



REVIEW ARTICLE

Professionalism and Ethics in Medical Education: Teaching Approaches—A Narrative Review

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Abstract

Background: Medical professionalism and ethics are the bedrock of medical education, moulding physicians to be competent, compassionate, and ethical practitioners. These components cover core elements learned and taught through official and clandestine curricula — including honesty, compassion, responsibility, and patient-centred care. Although important, the methods for the best teaching of competency-based education are not well-defined. **Materials & Methodology:** We performed a systematic literature search in PubMed and Google Scholar of literature published until the beginning of 2025. The keywords included “medical professionalism” and “ethics education.” The main focus of the inclusion criteria focused on original research and reviews that dealt with curriculum design, assessment techniques, pedagogical approaches, and educational outcomes related to professionalism and ethics in undergraduate and graduate medical education. **Discussion:** Professionalism education must be longitudinally integrated throughout the program across the duration of medical education to be effective. Since affective areas, such as empathy and ethical problem-solving, seem to be poorly taught in traditional lectures, experiential learning resources like case-based learning, reflective text, role playing, and faculty role modelling have been gaining the attention of people. Novel approaches, such as cinema education, have emerged as ways of enhancing involvement with the ethical issues involved in this debate. However, most current evidence is Western-oriented and highlights the importance of culturally appropriate curriculum. In order to sustain professional education and reduce the force of hidden curricula, both institutional support and faculty development are needed. **Conclusion:** Efforts to formalize professional education can be seen in structured programs like the AETCOM module. Nevertheless, there is disagreement in the field about both pedagogy and the content of the curriculum. Evidence base for making models that link educational interventions to improved patient care outcomes and practice has been developed through stringent, cross-cultural studies. Words: ethics, medical professionalism, teaching methods.

Keywords: Medical professionalism, Medical ethics, Medical teaching

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Introduction

It is important to note that the professionalism and ethics of medicine itself are to ensure that doctors will not only perform at the level of clinically proficient but also that they are professional but will act out of social and ethical responsibility to their patients. Professionalism is full of values, including integrity, empathy, accountability, selflessness, and respect for patients' rights. These moral values are codified within the formal curriculum as an overarching set of values, although most of these are taught in what is known as the 'hidden curriculum' [1-3]. Such is the type of lessons not mentioned explicitly but derived from the culture of the institution, behaviour of peers, instructors, etc. The hidden curriculum is often the most effective of the influencing elements of the process of establishing the students' professional identity, or, on the other hand, it may actually strengthen or, at worst, be extremely harmful to the formal ethics education. The increasing use of competency-based medical education (CBME) frameworks is fostering an emphatic focus on quantifiable and measurable outcomes, but the teaching of professionalism is especially difficult because of the affective and behavioural aspects of the topic. Educational innovation is critical for moving beyond traditional, non-participatory, didactic teaching methods to a more nuanced and complex reality; one that engages the learner cognitively, emotionally, and socially. There is growing interest in longitudinal professional learning that is integrated throughout the undergraduate and postgraduate pathways and centres on the building of ethical judgement and professional behaviour that is embedded within the clinical and preclinical teaching

[6,7]. Moreover, the contexts that inform professional practice (cultural and institutional) are vital in shaping the way in which professionalism is defined and enacted, providing proof of the importance of a responsive curriculum that takes into account the contexts of the local and realities of the health care system [8,9]. This narrative review attempts to synthesise recent teaching methodology literature and curriculum development literature concerning professionalism and ethics, and related topics. This narrative review aims to identify and portray effective teaching approaches to encourage a sustained professional identity, ethical consciousness and patient-centred care and highlight which practices fail with the expectation and the future directions for the research and educational practice.

Materials and Methodology

A literature review was conducted in early 2025 in the PubMed and Google Scholar databases. The keywords searched were "medical professionalism," "ethics education," "professionalism teaching methods", "medical ethics curriculum", and "professionalism assessment." Only original empirical studies, systematic reviews and narrative reviews of pedagogy, curriculum, assessment and outcomes of professional and ethical education delivered by postgraduate and undergraduate medical students in education were scoured. The studies included in the review emphasize innovative teaching, integration of professionalism into education in a longitudinal manner, and cultural context considerations. The studies that did not take an evidence- or theory-based approach to professional education were ruled out. On data extraction, the focus was on methods

of teaching to facilitate the instruction of the curriculum and the data collection for assessment, focusing on learner outcomes. Proper teaching professionalism begins with ensuring continuity of exposure across the medical training continuum [4,5]. Inclusion of professionalism and ethics in preclinical and clinical stages reinforces the principles while gradually establishing a professional identity. In short, the compartmentalisation of professionalism into separate modules leads to minimal participation and ignores the continuous evolution of professional development [10]. In their development of increasing complexity, longitudinal programs support learners in exercising ethics when faced by challenging clinical scenarios. Teaching Approach Professionalism and education as constructs have affective and behavioural domains, and no traditional lecture holds value for the development of these qualities, such as empathy, ethical reasoning and communication [6]. Therefore, teachers prefer to use multimodal experiential pedagogies that actively engage learners.

Case-Based Learning

When put in an authentic clinical context, Case-Based Learning (CBL) promotes critical thinking, ethical reasoning, and problem-solving skills by situating moral dilemmas in the real world [7]. It fosters discourse, self-reflection and the transference of theoretical knowledge to real-world dilemmas.

Reflective Writing

Reflective exercises facilitate reflection by prompting students to analyse their attitudes, prejudices, and experiences [8]. Reflection is driven by an increase in empathy and ethical sensitivity.

Role-play

Role-playing and simulating patient encounters provide safe environments for the acquisition of communication skills, empathy in others' distress, and moral judgments [9]. Peer and teacher feedback promote student confidence and skill development.

Role-play and Simulation

The activities provide secure environments for developing communication, empathy, and moral judgment [9]. Students receive feedback from their peers and instructors, and these assist them feel confident that they are capable of improving their skills.

Faculty Role Modelling

The behaviour of the faculty impacts the way in which students develop their professional identities [10]. By observing and mentoring students, positive role models both impart ethical values and show professional standards in clinical practice, education and personal relationships.

Cinemeducation

Using films and other visual media for this purpose makes difficult moral dilemmas accessible and exciting, encouraging dialogue and a better understanding of the topic [11]. This novel strategy fosters critical thinking and emotional engagement with medical ethics.

Cultural Aspects and Contextual Considerations

As most education on professionalism is carried out in Western settings, the results cannot be generalised across different institutional and cultural contexts [13,14]. Cultural norms impact

perspectives on professionalism, moral priorities, and appropriate conduct [8,15]. Social values, communication styles, hierarchical structures and more are varied, which means curricula in specific areas need to be contextually adapted. Context-sensitive methods in professional education are important for enhancing learner relevance, acceptance and efficacy [14].

Faculty Development and Institutional Commitment

Specialist resources, faculty development and curriculum-integrated support from the institution are crucial in continuing professional education [16]. To enhance teachers' capacity for teaching, modelling, and assessing professionalism, the quality of teaching programs and the professional development of teachers must be enhanced. The detrimental effects of the hidden curriculum and reinforcing desired behaviour expectations require the alignment of institutional policies with their culture, and thus, institutional policies and culture must be in concert.

Challenges and Future Directions

There remains great potential for cooperation on assessment, teaching method and content of curriculum despite these developments. Because of the hidden curriculum, the institutional culture can be solved with systemic solutions, as formal professionalism education continues to be thwarted. Longitudinal mixed-methods research is needed to link educational interventions with quantifiable improvements in patient outcomes and professional behaviour. Development of validated assessment tools and culturally relevant standards will enhance their effectiveness and global applicability.

Conclusion

Structured programs such as the Attitude, Ethics, and Communication (AETCOM) module add a structured component that contributes to more effective professional education in addressing complex issues. However, this variation exists in the curriculum and teaching methods, illustrating the always-existing concerns in this field. Strict, culturally relevant research must underpin evidence-based frameworks that facilitate professional identities and ethical competence development. By integrating institutional-level commitment and longitudinal experiential pedagogies, physicians will be better positioned to address the moral dilemmas of modern healthcare, which will provide further opportunities to enhance patient care and inspire confidence in the general population.

Statements and Declarations

Conflicts of interest

The authors declare that they do not have a conflict of interest.

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