



# Perspect of Novice Medical Students on Medical Professionalism

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## ABSTRACT

**Introduction:** Professionalism should be developed as a student in the medical profession and hence we conducted this study to determine the perspectives of newly joined medical students on medical professionalism.

**Methods:** This was a cross sectional study among the novice medical students at a tertiary care medical college in Bangalore. The data regarding their perspect on the aspects of medical professionalism, descriptors of unprofessional behaviour themes were collected using a questionnaire of 35 items completed within 1 week time.

**Results:** Out of 300, 225 (75%) students responded with mixed responses for different situations. Almost all the students were punctual to class, with 93% try to finish assignments before time. Compromise with quality and giving false excuses for unfinished works was reported in 36.8% and 33% students respectively. Learning as top priority than patients' comfort was reported among 17.8%. Giving work proxy was reported among 21% and 5% feel that personality development does not influence their profession and need not be a lifelong learner.

**Conclusion:** A multidimensional approach has to be developed with time-to-time assessment of knowledge and attitude of medical students and physicians about medical professionalism before comprehending influences and interventions on medical professionalism.

**Key words:** Medical education, Professionalism, Unprofessional behaviour, Professional misconduct, Humanities. Physician-Patient Relations

## INTRODUCTION

The medical profession is one of the noblest professions by its nature, so is the medical professionalism. The individuals in medical profession are bound together by a shared commitment towards patients and society.<sup>1</sup> Member of this profession regulate themselves through peer-review groups, hospital committees as well as national and state medical boards.<sup>1</sup> Professionalism has been described as a collection of attitudes, behaviors, values, and relationships that act as the foundation of a health professional's contract with society.<sup>2</sup>

Modern medicine is evolving from autonomy and expert opinions to accountability and evidence-based medicine but medical training tends to concentrate on the knowledge and skills that are necessary but not sufficient enough for being a healer. In Indian medical education, professionalism was a hidden curriculum till recently where it is gaining its importance due to undesirable attitudes and behaviors of some of its members. Professionalism should be consistently thought from beginning of their training period and assessed. It is a lifetime's work to increase competence in the profession.

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Medical professionalism is largely expected to have a set of behaviors like understanding the clinical responsibility, understanding health care system, interest in research, being a teacher or mentor, administrative responsibility in terms of quality control, involving in team work, lifelong learning, self regulation, personal time management and commitment. Promoting professionalism benefits patients, increases the job satisfaction of doctors, makes for superior organisations and improves the productivity of health systems.

Personal characteristics and values are influential in professional behavior. Strengthening attitudes toward professionalism in students would benefit the most. Although the concept of professionalism includes clinical excellence, the focus is also on the personal aspect.<sup>3</sup>

There have been numerous warnings that inappropriate professional attitudes may lead to damage to patients' welfare and health, as well as to physicians' morale.<sup>4</sup> Some instances of unprofessional behaviors of medical students in class room and clinical setting are arriving for class late and/or leaving early, being unprepared for group sessions, not completing assigned tasks, disrupting class sessions, failing to attend scheduled class sessions, cheating on an exam, using mobile phone during class, focusing on the test vs. learning, prejudging content in advance, intolerance of the opinions of others, dressing inappropriately, avoiding work and/or responsibilities, not exhibiting empathy for patients, demonstrating lack of sensitivity to patients' cultural backgrounds, not protecting patient confidentiality, using inappropriate language or behavior, marketing for a new drug etc.. Lack of Professionalism is seen due to abuse of power, bias and sexual harassment, breach of confidentiality, arrogance with display of superiority and self-importance, greed for money, misrepresentation, impairment like any disability that may prevent the physician from discharging his/her duties, lack of conscientiousness, conflicts in interests due to self-promotion/ advertising or unethical collaboration with industry, and misuse of services, overcharging. These will have short term and long-term effects on health care system including breach in Doctor - Patient relationship, increase in medical errors leading to medico legal cases, increased scrutiny of health care delivery system by govt or other bodies, loss of respect for the profession.

Developing appropriate attitudes toward professionalism depends in part upon a student's formal learning,<sup>5</sup> with most success if the learning occurs early in the curriculum.<sup>6</sup> medical education can influence the development of professionalism in medical students by formal curriculum, bedside teaching, constant assessment, emphasizing on personality development, teachers being aware of their actions since students not only learn by studying but they learn from their role models, how they have been treated, making them aware of what is professionalism, what are un-

professional behaviour and its consequences for present and future health care system.

Assessing the medical students about medical professionalism seems to be helpful in developing plans for future training on the subject.<sup>7</sup> Therefore before comprehending influences and interventions, a reasonable method of professionalism assessment in students must be developed.<sup>8</sup> We, therefore, propose that a multidimensional approach be developed using the most favourable elements of questionnaires.<sup>8</sup> Such an attempt is made in this study to know the attitude of newly joined medical students towards professionalism.

## METHODS

This cross-sectional study was done in a tertiary care centre after obtaining permission from the institution.

**Instrument development:** After extensive search for any published validated questionnaire that could address and assess different aspects of professional development, we developed a specialized questionnaire based on the systematic review by Mak-van der Vossen et al.<sup>9</sup> and few additional questions required for the Indian Medical Graduate (IMG) were added. The questionnaire was pilot-tested with the staff members and modified based on their feedback.

The questionnaire included 33 unprofessional behavioral descriptors and was divided into 4 behavioral themes: Failure to engage with 06 descriptors, dishonest behavior with 09 descriptors, disrespectful behavior with 11 descriptors and poor self-awareness with 07 descriptors. For professional development, responses from 02 questions were obtained (Annexure 1).

**Participant recruitment:** The study was conducted among the novice 1st year medical students who have joined to a new tertiary care medical college in Bangalore. All the students who have joined the college were included and the non-consented, who refused to fill the questionnaire, were excluded from the study. No students received any incentives for participation in the study.

**Data Collection:** Participants were explained about the nature of study and the data collection method by the investigators (LK & DCK). The participants were informed regarding not collecting their identity so as to get the unbiased response and also informed not to fill the form if they are not willing to participate. Each participant received the questionnaire consisting of 35 responses to complete at a stretch within 1 week time. The data was collected from Jan to Feb 2021 and entered into the MS Excel.

**Data analysis:** All the data entries were reviewed by one investigator (VK) and the data was categorized into 4 behavioural themes of unprofessional behaviors. After this, basic descriptive analysis was done.

**RESULTS:**

Out of 300, 225 (75%) students responded. Participants included 108 female, 111 male students and 6 not preferred to specify their gender. All participants belong to 1<sup>st</sup> year of their MBBS course.

For Professional development, 13 (5.7%) disagree that personality development influences their medical profession and 12 (5.3%) disagree to be a life-long learner to be a medical graduate. (Table 1)

Unprofessional behaviors were more common in taking responsibilities (n=100; 44.45%), and their self-

awareness. Poor self-awareness consisting of inappropriately handling one's own performance was common. The descriptors consisted of being defensive to feedback, accepting feedback, rejecting criticism, accepting responsibility for action and knowing their limits. For feedback, 12 (5.34%) rarely or never & 50(22.23%) sometimes accepted difference of opinion from colleagues and 47(20.89%) never incorporated any feedback from friends and teachers. Towards criticism 98(43.56%) more often and 74(32.89%) sometimes resists or defend them. Interestingly 112 (50%) wants to act beyond their level of competence in inpatient management. (Table 2)

**Table 1: Descriptors representing professional developments**

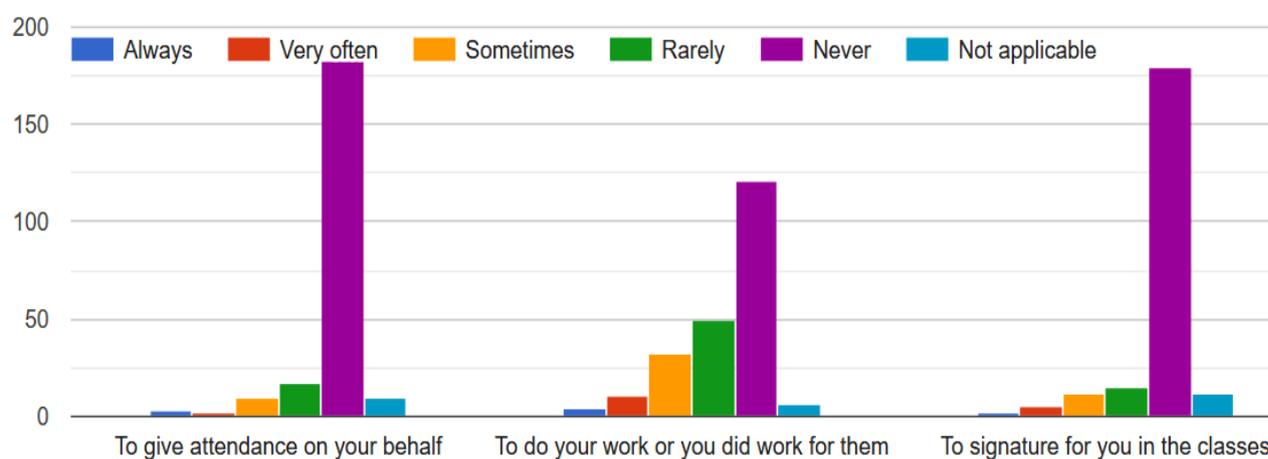
| Descriptors representing professional developments            | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-------------------|----------|---------|-------|----------------|
| Whether personality development influences medical profession | 5                 | 1        | 8       | 42    | 44             |
| They should be life-long learner to be a medical graduate     | 5                 | 0        | 4       | 28    | 63             |

**Table 2. Descriptors representing self-awareness**

| Descriptors representing self-awareness  | Always | Very often | Some often time | Rarely | Never | NA |
|--|--------|------------|-----------------|--------|-------|----|
| In the college, how often you accept difference of opinion with your colleagues?           | 81     | 81         | 50              | 8      | 4     | 0  |
| In the college, how often you accept feedback from your friends?                           | 107    | 66         | 43              | 7      | 2     | 0  |
| In the college, how often you incorporate feedback from your friends and teachers?         | 51     | 68         | 57              | 22     | 25    | 2  |
| In the college, how often you resist or defend towards criticism?                          | 48     | 50         | 74              | 25     | 20    | 8  |
| In the college, how often you acted beyond your level of competence in patient management? | 49     | 63         | 49              | 12     | 22    | 30 |

**Table 3. Descriptors representing failure to engage**

| Descriptors representing failure to engage                               | Always | Very often | Some often times | Rarely | Never | NA |
|--|--------|------------|------------------|--------|-------|----|
| Will you be on time to classes or clinics?                               | 194    | 28         | 3                | 0      | 0     | 0  |
| In the college, how often you work in team while completing assignments? | 88     | 79         | 45               | 8      | 3     | 2  |
| Do you prepare for group discussions?                                    | 78     | 76         | 50               | 15     | 5     | 0  |
| Do you finish or try to finish your assignments before deadline?         | 151    | 59         | 10               | 5      | 0     | 0  |
| Have you given false excuses for your unfinished work?                   | 6      | 13         | 56               | 50     | 94    | 6  |
| Have you ever tried to avoid any work or responsibilities?               | 10     | 18         | 72               | 63     | 59    | 3  |
| In the college, how often you accept responsibility for actions?         | 114    | 69         | 36               | 3      | 1     | 2  |
| Have you tried to simplify your work compromising with the quality?      | 31     | 52         | 66               | 42     | 33    | 0  |

**Fig 1: Dishonest behaviour in Classes**

**Table 4: Descriptors representing disrespectful behaviors in college**

| Disrespectful behaviors in college                              | Always | Very often | Some times | Rarely | Never | NA |
|---|--------|------------|------------|--------|-------|----|
| Do you use mobile phone during classes?                         | 3      | 11         | 44         | 49     | 101   | 17 |
| Would you like to wear apron in the campus?                     | 146    | 36         | 23         | 6      | 12    | 2  |
| Have you ever taken photo in the hospital setting?              | 7      | 10         | 33         | 35     | 116   | 24 |
| Do you wear accessories more than average during college hours? | 8      | 16         | 25         | 42     | 117   | 17 |
| Have you ever disrupted teaching session?                       | 4      | 4          | 14         | 15     | 162   | 26 |

**Table 5: Descriptors representing disrespectful behaviors using social media**

| Disrespectful behaviours using social media   | Always | Very often | Some times | Rarely | Never | NA |
|---|--------|------------|------------|--------|-------|----|
| Have you ever used any social media for discussing clinical experiences with patients?                  | 5      | 16         | 39         | 19     | 92    | 54 |
| Have you ever used any social media for discussing clinical site or the university in a negative light? | 6      | 6          | 15         | 8      | 151   | 39 |
| Have you ever used any social media for posting compromising pictures of peer students?                 | 3      | 4          | 11         | 9      | 162   | 36 |

For failure to engage, defined as insufficiently handling one's tasks, 6 descriptors were used. Poor availability, poor reliability, not taking responsibility, accepting minimal level of performance and poor initiative and motivation leading to poor teamwork were assessed. Among 225 participants, 11(4.8%) rarely or never worked in team for completing group tasks, 15(6.6%) rarely finish or try to finish their assignments before deadline, 75 (33.34%) and 100 (44.45%) sometimes or very often give false excuses for unfinished work and avoid any work or responsibilities respectively. Accepting or seeking a minimally acceptable level of performance (n=139; 61.78%) was common and 20 (8.89%) Rarely/Never prepare for group discussions. (Table 3).

Dishonest behaviour related to exams were nil to 2% of using crib notes but seeking help to do the work was seen among 15(6.6%) participants. Dishonest behaviours in class are represented in fig 1.

Disrespectful behaviour towards teachers (n=22; 10%), institution (n=18; 8%), hospital (n=51; 22.2%), fellow students (n=0), and informal behaviour (n=49; 23%) were seen. The detail information on all the descriptors is given in the Table.4 & 5.

On asking question 'As a MBBS student, while bedside learning which one you place as top priority?', 82% selected 'own learning' as priority while 18% prefer 'patient confirm' as priority.

## DISCUSSION

The word "professionalism" is derived from the Latin word *professio*, or public declaration.<sup>10</sup> Profession is defined, as occupations granted a special status by the society so that the "Professionals" can deal with the needs that are valued by the community they serve.<sup>10</sup>

Professionalism defines a set of values and behavior that build the trust that a patient has in his/ her doctor.<sup>11</sup>

Our study questionnaire was formed to evaluate different descriptors which have to be weighted on their merits. So, no aggregate scoring was done for our study.

The American Board of Internal Medicine suggested professionalism has six components: altruism, accountability, excellence, duty, honour /integrity and respect.<sup>3</sup>

Altruism giving priority to patient interests rather than self-interest. In our study 17.8% want to place their self-interest of learning as top priority than patient's interest. Since the students are not yet exposed to the bed side clinic and different learning modules of attitude, ethics and Communication (AETCOM), the priority may vary with time. While delivering essential health services patient safety should be fundamental and hence the learning modules should focus on reaching 100% patients' priority. Accountability is being answerable to patients, society and profession. This depends on student's self-awareness, dedication and engagement in routine health care activities. Excellence and delivering duty depend on the commitment towards patient care, life-long learning and focusing on personal development. Around 13% students disagree on this in our study. Educating students towards the need of continuous effort in learning towards excellence is an important priority in incorporating these characters. Honour, respect and integrity depend on the interpersonal relationship in the working atmosphere consisting of honest and respectful behaviour towards everyone. In our study there are varied responses regarding their behaviours towards the different group like patients, colleagues, other health-care professionals, juniors and trainees.

Since decades, the development of medical professional values was taken for granted, with evolving society this view has changed. It is now agreed that professionalism as a core competency for medical graduates.<sup>11, 12</sup>

A combination of teaching-learning methods for imparting training in professionalism is required.<sup>13</sup> Constant efforts are being made towards it.<sup>11</sup>

Medical students will have attitudes toward professionalism before they join medicine.<sup>14</sup> These attitudes depend on the society in which they grow based on their own experience with the health care system and physicians.<sup>14</sup> But deterioration of appropriate attitudes was expressed among senior medical students as well as primary level of health care providers.<sup>15-17</sup>

Most of the adverse outcomes and malpractice are due to unprofessional behaviour. Small minority of professionals exhibit unprofessional behaviour, they end up receiving disproportionate attention, defaming the entire profession. For health care to be successful it should be delivered by proper. Timely delivery of set of standard behaviors by mandated professionalism mentoring from trained professionals is required.

Several limitations of our study must be noted. Firstly, even with good number of participants the study may be subject to sampling bias, including voluntary response and non response biases. Only first year medical students' information is obtained, there may be change in the response with time and experience. Although pilot testing of the questionnaire was done, the questions may have led to confusion among respondents. Finally, as the responses are related to the opinions and their practice, study findings may not be generalizable internationally.

Despite limitations, the study has its own strengths. We gathered information related to the 4 behavioural themes of current professionalism. This can be used for further studies and can help faculty and the institutions to approach the medical students focusing on their professional development and contribute to formulate best practices for IMG. Finally, our study has provided vital information for future research.

## CONCLUSION

The attitude of newly joined medical students towards professionalism is varied. The present study seems to be helpful in identifying the weaknesses and develop plan for future training of the students. Comprehending influences and interventions on medical professionalism, a multidimensional approach has to be developed with time-to-time assessment of knowledge and attitude of medical students and physicians about medical professionalism.

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## REFERENCES

1. Lynne M. Kirk, MD. Professionalism in medicine: definitions and considerations for teaching. *Proc (Bayl Univ Med Cent)*. 2007 Jan; 20(1): 13-16.
2. Anon. Doctors in Society: Medical Professionalism in a Changing World. Report of a Working Party of the Royal College of Physicians of London. London: Royal College of Physicians of London; 2005;5(6):s5-40
3. Polona Selic, Anja Cerne, Zalika Klemenc-Ketis, Davorina Petek, Igor Svab. Attitudes toward professionalism in medical students and its associations with personal characteristics and values: a national multicentre study from Slovenia raising the question of the need to rethink professionalism. *Dovepress*.2019;10 : 437-446.
4. Goold SD, Lipkin M. The doctor-patient relationship. *J Gen Intern Med*. 1999; 14(S1):26-33.
5. Johnston JL, Cupples ME, McGlade KJ, Steele K. Medical students' attitudes to professionalism: an opportunity for the GP tutor?. *Educ Prim Care*. 2011;22(5):321-327.
6. White CB, Kumagai AK, Ross PT, Fantone JC. A qualitative exploration of how the conflict between the formal and informal curriculum influences student values and behaviors. *Acad Med*. 2009;84(5):597-603.
7. Seif-Farshad, Mehran, Bazmi, Shabnam, Amiri, Farzad. Fattahi, Faeze. Kiani, Mehrzad. Knowledge of medical professionalism in medical students and physicians at Shahid Beheshti University of Medical Sciences and affiliated hospitals Iran. *Medicine*: November 2016 ; 95 (45) :5380
8. Jonathan Martin, Margaret Lloyd and Surinder Singh. Professional attitudes: can they be taught and assessed in medical education?. *Clinical Medicine*. 2002;2(3):217-23
9. Mak-van der Vossen M, van Mook W, van der Burgt S, Kors J, Ket JCF, Croiset G, Kusurkar R. Descriptors for unprofessional behaviours of medical students: a systematic review and categorisation. *BMC Med Educ*. 2017 ;17(1):164.
10. Khalid Altirkawi. Teaching professionalism in medicine: what, why and how?. *Sudan J Paediatr*. 2014; 14(1): 31-38
11. Medical Council of India. Foundation Course for the Undergraduate Medical Education Program, 2019: pp 1-46.
12. O'Sullivan H, Van Mook W, Fewtrell R, Wass V. Integrating professionalism into the curriculum: AMEE Guide No. 61. *Med Teach*. 2012;34:e64-7.
13. Jyoti Nath Modi, Anshu, Piyush Gupta and Tejinder Singh, Teaching and Assessing Professionalism in the Indian Context. *Indian Pediatr* 2014;51: 713-717
14. Svab I. Education in medicine. *Zdrav Var*. 2012;51:225-226.
15. Johnston JL, Cupples ME, McGlade KJ, Steele K. Medical students' attitudes to professionalism: an opportunity for the GP tutor? *Educ Prim Care*. 2011;22(5):321-327.
16. Hojat M, Mangione S, Nasca TJ, et al. An empirical study of decline in empathy in medical school. *Med Educ*. 2004;38(9): 934-941.
17. Violence against doctors: Over3.5lakh medical professionals observe national protest Day. Available at: [https:// medicaldialogues.in/news/health/doctors/violence-against-doctors-over-35-lakh-medical-professionals-observe-national-protest-day-78797](https://medicaldialogues.in/news/health/doctors/violence-against-doctors-over-35-lakh-medical-professionals-observe-national-protest-day-78797). Accessed on 19<sup>th</sup> june 2021

**Annexure 1: Questionnaire**

1. Will you be on time to classes or clinics?
2. Do you finish or try to finish your assignments before deadline?
3. Have you tried to simplify your work compromising with the quality?
4. Have you ever tried to avoid any work or responsibilities?
5. Have you given false excuses for your unfinished work?
6. Do you prepare for group discussions?
7. Do you use mobile phone during classes?
8. Would you like to wear apron in the campus?
9. Have you ever taken photo in the hospital setting?
10. Do you wear accessories more than average during your college hours?
11. Have you ever disrupted teaching session?

In the college, how often you:

1. accept difference of opinion with your colleagues
2. accept feedback from your friends
3. Incorporate the feedback from your friends and teachers?
4. resists or defend towards criticism
5. work in team while completing assignments
6. Accept responsibility for actions.
7. act beyond your level of competence in patient management

Have you ever asked your friend or other students?

1. To give attendance on your behalf
2. To do your work or you did work for them
3. To signature for you in the classes

During examination have you ever tried:

1. Gaining illegal access to exam questions
2. Letting someone else take your exam
3. Using crib notes
4. Exchanging answers during an exam
5. Exchanging answers by using mobile phones
6. Passing an exam by using help from acquaintances
7. Others

Do you agree that your personality development influences your profession and you should be a life-long learner?

Do you ignore emails or other forms of contact from teaching or administrative staff?

Do you ever rag your junior / classmate?

As a MBBS student, while bedside learning which one you place as top priority

1. Your own learning
2. Patient's comfort

Have you ever used any social media for?

1. Discussing clinical experiences with patients
2. Discussing clinical site or the university in a negative light
3. Posting compromising pictures of peer students