



ASSESSMENT OF PROFESSIONALISM AMONG MEDICAL UNDERGRADUATE STUDENTS IN A TERTIARY CARE TEACHING HOSPITAL.

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ABSTRACT Medical Professionalism has existed ever since from the time of Hippocratic Oath taken by Doctors and it is Professionalism that makes our profession a sacred one (Lynne Met.al 2007)². With the increasing number of Medical colleges over the past two decades the standard of Doctors has gone down due to lack of Medical Professionalism training (Epstein RMet.al 2002)³. The only key to produce professional Medicos is by reforming the teaching and learning methods (Passi Vet.al 2010)⁴. The aim of the study was to assess the medical professionalism among medical students in a tertiary care teaching Hospital. After the approval of Institutional Ethical committee, the study was conducted among 300 medical undergraduate students by using a Standardized Questionnaire on Professionalism by General Medical Council (MCI 2014)⁵. The study revealed that there was an association between medical professionalism and Year of study where Interns had the highest mean value of Professionalism followed by Final year MBBS students and 3rd year MBBS students. We conclude that Professionalism should be assessed and the awareness should be created in a proper way according to year of study so that highly professional doctors can be produced for the future world.

KEYWORDS : Medical Students, Professionalism, Tertiary Care Hospital.

INTRODUCTION

Medical Professionalism is the most ancient concept which came from the Hippocratic Oath taken by all physicians (Lynne Met.al 2007)². It is defined 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." (Lynch DCet.al 2004)¹ The key to an effective doctor-patient relationship and a successful diagnosis, treatment, and prevention of diseases is the patient's trust on the physician. The public trust in medical professionals makes medicine a sacred and valuable profession. This trust is that the main goal of medical professionals is to ensure public health and that this goal is prioritized by them over all their own interests. The American Board of Internal Medicine identified the key elements of professionalism as: Altruism, accountability, duty, excellence, honor, integrity and respect for others (Epstein RMet.al 2002)³. Professional competence is the constant and conscious use of communication, knowledge, technical skills, clinical reasoning, emotions, and values and is reflected in daily practices through serving the interests of individuals and the society (Passi Vet.al 2010)⁴. The General Medical Council describes the duties of a physician with good medical practice as providing good clinical care, maintaining good medical practice, learning and teaching, communication with patients, interaction with colleagues, probity, and health (MCI 2014)⁵. Exhibition of inappropriate professional behavior, they end up receiving disproportionate attention, maligning the entire profession. Medical errors, adverse outcomes, malpractice and inappropriate behavior result when doctors do not adhere to guidelines, have difficult workplace relationships, find themselves inadequate in communication, collaboration and transfer of information, or suffer from low morale (ACGME 2007)⁶ Professionalism is not a single skill, but a multi-dimensional competency construct with several component skills. A combination of teaching-learning methods is essential for imparting training in professionalism (Swick Herbert M et.al 2000)⁸. This Study was conducted among Medical Students to find out the level of Medical professionalism existing so that further improvement can be made by reforming the Medical teaching and learning programs.

AIMS AND OBJECTIVES

- To assess the Practice of Medical Professionalism among Medical students.
- To find the association between Medical Professionalism and

Sociodemographic details like Age, Gender and Year of Study in medical students.

MATERIALS AND METHODS

This Cross-sectional study was conducted in Trichy SRM Medical College Hospital and Research centre, in department of Physiology. The study was conducted with the approval of Institutional Ethical Clearance among 300 participants including medical students and Interns who were willing to participate in the study after getting written informed consent. Unwilling Students were excluded from the study.

Data Collection Tools:

A Standardized Questionnaire- The General Medical Council Questionnaire (MCI 2014)⁵ of Medical Professionalism was used to assess the practice of Medical Professionalism among the study participants. Baseline characteristics like Name, Age, Gender, Year of study were also collected by using a Proforma. The Questionnaire consist of Ten items having three options and 3 point Likert scoring was used to Evaluate each questionnaire. Data was analysed by using SPSS 21 software for windows. Descriptive statistics were used to analyse the Baseline characteristics. Quantitative data were expressed in Mean and Standard deviation while categorical data were expressed in percentages. Anova and Independent Students t-test were used to analyze the data. P value ≤ 0.05 was considered significant.

RESULTS

This study was conducted among 300 medical students of both gender 171 Female (57%) and 129 Males (43%). The Age of the students ranged from 19 years to 24 years. 100 students (33.3%) belong to a age group of 19-20 years. 131 students (43.7%) belong to a age group between 21-22 and 69 students (23%) belong to age group between 23-24. 100 participants (33.3%) were from 3rd year M.B.B.S, 131 students (43.7%) were from 4th year M.B.B.S and 69 participants (23%) were CRRIs.

The mean difference for Gender was analysed by independent students t-test while for Age and year of study Anova was used. There was no significant difference between Male and Female with regards to Professionalism. While a significant difference was found in Age ($p=0.001$) and Year of study ($p=0.001$) relation to Professionalism. With regards to Age, the mean score of Professionalism was 3.42 ± 2.4 in the age group of 19-20, higher (6.15 ± 1.95) in the age group of 21-22 and highest among the age group of 23-24 i.e. 8 ± 1.63 . The highest mean score was seen in CRRIs 8 ± 1.63 followed by 4th year M.B.B.S students 6.15 ± 1.95 and 3.42 ± 2.4 in 3rd year students.

Table 1: Baseline characteristics and its association with participant's Practice of Professionalism:

Sl.no	Variable	Percentage	n=300	Mean(SD)	P value
1	Gender	Female	171(57)	5.56(2.6)	.451
		Male	129(43)	5.80(2.8)	
2	Age	19-20	100(33.3)	3.42(2.4)	0.001*
		21-22	131(43.7)	6.15(1.95)	
		23-24	69(23)	8.00(1.63)	
3	Year of Study	3 year	100(33.3)	3.42(2.4)	0.001*
		4 year	131(43.7)	6.15(1.95)	
		CRR1	69(23)	8.00(1.63)	

Item 6 had the least percentage of right answers (33%). And Item 9 had the highest percentage of right answers (79.3%) followed by item 4,5,7 with a percentage of 67%. (Figure 1) Figure 2 shows the result obtained from the participants form each item on the questionnaire

Figure 1: The percentage of participants' correct responses to each item on the practice of professionalism:

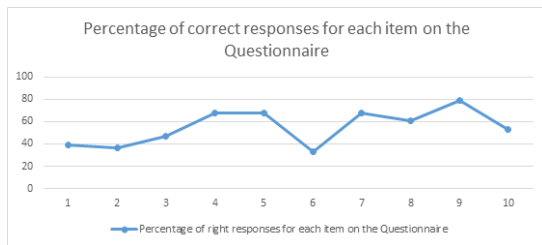
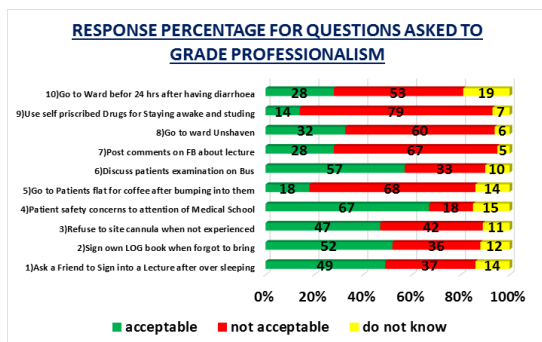


Figure 2: Participants' responses to the questions about professionalism for each question:



DISCUSSION

India has experienced an increase in the number of Medical Colleges in the past two decades. Thus there is a concern about quality of training in areas such as Professionalism. The quality standard of these medical colleges its students and faculty is an area of great concern. Professionalism should be the main priority of Medical Education pertaining to increasing number of Medical Schools as the lack of professional training has led to malpractice in the Medical Profession. (Epstein RM,et.al 2002)³

This study conducted among 300 medical undergraduate students showed that there was no association between gender and professionalism. Both males and females had an equal Mean score which is contradictory to the study by Mehran et.al (2016)⁹ which stated that females were more Professional than males. Age and Year of study had a significant difference with increasing Mean score of Professionalism with advancing age and year of study. This was a contradictory result to the study by Mehran et.al (2016)⁹ which proved that Age and year of study had no association with professionalism.

Papadakis et.al (2004)¹⁰ stated that association between Poor performance on behavior and cognitive measures of candidates during medical school and the malpractice and unprofessional behavior during practicing later. Previous study of Association of American Medical colleges (2006)¹¹ proved that disciplined physicians had an association with good conduct records in their medical school file. Thus unprofessional behavior during undergraduate period correlates with subsequent unprofessional behavior during practice and therefore professionalism should be an essential competency for a student to graduate from medical school.

Jothi Et.al (2014)¹² stated the Strategy is divided into three parts of Sensitization of the students about Professionalism, Imersion into case scenarios and situations and finally provide oppurtunities for reflection which exposes the students to experiences and situations and provide time to reflect upon them.

Puschel Et. al (2017)¹³ stated professionalism training should consist of three domains – Knowledge, Skill and Attitude. In the Preclinical and Para clinical phase of Medical Education Knowledge of medical professionalism should be emphasize upon by conducting Interactive Lectures and Large Group Discussions which should include videos and power point presentations. In the Clinical phase Skills should be incorporated among the students by conducting small group teaching on Case based learning, which is an ideal tool leading to Reflective thinking and Brain storming. Where students should be taught how to interact with patients and attendants, to maintain patient confidentiality, autonomy, maintenance of composure in phase of emergency and while breaking bad news. If undergraduate start to reflect on their interactions with patients it will help in development of professionalism and self-learning. Attitude development is a “Hidden curriculum” which can be learned by the students only by observing their teachers and seniors stated by Puschel et.al (2017)¹³. So Role Modeling- where Teachers conduct themselves as role Models is the only key to in cooperate the attitude component of professionalism among medical students.

Goldie Et.al (2013)¹⁴ states Miller's pyramid is the best way to assess medical professionalism at each level as appropriate to the stage of the training. For Interns as they have increased encounter with patients and perform procedures on patients under supervision, Professionalism should be marked as qualifying competency for certification and successful internship completion (Puschel Et. al 2017)¹³.

CONCLUSION

Professionalism should be taught along with medical undergraduate course contents. We found that Professionalism had an association with year of study and we suggest that if Medical Professionalism can be taught with appropriate learning tools and assessed according to the year of study then medical schools would produce highly professional Doctors only if Medical professionalism is a qualifying competency for certification of successful undergraduate course completion.

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