Council regarding doctors learning skills (GMC 2002). A student-centred curriculum should ensure this competency is well established in SVMS graduates.

There are elements of the curriculum which are more teacher centred: an obligation to attend certain classes, the inclusion of some purely didactic lectures, and set assessments. As O'Neill and McMahon (2005) discuss, in reality it is impossible to be distinctly learner or teacher centred – these terms exist at either end of a continuum. SVMS certainly leans towards the student centred side of this continuum.

1.3.1.1 Assessment

Assessments in veterinary curricula generally follow the traditional route of being very knowledge based and teacher centred, with a lack of testing of understanding. Predominantly student-centred, more valid forms of assessment have therefore been developed at SVMS. Formative multiple choice examinations (MCQ) allow students to

monitor their own progress, and tutors encourage this, developing a strong two way relationship with students. Summative exams take the form of MCQs, but these include extended matching, assertion reasoning and graphical questions in order to examine higher levels of understanding. The Objective Structured Practical Examination (OSPE) is also heavily utilised, in order to assess practical competencies. In final year assessments such as Direct Observation of Practical Skills (DOPS) and the Rotation Professionalism Assessment (RPA) continue to contribute to authentic and valid measurements. SVMS students also submit a portfolio to demonstrate their learning each year – this assessment is flexible and can be taken in whatever direction the student wishes, with very few regulations involved.

1.3.2 Problem-based

The Problem-Based Learning (PBL) element of the SVMS curriculum was included to not only further underpin the student centred philosophy, but also to encourage the development of generic skills such as group working, critical thinking and communication. Vertical integration of the curriculum, which introduces clinical material at an early stage, was also thought important, so that students could identify the reasons for inclusion of preclinical components.

The 'traditional' form of PBL presents small groups of students with a clinical problem, which is then worked through in a self directed fashion, assisted by a facilitator (Kwan 2001; Neville and Norman 2007). Students are encouraged to 'solve' the clinical problem by applying preclinical knowledge in a clinical context. This contextualisation of learning should lead to better understanding and a less surface approach (Davis and Harden 1999). Theoretically, the most 'pure' form of PBL involves no lectures at all, and the facilitator has no expertise in the subject area being delivered.

The PBL philosophy has been adapted around the world in a variety of formats (Davis and Harden 1999; Winning and Townsend 2007). Success does vary, and there are some critics of

PBL as an educational strategy. It might be assumed that PBL is an expensive format, but this is not always the case (Nieuwenhuijzen Kruseman, Kolle et al. 1997). It can be deduced that this is more of a problem when an information-oriented curriculum is converted in its entirety to a PBL format. Arguments that students may not gain enough basic scientific knowledge during PBL are inconsequential if the understanding of this knowledge is assessed by a valid method.

SVMS had the luxury of developing a brand new curriculum, meaning that the increased resources required for a PBL style of learning could be budgeted for. However, there were some concerns about implementing a 'pure' PBL format. Similar to Solomon and Finch (1998) SVMS curriculum developers worried that if few or no lectures were used, students could potentially have difficulties judging the depth at which they should learn material. This could be a particular problem in veterinary education, which covers a wide range of species in varying levels of detail. The transition from a didactic style of learning (the majority of SVMS students would be entering year one immediately post A-Level studies) to a self directed one has been identified as a major source of stress for students beginning PBL (Biley and Smith 1999). Lectures need to be viewed as resources within a PBL curriculum, requiring a mature approach from students not always present in school leavers. As RCVS accreditation of the degree course was necessary, it was also hypothesised that some content may be more difficult to demonstrate when delivered in the PBL format. A completely self directed curriculum could lead to problems when it came to demonstration of the teaching of learning outcomes. It was therefore decided that a kind of hybrid should be developed - Clinical Relevance (CR).

1.3.3 Integration and Interprofessional teaching

Horizontal integration (Prideaux 2005) is achieved by delivering body systems in blocks, integrating the traditional elements of anatomy, physiology, biochemistry, pharmacology,

parasitology and pathology. Long modules of personal and professional skills and animal health and welfare are also integrated into this teaching where possible. There is also vertical integration - the early introduction of practical and clinical skills, taught from a relevant aspect of the body system being covered at the time, hopefully increasing the context specificity of the material presented (Regehr and Norman 1996).

Interprofessional learning takes place in a limited context. Veterinary nursing students from a nearby university are involved in peer assisted learning of basic surgical skills, and also participate in relevant lectures. Within the final year rotations, students learn alongside student veterinary nurses in the workplace, and take part in an interprofessional clinical and communication skills training day.

1.3.4 Community-based

One of the main differences of the new SVMS curriculum was the decision to deliver the clinical training in year five within community-based 'clinical associate' practices. These practices have SVMS clinicians with teacher training qualifications based within them, forming a kind of hybrid hospital-community based education. It is hoped that this combines the benefits of properly trained clinical teachers alongside a relevant and realistic case load. Medical students have been shown to benefit from community-based teaching, particularly in developing communication skills and understanding patient autonomy (O'Sullivan, Martin et al. 2000). However, quality control of this teaching can be more challenging (Murray and Modell 1999).

1.3.5 Elective

Students have a choice of species specific electives during the final year of clinical teaching, which is particularly important in veterinary degrees as many students will focus on one species immediately on graduation. The curriculum includes a 12 week research project at

the beginning of the third year, and this also allows election of a particular interest and more self direction for the students.

1.3.6 Systematic

A systematic approach to the curriculum involves the careful planning of learning to ensure no content is omitted as may occur in a more opportunistic approach. The curriculum is carefully planned and mapped against RCVS and EAEVE requirements. A systematic approach to workplace learning is also attempted by the use of clinical associate practices during final year - SVMS staff within these practices should not be under pressure to undertake high volumes of clinical practice and should have time to plan a more systematic approach to their teaching. Although opportunistic learning still occurs when necessary, the core content is delivered as systematically as possible. This strategy has also been included in the SVMS curriculum by the use of a portfolio. Students record their experiences, and they themselves analyse what has been missed, in consultation with their tutor.

1.4 Professionalism teaching

Teaching of professional skills was included as part of the curriculum, and as will be seen in later chapters this included the topics established as important from the survey of members of the profession. However there was no specific teaching of the attitudes and behaviour components of professionalism. This was expected to occur through students' exposure to the workplace. A large element in this generally forward thinking curriculum therefore appeared to be missing. It is this issue which this study will address, and this will include a more detailed review of this gap in the curriculum.

1.5 Conclusion

This chapter has provided an overview of the history and current state of the veterinary profession in the UK today. This is important background knowledge as the study of this

profession, its role in society, and how we train veterinary professionals is commenced. The history of the profession provides an insight into the practical nature of the veterinary surgeon. The route to recognition for the profession was not straightforward, and this is also important to consider as the study examines the profession today. The current challenges to the profession provide some clues as to the issues which may arise during this study, and influence the professionalism of veterinary surgeons.

A new veterinary school provides challenges and opportunities for educators. The Nottingham curriculum is innovative and forward thinking, with a strong student centred basis. However some elements, particularly the professional skill teaching, have little evidence for their inclusion or for the effectiveness of this teaching. This study hopes to rectify this situation, by producing a definition of veterinary professionalism to work from to create a properly evidence based curriculum. The intention is that this curriculum can be delivered in order to create a new generation of veterinary surgeons, who are truly fit for purpose.

1.6 Outline of the study

This thesis is presented as a record of the research process and the end result of the development of a curriculum of veterinary professionalism.

Chapter one has introduced the veterinary profession and the veterinary school in which this study is set. Some of the educational principles underpinning the curriculum at the school have been presented.

Chapter two will review the literature on professionalism. It will examine sociological and educational perspectives, presenting definitions of professionalism, methods of teaching professionalism and methods of developing curricula.

Chapter three will present the methodologies chosen for this study. They will be explained as necessary for the context of the study.

The results of the study will then be presented in **chapter four** (the definition of veterinary professionalism) and **chapter five** (the analysis of the hidden curriculum). The results will be presented in raw form where necessary, and interpretations described.

Chapter six will describe the curriculum which has been developed from these results. It will describe the process of curriculum development undertaken and demonstrate the outcomes.

The thesis concludes with **chapter seven**, discussing the results and curriculum. Further literature will be introduced as necessary to make comparisons and argue the novelty of this research. The validity and limitations of this study will be considered, and overall conclusions drawn.

2 Professionalism

Before attempting to define veterinary professionalism, it is important to review what is known about the profession at present. Consideration of the sociology of the professions and discussion of how other professions define their professionalism will also be useful. This will guide the development of a methodology to define veterinary professionalism specifically.

The concept of professionals and their role in society provides rich data for social scientists. This discipline has published extensively on professionals' behaviours and attitudes and how they interact with society. It was clear during the review process that this literature would be a very useful starting point, as the broader topic of professions in general is used to set the scene for this more specific study of one profession.

One particular focus of social scientists is the medical profession, with doctors commonly used as a "testing ground" for more general theories of professionalism (Dingwall and Lewis 1983). Healthcare plays a pivotal role in society, and the men and women carrying out the various different roles in providing this healthcare have expectations placed upon them. This creates an interesting phenomenon to examine and question, which is not only the domain of social scientists but is also of interest to the healthcare professions themselves. Doctors in particular have examined their role in society and debated how this has evolved. The medical profession is very interested in how new doctors should best 'learn' this role, and demonstrate the attitudes and behaviours society requires, in order to maintain this special responsibility. The teaching of medical professionalism is therefore a vast topic for study and subsequent publication, often undertaken by educationalists, many of them doctors themselves.

Parallels can be drawn with doctors when considering the veterinary profession. Veterinary medicine is a healthcare profession, albeit for animals. It may not be possible to rely on medical professionalism studies alone to draw conclusions directly relating to the veterinary profession, but they are certainly a good starting point.

This literature review will therefore draw on this extensive body of social science and medical education literature, in order to inform the study of veterinary professionalism. The small amount of literature relating directly to veterinary surgeons will also be reviewed. From this process, it is hoped that more defined research questions will emerge in order to set the scene for the study of veterinary professionalism. The review will conclude with a review of literature around the curriculum design process, which forms the culmination of this study.

2.1 Why define professionalism?

There is much discussion within the literature concerning the need for a definition of professionalism. Medical educationalists, drawing on the history and sociology of their profession, certainly present a strong case. Although there are numerous educational reasons for requiring a definition, there are also many pressures on the medical profession to maintain their status as a true profession, and be worthy of the rights and privileges that come with such a position. This has led to much discussion, often labelled the “discourse” of professionalism (Shirley and Padgett 2006), which appears to be relatively restricted to the medical profession.

It might seem obvious that if a topic is to be included in a curriculum, it must be well defined. There appears to be general agreement that medical professionalism should be taught, and it is included in most medical curricula in the US (Kao, Lim et al. 2003). “Appropriate” doctor behaviour has always existed as an issue, but before the term

“professionalism” was commonly used it was often considered under the broader title of "Fitness to practise", something in itself that many found difficult to define (Schneidman 1994).

Teaching is of course intrinsically linked with assessment, and an absence of a definition may make a mockery of any attempts at examination (Cruess and Cruess 2006). Assessment of professionalism is very important to the medical profession - "The absence of provisions to ensure that candidates for professional status achieve at least threshold competency in such professional attributes as truthfulness, benevolence and intellectual honesty would threaten the very status of medicine as an institution endowed with the public's trust" (Buyx, Maxwell et al. 2008). However, professional behaviour is difficult and controversial to assess, and so it is important to develop a consensus on the definition of professionalism so that all educators know what is being discussed, and can interpret professionalism in the same manner (Cohen 2001; Jha, Bekker et al. 2006).

This need stretches even further if the pressures on the medical profession are examined in depth. Doctors in the UK have continually had to examine who they are and what they do within the confines of the National Health Service. Rapid changes in the way healthcare is organised affect doctors’ education, and need to be considered (Jotkowitz and Glick 2004). Certainly it is important to consider medicine’s social contract with society, which has long been present prior to any other definitions of professionalism (Kurlander, Morin et al. 2004). Shirley and Padgett (2004) discuss these changes in the way doctors behave and are viewed, speculating that doctors can no longer be "virtuous cowboys - riding free on the healthcare range, always available and kind to patients, and always with an invisible wife at home to keep dinner warm". Often the calls for renewed professionalism seem to evoke these days, and this appears to be unrealistic in the current climate of accountability and intense work pressure. Any definition needs to be usable as well as teachable. After all, professionalism is

"easy to recognise but difficult to define" (Swick 2000).

Despite the pressure on medical educators to be able to define what they teach, some argue that a definition of medical professionalism is not necessary, or that a definition is such a complex notion that it should not be attempted.

Anijar (2004) argues against objectivising professionalism, and turning it into something quantifiable. She feels that "a professional cannot be essentialised into techniques or a syllabus or a course of study", and instead relies on the process of passing through the “curriculum experience” to develop students as professionals. The problem here is that educators may not be able to rely on the curriculum to develop them in the way intended, and they also have pressures from institutions and governing bodies to formally deliver professional skill teaching. The move to outcomes based education has increased this pressure; defining the outcomes is a key component of curriculum planning. Objectivising professionalism may be the only way to achieve this, however uncomfortable a process this may be.

It has also been argued that defining professionalism is pointless if this does not align with the behaviour learners witness when they enter the workplace (Evans 2008). Theory may appear to be irrelevant when what happens in practice appears not to substantiate these ideas, although perhaps this is about defining a “gold standard” like other aspects of clinical practice, which is not necessarily always achieved? Ginsburg et al (2002) carried out a study in which focus groups of medical students were asked to describe unprofessional behaviour they had seen. The incidents described do not always fit easily into a definition of professionalism. They are often context specific and contain many different aspects of unprofessionalism. The authors point out that this is important to remember when teaching professionalism to students - what students perceive as unprofessional may be different to a

doctor's perception, which could create issues for teachers. This discord between theory and practice, could actually hinder professionalism teaching, rather than assist it. Raising further issues for outcomes based curricula is a call for more of an intimate focus on doctor-patient relations, rather than a wide definition (Tomlinson 2003). Although this perceived theory-practice divide is important, in some respects it could increase the potential of a professionalism curriculum to have an impact on the learners. Students should be able to understand that there are often exceptions to rules and definitions, and this is particularly true in a scientific education. They need to learn to recognise the abnormal, and cope with uncertainty. Debating a definition and comparing this to personal experiences could contribute to the teaching through a more active learning process. An outcomes based curriculum will require a framework for the teaching of professionalism; the key strategy is using this framework correctly to prepare students for the realities of practice.

The huge explosion in writing on medical professionalism has also been criticised. Kinghorn et al (2007) questioned professionalism "position statements", saying that although they do not disagree with them, they are likely not to influence individual physicians' behaviour on a day to day basis. They discuss the need for a "moral community", in which to ensure these virtues are grounded. A pluralistic approach, encouraging enquiry and discussion, is needed in order to implement this – the very opposite of a deontological approach, which would entail long lists of rules and regulations. Hafferty (2004) shares this concern, and warns of long and rigid instructions which may be impossible to understand. He divides the current interest in professionalism into two types – the "prodigal son", an idealistic motivation and "socio-political and economic change driven", responding to legislation and changes within the medical profession. It is certainly important that discourse does not get too great and cause its own demise - but without this discourse, educators could potentially struggle to identify what to teach.

Coulehan (2005) does not disagree with the need to discus and define professionalism, but argues that often approaches are too simplistic, and that the act of placing something in a curriculum does not mean that students will attain competency in the prescribed area. He argues that problems with professionalism run a lot deeper, and that descriptions of skills and practices cannot act as “surrogate virtues”. Professionalism needs to be achievable, and not just reasonable (Hoff 2000).

There are others too, who whilst agreeing that discussions around medical professionalism are useful, ask for a pause in this movement, criticising the discourse of professionalism for being too “hung up” on itself. Surely the academic environment is of equal or more importance (Wear and Kuczewski 2004)? Social justice and the wider role of doctors in society need to be examined further. The recent professionalism movement has been described as a "dominant force in contemporary academic medicine that appears to have been accepted as an absolute good”, and is often presented tidily when this is rarely the case (Castellani and Hafferty 2006). These authors describe the obsession with assessment as “reductionist”, particularly as the professionalism of those doing the assessments is unknown. This may not be a realistic position to adopt however, because society may demand these assessments. Shirley and Padgett (2006) agree that professionalism is not really a status but a claim to a status, and that instead of trying to come up with definitions, doctors need to think about the bigger picture and renegotiate their social contract. They conclude that "efforts to revive the discourse of professionalism within contemporary medical education and practice are misguided and unworkable" (p.39) - language is not enough, because language depends on the society in which it is used and is therefore ineffective to consider in a standalone approach. Instead, there is a need to change institutional thinking, not just regarding the behaviour of those within it, but also regarding what society gives back to doctors – for example the maintenance of a good work life

balance. They also argue that this is not an issue for medics alone – that it needs to be looked at from a wider perspective by society at large. They do not consider how achievable this is however – society may not wish to be involved in this process.

From an educational perspective therefore, it can be concluded that a definition of medical professionalism before it is taught or assessed is fairly essential. However, there are caveats to establishing this definition. It must not be too contextual, or difficult to understand. A profession's contract with society must not be forgotten in trying to establish a definition, and its existence within a curriculum does not mean that it will be maintained within the profession. A definition must go further than just describing professional behaviour (Rees and Knight 2007; van Mook, van Luijk et al. 2009). Clearly there are issues – but defining professionalism in some way appears to be an unavoidable process for those teaching developing professionals. Aside from any other reasons, a discourse of professionalism does allow the topic to be recognised, and the benefit of this debate must not be underestimated. Certainly this discourse has not yet occurred in the veterinary profession, which presents difficulties for educators developing modern curricula.

2.2 Definitions of professionalism

So what exactly is meant by professionalism? Who is a professional? Is it possible for an occupation to become professionalised? What is meant by de-professionalisation? Who is entitled to call themselves professionals? These are areas of much debate within the literature – indeed Swick (2000) says the word professionalism "carries with it so many connotations complexities and nuances" it has "virtually lost its meaning". This literature review will now broaden its scope in examining a more general definition of professionalism.

The Oxford English Dictionary (2009) describes a profession as "An occupation in which a professed knowledge of some subject, field, or science is applied; a vocation or career,

especially one that involves prolonged training and a formal qualification" and states that in the past this was generally applied to divinity, law and medicine. Certainly historically, doctors, lawyers and clergy were viewed as professionals. These men were awarded privileges and status in society, in exchange for a trustworthy relationship with those they serve, altruism and expert knowledge. Another defining aspect of professions is leadership and governorship, which is traditionally from within their members. This self regulation usually occurs by means of a governing body which may or may not have lay person involvement. Expertise in some form (needed by those served by the profession as well as wider society), and control over membership of the profession are also important elements in what Rueschemeyer (1983) describes as the functionalist model of the professions.

It is worth noting, however, that the word professional is used in many other contexts in today's language. It has occasionally become synonymous with occupation, but this should perhaps be avoided. The distinction between professions and occupations is certainly discussed extensively, although interpretation of this literature must be done with caution by educators, because much of it refers to a collective definition rather than an individual one (Cruess and Cruess 1997). However, theories are important to discuss, as theory helps to identify the reasons for practice (Jecker 2004). Moline (1986), drawing on the earlier work of Wilensky (1964), even argues that all occupations are trying to become professionalised. He describes the existence of a desire to move away from the amateur status and be "honoured" with the label of professional. There is no sense of vocation though, for many cases, and cynics might argue that these groups are only pushing for such a status because of perceived increases in pay and status. Moline goes on to compare the "paradigm" professions, meaning doctors and clergy who have a "calling" to their role, with other occupations wishing to be labelled as professional. He discusses his mechanic - although he trusts him completely, he describes this as a different type of trust to that he has with his

doctor or lawyer, as the mechanic holds no personal or embarrassing information about him. The mechanic will only lose customers if he does a bad job, not his profession, and has no overall responsibility for health or wealth. This author is one of few social scientists to discuss veterinary surgeons, but he dismisses them as a profession, writing that because animals cannot be embarrassed by the information held about them, they cannot be considered as true paradigm professionals. However this could be contested, because vets, particularly farm vets, hold a wealth of information about clients which they are required to keep confidential. This does not just relate to animals, but also to clients' livelihoods and reputations.

Thistlethwaite and Spencer (2008) discuss other understanding of the word professional – as the opposite of amateur, therefore possessing superior skills which are worth paying for such as in sport or music, and also when it is used to describe a job which is carried out "with calculated efficiency without fuss or emotion" (p.2). Eraut (1994) argues that the professions are actually "ill defined" – although law and medicine are the "ideal" professions, professionalism is really a functionalist ideology which expert knowledge to society in return for social status and freedom from outside interference. He is disparaging of the lists of traits often created by authors in order to define professionalism, saying that these are often an individual's own thoughts and influenced by the culture they live in, with varying significance. He goes on to discuss the challenges to the "professional knows best" view, arguing that society is becoming more client or patient centred because of increasing access to knowledge altering the power dynamics between professions, clients and the government. It is no longer acceptable for professions to behave in paternalistic manner, although Eraut maintains that doctors still function at the top of the hospital hierarchy. Even this is debatable – for example in the NHS, the management of hospitals by non-medically qualified employees and the modernisation of medical training means this is argued as no

longer the situation for doctors (Bolton, Muzio et al. 2011). The government has increasing power over the public sector professions, although their motivations for control may not align with a client-centred ideal, unless political gain is a potential outcome.

2.2.1 The power of professions

Extensive sociological analysis has resulted in numerous ways of defining and describing the professions, leading Reuschemeyer (1983) to suggest an analytical turmoil because of the lack of consensus amongst writers. At the beginning of the 20th century Webb and Webb (1914) concluded that certain groups should be given professional status so that society can be organised into a functioning entity. The theory of "social closure", originally proposed by Max Weber but later expanded on by others (Collins 1986; Murphy 1988), recognised the position of the professions and noted that individuals not thought worthy of joining their ranks were excluded, resulting in social immobility and a loss of self improvement. Hughes (1971) described the "mystery of the professions", whereby knowledge about guilt (i.e. sin and disease) was required by professionals in order to carry out dangerous tasks, for which privileges were given in exchange for keeping these issues away from society. In an economical context, Parsons (1968) describes a balance between the capitalist economy, social order and the professions to create a stable social order. He theorised that professions and bureaucracy achieve the same thing, but in very different ways.

During the 1970s however, this positive view of the professions was questioned. A prominent critic was Freidson (1970). He used doctors as an example to discuss how the power awarded to professions was being exploited by their members – the Professional Dominance Theory described professionals as having an exclusive body of knowledge which is used as an instrument of power. He accused doctors of self interest and a lack of altruism. Larson (1977) agreed, but instead used economic arguments and Marxist theories to accuse professions of a "collective mobility project", where professions aim to gain market control

of their speciality, their organisation awarding them with overall charge of society. In contrast Haug (1973) argued that medical specialisation, information technology and the existence of other health professionals would prevent professional dominance – indeed a proletarianisation of medicine was possible.

Freidson (2001) later published a new theory of professionalism. This rescinded some of his previous ideas, and he viewed professionals in a more positive light. He decided they did bring benefits to society and that restricting their position would do harm to those served by them. He concludes this theory of professionalism with a warning however – that professions' own agendas are at risk – "the most important problem for the future of professionalism is neither economic nor structural but cultural and ideological. The most important problem is its soul." (p.213).

Evetts (2005) separates professionalism into organisational and occupational within public sector, knowledge based work. She argues that organisational professionalism involves managers dictating standards, leading to hierarchical control and occupational standards not necessarily set by the workers themselves - a Weberian approach. In contrast, occupational professionalism uses a central "collegial authority" to control standards, but there is still autonomy within the profession and trust exists with end users. Control is from within the profession. This discussion is useful, because sometimes the word professional can be interpreted by people in the organisational fashion. In the context of medical or veterinary professionalism, it is almost certainly occupational professionalism which is being discussed, and this needs to be made clear. However, organisational professionalism is becoming an issue for both professions – in the case of doctors, from managerial control of the NHS (Colley, James et al. 2007), and potentially for veterinary surgeons from corporate ownership of practices. A move away from administration towards the management of doctors and veterinary surgeons could lead to a loss of autonomy, almost negating the

professional status of these professions (Dingwall 2008). This will be a significant area to discuss during this study. Evetts herself makes the point that it is also important to see how this discourse of professionalism is being used by groups such as managers or the profession itself, in order to bring about change within professions and social control. Is the tradition of trust being replaced by organisational control in some professions?

2.2.2 Professions and society

The social contract that defines a professions relationship with society is often discussed, once again focussing on the medical context (Kurlander, Morin et al. 2004). This social contact is defined as the bargain between society and doctors – what doctors get from society, in exchange for their expertise and care of patients. Care of the ill should be protected as a special relationship in our social structure, but often the social contract is "constructed as participants see fit" (Emanuel 2004). Any analysis of professionalism should ensure this relationship is at its centre.

There is discussion of renegotiation of this social contract in the current climate of change within the medical profession (Cruess and Cruess 2000). Society has altered from viewing doctors as superior beings with little or no accountability, to behaving in a more knowledgeable and questioning way. The change in relationship between doctors and their patients is highlighted by Dingwall (2008) as he discusses the move from paternalistic care to a more patient centred approach. There is also less of a medical monopoly, as aspects of patient care are taken over by other healthcare workers such as nurses and physiotherapists, almost leading to a form of competition for doctors. This could therefore mean that the social contract has changed. Society may no longer expect such a high level of expertise, and in return doctors will not be afforded the same privileges. The medical profession must re-examine this idea, and not just abandon professionalism, to try to create a working alliance to benefit both the public and the doctors (Cohen, Cruess et al. 2007).

Professions should be making social systems more stable, forming a "third logic" between market and public (Campos 2006), and benefiting society – professionalism, as described by Shirley and Padgett (2006), is a community issue.

2.2.3 Communities of practice

Lave and Wenger's (1991) theory of communities of practice is another important way to examine the structure and behaviour of professions. They describe society as being broken into lots of small units of similar actions called communities of practice. These units include obvious communities such as professions, but can also be interpreted as interest groups or groups taking part in the same activity over time. These communities of practice are defined by a set of rules, many of which are not explicit. There are right and wrong ways to behave, and on entering a new community of practice for the first time the transition and learning of these rules can be very difficult for an individual. This socialisation process certainly needs to happen to students completing professional degrees such as medicine or veterinary medicine. As they finish their studies, they must convert from student to professional, and this is a testing time. Educators therefore need to ensure that this process happens as smoothly as possible, by teaching students the "rule book". This enculturation process is one of the most persuasive arguments for teaching professionalism – but huge issues can arise when this "rule book" is taught in an ideological way by educators, and therefore not complied with once in the community of practice (Stern 1996). There is an issue in the difference between tacit versus explicit socialisation (Coulehan 2005).

Others also discuss the concept of a community of practice as being important – Colley et al (2007) describe learning as part of a social process rather than a cognitive process. They talk about a set of social relations, and intrinsic conditions for the existence of knowledge – and that the community of practice provides a necessary condition for the status and practice of experienced professionals which may be hard for new people to enter, as their own existing

ideas and knowledge may be challenged.

Professionalism should therefore perhaps be thought of as a fluid, wandering entity, with ideas constantly changing and adopting (Colley, James et al. 2007). If this is the case, then even more of a problem is posed for educators, who need to define what to teach and assess in an outcomes based curriculum. It may be easier to follow the conclusion that some have come to of professionalism being an ideology. Ideologies can help to unravel a particular topic or area because they invoke areas of understanding and assumption (Pachler, Makoe et al. 2008). Perhaps an ideology is an ideal learning tool for students – something to be discussed and debated, so that the issue is seen as essential, and intrinsic, yet contextual. This fits well with the concept of reflection being an essential skill of professionals, which will be discussed later – the ideology of professionalism being something that requires reflection to even begin to understand it.

2.2.4 Professionalism and professional skills

Often the starting point for the inclusion of professionalism teaching in a curriculum is simply the insertion of professional skills. Communication skills are now taught in all UK medical and veterinary schools (May 2007; von Fragstein, Silverman et al. 2008), and these are usually included as an element of professionalism definitions, or described as a way of delivering professionalism. Professional skills are practical elements which when combined with the right attitude, knowledge and behaviours produce professionalism. Professionalism is a therefore often considered to be a competency in the educational sense. This is an important concept to recognise, because there is confusion in the literature on occasions, particularly from professions such as veterinary surgeons where professional skills may be taught but professionalism as a competency is rarely discussed or defined.

2.3 Defining medical professionalism

The discussion and debate around the medical profession is a focus for doctors, educators and sociologists. All seek to explain the existence of doctors in today's society, and in particular any changes to the way the profession is viewed. Traditionally a respected and privileged profession, this has been challenged for many reasons, primarily because of changes in management of doctors and healthcare provision in both the US and the UK.

In the mid 19th century, the medical profession was formalised through legislation in the UK. Allopathic medicine was accepted as the scientific way of treating illness, the Medical Act of 1858 was passed and the professionalization of doctors moved from being historically accepted to being legislated. The profession experienced an initial rise, growing in ability and status. In the UK, most healthcare was delivered by the community based general practitioner, often working on their own, backed up by a network of cottage hospitals. The nationalisation of the health service in 1948 meant that medical care was available to all, and was free at the point of delivery. However, a second phase of the sociological story occurred between the 1940s and the 1960s. Doctors were accused of "professional dominance" (Freidson 1970); that they were truly powerful professionals who convinced society that professionalism was essential and that they required no outside regulation. Subsequent to this, a new era of decentralisation occurred, with doctors losing status due to corporatisation and the changing structure of the health care system. In the last 20 years, some theorise that a shift has occurred again, and that there is now more support for the professions, particularly doctors due to changes in healthcare control and the influx of NHS managers (Cruess, Johnston et al. 2002). However, further scandals have occurred that threaten to disrupt this new found trust. The Bristol Heart Babies and Shipman[3] affairs have

[3] The Bristol affair concerned a group of paediatric heart surgeons whose incompetence had to be reported via a whistle blower. Many babies are thought to have died because of this group's poor standards of patient care. Harold Shipman was convicted in 2000 of murdering 15 of his patients whilst a GP in Manchester, UK.

threatened the professionalism and status of doctors. There is speculation that society is ready to overlook these individuals in favour of doctors regaining control of the health service – political control and part destruction of the NHS is distrusted, and it is felt that doctors may provide the leadership required to rescue it (Cruess, Johnston et al 2002). Having said this, recent attempts by the government to shift managerial responsibilities to doctors have been met with resistance (Ipsos Mori 2011), and government control over the career structure of junior doctors has also been criticised (Bolton, Muzio et al. 2011).

The changes in the medical profession and the desire to teach not just the cognitive and skill base of medicine but also what doctors "must be" (Cohen 2006), has lead to researchers and professional bodies alike describing their own definitions of medical professionalism. Some of these definitions have been reached via empirical research, whilst others are created by groups or individuals drawing on their own perspectives and ideas.

2.3.1 Professional bodies' definitions

A selection of the most recent project groups' findings are outlined in Table 2. Some contain lists of attributes, while others are more descriptive in nature – it is up to those requiring such definitions to decide which is more useful. Although these normative definitions may appear to be very different, when tabulated it can be seen that there are actually many similarities between them.

Project group	Methodology	Attributes/behaviours described						Other
		Altruism	**Accountability**	**Excellence**	**Duty**	**Integrity**	**Respect for others**	
ABIM Project Professionalism (1995)	Working party of experts, literature, workshops, symposia	The "essence"	Many levels	Life Long learning commitment	Availability	Personal and professional level Honour	Humanism	7 challenging issues also listed: abuse of power, arrogance, greed, misrepresentation, impairment, lack of conscientiousness, conflicts of interest. Aids/barriers during training described.
RCP Working party (Tallis 2006)	Working party of experts, literature, survey, interviews	Yes	"Appropriate"	And continuous improvement	Responsibility	Integrity	Mutual respect	Working in partnership with members of the wider healthcare team. Values form basis of moral contract with society.
GMC Good Medical Practice (2001)	GMC Council	Yes – "care of pt first concern"	Yes - personally	Up to date Within limits	"Protect and promote health"	Honest and open No discrimination	Polite Confidentiality Work in partnership with patients	"Rule book" for doctors practising in the UK
ACGME Outcome project – professionalism outcome (2002)	Advisory group	Yes – supersede self interest	To patients, society and the profession	Yes under separate outcome	Not listed	Yes No discrimination	Yes for patients	Compassion. Communication skills separate outcome
ABIM/ACP-ASIM/EFIM Medical Professionalism Project (2002)	Working party, experts	Central, must not be compromised	Self regulation	Life Long learning Continuous improvement	Reduce barriers to health care	Honesty Integrity of knowledge	Respect for patients autonomy Confidentiality	Social justice
CanMEDS Physician Competency framework (2005)	8 working groups all doctors	Yes	Profession lead regulation	Yes	Not listed	Yes & honesty	Yes	Compassion Divides overall expectancies into medical expert, communicator, collaborator, manager, health advocate, scholar and professional

Table 2 – Professional bodies definitions of medical professionalism ABIM = American Board of Internal Medicine. RCP = Royal College of Physicians, UK. GMC = General Medical Council, UK. ACGME = Accreditation Council for Graduate Medical Education in America. CanMEDS = Royal College of Physicians and Surgeons in Canada

Many of the definitions in Table 2 are discussed in a review paper by van Mook et al (2009) and these authors conclude that the lack of consensus reached by the various groups could be an issue for the medical profession as a whole, leading to problems when trying to define what should be taught. This table demonstrates that they do have similarities, and it may not be an insurmountable challenge to gain a single definition within the profession, were this necessary. The fact that the issue is being discussed – the discourse – may be enough, because it is this debate which will raise the issue of medical professionalism to the forefront. The other issue which van Mook et al (2009) raise, of professionalism being about more than just professional behaviour, and the need to consider "inner values", is perhaps more pertinent a problem. These values have been described as humanism, and this soul of professionalism should not be ignored – "humanism provides the passion that animates authentic professionalism" (Cohen 2007). Equally, humanism has also been challenged in its common juxtaposition to professionalism – with Goldberg (2008) arguing that humanism is a "universal, egalitarian ideology", whereas professionalism is more cultural and individual to that group of people. This issue certainly needs further thought from those teaching professionalism.

2.3.2 Opinion and literature based definitions

Many medical educators have reflected on their experiences and reviewed the literature to try and establish a better definition of medical professionalism. Cruess, Johnston and Cruess (2004), prolific writers on medical professionalism, describe a working definition of the word profession designed specifically for educators to use when teaching professionalism in any curriculum. They use the Oxford English Dictionary plus their own thoughts, stating that often lists of attributes are too broad, and that a more precise definition is required.

> "Profession: An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a

> commitment to competence, integrity and morality, altruism and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society." (Cruess, Johnston et al. 2004)

These authors are very clear that from this definition, the specifics of medical professionalism are easier to define. Within Epstein and Hundert's (2002) extensive review of publications defining and assessing professionalism, a definition of professional competence emerges as "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served." Importantly, they too recognise that these traits must be seen as a whole rather than as isolated competencies, and go on to discuss how this can be assessed. In contrast, Southon and Braithwaite (1998) discuss how professionalism can be considered a task-related phenomenon, rather than a social phenomenon, but this appears to be a narrow and unusable view for educators.

From their review of the professionalism literature, Surdyk et al (2003) define medical professionalism from the perspective of doctors' different relationships - with patients, other doctors, health care professionals, society and oneself. Doctors must align these relationships appropriately with the typical values used to define professionalism, in order to demonstrate professionalism. Morrell (2003), a past president of the British Medical Association, lists from his own experiences the professional values required by doctors as confidence, confidentiality, competence, contract, community care and commitment. Stern (2004) considers knowledge and communication skills as necessary for professionalism, but separate domains, and includes altruism, humanism, accountability, empathy, self education amongst many traits in his definition.

Swick (2000) describes his normative definition of medical professionalism as a set of behaviours, defining the nature of medicine - doctors should subordinate their own interests in the interests of others, adhere to high ethical and moral standards and respond to societal needs. Their behaviour should reflect the societal contract with the communities they serve, they should show core humanistic values (honesty, integrity, caring, compassion, altruism, empathy, respect, trustworthiness), behave with accountability, demonstrate a commitment to excellence, demonstrate commitments to scholarship and advancement, deal with high levels of complexity and uncertainty, and reflect upon their actions and decisions.

A slightly different concept named proto-professionalism (Hilton and Slotnick 2005) is described as the status students go through before emerging as true professionals. During this period, the authors list domains which must be developed – ethical practice, reflection and responsibility (focused on the doctor), respect for patients, teamwork and social responsibility (requiring collaboration). They worry that these attributes can be negatively affected by "attrition" in the learning environment, an issue which will be revisited later.

It is interesting to consider whether professional behaviour is vastly different from the socially responsible behaviours that non professionals are expected to display. Rhodes et al (2004) argue they are actually very similar. They list fiduciary responsibility, trust, caring, confidentiality, non judgmental regard and nonsexual regard as essential principles, and argue that these can be used as a theoretical framework for professionalism.

All these opinions may be similar – but the question must be asked as to how evidence-based they actually are. The acceptability of a normative definition set by the profession itself with limited evidence gathering is debateable. Recently, attempts have been made to address this, by seeking a consensus and an opinion from society at large.

2.3.3 Specific research defining medical professionalism

Castellani and Wear (2000) developed a grounded theory of medical professionalism, which indicated that although the struggles of double agency, decentralisation and narrative dysfunction are major ones, it was possible for forward thinking members of the profession to work their way out of these issues by thinking critically, reflecting and creating a new system of professionalism. However, this study only interviewed doctors, and did not include other stakeholders in the quest for a definition, which would seem important.

One primary stakeholder is, of course, the patients - and Davis et al (2007) attempt to define professionalism using concrete examples in a patient survey. It would appear to be very valid to ask patients opinions, but unfortunately this survey was extremely limited, using patients from a single clinic, and it only focused on some practical, appearance-based aspects of professionalism. The main finding was that patients want doctors to shake their hand, although significantly (and seemingly unnoticed by the authors) most patients didn't require their doctor to wash their hands in front of them, but trusted that they had done this already.

As part of a Royal College of Physicians (RCP) study, all students and trainees were surveyed using Likert scale responses to elicit their ideas on professionalism during their training (Chard, Elsharkawy et al. 2006). Although the response rate was very low, in general most thought that regulation and training of doctors should be done by the profession, and felt that if the professionalism of doctors decreased then more would leave the profession. The RCP report concluded that professionalism does matter to doctors, and they defined professionalism as "a set of values, behaviours and relationships that underpins the trust the public has in doctors". They described the way these values should affect leadership, education, appraisal, careers and research, giving the concept a broad, holistic scope.

Examining patient involvement in medical students' education gave some useful insights into the doctor-patient relationship, from patients, doctors and students (Rees, Knight et al. 2007). The

themes that emerged in this study, via the interesting concept of metaphor analysis, were based around the doctor-patient relationship. The authors are concerned by these findings, as they would have preferred to have identified a partnership between doctor and patient, and certainly this is what much of the other literature presumes exists.

Going even further and trying to involve all stakeholders' opinions, Wagner et al (2007) carried out a series of focus groups using separate sessions for students, residents, faculty and patients to discuss a definition of professionalism. This study produced five separate maps of professionalism for the different groups, with three primary themes of knowledge/technical skills, patient relationships and character virtues, in addition to secondary themes such as medicine as a unique profession, and peer relationships. Although this study was only carried out in one institution, it is useful in its qualitative nature - the focus group is a good mechanism from which to extract data such as this. However, the applicability of five separate maps is debateable, and this is certainly not a simple definition.

Jha et al (2006) carried out a qualitative study trying to define perceptions of professionalism in medicine from a range of stakeholders, including educators, students, doctors and patients. They conducted semi-structured interviews with participants, asking for experiences of good and bad doctors in order to identify different themes. Seven themes were identified within these data - compliance to values, patient access, doctor-patient relationships, demeanour, management, personal awareness and motivation. This study is useful, not only because of the qualitative nature but also because of the inclusion of a range of stakeholders. Many studies rely on doctors or educators only to try and define professionalism. However those that work with and are treated by doctors are as, if not more important when trying to define how doctors should behave, and attitudes they should show. Indeed, Walmsley (2006), argues that patients should want medical professionalism as much as doctors. There are almost parallels with market research here. Clients are really consumers, and market research would ask them what they thought, before changing a

product or a service. Surely this is of more value than a list of narrow attributes created by the producers themselves?

An interesting approach from Australia matches professional complaints from the governing body to a proposed list of domains of medical professionalism – responsibility, relationships with and respect for patients, probity and honesty, self awareness and capacity for reflection, collaboration and working with colleagues and care of colleagues (Rogers and Ballantyne 2010).This process resulted in no matches for the final two categories, leading the authors to suggest that these attributes are unlikely to be included in information from patient sources and that they should therefore continue to be included in the domains. They suggest that caring for colleagues may be better included in the ethics curriculum.

Components of medical professionalism have also been identified by means of the Delphi technique - in this case, to define anaesthetists professionalism (Kearney 2005). Three rounds of questions produced a consensus, comprising humanistic, personal development and meta-competences such as team working and confidence. Altruism was a very low priority in this study. The Delphi technique requires the use of experts (in this case anaesthetic educators) to reach a consensus, but the findings suggest these experts may lean towards the monopolistic view of professions described by some sociologists (Freidson 1970). This study was also weakened by the lack of open ended questions in the first round – so even the experts may not have been able to contribute their exact view. In contrast, Ginsburg et al's (2002) study of medical students illustrates well the difficulties of trying to develop a normative definition of professionalism without considering differing perceptions. The categories of unprofessionalism which emerged from students through development of a grounded theory were communicative violation, role resistance, objectification of patients, accountability, physical harm and crossfire. These issues could not always be put into the ABIM categories, which may be a concern if professionalism was taught only from this single definition. However, this is where teaching methods should allow for discussion and debate of behaviour that students have

observed. They need awareness that there will be other examples beyond this definition. It could even be argued that having categories does allow for more discussion – indeed another study by the same authors (Ginsburg, Kachan et al. 2005) backs up this suggestion, by demonstrating that year two students are able to identify unprofessional behaviour successfully, especially in non medical professionals they had seen at work. It may be possible to include an exercise such as this in the curriculum, so that students are aware that behaviour may not always be easily categorised.

Whichever of the many definitions educators choose to work from, they must be clear in their mind that this definition is realistic and usable. Learners will also be exposed to professionalism and unprofessionalism in an experiential manner, and if formal teaching appears distant from these experiences then confusion may arise. The theory and practice divide must be addressed, and this process may well be to the learner's benefit.

2.4 Veterinary Professionalism

There is little true description of veterinary professionalism, with no empirical research around this concept as a set of values and principles needed to guide the behaviour of veterinary surgeons. This is perhaps unexpected for a profession which has longstanding commitments to public, as well as animal health. The health professions share much in common particularly concerning professional behaviour (Talbott 2005), yet the concept of professionalism seems to have passed the veterinary profession by. It is possible that this is because of a lack of importance placed on the role of the profession in society, and this has merited some discussion. Recently in the UK, for example, the Lowe report (Lowe 2009) highlighted the veterinary profession's importance in food safety. This contrasts with Leighton (2004), who notes the high proportions of vets working in companion animal practice, concluding that there might be little need for the profession in today's society. He may be correct in saying that vets have narrowed their field of expertise, and that a greater emphasis should be placed on veterinary surveillance and biosecurity within curricula to expand skill sets. However he fails to recognise the necessity of vets in a society which promotes human-animal companionship,

sometimes above human-human companionship.

In contrast, veterinary ethics is a much studied area. Veterinary surgeons are recognised as individuals who often have difficult decisions to make (Batchelor and McKeegan 2012), with conflicting responsibilities between the best outcome for animals and the best outcome for owners (Tannenbaum 1993; Tannenbaum 1995; Rollin 2006). The ethics literature seems to focus on these decisions, rather than considering the development of professional behaviour in veterinary surgeons and the broader concept of professionalism.

Despite the lack of discussions around the concept of veterinary professionalism, professional skills (such as communication and business skills), have received increasing attention and inclusion in veterinary curricula. Both the American Veterinary Medical Association (AVMA) and the RCVS require professional skills in accredited curricula. Published literature from the US appears to have a heavy focus on the economics of the veterinary profession, and some work has been done identifying different skills veterinary surgeons require in order to achieve economic success. Although not professionalism in its truest sense, this body of literature is interesting to examine. In 1988, the Pew Report (Anon 1988), which discussed the future direction of the veterinary profession in the US and Canada, called for increasing specialisation of vets and a change in the attitude of the profession from treating animal disease to animal health. Practices were called on to restructure to provide a better service for society, and the need for a national system of veterinary education was discussed. Ten years later, the American Veterinary Medical Association's KPMG study (Brown and Silverman 1999) looked more specifically at the financial and economic health of the country's vets and was not positive – describing poor income and return for the level of service provided. Both this study and the Brakke Study (Cron, Slocum et al. 2000) discuss a lack of professional skills contributing to this issue – but this is very much from an economical perspective – how can vets earn more money? Although the position of vets in society is discussed, it is from the perspective of relatively poor earnings, rather than their role or contribution - almost professional dominance

theory in action! This attitude is summed up perfectly in the Brakke study, which lists as a conclusion:

> "Many vets……were quick to suggest euthanasia instead of treatments ……obviously euthanasia eliminates any potential for future income from that particular patient"
> (Cron, Slocum et al. 2000)

A series of working groups and discussion ensued in the US after these reports were published, amongst both educators and practitioners, to see how this "deficit" could be corrected. This included producing a set of "Core competencies for success as a veterinarian" (Lloyd, King et al. 2003), which listed business and political acumen, career focus, change, achieving life balance, management, and customer and stakeholder satisfaction as key. The ways this could be achieved were described as publicising the role of the vet, including key competency assessment at admission to vet school, recruiting a broader base of students, mentoring programs, coordination of CPD, enhancing training programs and overcoming barriers to change. There was no discussion however, of behaviours and attributes, and certainly no use of the word professionalism.

Perhaps the closest to defining the components of veterinary professionalism comes from Lloyd and Walsh's (2002) recommended curriculum for "Veterinary professional development and career success". This is not a definition per se, but the curriculum is described by skill set. It is divided into choosing a career and career search strategies, basic life skills for successful veterinary surgeons, the art of successful communication, ethical values and responsibilities, art and knowledge for a successful veterinary practice (business and management skills), and understanding leadership. Professionalism is not expanded upon other than within the basic life skills section, being broken down into

1. What is it? Why is it important?
2. Expected behaviour of a professional with staff, colleagues and clients

Behaviours which echo some of the medical professionalism component are, however, included in the professional responsibilities section as part of ethical values. Those listed include understanding conflicts of interest, responsibility to animals and the role of the veterinary surgeon in human health. There is also a comprehensive list of professional skills, including emotional intelligence, team working, career management, maintaining competence (lifelong learning) and control of work life balance. It is a shame that earning potential and economic success are so heavily emphasised throughout the document, because there are some helpful, if immature, seeds of professionalism as a competency included. Unfortunately the tone presents this information as the antithesis of current thinking around professionalism.

Leadership training was also called for in order to develop stronger leaders for the profession as a whole (Lloyd, King et al. 2004). Burge (2003) too called for leadership, management and financial skills – but again, in order to achieve "career success". The business skills emphasis in many of these publications is striking. Business and management teaching was inserted into many US curricula as a result of the Pew/KPMG reports (Lloyd and King 2004), although this has yet to occur significantly in the UK. Professional skills are being taught to some extent, but there is a need for further inclusion to make them sufficient for graduate requirements (Jaarsma, Dolmans et al. 2008). Final year students and new graduates in the UK have been shown to recognise the requirement for the teaching of non technical skills (Rhind, Baillie et al. 2011). Reasoning skills, communication skills (although only listening and presentation skills), innovation, leadership, emotional intelligence and motivation are also cited as critical skills for veterinary surgeons (Humble 2001), and this time encouragingly in order to serve society better, rather than just to achieve financial success.

A rare non economical commentary on the veterinary profession is provided by Nielsen (2001). He asks if the profession has lost its way, by not being flexible enough and taking on the responsibilities of wider society through public health, recognising the economic drivers for the Pew and KPMG reports. He describes a "malfunctional culture" within the profession, producing under skilled

graduates, which cannot resolve purely through curricula updates, but requires a wider rethink by the profession as a whole. This message is repeated by others (Radostits and Prescott 2001), who also call for increasing early specialisation of veterinary students to meet the demands of society. The need for a more global profession, focused on population health and risk assessments is also proposed (Hird, King et al. 2002; Uhlenhopp 2002). Theis (2003) raises the issue of veterinary economics versus professionalism, and concludes that "if veterinary medicine is a profession, the health and well being of animals, regardless of who owns them, should be of concern." He discusses society's need for vets, stating that if veterinary practices focus solely on profits, then society's "humanness" will suffer. He believes that data are needed on the number of pets in the US, because of the risks of zoonotic disease, so that the profession's role in society can be emphasised.

As interesting as these discussions are, the evidence base for these opinions is often limited, which is difficult if the concepts are to be taken up by the profession more widely. A focus on the role of veterinary surgeons in society could help this process, and although this may include collating data on the use and purposes of animals, there seems to be a need to go further than this. The profession as a whole needs to examine its role in society and define the skills and behaviours needed to fulfil this role. A social contract must be negotiated.

The closest the profession has come to recognising this is a focus group and Delphi study carried out in the Netherlands to produce a competency framework for veterinarians (Bok, Jaarsma et al. 2011). Interestingly, veterinary professionalism did not emerge as a separate competency but was integrated across all domains in an attempt to "broaden the scope of professionalism". Seven domains are identified: expertise, communications, collaboration, entrepreneurship, health and welfare, scholarship and personal development. This paper is extremely encouraging, although the scope of the participants used may be quite country specific, and the nature of the data analysis is not completely clear. The competencies are very skill based, and do not include attitudes or attributes. A recent UK study (Mellanby, Rhind et al. 2011) describing attributes constituting a "good

vet" does address some of these concerns, but this study was carried out by questionnaire and the lack of discussion may mean not all attributes have emerged. Participants (vets and clients) rated attributes listed via likert scales. Despite these limitations, for the first time veterinary professionalism has some form of evidence base which could be useful to draw on as this study progresses. It is clear however, that further development and investigation is required.

2.5 Conclusion

In contrast to the veterinary profession, the medical profession seems to have a relatively clear concept of professionalism. Although there are many definitions and this could be confusing, the subject is out for discussion and its profile is high. Some of the sociological definitions of professionalism are very relevant to vets, but there is limited evidence of a specific veterinary definition. There are lists of professional skills, and these are starting to be taught, but education must go deeper than this and address attitudes and behaviours.

There are clearly parallels between the medical and veterinary professions, and interestingly similar arguments about economics of care have emerged from the US from both doctors and veterinary commentators. In the UK, the EFRACOM review (EFRACOM 2008) has revealed a lack of cohesiveness of the professional bodies. However, the worry is that this has not been discussed in sociological terms. No one has had the courage to attempt to define, using an evidence base, exactly what the profession is or does, which might help this lack of cohesiveness. The central role of animals in society means that the health care of these animals is of vital importance.

These issues and this discourse is of crucial importance for the profession as a whole, particularly if these skills, attitudes and behaviours are to be included in veterinary curricula. Students are the future of any profession, and if veterinary surgeons are to respond to societies needs then students must be equipped with the competencies which allow them to do this. Without first identifying these needs, this would appear to be an impossible task. This definition, as the medical literature

demonstrates, must indeed be flexible and open to debate. Professions as a group have not always had an easy time in society, but it is possible for social contracts to be discussed and defined, and this can only benefit both parties.

This research, to define veterinary professionalism and from this create a curriculum of professionalism, is therefore clearly required.

2.6 Teaching medical professionalism

In 1998, the vast majority of US medical schools recognised some form of professionalism teaching. A wide range of delivery methods was recorded, with 28% of schools having an integrated course over a number of years (Swick, Szenas et al. 1999). Despite these encouraging figures, there are multiple issues which arise elsewhere in the literature. Even after producing a "teachable" definition, there are several key questions that need to be answered – who should do the teaching, how should the teaching be delivered, which educational theories are relevant to the teaching of professionalism and how will this teaching be assessed? This review will now examine each of these questions in turn.

2.6.1 Who should do the teaching?

The roots of many professionalism curricula appear to lie in an institutions ethics curriculum. This is perhaps not surprising, given the discussion around the overlap between ethics and professionalism. Carroll (2004) believes, for example, that bioethicists are the right people to take medical professionalism forwards, as they "speak the right language", and this view is echoed by others (Bligh 2005). The importance of leadership in progressing the teaching of professionalism is also stressed by Cohen (1998), who suggests that curricular revisions are ideal opportunities to ensure that this element is integrated from the beginning. He calls on medical educationalists to ensure this happens and is not neglected. However, educationalists and ethicists must maintain relevance, and so perhaps from the students' perspective they are not the ideal deliverer of this teaching –

professionalism and ethics are important, but they must be integrated and clinically oriented (Roberts, Green Hammond et al. 2004). Buyx et al. (2008) appreciate why the task has fallen to ethicists but argue that this may lead to ethics losing its own identity as a classroom subject, with professionalism being a more "vague" area to instruct. Ethics should not be made a "division" of professionalism (Dudzinski 2004), and professional behaviour needs to be separated from medical ethics, morality and law (Rogers and Ballantyne 2010). However, Cruess and Cruess (2008) argue that professionalism teaching should be "integrated and inclusive" covering ethical value-based approaches as well as aspects of sociology, and therefore using bioethicists, sociologists and clinicians. Ultimately it could perhaps be argued that ethicists could provide some elements of a professionalism curriculum which relate directly to the teaching of ethical theory, but that leadership may be better provided by a clinician in order to increase relevance in the eyes of the students, no doubt via influence on the hidden curriculum - "influences that function at the level of organisational structure and culture" (Hafferty 1998). Of course, the hidden curriculum will be taught by all, including peers, and this will be discussed in detail later.

Anatomists have also proposed that they are suitable to deliver the early stages of professionalism teaching. The dissection room is a prominent early part of many curricula. It may promote opportunities for professionalism teaching and learning, requiring students to behave appropriately towards cadavers, and specifically promoting professional behaviour (Pawlina 2006; Slotnick and Hilton 2006; Swick 2006; Warner and Rizzolo 2006). Swartz (2006) proposes that professionalism values should be introduced as early as possible within the course, and that the anatomy lab, where students spend a large proportion of their early career, is the ideal location. Here, values of responsibility, accountability, team work, respect for patients and social responsibility can all be integrated into the traditional dissection room early in the course, and reinforced by those providing the instruction. For similar reasons, basic science teachers are also proposed as ideal deliverers of professionalism, encouraging enquiry around difficult ethical scientific developments and acting as

role models (Macpherson and Kenny 2008). Certainly this strategy does promote professionalism early in the curriculum which is essential, but it would appear to be naïve of educators to only include professionalism learning within the anatomy lab – surely it should be included in all areas of delivery? From a veterinary perspective, an appreciation of animal welfare could be considered an essential component of professionalism teaching and so these messages should perhaps be reinforced during early live animal practical teaching, as well as in the dissection laboratory. It may be more difficult to instil these messages within the use of animal cadaverous material, although this should not prevent anatomists from encouraging this approach.

It is worth considering the difficulties of scientists (basic and clinical) teaching an often subjective, discussion based subject such as professionalism. Medical education in general has been criticised for "underplaying uncertainty" in the way it is delivered (Maudsley and Strivens 2000), and this could be even more true for less traditional aspects of a curriculum. A change in approach and delivery methods may therefore be required (Howe 2002), not forgetting that the students doing the learning will also be used to a more positivistic style normally found on a clinical degree. Some argue that many doctors "taught" professionalism have learnt to dictate the list of attributes as described by the ABIM as necessary (d'Oronzio 2004; George, Gonsenhauser et al. 2006). Both educator and learner have assumed that learning this list means the professionalism box is ticked! Similarly Goldstein et al. (2006) describe the pitfalls of a "rule based" approach to teaching professionalism, where the curriculum is divorced from real life. Adjustment for "prior knowledge" of professionalism – in other words, students' attitudes – mean that professionalism expertise cannot be taught in a similar way to other skills and knowledge (Huddle 2005). The danger of labelling professionalism a competency, like any other, have also been raised, in that students may start ignoring professionalism once that competency has been achieved on one occasion (Wear 2008). However, within modern, outcome based curricula the loss of a topic as a stated competency may lead to the omission of this teaching and learning. This is therefore an important issue for curriculum designers

to consider, particularly when their design is led by defined competencies such as those laid out in Tomorrow's Doctors or the CanMEDS framework (GMC 2009; Royal College of Physicians and Surgeons of Canada 2005). Learning outcomes can be stifling to a teacher (Rees and Sheard 2004), and for educators used to the norm of an outcomes based curriculum, opportunities to work outside of these boundaries may be missed (Hussey and Smith 2002). Hence professionalism learning outcomes must be presented in a way which allows more freedom for the instructors, who will often facilitate rather than teach, encouraging reflection and discussion. These teachers may not need a particular area of expertise, as it may be that the professionalism is transferable whatever the context. Veterinary education is as restricted as medical education in the need to show attainment of outcomes, and clearly this issue must be addressed.

Despite these difficulties, there are some parallels which can be drawn between professionalism and clinical or scientific problem solving. There is not always a right and wrong answer when deciding a diagnosis or treatment, and so maybe clinicians and scientists, with enquiring minds, are able to deliver the issues and problems of professional behaviour. Clinicians can certainly provide contextual, real life illustrations – although faculty must be aware of the influence of such discussions over students. D'Oronzio (2004) argues that case or problem based teaching is essential to prevent a list learning approach to professionalism, and narratives have also been suggested as a better way to present professionalism teaching, something which clinicians may well be familiar with as a teaching strategy (Wear and Nixon 2002). Perhaps professionalism teaching should be drawn from to demonstrate the "grey areas" within clinical education, so that students are clear that there is not always a best answer in every clinical situation they encounter? Professionalism teaching could be used to deliver the important concept of dealing with uncertainty.

Ultimately, the answer to who should teach professionalism should, ideally, be everyone (Howe 2002) – and this includes peers as well as faculty. Professionalism teaching should perhaps not be viewed as designated speciality. Although leadership is important, there is a huge responsibility on

all faculty to ensure professionalism teaching occurs at all times within the curriculum. Specific sessions should be led by teachers who are not challenged by finding the 'correct' answer, and this is perhaps more important than the identity of their usual role, be it anatomist, basic scientist or clinician. Students should be made aware that professionalism teaching may be epistemologically different from the positivistic stance within other elements of their degree. Clinicians may, however, be better placed to discuss scenarios of a clinical nature as they can draw on their own experiences and demonstrate professionalism in action. This should help to overcome some of the issues of professionalism being viewed as a tick box competency, as students can be encouraged to reflect on real life situations.

2.6.2 How should professionalism be taught?

It is already clear that professionalism cannot be delivered in a "one size fits all" manner, and this has resulted in many different delivery methods of varying levels of complexity. It is important to underpin teaching with educational theory and strategies to ensure success. One of the issues with professionalism curricula is that there is not a "commonly accepted theoretical model upon which to integrate professionalism into the curriculum" (Archer, Elder et al. 2008). Whether an institution adopts an explicit teaching strategy through core competencies, or decides to approach the topic in a more embedded fashion, the question of a guiding theory or educational framework is critical to success (Steinert 2009). Relevant aspects will now be discussed.

Learning should be authentic and situated

The concept of situated learning (Lave and Wenger 1991) – learning occurring in context, showing a need for an authentic environment – is used by Cruess (2006) and Steinert (2009) to explain how a curriculum of professionalism should be framed. This is best achieved by having strong institutional support, a proper cognitive base, experiential learning, continuity, positive role models, faculty development and a positive environment. These concepts build on Maudsley and Strivens' (2000) ideas around the transformation of novice to expert, and have distinct similarities with Hilton and

Slotnick's (2005) concept of proto-professionalism – students develop into professionals and experts with "practical wisdom", heavily influenced by the hidden curriculum, which can affect attitudes and their acceptance into the community of practice in a positive or negative way. Forming a new "identity" is a crucial part of this process, and the ability to manage separate identities between different communities of practice is essential (Wenger 2000), and must be developed by any new professional. Formal teaching of professionalism needs to be embedded and real, so that it is not ignored as irrelevant by students. Situated learning theory can also be used to explain the overlap between the formal and hidden curricula – by embedding learning in real life situations, the hidden and formal curricula will both be implemented simultaneously. Of course, the hidden curriculum is always a constant background component of learning, but by framing professionalism teaching in real life it could be hoped that this influence will act to enhance learning. Complimentary to situated learning is the Experience Based Learning model developed from studies of medical students in the workplace. This has "supported participation" as its core component, leading to emotional and practical learning (Dornan and Bundy 2004).

Eraut (1994) analyses the process of professionals learning, and in particular this issue of experiential learning in the workplace, by considering different categories of knowledge. In many ways these categories contribute to the definition of professionalism, as well as helping to show there is a need to teach new professionals to learn. The categories are propositional knowledge (theories and concepts, practical principles), personal knowledge (impressions, or tacit knowledge gained internally from social interactions which may or may not be propositional knowledge), process knowledge (knowing how to carry out actions which will include using propositional knowledge), and moral principles. He debates process knowledge extensively and further divides it into:

- Acquiring information – a professional knows how to acquire information necessary to problem solve, and can then apply propositional knowledge as necessary. Pattern recognition may form part of the decision making process.

- Skilled behaviour – professionals can combine propositional knowledge and practical skills to make rapid decisions, often intuitively

- Deliberative processes – these are the skills that are central to professional behaviour such as planning, problem solving and decision making which require convergent and divergent thinking

- Giving information – professionals should be skilled in both oral and written delivery

- Metaprocesses – the ability to control personal behaviour

(Eraut 1994 pp.102-116)

Although Eraut's discussions are around how professionals learn, by placing students in the workplace early in their training many of these issues are equally applicable. If students cannot manage this type of learning, then the process becomes worthless. There may also be a requirement to make tacit, personal knowledge more explicit (Eraut 2000). Educators must include these considerations as experiential learning is planned, and Eraut goes on to describe "typologies" of early career learning, which could equally be applied in early experiential learning:

- Work processes with learning as a by-product – participation in group processes, trying things out, working with others.

- Learning activities located within work or learning processes – questioning and obtaining information, listening, observing, reflecting, feedback.

- Learning processes at or near the workplace – supervision or coaching, work shadowing, conferences or courses.

If this is ignored, early workplace learning may be an uncomfortable experience for learners. As valuable as experiential learning may be, it's positive effects could be negated by students who are not ready to learn 'professionally'. A familiarisation period may help to overcome this, but equally

important may be a period of tutoring for students and workplace instructors in methods of learning.

Legitimate peripheral participation (Lave and Wenger 1991) in the community of practice which students are entering is highlighted as an important factor by Goldie (2008), who discusses the merits of role models in learning, and also the ability of learners to begin to contribute to the community in which they are learning. The concept of legitimate peripheral participation does not deliver a huge pedagogical insight into how students learn, but it is a description of enculturation into a new environment which highlights the difficulties of this process. Early clinical experience is important to hasten this socialisation of medical students effectively into the community of practice they will learn and then work in (Dornan, Littlewood et al. 2006; Yardley, Littlewood et al. 2010). In many ways students enter one community of practice – the university – early on, and quickly have to adapt to this. This community of practice should then ready them for entering the clinical community of practice – but the transfer from one to the other could be made difficult if preparation has not been carried out. Professionalism teachers should therefore act to ensure authenticity and deliver readiness for the workplace. The early experience of enculturation into the university environment could be used by students to reflect on the subsequent workplace entry, as long as time is allowed for this reflection and it is formally encouraged by teachers. Eraut's description of different types of professional learning could aid these reflections.

Goldie (2008) goes on to relate situated learning theory to social cognitive theory described by Bandura (1986). Bandura describes learners' behaviour as a result of interactions between environmental, personal and behavioural factors. These different factors will be emphasised to varying extents in learning activities, resulting in different cognitive reactions. Goldie highlights similarities between this theory and adult learning principles, including the fact that both require reflective learning. The ability to reflect is therefore a crucial component of learning professionalism, and so this must be nurtured in students not only so that they can learn how to become a

professional, but also so they can demonstrate professional behaviour once the training is over. This is discussed further below.

Students becoming professionals should be treated as adult learners

The principles of adult learning also need consideration when designing a curriculum of professionalism. Knowles (1988) describes how adults are independent learners, with differing learning styles and levels of prior knowledge. Learning often results in changes to attitudes, with feedback and self motivation prioritised. These concepts need consideration, as students treated as adult learners in the early part of their course will need support if expectations are too high. This is important when considering learning about professionalism, because motivation for areas perhaps perceived as "less relevant" by students will lessen. If teachers rely on students to learn professionalism as adults, they must beware the student who has not yet reached this capability within their learning, and provide support. If adult learning results in a change in attitudes, it must be ensured that this attitudinal change is for the better. Perhaps the most important principle is that adults prefer to learn from experience, returning to the issues of making professionalism teaching authentic.

Experiential learning with reflection is crucial to success

Theoretical considerations of the teaching of professionalism must include the influence of experiential and reflective learning. As Goldie (2008) points out, all learning to some extent is based on experiences. However, within the context of learning professionalism, these experiences, and the reflection-in or –on action that follows must be emphasised. Students need to be able to test out their own practice after reflecting on their observations, in order to become practitioners. The cyclical process of experience, reflective observation, conceptualisation and active experimentation (Kolb and Fry 1975) should be encouraged as a core curricular element (Goldie 2008). Opportunities to gain this experience is therefore essential, demonstrating parallels with situated learning – indeed, Steinert (2009) includes reflective practice as an element of situated learning.

Maudsley and Strivens (2000) also discuss difficulties with experiential learning. By its nature experiential learning encourages reflection, but this is not necessarily critical thinking – a skill which medical students must develop during their training. They suggest that problem based learning (PBL) can ensure the development of critical thinking skills, but critically appraising this suggestion ten years later would lead some to suggest that this may be at the sacrifice of other skills or knowledge. PBL may offer a safe environment for developing these skills but at the loss of what else?

It is also important to remember that reflective practice and lifelong learning principles are often included within definitions of professionalism. These areas should therefore be instilled in developing professionals by supporting their early attempts at such skills, and encouraging them within professionalism teaching by "facilitating reflection" (Howe 2002). Allowing students to access experiences, but then crucially converting these experiences to have a positive influence over their attitudes is a necessary formal inclusion in the curriculum. Reflective skills should receive timely feedback, and be allowed to develop gradually (Cruess and Cruess 2006). It is worth remembering that by actively experimenting with reflection students are likely to perceive value in the process, rather than it just being enforced upon them. As many educators have discovered, although students (unwittingly) engage in reflection informally, many are averse to making this process more formal (Snadden and Thomas 1998; Corcoran and Nicholson 2004; McMullan 2006; Kalet, Sanger et al. 2007). Relying on reflective learning to teach professionalism is therefore an insufficient strategy on its own. The formal teaching of professionalism must include instruction in reflective practice – so that this learning is effective, and future professional behaviour is nurtured.

One strategy to ensure development of these reflective skills is the use of critical incident reporting. Branch et al (1993) describe the use of critical incident reporting to help professional development in medical students, a process which draws on transformative learning theory (Mezirow 1990); a particular function of reflection where presuppositions are reassessed and new actions result. Critical incident reporting is now a widely implemented strategy in medical schools to help students

identify good and bad professional attitudes and behaviours (Branch 2005). Students are asked to create short narratives about a situation they have witnessed, and Branch also states that discussing these reports in the group situation is an even more powerful learning experience, which "counterbalances the informal or hidden curriculum". This can be just as effective if the reflection is more guided, something which may be necessary for inexperienced students (Stark, Roberts et al. 2006). It is important to consider the negative aspects of the hidden curriculum, particularly student abuse (D'eon, Lear et al. 2007), and this will therefore be reviewed in depth later in this literature review.

Constructivism, classically described by Jean Piaget, is central to reflective learning in that the learner is deciding for themselves the meaning of what they are seeing. All experiential, active learning is encouraging a constructivist approach to learning – in that the learner can construct their own knowledge from activities and observations they take part in. It is therefore important to encourage this process and not to allow students to become bystanders in the work environment. Vygotsky's (1962) "social constructivism" is particularly relevant, as he writes about students' social encounters shaping their knowledge and understanding. This theory has many similarities with social cognitive theory and communities of practice, and again results in implications for experiential learning.

Learning should be integrated and longitudinal

Relating directly to issues of authenticity, there is widespread agreement that professionalism teaching cannot exist as a standalone module like many other topics. It must be integrated longitudinally throughout the curriculum to increase relevance and allow development of attitudes and skills over time (Wear and Castellani 2000; Fincher 2001; Doukas 2003; Gordon 2003; Cruess 2006; Cruess and Cruess 2006; Preez, Pickworth et al. 2007). Goldie (2008) describes this eloquently, saying that professionalism teaching should be "woven into the fabric of the entire undergraduate curriculum and considered by all concerned with medical education". However, as Steinert et al.

(2007) discuss, this can be very difficult to achieve in a pre-existing curriculum, and requires effective leadership of a change management program. This integration must also include appreciation of the hidden curriculum.

2.6.3 Applying theory to practice

There are clearly several conclusions to be drawn from the analysis of relevant learning theories when designing a curriculum of professionalism, and these are summarised in Figure 1.

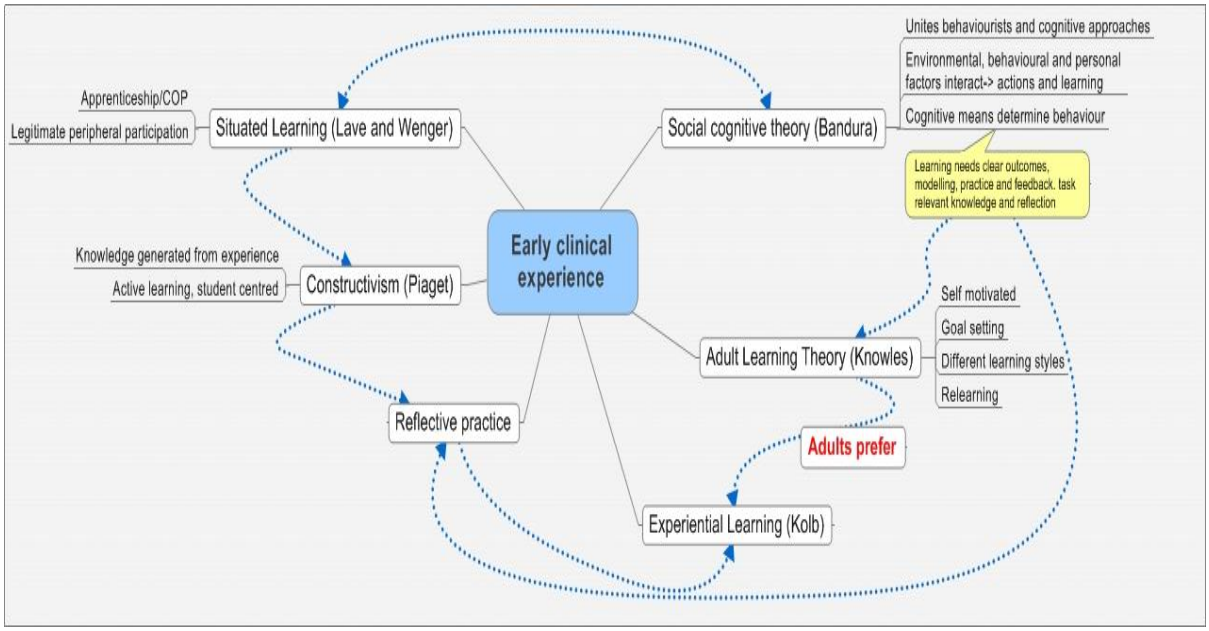

Figure 1 – Learning theories relevant to the teaching of professionalism. The diagram demonstrates the common factor of many of these theories - early clinical experience – stressing the importance of this process to learning to become a professional.

Central to these conclusions is the approach of exposing students very early on in their learning, to real life experiences. One might assume that this early experience should be clinical – indeed this is a strategy taken by many medical schools – but perhaps the early part of this learning is more about teaching students to be members of their university's community of practice than of a clinical environment? Early overexposure to the realities of the clinical world could lead students to form incorrect conclusions if they do not know how to manage this learning. It is therefore important to

train them in the principles of adult learning - perhaps the initial component of becoming a professional – before immersing them in contextual, authentic learning, which can then be reflected on in a mature and self directed fashion.

Of course, this contextual learning has to be recognised by the learner themselves – Fish and Coles (2005) highlight the importance of this, particularly within the unpredictable nature of the medical environment. The learner must be able to seize opportunities to obtain knowledge and skills within this environment – and this in itself may require some training. These experiences must also be reflected on in defined moments, returning to the importance of narratives and storytelling, or critical incident discussion as a way of encouraging this reflection on experiences (Branch 2005; George, Gonsenhauser et al. 2006).

In the veterinary context, this early experience may also not have to be clinical. As veterinary surgeons, the environment in which the students will eventually work encompasses not only sick animals but also aspects of animal businesses and health management. It is therefore important that students have an understanding of such surroundings, because they will be a challenging element of their role as a veterinary surgeon. Animal husbandry extra-mural placements currently fulfil this role. This provides a potential platform on which to explore some very early phases of professionalism, and also a period of training in how to learn in such unpredictable environments.

2.6.4 Curricular approaches and examples

The recent emphasis on professionalism teaching has resulted in the publication of professionalism and professional skills elements of clinical curricula, and occasionally analysis of this teaching. It is useful to draw on these examples and analyse their alignment with the theoretical considerations of teaching professionalism. Table 3 outlines several such approaches, from a variety of environments. Papers with more general analysis of teaching strategies are then discussed.

Author	Context	Design	Influences	Evaluation of program
Du Preez et al. (2007)	6 year medical UG PBL curriculum, South Africa	Nine integrated "golden threads" – interpersonal skills, group work, attitudes, bioethics, problem solving and critical thinking, research-based clinical practice, health and the law, economy and health, epidemiological approach to health.	Use Cruess and Cruess (2006) principles of institutional support, cognitive base, role models, experiential learning and assessment.	No evaluation
Goldie - various papers (Goldie, Schwartz et al. 2001; Goldie, Dowie et al. 2007; Goldie 2008)	Glasgow medical UG PBL curriculum, Y1-3	Small groups, 7 sessions, portfolio assessment. Students encouraged to reflect; six aims around self direction, career planning, motivation, commitment, codes of conduct, self care.	Use Maudsley and Strivens' (2000) and Eraut's (1994) theoretical considerations.	Yes via focus groups (students and staff) – reflection is promoted but assessment still an issue. First years show attitudinal change post course.
Belling and Coulehan (2006)	Stony Brook medical school USA, obs-gyne clerkship	Some early teaching, then integrative exercise in this clerkship. Biopsychosocial workup of patient presented in "grand round" format.	Swick's definition (2000) – teaching is based on this.	No evaluation
Borkan et al. (2000)	Tel Aviv medical school, 6y UG	"Medicine, Patient and Society" program. Integrated course, mixed delivery including Balint groups. Early clinical experience.	Curriculum task force (Association of Behavioural Sciences and Medical Education) guidelines.	Student feedback – highly satisfied with program.

Bossers et al. (1999)	Occupational therapists, UG, Canada.	Fostering Professional Development and Becoming a Professional – two self study courses.	Developed own definition of professionalism for occupational therapists.	No evaluation
Boyle et al. (2007)	Pharmacy students, USA	Teaching via assessment on experiential learning placements, prior to this "civility training".	Based on a pharmacy "White Paper on Student Professionalism".	Only 2 students failed No evaluation
Burns et al. (2006)	Veterinary students, UG, Washington State	"Non technical skills" curriculum – Cougar Orientation and Leadership Experience prior to teaching, other events throughout course including leadership, business, communication skills etc.	Brakke/Pew reports on veterinary skills.	No evaluation
Coulehan (2007)	Medical UG USA	Uses written narratives to encourage medical students to explore the "meaning of professionalism".	Narrative-based professionalism, as opposed to rule-based.	No evaluation
Cruess (2006)	McGill USA medical UG 4y	Integrated longitudinal physicianship course. Flagship activites – doctor as healer and professional – small group discussions. Communication skills. White Coat Ceremony. Mentorship program. All students assessed.	Faculty trained. Based upon previous definition paper (Cruess and Cruess 1997).	No evaluation
Dale et al. (2002)	Glasgow veterinary UG course, year 3	Pathology curriculum encouraging the use of information technology skills, problem solving, communication, team/group working and learning skills. Series of tasks to work through.	Based on generic skill set created by university for all UG students, not specific for vets.	No improvement in exam results but positive student feedback

Elcin et al. (2006)	Hacettepe University medical school, Turkey, UG Y1	"Health-Illness Concepts and Medical Professional Identity". WCC followed by 4 day course. 3 day course in year 3. Variety of delivery methods e.g. discussion and role play.	ABIM/GMC principles used	Positive change in students' attitudes measured
Goldstein et al. (2006)	Washington Medical School, USA	Lectures, small group discussions and mentoring. Written reflections. Mentoring takes place in clinical environment.	"Professionalism benchmarks" used to monitor knowledge and behaviour relating to professionalism and ethics. Student advisory board also informs curriculum.	Not discussed
Kalet et al. (2007)	New York Medical School, USA, UG	Professional Development Portfolio and annual mentor meeting.	Coulehan's (2005) narrative based approach to teaching professionalism.	Student feedback - mixed
Kuczewski et al. (2003)	Loyola University Chicago, USA, medical UG	Business, professionalism and justice courses (Y4) – small groups. Leadership training program (not all students just those nominated). Honours in bioethics and professionalism – mentoring program encouraging certain activities.	"Mantra" of leadership, integration and justice. ACGME/ABIM competencies drawn on.	Not discussed
Larkin (2003)	Not mentioned	Encourages role modelling, mentoring to integrate professionalism into the curriculum.	ACGME	Not discussed
Lazarus et al. (2000)	Tulane University, USA, medical UG	Program for Professional Values and Ethics in Medical Education (PPVME) involving learning teams (students, faculty, residents etc) learning together through a longitudinal curricula.	Five themes: integrity, communication, teamwork, leadership and service.	Student evaluation positive

Lloyd and Walsh (2002)	Model curriculum created by workshop group	Curriculum in "veterinary professional development and career success" – some elements of professionalism but not value based. Includes career choice, communication skills, basic life skills (teamworking, emotional intelligence etc), ethical values, business skills, leadership.	Delivered around Brakke/Pew recommendations therefore pivots on career success (financial).	Proposal only – no suggested methods of delivery or identified institutions for delivery.
Lypson and Hauser (2002)	Michigan US, medical school Y3 UG	"Talking medicine" – series of small group facilitated discussions around humanism and professionalism.	ABIM Project Professionalism	Positive student feedback, hope to integrate into curriculum further.
Nestel et al. (2005)	Examples of two personal and professional development curricula (medical UG, Australia/UK)	1. Monash – integrated PPD curricula including initiation camp, transition activities, code of conduct creation 2. University of Wales – integrated PPD curricula including interprofessional learning, ethics, communication skills, portfolio, case study.	Medical Professionalism Project basis for curricular, also findings from AMEE workshop.	Student evaluations positive.
Noble et al. (2007)	Medical UG, UK	Years 1 and 2 – integrated professionalism curriculum including communication skills, ethics, law, health promotion, patient contact, reflection.	GMC guidelines	Increased confidence in communication and increased patient centeredness shown by students receiving teaching.

Parker et al (2008)	Medical UG, Australia (University of Queensland)	"Pyramid of professionalism" – integration of teaching, developing and assessing professionalism. Formal curriculum and then alignment of professional development process with disciplinary/support structure.	Australian medical regulatory board	Analysis of referrals – 19% over six years. Mostly responsibility/reliability and participation.
Shapiro, Rucker and Robitshek (2006)	Medical UG, USA (University of California)	"The Art of Doctoring" - two week elective for Y3 and 4 – small groups, reading and self directed learning. Value based themes (empathy, caring, respect and compassion).	In house objectives	Student evaluations mainly positive.
Wallach et al. (2002)	Florida US, medical UG	"The profession of medicine" – a 3 week course including study skills, evidence based medicine and ethics, concluding with white coat ceremony.	In house objectives mainly relating to evidence retrieval and not value based in general.	No evaluation

Table 3 – Examples of teaching professionalism from different curricula UG= undergraduate, PG = postgraduate

2.6.5 General approaches to professionalism teaching

Other papers focus on more general approaches to teaching. Coulehan et al. (2003) consider how medical students should be taught to be "good" doctors – not just technically good, but good in the ethical and social sense. They worry that ethics teaching often becomes "an uneasy hybrid between a principlist conceptual approach to ethics and case-based teaching practice", which is certainly an issue if professionalism teaching is to be perceived as a legitimate contribution to the curriculum. Hence they outline aims of encouraging discussion in groups, self-understanding, increasing social awareness, team working, optimism and hope, drawing on resources from literature and the arts. Principle strategies include encouraging reflection, promoting good role models (both real and in television drama), analysis of historical figures, the keeping of journals and community service. Although an interesting approach, the use of non medical resources and tasks which may not appear valid to students could provide some challenges to those delivering this curriculum.

The professionalism teaching principles outlined by Cruess and Cruess (2006) have been used by several in the previous table to form a curriculum of professionalism. These are as follows:

- Institutional support – a curriculum of professionalism will fail without support from leaders and the faculty, including financial and time elements.
- A cognitive base of professionalism teaching must be explicitly taught – including the privileged status of professionals.
- Experiential learning is necessary and must be stage appropriate. Tacit knowledge must be learnt this way.
- The curriculum must be continuous throughout the program.
- Role modelling is an important component and negative role models must be addressed.
- Faculty development is needed in order for the curriculum to survive.

- Teaching must be assessed.
- The institutional environment (hidden curriculum) must support the teaching of professionalism.

These points can be aligned with many of the educational principles outlined previously, and they draw together many of the previous issues discussed concerning the difficulties of teaching professionalism. However, the one area they do not cover is actively teaching students to learn in an experiential environment, which is crucial to the success of learning in the workplace. Institutional support could cover this, but it perhaps requires explicit inclusion in order for workplace learning to have a proper impact on learners.

The consistent themes of patient exposure and reflective learning emerge once again in Gordon's (2003) principles of a personal and professional development curriculum (PPD). Her framework includes cognitive, affective and metacognitive elements involving patient contact, clear outlines of ethical and legal standards, opportunities for reflection, effective feedback, rewards and incentives, and actively encouraging participation.

The importance of student selection methods is also discussed in relation to developing professionalism (Stephenson, Higgs et al. 2001), although this paper cites two studies demonstrating declining student attitudes which were published prior to the inclusion of professionalism teaching within medical school curricula (Eron 1955; Rezler 1974). It would seem important to select students with less attitudinal issues at the beginning of their medical training – and there is much debate around selection methods and whether it is possible to do this (Bore, Munro et al. 2009). Decreasing cynicism has been shown in a modern PBL curriculum (Roche, Scheetz et al. 2003) but presumably this cannot be relied upon. Selecting attitudinally positive students to commence medical education would still be an obvious advantage, if it is possible to do so. Wear and Castellani (2000) suggest including consideration of extracurricular voluntary work on admission, and their proposed

curricular strategies include increasing amounts of community based training. It must be remembered that attitudes and behaviours do not have a good predictive relationship, and consideration of the theory of planned behaviour has been suggested as a more effective way to implement a curriculum of professionalism (Archer, Elder et al. 2008).

2.6.6 Regulatory bodies guidance to professionalism teaching

Medical degree providers usually have to conform to guidance from a regulatory body which monitors curricula and ensures quality of education. Many of these bodies have guidance for the teaching of professionalism within the curriculum. In Canada, for example, Cruess, Johnson and Cruess' definition (2004) has been adapted to three key competencies within the professional element of the CanMEDS framework (Frank and Danoff 2007). The competencies cover a commitment to patients, the profession and society through ethical practice and profession-led regulation. In the UK, Tomorrow's Doctors (GMC 2009) includes "Doctor as Professional" as one of its three overarching competencies, and this is broken down in detail to lists of individual learning objectives.

2.7 Teaching veterinary professionalism

Although there is much less published on the topic of veterinary specific professionalism curricula, there is definitely a move to increase this content, or at least professional skill content, within curricula in European and US veterinary schools (Kogan, McConnell et al. 2005). Professionalism does not appear as a specific Royal College of Veterinary Surgeons Day One Competency (RCVS 2006), but a workshop run during the 2009 International Medical Education (AMEE) conference (Mossop and Baillie 2009) demonstrated that veterinary educators are keen to include aspects of professionalism within the curriculum, despite suffering common issues of time and acceptance from students and faculty. The Royal Veterinary College, University of London, introduced a new curriculum in 2008 which contains a professional studies stream. The University of Edinburgh also includes a Professional Studies module in its undergraduate curriculum, during which students keep

a portfolio of set evidence to demonstrate personal development and reflective skills. The Universities of Bristol and Glasgow are also now implementing professional skill curricula, and a new curriculum proposed for Liverpool includes a professional skill strand.

Ethics are often included as a component of professionalism teaching, and ethical and moral reasoning certainly have a strong focus in veterinary curricula (Self, Pierce et al. 1994). Veterinary schools are generally aware of the need for students to develop the ability to consider difficult ethical issues and work through potential outcomes; this is an important topic not least because of society's focus on animal welfare and animal rights, which make veterinary medicine something of a "moral dilemma" (Self, Olivarez et al. 1994)p163. Self et al (1991; 1996) have also studied the moral reasoning of veterinary students and found that their veterinary school education inhibited the development of moral reasoning skills, which is worrying for the profession. These were small group cohort studies, and unfortunately it is not stated in the papers whether these students had any ethics teaching, which would make the results even more of a concern. However, the authors conclude that moral reasoning is an important skill for veterinary surgeons, and bemoan the lack of material available to teach these skills.

A previously discussed, the Brakke and Pew reports (Pritchard 1989; Volk, Felsted et al. 2005), although focussed on career progression and maximising rewards, do include recommendations around the teaching of professional skills. There is a potential clash here between value based professionalism and the skills needed to be a professional business owner – but none the less, inclusion of professional skills of any type are a good starting point for the teaching of professionalism.

Communication skills are widely taught within veterinary curricula, and elements are included in most UK and US schools (Adams and Ladner 2004; May 2007; Mossop and Gray 2008). Interestingly, Adams and Kurtz (2006) argue that communication skills are a clinical skill, and so should not be

labelled as a non technical competency as is the case by Lloyd (2007). Communication skill teaching has been encouraged in the UK by the National Unit for the Advancement of Veterinary Communication Skills (NUVACS), which was created in partnership with the Veterinary Defence Society (VDS) as an inter-school working group to design teaching scenarios and train facilitators. The VDS is a professional indemnity insurance company, which recognised the issues of communication breakdown and dealing with complaints by the profession. Most teaching is delivered experientially in a simulated environment.

Aside from these examples, there is very limited evidence of consideration of theoretical issues and content prior to teaching veterinary professionalism. This may not be surprising, considering the limitations of trying to teach professionalism when there is no specific definition. There is also only very broad guidance within the RCVS Day One Competencies, which all accredited veterinary schools have to deliver. The inclusion of professional skills is becoming more common place, and this is encouraging. However, without true teaching of professionalism it cannot be argued that veterinary educators are really considering how to properly prepare students for the role they will later fulfil in society, and equip them with the attitudes and behaviours to do so.

2.8 Assessment of professionalism

Although this study does not focus on the assessment of professionalism, it is an important concept to consider because of the intimate relationship between learning and assessment. The curriculum developed during this study will not include detailed methods of assessment, but these will be a consideration during the design process.

The highly regulated nature of medical curricula has led to many publications considering the assessment of professionalism. If professionalism is not assessed this does a disservice to both the student in training and society in general (Ginsburg, Regehr et al. 2000). Unfortunately, the many definitions of professionalism pose a problem for assessors and assessments need to strike a balance

between reproducibility and validity - with attention paid to assessment as a whole and not in parts (van Mook, van Luijk et al. 2009). As Miller (1990) classically defined, competency needs to be assessed in context in order to obtain a valid measurement. A further consideration is the assessment of attitudes - assessors may assume that behaviours represent attitudes, but this may not be the case, as social influences may lead to a differing behaviour (Rees and Knight 2007). Setting a 'pass mark' is also complex – at what point is a student deemed to have 'failed' a professionalism assessment?

One set of criteria for professionalism assessments has been described by Stern (2006):

- Evaluation should occur in a realistic context in order to make the assessment valid
- Evaluation should include situations where difficulties and conflicts occur in order to assess an ability to manage conflicting values
- Assessment should not occur in a single instance, and longitudinal assessments allow the student to demonstrate professionalism over time, increasing reliability of the assessment. This also allows for single mistakes in professional judgment – working on the principle that perfect professional behaviour is not possible all of the time
- Assessment should be transparent and fair
- All levels of learners should be assessed, including teachers

2.8.1 Instruments of assessment

Several methods have been developed in order to overcome these issues. Table 4 briefly presents the methods in common use and their advantages and disadvantages.

Method	Description	Advantages	Disadvantages
Objective structured clinical examinations (OSCE)	Observed behaviour during timed scenario. Commonly used to assess communication skills.	High reliability with trained assessors. Feasible to run.	Need multiple stations to improve reliability. Out of context so validity decreases.
Professionalism Mini-Evaluation Exercise (P-MEX)	Assessor observes behaviour during single performance.	Feasible Content and construct validity shown (Cruess, McIlroy et al. 2006).	Multiple observations needed to improve reliability.
Portfolios	Collection of evidence and reflections to demonstrate competency.	Should assess behaviour in context but this is questionable (Rees and Knight 2007) Useful in formative context. Encourage reflective practice.	Can be difficult to assess reliably. Assessment of reflective skills is controversial.
Multisource assessments (360 degree appraisals)	Multiple assessments gathered from peers, patients, supervisors etc.	Behaviour observed in context so validity good. Reliable with certain numbers of assessors (Archer, Norcini et al. 2008).	Can be complicated to organise.
Longitudinal assessments	Monitor for negative behaviour.	Accurately predict behaviour on graduation (Papadakis, Hodgson et al. 2004).	Only helpful for identifying unprofessional behaviour so not useful for most learners.
Multiple choice exams	Can be used to assess knowledge of professionalism.	Reliable for assessment of cognitive base.	Only assess at lowest levels of competency (low validity).

Table 4 – Professionalism assessment methods (Stern 2006; van Mook et al 2009)

Van Mook et al (2009) conclude realistically in their review that there is no "magic bullet" in the

assessment of professionalism, and that triangulation of different approaches may be necessary. This is a useful consideration as design of the professionalism curriculum progresses.

2.9 Conclusion

It is clear that a multitude of strategies exist for the delivery of professionalism teaching and this is both necessary and positive. One of the primary considerations of implementing professionalism teaching is that it should fit the general educational strategy of where it is being delivered. If this strategy does not allow this teaching to be included, then the strategy will need to change. This is not easy to do – but any faculty genuinely wishing to teach professionalism will need to firstly address this issue, or risk wasting time and effort.

The theoretical considerations for the teaching of professionalism are clear. Central is the process of reflection on real experiences – obtained from interactions in the workplace. The teaching must involve experiential and reflective learning encouraging a constructivist approach to learning – it cannot be delivered in a factual manner. This must be made clear to students who may be used to a more positivistic approach. The hidden curriculum and the process of legitimate peripheral participation in communities of practice must be considered and used in a positive manner. The curriculum must be longitudinal and integrated, and cannot be delivered in a one off modular fashion. It must weave its way into the very soul of the curriculum, and be explicitly highlighted by faculty to students (Goldie 2008).

Many of the curricula discussed do not apply these principles, and there is a worrying lack of proper evaluation of the various teaching strategies. A curriculum element could potentially cause more harm than good if students do not perceive it as important and worthwhile. If theoretical considerations are ignored, then this is the likely result. Educators should strive to develop an evidence base for the type of interventions they are including. The challenge of assessing professionalism gives further concern; this must be considered as curricula are developed.

The challenge for educators is therefore to provide a worthwhile learning experience which allows students to develop the behaviours and attitudes necessary in order to enter the profession for which they are training. This learning is not only knowledge and skill based. It is an essential component of all medical and veterinary curricula, and the responsibility for teaching lies with all faculty members. This responsibility needs highlighting further, as the issue of the hidden curriculum is a common concern when considering how to teach professionalism.

2.10 The Hidden Curriculum

Of vital importance to the teaching of professionalism is the influence of the hidden curriculum. This was first described in the classroom by Jackson (1966), who recognised that children's learning was often unintentional. A process of socialisation occurs in parallel with explicit lesson content, through the children's interactions with, and observations of, their surroundings. This socialisation is as important as the knowledge and skills being learnt, but crucially can happen either positively or negatively. Drawing on the events and interactions that happen around them, children start to fit with the classroom processes, and learn the three Rs of the hidden curriculum – "rules, regulations and routines." Jackson cautions teachers that struggling students are often those that are misbehaving, rather than those performing badly academically. It is possible for the hidden curriculum - the implicit rules needed to survive the institution (Lempp and Seale 2004) - to interfere significantly with the explicitly taught one.

2.10.1 The hidden curriculum in medical education

The concept of the hidden curriculum is described by numerous prominent writers on medical professionalism. The classic medical school ethnographic study "Boys in White" (Becker, Geer et al. 1961) highlighted the specific issues associated with professional training, analysed from a prolonged period of contact with students in Chicago. Hafferty and Franks (1994) identified the issue of the hidden curriculum in the context of teaching medical ethics. They term medical education as a "process of moral enculturation", describing medical school as a "moral community" with the ability

to heavily influence developing students. An overreliance on a theoretical ethics curriculum is not a cure-all for medical professionalism and issues of doctors' behaviour – it would be dangerous to assume so. Importantly, these authors conclude that an ethical curriculum framework should include faculty awareness of these issues, identification of the hidden curriculum, and remediation where necessary. A more "virtue-based" training should be the result.

The concept of the hidden curriculum has many parallels with Lave and Wenger's (1991) notion of communities of practice – education is more than knowledge transfer, it is also learning to become part of a profession or society, and developing a new identity. In the context of clinical education, this process involves becoming part of both an educational institution and also a clinical institution, eventually culminating in membership of a profession. Indeed, medical students may battle with multiple hidden curricula, as they learn within the institution, the teaching hospital, and further afield in community based teaching. The possible negative effects of this have led Tekian (2009) to label it a "deficit" rather than a hidden curriculum. Communities of practice may be communities of bad practice.

The issue of teaching ethics in this environment has now been applied in the wider context of teaching professionalism. Despite the numerous attempts to define and teach professionalism, the difference between "seeing and hearing" is worrying (Bligh and Brice 2005). Many warn of the power of a negative hidden curriculum – this tacit learning is more powerful as it is the doing and not the saying (Coulehan and Williams 2001; D'eon, Lear et al. 2007). Coulehan and Williams also examine how students deal with these mixed messages – they can conflate, deflate or maintain their own values, and they hypothesise that those students who are able to maintain their own values despite a negative hidden curriculum are often those with "life experience", who take part in an explicit curriculum, and may well be female with interests in patient centeredness.

There has been much criticism of those who appear to endlessly discuss the theoretical basis of professionalism without any regard for the influence of the hidden curriculum (Batlle 2004; Rhodes, Cohen et al. 2004; Wear and Kuczewski 2004). This is magnified when a curriculum of professionalism is delivered without due consideration of informal learning (Hafferty and Franks 1994; Coulehan 2005; Cruess and Cruess 2006). Students need to learn "what it truly means to be a physician" and medical education leaders must listen to the issues of the hidden curriculum preventing this (Whitcomb 2005). Medical schools could indeed potentially turn into the antithesis of professionalism – encouraging competitiveness, hierarchy and bullying, anxiety about death and disease, and delivering streams of ever more complex information (Stephenson, Higgs et al. 2001). Indeed, a lack of expected development in moral reasoning in both medical and veterinary students during their exposure to their educational environment has been quantitatively demonstrated (Self, Schrader et al. 1993; Self, Olivarez et al. 1996). Newton et al (2008) also showed a worrying longitudinal decline in empathy in medical students passing through a US school.

This issue is perhaps not only one for institutions to consider, but also a wider one for professions to examine holistically. Buyx (2008) discusses the process of professional socialisation, arguing that previously it appears to have been sufficient to rely on the hidden curriculum to perform this function. He says that self interest, inequalities, funding issues, critical incidents and (in the US) managed care issues[4] have all contributed to a problem within the hidden curriculum, and considers whether medical education in itself is culturally unprofessional. This may be true in some institutions, but if it is recognised and managed could this then become an influence in itself for students? If the culture of medical education is adjusted to become virtuous and perfect, then the medical profession itself may be a huge shock for students. Could it be argued that things should be left as they are, but that recognition is the essential element? Certainly Coulehan and Williams

[4] Managed care is a technique used by healthcare providers in the US to attempt to control costs and improve quality. Controversy surrounds its implementation and whether patients obtain best possible care from this system.

(2003) agree that issues such as managed care are blamed unnecessarily – they feel that the teaching itself is failing.

It is also worth considering how a student, inherently involved in the hidden curriculum, is not just a passive recipient but is actively involved in their own socialisation process. In studies of primary school children, it has been established that school rules can be viewed with increasing cynicism by pupils if inconsistencies and resistance are shown (Thornberg 2008). High or increasing cynicism levels are also of concern in medical students (Testerman, Morton et al. 1996; Goldie 2004); the hidden curriculum being an obvious area to blame for this problem. Students should therefore be actively involved in devising and maintaining the rules to which they must comply, in order to effectively socialise themselves.

The hidden curriculum of an institution affects not only students, but also faculty, and Cribb and Bignold (1999) argued in the late nineties that the consistently positivistic nature of much medical educational research at that time encouraged a positivistic hidden curriculum, as opposed to a humanistic one. They suggest that research should consider other paradigms, in order to increase the reflexive nature of medical schools and encourage better understanding of what is going on, and a less objective atmosphere to influence students. It would appear that this has indeed occurred to some extent, as the number of qualitative studies published in medical education journals has increased massively over the last few years (Pope and Mays 2006).

2.10.2 Hidden versus informal curriculum

The division between formal and hidden curriculum is not entirely correct, as an informal curriculum also exists. The formal curriculum consists of specific, documented teaching events, but the informal curriculum consists of teaching that is not part of the written curriculum, but which naturally occurs on an interpersonal, often ad hoc level (Hafferty 1998). However, the intention is that learning is the end result. Of course, the hidden curriculum - “the physical and workforce organizational infrastructure in the academic health centre that influences learning process and the socialization to

professional norms and rituals" (Karnieli-Miller, Vu et al. 2010) runs intrinsically within both these elements of the curriculum, and will add or distract from student learning as the formal and informal curricula are taught. This is an important issue to consider as the hidden curriculum is studied in more depth, as occasionally it causes confusion. Harden (2009) demonstrates the hidden curriculum as existing over the taught, learnt and declared elements (Figure 2).

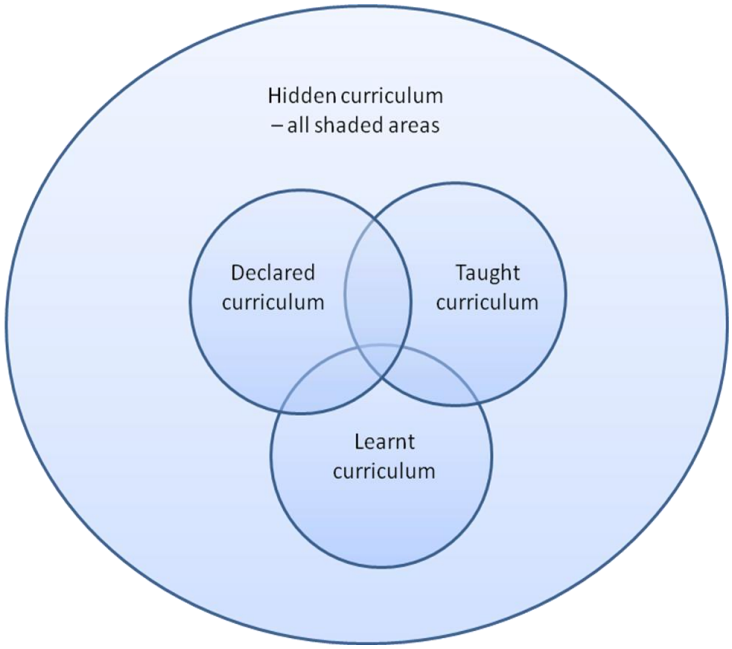

Figure 2 - The hidden curriculum sitting over the taught and learnt and declared curricula (Harden 2009). Harden's original diagram shows the declared curriculum outside of the influence of the hidden curriculum, but this is incorrect as even the declared curriculum will be influenced by "hidden" policies and procedures. The assessed curriculum could also be shown in this picture as an additional small circle which will align in different amounts with the other elements depending on the institution.

2.10.3 Components of the hidden curriculum

Whilst much has been published concerning the conceptual nature of the hidden curriculum, few of these references seem to describe concrete components. The hidden curriculum is often referred to in the broadest sense, and whilst this may be conceptually necessary for something which is potentially unidentifiable by nature, curriculum leaders need some awareness of proposed

constituent elements in order to consider their influence. Some authors have therefore attempted this process and some specific elements will now be discussed.

2.10.3.1 Role models

The educational environment is as important as any professionalism curriculum (Gordon 2003; Cruess and Cruess 2006), and the behaviour of faculty is a central component of the surroundings of medical students. Role modelling of faculty is often an unconscious activity by students, and could involve the mirroring of negative behaviours as well as positive ones. Role modelling is likely to be a dominant teaching tool in all institutions, whether encouraged or not (Bryden, Ginsburg et al. 2010).

Positive role modelling can be used to encourage attainment and application of new knowledge (Ficklin, Browne et al. 1998), and may influence career choice as well as professional identity (Reuler and Nardone 1994). Although negative role models play a part in demonstrating "what not to do", it may be difficult for learners to make the distinction between positive and negative role models (Park, Woodrow et al. 2010). Effective, positive role models are clinically competent with good teaching abilities and personal qualities (Wright and Carrese 2002; Cruess, Cruess et al. 2008), and virtue ethics theory can help explain why positive role models are able to not just able to behave virtuously, but can also explain this behaviour to learners (Kenny, Mann et al. 2003). Interestingly, reflective skills are discussed within these teaching abilities and this is important - students cannot be expected to learn reflectively if they do not see their teachers reflecting on their own actions. Reflective practice should occur in the educational as well as the clinical setting, and one study of excellent "humanistic" teachers who taught by role modelling showed that reflection was the primary method of improving their teaching practice (Weissmann, Branch et al. 2006). Wear (1998) also discusses teaching skills – in particular the way teachers give feedback and share their own faults. Role models need to involve students with their decisions and moral dilemmas, and not just be seen to be making the right one. Professionalism is not just yet another competency to be

achieved - it requires prolonged engagement with one's own morals and those of role models (Huddle 2005).

Leadership skills should also be demonstrated for modelling (Cohen 1998), and this could be especially true in the case of veterinary surgeons, where leadership is often underdeveloped (Lloyd, King et al. 2005). Role models should take care over the use of derogatory and cynical humour – used insensitively this humour can be an extremely negative element of the hidden curriculum (Wear, Aultman et al. 2009). Cohen (2007) is also keen that teachers should also be seen to care about students – improving humanism within the institution, so that this in then reflected in the actions of developing doctors. The relationship between students and teachers is also discussed by Haidet and Stein (2006) who promote the concept of "relationship-centred medical education" as a crucial component of the hidden curriculum. Students should feel able to question teachers in a flexible relationship, and their future behaviour should reflect this interaction, as they realise that perfection and complete competence are not prerequisites to being a good doctor.

So how does learning from role models actually occur? Shuval and Adler (1980) proposed and validated a multi-dimensional process with three basic patterns – active identification, active rejection and inactive orientation. These patterns show that students are able to selectively role model, and will reject negative role models. The concept of situated learning as an "enhancement of the apprenticeship model" is therefore an important concept when considering how students learn from modelling behaviour (Kenny, Mann et al. 2003). Social cognitive learning theory (Bandura 1986) and reflective practice are also important theoretical considerations.

Despite the huge quantity of descriptive writing about role models in medical education, there is no empirical evidence demonstrating learning occurring from role models, either positive or negative. Educators often assume that negative role models are an issue within the hidden curriculum, but there is surprisingly little actual evidence to show this. This would be a difficult thing to

demonstrate, but it is certainly something requiring investigation. Much of the concern around role models could be alleviated if there was an understanding of how this learning occurred, and how it could be influenced in a positive way for the developing professional.

2.10.3.2 Rules and regulations

As Jackson (1966) discussed, the rules and regulations of an educational environment will heavily influence students within it. Students' reactions to these rules are critical in their development into adults. In the medical school context, as undergraduates go through a "proto professionalism" period and develop into professionals (Hilton and Slotnick 2005), the regulations surrounding their study and the culture in which they work will be significant, and a critical component of the hidden curriculum. If rules seem unfair, students may become resistant to authority and begin to question those around them (Thornberg 2008). Although this is seen as negative by this author, it could also be hypothesised that questioning authority is a positive element of medical professionalism, particularly when considering issues of patient safety (Leonard, Graham et al. 2004). Hafferty (1998) is also concerned that regulation, or the policies of an institution, could have negative connotations within the hidden curriculum if it is perceived as unprofessional - for example, the acceptance of research money from questionable corporations by an institution.

Penalties for unprofessional behaviour are also important. These may be included as a component of an institutions professionalism curriculum and they will heavily influence student attitudes (Archer, Elder et al. 2008). If penalties are seen as small, students may be less likely to strive to achieve professional behaviour, and unprofessionalism is therefore promoted (Hickson, Pichert et al. 2007).

2.10.3.3 Institutional slang

Highlighted by Hafferty (1998), the language of an institution also influences those within it. He worries that the language of medical schools has become extremely business orientated, which may deliver the wrong message to students during this sensitive time. This would be of equal concern within veterinary schools, particularly when students are exposed to the monetary element of

clinical work. If the language used is heavily business like, this could remove a humanistic and altruistic attitude to patient care.

2.10.3.4 Resource allocation

Another concern of Hafferty's (1998) is that if bonuses or discretionary funds are given out unfairly or to unprofessional causes, students will be unknowingly influenced by this in a negative way. This idea is another manifestation of role modelling, and it would certainly be important in veterinary institutions where resources may be limited or provided by commercial interests. On the positive side, these may alert the students to these issues, but this would need to be done in the correct manner in order to help students begin to consider their business ethics.

2.10.3.5 Other elements

Clearly, the components of the hidden curriculum are many and varied – and by their very nature, difficult to define. The hidden curriculum is a very powerful influence, and the tensions between the scientific and personal nature of leaning can have serious effects on students, especially with respect to stress and mental health (Cribb and Bignold 1999). It is therefore important to consider other approaches from non clinical literature to try to analyse its content further. There are some useful analogies to be drawn from literature which looks at the culture of a business. The "cultural web" (Figure 3) is used by businesses to identify the image it portrays to its customers. Central to the web are the core assumptions, or paradigm of that business – aspects of the organisation which are often taken for granted. Around this paradigm sit a number of other representations of the culture, all of which influence and regulate those working within it. This may create a useful way of revealing elements of an institutions hidden curriculum, because it makes the user consider assumptions and issues which exist intrinsically within an organisation. However, it should be remembered that this is not just asking for the "mission statement" or vision of an institution – but what actually goes on, and the two must not be confused (Johnson, Scholes et al. 2009).

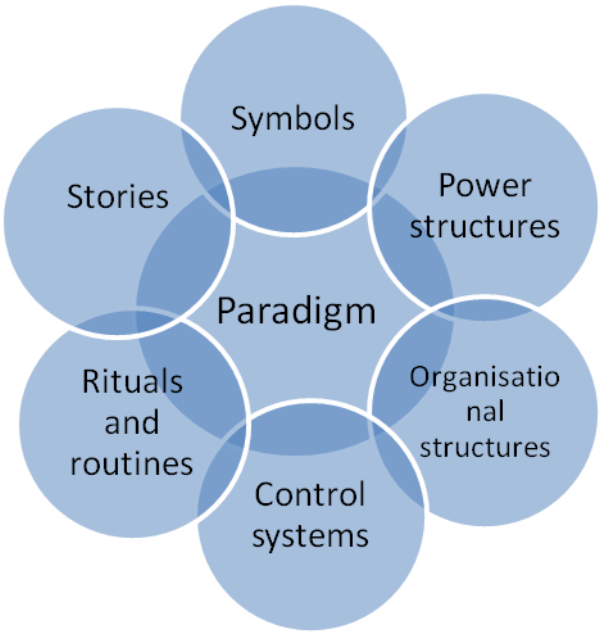

Figure 3 – The cultural web (Johnson 1987)

2.10.4 The hidden curriculum in veterinary education

Not surprisingly, given the general lack of literature relating to veterinary professionalism, there is very little evidence that the hidden curriculum has been examined in veterinary education. Indeed, Lloyd et al (2008) fail to mention the issues of the hidden curriculum when he describes improving leadership skills within a veterinary school. This is a significant omission. The only vague reference is in an earlier paper (Lloyd and Walsh 2002) where working with student groups is discussed as a method of developing a non technical skills curriculum – involvement of the student body may assist with recognition of the hidden curriculum, although this is not identified by the authors. The exposure of veterinary students to the workplace certainly means there is huge potential for the hidden curriculum to influence development of identity, and role models will presumably play a large part of this. This is something identified by Corbishley (2008) who describes her 'exploitation' at a UK teaching hospital. She recognises the fact that she cannot learn by example if that example is

poor, or only allows her to spectate. Examples like this demonstrate the influences of the hidden curriculum which are unlikely to be averted by the teaching of professionalism.

The business aspects of veterinary practice could make this even more of an issue, something identified by the more commercially minded dental profession. This profession is currently doing battle with its own hidden curriculum (Masella 2007), recognising the effect a commercial teaching environment may have over students. In his response to Masella's paper, Botto (2007) describes improving the "market environment" of dental education to shift the emphasis away from productivity to quality of care. He concludes with a long list of recommendations, including integrated ethics teaching and the valuing and celebration of professionalism.

2.10.5 Analysis of the hidden curriculum

Some attempts have been made to analyse the content of the hidden curriculum within institutions, in order to try and correct any deficits. However, Tekian (2009) points out that there is no established methodology to do so, which is a difficult issue for educators. Wren (1999) does make some attempt to establish a checklist including rules, ceremonies, rituals, routines and documentation, but this is aimed at schools and does not consider the more complex clinical workplace environment.

One study illustrated the hidden curriculum on a linear scale by asking doctors to place themselves on a spectrum of professionalism from "ideal" to "lost professional" (Hilton 2004). Although they rated themselves personally very close to the ideal, once asked to consider their environment they were very much at the other end of the scale, indicating they felt a loss of organisational professionalism relating to NHS targets, management and other issues. The author suspects these issues are more critical for the profession than the headline makers of Shipman and Bristol. The hidden curriculum perhaps encompasses more than just an institution, and is intimately related to any broad definition of professionalism for a particular profession.

Students are often used to try to provide an insight into the hidden curriculum, a sensible strategy when you consider they are the primary consumers of this environment. Karnieli-Miller et al (2010) requested student narratives of their experiences within the clinical setting of one particular teaching module which they felt "taught them something about professionalism and professional values". These narratives were thematically analysed and, perhaps unexpectedly, more positive than negative events were submitted. Two strong categories emerged – medical-clinical interactions usually involving role models, and events in the teaching environment experienced by students. Typical themes of respect, communication, responsibility, knowledge, caring and altruism were recorded. Another narrative study focusing on negative aspects of the hidden curriculum revealed core themes of power and hierarchy, patient dehumanisation, hidden assessment, emotional suppression, the limits of medicine, emerging accountability, balance and sacrifice, "faking it" and authentic human connection (Gaufberg, Batalden et al. 2010). Lempp and Seale (2004) expanded this narrative process by interviewing students about the quality of teaching within the institution to try and establish the components of the hidden curriculum. Narratives therefore appear to be a useful way to monitor the events of the hidden curriculum, although they rely on students recognising these incidents, which they may not be able to do as well as expected. Students have been shown to not know about or understand professionalism (Hafferty 2002), although conversely Ozolins et al (2008) demonstrated that students recognised the existence of the hidden and informal curricula. As an alternative, students have also been asked to reflect on faculty narratives and stories about professionalism, removing the recognition process and allowing this to occur early in training, before experience of the clinical environment has occurred (Quaintance, Arnold et al. 2010).

An instrument has been developed and validated by Haidet et al (2005) which also uses students as its sample. Although it focuses on the patient centeredness of the hidden curriculum, this survey remains a useful analysis, and it divides the components into role modelling, students' patient-care experiences, and how much support they perceive exists for behaving in a patient centred manner.

However, application of this instrument results in a "score" of patient centeredness for the institution under study and the meaning of this score is questionable. In particular, the quantification of what is essentially a descriptive issue may inherently undermine the very issues within the hidden curriculum that need addressing.

Richer data can certainly be obtained using a qualitative approach. In order to establish how professionalism was being taught in the ward setting, Stern (1996) set up a quasi-ethnographic study, using observers to record teaching occurring in internal medicine teams in a single hospital. Multiple professional values were identified, the most common one being inter-professional relationships. Interestingly, the analysis also included the subjects studied, who were invited to categorise what they had said, and this showed good reliability. This gives a good insight into the kinds of values being mentioned regularly in settings such as this – resulting in an analysis of one aspect of the hidden curriculum. However there is no discussion of whether the teaching episodes analysed were positive or negative, or the influence the observer may have had on the behaviours occurring. This study does however provoke thought about what is happening beyond the classroom, and the influence that workplace learning can have on students. What is observed may be negative – for example derogatory statements about other specialities and patients, poor confidentiality, and poor treatment of students (Shea, Bellini et al. 2000). Positive value-related teaching is often also informal, on rounds and at bedside (Stern 1998). In fact, this study found most of this teaching happened in the evening and when on call - senior colleagues were not usually present.

Assessment of professionalism is difficult and needs to be contextual, and so monitoring of student behaviours on a day to day basis – in essence within the hidden curriculum – could be a useful process. It has been found that conscientious behaviour (getting vaccinated and completing course evaluations) correlated with performance in professionalism assessments during clinical rotations, as did accurate self assessment of performance (Stern, Frohna et al. 2005). This is interesting, as these

are objective behaviours, which very few other studies seem to assess. Papadakis et al (2004) usefully showed that poor professionalism during training was more likely to lead to disciplinary action on graduation, so this assessment within the hidden curriculum – a "hidden assessment" – could be crucial to overall assessment of professionalism. It would, however, be essential that this hidden assessment was somewhat ironically made partly explicit, to avoid accusations of non transparency. This could reduce the validity of the assessment.

A useful study of academics perspectives on teaching and assessing professionalism by Bryden et al (2010) demonstrates how easy it is to uncover problematic elements of a hidden curriculum through focus group analysis, but how difficult it is for these deficits to be corrected. Participants fight with the same issues as students when it comes to the difficulties of teaching professionalism, and the authors conclude that a change in culture is necessary in order to have any hope of this teaching being effective.

2.10.6 Developing the hidden curriculum

The effect of workplace learning in general on developing professionals is debated within the literature, and various initiatives are proposed as improvements. There is no doubt that environmental factors are influential, but the effect of learning in the community divides opinion, with Wear (1998) hoping that this environment would promote professionalism, whilst others suspecting that this uncontrolled environment could have a more negative effect, particularly during the transition from medical school to clinics (Wessel 2004). Whether workplace learning is a good or bad thing for developing professionals may ultimately depend on the content of the hidden curriculum in each situation, underlining the importance of thought and discussion prior to placing students in a working environment. It is highly likely that experiential workplace learning may be more influential over future professional behaviours than any other learning experience a student may have, and so caution must be heeded. However the suggestion that this influence should be controlled (Goldie, Dowie et al. 2007) is a concern, as this would remove the "real life" element so

crucial to the development of reflective skills and subsequently professionalism. It would also not be possible to overcome wider issues of social injustice which are an inherent part of the workplace (Batlle 2004). As students convert from novice to master, encounters result in decisions and professionalism is shaped, with context informing correct behaviour (Leach 2004). Perhaps a problematic hidden curriculum should be viewed as an opportunity to mould these encounters, and ensure students are trained to make the right decisions. If they do not encounter negative role models whilst training, it is possible that this judgment may not be honed sufficiently for later life, and the cushioning effect of a model hidden curriculum may impede professional decision making. Whether a negative hidden curriculum can be converted into a positive one is debatable – and it is also not certain whether educators should desire a perfect learning environment, devoid of moral provocation.

Despite these concerns, a comprehensive series of professionalism initiatives have been used by US medical schools in order to influence the hidden curriculum of the institution (Humphrey, Smith et al. 2007; Smith, Saavedra et al. 2007). These encompass institution wide policies and events which as a whole attempt to create a positive, patient centred culture, highlighting and rewarding professional behaviour. A relationship centred care initiative is also described in one medical school (Brater 2007). Negative behaviour has been discouraged by the use of reporting systems and strategies for addressing and improving this behaviour (Hickson, Pichert et al. 2007; Smith, Saavedra et al. 2007). Perhaps unsurprisingly, a common conclusion is that changing the hidden curriculum is not an easy process. Change does not happen quickly, engagement must be faculty wide, assessment of change must take place and exemplary behaviour must be rewarded. None of these authors feel that the change is complete – but perhaps this is a good thing, as the culture of the "real world" may be very different once their graduates emerge, creating a different set of problems.

If change is so difficult, it may be easier to instil a more positive hidden curriculum in a new institution. From their study of UK medical schools, Stephenson et al. (2006) establish that although

attitudinal objective are included in most curricula, there are still barriers to success such as negative role models, lack of assessment consensus and a lack of support from faculty. However, new medical schools are held up as exemplars, able to introduce and manage this teaching effectively. Presumably this is true for the hidden as well as the formal curriculum – a real opportunity exists in a new school for influence through strong leadership.

There are therefore several different areas for development or change which can be used to try to address the failings of an institution's hidden curriculum.

2.10.6.1 Faculty development

A key area of any program attempting to influence the hidden curriculum is that of faculty development (Goldie, Dowie et al. 2007). In particular, role models should be made aware of their influence and instructed in the educational theory of situated learning, which guides effective role modelling behaviour. They need to show clinical competency, time for teaching, a positive attitude, be student centred, facilitate reflection, hold dialogue with colleagues and carry out continuous professional development (Cruess, Cruess et al. 2008). Many more behaviours and attitudes could be added to this list. However it may not be possible to expect teachers to develop in this way and Hafferty and Franks (1994) propose a wider framework of initiatives to ensure the development. Awareness of the issues is prominent within this structure, and they suggest a consortium is required to tackle the issues, involving all faculty. This is reinforced by the finding that faculty are aware of the influence of their own lapses in professionalism, when questioned and encouraged to reflect on this (Bryden, Ginsburg et al. 2010).

2.10.6.2 Student involvement

This process of faculty development is expanded further by others who suggest that students should also be involved in the examination and subsequent changes to a hidden curriculum, thereby providing a perfect opportunity for role modelling at the same time (Lazarus, Chauvin et al. 2000). The problem with this is that virtuous role models may be sparse, so others suggest the students

should be used to question faculty in their behaviours and attitudes (Doukas 2004), although this seems like a somewhat risky strategy. Similarly however, efforts to improve the culture of a clinical setting have also involved collating feedback from students on clinical teachers' behaviour - this was then fed back to the teachers in order to decrease the occasional disparaging remarks which create an unprofessional environment for students to role model (Szauter and Turner 2001).

2.10.6.3 Mentoring

Mentoring can be an important part of developing professionalism, and mentorship schemes can encourage students to develop positively (Larkin 2003). Mentoring should be distinguished from role modelling, because although mentoring will include role modelling by the mentee from the behaviour they observe demonstrated by the mentor, this is a positive process, with coaching and reflection occurring concurrently (Kenny, Mann et al. 2003). Mentoring can therefore be used as a strategy by an institution to encourage positive role modelling, but negative role models are still likely to exist. Perhaps part of the role of the mentor should be to encourage students to identify and reflect on poor role models? Certainly mentors should be encouraged to reflect openly with their mentees on their clinical practice, in order to stimulate the same behaviour in the developing professional. If the culture of an institution is negatively affecting student development, perhaps a mentoring program could be a step along the road to recovery?

2.10.6.4 White Coat Ceremonies

This 'ritual' involves a ceremony in which the symbol of doctoring, the white coat, is presented to new student doctors and an oath (usually a version of the Hippocratic oath) is sworn. This is a deliberate component of the formal curriculum of professionalism in many medical schools, but its inclusion no doubt has an effect on the hidden curriculum. By viewing their peers and themselves on another level (that of a white coat wearing professional), there is no doubt that students may be influenced in unmeasured ways. The ceremony adds to the culture of the institution. These ceremonies have, however, been criticised. In themselves, they are no "quick fix" for issues of

professionalism – the formal professionalism curriculum cannot stop there (Wear 1998). It is also speculated that the ceremony could be interpreted in the wrong way by students – that the white coat gives them "rights" rather than responsibilities, and that it might mark the departure of these student from humanistic values (Goldberg 2008). However, Huber (2003) believes that when performed properly, it can be a very useful component of an informal curriculum of professionalism – and inherently by its inclusion an influence over the hidden curriculum.

2.10.7 Conclusion

The hidden curriculum should be viewed as an opportunity and not a threat to the teaching of professionalism. Although it is understandable that educators may wish to mould and shape it, it has to be asked whether this is feasible or indeed, possible. By its very nature, the hidden curriculum is just that, hidden, and to some extent, unidentifiable. This should not prevent institutions from attempting to analyse it, however, because this reflective process in itself will have a positive influence. A formal professionalism curriculum can easily be undone by a negative hidden curriculum, but this should not stop faculty from creating the formal curriculum. This process in itself will help to influence the hidden curriculum by showing that professionalism is valued – that somebody cares.

In contrast, heed should be paid to the 'perfect' hidden curriculum an institution could theoretically possess, or simply aspire to. This in itself will not challenge students in the way a more difficult environment will. It will not prepare them for the minefield of the workplace, and so they may emerge as a naive professional with limited understanding of the failing of others or the environment they are entering. A compromise therefore has to be found, in which a central component is the developing professionals' ability to engage in a reflective process, in order to recognise what is happening around them and how it may be influencing them. Without this ability, the teaching of professionalism is not just difficult – it is almost impossible.

2.11 Curriculum design

The output of this study will be a curriculum of veterinary professionalism. It is therefore useful to consider a relevant selection of the literature surrounding curriculum design before this process begins. It is important to remember that a curriculum is more than just a syllabus of areas under study – it encompasses aims, objectives, processes, experiences and methods of teaching and learning (Grant 2007). It is also crucial to recognise that the curriculum exists in several formats – what is planned, taught, learnt and delivered may be different – and the design process should attempt to align these elements (Biggs 1999).

2.11.1 The process of curriculum design

There are several steps suggested by differing authors as part of the process of curriculum design.

Grant (2007) lists questions asked in Tyler's (1949) classic curriculum design book, which are just as relevant to curriculum designers now:

- What is the purpose of the educational programme?
- How will the programme be organised?
- What experiences will further these purposes?
- How can we determine whether the purposes are being attained?

These steps are expanded upon by Fish and Coles (2005) who divide the design process as follows:

1. Introductory matters
    a. Evidence of those involved
    b. Definitions of key terms
    c. Agreed principles, processes and values
    d. Rationale
2. Organisation

    a. General overall educational aims
    b. Specific intentions/objectives/agenda
    c. Chosen ways of seeing teaching and learning
    d. Content/syllabus
    e. Balance of depth and breadth
    f. Structure of the content
    g. Assessment and its role
    h. Evaluation
3. Provision for management
    a. Criteria for recruitment
    b. Process for recruitment
    c. Administrative structures
    d. Educational support for teachers
    e. Regulations for progression/failure
    f. Quality control procedures

A six step approach has also been suggested, specifically for medical curricula (Kern 2009):

1. Problem identification and general needs assessment
2. Targeted needs assessment
3. Goals and objectives
4. Educational strategies
5. Implementation
6. Evaluation and feedback

Importantly, Kern states that the process is dynamic and interactive, with stages interchanging and overlapping.

Harden (1986) lists ten steps to the process:

1. Identify the need
2. Establish the learning outcomes
3. Agree the content
4. Organise the content
5. Decide the educational strategy
6. Decide the teaching methods
7. Decide assessment strategy
8. Communicate the curriculum to all stakeholders
9. Promote an appropriate educational environment
10. Manage the curriculum

There are clearly similarities with many of these different steps described, and so when designing a curriculum it is important to select the relevant steps and use a method that suits the institution involved. Prideaux (2003) also argues that prescriptive models, which for modern curricula generally involve an outcomes based approach, must be used with care in order to avoid a lack of focus on the overarching "significant and enduring" outcomes, which he argues are the most important elements. He goes on to describe descriptive models of curriculum design, specifically the situational model of Skilbeck (1976) which considers the context of the curriculum examining both internal (learners, teachers, resources etc) and external (society, employers expectations etc) influencing factors. This model emphasises the importance of the interaction between the components of curricula, specifically the fact that one element cannot be considered in isolation. Situational analysis would appear to be a useful part of needs assessment.

2.11.2 Needs assessment

Clearly, whichever of the step like processes are chosen, there is a requirement at the commencement of the design process for a needs assessment – what are the learners needs for this

curriculum? The process of needs assessment is therefore worth examining further. Grant (2002) suggests that needs assessment is a crucial part of the educational process, and although it may not appear to regularly occur, perhaps it is happening more often than is actually thought – it may be an inherent process, especially when considering postgraduate professional development. However she warns that needs assessment should not result in the entire curriculum being based on those needs, removing the option for a wider scope of learning by defining strict rules.

Learning needs assessment allows a learner's individual requirements to be identified and then a learning plan developed to fulfil those needs. On a wider scale an educational needs analysis of an entire profession or group can be carried out, in order to instigate policy change or the development of a new curriculum (Norman, Shannon et al. 2004). Needs assessment can look at a whole range of student needs, or examine one particular aspect (Pratt 1980). Lockyer (1998) divides needs into individual versus organisational or group, clinical versus administrative, and subjective versus objectively measured. Grant (2002) quite rightly points out that the needs assessment of these categories may result in differing requirements – for example, the assessment of a group will result in an "average" requirement, and so the individual must not be forgotten.

It is important however, to separate wants and interests from needs (Pratt 1980). If curriculum designers are allowed to impose their own agendas onto a curriculum, or deliver what the learners are interested in rather than what they need, a mismatch could occur.

2.11.2.1 Methods of needs assessment

Individual needs assessment may often occur informally, as a component of reflective practice (Grant 2002). Indeed, needs assessment is often a component of portfolios, which may utilise reflection and action planning, with analysis of strengths, weaknesses, goals and routes to competency (Davis and Ponnamperuma 2005). A needs assessment is not the same as an examination. However there are other more formal methods of needs assessment, which may be applied depending on the context of the assessment (adapted from Grant 2002):

Gap or discretionary analysis – competency is assessed in line with intentions, either via self or peer assessment, or post examination. This is an appropriate method for the larger scale educational needs assessment, and may involve surveys or focus groups looking at a group's needs and comparing current performance with an ideal.

Self assessment – a more formal method of reflection which requires recording reflections via log books, portfolios etc.

Peer review – assessment of competency via peer feedback, which may be informal or more formal.

Observation – a senior colleague judges competency and identifies learning needs, either formally or informally.

Practice review – the review of notes and written documents to identify deficiencies

Critical incident review and significant event auditing – individuals must record events which arise where they felt their performance could have been improved, and learning needs are then identified.

During the development of a curriculum of veterinary professionalism in this study, a needs assessment will need to be carried out and the most obvious method would be via a gap analysis, in order to work out what is missing and what needs to be included. This is the most appropriate method when considering a large group needs assessment. There are also overlaps with the process of situational analysis (Skilbeck 1976) and so an analysis of external context factors (specifically the professions issues and expectations) will also be included in the needs assessment.

Once the need for the curriculum has been established, the process of curriculum design will continue until a relevant and usable program emerges. This process is described later in the thesis, within Chapter 6.

2.12 Literature review conclusion

There is clearly a vast body of literature surrounding medical professionalism and this is an extremely useful starting point when considering veterinary professionalism. There are many similarities between these professions. Both are long standing, autonomous and prominent in today's society. Both are healing professions, dealing with difficult and pressurised situations. In an educational context, both require specialised clinical training with workplace exposure and its associated challenges.

The differences are also apparent, and this is especially true in the UK context. Dealing with the financial side of running a business may not be a unique skill to veterinary surgeons indefinitely - indeed many medical general practitioners already manage budgets - but this is one element which superficially sets them apart. The issue of organisational professionalism is a further consideration, but this too may change as veterinary practices move towards corporate ownership.

When considering the literature therefore, although much can be concluded from the medical professionalism publications, it is important to bear the differences in mind when considering veterinary professionalism. It is clearly necessary to expand the body of specific veterinary professionalism literature, so that this profession can truly confirm its place in society. For educators teaching undergraduate veterinary students, this need is even more pertinent. They must know what to teach, and how to teach it, and an evidence base must be established for this teaching.

It is important to state that this review has not accessed the majority of literature covering the assessment of professionalism. This mostly focuses once again on the medical profession, and despite assessment driving learning it was not felt practical or necessary to attempt an in depth review of professionalism assessment. However, it is important to consider where assessment will sit within the curriculum, and this will be discussed in chapter six when the curriculum is described.

This literature review therefore provides an important starting point for this examination of veterinary professionalism.

2.13 The research questions

This study will therefore attempt to address two research questions

- What is veterinary professionalism?

- What are the components of the hidden curriculum at SVMS?

The secondary element has evolved following the review of the literature, which demonstrated the necessity of this process in order to address the third component of this study; the creation of a curriculum of veterinary professionalism.

3 Methodology and methods

This chapter will outline the methodological approach and methods selected in order to approach the research questions within this study. Background information and discussion around the choices made will be presented, in order to guide the reader through this research process. This description will mirror the experiences of the researcher through this study; establishing the questions to be examined, considering the possible methodological approaches, selecting the most appropriate approach and then establishing the methods within this approach.

3.1 The research questions

When commencing any kind of research, it is essential that the research method is fitted to the research question – the research question should never be forced to fit a particular approach or paradigm (Silverman 2007). The primary research question in this study is to establish a definition of veterinary professionalism. There is also a secondary aim of analysing the hidden curriculum within SVMS. The outputs from both these research questions will be combined in order to design a curriculum of veterinary professionalism.

The process of defining veterinary professionalism does not lend itself easily to hypothesis creation. There is no distinct question which needs to be proven or otherwise; rather it is a broad field of study, and a social perspective which is to be investigated. A further set of complex social interactions need to be analysed to examine the hidden curriculum. It is these issues which have led the approach selected to be qualitative in nature, and this needs to be discussed in greater detail in order to understand the reasoning behind this choice.

3.2 Positivism and post-positivism

It was not until the second half of the nineteenth century that positivistic, truth seeking research began to be questioned. Deductive approaches were the norm – but philosophers and social scientists began to ask whether they could generate the answers required, particularly when trying

to analyse human behaviour. People have independent thought, and behave in a context specific way dependent on a multitude of factors. The anti-positivists attacked "science's mechanistic and reductionist view of nature, which, by definition, defines life in measurable terms rather than inner experience, and excludes notions of choice, freedom, individuality, and moral responsibility" (Cohen 2008) p17. Verification of a single issue could lead to the omission of other factors, particularly when studying something as complex as society.

Post-positivism challenges the notion of absolute truth, and accepts that interpretation and variation exists particularly when studying how people behave (Creswell 2009). A rigorous approach is still applied, but this may not just employ measurement and numerical outcomes. Meaning and understanding may also enter the equation (Myers 2000), and qualitative data are used to elicit perspectives and ideas around a research question, which are not labelled as "the truth".

The philosophical debate behind qualitative versus quantitative methods may incorrectly equate them with interpretative post-positivistic philosophy and empirical, positivistic philosophy respectively, when in fact they could be either (Bevir and Kedar 2008). Creswell (2007) states that a qualitative post positivist such as himself approaches research questions using a rigour normally equated with a scientist, with a resulting traditional method, results and discussion within his work. He states that this approach is commonly found within the health science literature, with researchers trained in quantitative methodologies "converting" to use qualitative methodologies. In reality, most qualitative research will draw on post-positivistic and more pragmatic approaches, accepting that there is not a single version of "reality".

It is important to recognise that there are strengths and weaknesses with both quantitative and qualitative approaches; whether one is "right" and one is "wrong" is in many ways a reflection of the incorrect alignment of positivism and quantitative methodology. Recently, particularly in the health sciences, there is acknowledgment of the benefits of both approaches and thought that the divide

between them is somewhat unhelpful (Pope and Mays 2006). Mixed methods, combining both approaches, are increasingly common, as one is used to inform the other and a wider scope of data results in better policy informing (O'Cathain and Thomas 2006).

3.3 Qualitative research

"The most basic way of characterising qualitative studies is to describe their aims as seeking answers to questions about the 'what' 'how' or 'why' of a phenomenon, rather than questions about 'how many' or 'how much'." (Green and Thorogood 2009 p.5).

A qualitative approach to research allows an investigator to examine the big picture and look in depth at social constructs, meanings and perceptions. Qualitative research does not often involve numerical data, and does not usually begin with a hypothesis. Instead, qualitative researchers look at and analyse what is happening in front of them, without performing counts or statistical analysis. Results and conclusions are based around theories and frameworks, and are not objectively driven. A more inductive approach is employed, which allows ideas and issues to emerge from the subjects examined. Breadth of study is often sacrificed for detail (Creswell 2009). Qualitative research is not just non-quantitative research; it has its own methods and disciplines. To return to Silverman (2007), it is not that one approach is right and one is wrong – the research question needs to guide the choice. The inherent subjectivity of qualitative research means that each different approach must take precautions to maintain rigour, just like carrying out a laboratory based experiment (Starks and Trinidad 2007).

In this study a definition of veterinary professionalism is sought. The word definition is ironically very positivistic in nature, perhaps reflecting the researcher's quantitative background. However, the outcome requires more than a counting of perceptions. Consider answering this question by quantitative survey – if half of respondents thought that veterinary professionalism involved wearing a white coat, what would this actually mean? Very little – what is required is an understanding of the

attitudes and behaviours of veterinary surgeons to induce a theory of veterinary professionalism. This is especially true because of the intention to convert this theory into a curriculum of professionalism. It allows all aspects to be considered, and none ignored because of a minority response. It allows a contextual analysis, accepting that society is a complex notion to explore.

A further interpretation of the issues within the school's hidden curriculum is also required, and for the same reasons a quantitative survey was not appropriate. Perceptions needed to be discussed and explored, in order to create meaning from a concept which is hard to identify.

3.3.1 Generalisability of qualitative research

Transferring qualitative findings from one context to another is the next issue which requires closer scrutiny. This is of particular concern if research is interpretative, focusing on a group of individuals. Just because this group behaves in one way, or has a set of perceptions about a situation, does it mean another group will do or feel the same way? This argument is countered by the fact that small scale studies are often not meant to be generalisable. It is their great depth of information that adds to the knowledge base of a particular topic. Naturalistic generalisation from a case study should be done with caution, although it is possible if the research is sufficiently described in depth, and it is often better to do from one set of individuals to another, rather than from a set of individuals to a population (Stake 1980). The generalisability of the findings of this study will need to be discussed and interpreted with caution.

3.3.2 Ensuring quality in qualitative research

Qualitative research should not be equated to a lack of rigour and should be subjected to quality assessment like any other research – it demands "theoretical sophistication and methodological rigour." (Silverman 2007 p.209). The difficulty is the criteria for assessment of quality are not concrete – indeed the flexible nature of qualitative methodologies and their assumptions about the nature of truth and reality may mean that applying criteria is a counterintuitive process (Green and Thorogood 2009). The wider epistemological discussions about the nature of knowledge of course

add to this debate (Mays and Pope 2009). Anti-realists, for example, would argue that conventional validity is not a concept applicable to qualitative research because it has been derived from a separate paradigm. There is a danger however of making research unusable if there is not some measure of its quality, and this is particularly important in policy-informing research (Murphy and Dingwall 2003). It therefore makes sense to consider quality criteria as a concept whilst early in the research process, so that these can be applied as the strategy develops. The post-positivistic stance taken in this study allows application of such criteria.

Calderon Gomez (2009) lists Lincoln and Guba's (1985) traditional areas of credibility, transferability, dependability and confirmability within their naturalistic approach to qualitative research. As Whittemore et al (2001) discuss, these criteria have been translated from the positivistic concepts of internal validity, external validity, reliability and objectivity respectively which in itself is an "epistemological quagmire". Calderon Gomez's concern is that whatever terms are chosen, it is the content within these processes that need emphasis, and he suggests that the theoretical-methodological content of such criteria should be scrutinised. He goes on to describe a flexible approach using the criteria of "epistemological and methodological adequacy, relevance, validity and reflexivity." Despite all these issues, a compromise needs to be found between the creativity requirements of a qualitative approach and the quality of the process undertaken (Whittemore, Chase et al. 2001). Some differing strategies will therefore be considered.

Eight different validation strategies are described by Cresswell (2007) of which he states at least two should be applied to ensure quality of research. These are:

- Prolonged engagement and participation in the field
- Triangulation of different sources of evidence
- Peer review or debriefing, to externally check the process

- Negative case analysis, in which hypotheses are revised until all cases fit
- Clarification of researcher bias and prior assumptions
- Member checking, in which findings are fed back to the population under study
- Rich and thick description
- An external audit by an independent reviewer

The problem with this list is that these strategies are themselves open to interpretation – how long is prolonged engagement, how rich is rich description? Whittemore et al (2001) conclude their discussion with a list of primary and secondary criteria of validation, which includes a list of questions to be asked about a study concerning awareness and completeness amongst other issues. Questions like this appear to be more helpful, and they will presumably elicit responses involving some of the strategies listed by Cresswell, but presented in a more discursive way. Questions have also been described by Kuper et al (2008), which consider issues such as sample appropriateness, data collection methods, analysis methods, transferability, reflexivity and clarity.

Taking a pragmatist approach, many of these issues will be considered as this study design progresses. Most will be returned to at the end of the study as the quality of the work is assessed and its limitations examined.

3.4 The research strategy

Within the qualitative domain, there are several prominent strategies of inquiry (Creswell 2009) which can be used according to the research question, resources available, and researchers' intentions and experience. Several of these were considered for this study.

Ethnography is used by anthropologists, who by living amongst the culture they are trying to study, observe patterns of behaviour and try and understand what is happening. However it is increasingly

appearing as a methodology chosen by social scientists and educationalists. It appeals from the perspective of validity – although the researcher must take care that their presence does not influence others behaviour. Ethnography has been used extensively within the medical context – for example Fox (1992) used ethnography to study the behaviour of surgeons. One of the earliest considerations of medicine's hidden curriculum is described in Becker's classic ethnography "Boys in White" (1961). Although a fascinating way of conducting research, this was not deemed an appropriate strategy for this study, due to the researcher's position in the veterinary community. It was also felt that it might not elicit the heart of research question.

Phenomenology - using a prolonged period of study of a particular phenomenon in order to understand and interpret it – was also considered. It is a more perceptive approach and is less naturalistic, but ensures removal of "taken for granted" assumptions by the researcher (Green and Thorogood 2009). The phenomenon under study is that of a human experience, often an emotion such as grief or anxiety (Moustakas 1994). Veterinary professionalism is therefore far too broad a topic to be labelled such a phenomenon, and in addition the researcher in this study would struggle to remove assumptions at the level required due to her immersion in the veterinary profession as a veterinary surgeon herself. It would not provide a broad enough answer as phenomenological studies tend to focus on a single question or experience.

Case studies look at a particular incidence of something, or at a group performing a particular function – and from this can then go on to discuss inferences and possibly generalise about a situation. They can be defined as a qualitative methodology per se (Yin 1994), but the word is confusingly also used simply to define a specific area under study (Stake 1980). The researcher may be participating in what they are studying, or just observing. This seemed a possibility for this research question – several different veterinary practices could be observed, and then from these case studies a theory of veterinary professionalism could be defined. There were concerns, however, about the generalisability of a case study in context of veterinary professionalism, because of the

diversity of practice types. There were also issues surrounding the practicalities of studying several areas in depth. The hidden curriculum analysis was however a case study of sorts, as it focussed on one institution's actions and interactions. As this analysis would be carried out separately to the veterinary professionalism definition, it was decided to investigate this second research question as a single case study, without need for generalisation.

Grounded theory, first described by Glaser and Strauss (1967), is a way of inducing social phenomena. The theory is developed from the ground up, that is, the researcher should have no preconceptions or hypothesis to prove or disprove. They merely have an area of interest they wish to theorise about, and develop this theory in parallel with the data they collect. This means that the data collected inform the next questions asked, as the theory continually reshapes the next stage of the research. This is called an iterative process – and the theoretical sampling means that generalisations from the data are more justifiable.

GT as a methodology can use any number of data collection techniques – and indeed use other methodologies within it such as case studies. It therefore has a broad and flexible appeal – any form of data can be used to create a grounded theory. It is a useful way of informing policy and practice (Charmaz 2009), and for these reasons it was chosen as the most appropriate methodology for defining veterinary professionalism.

3.4.1 The selection of grounded theory as a research methodology

The choice of GT as the research strategy for the primary research question of this study requires further explanation, because although grounded theory is commonly used in health research, it is not commonly seen in the veterinary context. Although this is primarily due to the lack of sociological studies of the veterinary profession, the selection of grounded theory is acknowledged as relatively controversial, and it is important to develop strong justifications for this due to the epistemological assumptions of the veterinary audience.

The roots of GT lie in symbolic interactionism which describes how interaction between society and individuals generates meaning and conceptualisation of the world. Values and beliefs are generated by interactions with society, rather than society imposing these upon individuals. Blumer (1969) describes this concept as humans acting towards elements in life (others, objects, places) according to the meaning these things have to them, so that this meaning is therefore a result of this interaction, which humans interpret and modify as they engage in interactions. Because meaning is therefore constantly changing, this is hard to examine in a deductive approach, and so more inductive approaches were described by social scientists trying to define complex social phenomena.

Glaser and Strauss recognised this difficulty and developed GT as a way of understanding specific human interactions and society. GT generates theory, and is an explanation of actions or process using the inputs of participants. It goes further than simple description (Tavakol, Torabi et al. 2009).

GT is therefore very appropriate in the context of this study. As was explored in the previous chapter, very little is understood or known about the concept of veterinary professionalism. From examination of studies of medical professionalism, it can be seen that professionalism is a complex social phenomenon, resulting from the interaction of many different individuals. GT will allow the research to examine veterinary professionalism despite the lack of a hypothesis to test or an obvious social theory by which to examine it. It will allow the perceptions of those involved to be reconstructed into a theory of veterinary professionalism in a way which allows for complexity and interpretation of meaning (Creswell 2007). It is hoped that this in depth perspective can then be converted successfully into a curriculum of professionalism, and GT certainly commonly performs this function in healthcare educational research, allowing researchers to "build towards implementation of practical educational innovations" (Kennedy and Lingard 2006).

GT also appeals because it is a systematic and thorough approach. This study is being undertaken in a context with strong positivistic influences, and so although it is in some respects incorrect to judge

qualitative research in terms of reliability and validity, it is acknowledged that this will almost certainly occur (Mays and Pope 2000). It is therefore thought important to use a methodological approach which can be described using this language, and the pragmatic theory generation resulting from a GT approach can certainly fulfil this requirement (Kennedy and Lingard 2006).

There are certainly challenges associated with the use of GT. The position of the researcher in this study within the profession under examination is the most obvious issue, because in some versions of GT it is assumed that there is no prior knowledge of the construct being researched. It was therefore important to implement a GT approach which did not subscribe to this philosophy, and this is described below. The other main challenge was expected to be the length that some GT studies require. Data collection in GT is not defined quantitatively, and instead is ceased once theoretical saturation is reached, which means that no further ideas are emerging from the data. There is always a concern therefore that studies will take too long within the confines of funding or time (Creswell 2007). This is consequently always worth recognising and reassuringly the numerous GT studies of medical professionalism seemed to indicate that this could be avoided.

The chosen approaches to both research questions are now discussed in depth.

3.5 Defining veterinary professionalism

3.5.1 Study design

As discussed above, the broad remit of this question appeared to lend itself well to the iterative process of GT generation. GT has been used in several previous medical education studies in order to inform curriculum design (Tavakol, Torabi et al. 2009), and the GT generated from this study was to inform a curriculum of veterinary professionalism.

3.5.1.1 Grounded Theory

The principles of GT remain similar despite the diversification of this methodology, and these are:

- The theory arises from the data in an inductive process
- Sampling is purposive and theoretical
- A process of constant comparison of the data is carried out to inform this sampling process and the nature of data collected
- Data collected can take any form (including quantitative components)
- Open, axial and selective coding analyses the data and memo writing is used to develop the theory
- Collection of data is completed when saturation occurs and no more themes emerge

Grounded theory is not considered prescriptive. It can be applied in many different ways, and in many different contexts. It is important to remember that it is "a way of thinking about data" (Morse 2009 p.14), rather than a collection of strategies. Glaser and Strauss themselves diverged in their approaches to grounded theory, after its initial publication in the 1960s. Glaser continued in a more positivistic approach, using grounded theory as a method of discovery (Kelle 2005; Charmaz 2006; Stern 2009). Strauss, however, teamed with the nurse-researcher Juliet Corbin, and developed the method differently, in a less comparative way (Corbin and Strauss 2008; Morse 2009). Although Glaser was very disproving of Strauss and Corbin's differing approach (he accused them of forcing data to fit coding strategies, and of theory verification rather than generation), it is acknowledged that most research will draw on aspects of both approaches, and this is acceptable (Kennedy and Lingard 2006).

Grounded theory has been presented as a useful, yet underused strategy in medical education research (Tavakol, Torabi et al. 2009), because of the complex situations presented for study in this area. GT lends itself well to interpreting, for example, how students learn, or how interactions on wards contribute to education. The same could be said for veterinary educational research – GT presents an alternative approach to informing curriculum design, which may be more in depth and detailed than other methods. GT also appeals from the perspective of it being a rigorous process,

which may sit better in the positivistic environment of clinical education (Kennedy and Lingard 2006). However, what these papers fail to highlight is the issue of researcher prior knowledge, which is highly likely in clinical education as educators are encouraged to research the environment in which they work. This must therefore be considered if GT is selected as a methodological approach.

A later development of grounded theory is that of Kathy Charmaz, a student of Strauss. This relativist method acknowledges that findings will emerge from the interaction between researchers' experiences and their own ideas, and is therefore called constructivist grounded theory. An interpretive understanding of a social concept is the output from this process (Charmaz 2009), working from the constructivist paradigm that reality is a social construction, rather than objective truth (Mills, Bonner et al. 2006).

As Charmaz (2006) explains, Glaser's grounded theory is somewhat ironically positivistic by nature due to its rigour and objective leanings. Constructivist grounded theory, in contrast, sits at the subjective end of the GT scale, and this is important. Glaser assumes that it is possible for a researcher to remove all prior knowledge and assumptions of a social context; Charmaz argues that being human makes this impossible. Her interpretation therefore allows for the observers own views as a "co-producer", whilst engaging in reflexivity to ensure a credible theory emerges, which may only be partly generalisable. Glaser meanwhile continues to argue that GT cannot be constructivist, because the interpretation of a researcher is removed through looking at many different occurrences of a similar event (Glaser 2002). This argument will no doubt continue; what is important is that the GT philosophy is chosen and debated sensibly in the context of this study.

The process of developing a constructivist grounded theory follows the core GT processes of data generation with theoretical sampling, coding and constant comparison in an iterative process until saturation occurs and the theory emerges. What is different is the theoretical underpinnings, particularly the acceptance that the researcher cannot be separate from the process under study –

"researchers are part of what they study, not separate from it" (Charmaz 2006 p.178). This philosophy, and movement away from the perhaps unrealistic positivistic approaches (Bryant 2003), therefore fits extremely well to this research question in which the researcher is a member of the profession under examination. A constructivist GT method was therefore applied.

3.5.2 Data collection

Multiple methods of data collection are often used to generate a grounded theory. Glaser's classic phrase "all is data" is certainly useful when considering how to design a GT study; in essence data can consist of any format including observations, interviews, documents, surveys and publications – what is important is that the findings from one source then inform the next source and method of collection.

3.5.2.1 Interviews

To investigate this research question, semi-structured, in depth, face to face interviews were used as a primary method of data collection from individual participants. Interviews are commonly used in qualitative research, particularly in the health disciplines (Green and Thorogood 2009). They allow participants to explain perceptions, opinions and experiences for the researcher to interpret (Dicicco-Bloom and Crabtree 2006), and should be carried out with consideration of the social implication of the interview process itself. Although the interviewer should not overtly influence the process, it is accepted that the process in itself is an interaction which will elicit certain human behaviour, and this should be considered during analysis (Gillham 2005). The interviewer can never be completely neutral – the interview is a collaborative process (Fontana and Frey 2005), and it is important that researchers acknowledge their contributions and avoid the "mythical" positivistic concept of scientific neutrality, about which much time is wasted in order to defend a qualitative interview approach (Kvale 1994).

An interview script was prepared with appropriate open questions and used to guide the process (Appendix 2).

3.5.2.2 Focus groups

Once it became clear that veterinary clients were an important inclusion in this study, the decision was made to interview in groups rather than individually. This was for several reasons; it was felt that being interviewed about veterinary experiences by a veterinary surgeon may be a stressful experience for individuals, resulting in superficial or untruthful responses; it was hoped that discussion amongst participants would lead to better opportunities for the constant comparison GT requires; it was more convenient to capture a large amount of data from several participants at one point, and it was unrealistic to try and do this with individual participants who may only have had small experiences of the profession. A series of focus groups were therefore organised at different locations.

Focus groups are an effective and efficient data collection method "capitalising on the richness and complexity of group dynamics" (Kamberelis and Dimitriadis 2005 p. 903). Just like interviews, they are a social interaction in themselves, and the researcher facilitates the discussion, and must analyse the results in a reflexive manner.

A focus group script was developed from the interview script and used to guide the group discussion. An adaptation of the nominal group technique (NGT) (Chapple and Murphy 1996) was planned to initiate the discussion of perceptions of professionalism. NGT is a focus group technique which is slightly structured in approach. The silent phase (asking a question and allowing participants to write their own answers down prior to group discussion) of this process is extremely useful, alleviating some of the inherent issues of quieter group members (Kitzinger 2006).

3.5.3 Sampling method

If this was a quantitative study, probability sampling would be employed in which random selection from different demographic groups would ensure the participants taking part produced a statistically representative sample against which a hypothesis could be fairly tested. This strategy, however, poses difficulties for qualitative researchers, who are often unaware of all the relevant variables

when commencing a study. Qualitative sampling often therefore uses non probability methods which do not require such calculations to be made. For this GT, sampling was carried out in a theoretical and purposive method – the outcome of the analysis, carried out in parallel with the data collection, informed the next sample, and individuals were approached accordingly.

As this iterative nature of GT requires an ongoing process of data analysis and collection, it could not initially be predicted precisely who would be sampled. Despite this, at the beginning of the study, the demographics of the profession under study were considered and a diagram developed to consider who may need to be sampled. It was thought likely that a cross section of the profession and its clients, plus those who worked closely with veterinary surgeons, would need to be included.

It was not thought necessary to include veterinary students' perceptions of professionalism within this study for two reasons. Firstly, the students were thought to be more likely to describe professionalism in the context of being a client rather than a member of the profession, as they have not yet attained this status. Secondly, their perceptions of professionalism within the educational environment would be very specific and so it was thought more relevant to include these in the identification of the hidden curriculum.

It is extremely important to state that these preliminary thoughts did not influence the precise sampling. It allowed the research to consider possible directions, but this was always carried out in combination with the central GT processes of analysis and iterative interviewee selection. The ideas that emerged from the data influenced the direction of sampling (Charmaz 2006). Participation was entirely voluntary, although all individuals approached agreed to take part. Two of the interviews had two participants at their request.

Demographics of the animal-owning population were also considered as the initial client focus groups were planned, once preliminary data analysis indicated the necessity of their inclusion. The groups began with small animal owners, and stayed with them until it was felt that the analysis

indicated that other aspects would be better explored with different species owners. Analysis of earlier interviews showed that species was the heaviest influence on perceptions, and therefore groups later included horse owners, farmers and specifically dairy farmers.

Participation in the focus groups was voluntary and recruitment occurred through the researcher's contacts, advertising and word of mouth. Several different geographical locations were used, primarily the midlands and the south of England, although this was coincidental. Concurrent analysis revealed this was not an important issue as many participants had lived elsewhere in the country and indeed further afield.

Focus group participants were not selected on any other basis, and all volunteers got a chance to attend. Participants received a gift voucher as recompense for attendance, although they were unaware of the level of incentive prior to attendance.

This theoretical sampling and constant comparison of findings also meant that the questioning changed as the data collection progressed, according to the themes emerging. Despite this, the central questions maintained importance throughout and continued to be asked of all participants. Language was adjusted according to the respondents' backgrounds.

3.5.4 Data handling and analysis

Interviews and focus groups were recorded using a digital voice recorder. Recordings were downloaded as individual files and transcribed by a professional transcription service. Once the transcripts were received, they were checked for accuracy by listening to the recording and reading the transcript simultaneously.

It is important that the researcher remains "close" to the data during the GT process, and therefore although a transcription service was utilised, during analysis recordings were listened to for familiarisation and detection of emphasis not indicated by the transcripts. This was carried out a number of times for each recording.

Transcript analysis was managed using NVIVO®[5]. This software enables computer-assisted analysis of qualitative data (CAQDAS), which eases management of large amounts of qualitative data. It is important to recognise that CAQDAS cannot perform analysis – it merely organises the analytic process and ensures an accurate paper trail of the process, improving speed and rigour (Searle 2005). Within this software coding of the data was undertaken.

The GT process requires several stages of coding (Figure 4). Preliminary coding began with an open, line-by-line coding process in which data are labelled with codes according to its meaning (Glaser and Strauss 1967; Goulding 1999; Charmaz 2006). This preliminary stage of coding must be carried out in detail initially so that meaning is not lost from the information provided, and the researcher remains open to ideas emerging. Strategies described by Charmaz (2006) were therefore used:

- Breaking the data up into component parts or properties
- Defining the actions on which they rest
- Looking for tacit assumptions
- Explicating implicit actions and meanings
- Crystallising the significance of the points
- Comparing data with data
- Identifying gaps in the data

The open codes were listed in NVIVO® as "Free nodes" and the relevant data coded to them (see Appendix 3 for sample screen shots).

The second level of coding is focused coding. At this stage decisions begin to be made about the relevance of open codes, according to frequency, contexts and significance. Codes may be combined or merged, and during this process constant comparison of information and codes is maintained, all

[5] QSR International Ltd., Southport, UK

the while searching for different cases. These codes were created in NVIVO® as “Tree nodes”, which are interrelated codes in sets and sub sets.

The next stage in the analysis process is axial coding. According to Glaser and Strauss, this stage gives further coherence to the codes as categories and subcategories are related to each other within a framework and data moved accordingly. However, the constructivist GT philosophy followed in this study does not use this formal procedure (Charmaz 2006). Instead, a simplified version is followed in which subcategories are developed and links shown between them and parent categories. This involved further refinement of tree nodes in the NVIVO software. Avoiding true axial coding prevents issues associated with applying an analytic frame to data, which can make GT unwieldy to manage.

The final stage in coding the data is theoretical coding. This is the analytical stage, when theories emerge and these codes describe relationships between categories. Charmaz quotes Glaser’s (1978) classical six Cs of theoretical codes: Causes, Contexts, Contingencies, Consequences, Covariances and Conditions. She states that theoretical codes can “clarify and sharpen” analysis (p66), but that they should not impose a framework on the analytic process. In this study, theoretical codes were considered as the analysis progressed, however, the grounded theory emerged more from the use of memos than by using a true process of theoretical coding.

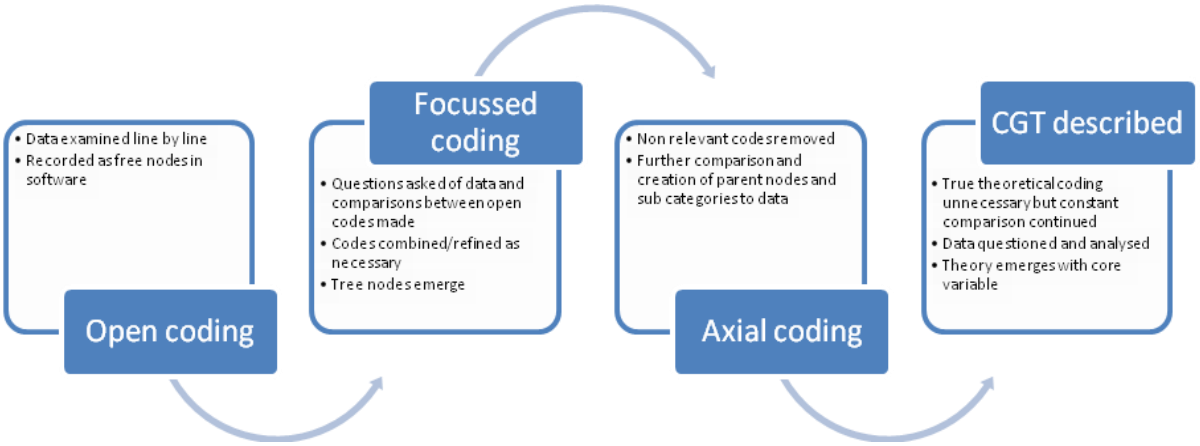

Figure 4 - Stages in data coding towards the creation of a constructivist grounded theory

3.5.4.1 Memos

Memo writing is an important element of GT generation, as it allows ideas and interpretations to be considered and adjusted as the process of comparison is carried out (Kennedy and Lingard 2006). These informal notes will make up the core of the data analysis and they are constantly changed and added to as the analysis progresses – they record analysis and are analysed themselves, assisting the transformation of focused codes to conceptual categories (Charmaz 2006). The memos generated in this study were organised and stored in NVIVO®, allowing them to stay permanently linked to the data from which they emerged, alleviating subjectivity queries should they arise. The memoing process helped to inform sampling.

3.5.5 Saturation and sampling completion

Interviews and focus groups continued until saturation of ideas was reached, in line with GT methodology. Saturation can be difficult to define and explain (Morse 1995), indeed Mason (2010) describes saturation as an "elastic" principle, stating that new data will always add something

different. The point is that the sample size is not prescriptive, and should be driven by the findings. In this study therefore, a constant monitoring process for saturation was undertaken and this was enabled by the use of NVIVO®. As analysis progressed, the number of new codes emerging diminished rapidly and sampling was concluded once this saturation was consistent:

"The analysis process is complete when theoretical formulations produce an understanding or explanation of the social phenomenon under study or, in other words, a theory that, through the constant comparison process used in its development, is grounded in the data" (Kennedy and Lingard 2006).

3.6 Hidden curriculum analysis

The secondary research question in this study was an attempt to analyse the hidden curriculum (HC) at SVMS. The need to carry out this process was established as the literature review was completed and the curriculum design process established. It was clear that without some form of analysis, the formal curriculum may become worthless. The outcome from the study of the hidden curriculum could then be considered as the formal curriculum was designed.

3.6.1 Study design

A qualitative process was therefore proposed using a business cultural web (Johnson, Scholes et al. 2009) as a framework (Figure 3), due to the lack of validated methods in the literature. In essence, the SVMS hidden curriculum was examined as a case study, because a narrow and specific field was investigated.

3.6.1.1 Case studies

Case study research is often viewed as a methodology, despite the fact that case study also describes the selection of area of study (Creswell 2007). This is debated in the literature, with Stake (1980) stating that "Case study is not a methodological choice but a choice of what is to be studied"

(p.443). However, others such as Yin (1994) prefer to use the term as a methodological concept, stating that its distinction is that it includes context, unlike other approaches.

For the purposes of this research, case study will be used as per Stake's definition, which means that the study of the HC of SVMS is defined as an intrinsic case study – better understanding of this concept is required. A distinct area is selected for study and examined in detail using multiple sources of evidence.

In this small scale case study, the evidence comes from participants in focus groups. Although case studies normally require multiple sources of evidence from ethnographic type observations as well as other survey methods, it was not thought appropriate to use observations in this context. Instead it was hoped that in depth focus group discussions from a range of participants would provide enough of an insight to interpret the hidden curriculum. In addition, the use of a framework to guide discussion and analysis would shape data collection and add richness to the process. It was accepted from the outset that the sole use of focus groups would add to the limitations of the study, but the findings were not intended to be generalisable out with SVMS. It was felt that further data collection was neither practical nor particularly desirable, once the initial analysis was complete.

3.6.2 Data Collection

In order to record the perceptions of the people participating in the environment under study, a series of focus groups were proposed. The focus group was selected as the data collection method because of its facilitation of discussion and debate. It was predicted that this discussion itself would add to the richness of data collected and proposed that the nature of this debate would itself be analysed.

Staff and students were placed in separate sessions to allow difficult issues to be discussed. An independent research assistant was employed to run the staff groups and they were held off site during working hours, with management approval and refreshments provided. For practical reasons,

three staff groups were initially planned. The intention was that if saturation of ideas did not seem to be occurring after these three groups further would be run; in reality further were not required as very few new issues arose during the second and third groups in comparison to the first. Similarly, four student groups (three with undergraduate students and one with postgraduate students) were planned, with the same proviso again proving unnecessary. These groups were lead by two trained undergraduate researchers with experience in focus groups, who worked together during the process. These groups were run at SVMS at the end of teaching hours, with an incentive of a gift voucher for all attendees.

A semi-structured script was prepared for the facilitators. This script used Johnson's cultural model as a framework for questioning participants. Probing questions were then used as necessary to encourage debate and discussion.

Each participant signed an individual consent form and read a copy of the research outline, so that this was fully informed.

3.6.3 Sampling method

A combination of stratified random sampling and purposive sampling was employed to select membership of the focus groups. In the case of staff, it was important to include individuals with differing responsibilities, to ensure a range of perceptions were included. Other demographics were considered, but this was felt to be the most important sampling criteria due to the nature of what was being examined. Management level staff were deliberately excluded from the selection process, because of concerns over their influence on group dynamics. Possible recruits were therefore stratified by job type (academic – teaching, clinical and/or research, and support – student and institution) and a simple random sampling method using a random number generator employed. Participants selected were approached and if they declined the invitation a purposive secondary sample of someone with a similar job type was approached as an alternative. This process continued until all job types were represented and the groups consisted of 8-10 participants.

Students were also stratified by year group. The year of study was considered to be the most important factor affecting the issue under examination and so this alone was used to divide up the students. A random sample was then selected from each group, and the resulting sessions (three groups of 6-9 students) contained a cross section of students from each year group. Postgraduate students were randomly sampled in a simple method with no stratification. A separate session was held for this group with seven students present.

3.6.4 Data handling and analysis

As for the veterinary professionalism interviews and focus groups, all sessions were digitally recorded and professionally transcribed. The tapes were listened to by the employed research assistant in combination with examination of the transcripts to check for accuracy and inferences; no one else could perform this procedure due to assurances regarding anonymity relayed to participants.

The transcripts were managed in NVIVO®. Analysis was done thematically using Johnson's (2009) framework as *a priori* codes whilst remaining open to further codes emerging inductively. Thematic content analysis is a commonly used method of analysing talk and is "a useful approach for answering questions about the salient issues for particular groups of respondents or identifying typical responses." (Green and Thorogood 2009 p.199). It is often poorly described in the literature per se, but as well as being an inherent method of analysis within many qualitative traditions, it also stands alone as a method of analysis commonly employed in health research and psychology (Braun and Clarke 2006). These authors go on to describe how thematic analysis can be "more than just analysis", and can also include interpretation, creating a rich and complex view of the situation examined. In this study, *a priori* codes helped to guide this process, and this "theoretical" form of thematic analysis provides a richer analysis of certain aspects under study, sacrificing a more detailed overall description provided by purely inductive coding (Braun and Clarke 2006). As

Cresswell (2007) states, this limitation of the analysis means that it is important to remain open to the emergence of new codes.

Initial coding was performed on the first transcript by both researchers independently. A coding scheme was developed and once consensus on coding had been reached for both this transcript and the second group, and the coding scheme was described in full, the primary researcher completed the coding process on the remaining data. When coding was completed against the *a priori* codes, these categories were analysed for commonly occurring themes, via an iterative process. These themes were then cross checked for similarities and differences, and regrouped together accordingly across the *a priori* themes.

3.7 Ethics

Ethical issues are very important in qualitative research, as participants often share detailed personal information with researchers which may be difficult to anonymise if sampling focuses on a few individuals (Goodwin 2006). The level of anonymity needs to be carefully described to participants during any consent process. Confidentiality is also a tricky concept to clarify in qualitative research, as verbatim quotes are often used within the write up process. The level of confidentiality must therefore also be clearly explained to participants.

Full ethical approval was obtained for this research through SVMS' research ethics committee. Individuals approached to take part were given an information sheet outlining the nature of the study and the intention of the researchers. Data access was restricted to the researcher, research assistant, supervisors and transcription service and anonymity was explained through the removal of names from transcripts. The consent form assured participants that they could withdraw their contributions at any time (see Appendix 4 for consent form and information sheet example).

3.8 The role of the researcher

The concept of the researcher being an inherent part of the data collection process can present problems in the defence of the study's validity. The researcher will constantly interact with the data as they are produced from both these research processes, and a huge effort must be made not to influence participants. Having said that, the nature of the constructivist grounded theory means that the researcher is part of this process by its epistemological roots, and it would be unrealistic to expect some form of influence not to occur. It is also difficult to interpret data without imposing pre-existing ideas and perceptions, particularly when creating a grounded theory. However, in the creation of this grounded theory the researcher's prior knowledge of the subject area will assist with the data collection and should be accepted as a data source.

To assist with the reflexivity of this study personal research notes have been recorded, which along with memoing, will demonstrate part of the audit trail and enable the researcher to review her thought processes, looking for evidence of researcher bias. A sample extract, from notes prior to the first interview, demonstrating careful consideration of the issues:

"When carrying out the interviews, I must ensure I do not influence responses by my position as veterinary surgeon. I will try to establish rapport with the interviewees prior to commencing interview, including an open discussion about my role within the university and the purpose of the research. I need to make sure I then discuss issues within the interviews without influencing their responses, but ensure that as data emerge these issues are discussed by subsequent interviewees."

3.9 Conclusion

It was clear when commencing this research that a qualitative approach was necessary in order to provide the depth of information required to address the research questions. Inevitably this will mean the sacrifice of some elements of generalisability, which will be discussed later. Reflexivity of the researcher – critical analysis of the research process – will also be a cornerstone of the study as it progresses.

A post-positivistic approach allows this study to be presented in a similar manner to a quantitative study, and assessment of the quality of the research is intended to be equally rigorous. As the results are presented, strengths and limitations will be clearly described, in order to give the reader confidence in the process undertaken.

4 A definition of veterinary professionalism

This chapter presents the results of the analysis of the transcripts from the interviews and focus groups which were carried out in order to define veterinary professionalism.

4.1 Research participants

Table 5 illustrates the participants in the interview process and focus groups and brief demographics. Each vet and focus group has been given a number to ease recognition and ensure anonymity as the analysis progresses.

Code	Experience (years)	Sex	Job	Other
Vet 1	>20	F	Small animal practitioner/some specialisation/some teaching	Has owned practice in past
Vet 2	>20	M	Equine vet	Partner RCVS councillor
Vet 3	>20	F	SA/mixed practitioner	Locum/part time
Vet 4	5	M	Mixed	Previously army vet
Vet 5	10	F	SA	Previously locum
Vet 6	8	F	Currently vet school academic	Previously mixed/DEFRA vet
Vet 7	<1	F	SA practice	New graduate
Vet 8	>20	M	Mixed practice	Partner/British Veterinary Association ex president
Veterinary nurses (2 participants)	Qualified > 15 years	F	Both in clinical practice and teaching	

RCVS (2 participants)	N/A	F	Head of Education and Registrar	
Focus group 1	Clients	Mix		Small animal
Focus group 2	Clients	Mix		Small animal
Focus group 3	Clients	Mix		Small animal
Focus group 4	Clients	Mix		Small animal
Focus group 5	Clients	Mix		Small animal and equine
Focus group 6	Clients	All M		Dairy, beef and sheep farmers
Focus group 7	Clients	All M		Dairy farmers
Focus group 8	Clients	All F		Equine professionals

Table 5 – Participants in interviews and focus groups

Interviews with the veterinary surgeons were carried out on a one to one basis. The veterinary nurses were interviewed in a pair at their request. The RCVS also provided two interviewees who were recorded together. Each focus group varied in number from 5 to 9 participants.

The preliminary analysis ran in parallel with interviewee selection, as described in the methods, as participants were theoretically and purposively sampled. The simplified axial codes are now described according to the constructivist grounded theory methodology. The grounded theory emerges from these codes and will be presented as the conclusion to the results.

Within the interviews three main themes emerged, in part due to the nature of the questioning – *perceptions of professionalism, becoming a professional* and *the veterinary profession at large*. In each of these areas emergent axial codes are described (see Figure 5). The focus groups concentrated on the relevant aspects to clients, namely perceptions of veterinary professionalism,

and so most analysis fits into this section. However, some aspects discussed fitted into the other areas and provided useful comparison with the interview sources.

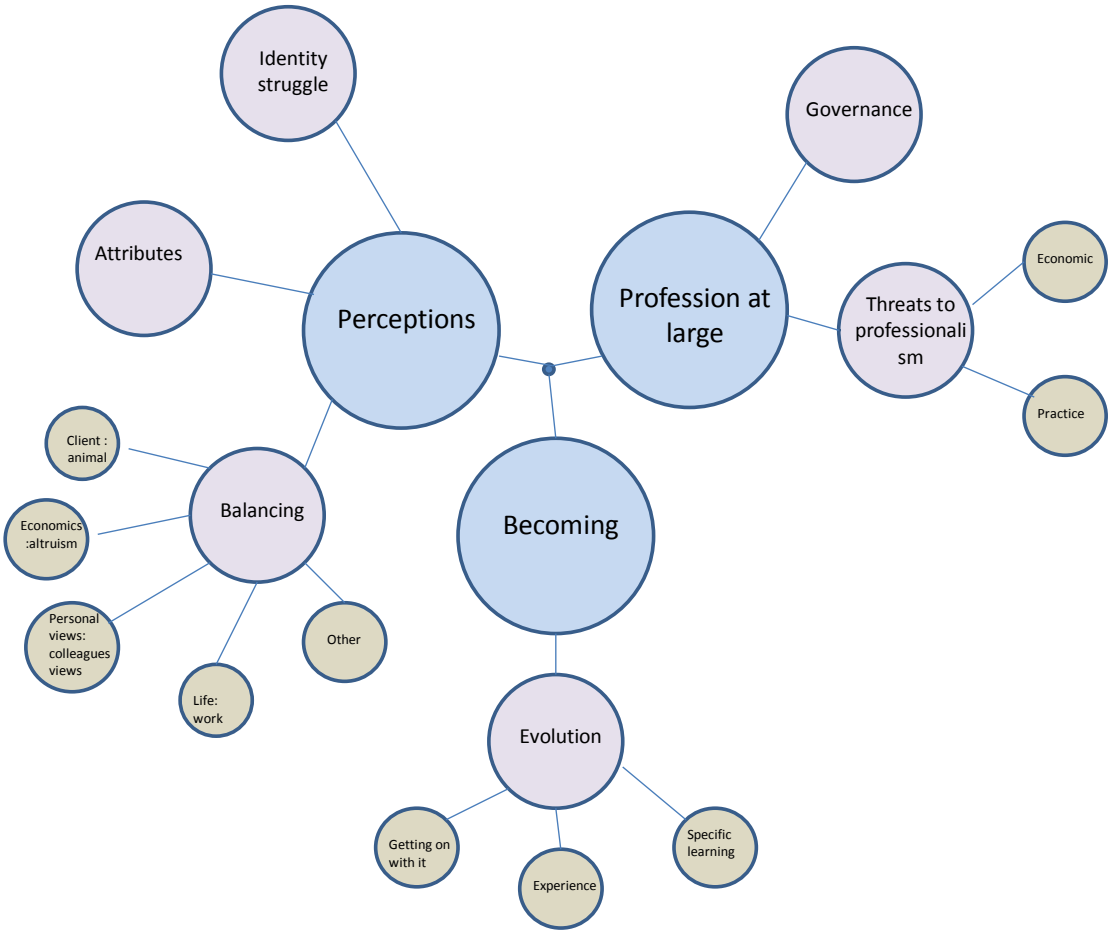

Figure 5 – Emergent codes from the data demonstrated diagrammatically

4.1.1 Perceptions of veterinary professionalism

4.1.1.1 The 'identity struggle' – disconnections and misconceptions

A prominent theme within the interviews was that veterinary surgeons struggle to recognise who they are as a profession, or what being a vet really means to them. This was not a specifically

prompted line of questioning, but it emerged naturally during discussions, and informed sampling to some extent as the question was asked "who does know what being a vet really means?" In addition, it was clear that several individuals actually felt quite disconnected from their profession, and often had misconceptions around control and autonomy.

Vet 1, for example, was quite concerned that she had never considered this issue and found it easier to define unprofessionalism than professionalism, and this was similar for another respondent

> *"It's difficult to describe being professional…….It's really hard [laughs]…….There's a sort of a… The guidelines…… of saying that they're being… it's not sort of moral or… It isn't. It may be a bit, but it isn't." (Vet 6)*

Although another vet immediately discussed important attributes, she appeared to struggle with any further definition

> *"I think to…Oh I don't know. It's a hard one really [laughs]." (Vet 7)*

Perhaps unsurprisingly, considering his RCVS councillor role, vet 2 did not have such a problem defining what he sees as veterinary professionalism, but he did take stock of the differing roles of vets, as did vet 7

> *"…..of course as a practitioner I perceive a vet to be someone who goes out and treats sick animals and, you know, has evening surgery and drives around all day treating horses. Whereas of course actually a substantial part of professional work in industry or teaching or in other areas and perhaps don't have anything to do with actually treating sick animals." (Vet 2)*

> *"….it's not something that's really put out there a lot is it about the public health side of thing. I remember someone saying to me once that vets are better trained in zoonotic disease than medics are, because we kind of have to be looking after ourselves and our*

clients when we're dealing with animals. So yeah, you know, it's an important part of what we do, but it's not often in the forefront is it." (Vet 7)

Although this topic is not perhaps directly relevant to the clients, it is interesting that within discussions it is mentioned by one of the farmers, who knows exactly what a profession is during opening discussions

"And they sort of… they've got their own… they've got their own controlling bodies haven't they?

"...[...]That's really what's the difference between a professional and sort of normal people, is that they are sort of to a degree self-regulated." (FG 6)

In contrast, the more recent graduates are a lot clearer in their assertions about professionalism, and the most recent does not have such an issue defining how she behaves now compared to when she was a student three months previously. Vet 4, who began his career in the army, seemed a lot clearer about his role in this environment, but discusses the fact that when he left this all "went out of the window". He has very little interest in his profession as a whole, in contrast to vet 8. However, this experienced practitioner talks about the public having very little understanding about the profession's role in food safety and public health. This is confirmed by not a single mention of this role by the focus groups, with even the farmers failing to recognise this role of the profession.

This code is therefore interesting on several levels, and the question remains as to whether vets themselves recognise any form of professional identity, and also whether society recognises what they do. Disconnection is articulated by vet 6, who clearly feels she should feel more connected to her professional body, for example discussing the issue of lay TB testers

"I feel really bad now 'cos all these issues in my profession that I'm not really aware of." (Vet 6)

Also emerging from the data and fitting the theory of identity struggle is the issue of who should be defining veterinary professionalism. This arises because of Vet 2's negative attitude towards letting the public define the good vet and also of allowing lay people on RCVS council. The RCVS interview is also interesting when asked to consider veterinary professionalism, within the question "what makes a good vet?"

> *"You mentioned that you were asking people the question what do you think is a… what makes a good vet.*
>
> **Int: Yeah. What makes a good vet, yeah.**
>
> *And I think that's actually a different question. I think it certainly generates a different range of and answers because, you know, you could say things like somebody who, you know, sees me quickly when I want to, doesn't charge too much or it's a reasonable price, all those sorts of things. And those are far more sort of customer related areas. It's quite interesting, because it's quite different from what makes a good professional." (RCVS)*

The RCVS may be correct in the assertion that the public cannot identify the components of veterinary professionalism, and will instead refer to "customer service" aspects of veterinary practice. It will need to be discussed whether the public has a right to contribute to exactly such a debate, being the service users of the profession. Has society changed so that professions can no longer define themselves in totality, leading to an expectation of public influence over different bodies, and a "say" in who does what and how? This information therefore was important to consider as further answers were sought, and when asking the question in subsequent interviews if the "customer service" type answers emerged, the topic was explored with more specific questions relating to generic qualities.

Within the client groups, customer service elements did emerge, but these were amongst other attributes and are easily extracted from the definition. Indeed the customer service attributes are interesting in themselves, because some of the small animal clients clearly perceive the "practice" professionalism, as opposed to the "vet" professionalism. This will be discussed later.

Several of the vets speculate as to how the public perceives vets within society, and most concur that the public "hold vets in high esteem" (Vet 1), although perhaps not in exactly the context they would like – mentioning being viewed as a "James Herriot" character (Vet 5) when she thinks the profession is so much more than this. This is certainly confirmed by the focus groups general discussions about professions, and when they are asked to rank different professions many included vets close to the top along with doctors.

There are further disconnections and misconceptions relating to the role of the RCVS, but these have been coded in the governance section.

4.1.2 Attributes

Several strong themes emerge when participants were asked about specific elements of veterinary professionalism. These attributes are both attitudinal and behavioural.

4.1.2.1 Altruism

Altruism and a closely related attribute of dedication emerged as a theme early in the interviews, leading to more specific questions around it. It appeared that most thought this should be a component of veterinary professionalism, but that it was becoming harder to sustain as an ideal. Vet 2, for example, had strong opinions about the vocational requirement of the job. He compares his father's job of a teacher to his veterinary career, saying that just as he expected to be available for his students at all times, despite the impact on his family, so he now expects to do the same for his clients. These thoughts are echoed by one of the professional horse owners, who intensely dislikes

practices using out of hours providers, explaining that she expects vets to continue to care for patients whatever the time.

> *"I think I would expect a vet to be dedicated. Which brings me to my big bugbear at the minute [.....] I'm really stressed at the number of vets now that don't offer a night time on call service and that's my big thing anti the veterinary profession at the minute. I've had to change practice to not somewhere I ever wanted to go to, but because they are maintaining an on call service for any animal, dog, cat, horse, cow, sheep, whatever 24 hours a day." (FG 8)*

Vet 2 goes on to discuss how he routinely puts his clients' needs before his businesses, and this conflict between business and altruism is a commonly discussed issue. Others discuss altruism from a more balanced perspective.

> *"You know, you can't be in it for yourself. You know, you're in it because you enjoy the profession, but you know, you need to be sort of in it for the client and in it for the animal welfare and along those lines." (Vet 4)*

> *"I think to lose the appearance of altruism, would damage the profession, but on the other hand, people have quite ridiculous expectations of the degree of altruism. And we have the National Health Service to thank for that, because people don't know do they?" (Vet 8)*

Vet 5 is not sure her attitude would be the same had she had the experience of owning a practice, but for the moment

> *"....definitely throughout all the ranges of vets that are there, doing the right thing, treating the right thing, not the business aspect does… is always the topmost." (Vet 5)*

For the RCVS, as they discuss professions in general, this is a key issue

"I think that's the sort of fundamental key of it all, and the independence angle on it is, you know, they're not going to be swayed by, you know, some other extraneous prejudice, bias, commercial factor. You know, they shouldn't be treating you because it gives them another source of income. It should be yes it's a business that they're running, but the treatment advice should be clinically justified." (RCVS)

Altruism is discussed again later, in the context of balancing responsibilities, but the consensus appears to be that this is a difficult thing to maintain for vets in practice, although it is the ideal, particularly from the perspective of the more experienced vets.

4.1.2.2 General attitude and manners

General manners, politeness and an appropriate attitude were important elements of professionalism for both the veterinary profession and the clients. This was particularly strong in the small animal groups, where clients wanted their vet to be friendly, approachable and patient. Vet 1 was also clear that clients want their vet to like their animals. It was felt that this attitude should continue once the client had left, and be reflected in a balanced approach to animal welfare by one vet

"My estimation of vets has gone down when I've seen them, you know, shouting at an animal cos they're making them behind in their consulting because it's wriggling cos it doesn't want blood taken. I think that makes me think maybe they're not quite as good as I thought because they should be patient. They should understand that animals don't know what you're doing. And I know they've got a job to do, but you've got to… The whole point is that you like animals and that you try and make them feel comfortable and calm." (Vet 8)

Interestingly, vet 2 was certain that this "front of house persona", was not necessarily true for good vets behind the scenes, although this was in the context of what the public want, rather than within his definition of veterinary professionalism.

Other qualities mentioned include friendliness and a positive nature, and this was focussed on by Vet 2 as he spoke about employing new graduates. Farmers also felt that attitude was important

> *"At the end of the day it is the person I think – they could come with all the skill base but if you've got a grumpy old git coming out and he was coarse with the animal, he might be right but you would think 'That's not the way I want to be.'" (FG 7)*

Interestingly, the RCVS do not mention attitudes in particular, except for in the context of customer service.

4.1.2.3 Caring and being empathetic

This was an obvious attribute from both the small animal veterinary surgeons and the small animal clients, who wanted to see a caring nature and demonstration of empathy, which is often discussed in the context of communication skills. They wanted the vet to be able to appreciate their perspective, and this was particularly emphasised when it came to discussing financial aspects.

> *"So I think what we like from our vet is that we like them to be not judgemental really in what we do with our dogs." (FG5)*

This was also discussed by farmers, who wanted respect for their level of knowledge and experience. The vets also cite an uncaring nature as something which would lead them to label a colleague unprofessional – both in the context of not caring for patients and not caring for colleagues.

4.1.2.4 Honesty and trust

Of huge importance was the ability to trust the veterinary surgeon, with the RCVS describing trust as the primary facet of any profession. Trust is discussed from the perspective of client confidentiality, as well as discretion, and this is of importance to both veterinary surgeons and clients

> *"I think clients ought to be able to come to a professional person in confidence with their problem, even if that problem may have involved breaking the law, right." (Vet 2)*

> *"You need to be able to trust them and not think well they're doing it because they're going to get some money in their pocket if they get this operation, cos that's what you don't want, is to think that somebody's doing it for the wrong reasons. And however good every vet starts out, I'm sure there are vets that do end up going down the road well it's more money for me." (FG2)*

> *"But it really comes right back again to the first thing we said, it's the building of trust, because you don't know how good that vet is, whether he's got a good manner or not, until you've gone through a few trials with him and he's proved his worth to you." (FG 5)*

This was also of importance to the farmer groups, who want to have complete faith in the decisions the vet makes about their livelihood

> *"I've got honesty. What I like about our vet is that if he doesn't know what's wrong with it he'll say straight away rather than just guess and if you've got a problem he'll find out, he always does. I'd much sooner they say that at the start than you know." (FG 7)*

4.1.2.5 Core personal values

Honesty and trust could have been included in this theme, but this seemed to emerge slightly separately and not be inclusive. Some interviewees felt that some of the qualities expected of vets were core values, and not necessarily specific to professions. Hence this has been categorised separately. Integrity is included, in what vet 1 described as a "gut core basic level of things that are

wrong". Vet 2 describes his "core professional ethos", relating to his upbringing, which gives him a strong vocational attitude towards his job (although as discussed below he later slightly backtracks on this opinion when talking about employing vets). Vet 6 talks about having some "standards to live by", in a similar fashion to vet 7

> *"I think the vets that know what their standards are and stick to them and don't get affected by the practice manager or like what drugs are available, they've got their sort of medical standards." (Vet 7)*

4.1.2.6 Personal efficiency

This category includes commonly discussed attributes such as organisation, thoroughness, reliability and efficiency. Discussions took place around the need to be efficient in clinical problem solving, and from the farmers' perspective to be efficient with a work rate that provides value for money.

> *"Efficient. I suppose ideally you'd be efficient. I mean many vets aren't and in many ways we aren't. But I suppose if you're being really professional, you'd expect somebody to be really efficient and conscientious and…" (Vet 5)*

> *".... they've got to make their time efficient with you haven't they? They've got to get a lot done in the hour but you've got to value...." (FG 7)*

4.1.2.7 Technical competence, maintaining abilities

This is a very strongly represented theme. Unsurprisingly, clients want their veterinary surgeon to have the knowledge and skills necessary to look after their animals, including animal handling skills. Some groups discussed the fact that this knowledge is assumed, going back to the trust theme. Technical ability is particularly important to the farmers, who often have a lot of experience of their own.

"But even within the vets' practices, there's different levels of competence. And if you ring up saying, you know, you have a job to do, we all know there are certain vets we'd rather have on our list."(FG 6)

This is then expanded upon to a discussion around standards and training

"I think it means having some kind of standards and you'd expect that others would have similar standards as well". (Vet 6)

From the RCVS' perspective, this is an important component of professionalism – maintaining professional development, so that public trust is maintained in professionals in general. Interestingly, from her experiences of working in the US, vet 1 feels that CPD should be compulsory, something which the RCVS say they cannot yet enforce. Vet 6 also talks about "having standards" as being a component of veterinary professionalism

4.1.2.8 Communication skills

All participants and groups mention communication skills in some form, often depending on the species context. The small animal owners want the veterinary surgeon to use their communication skills to build a relationship with them, and this is spoken about in the context of "bedside manner". Horse owners have similar requirements, with one story of a vet dealing with a horse with a broken leg demonstrating that communication skills are key to their professionalism. The farmers spoke about not wanting to be confused by technical description

"....analytical and straight forward which sort of fits with yours in the economics of the thing and also "Please tell me straight up." And that's part of the straight talking also." (FG 7)

This is echoed by vet 8, who is clear of the clients' perspective

"This person who's coming in doesn't want to know how clever you are. They know you're clever. What they want is to go out with an understanding that suits their intellect and their interest, and that might vary enormously." (Vet 8)

Interestingly, communication within a team is very important to the farmers, as they discuss a "team approach" to caring for their herd. This was explored specifically with the second farmer group, which was purposively sampled to represent dairy farmers who seemed to talk predominantly about this issue.

"To be able to work well with other consultants – the other people involved in your dairy herd. Get the best out of your own business and to be able to relate information back to the other consultants so they can gain knowledge. Knowledge sharing." (FG 7)

The concept of the vet as leader of this healthcare team was discussed. Although this was not the case with the pet owners, they did still require consideration of their own experience, and this was also true for the equine professionals. This group also reflected on how they thought the relationship between vet and owner had changed, as practices expanded and were less able to provide a personalised service. The changing relationship between vet and animal keeper was also discussed by vet 8

"And it would be arrogant of me to suggest otherwise and I wouldn't have him as a client if I didn't recognise that the guy knew what he was doing. So that relationship has changed, but it is making it more and more difficult and I think the days of the mixed practice are over really." (Vet 8)

The RCVS calls communication "coming out with the right words", and say that the profession has this ability as one of its strengths, something which is reinforced by the new graduate vet 7 who says she has always found communication easy, having worked with customers prior to her training in other service environments. Vet 3 agrees that communication is very important, and describes

knowing excellent communicators who aren't technically good vets, and vice versa, hence saying in essence that communication or technical ability on their own are not enough. Vet 4 discusses this skill, saying that he finds it easier to communicate to clients than some vets in his practice, which is perhaps why he is popular there, despite him being less experienced. Here technical competency is being assumed by clients, something which vet 1 mentions she feels often happens. These are therefore slightly conflicting views, perhaps meaning that the ideal vet is good at both aspects, but that the public may only know if they are bad at communicating - this overlaps with the manners category in this respect. Vet 6 sums communication up well

> *"I think a good vet has to be a really good communicator. They have to be able to explain various things to clients in a way that they can understand and obviously that will, you know, you kind of have to pitch that differently according to who you're talking to. I think you have to be a good listener. You have to be able to really understand the root of the problem or the issue that the person has with whatever animal they're talking about. And that's quite a tricky business sometimes trying to find out exactly what the problem is, because obviously there's all sorts of other things that come into play." (Vet 6)*

The nurses continually visit this topic as essential for their smooth working lives, particularly communication as part of a team. They talk about being a "translator" for some clients, as what they are told by the vet is unclear and so they ask the nurse to simplify it for them to understand

> *"So I think being able to put something in simple terms for clients to understand, perhaps needs to be taught as, you know, as well cos sometimes vets don't realise that clients haven't been through the vet degree, won't understand half of the stuff that they're talking about" (Nurses)*

Communication skills are clearly key in demonstrating professionalism to clients, and they are also mentioned in the context of "handling clients correctly".

4.1.2.9 Decision making and problem solving

> *"……another criteria for professionalism is actually decision-making, and you have not got to be afraid that you're decisions are wrong." (Vet 2)*

It is clear from the interviews that veterinary surgeons expect decision making to be part of their professionalism. Several discuss the difficulties of doing this in the practise context, when standard operating procedures may conflict with their solutions (described further in autonomy). Although the younger vets are in general more open to the idea of protocols, decision making ultimately is thought to rest with themselves and their clients. The focus groups are very interesting in this respect. The farmers seem to trust their veterinary surgeon, and require the options to be laid out so that they can make the ultimate decision, particularly when economics come into play

> *"Yes I think you want all the options but as I say I'd probably want to make the final decision. But give all the options you know – is it going to cost £100 a week to jab this dog and keep it alive for another two years, it's back to the education thing." (FG 7)*

This is very similar for the horse professionals, but there is definite variation as to how involved in decisions the small animal owners wish to be, relating closely to the importance of communication skills and building a relationship of trust with clients.

> *"With my last dog I took her to the vet thinking she'd got just a stomach problem, you know, cos she was a bit naughty and she used to eat everything in the field she could find. And I thought she'd got a stomach problem and when I get there they said oh my word she is poorly, and they were very worried about her. But I mean they gave me choices all the way, you know, and gave me advice but didn't tell me what to do, but gave me a selection of choices, you know. Took blood tests to make sure she was as ill*

as they thought, rang me back in an hour, invited me to go back and talk about it, you know, and there were so many choices. I mean I couldn't fault them in any way." (FG 2)

"We've been really fortunate that our dogs have been fairly healthy, but when one of our dogs was quite poorly towards the end, it was quite clearly explained to is, you know, we need to do this to be able to diagnose the full problem. And then when the full problem was ascertained, it was really a question of well what do you want to do, because he's really not very well. So I think there was a fairly clear steer as I recall that, you know, really he should be put down, but then he was getting on a bit." (FG 3)

The RCVS describe problem solving as the "working out" bit of the case, and in their context of monitoring professional conduct emphasise the importance of showing how this occurs in cases and where the decision made has come from. The young vet 4 also includes problem solving as a distinct attribute.

4.1.2.10 Autonomy and self regulation

Closely related to decision making is the existence of an autonomous element in what veterinary surgeons do and say. The clients clearly expect an unbiased opinion, and do not appear to recognise the existence of standard operating procedures (SOPs) within practices. However, the vet with political ties is very worried about the issues of autonomy

"I think this is something that this is a naivety of vets. They think they can have that degree of autonomy. And yet on the other hand they want the ability to be creative and I can understand that, but it doesn't mean you just use what the hell you like. Having said that, there's no doubt that in some of the corporates it's very, very rigid, but then what's also rigid is that you have to, you know, you have to hit your average transaction values and all the rest of it. And that's the side of the profession that I think is short-

termism. You've got to be really careful because we are getting reputation in some areas for ripping people off and we all know the practices that are doing it." (Vet 8)

This issue of SOPs causes uncertainty, although vet 4 puts clinical freedom as one of the reasons why he stays in his job, which in other aspects, he says, is not a good business to work for. He respects his bosses for letting him have autonomy in decision making. The younger vet 6 is initially open to SOPs, but then backtracks slightly, saying

"I think, you know, if you go into much more detail than that then you might be sort of stifling perhaps the way people do things, because you know, I think there is a lot of degree of individuality in the way vets approach a problem." (Vet 6)

Although she does finish with a fairly positive view on SOPs, which is interesting, she would clearly not be happy if decisions were taken away from her and is only happy when they relate to the more procedural aspects of practice, making things more efficient and thorough.

Self regulation is perhaps tellingly only discussed by vet 2, the RCVS councillor. He describes this as an essential component of his professionalism. It does not seem to be at the forefront of issues for the other vets.

4.1.2.11 Confidence and knowing limitations

Confidence is especially important to the clients, particularly the farmers and horse owners

"I mean perhaps it's confidence as well. The confidence to say I'm not really sure, but it could be this or it could be that and, you know, you want somebody who's… You have to have a certain amount of experience and, you know, bottle to go to a farm and say well I'm not sure what this is." (FG 6)

The vets also discuss this as an attribute – vet 6 because she felt her lack of confidence early in her career affected her professionalism, and vet 3

"I think if you're confident in what you're doing, and you're confident in your knowledge, then you should automatically really start to be professional in your attitude to it." (Vet 3)

However, knowing limitations and seeking help where necessary are also raised as important attributes - vet 2 feels vets should ask for more help when issues of professional behaviour arise and communication with the RCVS is necessary. The farmers are particularly keen that vets do ask for help from others where necessary, and this is closely linked to their discussions about team working in general.

"They're all professionals working to the maximum of their abilities and, you know, communications are easier so it's easier to cross-communicate and draw knowledge from other people and other sources. I think, you know, knowledge is…Access to knowledge is a lot greater now. You know, they're all able to oh I'll come back to you on that or, you know." (FG 6)

"I wouldn't mind her saying or whoever coming saying well actually I'm really out of my comfort zone here, but we will get somebody else. And that's fine, I wouldn't have an issue with that. But I do is when they just plough on regardless at the expense of the animal, actually at the danger… because it was incredibly dangerous for us." (FG 8)

Indeed, doing your best is discussed by several as an attribute of the veterinary profession as a whole – vet 2 perceives that no one can be perfect all the time, but that a mistake does not constitute negligence as long as it only happens once, and the vet learns from it. Put simply

"You can't get it right all the time." (Vet 3)

4.1.3 The issue of balance

The attributes, as axial codes, have emerged from the constant comparison of the data from differing sources. During this process it was evident that whilst attributes as aspects of professionalism were important, there was another overriding principle. Participant's narratives clearly showed that there was not always an obvious correct answer in many situations veterinary professionals deal with. The veterinary profession seemed to take a lot of time considering who their priorities rested with, and this was echoed by the clients who observed the veterinary surgeons struggling with demands on them as professionals. This finding has emerged as an overriding principle of balance as a central element of veterinary professionalism.

4.1.3.1 Balancing client and animal needs

A dilemma for all the vets interviewed was around the balance between the animal's needs and the client's needs. This manifested in several different contexts, and often included discussion around the economic aspects. Vet 2 initially appears to be very clear that his priority is animal welfare, but he then describes euthanasing an animal due to the owner's finances and accepts this, saying

> *"...we have to realise that, you know, we can't just say well we've obviously got to put the animal first because not everybody has that luxury in life. Most people don't." (Vet 2)*

He goes on to describe the new graduate doing the right thing clinically for an animal but then having to accept that the right thing may not be the thing expected by the owners, and that the new vet will have to compromise their beliefs to balance the wants of the owner. He discusses this further later on, talking about situations where he had to report a farmer for poor animal welfare, and where a dog has obviously been involved in illegal dog fighting, and describing how difficult this is as it may affect the relationship of trust between the client and their vet. This fits with his previous statement:

"I think that if you are not attending to the needs of the animal, whatever they may be, and that might of course be attending to them in a different way to what the owner expects or wants, then I think you need to put the animal's welfare needs to be at the centre and the core of your professional ethos." (Vet 2)

Clearly, although he believes that animal welfare is his first priority, he has to balance this priority with the needs of his clients. This view is confirmed by several others

"...you have obviously the animal's best interests at heart …..you have to have that sometimes over the client's best interests. Well you do have to have that over the client's best interests, but I think actually the knack is trying to convince the client of your approach." (Vet 1)

"And also trying to have the welfare of the animal as your priority is sometimes very difficult, especially when you get some clients involved that can be quite difficult." (Vet 3)

Vet 5 also mentions not being swayed by the emotional issues surrounding the treatment of animals, and balancing these issues with what the client wants. The new graduate vet 4 seems to view his professionalism more clearly, although he does discuss not over influencing clients with strong opinions. He is balancing what his clients think with what he thinks, which in his mind is the best thing for the animal's welfare.

The RCVS also discuss this balancing act, in the context of what they describe as a "triangular relationship" between vet, client and patient, stating that this differs from any other profession. The "dimension of the broader public" is also described as an issue for vets to constantly consider in the context of public health and government vet issues.

This view is also described by the veterinary nurses who sympathise with the vet's dilemma of making difficult decisions which may not please everyone, themselves included. They almost sound relieved at not having to play this balancing game themselves, and describe the learning that must go on to achieve this state

> *"And I guess that, you know, that's one of the skills that they have to learn, the problem solving, weighing up all the issues that are there and deciding on what the best way forward is, definitely not sort of off-the-shelf veterinary medicine kind of thing that you always do this." (Nurses)*

This concept of balance is also argued for in the context of having a balanced approach to dealing with cases. The issue of a personal agenda of the veterinary surgeon conflicting with the needs of the client or animal usually arises in the context of the vet wanting to do the best for the animal.

> *"So I think you have to kind of see where they're coming from even if they're wrong, and they have to see that you see where they're coming from, and you have to acknowledge that and then put your kind of view. Kind of almost… sounds a bit calculating, but almost addressing the specific issues like kind of sort of a what's in it for them kind of approach, you know, not just to hammer your point home, but to kind of couch it in terms that will address what their concerns are I think." (Vet 1)*

The RCVS are very clear on this issue, saying that professionals must be able to account for the difficult decisions they have to make, arguing for an outcome and then making a decision. Vet 2 also argues for balance when involving clients in decisions about their animals. Although informed consent is necessary for procedures, he says that often this is confusing for clients, particularly in the context of drug legislation and the need to use many drugs off license. In this case, he argues for a measured approach, where informed consent is obtained without scaring the owner with excess information to confuse things, especially in an emergency situation. Indeed, he confirms this view

with a description of his own experience as a patient with a broken leg, saying he felt it was ridiculous that he was being given the chance not to have an anaesthetic when clearly this was the only option. He describes a lack of balance in this approach, which he considered unprofessional.

This issue was also discussed within the focus groups. There was a dichotomy of requirements from the clients. Some had complete trust in their veterinary surgeon, and so would rely on them to tell them what was best for their animal, without questioning

> *"Although there were options, I asked him if it was his dog, what he would do, and that's what he said." (FG 4)*

Others wanted options, but appreciated that the veterinary surgeon should communicate effectively to "steer" them in the right direction, which they all assumed was towards the option which was best for the animal.

> *"Maybe the vet should be the voice of reason" (FG 4)*

This was expanded upon by the equine professionals, who felt that the vet should always act in the best interest of the animal, with appreciation of how difficult this was sometimes. Interestingly, they put this in the context of inexperienced horse owners being unable to make the right decision and needing the vet to do it for them. They did not discuss the economics of the situation dictating what might happen, which was certainly included in the farmer conversations, in the context of being a customer.

> *"Ultimately I would say that we're, as the customer, we have the final say 'cos we are a customer of the vet.*
>
> *New Speaker: Well and as the owner of the stock.*
>
> *New Speaker: Yeah.*

New Speaker: You turn it next step up, we've asked for the opinion laid out in front of us. Thank you very much, we'll do A, B or C. That's what I choose to do even on the fire engine. Whether he wants a caesarean or whatever, you still have the ultimate stop-go, just leave it, just leave you know.

New Speaker: If you go to any other business, whether it's an accountant, solicitor, you always ask their opinion and you act on that opinion.

New Speaker: Yes. You make a valid judgement don't you.

New Speaker: It's your choice. You don't very often go against what the doctor tells you." (FG 6)

Perhaps the most interesting observation by the clients was that they knew a veterinary surgeon who could communicate properly would steer them towards making a decision which they felt was the best one. Their influence could be substantial if trust existed in the relationship. This had already been highlighted by the veterinary surgeons interviewed.

4.1.3.2 Balancing economics and altruism

The ability to balance the economics of the situation from the practice perspective and altruistic tendencies is touched on by vets and clients. There is clearly a balance to be found when the business aspects of running a practice try to impinge on being a "good" veterinary professional. One vet discusses her experiences of both working in what she describes as "hugely profitable" practices and of running a practice herself

"I mean yes you have to generate income obviously, and yes it's a business, it has to expand. I have absolutely no problem with that as long as it's done within an ethical framework. I think that's where I… when I see what I see to be unethical things, that's

where my kind of acceptance, you know, approval if you like, of it making money crosses over a boundary.

Int: It's a fine line isn't it?

It's a fine line yeah." (Vet 1)

Here she is balancing the issue of making money and behaving professionally, and she goes on to describe this further

"….often there is a compromise and there has to be a compromise between what you can offer and what they can afford and what they want to put themselves through, and that you have to give them that without making them feel rubbish if they don't pursue it to the enth degree, because I think that's unprofessional actually. Oh don't you really want to spend £2,000 and have a brain scan, you know, kind of thing and make them feel bad. Cos I've certainly seen that and I think that is unprofessional." (Vet 1)

She later revisits this whole issue, describing her early experiences of running a practice and saying that although offering the best possible care, and hence most expensive, may seem "money grabbing" she came to realise that if done in the correct way this becomes an option, and clients should not be forced into spending money if this is not what they want. In her mind, this "middle way" is the best outcome for practice, animal and client.

The farmer groups are also keen to highlight their dislike for veterinary practice which seem to not have their best interests at heart, although there is no mention of what is best for the animals welfare

"Our previous vet seemed to just want to make a lot of money. Going back to this thing with me not wanting to call vets out for injections and things like that. They seemed to

want to make a lot of money out of just selling drugs and not so much putting the time in to what was going to help the business." (FG 7)

Vet 2, who early on in his interview describes his career choice as a vocation akin to the priesthood, initially appears to have no qualms about putting his clients' needs ahead of his business needs.

"And I think professionalism must have a basis of actually analysing what your clients' needs are and trying to put them above any commercial interests or any other pressures that you have brought to bear." (Vet 2)

However in a similar fashion to Vet 1, he later justifies this attitude by asserting that

"And to be frank, if you do put the animal's welfare first, by and large your commercial interests will follow. It's not actually a contradiction because clients, you know, the client that you today say well, you know, don't worm your horse, don't buy all these wormers, just do this, that and the other, will appreciate that he's had professional advice and he will come back to you next time. So it is actually long-term in any profession's interests to behave professionally." (Vet 2)

He thinks that there is no conflict but there is still clearly a balance to be found. Being a practice owner, he has a clear view on this, which is remarkably similar to vet 1's. He is also interchanging the client and the animal as being his priority – almost assuming these are the same things. This is interesting because of his earlier discussions around always putting the animal first.

The issue does not really emerge from vet 3's interview, possibly because she has never run a practice, although a similar theme does come out from the employee's perspective when she discusses disliking practices producing standard operating procedures for her to follow – perhaps with undertones of commercialism within them. The young vet 4 does however identify his dislike for his employer's attitude of money making, perceiving perhaps that they have the balance wrong

and are unprofessional in this respect, on similar lines to the older vet 1. Vet 5, who had an experience of being managed very poorly by a vet, argues that vets "cannot be managers", and outlines the unprofessional treatment she received when working in this practice. The new graduate vet 7 is aghast at having to think about the business side of practice at this stage in her career.

The nurses again show sympathy for the vet in this situation, having to balance running a business with prioritising animal welfare

> *"So I think the problem nowadays is that things are heading down the business route more because practices have got to survive business wise and they… and I think that unless they do that, they won't survive. So I think the balance is very difficult and I don't… well I wouldn't be able to comment on whether I thought it was possible because I think you've got to be running a practice to be able to get that and I think you have got different types of people. You've got the business people who are running the practice and, you know, who want to rake in the money, and you've got the vets on the other side who want to do the best for the patient and if there's two different sides, you know, they have conflicting views if the, you know, the senior partners are running the practice and treating the animals, they might well have the balance right. But I think a lot nowadays is that you've got to be businesslike otherwise you don't survive. So it's difficult I think whether we'll ever get the balance or not." (Nurses)*

This is interesting because she describes two types of vets – the business oriented and the animal oriented, and describes practices with both involved, who manage their professionalism by balancing the two approaches. Presumably the vets in this situation are compromising and balancing the whole time to emerge with a well run professional practice.

Unsurprisingly, the RCVS also discuss this

"You know, I think that's the sort of fundamental key of it all, and the independence angle on it is, you know, they're not going to be swayed by, you know, some other extraneous prejudice, bias, commercial factor. You know, they shouldn't be treating you because it gives them another source of income. It should be yes it's a business that they're running, but the treatment advice should be clinically justified. So that's partly where the independence comes in." (RCVS)

When specifically questioned on the altruistic nature of the profession, the RCVS argue in a very similar fashion to Vet 2 that doing the best for clients and animals will equal doing the best from a business perspective, when the balance is correct. They say that clients will "walk with their feet" if this is approached incorrectly.

Vet 8 perhaps describes this issue most lucidly

"Yeah it's the old dilemma. And are we… I mean are we a welfare charity or are we a fee-paying profession, a fee-earning profession? There is going to be an area there and you're going to end up doing some work pro bono and you just need to make sure that it's to the benefit of the practice. And it does happen and I do think that if you get too commercial, it damages the professional ethics, but on the other hand yes, you've got to run a business. So you've got to decide where your particular line is drawn." (Vet 8)

It was described in a slightly different context by the other groups, with a focus on clinical experience, but with the same undertones of balancing economics

"I find a lot of vets especially the younger vets that do come out they don't really… they go almost do textbook work, they go in far too much detail and treat like a simple wound as its leg's going to fall off. Or, you know, and it needs this and that and the other…"(FG 8)

"I feel that if you go in with a problem, I've had some vets that suddenly say we must do a blood test, we must, oh have you had this CAT scan, have you done… You know, whereas some of the older vets don't have that approach." (FG 5)

4.1.3.3 Balancing personal views with colleagues views

This is touched on by many, particularly in the context of unprofessionalism. Vet 3 is certain that for her, unprofessionalism is summed up by colleagues disagreeing publicly with her approach to a case. She has obviously had a bad experience with this happening to her. However, she describes well the way she deals with the situation the other way round, when clients complain to her about what another vet has done, saying

"And you've got to try and point out to them in the best way that you have to back and say this, but you know. But you can't say they're wrong, otherwise you're immediately going to get cited, and obviously you don't know the circumstances." (Vet 3)

Having to balance what other team members think with what you decide as an element of professionalism also arises in the context of the veterinary nurses, who discuss the difficulties of working in a team and maybe not agreeing with the decision made by the veterinary surgeon in charge, but not being able to influence this decision

"In a number of situations that I can recall that, I may not have agreed with veterinary surgeons decision on instructions for a particular animal whilst I've been caring for it. They may have decided something and I've not particularly agreed and there's been no way that there's been a sort of discussion over that." (Nurses)

Clearly in this situation the balance is incorrect. Vet 7 also describes having a different approach to a case from a colleague, and having to manage this situation. From the client's perspective, there is awareness that different vets do things in different ways, but no discussion around how this is managed.

One element of veterinary professionalism is therefore balancing your own views or actions with those of colleagues, and not reacting poorly when decisions are taken which you do not agree with. This is therefore aligned with team working as a professional attribute – and as members of the veterinary team it is natural that the vet nurses revisit this time and time again – clearly for them, being poorly treated as an unequal member of the team is the very essence of unprofessional behaviour in vets. This expands into a discussion of the role of the veterinary nurse, and how nurses should remain a separate entity to vets and not try and become "mini-vets", by carving out their own niche and being allowed to do so by vets, who must then rebalance their own role in the veterinary team.

4.1.3.4 Balancing life and work

It is interesting that it is not just decision making about animal care that arises in the context of balance. Vets also discuss the fact that their own working lives should maintain a balance in order to maintain professionalism. Vet 2 discusses this in the context of employing other vets in his role as a practice partner. He initially describes looking at CVs and eliminating people who he feels have too much commitment in their leisure time, concurring with his previous assertion that being a vet is a vocation, and affects one's everyday life. However, he later rescinds slightly on this, saying

> *"We want somebody who was a rounded character, but we do start to worry a little bit when people have… again it's a balance cos sometimes you sort of read these CVs and there's, you know, they've toured the world and they've gone diving with sharks and they've, you know, scaled Everest and they've… and I'm sort of thinking well are you really going to be happy living in a small rural place in the Midlands and working very hard……[….] And having said it must be a vocation, everybody needs to get away from it sometimes and I think even priests go into retreat every now and then don't they?" (Vet 2)*

Vet 4 also discusses a move away from irresponsibility as he graduated, thinking more about whether it was appropriate to go out drinking, presumably something he was less concerned with as a student. In comparison, vet 6 discusses her approach to socialising with her colleagues,

> *"I was quite happy just being a vet and not wanting to be liked and mix with them." (Vet 6)*

Clearly she is balancing her life and work so that one does not overlap with the other. Vet 3 also discusses being "picky" about what she does and doesn't do as a locum, as she describes her other commitments. The young vet 7 is also clear how out of hours provider services make her a better clinician, able to balance life and work sensibly. Discussion of this issue is not particularly present within the focus groups, although the equine group 8 does reach the consensus that practices should provide their own out of hours service, with no discussion around repercussions on work life balance. The farmers in particular want a cheerful disposition to their vet, something that may not be present if the life/work balance is incorrect.

4.1.3.5 Other balancing elements

Other balancing issues also arise throughout the interviews. Indeed, vet 2 describes the need to re-balance the profession as core to professionalism – using the issue of misconduct mostly relating to poor certification as central, and how this has unbalanced the core issue of animal welfare which should try and be the prime concern.

> *"And I think the profession needs to re-balance itself a little bit and realise that we're not solicitors or barristers and we are actually veterinary surgeons. And we should be putting at the top of our tree of misdemeanours welfare, because it's central to the image of the profession. I'm not saying that certification's unimportant, just that it's less important than welfare issues." (Vet 2)*

For the two vets involved in government work, vet 2 as an equine vet and vet 6 as a DEFRA vet during the foot and mouth outbreak[6], balancing becomes even more of an issue in the context of these difficult jobs. Vet 2 feels he is asked to police his own clients by having to certify exports, something he finds difficult to do. Vet 6 also has similar feelings, when she describes the detachment of DEFRA from farmers, and as she talks about the difficulties of being a DEFRA vet it is clear that she struggles to maintain the balance between empathy for the farmers and her role as a monitor of public health.

The balance between technical ability or knowledge and your personality as a vet is also mentioned by a few vets. Vet 1 discusses a vet who is brilliant technically but hopeless with clients, making in her opinion an unprofessional vet. Vet 4 also sums up this issue

> *"I mean it depends on the client themselves, but you know, people don't necessarily like a vet because they're particularly good. It's, you know, how they come across to the client." (Vet 4)*

Vet 6 describes this as a "persona" which has to be maintained in order to appear professional to clients, presumably because this is how she thinks vets will be judged. The clients also discuss this in the context of decision making – they may like their vet, but if the wrong decision is made they lose confidence quickly and feel this denotes a level of unprofessionalism.

In conclusion there are clearly many facets which must be balanced in order to achieve professional status as a vet. This appears to be a central component of "being a vet" as perceived by all participants. Figure 6 shows this represented visually, with the many components interrelated in several ways. This will be expanded upon in the final grounded theory.

[6] The Foot and Mouth outbreak of 2001 involved many veterinary surgeons working for the government's agriculture department (DEFRA) to manage the disease, which had severe economical consequences for the farming industry in the UK, involving the slaughter of thousands of animals.

Figure 6 - The priorities a veterinary surgeon must consider

4.1.4 Becoming a veterinary professional

The underlying reason for asking the question "what is veterinary professionalism" is to understand how best to develop these traits in trainee vets. It was therefore thought useful to ask the interviewees how these skills were developed in themselves, or how they should be developed in others. This also emerged when client focus group spoke about new graduate veterinary surgeons, something most seemed to consider as a potential issue. The prominent themes to emerge seemed to relate to one overall category of the "evolution" of professionalism – rather than a switch that is flicked, it seems to emerge gradually.

4.1.4.1 The evolution of veterinary professionalism

The themes emerging as axial codes within the evolution of professionalism are "getting on with it", experiential learning, and specific teaching.

"**Getting on with it**" is described by several of the vets as a key component of their professionalism. Although this has similarities with confidence, the context they use is more around how they established their attitudes and behaviours as they started their early careers:

> *"I just wanted to get started and have a go and do it myself." (Vet 2)*

> *"They were always saying well you're the vet, you decide. I got over my sort of oh am I doing it right phase really, really quickly." (Vet 7)*

Vet 7 also discusses how she just wants to get on with being a vet, and not worry about other issues such as the business side.

The equine professionals group discuss the case of a horse stuck in a field, and the attending vet being too worried about health and safety to sort it out quickly. Her abilities are questioned because of this tentative attitude, and it is agreed that her approach is unprofessional. Vet 5 talks about "having to do it", and vet 6, when describing her role as a vet in Foot and Mouth, says

> *"I just had to cope and get on with it and, you know, there was definitely ways to approach things and definitely ways not to approach things." (Vet 6)*

The second context of this code is that some interviewees described the ability to behave professionally as core life skills, or common sense. They can get on with the job of being a professional by acting appropriately, with very little instruction. Talking about certification, for example

> *"But that's quite obvious really. We're given the responsibility to be able to certify things. It's quite sensible you should use that professionally and responsibly and not take liberties with it. That's quite obvious." (Vet 5)*

Vet 5 consistently refers to the "obviousness" of veterinary professionalism, indicating that it could include intrinsic qualities. This is reinforced by the farmer groups, who talk about professionalism in

the context of being a straight forward person. Vet 3 also mentions "life skills" when asked how she deals with issues in practice. From his vocational perspective, this also fits with how vet 2 views professionalism – it is an intrinsic element of the job.

When several participants spoke of their own, or others development as a professional, what they are describing is essentially **experiential learning**, which has therefore emerged as an axial code. Although they are often talking about developing technical skills in this context, this is also interpreted as professional development. This is described from two perspectives. The first is that of *learning from observation.*

> *"I think more likely from what you see other people doing, you know, from seeing practice since you were god knows what, you know, 15, 16, some people even younger. I didn't start quite that young, but how you've seen other vets and not just seeing that they've done it right and that's how you do it, but see them do it wrong and think oh I'll never do it like that, you know, but there are definitely more experiences." (Vet 4)*

Role modelling is specifically discussed

> *"….it's the sort of role model and the example of how things are done and, you know, this is the right way and this is, you know, a bit of a sloppy way and not very professional." (RCVS)*

> *"I mean I learnt a hell of a lot from crappy practices when I saw practice. I saw good. I saw bad. And I learnt from all of them." (Vet 7)*

The second perspective, more closely aligned to experiential learning, is that of *learning from your own performance, mistakes and feedback*

> *"I understand, I know when things have been done wrong, I know instinctively when things have been done wrong, but that's something you only acquire with time." (Vet 4)*

Vet 5 describes this as “trial and error”, whilst vet 6 takes this further and thinks it is “not just trial and error”, but reflection on what has occurred that defines her development as a professional. The ability to perform this reflection would therefore seem to be essential. Feedback is also a crucial component for several

> *“But I think the biggest influence will be on the first practice that people start in. You know, I suppose […] boss, you know, who you know, would insist on things be properly examined and would send you back if they weren’t and you got a bollocking if something went wrong.” (Vet 2)*

> *“You work it out also from feedback from your clients, particularly as you get to know your clients better.” (Vet 1)*

One question posed to all interviewees was whether we should be **teaching professionalism specifically** to students? All responded positively, although in slightly different ways

> *“I think teaching just stupid things like you turn up on time, and you do what you say you’re going to do, and you look respectable, and you treat the client and the animal… well you treat the client with respect, you put the animal’s interests first, should be core. They should be a given.” (Vet 1)*

> *“And then they need to know who to go to for help and advice about these things. They need to be clearer of what the role of the Defence Society is. They need to appreciate that the College is quite happy to give advice and actually would prefer to give advice rather than have to deal with complaints.” (Vet 2)*

> *“Nurse 1: I think sadly it’s probably needed.*
>
> *Nurse 2: Yeah. Yeah I think so too. Because people don’t… well I don’t think they look up to a role-model as much nowadays as they used to.” (Nurses)*

Vet 5 was a little more sceptical, but seemed to talk herself into it:

> *"How would you tell somebody, how can you teach them to have empathy, you know, if they want to be not gossiped about and not… You can give them the rules. You can say that there is client confidentiality. You can say this, you can't say that. I think yeah maybe we should have had more… I mean there isn't more time. Maybe it would have been good to teach us more about the rules and regulations rather than saying there is the Royal College, there is a book. So you sort of go into more detail about what it entails and…" (Vet 5)*

The RCVS also had clear view on this, expecting veterinary schools to teach professionalism but describing it as a "built in issue", not necessarily specifically taught in a separate session.

> *"So we're making it explicit, but we don't make it a requirement that it is taught separately. It can be integrated, but the point is it has to be there and it's seen as an essential component." (RCVS)*

Vet 1 describes discussion groups as the best way to teach professionalism, and vet 2 also talks about discussion as the best way to identify issues of professionalism. Few of the interviewees have any experience of being taught professionalism explicitly themselves during their training – although vet 4 describes role playing sessions, aimed at teaching communication skills, which he did not take seriously. Vet 7 describes ethics teaching and recognises the value in this, but again is unsure how other elements of professionalism can be taught. The RCVS specifically mention communication skills as an area of professionalism teaching which has entered all the vet school curricula. Unsurprisingly, there are also some reservations:

> *"You know, so I think you can't teach everything, but I think to give people an appreciation of the real core things and then the other, maybe more peripheral things,*

that they're going to have to draw their own line in the sand about, is important." (Vet 1)

"Like if they had a rule that you shouldn't be seen drinking in a certain pub or something, that's very… that would be with the professionalism of their vets and you couldn't teach them. You couldn't teach that elsewhere." (Vet 4)

"I don't think it's something you can teach people. You can give guidelines." (Vet 3)

The teaching of professionalism is therefore accepted, but with some reservations.

4.1.5 The veterinary profession at large

This last category of questioning has close links with the identity struggle category previously described – indeed these data often emerged from questioning about how the veterinary profession is lead and governed. Information elicited about the profession as a whole has emerged within two main axial codes – *veterinary governance* and *threats to veterinary professionalism.*

4.1.5.1 Veterinary governance

During interviews, discussion often arose around the way vets are governed and how this affected the individual. Disconnections and misconceptions again emerged in the context of governance. The role of the RCVS was obviously accurately described by the RCVS themselves, but they also discuss how the various roles of the college are complicated and "frequently misunderstood", both by vets and by the public.

"I think there's as much confusion amongst the public as there is amongst the profession really as to what we're here to do." (RCVS)

The role of the RCVS in policing the profession is something which regularly emerges in the veterinary interviews, but interestingly no focus groups discussed how the profession is regulated.

"I think you need someone to enforce professional conduct. You have to be accountable. You have to be policed." (Vet 1)

"They make rules and guidelines." (Vet 6)

However, beyond this basic understanding of the RCVS there is some confusion and disinterest. Vet 6 for example perceives that the RCVS protects clients more than they protect vets, and is unhappy about this – despite the fact that this is the RCVS' exact role. Vet 4 does not seem to be at all concerned about what happens to his annual fee or what the RCVS do:

"I'm not sure I know enough about it to know whether they do a good or a bad job." (Vet 4)

The RCVS are perhaps incorrectly called the "mouthpiece of the profession" by Vet 1, but she is clear that the RCVS is about self-governance, although later confuses the matter further by stating that perhaps the RCVS and the BVA could function together as a merged unit. Vet 2 in his role as councillor is obviously very clear about their role, but also mentions misunderstanding

"I think the College is, to be fair to it, is probably fairly misunderstood in that it doesn't represent the profession. The profession is represented on the Royal College and that's my job. And I think this is where a lot of the misunderstanding stems from." (Vet 2).

Others talk of wanting more realistic representation. They are "looking after our professionalism" (Vet 5), but this is a difficult job. Issues with communication between vets and the RCVS are described. A detachment is described by several

"I think they could make it clearer to us about exactly what their role is. And I know there's always letters in like the Vet Times and all sorts of things, you know, going on about what does the Royal College actually do and all that kind of thing. And again

maybe that's misinterpretation of what they actually do, but certainly to me anyway it doesn't seem clear." (Vet 6)

"They probably need some younger people in there, but it's like a lot of these things. It's names that have been there for a long, long time and then names get known and then you get a little clique at the top and it's always difficult to break that cycle." (Vet 3).

The nurses also agreed that vets often misunderstood the role of the RCVS, as do nurses themselves. Their public presence is also labelled as poor, although vet 3 thinks that this is the same for many self governing professions. A different aspect is discussed by vet 2 who says that if the RCVS act on behalf of the public, what is the right outcome for them should be the right outcome for the profession in general – he calls this a cycle, and states "there is no conflict".

Communication with the RCVS is described both positively and negatively, with vet 2 stating that the role of the RCVS in advice giving is not used nearly enough by the profession. Self governance is expanded upon fully by this interviewee, who in his role as councillor has obviously had cause to think about whether the profession can be governed by lay members – he thinks this should not happen, and describes a recent disciplinary case to back up his ideas.

"I actually very firmly, and this is probably in contradiction to modern regulatory thinking, that it's vital for professions to be self-regulated and it's vital for them to have a strong body of professional people on their governing councils for the reason I've already said, that I don't believe the public can have any concept or appreciation of how to regulate a profession." (Vet 2)

In contrast to this, the nurses both seem to be quite open to the idea of lay representation

"Nurse 1: Well knowing what I know from being on the Council, I do understand that a lot of clients feel that it's a closed-shop. They're not going to get anywhere if they make

a complaint. It'll all be, you know, smoothed down and the client will get a pat on the head saying 'no it's not a problem', you know. And I think there is that need to be more transparent, to be sort of more upfront. And I think the RCVS are trying to move in that direction.

Nurse 2: Are they?

Nurse 1: Yeah they're trying. They are considering it. And on the disciplinary they have a number of lay people as well. They're actually sort of thinking of increasing the number of lay people on those different." (Nurses)

The RCVS too mention the increasing participation of lay members within professional bodies, but this issue does not appear elsewhere, although vet 1 in a slightly different context worries about being represented and given advice by lawyers, who she thinks run the RCVS. The overwhelming theme when discussing the RCVS is a lack of clarity and certainty over who does what within the profession. This has obvious similarities to the "identity struggle" theme – identity is not being helped by a lack of clarity about leadership.

4.1.5.2 Threats to veterinary professionalism

A theme of threats emerges from many of the discussions – issues which are perceived as things which should concern or worry vets as a group. These perceived threats have many overlaps with other codes, but as they consistently emerged their emphasis was important in a code of their own as well. The threats fall into *economic issues* and *practice issues*.

In contrast to descriptions of altruism, **economic issues** are much discussed and worries are articulated around vets being seen as rich, or money grabbing, and that this is perhaps contrary to professionalism

"And of course the other thing that the public will judge their vets on, and it's a major driving force, is how much they charge. You know you can get away… if you are very, very cheap and you don't charge very much and you don't pester people to pay their bills, you can be an extremely popular veterinary surgeon with the public." (Vet 2)

"I think the fact it's got bigger and changed and there's a lot more of these sort of big business practices now that, you know, places like X whatever, Y, that give them maybe a bad reputation." (Vet 4)

Vet 1 also discusses this, and thinks that some vets avoid practice owning for this very reason. Clearly economics and having to charge for services is an issue for veterinary professionalism, particularly from those who have been involved in the running of a practice. Unsurprisingly, it is also discussed within the client groups. Most seem aware of money oriented practices, but there is an element of "not my vet". The farmers particularly have strong views on this

"I'm a person that left the practice because we were being just… we were being fleeced really and not getting the service. So you know, I'm a strong believer in value for money and the service and I came back when [Unclear – 00:25:04] took over this practice basically because it wasn't… the practice wasn't delivering the service I was wanting or requiring." (FG 6)

The other area that is strongly represented is that of **practice policies** influencing personal professional behaviour. Clearly there are overlaps here with economic issues, because presumably many practice policies are set with economics in mind, but it goes further than this. Both the experienced vet 1 and the younger vet 2 discuss the practice environment, and particularly the bosses' attitude, affecting their own judgement and decisions possibly in a negative way. Vet 1 also discusses at length the effect that practice professionalism could have on client's perception of the individual vet's professionalism:

"Or leave a swab in their dog or, you know, they just kind of make this mental association. It's like eating in a restaurant. If the toilet's horrible, you assume the kitchen probably is too, you know, it's that kind of thing. And I think what you see upfront is really important." (Vet 1).

This is a prime example of how organisational professionalism can directly affect an individual's professionalism.

4.1.6 A constructivist grounded theory of veterinary professionalism

In order to develop a final theory, the axial codes which have been presented were examined and compared to analyse the results and develop a usable theory. As the process of creating a grounded theory is non linear and uses a cyclical movement of constant comparison between codes, this is difficult to describe as a process. However, the movement between this stage and the grounded theory description was aided by the use of memos, and these record the process to some extent.

The key theory to emerge from the analysis was that of balance. Balance emerges in many contexts as being the core attribute of veterinary professionals. However, four main contexts were prominent – the animal, the client, the practice (or business) and wider society. These contexts exert push and pull factors on a veterinary surgeon's professionalism. The veterinary surgeon must balance these factors in order to achieve some kind of equilibrium.

4.1.6.1 The animal

A veterinary surgeon is required by the RCVS to place animal welfare at the forefront of all decisions, and it is clear from the analysis that achieving this is a central component of veterinary professionalism. This pull factor of the animal must be managed in a way that continues to consider the client, as well as the practice and society in general. Although a veterinary surgeon has the core guiding principle of animal welfare as a push factor to correct this balance, this must not be over-

relied on, as it can be misunderstood by clients. When priorities are compromised, examples of unprofessionalism emerge, and are readily described by clients.

4.1.6.2 The client

Clients are clearly a dominant force on veterinary professionalism. They often require different demonstrations of professionalism, depending on their relationship with their veterinary surgeon and their relationship with their animals. A farmer, for example, may have differing requirements to a pet dog owner, exerting a pull factor of economics, compared to a pull factor of maintaining a close human-animal bond. The veterinary surgeon must show professionalism by establishing and identifying these relationships, and acting in a balanced fashion whilst still considering other issues.

4.1.6.3 The practice

The practice or business the veterinary surgeon works within is also a factor in demonstrating professionalism. The practice exerts pull factors on the veterinary surgeon such as economic factors and standard operating procedures. The veterinary surgeon must consider these factors as they behave in a professional manner, so that they behave appropriately towards colleagues and employers as well as to clients. The veterinary surgeon exerts push factors onto the practice environment according to their behaviour and their treatment of animals and communication with clients. If these push and pull factors get disproportionate to each other, then imbalance and potentially unprofessionalism occurs.

4.1.6.4 Society

The concept of responsibilities to wider society is the final component for veterinary surgeons to consider, and perhaps the least obvious one. Society's pull on veterinary professionalism is the requirement for veterinary surgeons to be involved in the maintenance of public health. The issue here is that veterinary surgeons themselves do not appear to recognise this as part of their role, and so often fail to push back on society by delivering these responsibilities. The interviews often had to prompt for recognition of this component once it had emerged from an early respondent.

Presumably this is not helping the general state of veterinary professionalism at the current time. There are wider implications therefore for including this component.

4.1.6.5 Illustrating the theory

The theory is easiest to consider when demonstrated graphically, and Figure 7 has been created to represent the grounded theory of veterinary professionalism. The central spheres sit in balance with each other, bearing in mind that whatever role the veterinary surgeon is fulfilling a particular area may require more adjustment than another. For example, a vet working for DEFRA may have a focus on balancing a commitment to society with a commitment to animals.

The normative attributes sit around the central theory to demonstrate how the equilibrium is achieved. If new veterinary surgeons demonstrate these behaviours, then balance should be more easily attainable and the resulting professionalism of a standard expected by the profession and its clients.

Other strong findings within the data such as the disconnections felt by several participants are not included within this definition – they are not a feature of veterinary professionalism per se, but an issue for the profession to consider as the definition is used and the curriculum is developed.

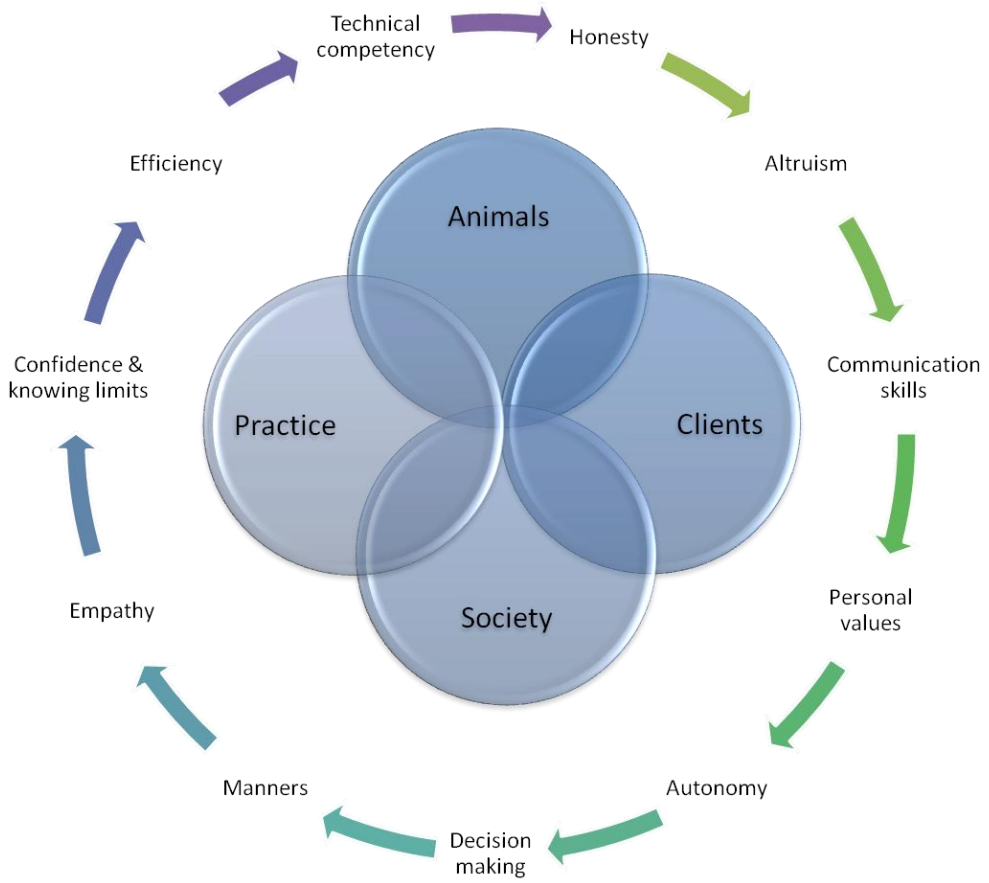

Figure 7 – Diagrammatic representation of a grounded theory of veterinary professionalism

4.1.7 Demonstrating iterative sampling

The sampling method for participants in grounded theory is iterative, that is who is selected depends on the outcome of the analysis as this occurs in parallel with data collection. The iterative process undertaken during the interviews is illustrated in Figure 8. The topics of interest arising from each interview were investigated further by finding an appropriate participant. Once ideas from the veterinary profession appeared to have saturated, clients were then used for further data collection, until saturation had occurred from a theoretical perspective.

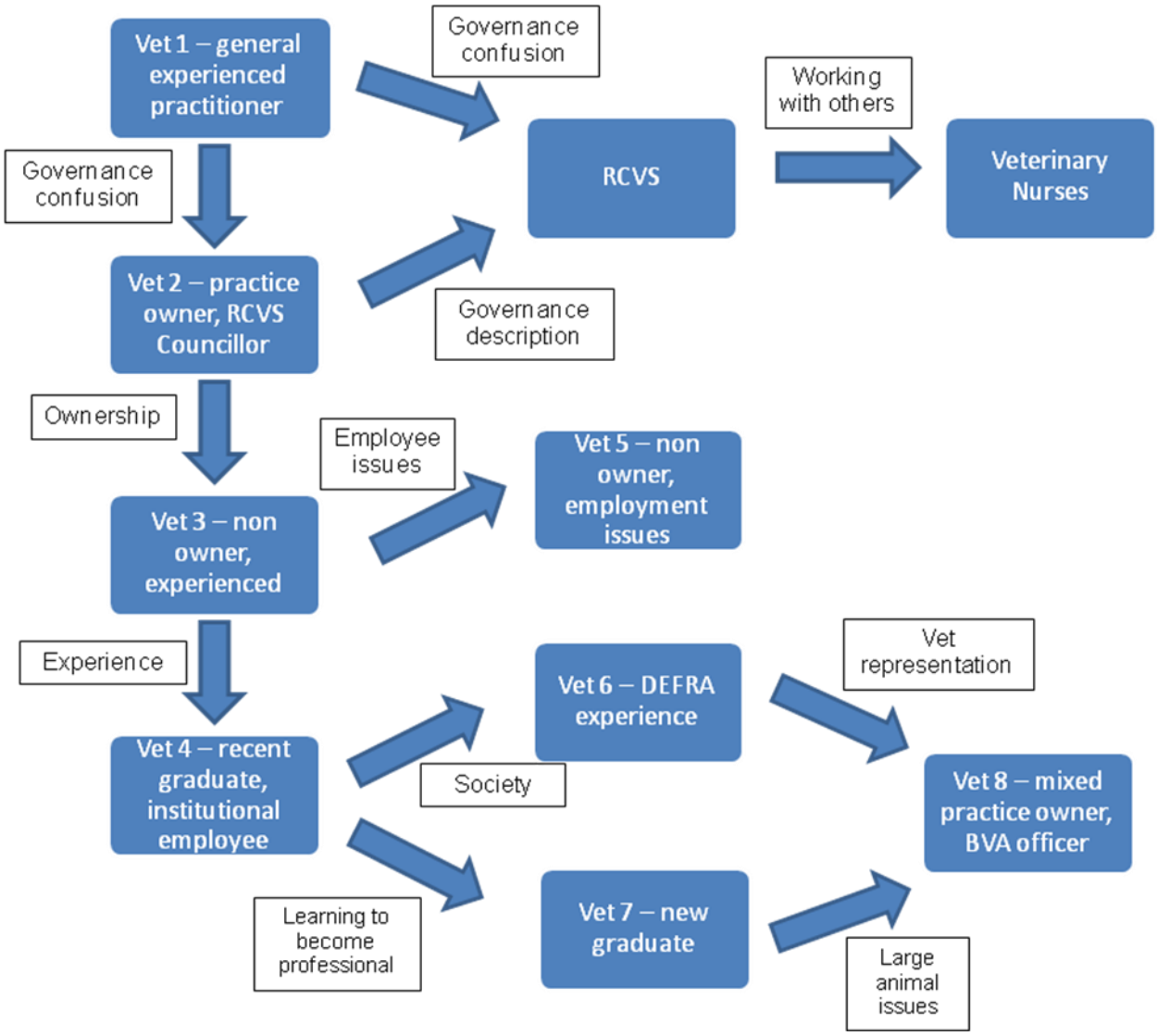

Figure 8 – Iterative sampling process. Topics of interest leading to next sample are shown in open boxes. Vet 1 was selected as a non specialist general small animal practitioner to be the first interviewee. Issues of governance led to approach of RCVS and RCVS councillor. Outcome from Vet 2 around governance also led into RCVS interview. Ownership arose as an interesting topic from vet 2 so non owner (locum) sampled next. Employment issues led to sampling of vet with known issues between role and employer, vet 5. Issue of experience affecting behaviour from vet 3 led to recent grad selection, who had also had institutional employment (army). Public sector working arose and so DEFRA vet approached (vet 6). Even newer graduate needed as learning to become a professional needed discussion. The representation of vets came from vets 5 and 6 leading to recruitment of vet 8, a BVA officer and practice owner. A comparison of small animal to large animal vet perspectives was also felt necessary, and vet 8 fulfilled this role as well.

4.2 Conclusion

This chapter has described the results of the analysis in order to produce a definition of veterinary professionalism, which has been presented in diagrammatic format. The grounded theory of veterinary professionalism places the concept of balancing priorities between animals, clients, society and the practice at its centre, and the attributes encircling this centre should help veterinary surgeons to demonstrate this behaviour. The attributes are many, but their prominence demonstrates their need to be developed in undergraduate veterinary surgeons in order for them to emerge into the workplace being able to balance the priorities which will be presented to them. It is the delivery of these attributes and the central component of balance which will be attempted during the teaching of veterinary professionalism, and therefore described within the curriculum.

5 The school's hidden curriculum

5.1 Identification of the hidden curriculum

During data collection to attempt to identify elements of the hidden curriculum at SVMS, the sampling strategy employed ensured the three staff focus groups consisted of a cross section of the population by role within the school, with academic and support staff both represented. The student groups also included a cross section of ages, year of study and gender.

The categories in the cultural web (Figure 3) shaped questioning effectively, and they were used as *a priori* codes during analysis. Categories were reasonably straightforward to identify within the transcripts during the preliminary analysis, and agreement was reached between two researchers. The primary researcher was able to complete the coding using the established coding scheme with the following results.

5.1.1 Thematic analysis results

Within the *a priori* codes, the themes that emerged are represented in Figure 9

Figure 9 – Issues contributing to the hidden curriculum building on the cultural web (Johnson, Scholes et al. 2009)

5.1.1.1 Core assumptions

Participants in all groups were quick to identify the core beliefs and strategies of the school, and several strong themes emerged

Many groups discussed feeling part of a **community** within the school, and felt that this was encouraged by the general environment. Staff were generally extremely positive about feeling like a member of team, and students also recognised this

> *"I think it's a very supportive place to work. Everybody seems to be working together as a team to achieve the same goals." (Staff group 2)*

> *"We're like a little school, it's like school still" (student group 3)*

"It feels kind of normal in a way that they're going to want to establish some kind of – collective kind of – I don't know – character, that the school would want to do that." (Staff group 1)

It was felt that this was possibly due to the initial small size of the institution, and it was commented that although the school had grown over subsequent years, the community feel remained.

The assumption of community was closely linked to discussions around another key finding of **innovation**. Participants judged their environment as innovative and experimental, as might be expected in a new school. Risk taking was discussed as an element of this innovation, but these were considered calculated risks which were not going to fail, especially by the undergraduates

"The reason I came here was because it was taking risks and because it had a kind of a forward thinking approach and it was kind of pushing the boundaries slightly." (Student group 1)

This discussion about an innovative community seemed to encourage participants to identify a difference to other environments they had experienced, reinforcing the community theme.

"it's modern, it's new, it's progressive and I think in that sense it distinguishes itself from other academic departments" (Student group 4)

The staff groups in particular identified that there was a "**do anything**" attitude within the school, with individuals ignoring traditional boundaries of roles and responsibilities. This was accepted as part of the requirements of a new school with smaller staff numbers, but was also perceived as an attitude that had remained to a large extent

".....there weren't many people to start with, you did end up doing, I don't know, a bit of finance, a bit of placements, a bit of everything, and now as we've got more staff, that's probably in some ways we're focusing on our areas more and

more. Whereas to start with it was very much all hands on deck, and one day you might be carrying a fibreglass horse across the car park and the next you could be doing anything." (Staff group 3)

This "do anything" attitude was criticized by some however, who felt that it made boundaries unclear to students. This is discussed later.

Participants agreed that a strong feeling within the school was that of the need to **work hard**. Students discussed the rigours of a full timetable and exam schedule, and staff also commented on the workload both within their own role and for students.

There was a strong feeling of **pride** about what the school had achieved, and also regarding being a member of the identified community. Feeling like they belonged to the school was very important, and staff could recognise this within the student body

"They're very proud of their Vet School and that kind of thing. And I think some of that comes from being new, the new Vet School that wish to go to AVS or wherever else and be as good as everyone else." (staff group 2)

The community atmosphere previously described has overlapping findings with that of the school being a **friendly and relaxed** place to be, both within the staff and student bodies, and between them.

"it is a very friendly place to work, and quite senior professors and stuff are very approachable." (staff group 2)

"it [is] like a family atmosphere. Everybody seems to be friendly and very welcoming." (student group 4)

The belief was expressed amongst faculty participants that a core paradigm was that of a focus on, and respect for, **teaching**, sometimes to the detriment of research activities.

"My teaching skills are appreciated within the vet school, and that a commitment to teaching is seen as a valid commitment to professionalism within the organisation." (staff group 2)

"I have put in a big research grant application, and I'm also not really sure how I could manage a big research grant which is what the university asked us to do, besides all the teaching. So I'm sure I would be really very unlucky if I would be successful with a BBSRC grant, because I don't know how to manage that without my teaching." (staff group 2)

5.1.1.2 Routines

Participants were asked to discuss routines they identified as part of the day to day activities of the school – the way things are done.

The strongest emerging theme was the **lack of routine** within the school, with the exception of timetabling which was perceived by students to be extremely strict

"There's not necessarily protocols in place, so 'What do we do about this?' And it's sort of almost made up on the hoof, so to speak."(Staff group 1)

"It's hard to think of anything that hasn't changed, actually." (Staff group 2)

"Certainly like the whole teaching, learning and assessment has felt a bit lastminute.com a lot of the time." (Student group 1)

Students still felt the daily time tabling was a routine, with mixed reaction to this situation

"Just, I think routine, like most of the year round though, is kind of, it annoys me. Like I just, I hate getting up every day at nine and just like knowing that I've got the whole of Monday and having massive long practical or something like that. And I just think, you know, every kind of, every week is the same, we never get

any free time kind of thing. Which is, you know, to be expected because we're on a full time course. But yes, I think there is a lot of routine in the Vet School." (student group 3)

"Very routine. You get your timetable and that's pretty set for the – for the year. Yes. Your lectures might change a little bit but generally it is similar. Which is – personally I quite like it some ways but in other ways it kind of is a bit, you know, strict." (Student group 1)

An **informal** approach to the routine of the school was felt to prevail on occasions, and this wasn't always such a good thing

"...you walk into the school and not know anybody, who is staff and who's students. Because everybody's on first name terms. And when we're talking about professionalism, I personally am not sure that's the best way to go, because they're looking at how we treat people a lot of the time, and do you always want to be on those first name terms?" (Staff group 1)

Students struggled with this very issue, finding the informal routine difficult to manage at times

"And it's a bit difficult where, at the start, some members of staff will say, "Call me by my first name." And then when you talk to someone else about a member of staff about them, they're like, "Oh, you should call me Doctor so-and-so or Professor so-and-so." And it's kind of – it would be nicer to have a sort of, across the whole school say, everyone will be called by their first name. Apart from in correspondence. Or everyone will be called by their full title kind of thing. Something just a bit more structured than kind of it flip-flopping every five minutes." (Student group 1)

Demonstrating area of overlap between routines and core assumptions, the school's **emphasis on teaching** activities was highlighted by some as part of routines.

Discussed within most groups was the routine of **work hard, play hard**, although students felt there was more to it than this

> *"I think it's kind of work or play hard but there's kind of a lot of unspoken rules about it as well." (Student group 1)*

Working hard was a routine identified by staff as something which was equally expected of the students – they had to do it, so why shouldn't the students? The issue of sacrificing one for the other was also discussed.

5.1.1.3 Rituals

The groups were asked to highlight what they felt constituted a ritual within the school – an event or activity with meaning which influenced themselves or others. The annual Dean's cocktail party, a social event for staff and students, was highlighted as an important social ritual. Other events such as the annual student review, the Big Vet Little Vet mentoring program, and teaching related activities such as tutorials and visits to farms in the school branded Landrovers were also discussed as important school rituals.

There was some discussion in the student group about students who take part in rituals like the vet review, and how this affects the staff

> *"The Vet Review's a really important ritual. Because it's really nice way to end sort of things. And it sort of shows the lecturers that, because obviously there are some people that are always going to be in it, and some people that will probably never be in it. And I think it's a way of saying, actually it's quite a nice way to say back to those lecturers that have been in it, actually we may have just*

like basically destroyed your character, but actually we thank you for making that school a bit more of a laugh than it could have been." (Student group 3)

There was also dialogue around socialising generally between students and staff, and how this was an important ritual

5.1.1.4 Control systems

The concept of control of the school, through external sources, was discussed in each of the groups.

The strong feeling was that of a mixture of **compliance and conflict** - the school acting independently from the central university, but still having to comply with certain things, or complying for a different reason

"There's a lot of university regulations come down, aren't there? You can only do this this way, that way, you can't do that because it's not under a university regulation." (Staff group 1)

"But on the other hand, the assessment standard was raised in response to the [] year it's 50%, which is against what the university does normally, which is 40%. So there is influence both ways, it's not just… I think it's sometimes convenient to say that equality and the manual says X or the university wouldn't normally do that" (Staff group 2)

"The faculty do tend to support us, because we are different and obviously they're different as well. So you have to have different things. And then they will take it to the university, but more often than not, the university will overrule and say no, you've got to do it this way, that sort of thing. But I think it sort of just comes down, fed down through the faculty and then back to the school." (Staff group 3)

The students also felt this distinction

> *"Even though [...] it doesn't feel as though you're part of the University of Nottingham at times, that was what I was basing my decision to choose this course. In that I knew that the University of Nottingham wouldn't be willing to risk their reputation to have a vet course that failed." (Student group 1)*

A feeling of a **separate identity** also falls into the control category, and discussions overlap with those around conflict and compliance. Members of the school generally felt that the school was very distinct from the central university, both geographically and psychologically. This identity of its own had also led to some issues with the other school on the same campus, Biosciences.

> *"I think there's even friction between the campuses. Having worked on the University Park for a long time, when I was there, everyone was. 'You know you don't want to go to SB, they're just out on their own, they're not part of the university, they're their own individual campus, and you know, we have no control over them, basically.'" (Staff group 1)*

> *"Just little things like our term dates are different, aren't they? Different holidays at the Vet School to the other schools." (Staff group 3)*

> *"But I doubt that a lot of main campus would really know like who we were, and like hadn't really heard of our campus really. Because obviously we don't really go there for, well us as a Vet School don't go there for lectures." (Student group 3)*

> *"I think the, because the Vet School obviously are quite keen on getting us to socialise and integrate within the years and stuff, so they put on quite a lot of socials. Like the barbecue and the Vet Ball and the Cocktail Party and stuff. And*

I think a lot of that really annoys the biosciences. Because I know, I lived with Rick last year, and he was like "Oh we don't have a cocktail party, why do you have to have one?" You know" (Student group 3)

The staff groups also discussed **wider issues** of control beyond that of the university as an institution. Some felt that the current political HE situation meant that control will encroach from other sources, such as the power from students paying higher fees resulting in changed expectations.

5.1.1.5 Organisational structure

Discussion around the structure of the school from within centred on several themes. **Communication** within the school was perceived very differently. Some felt that communication was generally good, whilst others were aware of changes associated with growth of the school, and issues with rumours emerging in the student body.

"Not knowing anything, having rumours from loads of sides, and you know rumours develop within student populations rapidly and just escalating things and different rotations, different people hearing different things." (Staff group 2)

"You quite often hear it from one person to start with. And then you'll hear it from somebody else. And they there'll be rumours about whether or not that that's what's happening. And then they'll send out another email from somebody else. Until a couple of weeks later, they finally seem to have come to a decision and then they'll give you the final outcome. And I think they should – they can improve by deciding things between themselves first before telling you. And then just telling you properly" (Student group 1)

"There is this, there is lack of communication between students and post grads and staff" (Student group 4)

The issue of social **groupings** arose as a theme in different contexts. Staff discussed student integration between years, and spoke about groups appearing which perhaps did not encourage communication and mixing. Students discussed groups in the context of "cliques"

> *"...at vet school there are aspects which are quite cliquey almost, you know. And if like you're not in that group then, you know, you don't get involved kind of thing. You know, like it is going to be the more outgoing people that kind of set up groups and that, you know, chair groups and things like that. And then that's going to put off maybe the more timid people that want to get involved but when they kind of, like you said, when you kind of see that it's the more outgoing people that have, you know, already joined, you're kind of like "Well I'll just…" "(Student group 3)*

Overlapping with the groupings theme, and also with the routines category, is a large theme discussing how **staff and students interact** within the school, and how this is interpreted.

> *"But I think, really, things like the vet review, like the student-staff sports day, which really shape the kind of community of people. There is not one big distance between staff and the students if you want to play football against each other or do bicycle racing. So I think this is really an important part of student-staff relations." (Staff group 2)*

And when discussing social events

> *"It makes them seem more human really. Like in like either like day like you know, they're so – they are like the people that you're supposed to sort of like look up to and then they're the ones who are teaching you and so you expect them to be professional. But when you have social events, you know at the end of the day, they are just people doing it. It's nice to kind of have that barrier broken down so you can talk to them on a more like friend basis." (Student group 1)*

This interaction did pose some questions and storytelling from the students, however, with some struggling to identify the barriers and boundaries in certain situations.

The ability of **students to exert influence** and control the school was discussed. This has obvious overlap with the 'power' category and is described below.

Support available within the school regularly arose as a topic for discussion when talking about organisation. Staff felt students had a huge amount of support to get them through a demanding course, and students equally valued this aspect of the culture and did not feel afraid to access it.

> *"Sometimes you can think, "Well, yes. Actually if I had a problem, I'd know who to go to." And that would be fine" (Student group 1)*

5.1.1.6 Power structures

The theme of power was extensively discussed in the groups with varying opinions around who is in control of the school, and how others react to this.

There was definite disagreement regarding the presence or lack of a **hierarchy** within both staff and students. The predominant feeling was that the management structure of the school is relatively "**flat**", adding to feelings of friendliness and openness.

> *"It feels like you can go into anybody's office and say something and you'll be listened to, probably, much more than in some other places I've worked where it feels like there's very much a hierarchy, where there are people that you can't approach." (Staff group 2)*

However, this was not always perceived as a good thing

> *"I think the school is quite proud of the fact that there's this sort of flat hierarchical structure. But I agree with you entirely, sometimes people want to be led. But you know, sometimes people need to be told and need the comfort of the fact that if things aren't going right, that there is a process in place whereby something will be done about it*

rather than drifting along, because nobody really wants to say anything because we're all friendly here, we all get along here, so let's not rock the boat. When sometimes it would be nice if the boat was rocked and some people were thrown off it." (Staff group 1)

"It's not obvious who is line managers, though, for people. You tend to go, who is – because it's such a flat structure, you're never quite sure of okay, who is line manager there? Who do I go to?" (Staff group 1)

Students also differ in their perceptions regarding school hierarchy, and they focussed on the staff student hierarchy and how this affected behaviour.

"And it's very difficult when there's different levels[...]. But there's situations like that where it's very difficult line for what's acceptable as a student what's unacceptable for a member of staff. Whether they should even – whether they'd have to live by the same rules, I'm not sure. But it certainly does vary." (Student group 1)

"I don't really get the impression that the staff boss us around and then do as they please." (Student group 2)

There was also discussion of hierarchy within the student body

"The fifth years at the moment have started saying "Do people know who we are?" Like "When we walk round the vet school do they think we're staff, do they think we're the final years?"" (Student group 3)

There was discussion within the staff groups of certain **activities exerting power** over others – somebody's action resulting in a greater perceived power and higher status

"I've come across an odd thing where, because they're trying to make people not just do research or something, they're giving some staff lectures to do so they can free up other

people's lecture times to do other things. And it sometimes comes across as actually a bit perverse to get somebody who hasn't got a particular interest to take over two lectures in something that somebody else is more interested in. I'm not sure they've explained that very well." (Staff group 2)

Student influence has emerged from both the power and organisational control themes. Both staff and students commented on the power of the student body and their ability to influence decisions within the school.

"To a large extent the students dictate the way things are done within the school. So even if you do put a serious point across, it then goes back to certain committees where students will have a lot of input into it and what was a serious sometimes just gets dressed – brushed under the carpet and you know, forgotten about, really." (Staff group 1)

"But now, if they feel that they're not getting as good a quality teaching as they would in other modules, they will come and complain to us and say, "You know, this is not good enough." And it can be very polite and constructive, but they're very adamant that it's below the quality they expect" (Staff group 2)

"There's been a few problems with a particular rotation and a few of us have complained recently and they've, they're really like been really really good and they've emailed us to say thank you for saying what we did and it was the right thing to do. And they've actually put what we've said into practice and changed things that were going wrong so I've been like more impressed now with that." (Student group 2)

It was also generally perceived within the staff groups that the first cohort of students was more vociferous and able to influence the school, but that this had become less so recently. There was some discussion around this cohort and their power as a group.

> *"The first cohort of the foundation year were treated almost like only children where they had the free run of everywhere and they got quite spoilt and they wanted everything, because we were all so geared up just for dealing with them on their own, and then as the subsequent years have arrived, they've had to sort of accommodate them and I think it's been quite a shock to them at times, where they have to share stuff, and they can't have everything their own way." (Staff group 3)*

> *"I think final years, they think they're the most important year. I think they – I think they think the most sort of energy should be expended on them sometimes. And when they're not having the [...] or sole attention of sort of staff and then I think they think, why are we – because they're so used to being the centre of attention almost. When they've had – when they've had to start using a lot of the staff to teach the other years, they've felt that it's not what [....]." (Student group 1)*

One of the striking similarities between the groups was the distinction between '**vets and non vets**', often occurring within the general conversation. Vets were often described as being in a more powerful position in both school and student eyes. The dichotomy between the two groups was clearly perceived by many, and students also described the importance of being labelled a 'vet student'.

> *"... [students are] very keen to find out if you're a vet or not." (Staff group 2)*

"most of them [students] will say, even in the third-year, when you're doing your PPS with them, they'll be like, 'Oh, I don't want to do research. I want to be a vet.' " (Staff group 2)

"....it is a bit of like a status thing to say, "Yes. I'm a vet student."" (Student group 1)

"But, you know, [...], in vet school, generally – the clinical staff are often perceived perhaps more so because I suppose perhaps because they are vet school relate more to them. And in a sense, that gives them a certain hierarchy. I don't think any of them would particularly portray that. But I think sometimes, as vet students, you can relate more to them so they get this more of a status." (Student group 1)

5.1.1.7 Stories

This was the most difficult theme to identify in its own right, because many of the discussions around the other areas were also stories relating to important moments in the school's history. However, there were some stories that related directly to the behaviour of school members, particularly their influence as role models.

For example, staff discussed the difficulties of relating to students and particularly how student should address them, and a story relating to this is also discussed by students.

"[.....] if I'm going to do it in a professional manner, it is better to address people by their title. Especially if you are talking about somebody in the third party, as well. They'll go, 'xxxx said this…' rather than, 'Dr so and so…' and you know, if we are talking about professionalism, there I'm not sure we take the best approach, really." (Staff group 1)

"[....] a lot of people kind of say, "Oh, yes. Call me by my first name," when they start off in first year. But then it's like they flick between a dual personality of, "Oh, yes, I'm going to be really, really friendly with them." And then when they feel like it, they'll get up on their high horse and kind of just be a bit stand-off-ish which leads to a kind of a certain amount of confusion as to how you approach them. In the sense of what you could get away with." (Student group 1)

Another student group also related a story about not being able to sign in for a monitored session

*"She didn't want to tick us off that we were there and I said "Well we were there because we've just spoken to **** and he can say that we were there." And she was like "No that's not good enough like you know because you didn't sign the register, it wasn't you." And we were like "But please just go and ask someone." And she was like "Well I'll let you off this time." And she just like told us off like a proper telling off and I thought this is ridiculous like my friend's a Post Grad, we're both in our 20s we do not need to be treated like school children we weren't even missing we were just late. And it would've been rude for us to get up and say "Hang on." So we were really annoyed about that but…" (Student group 2)*

Role modelling was also discussed

"So, two areas where you were saying the excessive hours that they have to work or something to balance their workloads and so on. And if the students pick up on that, then that's going to suggest something about the whole teaching of professionalism and conduct and managing their lives and so on. Perhaps this issue that they're almost faced with some disciplinary type matter if

they don't turn up for their tutorials with students, but the tutors can find ways of not delivering them." (Staff group 1)

"I think perhaps a good example is swearing by members of staff. Some will do it quite freely in lectures. And there's not a problem there. But other lecturers get very upset by it. And then it's the point of if the staff member acts like that, does that allow the students to swear? Or doesn't it? And there's a very difficult line." (Student group 1)

5.1.1.8 Symbols

Symbols were sometimes quite difficult for groups to identify, not having thought previously about physical objects that represented something within the culture of the school. Often discussion around symbols actually arose during talk about different areas, but they broadly fell into four categories.

Events such as the RCVS visitation, crucial to the success of the school, were discussed in all groups and comment was made about the huge effort being made and the fear of failure. The annual opening ceremony, the Dean's cocktail party and the student review were all considered significant events.

The **location** of different individuals offices was talked about in the second staff group, and how being on the top floor of the building made you less accessible. They felt this was symbolic, and this has obvious overlap with the power theme.

The **physical object** most mentioned was the branded clothing available to members of the school. This was felt to help shape the school's identity, and had clear meaning for participants, usually positive but sometimes negative.

> *"Well, having the branded clothing with your Nottingham Vet School on there, so when you go to the functions, like where the students get together for events each year, they go to a different university and vet school, want to be branded up with their university and support." (Staff group 1)*

> *"[...] if you come in and you're wearing a Nottingham hat and a Nottingham coat and Nottingham jumper and a shirt and wellies you look a bit of an idiot." (Student group 2)*

Other objects mentioned included the Vet School building, the emblem and blue polo shirts and tunics.

Very few specific **people** were mentioned as symbols, but the students perceived the Dean's dog (AJ) as being extremely symbolic

> *"Can we make a little bronze AJ if AJ ever dies? Well he's going to die. Can we make a bronze AJ like one day when he does and put it in the Atrium? I think that would be good." (Student group 2)*

In general, people were discussed within the divisions of vet and non-vet, described previously.

5.1.2 Components of the hidden curriculum at SVMS

The cultural web has revealed the perceptions of the participants regarding the components of the hidden curriculum. The framework was useful for both questioning and analysis. Categorising themes has meant the process has been relatively straightforward, despite the complexity of the data.

Within the themes, identity is strongly represented. Individual identity, both amongst staff working in a new environment, and of students during their training, will need discussion in the context of the influence of the hidden curriculum. Group identity also emerges – the identity of the new school,

and how this may be perceived by others. Mixed with the identity discussions are issues of conflict and change, and how this may influence the process of identity formation.

A second overarching issue is that of role modelling within the school. This is discussed in many different contexts, and interestingly students appear to absolutely recognise negative role models, as well as positive ones, as they interact with the rituals and routines of the environment. The meaning of this requires further analysis, which will be presented within the discussion.

5.2 Conclusion

This chapter has presented the analysis of the components of the hidden curriculum at SVMS. This has revealed some interesting concepts around the culture of SVMS, and how it influences identity. Role models play an important role in influencing the students, and they can readily recognise both positive and negative events. These elements all play out in a background of conflict and change. How all these things influence the students development will need to be debated.

These results will also feed into the development of the curriculum of veterinary professionalism. Although this curriculum draws mainly on the professionalism definition, the influence of the hidden curriculum will be considered, particularly when developing delivery methods and faculty development programs. The next chapter will therefore present this curriculum, drawing on both results chapters. The final chapter of this thesis will then consider the potential interpretation of these results and discuss the design of the curriculum.

6 A curriculum of veterinary professionalism

The purpose of defining veterinary professionalism and the components of the hidden curriculum at SVMS is to inform the development of a curriculum of professionalism. This curriculum will encompass all the planned learning experiences that relate to the teaching of professionalism at SVMS, and will need to be readily translated into practice, easily communicated and open to critique and change (Prideaux 2003). This chapter describes the process of curriculum design undertaken and the resulting curriculum and should be considered a bridging chapter connecting the results chapters and the discussion (Chapter 7).

6.1 Curriculum design process

As concluded in the literature review, the processes outlined by several authors (Harden 1986; Fish and Coles 2005; Grant 2007; Kern 2009) have been considered in order to plan the design process. Not all of the steps described by these authors will be relevant, owing to the fact that this curriculum is being specifically designed to sit within an already established curriculum ethos.

The steps selected are therefore:

1. Needs assessment (including situational analysis)
2. Overall philosophy, both of formal, informal and hidden curricula
3. Overall competencies
4. Establish learning outcomes
5. Content – framework for delivery
6. Teaching strategies
7. Dissemination to stakeholders
8. Staff development

9. Implementation

10. Review

Steps one to six will be covered within the context of this thesis, drawing on the empirical data from the definition of veterinary professionalism and the identification of the hidden curriculum.

6.1.1 An educational needs assessment for a curriculum of veterinary professionalism

In order to consider the requirement for a professionalism curriculum, a gap analysis has been undertaken in the context of the profession as a whole. This gap analysis draws on published literature and evidence collected within the definition process, giving a triangulated view in order to truly assess the need for an educational intervention (Lockyer 1998).

The current SVMS curriculum includes the Personal and Professional Skills module, which is the schools approach to teaching professionalism. This module was designed in 2005 as part of the core curriculum, using data collected as part of a wider gap analysis of veterinary education. This teaching has been delivered over the last five years, with changes and developments managed through a standard module review process. The contents of these module reviews will therefore provide an essential component of this needs assessment – what is being taught now and how well this is received by students are vital elements for the future design process. The process of needs assessment undertaken, which also includes elements of situational analysis, is illustrated in Figure 10. Performance analysis is interpreted through incidences of disciplinary action and drop out within the profession.

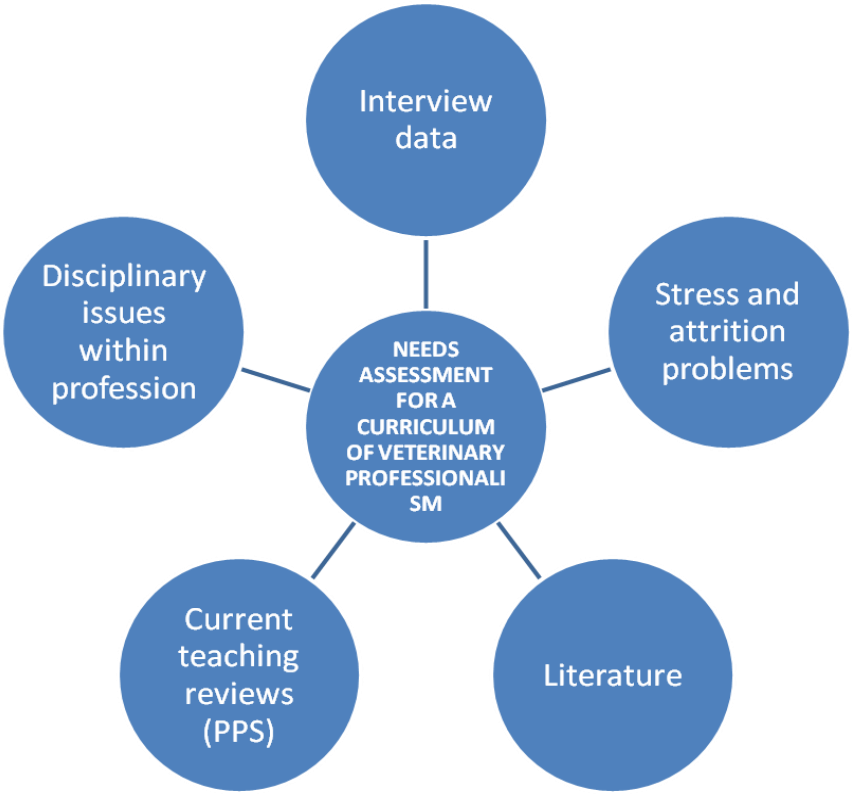

Figure 10– The process of needs assessment for a curriculum of veterinary professionalism

6.1.1.1 Literature

Very little has been published specifically relating to the requirement to teach veterinary professionalism, however in the context of this gap analysis generic (non technical) skills will be included.

The most useful assessment of educational needs comes from Jaarsma et al (2008), who surveyed three cohorts of Utrecht veterinary graduates 24 months into their careers. These veterinary surgeons had either followed an earlier, more teacher centred curriculum, or a revised, student centred curriculum depending on year of graduation (Utrecht's curriculum was reviewed and revised in 1995, to include more "generic" skills). The survey gives a valid perspective of preparedness for the profession in its most frequent context, as most respondents worked in private practice. Both sets of alumni felt that practice and business management were the most underrepresented areas of the curricula. Client communication was also listed as an area of weakness, more significantly by the

earlier cohort. The authors conclude that the focus on generic skills has been the correct move by the institution, but that there is still room for improvement.

Graduates in the US confirm this, with business management, finance and communication/interpersonal skills cited as the most lacking taught areas within one curriculum (Bristol 2002). When asked which the most important skills were for success in veterinary practice, communication and dealing with clients was cited most commonly. It is perhaps telling that despite these crucial findings, there is little discussion in the paper as to how to integrate these skills into the curriculum in order to fill this gap, other than offering them as an elective. It would appear that graduates recognise the issue with their education – but that it may be being overlooked by educators. This is confirmed by a survey of practitioners (and employers) again in the US (Greenfield, Johnson et al. 2004). When asked to rank 78 skills in order of frequency of use, communication skills, attitude and integrity appear in the top four, with stress management, lifelong learning skills, and team working all in the top twenty. Although this paper again concludes that communication skills should be taught, it also states that the other non technical skills which rank highly "cannot be specifically taught" and calls on selection procedures to fill this gap. However, it could be argued that without formal teaching to consider exactly these skills, even graduates already possessing them may suffer attrition during training by the effect of the hidden curriculum. It would therefore seem that this is a major gap in current teaching provision.

Although a similar questionnaire has also been carried out with UK graduates (Fitzpatrick and Mellor 2003), there was no mention of non technical or professional skills within the question formats. The closest topic was business skills, which was rated low on the quality of teaching scale. There is no discussion at all within this paper of other skills, perhaps tellingly so – this is presumably a gap in instruction that is even missed by those in the profession with an interest in curricula in general.

Both the KPMG (Brown and Silverman 1999) and Brakke (Cron, Slocum et al. 2000) studies identified a gap in veterinary surgeons professional skills – albeit linking this to a lack of financial success. The

competencies suggested by Lloyd and King (2003) after these reports also emphasised the current lack of training in this area, and called for undergraduate educators to fill this gap.

In 2009, Lowe published a report on the current situation regarding the appropriateness and potential of the service the veterinary profession provides to the farming industry (Lowe 2009). He concluded that there is a mismatch between new graduates expectations and the realities of large animal practice, meaning many do not pursue this career in the longer term. Although he does not propose how this problem can be solved, it could be inferred that better teaching of professionalism around the concept of the social contract (particularly an understanding of the veterinary surgeons role in the farming industry) would be of some use.

The veterinary literature therefore focuses on professional skills and shows that these are needed during undergraduate education. There are clear expectations that this training will be provided, and a gap exists if this does not occur. The same situation could be extrapolated for the more philosophical attitude teaching that professionalism delivers.

6.1.1.2 Interview data

The issue of learning to become a professional was covered extensively within the interviews carried out with veterinary surgeons. The common theme of "identity struggle" which emerged from these data confirms that professionalism teaching does not currently fill this gap. That is not to say that the veterinary surgeons interviewed were unprofessional, merely that they had not previously had cause to think about their professional identity. If they had professionalism teaching as students, they may not have had this issue, having previously been provoked to consider these issues.

Within the "evolution as a veterinary professional" theme most vets reported their conversion from student to professional was a sudden one – they just had to "get on with it". Although some of the younger vets had had communication skills training, there was little evidence of further teaching and much evidence that they felt this was required.

6.1.1.3 Module review data

The current Personal and Professional Skills (PPS) module, which as previously discussed is SVMS' present delivery method of generic or professional skills, is a horizontally integrated module which runs over the first four years of the curriculum. Students undertake two hours of this teaching per week, and it is delivered to cover a number of topics with a range of delivery methods including small group discussion and seminar. Details of this module are included in Appendix 5, but Table 6 shows broadly the topics covered.

Year	Themes
1	Methods of learning and study. Legislation regarding the profession. Basic communication skills. IT training.
2	Ethics (horizontally integrated). Research skills. Communication skills
3	Human animal bond, communication skills and bereavement counselling
4	Business and practice management. Communication skills.
5	Interprofessional communication. Contextual communication and leadership skills. Role of professional bodies.

Table 6 – Subjects covered by year in the PPS module

The module is summatively assessed by a range of methods, including an annual must pass reflective portfolio.

The module review process is overseen by the schools Teaching, Learning and Assessment Committee, and involves collation and response to feedback from staff, students and external reviewers (see Appendix 6 for sample review). The recommendations from this process are discussed by the TLA Committee and changes made accordingly. The PPS module reviews for 2007-9 have been examined for strongly emergent themes and several are a useful addition to the gap analysis and curriculum design process:

Topics included – inclusion of this teaching as a general concept is praised by external reviewers but students are often confused by its intentions. Any vague or unquantifiable learning is questioned,

and this is made worse if material is not presented in an experiential manner. This is a strong theme in the year one feedback, with students' prior learning perhaps underutilised by the teaching.

Integration – although this is highlighted as important by the reviews, it is obvious from the student comments that on occasions the integration of the PPS teaching with the rest of the curriculum fails, and again this affects the relevance of the content. Where this has been addressed, such as the full integration of the ethics component, feedback becomes much more positive.

Reflective practice – this is highlighted on several occasions as a necessity to teach students at an early stage, but student feedback demonstrates the difficulties of this and how guidance and feedback is essential. The use of small group teaching and discussion emerges as an important component to teaching these skills, often as an indirect result.

Experiential learning – where learning occurs experientially e.g. communication skills sessions with actors, feedback is extremely positive, and this again relates back to the importance of making this teaching relevant and "real life".

These four elements of the current delivery will be considered as the curriculum is designed.

6.1.1.4 Disciplinary issues

Data from disciplinary action against practising veterinary surgeons could also analyse the gap between professionalism competency and actual behaviour, and the need for education. However, the number of vets appearing before the RCVS disciplinary committee as a result of below standard professional behaviour is relatively low (RCVS 2011)c. It could be interpreted therefore that unprofessional behaviour in veterinary surgeons is no cause for concern, but the steady rise in the number of complaints over the last few years perhaps indicates that there is an encroaching problem. As interesting as these data may be, perhaps it is not the correct method of analysing deficiencies in behaviour, as many professionalism issues will go unreported, or be witnessed by those with no interest in pursuing the issue (or even fear of doing so). The profession needs to be

educated in professionalism to use the disciplinary system successfully when unprofessional behaviour occurs, and this is not the current situation.

The Veterinary Defence Society, the professions main indemnity insurer who deals with the defence of malpractice, estimates that over 80% of claims relate to poor communication skills by the vet concerned (Baxter 2007 personal communication). If communication skills are included within the definition of veterinary professionalism, then there is a serious gap here which needs to be addressed.

6.1.1.5 Issues of stress and attrition

Professionalism definitions often include "self management" and maintenance of an individual's own health. The veterinary profession certainly appears to have a major problem with stress and suicide rates, particularly amongst older members of the profession (Bartram 2008; Bartram, Yadegarfar et al. 2009a; Bartram, Yadegarfar et al. 2009b). Although the teaching of professionalism alone is not going to solve this problem or decrease attrition rates, inclusion of self management strategies and teaching undergraduates to recognise stress in themselves and others may go some way in closing this gap and assisting the issue.

6.1.1.6 Conclusions of the needs analysis

There is a clear need for the teaching of professionalism in veterinary schools. The gap between expectations and actual delivery of this curricular component has been identified through analysis of the literature and new data. Delivery must clearly be relevant and experiential. Professional skill teaching is currently insufficient, and the requirement for a more holistic professionalism curriculum is evident.

6.2 Overall philosophy of the curriculum

Clearly, when designing one specific element of a curriculum, the pre-existing strategies and philosophies should also be considered. That is not to say that one element cannot have a slightly

different strategy, but it would be confusing to faculty and students if this was not made clear and if other philosophies were ignored. A new element should integrate with current strategies.

The philosophy of the SVMS curriculum has previously been presented in the first chapter of this study, and the following are elements which have direct relevance to the philosophy of the professionalism curriculum, and are a further outcome of situational analysis of internal factors. They are discussed in the context of potential professionalism teaching strategies, to identify where there are similarities and differences.

The integrated nature of the curriculum

The current curriculum is composed of systems based modules which integrate both horizontally and vertically. The modules avoid the traditional preclinical and clinical divide but are challenging to deliver. The vertical integration contributes to the overall spiral nature of the curriculum, where principles are built upon and revisited as the curriculum outcomes 'wrap around' each other. The curriculum is therefore both clinically and scientifically contextualised – basic science teaching is delivered in a clinically relevant context, and clinical teaching is underpinned by science and evidence based research (Dennick 2010). The current professional skill delivery is horizontally integrated to some extent – that is, it relates to other modules being delivered concurrently but sits alone in the planned curriculum.

A key strategy in developing the professionalism curriculum is therefore to integrate the teaching, resulting in relevant, authentic learning. This fits with the idea that professionalism teaching should be embedded into the core curriculum; ensuring students do not view it as a separate part of becoming a professional but a central, crucial component.

The student centred basis of the teaching delivery

The current curriculum has been developed in a student centred manner – moving away from pedagogy towards Knowles' (1988) adult learning principles. Students are expected to direct their own learning using the experiences and resources around them, which of course includes formal teaching sessions. These principles are currently underpinned by the use of action planning within the students' portfolios, and the inclusion of teaching strategies such as self directed sessions and small group directed learning sessions. Returning to the previous discussions of adult learning principles in the literature review, it is important that this is not just expected. The professionalism curriculum would appear to be the ideal place to include 'learning to learn' principles, to prepare students for the curriculum. Students need to be aware of their own preferred learning style. Regular feedback is essential to help this process. Although an element of study skills is already included in the professional skills teaching, as seen in the needs assessment, this is often not viewed as authentic by students. Revision is therefore required.

The outcomes based nature of the curriculum

The current curriculum is described in terms of outcomes – the knowledge, skills attitudes and behaviours the students should demonstrate. There is debate within the literature of the use of terms such as outcomes, objectives and competencies – but as Grant (2007) points out, this is of little relevance. What is important is that the "end points" are clear to learners, teachers, assessors and the profession as a whole. It is also important that curriculum alignment (Biggs 1996) is achieved. This should mean all the elements cohere in a sensible manner, so that the teaching, learning and assessment all aim at the same point. Regular evaluation of the curriculum is the only way to ensure this occurs.

The outcomes of the professionalism curriculum must therefore be defined and this will fit well with the current philosophy. The definition described will inform this outcome, and it is hoped that the use of empirical evidence to inform this definition will also increase relevance to the learners.

The outcomes will build on each other requiring increasing levels of ability as per Miller's pyramid of competency in Figure 11. This strategy is explicit within the core SVMS curriculum, as learners move into the most authentic environment to learn in their final year of study. It is only here that they can reach the "doing" level as this needs to be contextual workplace learning and assessment. It is an absolute requirement of the professionalism curriculum to allow learners to more from proto-professionalism to professionalism (Hilton and Slotnick 2005) as they pass through the institution, paralleling this progression to competency. The hidden curriculum will also be a consideration when outlining this process, and the analysis performed of this will be of direct relevance.

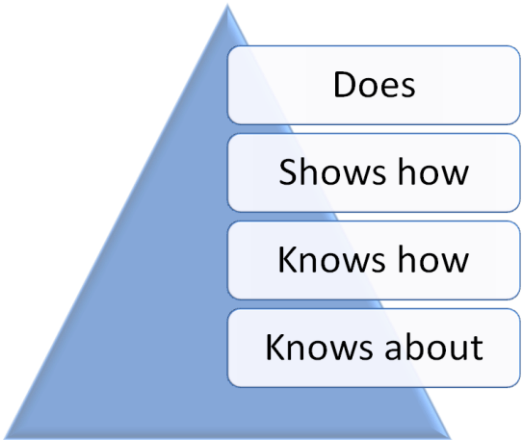

Figure 11 – Miller's pyramid of competency (Miller 1990)

It is worth considering the issue that a student-centred curriculum may not lend itself to a prescriptive outcomes-based approach. Learners are supposed to be empowered, but giving them a predefined explicit set of learning outcomes, though pragmatic, may not allow this to occur (Rees 2004). Some form of cooperative control, whereby learners have input to the outcomes is therefore preferred, and problem-oriented learning, such as that delivered at SVMS, may help this to occur. It is important to involve the students when designing outcomes, and this is a difficult balance when overall outcomes may be outlined by control bodies.

In this situation, the RCVS and EAEVE do broadly define professionalism outcomes – but this is so broad that it is hoped that the student input from the research process will still be empowering and

ensure student-centeredness remains. This will need to be explicitly outlined within the curriculum documentation.

The role of community based learning within the curriculum

Students spend a lot of time within the community as they study, both during extra mural studies placements, and during their intra mural rotations during final year. The more controlled work based learning during rotations could potentially be harnessed further within the professionalism curriculum, perhaps via an increase in early clinical experience. Professionalism teaching must be experiential and situated, and SVMS has an opportunity to embed this within the most authentic environment available. However, if this learning is to be effective, student must be able to engage in reflective practice, and this is another consideration when designing the early stages of the curriculum.

The current professional skills teaching

The current Personal and Professional Skills module, which delivers professional as well as generic skills, needs consideration. It is the obvious element which could be replaced or rewritten to some extent to accommodate the professionalism teaching. This module runs throughout the five years of the curriculum, and covers topics as previously described in Table 6.

Teaching methods are a mixture of small group facilitated sessions, lectures and practicals. Communication skills are an integrated component and skills are built up in line with the structure of the consultation.

Although professional and generic skills are an important element of a veterinary curriculum (and this teaching is provided to a much greater level at SVMS than many other veterinary curricula), there is no central philosophy to the teaching because of the lack of a definition of veterinary professionalism. The new curriculum will almost certainly include similar skill based elements, but

there is a need to re-examine this teaching in the light of the new definition to produce a more informed and evidence based strategy.

The role of the hidden curriculum

As discussed in the literature review, the hidden curriculum is a powerful force which sits over the taught, learnt and declared curricula (Harden 2009). The components of the hidden curriculum have to some extent been identified during this design process, which is unusual. However what is perhaps more relevant is the need to make students aware of the influence of role models, routines and rituals, and equip them with the ability to deal with challenging situations through training in reflective practice. Reflection is currently a core skill required of students at SVMS, but this needs to be more fully integrated and authentic in order assist the development of professionalism and identity formation.

The prominent findings from the analysis of the hidden curriculum were the process of identity formation and the influence of role models. The curriculum therefore needs to take account and include some form of teaching around these areas, to raise awareness levels amongst both staff and students.

6.2.1.1 Conclusion of curriculum philosophy: Professionalism teaching philosophy

There are clearly several key strategies which need to be included in a curriculum of veterinary professionalism at SVMS. The teaching should be student centred, and integrated effectively with other modules. It should be relevant, and this relevance made clear to the students through learning outcomes and clear description of sessions. The teaching of reflective practice will be an essential element of the curriculum, not only to prepare the students to become professionals but also so they can benefit the most from the professionalism teaching experience. The components of the hidden curriculum also need to be highlighted, along with strategies for dealing with these areas of development. Where possible, learning should be an experiential process, utilising a constructivist approach, and encouraging self direction and critical thinking skills. Teaching should be formatively

and summatively assessed, and the modules should be regularly reviewed and refined on the completion of each year of teaching, to ensure alignment is maintained.

6.3 Overall competencies

As well as the evidence from this study, there are other considerations to the design of the overall competencies of the professionalism curriculum. The RCVS and EAEVE set overall competencies which they expect of new graduate veterinary surgeons, and so these must be covered. These essential competencies[7] are relatively broad, and one category is called "General professional skills and attributes". Within this section "behaving in a professional manner" is included, but there is no specific guidance to what this means other than reference to the Guide to Professional Conduct. However, separately listed is "coping with uncertainty", "recognising limitations" and a "capacity for self-audit", which certainly have appeared in professionalism curricula as behavioural objectives. Specific professional skills listed include communication skills, team working, ethical reasoning, awareness of economic climate and basic practice management skills.

The overall competencies are therefore formed mainly from the empirical research, and are presented in a similar fashion:

"The veterinary surgeon as a professional should be able to manage the challenges presented by animals, clients, the practice and society at large."

6.4 Establishment of professionalism learning outcomes

The overall competencies clearly need breaking down further into smaller outcomes, and here again the definition provides these outcomes.

A veterinary surgeon should be able to:

[7] Although both the RCVS and EAEVE produce "day one competencies", the EAEVE competencies are an adaptation of the RCVS competencies, and so only the RCVS version is considered.

- Balance the commitment to animals under their care with respect for clients wishes, practice procedures and the demands of society
- Contribute towards managing the complex relationships that result from the human-animal bond
- Develop their own personal values in line with the expectations of those around them
- Demonstrate honesty in their decision making and actions
- Communicate effectively with clients, the practice team, other professionals and society
- Behave autonomously within the confines of the RCVS' requirements and those of their employer and clients
- Make effective decisions and demonstrate leadership when necessary
- Demonstrate good manners at all times
- Show empathy towards animals, clients, the practice team members and society
- Demonstrate confidence in their own actions, whilst recognising their own limitations at all times
- Engage in reflective practice in order to continually improve and learn from critical events and every day practice
- Recognise the influence of the hidden curriculum, and identify a mentor to guide and assist with professionalism issues and career progression

The core professional skills which will assist with the development of these competencies are:

- Communication skills

- Reflective practice
- Lifelong/adult learning skills
- Ethical reasoning

6.5 Framework for delivery

The set of core professional skills (CPS) is central to this curriculum. These must be delivered early in the curriculum, but built on in a spiral process. As the student progresses through the curriculum, they should move through increasing levels of competency so that when they enter the workplace for final year intramural rotation teaching they are very close to demonstrating the skills and behaviours necessary of a veterinary surgeon. There should also be integration with concurrent modules being taught, as this curriculum weaves its way through the current teaching.

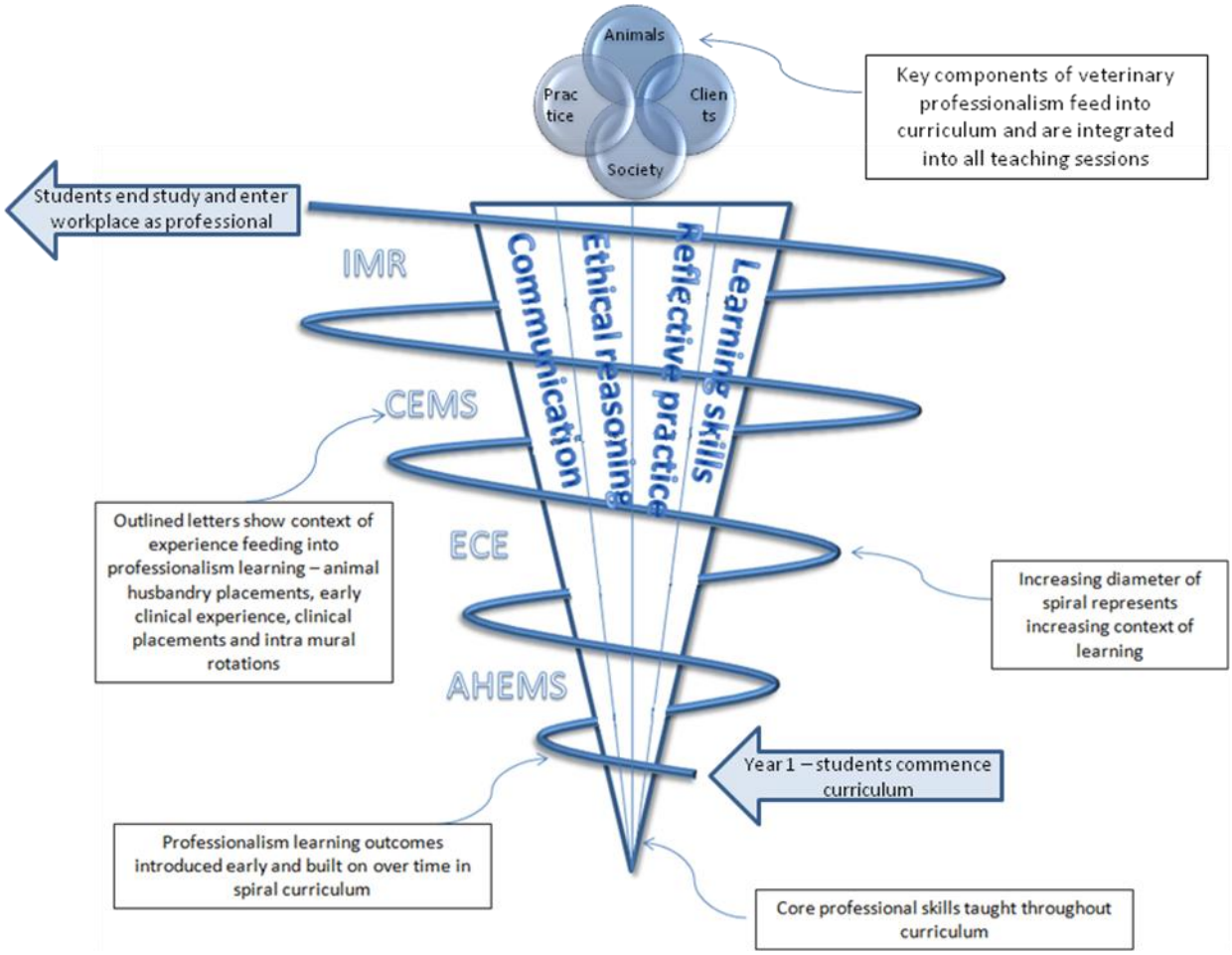

Figure 12 - The proposed curriculum of veterinary professionalism. IMR = intramural rotations, CEMS = clinical extra mural studies, ECE = early clinical experience, AHEMS = animal husbandry extra mural rotations.

6.6 Teaching strategies

This curriculum should be delivered using a number of student centred strategies. These should be implemented in a way that encourages the development of the core professional skills, so that students are continually building on these abilities. The key strategies would therefore be

Introduction to professionalism

A keynote session at the beginning of studies will outline the importance and relevance of this topic to undergraduate students. The curriculum will be explained, as will the influence of the hidden curriculum. The role of the veterinary surgeon in society will be discussed alongside the definition of veterinary professionalism.

Core professional skills

These four areas will be introduced during signposting small group sessions at the beginning of year one. Students will be encouraged to form their own learning plan using resources they are directed to and referencing future experiential placements. CPS will be revisited annually by tutors to assess progression, and this will be monitored using a record system or an adaptation of the portfolio process. Some elements of CPS teaching would be integrated into other modules. For example during an early module students could be ask to reflect on a critical learning event which helped to shape their learning skills, covering the CPS of learning skills and reflection. An example of the development of communication skills as a CPS is demonstrated in Figure 13, showing the formal learning opportunities students can utilise to complete their learning plan.

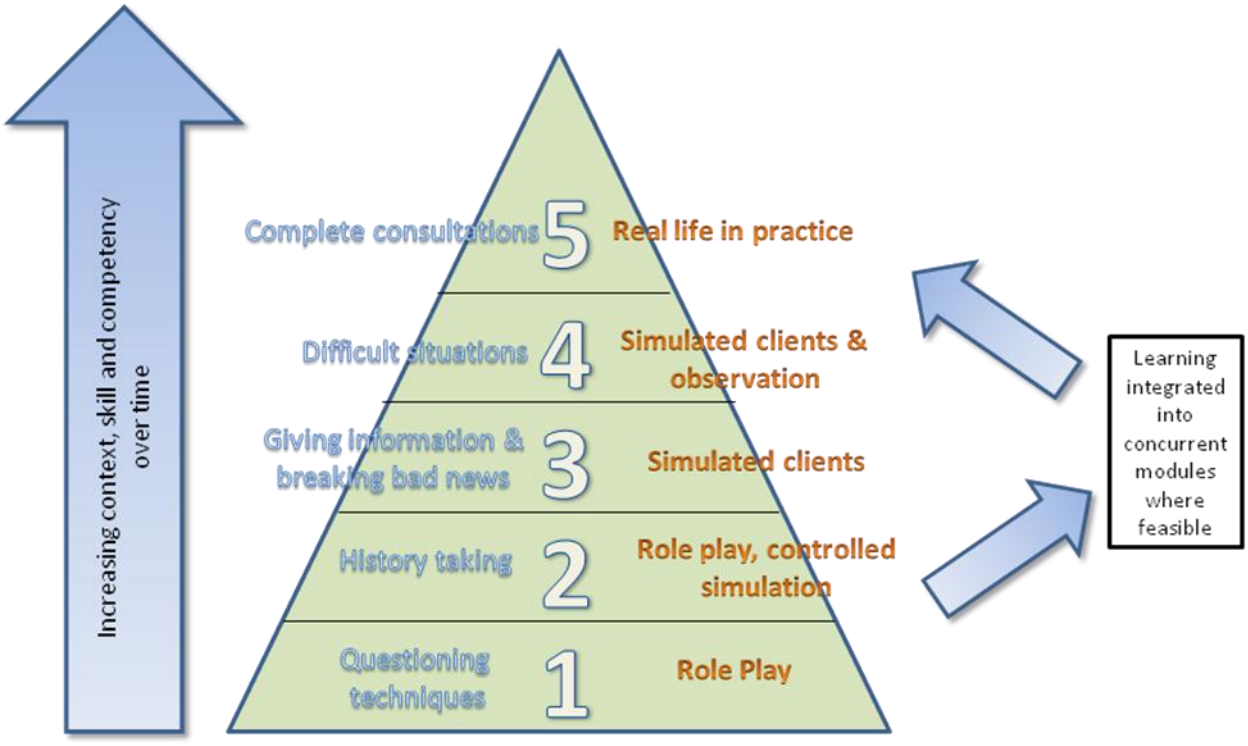

Figure 13 - The development of communication skills over the five years of the curriculum

Teaching of reflection

Reflective practice is possibly the most important CPS and its implementation requires further description. The philosophy of this teaching is based on transformative learning (Mezirow 1990) through the analysis of significant events observed by the students. These events will be drawn from placements and early clinical experience, as well as observations of the curriculum around them (Branch 2005). This reflection will occur in the group setting, resulting in deeper learning.

Professionalism learning outcomes

These will again be introduced very early in the curriculum, in a small group session, and students will be encouraged to discuss their relevance to professionalism. Once they have reflected on the importance of these behaviours and attitudes, they will add to their CPS action plans, again mapping out how they will achieve these outcomes.

Integration of CPS and core learning outcomes with experiential learning opportunities

Students will be encouraged via tutors and small group sessions to view experiential learning (placements and school provided) as opportunities to identify (and later act on) critical events which lead to fulfilment of learning outcomes. This integration between placements (which the students see as a completely valid learning experience) and professionalism should increase authenticity and add to the development of the CPS.

An additional element of this strategy is the introduction of an Early Clinical Experience (ECE). Likely to occur during second or third year, this exposure to the workplace is purely to initiate discussion of the professionalism learning outcomes and to fulfil areas of the students professionalism learning plan. This ECE will take the form of a day in a clinical practice, followed up by facilitated small group discussion around significant events observed relating to the professionalism learning objectives. As previously mentioned, this process will also teach reflective skills, demonstrating the use of this CPS in an authentic setting. Video may also be utilised as students are encouraged to record their day, and potentially discuss attitudes and behaviours with the vets they observed.

Assessment

Although this study does not focus on the assessment of professionalism, in itself a huge topic, assessment will drive learning within any curriculum (Newble and Jaeger 1983) and therefore it merits consideration when designing a teaching strategy. The school currently has a portfolio system which is used by students as a record of their learning and summatively assessed (looking at basic parameters such as the correct number and type of components) on an annual basis. In itself, this is a good measure of professionalism, as it has been shown that students who do not submit work on time or follow instructions are more likely to behave unprofessionally in later life (Papadakis, Hodgson et al. 2004; Papadakis, Teherani et al. 2005). Students also receive qualitative feedback on their reflective ability.

The school has also recently developed a version of multisource feedback for use during final year rotation teaching. This is the only assessment of students on a regular basis during this year of study, and multiple parameters are measured on a pass or fail basis.

It is proposed that the school continues to use a portfolio system so that students can demonstrate attainment of the professionalism curriculum learning objectives. These objectives will provide the basis for evidence collected by the students. This should effectively drive learning as students will need awareness of the objectives in order to collate material. It is also a good platform to monitor development of their reflective skills, and could include reflections on critical events as the students progress through their experiential learning.

However, in line with the suggestion that professionalism assessment should use multiple methods, the multisource feedback could be expanded across the years to evolve into an annual appraisal of students' behaviour. This is not a small task, and if this is to be done then remediation for students falling below guidelines should be considered. It is the remediation, which could potentially include

further periods of guided observations and reflections, which will be crucial to the success of the assessment. Excellence in professionalism should also be rewarded.

Faculty development

Key to successful implementation of this curriculum is development of staff who will deliver it. It will be delivered by a wide range of expertise, including clinicians, scientists and ethicists. All these individuals, and the entire faculty, will require training in the principles of professionalism and the philosophy of the curriculum and what it is trying to achieve. This is a very good way of positively influencing the hidden curriculum, and with faculty support the validity of the teaching will improve from the student perspective.

The hidden curriculum

The extensive analysis of the hidden curriculum highlights some areas which have therefore been included in the formal curriculum. Most important is recognition – by both students and staff – that the hidden curriculum exists and that reflective practice will help to manage it. The faculty development may well need to focus on developing reflective skills of staff so that they can be best placed to assist students in this way. In influencing identity development in students, staff need to be aware of their powerful role model positions and be ready to discuss issues as necessary. Changing the culture of the hidden curriculum at SVMS would not be an easy task – but it will need to be discussed as to how "sterile" the school really wants the hidden curriculum to be, without making it lack reality. A more formalised system of role models – perhaps a mentoring system – should also be created, specifically for students in later years, in order to implement the positive nature of the hidden curriculum.

6.7 Conclusion

The curriculum presented delivers four core professional skills over the five years of the curriculum. Running alongside these skills are the professionalism learning objectives, which will be identified by

students spending time in experiential environments, including early clinical exposure. Students will record their development in a portfolio, to show that they are developing into effective professionals, ready for the workplace. Their development as professionals will also be continually assessed using a form of multisource feedback.

Although the presented curriculum may appear relatively straight forward on paper, it is likely that implementing it will not be so easy, bearing in mind the findings of the literature review regarding the teaching of professionalism. Returning to the opening statement of this chapter, the curriculum must be open to critique and change and therefore it will be helpful to discuss some of the potential pitfalls of this proposal.

However, the principle remains that this curriculum has been based on empirical research findings, and therefore these elements should be protected where possible. It would be naïve to expect faculty members to blindly accept this new curriculum, and so faculty training must also be considered, especially as this will also assist the hidden curriculum to help embed this new strategy.

7 Discussion

7.1 Outline contents

A grounded theory of veterinary professionalism has been presented and elements of the hidden curriculum have been identified. These two elements have been combined with a needs assessment and consideration of educational theory in order to present a curriculum of veterinary professionalism. This chapter will conclude this study and will initially consider the limitations of this work. It will then discuss the definition of veterinary professionalism, looking for similarities with other professionalism definitions and further strengthening the argument for the role of vets in society. It will go on to discuss the hidden curriculum findings, debating how these findings should be interpreted and where this fits with the proposed curriculum. The curriculum will also be discussed, looking at implementation possibilities. This chapter will conclude by outlining potential further studies.

7.2 Limitations

The commonest criticism of qualitative research is its apparent subjective nature. However, this subjectivity is offset by the ability to grasp an understanding of how people perceive the world around them, which is not something easily identifiable by quantitative techniques. It is also a flexible methodology, which is appealing (Daly, Willis et al. 2007). Qualitative research is less 'truth-seeking' and more 'interpretation-seeking', which does not necessarily diminish its usefulness to the intended audience.

Grounded theory is singled out as a particularly difficult method to defend, because of the multitude of interpretations and different applications of the process (Dixon-Woods, Shaw et al. 2004). The early thoughts and reasons for choosing constructivist grounded theory to define veterinary professionalism are therefore important. The method has not been 'cherry picked' and has remained

clearly identifiable. The outcome is one representation of reality, which could be different for other researchers who construct the world in an alternative manner.

There are many other issues with assessing the quality and limitations of qualitative research, and these stem from the lack of definitive parameters for carrying out this process. Indeed, "any attempt to establish a consensus on quality criteria for qualitative research is unlikely to succeed for the simple reason that there is no unified body of theory, methodology or method that can collectively be described as qualitative research" (Rolfe 2006). In essence, qualitative research itself is an extremely varied process; it is difficult therefore to establish a "quality check list" which will be relevant to all studies. Despite these difficulties, it is an important process to go through because the research in this study is directly informing policy (Murphy and Dingwall 2003; Green and Thorogood 2009). In this case a curriculum is informed by the outcomes, and also a definition that could have wider implications for policy within the profession.

The post-positivistic stance taken during the research and write up process makes an appraisal of methodology important, and it must be explained in a language that is understood by an individual from any research paradigm. Validity and relevance are the most readily understood aspects of quality of any research, and these can be considered in the qualitative context, although how this is done is open to interpretation (Mays and Pope 2000). These authors helpfully define the standpoints of relativists (viewpoints of the world are constructed and therefore multiple and so traditional measures of validity, generalisability and reliability are unhelpful) and subtle realism (research "represents reality" rather than "the truth"). Even though this study uses a more relativist approach to defining veterinary professionalism, a subtle realist approach will be used to judge the research, owing to the post-positivistic stance of the write up. The following questions are therefore asked:

- Is the purpose of the research clear and the research question defined?

- Has an appropriate methodology and methods been selected, and do the data triangulate to show comprehensiveness?
- Is the sampling method appropriate and correctly described?
- Is the analysis appropriate and accurately described, with enough raw data presented?
- How systematic is the study, and is there an audit trail?
- Have deviant cases been highlighted and discussed?
- How reflexive is the account – does it consider the researchers background and how this may have influenced outcomes?
- What is the relevance of the study to others? Can the findings be used in other situations?

Questions adapted from Marshall and Russman (1995), Kuper et al (2008) and Whittemore et al (2001)

7.2.1 The research question

The questions are clearly explained for both parts of this study. The definition of veterinary professionalism, and the reason for requiring this definition, is plainly laid out so that the reader can follow the researchers thought processes for developing this question. It has also been explained how during the literature review the issue of defining the hidden curriculum kept occurring, until it could no longer be ignored; hence it was developed as the second research question of this study.

7.2.2 The research methodology and methods

Following Silverman's (2007) diatribe of "fit the research method to the research question", the use of qualitative methodology in this study can be seen to be entirely appropriate. Indeed, qualitative methodology was almost unknown to this researcher before the study began, but once the research questions were formed it was obvious that quantitative methodologies were not going to provide

the answers. Two specific qualitative methodologies are used for this study, rather than using a generic approach which can be extremely unhelpful and difficult to defend (Caelli, Ray et al. 2008).

The use of constructivist grounded theory was driven from the fact that the researcher was a member of the profession under study, and an acceptance that this study may not be generalisable. However, the policy it intended to inform was for one specific veterinary school, and any application of the results to other institutions should be viewed as a bonus and not a central aim of this study. The use of thematic analysis during the analysis of the hidden curriculum arose from the existence of *a priori* codes within the framework used; other qualitative approaches do not lend themselves to this situation.

The combination of interviews and focus groups was chosen due to the nature of the questions being asked and also the nature of the data collection process. Interviews were chosen when it was felt that discussion would occur without the need for opposing viewpoints; these were provided by the interviewer if necessary. Focus groups were used when debate and discussion was required. They were also an economic way to collect a wide range of viewpoints, and the outcome from one group informed the makeup of the next, which resulted in different "species" groups. It was hoped that the group effect would result in a more relaxed environment when a veterinary facilitator was present, and this certainly appears to be the case from the data.

Data collected through interviews and focus groups can be seen as a weaker source of information because in reality it is perceptions and thoughts which are being captured, and not necessarily behaviour. However, this study wanted to determine exactly this – perceptions. It was not about recording how people actually behaved, but more about how people should behave, and their thoughts and ideas about this. The outcome has therefore been treated as "a contextual account, not as a proxy representation of some other reality" (Green and Thorogood 2009 p.102).

Triangulation can be shown from two perspectives – the data collection methods and the data collection sources. It can be demonstrated through the analysis how different respondents collected from in different ways show agreement and triangulate earlier perceptions.

7.2.3 Sampling methods and sample size

Different strategies were used for the two parts of this study, and so each will be discussed individually.

7.2.3.1 Definition of veterinary professionalism

The grounded theory sampling method is the most open to criticism because this process was iterative, and guided by the findings of the interviews. To add strength to this sampling method, a clear audit trail is described in the results to demonstrate the necessity and validity of this method in the context of grounded theory. Opportunistic contacts were established once the direction was known. For example, once it was clear that a very new graduate was needed for the interviews, the researcher approached a contact of a colleague who she knew to be a new graduate working locally.

Known contacts, or contacts of contacts were deliberately chosen for interviews, to help increase the richness of data collected, assuming that common ground and pre-existing rapport is helpful. This could also be criticised, as it could mean the participants make assumptions about things which are actually unknown to the interviewer (Green and Thorogood 2009). However, in this grounded theory generation the researcher made every effort to allay these fears, and it was hoped that the advantages of rapport and empathy would outweigh any problems.

Sampling was ended when saturation occurred – that is, no further theoretical insights or new properties of the theoretical categories are emerging (Charmaz 2006). This is a very difficult state to describe, and the numbers of interviews needed for saturation will vary greatly depending on the area under study and the skill of the interviewer (Mason 2010). The nature of perceptions means there may always be something to add. However in the context of the grounded theory

methodology, this concept was important to follow, and by the time saturation was thought to have been achieved, an understanding of veterinary professionalism had emerged, adding weight to this assumption (Kennedy and Lingard 2006).

7.2.3.2 Hidden curriculum

The hidden curriculum study used a quantitative approach of random stratified and purposive sampling. It was assumed that an individual's role would be the biggest influencing factor on perceptions of the hidden curriculum, and so this was the category selected for stratification. This could be a problem, because it may be that there was another important criteria unrecognised by the researcher. However, the quick saturation of data and contents of the discussions does not suggest this is the case. The purposive sample could also be criticised as individuals were not randomly included and therefore their inclusion as an individual was not down to chance. Unfortunately, the small pool of participants to select from meant this was an unavoidable strategy when the randomly selected participants were not available.

The number of focus groups used in this second study was initially convenient, which may appear to be a weakness to the methodology. The independent researcher who carried out this data collection was available for two days, and so three staff groups were planned. A similar number of student groups were therefore organised, with an additional postgraduate group. This strategy is difficult to defend, but saturation was once again judged to have occurred during the collection process. There was the ability to run further groups, but this was not felt necessary. Member checking, when results are checked by the participants to make sure they are accurate interpretations of their perceptions, was also decided to be an unhelpful process. Inferences have been made during the thematic analysis, and it was not thought particularly helpful to once again "check" that the researcher's interpretations align with the participants. By their very nature perceptions are usually different, and meaning has to be negotiated by the researcher, almost persuading the reader that the interpretations are trustworthy (Rolfe 2006). This means that the original participants may struggle

to see their own ideas in the data, as they do not have an understanding of the process that has been undertaken to reach these conclusions.

An independent researcher was used to run these focus groups. Returning to the discussions above around quality of information and assurance of confidentiality, because of the topic under discussion it was felt inappropriate to use a researcher involved in the hidden curriculum under examination. The researcher employed was very experienced at interviewing and running focus groups, and the richness of the data resulting from the groups suggest that they were not affected by this independent presence.

7.2.4 Analysis and audit trail

The analysis in this study has been greatly assisted by the use of the NVIVO® software, which has made the task of managing such a huge quantity of data much easier, and also ensures credibility of the research process. It presents the researcher with an excellent audit trail, as the data were returned to consistently during the write up to check interpretations and evidence for the findings. In many ways this is a strength of qualitative research; a constant check on the "workings out" to make sure assumptions have not been made in error, similar to the way a statistician would check their calculations. The analysis is clearly laid out in the results section, and there is ample raw data presented to help the reader to check the validity of interpretations being described. The data analysis was very systematic, and extremely thorough with multiple rereading of interview scripts in parallel with listening to interview recordings. This is shown in the audit trail and demonstrated by the iterative nature of the data collection.

7.2.5 Deviant cases

Deviant cases were looked for throughout the analysis, and there are certainly examples in the results section – for example, the vet who described the role of the vet in public health relating to professionalism, when others could not. The equine professional group contained several deviants

who came across as being very ‘anti-‘ the veterinary profession at times, whereas this only happened occasionally in the other groups.

These cases have been highlighted and interpreted within the data analysis process, adding strength to the validity of the findings. The discussions occurred quite naturally within the results, and this can be seen when reflecting back and rereading these sections, which is encouraging.

Deviant cases could have been sought out further, and one interesting consideration is whether the grounded theory should have included perceptions of non clients. However, it wasn’t thought that they would add richness to the data, as their experience of vets would be limited and probably influenced heavily by the media, so this strategy was not pursued.

7.2.6 Relevance and generalisability

Qualitative researchers tend to talk in terms of relevance as well as generalisability – does a study add to the body of knowledge on this topic, and can the findings be applied to other settings? The relevance of this topic has already been presented in the literature review and was an important part of the research process – veterinary professionalism is underrepresented in the literature, but needed as the profession moves through times of change which exist for many professions at the present time. The lack of evidence of exactly which skills and behaviours should be taught in a professionalism curriculum adds weight to the relevance of this study.

The selection of the grounded theory methodology has somewhat resulted in the sacrifice of generalisability of the theory of veterinary professionalism. It is perhaps better to talk of usefulness in the context of constructivist grounded theory (Charmaz 2006). This theory is very useful to educators designing curricula of professionalism. It is not the “absolute truth”, and it should be used and interpreted in the context of the user. With this in mind, the usefulness is great and generalisability becomes less of an aim. It is probably fair to say that any study looking a particular profession would not claim generalisability beyond that context, although the similarities of this

theory to other professions theories of professionalism could suggest otherwise. There may also be some generalisable aspects of the theory to more closely related professions, such as veterinary nursing.

The identification of the hidden curriculum is a specific case study of one school. The clinical associate practices were also not an area of focus, because it was the school environment that was being examined. Extreme caution should therefore be applied if attempting to use the individual outcomes in another setting. However, the overarching themes could be more generalisable – they do not appear to be too context specific and have similarities with other findings regarding the hidden curriculum.

7.2.7 Reflexivity and researcher bias

The influence of the researcher in any study is an important consideration, and this is particularly true of this study in which the researcher was examining the profession of which they were a member and examining the hidden curriculum of which they formed a part. There is no doubt that this will have influenced the research process and findings. There are benefits of enhanced rapport and insider knowledge, but it was essential to consider that the researcher could influence participants unknowingly, and impinge taken-for-granted assumptions within the analysis (Hockey 1993). Several strategies were therefore used to ensure this was a limited problem, including a "devil's advocate" to question assumptions (Marshall and Russman 1995), research notes and reflections, an audit trail within NVIVO® software files and a process of actively considering data with a "fresh look" approach. Although there is not perhaps as much attention paid to the influence of the researcher on respondents during the data analysis as Hall and Callery (2001) would like, this has nevertheless occurred sufficiently to ensure power issues did not influence outcomes.

This study has been described in a post-positivistic manner, and is written in the third person which makes it difficult to include reflexive statements throughout. A pre-study view on potential influences of the researcher on the data collection process has been included as an extract from the

researcher's notes in the method section. This reflexive dialogue continued throughout the study through diaries and discussions. This was important during the definition data collection and analysis, although constructivist grounded theory does not pay as much heed to reflexivity as some other methodologies, because of its relativist paradigm. Reflexivity was therefore perhaps more important during the thematic analysis of the hidden curriculum data, and this was assisted by the additional researcher confirming the coding and code book as it developed.

7.2.8 Conclusion to limitations

Despite the difficulties of judging the quality of qualitative research, it is hoped that by identifying the strengths and weaknesses of both elements of this study conclusions can be made regarding the research process and outcomes. The qualitative hierarchy of evidence offers a conclusion regarding the value of this research (Daly, Willis et al. 2007). The top level of this translation of the evidence based medicine hierarchy is generalisable studies, which clearly show how data were collected and saturation achieved, and then describe how the results can be generalised across other groups with reference to the literature. The next level down from this is conceptual studies, which analyse data appropriately but may not have diversity within their sample. It is hoped that the grounded theory will approach the level of a generalisable study, although this generalisability is difficult to defend beyond the veterinary profession. The hidden curriculum analysis is likely to be considered a conceptual study, because of its focus on a specific population. This confirms the overall strength of this research.

7.3 The definition of veterinary professionalism

The definition presented (Figure 7) includes a central theory of balance and a series of attributes surround this element. The approach to creating this definition and the different components will now be discussed.

7.3.1 Approach to the definition

Importantly, this approach to defining veterinary professionalism is not an opinion of a particular group of experts - the method often used when producing definitions of medical profession. Although there are ample applications for such definitions – ABIM's for example (ABIM 1995), is used within a number of medical curricula to guide teaching – there is limited discussion as to the perceived authenticity of this rather top down approach to such an important topic. Teachers and learners delivering and receiving a curriculum based on these definitions may perceive a lack of authenticity if they are aware of its basis. Worse still, it could be said that a professional body producing such a definition may be out of touch with ground level practice, and have unrealistic expectations of their professionals. They could be using the definition as a way to exert organisational professionalism, rather than allowing individual autonomy as may be preferred.

It is hoped that the grounded theory approach to defining veterinary professionalism, collecting data from multiple stakeholders, will be perceived as a more evidence-based approach. The iterative sampling method employed has ensured a range of perceptions are represented and considered as the theory emerges. Certainly the medical professionalism definitions produced from similar methods cite relevance as a key element of grounded theory studies (Castellani and Wear 2000). In this study, concepts have emerged, not with specific labels but as a "broad set of values" (Jha, Bekker et al. 2006), which have been analysed for consistent theoretical insights.

The definition requires discussion and comparison with the literature. The requirement for a definition has been argued for because of the need to initiate a discourse in veterinary professionalism, to echo the discussions that have occurred in the medical profession. The question still remains as to whether this discourse has improved doctors professionalism, and this question is likely impossible to answer. It is understandable that some feel definitions are unhelpful (Anijar 2004; Evans 2008) as a lauded and respected definition does not mean professionalism automatically improves. Although this is the first empirical definition of veterinary professionalism, it is worth considering that it will almost certainly not be the last; there is the potential to generate a

situation similar to the medical profession, with multiple definitions in existence. As unhelpful as this is perceived to be, it would at the very least continue the discourse and ensure professionalism remains a priority within the profession as it evolves to meet society's expectations.

It is possible that in combination with other factors, such as considering the culture of a profession, and examining specific cases of poor professionalism, a definition could be seen as one tool to attempt to ensure quality of care or service provision. A definition will not raise standards on its own, but by producing a discourse the topic is given status, and this cannot be a bad thing. Writing about the US medical profession, Castellani and Wear (2000) state a requirement to "nourish our sociological consciousness and construct a new practice of profession grounded in the relationships between complex systems, self-reflexive and critical understanding, and morality". As complex a statement as this is, this could be equally applied to the veterinary profession, especially in the current economic climate where the pressure to succeed financially is even greater.

The word definition, although used throughout this thesis, is perhaps the wrong label to give the grounded theory which has emerged. Definition is by nature, a positivistic word, suggesting that the 'truth' has been found. In reality, there are multiple 'truths' and the qualitative methodology employed during this project has presented one set of perceptions. The theoretical component is really the central balancing behaviour, and the normative attributes could be seen as more of a definition. However for ease of discussion, the word definition is used to encompass this in its entirety.

7.3.2 Components of the definition

It is expected that there will be similarities and differences within the definition produced to medical definitions and discussions around veterinary professionalism. The different components will now be discussed in the context of the current literature and other professions' considerations of professionalism will also be briefly compared.

7.3.2.1 The concept of balance

The central component of this theory requires veterinary surgeons to demonstrate competency around the competing priorities of animals, clients, society and the practice or business in which they work. This element has some uniqueness in being drawn out as the central component of professionalism. The difficulties of balancing a commitment to animal welfare and human interests – either clients' or business interests - have often been discussed within an ethical framework or context (Tannenbaum 1993; Main 2006; Morgan and McDonald 2007; Roman 2009). The ethicist Rollin, for example, classically describes two different allegiances of the veterinary surgeon – the animal-oriented "paediatrician" and the client-oriented "mechanic" (Rollin 2006). He asserts that most veterinary surgeons tend to the paediatrician model when making ethical decisions – in other words, they put the animal as priority. In this study's definition of veterinary professionalism, however, the concept of balance is presented as a more complex, active notion, with four components. It goes beyond the decision making accurately described as "an ethical high-wire" (Rawles 2000) and encompasses all aspects of veterinary surgeons behaviour – with similarities to an ethical matrix for conflicting responsibilities described by Cleton and Meijboom (2009). However, making ethical decisions is merely a small part of veterinary professionalism – it is important to recognise that professionalism is "more than ethics" (Corbin 2001), and that an individual can behave ethically without being professional, and vice versa. The only ethicist to really consider this in any more depth is Tannenbaum (1995), who describes four models of veterinarians – the vet as healer, the vet as friend and counsellor, the vet as economic manager and herd health consultant, and the veterinary practice as business. He discusses that most practitioners will combine these models – and this is perhaps the closest any author gets to directly discussing balance as a central element of veterinary professionalism, albeit in an ethical context.

Some medical professionalism definitions touch on elements of balance – the US based medical definitions for example, discuss the difficulties of providing a paid for service in an altruistic manner.

Fins (2007) asserts that commerce and professionalism can be balanced for the betterment of patient care, but that with the advent of managed care, this balance is becoming more difficult to achieve, and commercialism and profit are winning the battle. Others do not like the blame of a decline in medical professionalism being made on managed care, asserting that some doctors have always promoted their own interests over those of their patients (Rothman 2000).

One discussion piece in the Canadian literature states that for family doctors there is "a genuine struggle to balance competing values and the ultimate desire to provide 'good' care" (Leong 2009), and an Australian perspective describes professionalism as the ability to work within a new balance of ethical issues created by changes to the way healthcare is delivered (Breen 2007). This paper concludes by placing balance as a central component in a proposed modernisation of the Hippocratic Oath

"Despite my patient being my first consideration, I will also seek to use resources wisely and to play a constructive part in the health care system my country chooses to establish."

This is one of the few examples of medical professionalism considering a balance between patients, organisation and society, although inevitably the client element is still missing when compared to veterinary professionalism. It is perhaps the number of interests that veterinary surgeons have to consider which makes the component of balance so central to the definition of veterinary professionalism, and these elements merit further discussion.

The analysis places **society** and the concept of the social contract at its centre (Emanuel 2004), within the core concept of balance. Society is an element of this balance which may not be obvious to veterinary surgeons working in private practice, but it is hoped that by this being included in the definition, and the evidence pointing to the importance of this concept, that consideration and discussion of the social contract the veterinary profession holds with society may be initiated. It was clear from the data that public-vet relations were viewed partly through commercial eyes by

participants, but by placing the attributes adjacent to this concept this may encourage some thought around veterinary surgeons behaviours which entitle them to their professional status.

There is an apparent need for further discussion around the position of veterinary surgeons in society and it is hoped that establishing society within the necessary components of the central balance theory will bring this topic to the fore, particularly for veterinary surgeons in training, who need to understand that the role of vets in public health is a large element of their professionalism. This is true whichever species they decide to work with, with pet ownership having a debatable benefit to health (Jorgenson 1997; Jorm, Rodgers et al. 2005). The role of vets in public health was certainly identified more clearly by the more experienced vets interviewed, but is rarely mentioned by the younger participants. This role was highlighted in Lowe's recent government commissioned report (2009), but his call for it to be recognised better by society has been repeatedly delivered in this way, as Woods (2011) correctly notes. Woods quotes the pre second world war Loveday report (MAF 1938), which opened with the statement "The veterinary surgeon is the physician of the farm and the guarantor of the nation's food supply". If this message has not permeated society since then and after two similar subsequent reports, it is uncertain as to what is different about the Lowe report that will achieve this today. Perhaps a different approach is needed, and a definition and discourse around veterinary professionalism may represent this alternative strategy.

The second component of the **client** recognises the complexity of the client-vet relationship. It has perhaps not been as paternalistic as the old fashioned views of doctor-patient relations describe, because of the dual role of client and customer. If a recipient is paying for a professional service, they may be less likely to 'do as they are told', and it emerges clearly within the definition that this is a real issue for veterinary surgeons. The overarching principle of animal welfare is difficult to maintain in all situations. Equally, the vet-client relationship is not entirely autonomous, and there were mixed feelings from the client participants as to where on the paternalism-autonomy scale they would like their veterinary surgeon to behave. Some clients maintained that they preferred vet

to ‘tell them’ what to do, whereas others felt the decision making was entirely up to them once they had been given a set of options. A similar outcome has been found in medical decision making, with one study establishing that over half of respondents surveyed wanted their doctor to make the final decision regarding their care (Levinson, Kao et al. 2005), and another concluding that doctors overestimate their patients’ desires to make their own decisions (Strull, Lo et al. 1984).

Making healthcare decisions is a complex process for both clinician and patient or client, and there are many proponents of the concept of relationship centred care. This strategy of approaching the care of a patient places relationships at its centre – decisions are made considering the relationships surrounding the patient and their family and community, allowing the clinician to consider their own perspective as well as that of the patient (Pew-Fetzer Task Force on Advancing Psychosocial Health Education 1994). Decision making is shared, and a “partnership in care” is formed (Cornell and Kopcha 2007). Relationship centred care is therefore proposed as an ideal method of delivering effective communication and client care in veterinary medicine. It would appear to be one strategy to attempt to achieve the balance between the client’s perspective and the animal’s welfare, if the veterinary surgeon is acting as the “animal advocate”. Frankel (2006) describes the four habits approach which should be used during a consultation to ensure the delivery of relationship centred care, and which could be considered extrapolations of the attributions within this definition – invest in the beginning, elicit the patient’s perspective, demonstrate empathy and invest in the end. Many of the behaviours described by Beach and Inui (2006) as necessary to achieve relationship centred care, such as respect and reflection, can also be found in definitions of medical professionalism, suggesting doctors should strive to achieve this concept as part of their professionalism.

These are therefore useful strategies to try and implement in an attempt to balance the client’s needs, empathy probably being the most easily applied. This adds strength to the inclusion of empathy as an attribute of veterinary professionalism. It is also already a central component of the Calgary-Cambridge consultation method taught to undergraduate veterinary surgeons in the UK

(Gray, Blaxter et al. 2006). A strong relationship with a client helps to instil trust into the vet-client relationship, and this will assist if and when decision making conflicts arise.

The unique triangular relationship between vet, client and animal is demonstrated very strongly in the definition and the **animal** component of the balance process is very interesting. The groups deliberately contained a wide range of different species owners, because it was expected that they would have differing requirements of their veterinary surgeon. What is perhaps surprising is that is has been possible to produce a definition from this data which is applicable no matter what species the veterinary surgeon is working with. The concept of balancing the demands of the client, be it farmer or pet owner, with the requirements of the animals under treatment, is always strongly represented. Despite the fact that their animals are in essence economic entities, the farmers still required similar behavioural traits in their veterinary surgeon to the pet owners. They required the vet to have a good understanding of the role that animal was playing and the economics of the situation and the pet owners required the same thing, just on a smaller scale.

It could be hypothesised that the vet-client-animal relationship is similar to the doctor-parent-child relationship, particularly in the case of babies and young children who obviously cannot articulate their own wishes, similar to animals (Shaw, Adams et al. 2004). A consideration of the literature around paediatrician professionalism may therefore be useful, to look for descriptions of managing this relationship professionally which may have parallels with the findings for veterinary professionalism. One extensive US definition begins by stating "the paediatrician-child/family relationship has been threatened over time with the imposition of a business model", showing they also have similar economic issues to veterinary surgeons (Fallat, Glover et al. 2007). The issue of balancing the child-parent responsibilities is discussed within a competency description called "Resolving conflicts of care". The authors state that if education of the parents fails to result in the best care being given to the child, the paediatrician should always act in the child's best interest, and involve institutional ethics committees to ensure this occurs. They are acknowledging that this is an

important element of paediatrician professionalism, but unlike veterinary surgeons, they have the option of legislation to enforce the best outcome for the patient. Because animals are property in UK legislation, this would not necessarily be the case. It was hoped that the Animal Welfare Act (2006) would provide some legislative protection to animals, and mean that vets could enforce decisions where necessary. So far however, very few prosecutions have been carried out under this Act. It will be interesting to see if this legislation does become more widely enforced over time, but the difficulties of managing the vet-client relationship seem to threaten its applicability and usefulness.

The ACGME competency framework has been presented specifically to paediatricians (Carraccio, Englander et al. 2004) but there is no discussion as to how the professionalism competency might differ compared to other doctors. Perhaps this is not something they perceive as an issue, the competencies being broad enough to be applied in any situation. The authors have an opportunity to present any additional skills this specialty may need to develop, yet this is not discussed. A further paper discussing the implementation of professionalism teaching to paediatric trainees also omits any debate around how this may differ in other specialties (Lang, Smith et al. 2009), adding weight to the argument that paediatricians do not see a major difference in their professionalism compared to other doctors. The hypothesis that paediatrician professionalism is more closely aligned with veterinary professionalism is therefore a weak one.

The difficulty of acting professionally within an organisation is clearly an issue within the data, both for the veterinary surgeon's day to day activities and as perceived by the clients, who talk about "the practice" as an organisational influence. This has placed the **practice**, or organisation the veterinary surgeon is employed by, at the centre of the definition as one of the components of balance. Once again, the US medical literature provides interesting parallels as doctors here must balance the demand of working for a private organization with their professionalism and commitment to their patients (Relman 1998). There are also parallels with the UK situation where the government, through state funded healthcare overseen by the NHS, asserts control over the professionals

working within the system. Some aspects of this are discussed in the literature (RCP 2005) – but placing the ability to manage this issue as a central aspect of professionalism is not common.

7.3.2.2 Balance concept in other professions

Although balance is rarely specifically defined as a central component of medical professionalism, it needs to be considered whether other, perhaps more commercially minded professions, may include this within their definitions of professionalism. The legal profession has no common definition of professionalism, but recognises it embraces attributes and behaviours as well as the traditional components of autonomy and social standing (Smith 1997). It has separated the concept from its ethical code (Corbin 2001). Professionalism has received attention in the legal profession, generally being discussed in the context of decreasing lawyer professionalism. Daicoff (1996) describes a general lack of trust both between lawyers and the public and between lawyers themselves. Interestingly, this paper also raises the issue of stress and job dissatisfaction within this profession. It describes a situation where law has become a "business" rather than a profession, with competing practices ignoring professional ethics in an effort to succeed. The transformation from profession to business has even been encouraged (Pearce 1995), which is a theme which emerged as a potential issue to veterinary practices. However, other than describing typical attributes of lawyers and law students as being materialistic and difficult to change, Daicoff does not reference an ability to balance these behaviours in order to achieve professionalism. McCormick (2007) states that the teaching of professionalism to undergraduate law students is very limited, but she does describe the need to define "competing responsibilities" to clients, colleagues, judges and the legal system. Balance does not therefore appear to be a central component around discussions of legal professionalism, although it can be extracted from descriptions in a similar fashion to medical professionalism definitions.

The teaching profession also merits consideration, as this would appear to be a profession with competing interests from pupils, parents, the school and government requirements. The concept of

teacher professionalism is certainly much discussed, but this tends to be more in the context of professional status, with government control over teaching policy leading to questioning of the existence of teacher autonomy (Villegas-Reimers 2003). A "broad agenda" of teaching professionalism is described by Whitty (2006), but reference to balancing demands does not appear to be an explicitly described behaviour of professional teachers.

It may be therefore that this component of balance has application to several other professions and it could even be hypothesised that it should be an element of professionalism in general. It is a behaviour that can certainly be recognised in many professions, and although it may not be unique to professions it is probably more expected of them than within occupations. This is potentially an important finding from this study, which could have application in a broader context.

7.3.2.3 Attributes

The attributes which have emerged as part of the definition of veterinary professionalism have many similarities with medical professionalism definitions. Honesty, altruism, communication skills, competency and autonomy which feature in the veterinary definition all regularly appear in medical definitions. Both professions are delivering health care services, and so this is perhaps not surprising. It is hoped within the veterinary definition however, that by placing them adjacent to the central component of balancing responsibilities, it can be seen how developing and demonstrating these attributes can help vets to manage the issue of balance, and therefore demonstrate professionalism. Often the medical definitions consist simply of lists of attributes, which can be unhelpful if they are taken out of context. They may also be difficult for learners to interpret, and so this definition should present a more usable framework.

Some of these attributes require further discussion due to their interesting applicability to the veterinary profession. The most striking attribute missing from the definition – reflective practice – will also be discussed.

Technical **competency** has arisen as an attribute of veterinary professionalism, and further expansion of this leads to consideration of maintenance of competency and knowledge and the process of revalidation. Veterinary professionals should be good at what they do and understand the meaning of lifelong learning as it applies to professionals. This is a fairly new concept to many professions, as self regulation seems to be becoming required by society to be a more open and explicit process.

Writing after the Shipman enquiry (Smith 2004), Irvine (2005) describes revalidation as a central component of professionalism, arguing that patients currently have to accept their doctors clinical ability on trust, relying on regulatory bodies to ensure competency is monitored and maintained. This is a good point - clinical competency is a strong component of veterinary professionalism, but if it is up to the governing body to ensure this is monitored and an individual professional feels this is not occurring, what can be done about it? In the veterinary context, continuing professional development is mandatory, but not regulated. Revalidation has only recently been mentioned (RCVS 2011)b, and if the medical profession is still not undertaking revalidation after more than ten years of discussions about how, when and by whom this process will occur (GMC 2011), one cannot see this process being implemented overnight within the veterinary profession. Displaying a list of CPD courses attended is probably not terribly useful to clients, and so a revalidation process needs control from the RCVS in order to instil public trust. Irvine (2005) describes the power of role modelling in this situation for doctors, stating that if senior medics are professional in their approach to reassessment for revalidation, then others will follow suit. Perhaps some strong veterinary leadership skills would be required for this to happen.

Confidence arose from all types of respondents as an important attribute, and something that new graduate veterinary surgeons should try and demonstrate from day one of working in practice. Confidence has previously been identified as an attribute of “good” veterinary surgeons (Mellanby, Rhind et al. 2011), and so this study backs up the concept as an important issue in veterinary

professionalism. Confidence must not, however, be confused with competence, which is why it is equally important that "**knowing limits**" has emerged as a component of professionalism. Although this is not often an overt element of medical professionalism, this could be seen as a form of integrity, which does appear in several definitions. The GMC is more explicit in its guidance, describing working "within own limitations" (GMC 2001). The way uncertainty and limitations are disclosed has also been found to be correlated with patient satisfaction levels after a consultation (Johnson, Levenkron et al. 1988), and so communication skills must be developed to deliver this attribute appropriately.

It is interesting that **decision making** has emerged as an attribute, despite the fact that as previously discussed, not all clients want their veterinary surgeon to make decisions for them. Considering decision making in the context of the other attributes and the central balancing component means that it should be done if and when the situation requires it. Making moment to moment decisions during a procedure is incredibly important to veterinary professionalism and this relates closely to confidence as an attribute. Eraut (1994) notes that rapid decision making is an important professional skill. Leadership also emerged as an element of decision making, and this is clearly crucial in times of emergency team working. However, decision making about a course of action for an animal's care needs to be done in the context of empathy for both the animal and the client concerned. Yeates and Main (2010) accurately describe the "ethics of influencing clients", discussing the rights and wrongs of over or under influencing as an ethical issue. They worry that a balanced approach is impractical and propose that prioritising animal welfare is "more appealing". Unfortunately as this study has shown, from a professionalism perspective this is often not realistic. Yeates and Main conclude their discussion with the suggestion that practitioners must "engage in reflection, self-examination and discussion with colleagues" – which aligns better with this definition of professionalism.

The **communication skills** of veterinary surgeons have received increasing attention over the last ten years, initiated by a realisation that many cases of professional negligence involved a lack of communication either with clients or within a clinical team (Radford, Stockley et al. 2003; Gray, Blaxter et al. 2006; Radford, Stockley et al. 2006). Communication skills are already taught in all UK undergraduate veterinary degrees (May 2007), and they are consistently recognised as an essential attribute of competent veterinary surgeons (Tinga, Adams et al. 2001; Adams and Kurtz 2006; Jaarsma, Dolmans et al. 2008; Rhind, Baillie et al. 2011). It is therefore not at all surprising that they have emerged as an attribute of veterinary professionalism and have been included as a core professional skill within the curriculum. There is a small debate in the medical literature about whether communication skills are actually a component of professionalism, or a separate domain – the way in which professionalism is delivered to clients and colleagues (Stern 2004). In this study, however, communication skills emerged so strongly that it was felt they had to be included, and this perhaps demonstrates the advantages of working from empirical evidence to produce a definition.

It is worth considering how communication skills can help a veterinary surgeon to achieve the central balance component of professionalism. In two related papers Coe et al (2007; 2008) discuss challenges of communication in veterinary practice and cover many of the issues which arose in this study – financial pressures, complicated explanations and decision making. They suggest that addressing communication skills is crucial in overcoming these issues, which this study certainly confirms. In particular, they emphasised the importance of empathy and exploring the client's perspective – again confirmed by empathy being included as a separate attribute in this definition. Similar communication strategies have also been proposed in the US to cope with patient-doctor disagreement resulting from the managed care process (Levinson, Gorawara-Bhat et al. 1999).

The attribute of **empathy** is required of veterinary professionals in two contexts, relating back to the principle of balance. Clients tended to discuss the need for vets to see things from their perspective, and vets themselves suggested a need for empathy to animals, so that their welfare is preserved.

Hence empathy must be demonstrated in the correct context, and it is a cornerstone of relationship centred care. A paper about the difficulties of discussing healthcare costs with medical patients in the US describes empathic communication as "a response that demonstrates an understanding and acceptance of another's feelings, values and ideas, serves to fortify the doctor-patient relationship and is especially important in difficult clinical encounters, especially those that involve financial hardship" (Hardee, Platt et al. 2005). Empathy is therefore a humanistic quality of professionalism, which allows a clinician to stop being a scientist and "respond as a human being". The slight complication in the veterinary context is that the professional must balance their empathy towards their clients and patients. It is this that will deliver a high level of veterinary professionalism.

Altruism is nearly always included in definitions of professionalism, because this is a central notion to the idea of professions in general. It emerges as one of the attributes of veterinary professionalism, but is seen as difficult to implement because of the business aspect of being a veterinary surgeon (Main 2006). This has also been previously recognised by Coe et al (2007), who found that clients wanted the care of their pets to take precedence over monetary considerations, presumably expecting a high level of altruism from their vet. Again, the US medical literature is helpful here, as patients have to contribute towards the costs of their treatment and the model is very similar to private veterinary practice in the UK. In the US, practices are run as businesses, which has led many to question the professionalism of doctors. Perhaps the concept of balance could help medics working in these environments to reconsider their professionalism?

Reflective practice is not included as a specific attribute of veterinary professionalism, which is interesting when considering how often it is included as an essential attribute in other professions. It did not emerge strongly from the data as a separate behaviour – but it is an intrinsic element of many of the other attributes, and an essential component of the way professionalism is developed in an individual. Empathy, knowing limits and decision making all require reflective practice to be

effective. It is therefore likely that the reflective practice engaged in by vets and expected by their clients is a non-overt behaviour, and not recognised in its own right.

It is important to highlight the necessity of engaging with reflective practice in order to achieve the central component of balance. Reflection is in essence sitting over the entire definition, and this is made more explicit by its inclusion within the curriculum of professionalism. Although reflection is something of a tacit behaviour within the profession, it is perhaps time that it became more explicit as potential issues of revalidation and alignment with lifelong learning principles occur.

7.3.3 The relationship between leadership and professionalism

One of the key themes to emerge from the interviews were the disconnections and misconceptions generated from discussions about the meaning of veterinary professionalism, and the governance of the profession. It is perhaps unsurprising therefore, that leadership has not emerged as a core attribute of veterinary professionalism, despite its appearance alongside professionalism in many medical definitions. This requires further discussion, because leadership will be required within the profession if the discourse of professionalism is to have any influence over policies at a national level. It is important to examine this attribute further in the context of professionalism, because any attempt to influence the behaviour and attitudes of veterinary surgeons or students will require strong leadership skills. The relationship between leadership and professionalism is therefore interesting.

Leadership was not particularly identified by the core practitioners interviewed. The dairy farmers seemed to require this the most of their vets, when they talked about interdisciplinary working and a team approach to the care of their herd, aiming for the best possible economic outcome. It was also described by the practitioner who had some experience with national veterinary society leadership, although he did not relate this back to his own team at home. Perhaps therefore, leadership is very underdeveloped within the profession, and that is why it does not appear as a standalone attribute.

Leadership skills are discussed in the veterinary professional skill literature, but in a different perspective to the healthcare literature, where clinical leadership is discussed in the context of clinical governance (Hackett, Lilford et al. 1999). The veterinary literature has tended to centre on leadership being required for economic reasons in the US context. Mase et al (2003) states that leadership skills are crucial for the growth of the profession, but in their study found that the skills of "self-awareness, self-management, social awareness and relationship management" were lacking in the profession, yet required for successful leaders. They concluded that these attributes must therefore be taught to undergraduates, giving an interesting conclusion that their leadership skills share many parallels with professionalism attributes. This was reinforced by a later study which discusses changes in societal needs for veterinary surgeons and describes the requirement of emotionally intelligent leaders to respond to these changes (Lloyd, King et al. 2005). Perhaps by implementing these more economically motivated skills, coincidentally curricula will also instil professionalism in their students? It could be argued, perhaps, that true professionals are inherently leaders, as their status in society affords them this position. Or perhaps leadership would be best considered in the context of clinical governance, which in itself is at an early development stage in veterinary practices (Viner 2005), and will now be further discussed.

7.3.3.1 What is clinical governance and how does this relate to leadership?

A government white paper published in 1997 put clinical governance at the heart of the NHS as a method of improving clinical care (Department of Health 1997). The concept has been much discussed, a focus in particular being the difficulties of changing a culture to one of continual improvement rather than a culture of blame. It therefore has a close relationship with the concept of professionalism. Components of clinical governance are usually defined as education and training, clinical audit, clinical effectiveness, research and development, openness and risk management – and none of these things can be implemented without effective leadership and culture change (Scally and Donaldson 1998; Hackett, Lilford et al. 1999). This is of course true for any change in

strategy within an organisation, and the interesting point is that changes require leadership, which is often included in definitions of professionalism (Clark, Spurgeon et al. 2008; O'Sullivan and McKimm 2011). Indeed, in one of the veterinary papers the word leadership could almost be substituted for professionalism (Lloyd, King et al. 2005) – it is almost as if a professionalism discussion has occurred, but it has just been given a different label. Clinical leadership could be seen as a reversion to autonomous control for doctors, moving away from the organisational professionalism blamed by many for falling standards within the NHS. However, it should not be viewed as a standalone concept, as without the other components of governance even the best leader is likely to fail (Hewison and Griffiths 2004). Vets could certainly learn from this situation, and try and pre-empt the same cycle occurring. If vets can improve their leadership skills now, and establish a culture of improvement, then responsibility from the government or corporate practice they work in can be led by them, rather than vets losing their autonomy to a non clinical manager.

7.3.3.2 Veterinary leadership – solving some of the profession's issues?

It is therefore worth considering whether better leadership training as a component of professionalism teaching could potentially overcome some of the current issues within the profession. This study has highlighted some of these problems – a lack of professional identity, and misunderstandings or disinterest within the profession about how it is structured and governed. Other issues were also discussed in earlier chapters – the possible need for a new Veterinary Surgeons Act, a lack of structured postgraduate training, and high dropout and stress levels. As the changes to healthcare delivery over the last generation are considered (Breen 2007), a duplication of these issues can also be seen in the veterinary context:

- Movement from individual doctors to corporate delivery
- Scientific and technological advances resulting in longer life and higher costs

- Government funding strategies changing to include rationing and movement of some tasks to personnel other than doctors
- Better knowledge and access to knowledge by patients, so that outcomes are more scrutinised and litigation more likely

Models of practice management have changed since the RCVS allowed non veterinary surgeon ownership. Corporate groups have purchased large numbers of small practices, resulting in a structure of numerous small groups of veterinary surgeons being managed by a mixture of clinical and non clinical leaders. On occasions as seen in this study, this leads to conflicts between quality of care and economics – described by Edmonstone (2009) as a "disconnected hierarchy". This situation has been discussed extensively in the medical context, as doctors became increasingly uncomfortable and unhappy about the way they were being managed and the roles they were expected to fulfil within the NHS (Smith 2001). Instilling leadership skills as part of professionalism teaching could help with this – leadership training helping professionals to develop their emotional intelligence and deal with uncertainty and change.

If, as expected (Anon 2005; Anon 2011), some veterinary tasks such as tuberculosis testing of cattle are deregulated to allow other trained individuals to deliver them, then vets also need to be ready to lead an interdisciplinary team at a practice level, continually striving to improve the quality of care, with financial success an added pressure. Perhaps instead of fighting these changes, the profession could control their implementation through effective leadership?

The model of medical care delivered by a large organisation in the US described by Ham (2008) is a useful strategy for the veterinary profession to consider. This group is clinically led by teams of doctors, and delivers a partnership strategy between doctors and health plan providers, with multi-disciplinary team-based care and a healthcare driven mission. The culture is described as one in which "doctors take responsibility for performance, and work with their peers to address areas of

underperformance and achieve higher standards of care". Interestingly, only small financial rewards are used as incentives, but key to retaining doctors is the excellent leadership training structure which functions in parallel with clinical development. If large corporate practices, or large groups of veterinary practices adopted this model, the balance between quality of care and financial success may be possible. The concept of clinical leadership therefore merits further discussion.

Figure 14 – The components of clinical governance[8]

7.3.3.3 What is clinical leadership?

Leadership has been described as "a multifaceted process of identifying a goal of target, motivating other people to act, and providing support and motivation to achieve mutually negotiated goals" (Davidson, Elliott et al. 2006). Importantly, clinical leaders maintain some form of clinical role, and work in a collaborative style with other health professions and non clinical leaders to achieve improvements in clinical care (Edmonstone 2009). Their focus is on the patient or service provided, rather than on the organisation itself, which tends to be the role of health care managers. As Treasure (2001) is keen to point out however, leadership can be mistaken for "being in charge", particularly by medical consultants who may be in charge of a team, without considering that they are part of a service and care network. Clinical leaders are more likely to take evidence-based, reflective views on healthcare, and this may be in conflict with the scientific-bureaucratic model promoted by non clinical managers (Davies and Harrison 2003). Because of the overall aim of quality

[8] http://en.wikipedia.org/wiki/File:Smallwhatisclingov.jpg (Creative Commons licensed image)

improvement, clinical leadership is often viewed as an essential component of clinical governance, and specific leadership training has been delivered to early career doctors (O'Sullivan and McKimm 2011).

The US literature is helpful when considering this in the veterinary context, as they include cost control in their aims for clinical leaders (Berwick 1994; Xirasagar, Samuels et al. 2005). This is a difficult component for clinical leaders to include in the UK context, where perhaps wrongly healthcare is not always viewed through an economic lens (Treasure 2001). This may change with the current government's attempts to implement leadership amongst GPs through the Health and Social Care Bill[9]. Commissioning GPs would control spending and have to include this in their overall vision for the service they are providing. There is the potential for this to lead to a similar state described in the US by Xirasagar et al (2005) – medical leadership may be considered an "oxymoron", as physicians are expected to maintain autonomy for those they lead, whilst carrying out the requirement of the organisation in which they provide the leadership. Of course, this is a balancing act between organisation and patients or clients (Schneller 2001), exactly what the definition of veterinary professionalism requires. In many ways, "followership" needs as much development as leadership (Ham 2003; RCP 2005), and presumably one way to achieve this is to teach leadership, as an understanding of this should lead to better followership. An excellent empirical study found that a transformational leadership style is most effective in achieving changes to organisations which may appear to be impossible (Xirasagar, Samuels et al. 2005), and so it is this type of leadership which should be developed in undergraduates. Transformational leadership is visionary in approach, inspiring followers to achieve through inclusive decision making and empowering them to achieve beyond expectations (Bass 1990). As Edmonstone (2009) points out, clinical leaders are more likely to achieve this through a collegiate, persuasive approach, based upon

[9] The Health and Social Care Bill outlines a range of reforms potentially including integrated care. See http://www.kingsfund.org.uk/current_projects/the_health_and_social_care_bill/index.html for discussion of the proposals and responses from medical professionals.

prior relationships of trust with their colleagues. This fits well with the ambitions of clinical governance and in fact a multifaceted, holistic leadership style may be the end result (Van Wart 2003). If the culture of the veterinary profession requires change, then it is this type of leadership that will be necessary.

It must also be remembered that leaders are even better placed to exert power and influence, and so these abilities must be used carefully, so that privileges are not abused (Anderson 2011). The personal power of clinical leaders could be much greater than non clinical leaders, because of their perceived credibility by fellow professionals (Edmonstone 2009). Professionalism and leadership could therefore be seen as intrinsic to each other - perhaps this is why the veterinary literature in the past has discussed 'leadership' rather than 'professionalism', when actually the content is extremely similar. It is therefore worth considering the teaching of this concept.

7.3.3.4 How do we teach clinical leadership?

Unsurprisingly, teaching clinical leadership has many similarities with teaching professionalism; the issue in some environments being that management training is sometimes confused with leadership training, and these are different skill sets (Cook and Leathard 2004). Mentoring schemes using effective role models are key components (Davidson, Elliott et al. 2006), and the mentoring should be structured, in order to ease the process of forming a new identity as leader (Browne-Ferrigno and Muth 2004). The medical leadership competency framework developed by the medical colleges and the NHS emphasises the different skills doctors need at different stages of their training (Clark, Spurgeon et al. 2008; O'Sullivan and McKimm 2011). It highlights the importance of leadership roles during undergraduate training, not just in the university setting but also through extracurricular activities such as voluntary work. The entire framework is underpinned with a message of patient safety, and it is interesting to potentially see a return to some of the autonomy apparently removed by the NHS. The individual competencies are very similar to professionalism components – personal qualities such as self development, and management type qualities such as negotiation and difficult

situation resolution. It is again clear that professionalism and leadership are fairly synonymous with each other. It may therefore not always be helpful to distinguish the two, by creating separate professionalism and leadership frameworks. However, in some professions this separation does occur, nursing being a good example (Carryer, Gardner et al. 2007).

Clinical leadership development must be allowed to occur in parallel with career progression and development as a clinician and provider of medical services (Ham 2008). This perhaps presents a good opportunity to the larger corporate groups of veterinary practices. If they can develop clinical leadership skills in veterinary surgeons they employ, these individuals are more likely to "buy in" to the culture of the practice and retention rates would improve. Productivity should also improve, as clinical leaders are able to inspire those around them to work more effectively for a common goal. Small, individual practices may not have the ability to implement a scheme such as this, but there is huge potential within the larger groups. The clinical leaders they train could then go on to lead on a national level, and influence some of the difficult policy decisions around deregulation of veterinary tasks.

7.3.4 Usability of the definition

One of the important considerations on commencing this project was that the definition should be useable. It is hoped, that by presenting the concept in graphical form as well as providing a written description, that veterinary surgeons, clients and the public will all be able to identify with it. It will be difficult to publicise this message however, and this is something recognised by Wagner and Brown who call for globalisation of veterinary medicine in order to enhance the role of veterinary surgeons in public health (Wagner and Brown 2002). Expanding this concept further, globalisation would help to highlight the role of veterinary surgeons in society on a more general scale. The "global veterinary leadership" that these authors describe would be useful not just in the context of public health but also to drive change in curricula and place professionalism at the front of these reforms.

It is hoped that the RCVS in particular might find use for the definition. It is interesting to speculate what this might achieve in terms of impact. Competency frameworks produced by professional bodies are often based on definitions developed by medical educators – CanMEDS, for example, was based on a Canadian research team's definition (Cruess, Johnston et al. 2004; Frank and Danoff 2007). The RCVS Day One Competencies (RCVS 2006) were produced by the Education Committee, with limited external input. Should these be revised in the future, the definition produced by this study might provide a good basis for the professionalism competencies. It is not for the RCVS to define distinct curricula, so their use of the detailed curriculum may only be as an example of good practice. Thinking even more broadly, the RCVS' Guide to Professional Conduct is also under review (RCVS 2011)a, and the definition could provide some guidance for this.

7.3.4.1 Linking professionalism to patient safety

It is perhaps unrealistic to expect unquestioning uptake of the concept of veterinary professionalism. Vets are evidence driven in their approach to many situations, as demonstrated in this study, and they will need a reason to change the way they think about their approaches and behaviours. When communication skills were first raised as an important issue, it was evidence from the indemnity insurance company which helped enhance its profile. A cause and effect was seen between poor communication and professional negligence, and the profession reacted well to this with communication skills recognised as a more important topic. It might help, therefore, to 'label' the issue of professionalism in a similar way, and a set of tangible outcomes which could be highlighted are that of patient safety. Patient safety has been described as a stimulus for improving medical professionalism (Goode, Clancy et al. 2002), and elements of medical professionalism have included a commitment to quality improvement and patient safety (Sox 2002). There is therefore potential for issues of patient safety to successfully stimulate the discourse around veterinary professionalism.

Patient safety is topical issue within the medical profession but it has merited little specific discussion within the veterinary profession. The delivery of any form of healthcare has inherent

risks, and many opportunities to make mistakes and cause adverse harm. The statistics from human healthcare are startling – an estimated one in ten patients suffer adverse harm in developed countries during a hospital visit (World Health Organisation 2011), and in the UK, extra stays in hospital as a result of adverse harm cost the NHS £2billion in 2005 (National Audit Office 2005). The commonest incidents are patients falling and injuring themselves, medication errors, equipment issues, documentation errors and communication failure. Surgery provides the most opportunities for an adverse event to occur (World Health Organisation 2011).

There are no published figures for patient safety issues in veterinary practice. Adverse drug reactions can be reported through the Veterinary Medicines Directorate, but there is no central reporting system for other events. Infection control, due to the appearance of MRSA in animals, has received some attention (Leonard and Markey 2008). An unpublished survey of veterinary nurses in 2010 found that medication error was the commonest safety issue in practice, with wrong site surgery, incorrect procedures and loss of animals from practice premises also commonly recorded (Freeman 2010). Without exact statistics it is impossible to say how much these issues are costing either the profession or owners, but veterinary practices are becoming more complex healthcare environments and so it is likely to be a problem which is only going to worsen.

When improvements to patient safety are considered, it is behavioural and attitudinal changes which often need to occur. A shift in culture is necessary, from one of blame to an open reporting strategy, where the system rather than individuals, are examined when errors occur (Frankel, Federico et al. 2009). The behaviours and attitudes described in the patient safety literature are therefore often very similar to elements of professionalism, and the same is true of this study.

Poor communication skills, particularly within a team, are a common cause of 'never events', and of course communication is "a core activity for decision making, situation awareness, team co-ordination and leadership" (Flin, O'Connor et al. 2008 p.71). Teams are increasing in size in

veterinary practices, as they become more specialized and multidisciplinary. Team working is therefore a notion of increasing importance, and the concept of inter-professional learning, when different veterinary professionals learn together, is something which should be explored in future work. Some of the components of veterinary professionalism could be improved by individuals learning in a team together, so that the whole group has a focus and common goal. At undergraduate level, team working starts within small group learning sessions, and so team working skills should be discussed and learnt experientially within the professionalism curriculum right from an early stage.

Out of the other attributes included in the definition of veterinary professionalism, technical competency, honesty, confidence and knowing limits and personal values would all be included in patient safety frameworks as attributes necessary to create the culture required. Discussions of professionalism in the context of patient safety are therefore both relevant and important for the veterinary profession. This strategy could be pursued at both undergraduate and postgraduate level.

7.3.5 Conclusion

It is hoped that the evidence-based nature of this definition will make it usable and acceptable by the profession. The balance element of the theory clearly has wider potential application than only within the veterinary profession, but it appears to be particularly important in veterinary professionalism. Although some of the attributes included may be discussed elsewhere, including them in the definition they should reinforce the need to teach and demonstrate these behaviours. Leadership is an important concept to consider, in particular clinical leadership which may help the profession to move forwards as it considers clinical governance and patient safety.

7.4 The hidden curriculum

It was important to examine the content of the hidden curriculum at SVMS because of the wide reaching impact this influence has on any attempts to teach professionalism. It is not enough to

expect a curriculum of professionalism to make up for the shortfalls in an institution's hidden curriculum. Despite the importance of this unseen element of teaching and learning, the lack of validated means in the educational literature of performing an analysis meant that an alternative method was sought, and this came from the business studies literature around strategy. Culture is described in this context as "phenomena that are below the surface, that are powerful in their impact but invisible and to a considerable degree unconscious." (Schein 2004 p.8). Johnson's cultural web (Johnson 1987) is a representation of these phenomena and is described as being able to identify the "taken for granted" approaches of a business. It was hoped that applying this framework to an educational institution would have similar results, in that it would enable the identification of influences which are not overt in day to day activities and require reflection and discussion for recognition.

7.4.1 The components

Each of the components identified within the *a priori* coding framework developed from the cultural web are distinct in their own right, but they are also often closely related to each other. The core assumptions which have been identified are perhaps not surprising – in a new institution, it seems correct that hard work and pride are central to the school's hidden curriculum. The small size of the school also suggests that community and friendliness are unsurprising attributes, and there is no doubt that these relate closely to the type of management structure described and the generally easy relationships between staff and students. These relationships were sometimes complex for both sides to work out, but overwhelmingly they eventually led to positive feelings about the educational environment.

The range of issues identified suggests that the framework has performed very well in this respect. However, with a lack of validated categories for comparison, it is hard to know if full identification has been achieved. The closest any author gets to establishing a list of elements to refer to is Hafferty (1998), who lists policy development, evaluation and assessment, resource allocation, and

institutional slang as components. The analysis performed recognises aspects which fall into each of these categories, giving strength to its usefulness as a method of identification.

As expected, identity is a prominent theme within the hidden curriculum. Forming an identity is a key component of learning to be a professional (Hafferty and Franks 1994), and this issue is present in both student and staff perceptions of unseen influences. Students are constantly seeking their own identity as they move through the curriculum – they seek approval from both staff and their peers, as they move through this period of "proto professionalism" (Hilton and Slotnick 2005). They question who and what is influencing this identity formation, and demonstrate it through their engagement with routines and rituals. Staff members, who have come to the school with a pre-formed identity, have this challenged by activities going on around them, and power and control systems of which they become a part. On occasions, the issue of identity exists against a background of conflict and change, as the school identifies its own routines and rituals which can at time be confusing for participants.

There is therefore potential for internal conflicts through the influence of the hidden curriculum - in each of the elements such as routines and rituals, examples can be found where the aim of enculturation sometimes causes conflict with the aim of forming an independent identity. This overarching issue of identity therefore requires further discussion, and it must be considered in parallel with the development of the formal curriculum of professionalism. This discussion of identity will be divided into the three contexts in which it appears within the analysis – the community identity of the school, identity of individuals and identity through conflict and change. The issue of role modelling will finally be discussed.

7.4.1.1 A community identity

The school's own identity is demarcated by a community feel. This was a central component of the school's paradigms and the way the school was organised and managed. This community feel was attributed to several factors – the friendliness of staff and students, the sense of a flat hierarchy,

pride in the school's achievements, innovative approaches, a feeling of all 'being in this together'and working very hard and the school's central mission of teaching veterinary students. A sense of community is likely to help them during their studies. They may struggle to "fit in" and achieve initial legitimate peripheral participation (Lave and Wenger 1991), but once they have established how things work, a feeling of belonging is very important. Indeed, situated learning is proposed as one of the key elements of a professionalism curriculum to explain how a curriculum of professionalism should be framed (Cruess 2006; Steinert 2009). As they prepare to enter a profession with its own identity, a feeling of community may assist them with this. They already feel a part of the profession, albeit a small part, and this "safe" feeling may assist them as they enter the workplace. This safety may also help with the concept of learning like a professional – if a student feels comfortable interacting with professionals whilst training, then they will start developing tacit knowledge learning skills sooner. This is extremely useful to them as they enter the workplace, as experience is needed to implement the complex process of non-formal learning (Eraut 2000). The step into a professional environment may not be so great and they will immediately be used to learning being a by-product inherent within many group activities.

However, the opposite could also be hypothesised. The security of the veterinary school environment contrasts directly with what may lie ahead for many of the students. In a profession with high stress and attrition rates (Platt, Hawton et al. 2010a; Platt, Hawton et al. 2010b), the gap between the highly supportive institutional community and the smaller practice environment most will enter is huge. Will their previous experience of engaging in a community help or hinder them in entering another environment which is different in outlook? This could be an element of learning which needs to be provided or reinforced by the professionalism curriculum.

7.4.1.2 An individual identity

In contrast to the community feel of the school, there were also themes of individuality and superiority. The students talked about being "a vet student", and how this felt special, and within

the school there was the constant tension of veterinary qualified members of staff being divided in some way from non-veterinary qualified faculty. This issue of identity appears to be encouraged by some of the symbolic aspects of the school, such as branded clothing, and also the geographical issue of being separate from the rest of the university. The individual identity was perceived as helping students to fit with the group identity.

In some discussions, there was also a perceived feeling of acting almost independently from central control, and "getting away with things" that other schools may not. Hence the school, as a group, is also perceived as acting individually and having a separate identity to that of the wider university community. The innovative aspects of the school's set up and curriculum also adds to this phenomenon.

This issue of a separate identity is interesting on many levels. Could this element of the hidden curriculum encourage students entering the workplace as professionals to feel superior to their clients and colleagues? Is the school encouraging this aspect of professionalism without enforcing the other side of the social contract described by Martimianakis et al (2009), with echoes of Friedson's (1970) warnings about professions becoming all powerful superior bodies? Or is this return to "nostalgic professionalism" (Castellani and Hafferty 2006) unlikely?

The school appears to be legitimising independent actions and thoughts. This could be a positive influence on the students, as they need to develop into professionals who are able to engage in lifelong learning and identification of goals and routes to achieve them. An entrepreneurial spirit may be a huge bonus to those who will enter private practice. In contrast, sanctioning actions independent of a controlling body such as the university could be interpreted as approval of rebellion. Indeed, the staff groups discussed students from the first cohort in particular who were felt to heavily influence the decisions of the school. This acceptance of student control is perhaps unusual for institutions – but is it possible the students feel empowered to do this because they

witness the school behaving in this way towards the central university? If this is the case, condoning this behaviour may have ramifications for the students' future practice. They may be tacitly learning that rebellion is the correct way to behave, and this may not be appropriate.

As students transform into professionals, they need to be reminded that in forming their own identity a balance needs to be found between autonomy and control. The hidden curriculum of the school can reinforce this by demonstrating its own balance between being an independent spirit, yet still remaining under the auspices of the university. This may need to be made explicit to the students, and demonstrated on numerous occasions, so that it influences them positively. This would hopefully prepare students appropriately for a professional way of life, in that professionals are autonomous, but individuals must still adhere to codes of conduct and be disciplined should they demonstrate professional misconduct. They must learn to negotiate the complexities of this situation.

7.4.1.3 Identity maintenance through conflict and change

The final component of identity which emerges is that of conflict and change. Conflict between the university and the school may be influencing the students, as discussed above. Conflict between different messages the school delivers may create a "professional identity conflict" for students (Chuang, Nuthalapaty et al. 2010). This issue relates very closely to the notion of change. The analysis is littered with examples of continuous change encouraged by the school. Both staff and students are aware of this – the school seems to struggle to maintain equilibrium at times, and is constantly trying to better itself, sometimes to the detriment of work life balance. Students, though tied to restrictive timetabling, recognise the last minute nature of many aspects of the curriculum, particularly regarding assessment.

There is no doubt that this must have some influence on these developing professionals. On one hand, this could be seen as a very positive thing. The school is modelling the professional attribute of a commitment to learning and improvement, hopefully encouraging students to strive for the same

thing. On the other hand, the state of constant flux and the conflict this may cause during identity formation may lead to feelings of insecurity and encourage sometimes pre-existing tendencies of perfectionism. This may not be healthy, and the school may need to consider how it presents itself when changes do occur. Closely related to this is the ability students appear to have to initiate changes, particularly through rituals. The arguments already presented demonstrate that this may not necessarily be a good thing, and the power they have within the school could create problems in the future. This finding is in contrast to another study which found that students felt powerless in a different clinical environment (White, Kumagai et al. 2009). In the SVMS context therefore, students do have power and they need to learn to manage this appropriately, in order to prepare them for this behaviour in their professional lives. This may mean making this issue more overt to staff, so that procedures causing changes reflect a similar situation to professional life.

7.4.1.4 The influence of role models

Although viewing the hidden curriculum as the outcomes from interactions between role models and students may be seen as simplistic by some (Chuang, Nuthalapaty et al. 2010), role models are still an important consideration and there were certainly many examples of positive and negative role modelling within this analysis. Negative role models are a concern for many, because of their ability to undermine teaching and demonstrate to students the wrong way to behave. Several papers suggest these negative aspects should be removed, and staff modelling poor attributes should be retrained to behave more appropriately (Cruess 2006; Goldie, Dowie et al. 2007). However, what is interesting from analysis of the student data in this study is that they are clearly able to identify much of this poor behaviour amongst the staff and their peers. They do not seem to think that staff demonstrating below standard actions are condoning this behaviour – indeed, on several occasions this has given them an opportunity to reflect on what is right and what is wrong, and draw the correct conclusion.

It may be that this population of students is unusual. The school's curriculum already includes teaching about reflective practice and students engage in this formally through portfolios and the tutorial system. Clearly their views on behaviour around them are drawn out by this process of reflection – the student witnesses an event or hears a story, considers its meaning and then changes future behaviour accordingly (Schon 1983). Experiential learning is already a cornerstone of their professionalism development. It is difficult to know whether students who have been given no guidance in this process would be able to identify unprofessionalism so easily. It is also unknown whether these students are just detecting a proportion of unprofessional behaviour, and if there are other influencing characters so deeply embedded that even this study fails to draw them out. There is also the possibility that the students selected for this institution are "more professional" in their attitudes on arrival, and are less conditioned by events around them. However, it would seem sensible to consider this important concept in the context of how it can be harnessed to teach professional behaviours and attitudes to students.

7.4.2 Harnessing the hidden curriculum

Reflective practice is certainly considered an essential element of professionalism by many, and it is encouraging to see from this analysis that student are able to engage in this process early on in their professional training. In the early nineties, before discussions about the hidden curriculum had really begun, Branch et al (1993) described the use of critical incident reporting and reflection to help professional development in medical students. Reflective practice, and specifically critical incident discussion, has therefore been included as a core professional skill within the curriculum of professionalism for SVMS. It is hoped that formally delivered experiential learning will assist with real life basis for these reflections. Heed must be paid to the warnings of Cruess and Cruess (2006), who rightly state that forcing reflection is not conducive to it happening in a valid context. Critical incident reporting may be a good tactic to avoid this issue (Branch 2005).

This formalised reflection involves overt discussion of the hidden curriculum and the influence of role models. A potential issue with this tactic is that the word “critical” may lead students to miss more subtle events which could have equally as great an influence on them. The continuing influence of a negative role model, who does not behave in a critically reportable manner but acts unprofessionally in minor ways, could go unnoticed. A template and good guidance that it is not just “critical” events which are useful to reflect upon are therefore important - and perhaps the terminology could be adjusted to be “significant” event. This would also encourage the discussion of positive learning experiences, as well as the negative ones. The cultural web used in this study could even be adapted to shape personal reflections, as well as the discussion of influencing events in group work.

The use of role models could also be formalised to assist social cognitive learning (Bandura 1986; Kenny, Mann et al. 2003). Students could be encouraged to identify a mentor during their first year of study, and this individual should not be involved with disciplinary issues or tutor type roles but instead offer help and career advice to the student, as well as leading discussions around significant incidents. Encouraging positive role models to articulate their position in different ethical or professionalism related dilemmas will help students to see the attributes within the professionalism definition happening for real.

Other ways of utilising the hidden curriculum to reinforce the professionalism message include portfolio use, or developing an online blog which is mentored by staff with comments and discussion points (Chretien, Goldman et al. 2008). It is proposed that the SVMS curriculum maintains a portfolio as an essential component of the professionalism curriculum, and students will be encouraged to record their hidden curriculum reflections within their submissions. The precise portfolio system will require revision in light of the new curriculum.

Institutions should therefore perhaps be cautious about trying to sterilise their hidden curriculum, removing all negative role models (if this is possible) and making it an entirely positive culture. The complex nature of the interactions between the formal, informal and hidden curriculum also mean that changes to one will result in changes to another, and this must also be considered (Hafferty and Levinson 2008). An extremely negative environment will require some changes, but it is important that training professionals have opportunities to reflect on events happening around them. Without an element of less professional behaviour within these events, there is the danger that students will not develop the ability to identify poor attitudes and behaviour. The workplace will never have a completely professional hidden curriculum, and so if the "shaping" required by some of the institutional environment (Suchman, Williamson et al. 2004) is too rigorously pursued, the difference between this and the "real" workplace could be huge, making the transformation for students a difficult one. Both faculty and students should therefore undergo something more akin to an awareness program, letting them know that they are a part of the hidden curriculum and that they should always be self-aware and not succumb to negative influences. This should be delivered early on in the professionalism curriculum at SVMS, within the reflection and learning skills core professional skills strands.

7.4.3 Implementation of hidden curriculum changes

The interesting aspect of all the literature on the hidden curriculum is that authors often call for change (Chuang, Nuthalapaty et al. 2010). There is almost an overreliance on the potential to alter the hidden curriculum in order to improve professionalism teaching and learning within an institution. For reasons already discussed, a huge amount of change is not recommended, but better recognition of the hidden curriculum is needed and this in itself will require a change in culture. However, virtually no one discusses exactly how to implement this change. Presumably this is not an easy process – it is not just a question of announcing improvements and expecting them to happen

overnight. A strategy is required – and once again, it is business literature that provides the most evidence and examples of how to implement “organisational change”.

Hackett et al (1999) describe Gordon's (1991) external forces which are barriers to organisational change - customer requirements, competitive environment and societal expectations. If these forces are applied in the context of the hidden curriculum, customers become students, and competitors become other educational environments. Societal expectations would remain, and this is interesting, as it is suggesting that society's requirements of veterinary surgeons are intrinsically linked with the environment in which they study. If society expects veterinary surgeons to demonstrate certain traits, then we need to ensure these are delivered within the hidden curriculum, and as Hackett suggests, these expectations could be used to enforce change within the culture of the institution. This adds weight to the argument that any definition of professionalism used within an institutions curriculum should be evidence based, and this evidence should include the views of society. Hackett then goes on to describe three processes which need to occur in order to change any organisations practice:

- Co-ordination – a shared vision is needed and all must contribute, staff and students
- Commitment – a sense of ownership and involvement by all concerned
- Competencies – key competencies must be developed in those delivering the new culture

Leadership therefore becomes a crucial element of any attempt to change the hidden curriculum – and as previously discussed, leadership is an inherent part of professionalism, therefore ensuring the hidden curriculum is changing as leaders role model professional behaviour whilst delivering a change in culture. In the context of the school, this would be a form of educational and clinical leadership – and these leaders will need to examine the assumptions emerging from this analysis and negotiate change as necessary (Owens 2001). The previous discussion about professionalism

and leadership is therefore of real relevance to this discussion around the hidden curriculum; in many ways, this discussion has come full circle and joined up extremely cohesively.

Also of importance when considering changes required in the culture of SVMS is the potential for power relationships to undermine these attempts to modify behaviour. Power issues were present within the school – the power students exhibited, as well as the power staff exerted on their colleagues and on students. The type of power relationship exerted therefore needs to be carefully considered, in order to prevent power threatening attempts at change (Hackett, Lilford et al. 1999)

7.4.3.1 Changing the culture of the profession?

There is also a wider discussion around the possibility of changing the culture of the veterinary profession as a whole. The profession has problems with identity and the theme of disconnection with the profession arose strongly from the definition data. Some of the principles of culture change might, therefore, be considered by current leaders of the profession to try and overcome some of these issues within the wider profession. This might seem like an impossible task, and the bottom up approach of teaching undergraduate veterinary students professionalism to prevent disconnection issues in new graduates would certainly appear to be a simpler solution. However, there is an inherent danger in relying on this strategy to solve the profession's problems, as once these students emerge into the wider culture of the profession, all good intentions could be undone by new negative role models. Training in reflective practice will help to prevent this, but this may not be enough. Some strong clinical and profession-based leadership may therefore be the answer, and these leaders in particular should be aware of the need to manage their power effectively and develop co-ordination and commitment within the profession. This will require transformative leadership, and will certainly not be easy to do. It is a challenging situation, and opportunities such as re-defining the legislation underwriting the professional status of veterinary surgeons should be seen positively, and not shied away from.

7.4.4 Conclusion

Some useful themes have been drawn out with this method of analysis. Although time consuming, it has demonstrated the applicability of the cultural web as a framework for performing this kind of analysis. The framework may therefore be useful for other institutions, and could be used as a basis for a more convenient survey or as a starting point for student discussions. The issues arising within any assessment then need to be considered by the institution under analysis, in order to attempt to overcome some of the issues associated with teaching professionalism. However great the intentions, a curriculum of professionalism will be undermined by a negative hidden curriculum and this needs to be avoided. The analysis of the hidden curriculum in this institution was therefore an essential part of the process of curriculum development, and one which has previously been ignored.

7.5 The curriculum of veterinary professionalism

The curriculum described in this study considers the formal, informal and hidden elements of teaching professionalism. This is an essential strategy for any professionalism curriculum to reliably deliver content to learners (Lempp and Seale 2004). The formal curriculum presented successfully aligns itself with many of the principles of teaching professionalism. The four core professional skills (CPS), which are developed throughout the course in both explicit and integrated formats, are all essential components of professionalism drawn out of the evidence based definition. The core learning outcomes can be related directly back to the attributes within the same definition, and so immediate alignment can be seen by students as they are taught and assessed around these outcomes.

The curriculum follows most of Cruess' (2006) suggestions for a successful professionalism curriculum:

- *Institutional support* – the creation of this curriculum is supported in principle by the management team at SVMS as they include professional skills teaching as a core element of

the curriculum as it stands. This work has been funded by the school, suggesting continuing support for this principle. Curriculum time is already included for much of this delivery.

- The *cognitive base of professionalism* is included in the early teaching sessions; in particular the introductory keynote will cover the principle of professionalism

- *Experiential learning* is included throughout the curriculum, and is stage appropriate moving from early clinical experience and animal husbandry placements to clinical placements in later years.

- The curriculum is *continuous* and taught throughout the five years of the course in an integrated fashion

- *Negative role models* have been considered and *faculty development* will cover this issue as well as alerting staff to the content and influence of the hidden curriculum. Where this curriculum deviates is in the principle of removal of negative role models – the strategy described accepts the fact that negative role models exist, and asserts that changing them may not be the best approach. Instead, this curriculum relies on the training of students in reflective practice to enable them to understand and be aware of negative role models.

- *Assessmen*t of this curriculum has not been described in detail, but the use of the portfolio system, multisource feedback and regular summative assessment of CPS such as communication skills will ensure this occurs.

- The *hidden curriculum* has been considered in depth and the results form a key element of the teaching strategy.

The curriculum bears similarities with other professionalism curricula. Its integrated nature demonstrates parallels with Preez et al's (2007) "golden threads" professionalism curriculum, which is an appealing way of describing the weaving in and out of professionalism teaching with other

modules. Many other institutions include integration as a central component of their curricula, and some take this even further such as integration of the disciplinary system with professionalism teaching (Parker, Luke et al. 2008). It was felt that this may be confusing in the context of SVMS, and the school's disciplinary system is controlled by the medical faculty which would make attempts to change it extremely difficult. Hence this has remained separate to the curriculum. Although it is expected that some students will be more motivated and interested in professionalism as a topic than others, it has deliberately not been included as an elective or short modular element as some schools choose to do (Wallach, Roscoe et al. 2002; Kuczewski, Bading et al. 2003; Shapiro, Rucker et al. 2006). It is hoped that any particularly interested students could pursue this in the way that any other special interest is managed within the curriculum – the research project in year three is a good example, as well as selecting placements appropriately.

7.5.1 The core professional skills

Placing the four core professional skills of reflection, learning skills, communication skills and ethics as central to the curriculum requires further discussion. It may not be immediately obvious why these elements have been chosen as the central skills necessary for developing professionals.

The teaching of **reflection** has already been discussed in detail, and it is clear that this key skill is central to firstly learning to become a professional, and then actually demonstrating professionalism on graduation. It is a component of many of the attributes included in the definition of veterinary professionalism. This requirement for reflective practice is reinforced by the literature, with Aronson (2010) describing a longitudinally integrated curriculum as the best strategy. The validity of learning reflective practice is therefore clear, but this will need to be made explicit to students who we know do not like being "forced" to reflect (Cruess and Cruess 2006). There is also a danger of reflection being taken for granted amongst students who do recognise its place in professional activities (Eraut 2004). Hence the curriculum relies on experience to provide these opportunities to develop reflective skills, and key to this process is the support of staff who will guide and mentor students in

this area. Faculty may also not understand the importance of reflection, hence the vital nature of faculty development where this can be debated and explained through effective transformative leadership (Bass 1990). Some commentators are perhaps a little naïve in this respect, as they view faculty development as the answer to many of the problems of teaching professionalism. Faculty development will only be effective if good leadership is involved, emphasising the importance of developing these skills.

The nature of teaching reflection is also important, and as well as the curriculum promoting reflective learning so that is in an expectation of students, there must be time for it to happen, and this can be difficult to manage if, as proposed, small groups are used for discussion (Albanese 2006). Portfolios do not suit every learner, and tutor support will be crucial.

The inclusion of **ethics** as a Core Professional Skill may be criticised by some ethicists, who do not see ethics as part of professionalism (Dudzinski 2004). However, the data defining veterinary professionalism revealed the centrality of the animal-client-practice-society balancing act in this definition, and as previously this has only been referred to in the context of ethics (Rawles 2000), it would seem a natural move to place ethics and ethical theory teaching as a CPS. A team-teaching approach may be a good way to overcome the debate of whether ethicists or clinicians should deliver this content, as both would bring expertise to discussions.

Learning skills are often viewed as unnecessary by students, but the application of adult learning skills by students within the curriculum of professionalism is assumed and therefore it is essential to ensure these skills are developed. They may not be inherent to veterinary undergraduates, and by teaching principles of lifelong learning they will benefit in two ways – they will be able to cope with the undergraduate curriculum in its entirety, and they will also have effective learning skills necessary to behave professionally and fulfil the attributes of technical competency and knowing limits on graduation as veterinary professionals. There has been criticism of lifelong learning being

viewed as something which can "solve a wide range of social, educational and political ills" (Coffield 1999). It is therefore important that students are taught these skills effectively and are aware of their limitations, as well as what they bring to their professional life in the future.

The skills delivered in this teaching must keep up to date and take into account the quickly changing nature of knowledge acquisition. In particular, web 2.0 technology and social media has recently been proposed as a healthcare delivery method (Hawn 2009) and as an effective CPD tool (McNab 2009). Teachers must embrace new technology and highlight its use to students who may assume it has limited benefit in their professional environment. Inevitably this raises further professionalism challenges, and the issue of digital professionalism should be discussed (Greysen, Kind et al. 2010; Mostaghimi, Crotty et al. 2010).

As **communication skills** have already been much discussed in the veterinary context, it is natural that they should appear prominently within the curriculum, particularly as they emerge so strongly within the definition described in this study. Experiential learning is crucial again to the implementation of effective teaching of communication, and in this context simulation is extremely useful, and has been shown to improve performance specifically in veterinary students (Latham and Morris 2007). The curriculum presented shows a specific strategy for integrating skills across other learning opportunities, and the nature of the SVMS core curriculum, with small group learning an important strategy, will also encourage development of communication skills. There is perhaps a requirement to highlight this to facilitators involved in these sessions, so that remediation can be delivered where necessary.

Communication skills must continue to be delivered and assessed during the final year of studies, when students are learning in the workplace. By this stage, it is expected that they will have learnt to recognise good and bad examples of communication (and indeed professionalism) and so the experiential learning will be enhanced for maximum impact. Faculty development is again important

to maintain the delivery of these skills and their validity when entering the workplace, and clinicians should receive specific training to enable this (Magrath 2006).

7.5.2 The use of early clinical experience

Experiential learning is a key strategy within the professionalism curriculum. Experiential learning is a core component of all veterinary curricula in the UK, as the RCVS requires a certain amount of experiential learning during the preclinical and clinical stages of the course. However, this is not true experiential learning unless the reflective cycle is completed by the learner; hence the experience is used to facilitate reflective practice within this curriculum. In early years, students learn from animal husbandry placements and they will be directed specifically to consider professionalism whilst reflecting on the activities they undertook. This is not really a new strategy for SVMS, but what is different is the early clinical experience. The curriculum requires students to be exposed to the clinical workplace very early in their studies, purely for the reason of learning about professionalism. Briefing and debriefing before and after this exposure will be a crucial component, so that faculty can highlight expectations and learning goals and lead facilitated reflection after the event.

There is evidence provided by Dornan and Bundy (2004) that this early clinical experience helps to ease the later transition into the workplace, as well as motivating students, increasing self awareness and confidence with patients, deepening knowledge and strengthening learning of behavioural and social sciences. It is also an early introduction to the multitude of roles within the health professions, and the same could be said of veterinary teams which are increasing in complexity and size. All these benefits are directly related to professionalism, strengthening the necessity of this curricular innovation. In their review of early clinical experience, Dornan et al (2006) concluded that one of the main benefits was socialisation of students into their chosen profession, which is important when considering the previous discussions around identity formation. It is hoped that the early, managed clinical experience delivered in this curriculum can help shape this identity in a positive way, and ease the transition from student to a professional veterinary surgeon.

7.5.3 The difficulties of implementation

The difficulties of changing curricula have already been touched on when discussing clinical leadership and attempts to change the culture of the profession as a whole. Although this might not be such a huge task in the institutional context, curriculum change is still a complex notion with many issues to consider. Luckily, the fact that SVMS has change as a core element of its hidden curriculum should help this implementation, as it has been found that a history of change will help a school wanting to implement further change (Bland, Starnaman et al. 2000). Buying in to change by faculty is essential, and Steinert et al (2005) discuss at length the need for faculty wide activities to implement a new curriculum of professionalism. There is no doubt that this will be required at SVMS – although some faculty have been involved in the data collection process around the hidden curriculum, many staff members will be unaware of the existence of this definition. The curriculum and definition should therefore be presented 'for discussion', rather than simply implemented 'from above'. Discussions around the hidden curriculum also need to take place. The importance of transformative leadership to lead this process is clear once again.

7.6 Further studies

The definition of veterinary professionalism should not be viewed as a static entity. It is a starting point in the process of initiating a discourse of veterinary professionalism and this process will provide useful further data to strengthen or change the definition proposed. In many ways, this definition is only the "second wave" of veterinary professionalism described in the medical context by Hafferty and Levinson (2008). Medical professionalism has now reached what they consider to be the "sixth wave", which views the concept as a complex science. There is still much progress for the veterinary professionalism movement to make in order to reach this level of discussion.

In order to further this discourse of veterinary professionalism, discussion and further refinement of the definition is necessary, and ideally this should be done in the context of SVMS in order to improve the delivery of the curriculum. Indeed, any institution considering using this definition or

curriculum would be well advised to discuss the components initially and adjust them to suit their own specific environment. This process should not be driven by one or two individuals but should attempt to involve the entire faculty in order to improve buy in. Institutional discourse is as important as profession wide discourse.

If and when this curriculum is implemented, it would be very interesting to follow a cohort of students through their training and measure their attitudes and behaviours at various points. The comparison of this cohort with the previous cohort's limited exposure to professionalism teaching would enable the effectiveness of the curriculum to be established. The longitudinal studies of medical students (Papadakis, Teherani et al. 2005) make a nice comparison – what difference does an intervention such as this make, especially when the hidden curriculum is also considered in the design of the curriculum? Assessment of professionalism at SVMS will also require revision in line with the new curriculum, and this assessment will also require studies of validity and reliability.

The issues of clinical governance and patient safety, which have really been ignored in the veterinary context, also provide good starting points for further work in the field of veterinary professionalism. Using the definition created in this study as a framework for improving quality of care would be interesting. An accurate picture of errors and human factors which influence outcomes in veterinary practices would also be essential as a starting point for investigation in these areas.

7.7 Conclusion

This is a complex and in depth study which has been undertaken to produce a very small component of a veterinary curriculum. The process carried out could be viewed as excessive, but the difficulties of implementing professionalism curricula and the current pressures on the veterinary profession make an evidence based curriculum vital.

Two different qualitative methodologies have been employed in order to define veterinary professionalism and identify some of the components of the hidden curriculum within a veterinary

school. The definition includes attributes which exist in several other definitions of professionalism, in particular medical professionalism. However the central behaviour of balancing responsibilities between clients, animals, the practice and society appears to be uniquely positioned. The definition has potential to assist the profession and provide a new framework for defining the position of veterinary surgeons in society. In order for this to occur, effective clinical leadership will be required.

Issues have arisen from the analysis of the hidden curriculum which require discussion by the school and thought about how to manage them, if at all. By removing all negative influences from the hidden curriculum the school could be in danger of under preparing students for the rigour of the workplace. It is therefore important that these negative influences are viewed as opportunities for effective reflective practice, through the use of significant event analysis. The analysis clearly demonstrates that students are in general able to recognise negative role models.

The outcomes from the definition and the hidden curriculum analysis have been combined to produce a curriculum of professionalism, which places four core professional skills centrally and is fully integrated with other parts of the existing curriculum. This is an exciting proposal and implementation should be rewarding in many respects, hopefully culminating in the production of the veterinary profession's leaders of the future.

The limitations to this study centre on the subjective nature of qualitative data, but this has allowed in depth and flexible analysis of an issue which might otherwise go unstudied. Reflexivity has been a central strategy in ensuring the research is not overtly influenced by the researcher, a key concern when researching familiar surroundings. The generalisability of the findings may be limited, but the analysis is sound and the findings are clear and should be interpreted in context.

It will be fascinating to see how this study is received by both the immediate community within the school, and also by the veterinary community at large. The public's response will also be interesting, and these issues present further opportunities for research.

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9 Appendices

Appendix 1

Some selected demographics of the UK veterinary profession. All figures taken from Royal College of Veterinary Surgeons annual report (RCVS 2011)c.

Area of employment	Number of veterinary surgeons
Government	815
General Practice	15,371
Charity	446
Industry	208
Research Institutes	21
Universities/colleges	956
Total number of registered veterinary surgeons in the UK	24,576

Table 7 – Total numbers of veterinary surgeons registered in the UK in 2011 and areas of employment

Type of practice	Number in the UK
Small animal	2752
Large animal	211
Mixed (small, large and equine)	613
Equine	133
Not recorded	1420

Table 8 – Types of practice in the UK in 2011

Qualification	Number of veterinary surgeons
RCVS Registered Specialist	319
RCVS Fellowship	282
RCVS Diploma	379
RCVS Certificate	1785
Certificate of Advanced Veterinary Practice	26

Table 9 – Specialist qualifications held by UK veterinary surgeons in 2011

Male	Female
8211	9604

Table 10 – Number of male and female veterinary surgeons registered in UK in 2011

Appendix 2

Interview script for veterinary surgeons (semi structured). Questions were adapted appropriately for other interviews and focus groups

Tell me a bit about your background and training

What qualities make a good vet?

Can you give me some examples of professional behaviour?

What qualities make a bad vet?

Can you give me some examples of unprofessional behaviour?

What do you understand, as a vet, by the term 'veterinary professionalism'?

Think about your first day in practice. How have you evolved into a professional since then?

How do you think the public perceive vets?

Compared to doctors? And lawyers?

Can you define the role of the RCVS? And the BVA?

Do you think the public understands the role of the RCVS?

Is it possible to be altruistic as a vet?

Should we allow clients autonomy or do we need to tell them what to do?

Do you think we should be teaching students to become professionals? If so how? How did you learn these things?

Give an example of a professional dilemma you have come across in practice

How did you manage this?

Why?

Have you ever challenged unprofessional behaviour in another vet?

What do you think of practices with SOPs?

Are you happy to follow a protocol or would you prefer to make your own decisions?

Appendix 3

Screen shots from NVIVO®

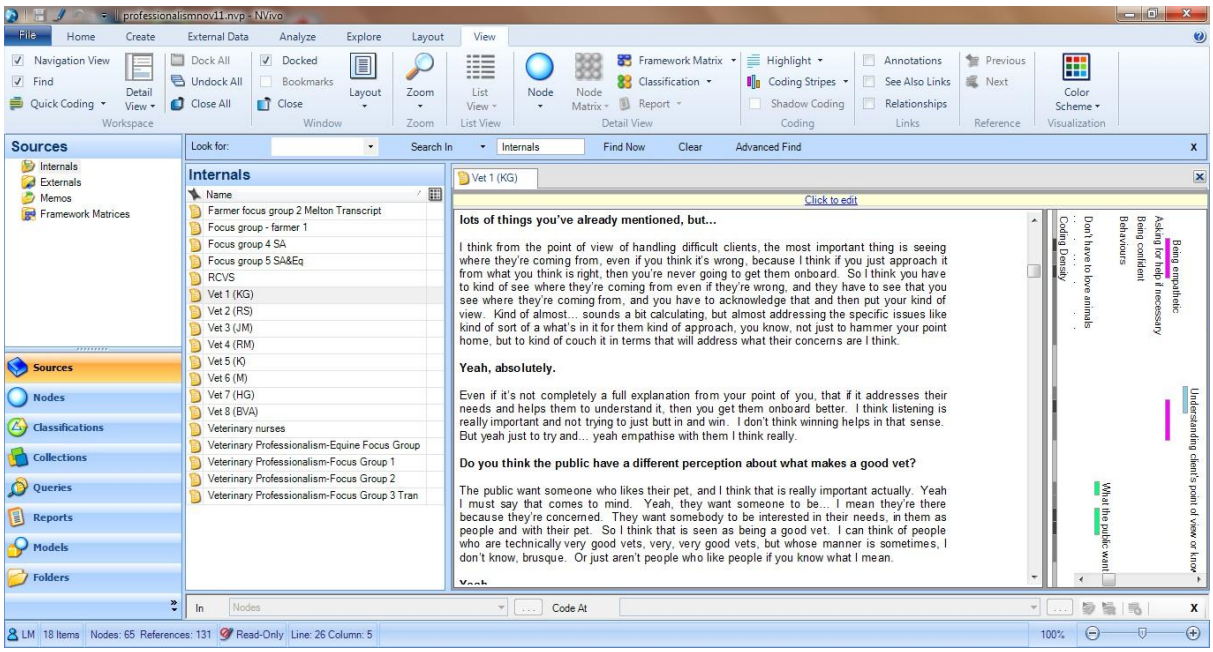

Figure 15 – Showing the process of coding interview scripts. The coloured stripes on the right demonstrate the different codes

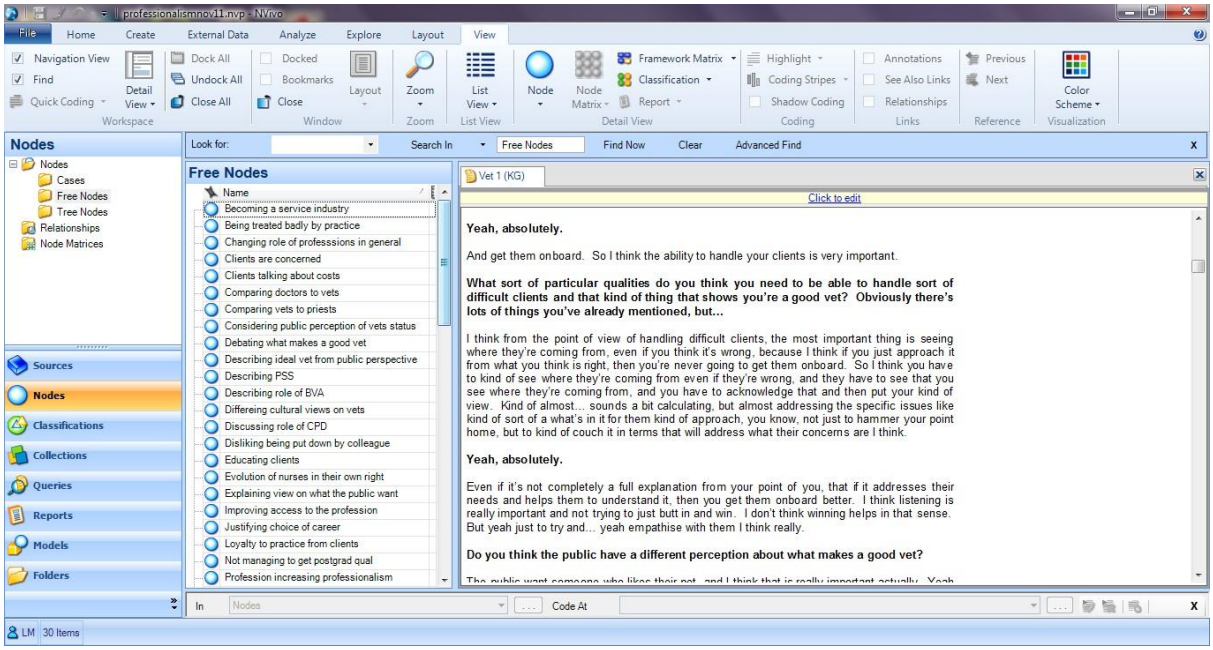

Figure 16 – Showing the initial free coding stage of grounded theory generation, with text coded line by line to highly detailed codes

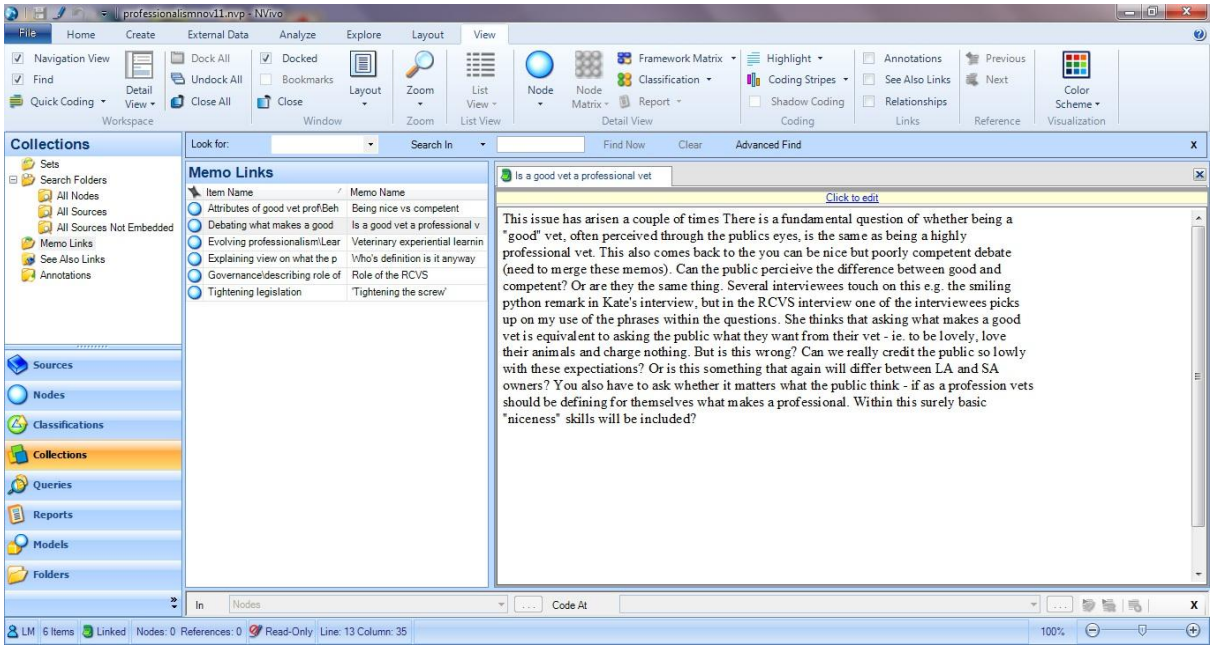

Figure 17 – Memos are generated as coding progresses and these can be linked to certain pieces of text

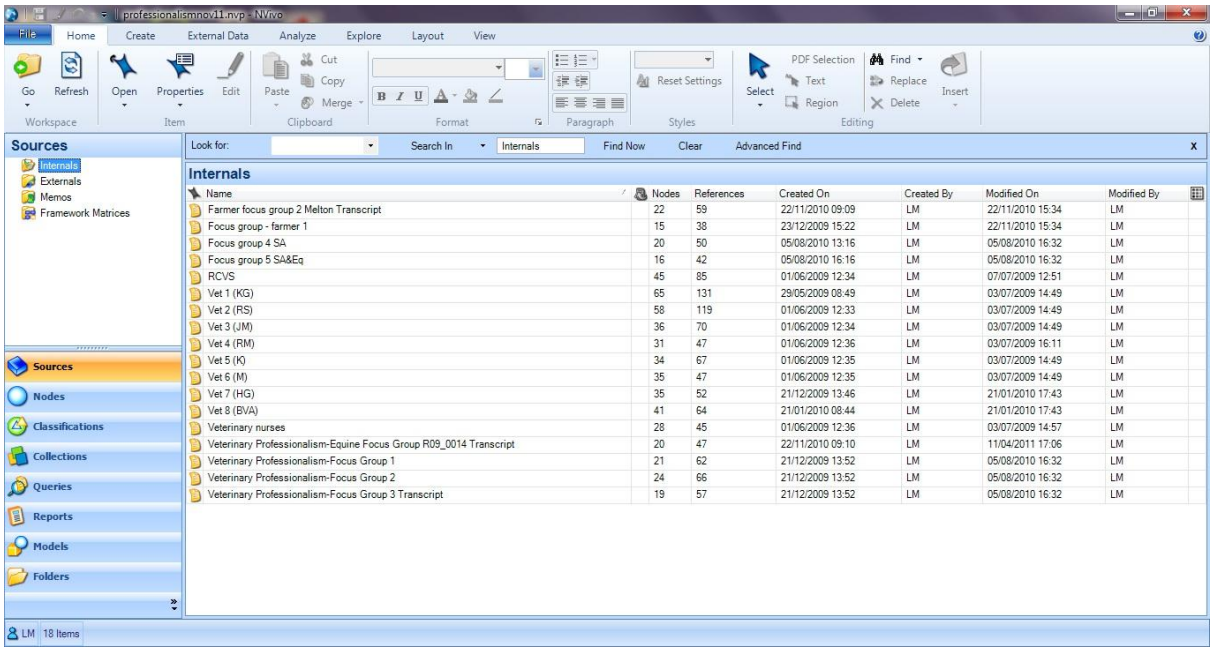

Figure 18 – The complete list of interview and focus group transcripts stored and coded in NVIVO

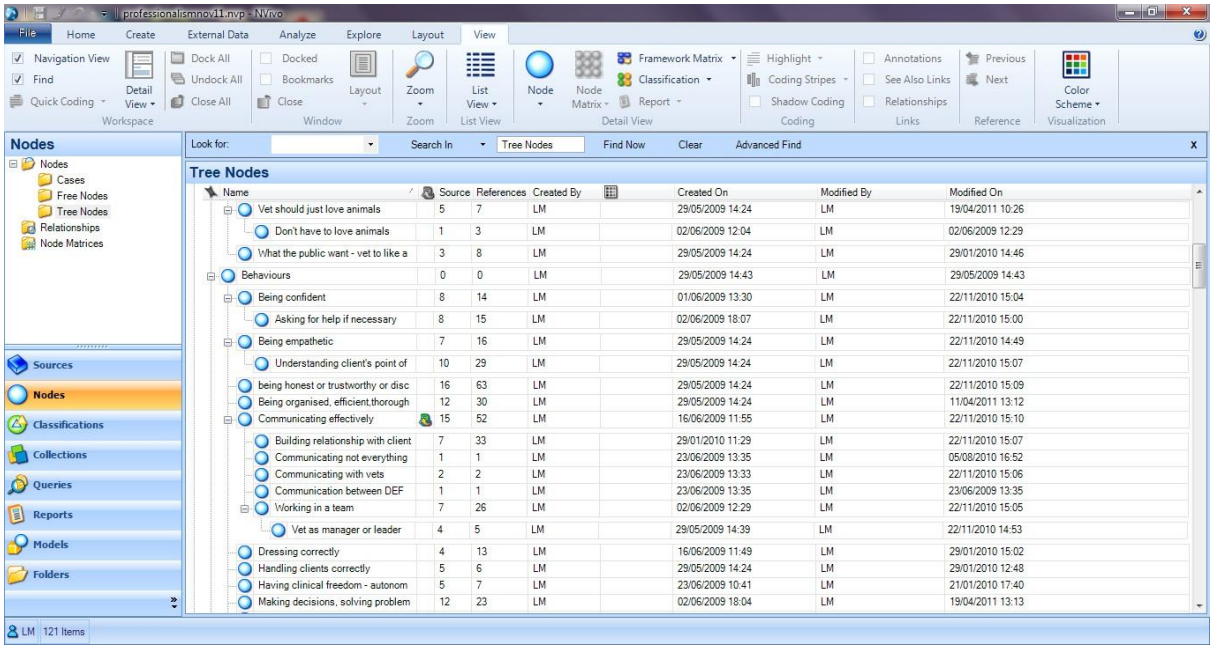

Figure 19 – As coding progresses tree nodes are created from the initial free nodes

Appendix 4

Sample consent form (interview) and information sheet (focus group)

School of Veterinary Medicine and Science

PARTICIPANT CONSENT FORM

Project title: Defining and teaching veterinary professionalism

Researcher's name: Liz Mossop

Supervisor's name: Richard Hammond, Reg Dennick

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand the purpose of the research project and my involvement in it.
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I understand that while information gained during the study may be published, I will not be identified
- I understand that I will be audiotaped during the research
- I understand that data will be stored at the University or in the possession of the researcher and will only be accessible to the researcher and supervisors.
- I understand that I may contact the researcher or supervisor if I require further information about the research, and that I may contact the Research Ethics Coordinator of the School of Veterinary Medicine and Science, University of Nottingham, if I wish to make a complaint relating to my involvement in the research.

Signed …… (Research participant)

Print name …… **Date** ……

Contact details

Researcher: liz.mossop@nottingham.ac.uk Supervisors: reg.dennick@nottingham.ac.uk, richard.hammond@nottingham.ac.uk

School of Veterinary Medicine and Science Research Ethics Coordinator: richard.hammond@nottingham.ac.uk

Information sheet for participants – client focus groups

Study title: Defining and teaching veterinary professionalism

Who am I?

My name is Liz Mossop. I am a vet and I worked in practice for several years before becoming interested in education. I am now working at the new vet school in Nottingham whilst carrying out a part time PhD in veterinary education. My supervisors are from the vet school and the medical school.

What is my research about?

My research is looking at veterinary professionalism. This is a huge topic, but I am trying to understand the identity of the veterinary profession – who vets are and why we behave in certain ways. In order to do this I am interviewing lots of people, like yourself, who have regular contact with the veterinary profession. These interviews take place in a focus group with other clients.

What does the focus group entail?

The focus group will normally last about an hour. I will ask lots of questions – there is never a "right" answer, it is your opinions I am after. The focus group will be recorded so that I can transcribe it to analyse the data. The information asked for will relate to general aspects of your contact with vets – not for specific feedback on your practice.

How will you maintain my anonymity?

I promise to keep all data anonymous. Your name will not appear in any publication I make connected to this research. You will be identified by a number or a descriptor e.g. horse owner, farmer. All raw data is stored confidentially, so that only I can access it. Data will be published in its raw form within my dissertation or any publications connected to this research. However your name will not appear alongside any of your answers. You have the right to withdraw your data at any time.

How do I give consent?

You will be asked to sign a consent form before the focus group. It is important that you read and understand this. Please ask if there is anything that is not clear.

Finally, as a thank you for your important contribution to this research, all participants will receive a £20 Amazon voucher.

If you require any further information or you do not understand this information, please contact the researcher: liz.mossop@nottingham.ac.uk or her supervisor richard.hammond@nottingham.ac.uk.

Appendix 5

Outline of Personal and Professional Skills Modules (information taken from University of Nottingham Module Catalogue 2011-12).

Personal and Professional Skills 1

Education Aims:
The aims of the module are to provide students with:

- An understanding of the basic principles of veterinary science
- An understanding of the methods of learning, study and assessment
- The ability to use different learning resources and basic computer programs
- An appreciation of the skills involved in problem-solving and decision-making
- An understanding of the Royal College of Veterinary Surgeons 'Guide to Professional Conduct'

Learning Outcomes:
a. Knowledge and understanding:
At the end of this module the student should be able to demonstrate knowledge and understanding of:

1. The basic principles of first aid for animals and physical examination
2. Methods of learning, study and assessment

b. Intellectual skills:
At the end of this module the student should be able to demonstrate:

1. An ability to search for and utilising different learning resources

c. Professional practical skills:
At the end of this module the student should be able to demonstrate:

1. Basic animal first aid and the approach to performing physical examination
2. An understanding of the professional role of the Veterinary Surgeon and their role in wider society
3. A professional attitude and a high standard of professional behaviour

d. Transferable (key) skills:
At the end of this module the student should be able to demonstrate:

1. Learning and study techniques which promote life-long learning
2. Maintenance of a personal portfolio
3. Basic computer skills
4. Problem-solving and decision-making ability

Personal and Professional Skills 2

Educational Aims:

- An understanding of the basic principles of veterinary science, including history taking and diagnostic imaging
- An understanding and application of methods of learning, study and assessment
- An understanding of the principles and methods of critical appraisal
- Basic communication skills
- An understanding and application of the Royal College of Veterinary Surgeons' 'Guide to Professional Conduct', including ethics and confidentiality
- An understanding of the ethical decision making skills required of veterinary surgeons

Learning Outcomes:

a. Knowledge and understanding:

At the end of this module the student should be able to demonstrate knowledge and understanding of:

1. Diagnostic imaging techniques
2. Image interpretation
3. Methods of learning, study and assessment
4. RCVS Guide to Professional Conduct

b. Intellectual skills:

At the end of this module the student should be able to demonstrate:

1. Taking a clinical history
2. An understanding of the principles and methods of critical appraisal
3. Selecting and interpreting different diagnostic imaging modalities

c. Professional practical skills:

At the end of this module the student should be able to demonstrate:

1. The ability to communicate effectively with members of the public
2. An understanding of the role of the Veterinary Surgeon and in society
3. The approach to image interpretation
4. An approach to interpreting ethical problems

d. Transferable (key) skills:

At the end of this module the student should be able to demonstrate:

1. Learning and study techniques which promote life-long learning

2. Maintaining a personal portfolio
3. Ability to write a scientific report/review
4. Verbal and non-verbal communication
5. Useful and effective feedback
6. Critical appraisal skills
7. Ethical decision making and confidentiality

Personal and Professional Skills 3

Education Aims:
The aims of the module are to provide students with:

- Basic skills in clinical case planning and review
- An understanding of human : animal interactions and its significance
- Basic skills in dealing with bereavement
- Practice in giving information and advice to clients

Learning Outcomes:
a. Knowledge and understanding:
At the end of this module the student should be able to demonstrate knowledge and understanding of:

1. Approaches to clinical cases and surgical cases
2. Methods of clinical audit
3. Methods of euthanasia
4. Evidence based veterinary medicine

b. Intellectual skills:
At the end of this module the student should be able to demonstrate:

1. An ability to review clinical cases and plans

c. Professional practical skills:
At the end of this module the student should be able to demonstrate:

1. Effective communication with clients and animal carers (verbally and non-verbally)
2. Understanding and empathy with clients/animal owners undergoing bereavement
3. The ability to gain informed consent for a procedure from a client
4. The ability to plan a clinical case from first examination to outcome

d. Transferable (key) skills:
At the end of this module the student should be able to demonstrate:

1. Case planning
2. Communications skills
3. Client / owner counselling
4. Presentation skills

Personal and Professional Skills 4

Education Aims:
The aims of the module are to provide students with:

- An understanding of veterinary working relationships
- Principles of management, marketing, business entrepreneurship and finance
- An understanding of the role of the RCVS and VDS in veterinary professional life and BVA
- Basic skills in selecting and applying for jobs

Learning Outcomes:
a. Knowledge and understanding:
At the end of this module the student should be able to demonstrate knowledge and understanding of:

1. Marketing, entrepreneurship and business and practice management
2. The Veterinary Surgeons Act

b. Intellectual skills:
At the end of this module the student should be able to demonstrate:

1. Understanding of working with and management of professional teams
2. The ability to analyse and develop veterinary business and operations

c. Professional practical skills:
At the end of this module the student should be able to demonstrate:

1. An understanding of the ethical, legal and professional responsibilities required of a veterinary surgeon
2. An understanding of the structure of the veterinary industry and potential career options, including the work of paraprofessionals, charities, governmental bodies and functions, and the RCVS
3. Business and management and entrepreneural skills applicable to veterinary practice management
4. The ability to carry out clinical audit

d. Transferable (key) skills:
At the end of this module the student should be able to demonstrate:

1. Effective communication with clients and with colleagues both in the veterinary profession and in other disciplines
2. The ability to cope with uncertainty and the ability to adapt to change whilst recognising personal limitations, and sources of advice and support and protocols
3. The ability to construct a CV and interview skills

Appendix 6

Example Personal and Professional Skills module review

D11PPS 07-08 MODULE REVIEW & PROPOSED CHANGES

1. MODULE SUMMARY

Module: D11 PPS
Module Leader: Liz Mossop
Module Learning Outcomes: *(please insert appropriate module link from the link below)* http://winster.nottingham.ac.uk/modulecatalogue/asp/ModuleDetails.asp?crs_id=017331&year_id=000108
Teaching methods: *(in particular, identifying the effectiveness of different methods, and forms of teaching which might require more or less emphasis)* The module was delivered by: **Intro week:** • lectures • clinical relevance sessions • animal practicals • lab based practicals • directed group learning session **PPS:** • facilitated small group learning sessions • tutorials • seminars
Assessment: *(in particular, evaluating the effectiveness of the methods of formative assessment used)* Formative: There is no formative assessment within PPS although the portfolio is continually formatively assessed by tutors Summative: 1. IT project 35% 2. Reflective essay 35% 3. Portfolio 10% (and must pass element) 4. MCQ/EMQ/AR/PB paper 20%

2. MODULE REVIEW MEETING

Date: 20/6/08

Staff present: LM, Naomi Cambridge, Kate Cobb, Richard Lea, Julia Kydd, Mike Jones, Sabine Totemeyer, Jon Huxley, Kevin Gough, Nigel Kendall, Kate Griffiths, Caroline Quarmby, Malcolm Cobb, Beth Richmond, Lyall Petrie, Richard Hammond.
Comments received verbally or via email from Bettina El Alami, Karen Braithwaite, Bob Robinson, Eleanor Wood, Mandy Roshier, Sarah Freeman.

3. OUTCOME OF MODULE REVIEW

a) People

Academic Staff:

INTRO WEEKS

- General agreement that the intro weeks had worked better and the introduction to group working was particularly successful
    - **Maintain current mix of intro week seminars and group working, possibly replace one pharmacology lecture with a DSL to consolidate learning**
- Concerns were raised with the level of biology knowledge in general the A level students appear to have, some struggled with concepts which we expected them to know
    - **Direct students to year 0 resources/essential reading to bring them up to appropriate level prior to seminars, particularly for immunology and embryology.**
    - **Remember to keep level of material appropriate for this very early stage of the course, and try to consolidate knowledge wherever possible**
- No professionalism introductory lecture
    - **Seminar to be inserted, there is material in Fresher's week but this is not sufficient**
- Not enough health and safety/hand washing emphasis
    - **Hand washing to be included as a practical session**
    - **Further H&S material to be inserted into Intro to Farming session**
    - **Include hand washing point in clinical relevance case**
- Not enough personnel for some practicals – intro to individual exam of dog
    - **Extra dog and cat handling session has been put into AHW1 so there will be less need for all students to do all activities during this session. Personnel numbers can be increased**
- Embryology, cell structure and tissue types lectures are in wrong order
    - **Will be rectified, tissue types should come before embryology**

Session by session changes

Week 1

Embryology lectures to move to the following Monday, Cell structure and proteins to take their place, Tissue types moved to Friday of week 1.	Sessions were wrong chronologically and students struggled with concepts

Emergency medicine practical to be revised -. Week 1 – intro lecture, bandaging (SA&LA), phone calls **Week 2 – Calcium inj, hand washing and CPR**	Phone call session was doubled up which didn't work. Need to add in hand washing practical
Clinical relevance case - add in learning outcome on personal hygiene	To emphasise importance of hygeine
Pharmacology lectures – change one to DSL	To consolidate learning and apply theories
Week 2	
Seminar on PPS (LM/MAC)	To emphasise importance of topic and introduce students to PPS module
Anatomy practical – change dissection task to removing skin and exposing muscles	Will allow more opportunities for students to dissect and prep them better for first dissection class

PPS

- In general the small group sessions ran well this year, and groups responded positively to the material.
- Week 4 (learning techniques) some technical issues over accessing the VARK test on line. It was suggested that it would be nice for students to do the formative MCQs on line for realism
    - **LM to investigate possibility**
- Week 7 (WLB) – some issues surrounding negativity from students as session looks at suicide rates etc
    - **Positive task to be inserted**
    - **Video clips of new grads talking about positives?**
- No session on plagiarism
    - **Learning outcome to be included in week 8 review of learning resources, central university may also offer session/seminar**
- Week 11 & 12 problem solving (EMS scenarios) – students maybe took a little too light heartedly compared to panel's expectations
    - **Facilitator notes to be adjusted appropriately**
- Week 13 essay writing – session was timed wrongly and mark scheme issued was over complicated, also some students did not do practice essay
    - **Session will be moved to coincide with CRS module better. Mark scheme to be refined for purpose of session. Practice essay to be made compulsory and submitted to facilitator prior to session (will not be marked but facilitator to comment along with peer assessment).**
- Client contact – worked very well but needs better organisation of clients. LM needs admin assistance to organise. Professional conduct needs reinforcing.
    - **Better support to be arranged. Facilitator/student notes to be adjusted to reinforce professionalism**
- Myers-Briggs – lack of application by year one students. Year two got more out of it as the students know each other better.

○ **To be moved to Year 2 PPS permanently** **Session by session changes**	
Week 4 (Learning and study methods incl MCQs) - Video clips to be used with current students talking about issues (funding permitting)	To increase validity and relevance of sessions
Week 7 WLB – make session more positive overall	To reduce emphasis on suicide and highlight positive aspects of career
Week 13 essay writing – session to be moved	To coincide with movement of CRS module
MBTI moved to Year 2 PPS	To time better with students maturity levels and understanding of reasons for typing, will also coincide better with Comm. skills teaching to increase relevancy
Client contact session – more support staff will be booked	Organisation of session was poor
IT sessions - Some will be made non compulsory/extra advanced session added	To increase usefulness of sessions to students
Media session – use more clips from Vet.TV, RVC greyhound issues	To increase relevancy to students at this stage of the course
Technical Staff: No issues were raised by technical staff, bookings were received in time and resources were available. Vet school cats should make cat handling prac easier to arrange	
Facilitators: It was agreed that the clinical relevance case had worked very well, the focus on the process rather than the outcome was very useful. **PPS:** See other comments (staff involved in meeting are all facilitators)	
Administrative staff: N/A	
Students (on line questionnaire): **INTRO WEEKS** There was a spread of opinions on the content of the intro weeks, although most students agreed that they were introduced to vet school teaching methods and subjects well Specific comments:	

Lectures too complicated/assumed too much basic knowledge	Lectures rearranged and basic material to be highlighted by lecturers. Pace/content of all lectures to be checked
Intro weeks not explained enough/given enough emphasis	Introductory professionalism lecture will emphasise reasons for intro weeks and uses of material throughout course
PPS There were some very positive student comments with particular emphasis on the client day and communication sessions. Most students were also positive towards the portfolio/skills diary Specific comments:	
Too many/too few/wrong level IT sessions	To be looked at. May use external consultant or make some sessions optional. Advanced level Excel session to be provided by KB. Impossible to please all students as there is such a variation in ability.
MBTI irrelevant/not useful	To be moved to Year 2 where students should respond better.
Relevance of some of the learning techniques sessions	These sessions are vital – facilitators influence student uptake immensely so this will be stressed again in briefing notes
Portfolio guidance lacking from some tutors	Guidelines to be reinforced to tutors and importance of formative assessment stressed.
Lack of privacy in portfolio/ rigid format	Format to be looked at as part of CETL project over summer, will eventually be on line and easily accessible with private areas.
External Contributor: N/A	
Clinical Associates: **N/A**	
External Commentators: This module was reviewed externally last year (06-07)	
b) Other issues which lead to proposals for changes in the module	
Teaching methods: *e.g. would any parts of the module be delivered better by changing the teaching method?* **Current teaching methods rely heavily on SGT for PPS sessions which will be maintained. Hoped to include an extra SDL/GDL session during intro weeks as this is the type of teaching that students are least prepared for.**	

Module content: *e.g. is anything missing from the module or duplicated elsewhere?* **See above – plagiarism to be added as learning outcome. More emphasis on note taking skills during first learning technique session**
Have there been any alterations to Quality Manual which may have an impact on the Module? **No**
Physical resources: (e.g. animals, group size, rooms, computers) **No issues**
Staff resources: (e.g. adequate numbers etc) **Facilitators will be used again, always issues surrounding work load but new facilitators will be recruited this year for PPS as new staff members commence work.**
Assessments: (e.g. format, system efficiency, location etc) **The IT assessment will be looked at again for relevancy etc – WIKIVET may form part of new format. Reflective essay title will be reviewed.**
Other: N/A

4**. PROPOSED CHANGES TO MODULE**

Do you propose to change any aspect of the Module in the next Academic Year? YES - see above for session by session changes and reasons. Does not change Catalogue of Module submission as only small changes required, overall learning outcomes remain the same.