

The importance of emphasizing role-modelling in the CanMEDS framework to enhance medical education L'importance de mettre l'accent sur les modèles de rôle dans le cadre CanMEDS afin d'améliorer l'éducation médicale

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The CanMEDS physician competency framework is an internationally influential competency framework that describes how a physician should practice through a series of competencies organized under seven roles.¹ This article focuses on the importance of role-modelling, a concept which is mentioned briefly under the Scholar role,¹ as a physician competency. We believe that this concept should be further emphasized in the CanMEDS framework due to its underrecognized importance and ubiquity as a teaching method.

As physicians consider how to teach effectively, they should understand that learners explicitly and implicitly learn through their teachers' attitudes and actions, whether the latter are aware of it or not. This is vital in medical education because role-modelling does not only convey medical knowledge but the daily art and practice of medicine as well. Through it, the profession's subtleties are experienced by learners who watch how teachers practice medicine in the often unclear, complex, and unique clinical situations that they face. Similarly, it can communicate personal attributes, values, strategies to balance professional and private life, and attitudes towards patients and colleagues. An appropriate update to the CanMEDS framework would highlight the importance of good role-modelling and encourage its development in medical education, helping preceptors and students make the most of this comprehensive training process.

The literature corroborates the breadth of learning that role-modelling provides. Role-modelling plays a part in teaching the more nuanced competencies of other CanMEDS roles, influencing career choices such as practice location, building resilience, encouraging honesty, and even teaching cost-conscious care and resource management.²⁻⁶ As our knowledge of what can be taught through role-modelling expands, it is clear that it is a heavily used and influential educational practice. Further emphasis on role-modelling could encourage educators to be mindful of its broad potential for teaching the art and practice of medicine described by the CanMEDS roles.

Conversely, there are also cautions to be considered when it comes to poor role-modelling, which further highlight the need for increased attention to it. Detrimental role-modelling can easily occur as some role models do not exemplify best practices and others are not aware of the involuntary teaching that they are imparting to learners. This highlights the importance of self-awareness and intentional effort from role models to not only exemplify good conduct but also encourage frequent debriefings to point out good examples to emulate and warn learners about erroneous ones. Learners should also maintain humility and critical thinking to be teachable and assess whether the things they learn are worthy of being included in their future practice.

Even so, role-modelling remains underdeveloped in medical education programs. Residency program

administrators may not realize that residents are important models for medical students and might ignore the benefits of ensuring positive role-modelling both for themselves and their students.^{7,8} An elective half-day curriculum has been developed in a Canadian residency program to attempt to fill this gap. Although the training session was brief, the residents viewed the program as a success, reporting that they understood the importance of role-modelling, grew in their appreciation of it, and applied active role-modelling strategies more often.⁹ A new role-modelling competency in the CanMEDS framework would encourage its awareness as a critical teaching method among education programs and potentially contribute to the development of more formal training for students, residents, and staff physicians. We propose the addition of a new enabling competency under key competency 2.7 of the Scholar role in the CanMEDS framework that would encourage current and future physicians to: “Intentionally develop, practice, encourage, and teach positive role-modelling as an educational strategy”.

In conclusion, the CanMEDS framework is an important global reference that describes the competencies physicians should exemplify. It would be beneficial if the CanMEDS framework strengthened its position on role-modelling by stipulating that physicians should not only recognize¹ but intentionally practice and teach positive role-modelling.

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