

Being a Role Model

Educational systems have used role modeling for decades to demonstrate the expected way that things are done. Role modeling is usually how an individual pattern themselves after someone they trust and respect. Role modeling differs from mentoring in that a role model usually inspires others and teaches by example. Mentorship involves an explicit relationship with another person over a period of time and usually results in directing the other person by asking questions and giving advice freely.

Effective Role Model

Teachers are capable of a wide variation in their performance as role models and can demonstrate both positive and negative behavior in a single encounter. The characteristics of a role model can be divided into three categories:

Clinical Abilities	Teaching Abilities	Personal Abilities
Competent in clinical content & demonstrates appropriate skills	Cognizant of their role	Demonstrates a compassionate & caring attitude
Uses effective therapeutic communications	Encourages discussion of clinical situation	Accountable for own actions
Demonstrates ability to problem solve effectively	Ensures adequate time for learning	Enthusiastic about teaching
Demonstrates professionalism	Respectful of student	Effective interpersonal skills
	Provides constructive feedback in a timely fashion	Commitment to excellence
	Takes time to reflect on clinical situation as a decision-making technique	Works well with other colleagues
	Provides a positive atmosphere for learning	Displays a sense of humor
		Demonstrates flexibility
		Promotes trust

Clarion, 2008; Cruess, Cruess, & Steinert, (2008).

Role Modeling Strategies

In role modeling, it is important to keep in mind that students learn from their role model at all times. The role model has the most influences on the student's ability to learn critical thinking and professional role behavior in interaction with patients, interdisciplinary colleagues, and others.

1. Learn to "think-out-loud" when appropriate even though this may not be a natural behavior. During your patient management when a student is not present, challenge yourself to formulate a description of your thought process. At the times when this approach is not appropriate, alert the student to pay specific attention to particular critical features of your behavior. Afterwards, ask the student questions about their observations and their reasoning for your actions. This approach is a version of a "pop quiz" on thinking-out-loud.
2. Let the student see the consequences of your actions both the favorable and the mistakes. This will focus the student on the outcomes as well as motivate them. The mistakes are utilized to teach how to improve, what to watch out for, and other valuable lessons. Students are usually very attentive to war stories of valuable lessons learned from mistakes.
3. Reflect on your practice by occasionally saying, "I remember the time ..." or "I learned this the hard way when ..." This is an approach that can help students prevent their own errors and may even encourage them to approach you with their uncertainties. It is meant to stress that when mistakes occur, as they certainly will, it is important to find the learning opportunity and apply corrective action as indicated. It is not meant to suggest lowering performance standards or quality of care.
4. Always remember that the approach you model with your patients profoundly affects the student's approach. For example, asking the patient's permission for the student to participate in his care, protecting patient privacy, warning the patient of sensations or discomfort, thanking the patient for accepting the student, and offering to discuss any questions with the patient and family are all approaches worth learning by the student.

References:

Clarion University, Edinboro University, Slippery Rock University. Retrieved April 23, 2008 from <http://www.sru.edu/Pages/6387.asp>

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