



## TEACHING PROFESSIONALISM AND ETHICS AMONG UNDERGRADUATE STUDENTS – A TERTIARY HOSPITAL BASE STUDY

### Biochemistry

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### ABSTRACT

**Background:** Medical ethics has progressively turned into a common element of the undergraduate curriculum at many medical institutes, often within a well-defined humanity programme. Professionalism is a concept of belief system to achieve trust between physicians and society. Professional competencies 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. It is important to gather baseline information on professionalism awareness among undergraduate medical students to be able to guide curriculum along with its teaching and assessment methodologies. Ethics teaching has been shown to have significant influence on professionalism and moral qualities of medical professionals. A need is felt to train undergraduate students and find out perceptions of undergraduate medical students regarding ethics and professionalism. The study aims to explore the perceptions of medical undergraduate students and the assess their attitude on professionalism and ethics. **Materials and Methods:** It was a qualitative study in which four focus group discussions were conducted among first phase, second phase and third phase MBBS. Manual content analysis of the transcripts were done. **Results:** The text information was categorised into 29 categories which were merged into seven major themes, after the qualitative analysis of the data, namely qualities of a good doctor, need of teaching professionalism, ways of teaching professionalism to under-graduate medical students, assessment of professionalism, factors promoting professionalism, and factors hindering professionalism. The students perceived that a good doctor should have adequate knowledge of the subject and should keep the subject update. A good doctor should be committed to accountable to patients, profession and community, selfless, healthy, good communicator, ethical and law abiding, practice integrity and social justice. This study confirmed the need of teaching professionalism and ethics to identify trained the students by role modelling, group discussion. Physician are likely to improve the professionalism with training and experience. **Conclusion –** professionalism is an important component of medicines contract with society. Medical under-graduate students should be trained about the need and professionalism through narratives, role modeling by faculties, case scenarios and small-group discussions. **Summary:** A supportive and conducive environment for enhancing adoption of good professional practice skills should be created both at the academic institutions and the clinical training sites within the health system. The study has assess the undergraduate students perception, keeping in mind the difference in attitude of professionalism among the students at different phases of the MBBS course.

### KEYWORDS

Medical Education, Professionalism, Ethics, Perception, undergraduate medical students

### INTRODUCTION

Professionalism has been regarded as a selection of core competencies of physicians since Hippocrates' time<sup>1,2</sup>. The word "Professionalism is derived from the Latin Professio or Public declaration"<sup>3</sup>. Professionalism is the attributes, behaviours, responsibility principles and objectives that characterize a profession or professional person. In the medical profession, professionalism symbolises the relationship and commitment of medicine (doctor) to society as it forms the basis of patient physician trust<sup>4</sup>. The attributes and behaviour of professionalism include accountability, selflessness, commitment to excel, empathy, truth admiration, sensitivity to the need of diverse populations and adherence to ethical principles. Professionalism is defined as the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotion, values and reflections in daily practise for the benefit of the individual and community<sup>5</sup>.

The key values of professionalism continue to underpin the conduct of medical practitioners. It is important to gather baseline information on professionalism awareness among undergraduate medical students to be able to guide curriculum along with its teaching and assessment methodologies<sup>6</sup>. In the new millennium, increasing public expectations for the quality of care have made the traditional style of education challenged and unable to meet new needs and is changing rapidly. Combining the teaching of concepts, beliefs, scientific principles, ethical values and professional responsibility with ethical principles can help students to acquire professional responsibility skills<sup>7</sup>. Professionalism is a competency which can be taught to the undergraduate students and can be incorporated through well designed educational strategies<sup>8</sup>.

of the undergraduate medical students because it has shown to have a positive effect on the professional attitudes of medical students in their ethical practise<sup>9</sup>. Till recently, ethics and professionalism in India remained as a hidden curriculum to be learnt by observation and experience. Ethics teaching has been shown to have significant on professionalism and moral qualities of medical professionals. A need is felt to train undergraduate students in the same, using a comprehensive curriculum. The attitude of newly joined undergraduate medical students towards professionalism is varied. For the planning of professional development program, we should have knowledge about the perception of professionalism and ethics among medical students. We therefore conducted this study to know the perspectives about professionalism and ethics among undergraduate students in a tertiary medical college in India.

### Method: A qualitative study

**Study Design:** The study evaluated undergraduate medical students at Jawaharlal Nehru Institute of Medical Sciences, Imphal, a Tertiary Hospital on importance and need of Teaching Professionalism and Ethics among undergraduate students. Data collection is done by conducting four focus group discussion of different phases of undergraduate students of Jawaharlal Nehru Institute of Medical Sciences, Imphal, Manipur, India. Working group/ participants: Phase I, 2<sup>nd</sup> semester, Phase II, 4<sup>th</sup> Semester, Phase III Part I, 6<sup>th</sup> Semester Phase III Part II, 8<sup>th</sup> semester students were recruited. From each phase of medical students who were vocal were selected as participants for the Focus Group Discussion (FGD). In each FGD, there were 14 participants (7 boys and 7 girls). The FGDs were facilitated by the principal author who is trained in the qualitative research method. The FGD guide consists of broad, open-ended questions on the qualities of good doctor, need and ways of teaching professionalism to different

It is advisable to incorporate professionalism in the teaching curricular

phases of MBBS students, evaluating professionalism and factors promoting and hindering professionalism, the FGDs were audio recorded and audio files were transcribed as verbatim transcripts. Transcripts were reviewed while listening to the original audio recording for each session to ensure transcription accuracy. Clearance from the Institutional Ethics Committee was obtained.

## RESULTS:

Manual content analysis of the transcripts was done. Deductive codes were mainly derived from the competencies for IMG given by the NMC and FGD guides. Similar statements were merged together to form the categories and finally, similar categories were merged to form themes.

**Table 1. Sampling distribution characteristics**

Sampling distribution	Sex		N
	Male	Female	
Under-graduate Phase I	7	7	14
Under-graduate Phase II	7	7	14
Under-graduate Phase III (Part I)	7	7	14
Under-graduate Phase III (Part II)	7	7	14

## Themes arising from the data.

### Theme A: Qualities of a good doctor Committed to excellence

A good doctor should have adequate knowledge of the subject and should keep subject updates. He/She should be able to provide basic treatment to patients and handle emergency situations.

#### Responsive and accountable to patients

The students felt that a good doctor should be regular, punctual and confident yet humble. She/he should build rapport with the patient and treat them respectfully and maintain confidentiality. He/she should be compassionate but not get too emotionally attached to the patient.

A second phase student quoted "A doctor should be an ethical person he should know what is morally correct specially while taking final decision. The doctor should maintain confidentiality of the patient, he should be empathetic; he should be keep time and punctual. He should dressup properly and should be an example for the society as the doctors should have leadership quality.

#### Selfless

A good doctor should prioritize his professional duties before his personal commitments, as it is basic expectation of society from any doctor. She/he should treat emergency cases irrespective of their duty hours.

A second phase 4<sup>th</sup> semester student quoted a responsible doctor should practice the principle of informed consent and confidentiality in true sense in his/her healthcare delivery. He/She should be aware and able to manage ethical and professional conflicts and abides by ethical and legal codes of conduct and practices guidelines meticulously.

#### Personal attributes

Students gives the opinion that he should be kind, compassionate, accommodative, humanistic, honest, a better listener towards his/her patients misery and provides peace, solace and confidence to the patient for his/her speedy recovery.

#### Integrity

A sixth semester student quoted "No matter what happens, it is very important at the end of the day you believe that what you are doing is right and you stand true to your word and you should follow it. They should not prescribe unnecessary, drugs and investigations.

#### Knowledge and skills

An eight semester student quoted that "A good doctor should use all their wits and knowledge, employing all their clinical acumen and skills in saving patient's health and imparting new life.

#### Physician – Patient relationship

Participants from all the semesters mentioned that good physicians should have adequate time for their patients, approach and treat them with care and patience and care for them as persons rather than objects.

#### Sub-themes were classified as follows:

Empathy, trustworthiness, communication, respect for patient

autonomy, fidelity and holistic treatment. "Establishing empathy with patients and having communication skills were the most discussed and intensive discussion". A fourth semester student quoted that a good doctor should be an excellent communicator, and elicits history of disease from the patient and or his/her relatives, a history that is complete in all aspects and helps to easily diagnose the disease and this is immensely helpful in patient's management.

#### Social Justice

A doctor should think his work as social, noble work and treat all patients equally irrespective of caste, religion and socioeconomic status. Doctor should not charge or charge less from poor patients.

#### Moral intellect practices with responsibility

Doctors should take into account the cultural practices and sensitivities while communicating and managing the patients, expenses.

- One of the 8<sup>th</sup> semester student quoted that – The doctors with moral intellect practices medicine as per the ethical guidelines said by NMC with utmost sincerity, devotion, dedication, commitment, selfless service, sense of responsibility and readiness for accountability for the positive happening or negative mishaps while he/she is applying medical knowledge and skill in treating patients.
- Health and appearance – An eight semester student quoted "Doctors health is important". If a doctor is sickly, obese how can he advice about healthy lifestyle, diet. If the doctor himself is messy – he is not the role model of a good physician".
- A sixth semester student said "Doctor should be physically and emotionally fit". All students said that doctor should not abuse alcohol during the duty hours

#### Avoid Publicity

A good doctor should be humble and believes in services rather than publicity. He/she does not use services of any media for publicity of his/her clinical practice e.g. distribution of pamphlets, advertising through TV channels radio services etc.

**Relevant referrals:** A 6<sup>th</sup> semester student quoted that "A good doctor never makes unnecessary referrals for investigations or opinion unless condition warrants need in true sense. He/she can identify need for the refer patient who needs specialized or advanced tertiary care.

**Growth of the Medical profession:** A 8<sup>th</sup> semester student quoted that "A good doctor should be committed to the growth of the medical profession by his/her selfless services to patient and society. Adequate knowledge of disease and healthcare delivery. A 2<sup>nd</sup> semester phase I student quoted that "A good doctor should have adequate knowledge of anatomy, physiology and pathology of human body especially its organ system especially pertaining to its cellular and biochemical basis and should be able to differentiate between its clinical, behavioural and social perspective. A good doctor should also be able to differentially diagnose and interpret investigative data in order to address patient's problem".

Participation in national and regional healthcare policies and model to impart an economically viable and affective patient-oriented healthcare.

### Theme B: Need for teaching professionalism Being a good professional

Most students accounts involved qualities attitudes and behaviors they perceived as necessary features of physician identity.

#### Reason to teach professionalism-

One of the 6<sup>th</sup> semester phase III part I quoted that "To meet the challenges by a Doctor in medical profession, we must be taught professionalism – as it is important to instil and nurture the development of the personal qualities, values, attitudes and behaviours which are fundamental to health care in current society.

Another eight semester student phase III part II quoted that continuous development is key to medical practice. Few of the students have less knowledge about the reasons why professionalism is to be taught.

In all the four FGDs, some students of the 6<sup>th</sup> and 8<sup>th</sup> semester quoted that they learn professionalism by observing their faculties, seniors, during clinical posting, so it need not be taught. Some students were of the opinion that professionalism cannot be taught. A phase III part one

student quoted that – Teaching in theory does not make an impact, observing from doctors, teachers and mentors, role model is better”.

### Theme C: Learning Professionalism

One of 8<sup>th</sup> semester student quoted that “They are learning professionalism presently from faculties, seniors, personal experience and media.

#### Role of faculties and seniors

In all the four FGD, most of the students quoted - That they learned professionalism by observing their faculties during their lectures and clinical postings. They also learn from the experiences shared by their faculties, seniors and also take their guidance. An eight semester phase III part II students quoted “All students knows their faculty, their behavior, their innovative teachings”. Every action they do matters “A student said – We follow faculties, seniors irrespective of it is good or bad”.

#### Personal Experiences:

In all the FGD, many of the students quoted that – They are learning about moral values since childhood from parents and school teachers. They took some of Doctors as their role model.

#### Role modeling by faculties

Many of the students quoted that “Faculties should demonstrate professionalism in their day to day action. A 6<sup>th</sup> semester student quoted that “All faculties should be competent, efficient to teach, not in just class. Faculties should practice everyday.

#### Group Discussion on scenarios

Many of the eight semester students quoted – Group discussion is better to learn professionalism. An eight semester student said “Scenarios in the form of interaction or video clips can be given to smaller groups of students about 7-10 students so that inhibition will not be there so they can interact”. Sometimes they can interact with highly successful doctors.

A sixth semester student said that doctors/physicians from diverse specialty, superspecialty should be invited for guest lectures and discussion. Other students supported this view.

### Theme D: Ways of teaching professionalism

Many of the students perceps the following ways for teaching professionalism to undergraduate students. A phase III, part II student said “All teaching faculties should be train to lead professionalism. It should be more of everyday action rather than just class.

Role modeling by faculties – Many students wants faculties should demonstrate professionalism in their day to day action. Group discussion on scenarios. Many students said group discussion is better to learn professionalism. The students also suggest for interaction with highly successful doctors.

A phase III part I student said that doctors who have accomplished great success should be called for lecture and discussion. Many students supported this view.

### Theme E: Assessing professionalism

Many students said that the most challenging area is assessment. Since assessment is a powerful stimulus for learning, teaching of professionalism issues and observation in daily practice should be accompanied by explicit assessment of professionalism.

Some students quoted that “Confidential feedback is important for student's improvement”. Some students said outpatient department OPD attendance of a doctor is an indicator of his professionalism – but other differed saying there are many other factors which decide number of patients in OPD.

### Theme F: Factors promoting Professionalism

The factors according the students were based on experiences based on professional responsibility and physician-patient relationship. Encouragement from the family, relatives and friends – when they are given to look for minor illness by their family or relatives, they are motivated to become a good doctor.

#### Media –

Some movies criticized doctors. In various part of the country, from

newspaper the students reads stories of negligence by doctors – they want to make a good public opinion and trust about the doctors. Students were also motivated when they read success stories in newspaper or biography of a good doctor.

#### Patients–

As a good listener and empathetic students quoted that “when patient share their problem and trust them they feel encouraged” Praise – Students were encouraged when they were praise from faculties, colleagues, patients and relatives encouraged them. They all have the perception of Doctor as a Noble Profession.

The good tradition of this noble profession encourages students to patient care.

### Theme G: Factors hindering professionalism.

Most of the students feel that monitoring aspect, unfair practices and other factors hinder them from becoming a good doctor.

#### Money

An eight semester student quoted that “To complete MBBS in private Medical College/management quota the expenditure is very high. At times there is pressure that parents have spent so much money and we need to get that money back and pay the debts or loans.

#### Unfair Practices

Many of the students quoted that “Factors given by pharmaceutical companies hinder professional behavior. A 6<sup>th</sup> semester student quoted that “Pharmaceutical companies contact doctors for foreign tours, finance seminars, CMES to prescribe their medicines.

Another student of the same semester said “Sometimes this practice degrades us” – If physicians are doing such wrong things, not getting penalized and getting rich, why should not we follow that path and become rich” – Many of the students quoted that “Corporate hospital want to make maximum profit and so they force doctors to extract more money from patients.

#### Society

The students perceived that there should not be any gender discrepancy. During the post graduate admission, the subjects for female candidates should not fixed to subjects like Obstetrics and Gynaecology only. Some students also quoted about the cut off marks are much different for different caste and this hinders – professional behavior. The violence against doctors, negative media coverage is also one of main factor which hinders professionalism. Studying following pressure by parents to pursue MBBS do not have a passion to some of the students.

### DISCUSSION

Teaching professionalism entails “setting expectations, providing experiences, evaluating outcomes<sup>(10)</sup>. This study describes the perceptions of the undergraduate medical students towards professionalism at one Tertiary Hospital at India. Focus groups have become an increasingly useful method in medical education research<sup>(11)</sup>. Four groups discussion was used in the study to captures the rich undertaking of the student's experience and thoughts concerning professionalism through the dynamic of their interaction on the topic. Four groups enhance undertaking through the power of collective critical reflection and exchange of ideas to rural consumers and underlying assumptions. The study also highlights approaches that have been found, valuable for learning professionalism by the students. Prior work that had used the American Board of Internal Medicine foundational elements of professionalism for assessing student opinion has found that all students group agree upon these elements<sup>(11,12)</sup>.

In a study by Prasad Tukaram Dhikale et al<sup>(13)</sup> found that the students perceived that a good doctor should be committed to excellence, responsive and accountable to patients, profession and community, selfless, healthy, good communicator, ethical and low ability, practice integrity and social justice, which is similar to our study.

The phase III, Part II students emphasized more on the importance of communication with patient, appearance of the doctor and responsiveness and accountability to the profession, while most of the qualities of good doctor shared by the students in FGDs of all the different phases of MBBS were similar. Professionalism rather is

considered as an attribute that is implicitly learnt by students during their medical school and hospital training year. The need for medical schools and teaching hospitals to work continuously on developing and maintaining a high degree of professionalism has been stressed by other studies<sup>(14,15)</sup>.

Medicine is one of the most difficult fields of endeavour to master, consisting requirements for technical skills, ability to make judgements, and ability to elicit information from the patients. Doctors must also accommodate differences in patient culture, gender, age and their innate ability to convey information that is useful to the doctor. It is therefore, important that modern teaching programs strike a balance between imparting clinical skills based on scientific evidence and the development and nurturing empathetic caring healers. The students felt that role modeling by teachers or senior colleagues as an extremely powerful instrument for passing on professional values among medical students as well as residency trainers<sup>(16,17)</sup>. In our study, the most of phase II and phase III students considered the same. Some other students appears to be learned most effectively through the influence of senior clinicians and faculties they encounter in the course of the different places of MBBS rather than through didactic classroom sessions. Thus role modelling and the hidden curriculum are of most importance in determining the make up of a medical practitioner after formal education. Some other researches have argued that the traditional role modeling technique is no longer sufficient and hence other approaches of teaching professionalism may also be considered such as teaching cognitive based structured sessions for experiential learning having formal evaluation, and faculty development activities<sup>(18,19)</sup>. In a study by Saina Akhund et al<sup>(20)</sup> stated that other most preferred methods of learning professionalism were the use of case based scenarios and role plays. However, role modeling alone is no longer sufficient to each professionalism<sup>(21)</sup>. It is now globally agreed that professionalism is a core competency for physicians<sup>(22)</sup> and should be taught explicitly<sup>(23,24)</sup>.

There are few studies in India, Medical Colleges in India should, medical colleges in India should nurture professionalism, society should have a culture of professionalism. Many students considered difficult to assess professionalism, but most of students knew the importance of feedback. Both teaching and evaluation of professionalism is best done in a longitudinal fashion, by different methods and across different contents, since professionalism is context specific<sup>(25)</sup>.

### Limitations

Limitations of the study include collection of data at only one Medical Institute in India and may not be representative of views of students of all Medical Colleges in India.

### CONCLUSION

The students perceived all the attributes of professionalism. Accountability, Altruism, Duty Excellence. Honesty and integrity and respect as important and there was no difference across the study year. Medical undergraduate should be briefed about the need and importance of professionalism. We proposed that the study should be replicated at other Medical Colleges of India so as to gain further insights to the view of professionalism held by a larger groups of students. In addition, professionalism of both students and faculties should be assessed and appropriate action should be taken.

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There are no conflicts of interest.

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