

ORIGINAL ARTICLE

Assessment of professionalism among medical students at a regional university in Saudi Arabia

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ABSTRACT

Professionalism is the relationship that is built on trust between the medical profession and their community. We aim to assess the understanding and the perception of professionalism by the medical students at University of Bisha (UB) in Saudi Arabia. This was an observational, descriptive, and cross-sectional study conducted among the medical students at UB. A validated questionnaire containing nine questions was distributed to all medical students. The questionnaire addresses the knowledge, attitudes, and perception toward professionalism.

Out of the all 122 students studying at the university, 97 responded by filling the questionnaire giving a response rate of 79.5%. Most of the responders gave a positive attitude and perception when asked about presumed scenarios addressing professionalism. The majority of the participants (83.5%) mentioned that it is necessary for the medical student to

wear lab coat in the hospital, 67.0% disagreed on medical student to wear accessories during work, and 67.0% disagreed to request your friend to sign on behalf of you when you are absent. Only 15.5% accepted to report on an incidence during daily activities or exam, and 72.2% did not accept to discuss patients issues in public. Most of the medical students enrolled in this study seems to have positive attitude and perception regarding professionalism.

KEYWORDS

Medical conduct; Medical students; Professionalism.

INTRODUCTION

Nowadays, due to the rapid changes in life-style and unprecedented advancement in technology and medicine, in particular, professional practice is becoming mandatory for all medical

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practitioners. In medicine, professionalism is the relationship that is built on trust between the medical professions and their community, focusing mainly on patients' interest, and adherence to the standards for competency and skills [1,2]. Since professionalism is the core of any medical program, it should be enhanced and should be promoted and disseminated as early as possible during the undergraduate study [3]. There is no rigorous definition of professionalism, however, the General Medical Council of UK (GMC) in its publications highlighted good practice, patient care, doctor-patient relationships, colleague relationship, coaching and early teaching of undergraduate as pillars of professionalism [4,5]. On the other hand, the American Board of Internal Medicine (ABIM) considered altruism, accountability, excellence, duty, honor/integrity and respect to be the significant elements of professionalism [6]. Similarly, Canadians recognise competency in their framework as being a medical expert, communicator, collaborator, manager, health advocate, scholar and professional [7]. During the last 15 years, North American and European authorities agreed on Physician's Charter for the new millennium, which concentrates on patient's welfare, autonomy together with social justice in addition to other responsibilities [1]. In this regard, the Royal College of Physicians of London advocates that behaviours, values and trust between the society and the doctors are essential components in maintaining healthy professionalism [1]. To implement this in practice, professionalism would better be taught in medical schools. Knowledge and attitude of medical students towards professionalism has not been widely investigated in Saudi Arabia. We, therefore, aimed at studying the knowledge and attitude of medical students towards professionalism.

MATERIAL AND METHODS

This is an observational, descriptive, cross-sectional study which was conducted among all three batches of medical students in the College of Medicine, University of Bisha (UB), in 2018. UB is a new University with only three batches. The medical college adopts an innovative curriculum. Methods of instructions include problem-based learning, team-based learning, seminars,

interactive lectures and hands-on skill laboratory exposure together with clinical practice. Multiple choice questions, structured short answers, objective structured clinical examination and objective structured practical examination are the methods of assessment. All medical students studying at UB were recruited in this study. A self-administered questionnaire was distributed to all students through email or directly handed to students as a hard copy. We adopted a questionnaire which has been generated and validated by a group of experts from the UK's GMC, ABIM and the Canadian literature in professionalism [1,4–7]. The questionnaire contained 10 questions. The first question addressed the class level of the student. The remaining nine questions elaborated on the knowledge, attitude and practice of professionalism. Each student had to respond to each question with agree, disagree or neutral. We put the score of 2 for agree, neutral scored one and disagree scored 0. If a student responded to all 9 questions as agree, he would have scored 18, if his response was neutral he would have scored 9 and if he replied as disagree for all questions he would score 0. Therefore, each student would get a score between 0 and 18.

This study was approved by the research and ethics committee at UB.

SPSS version 21 was used for the analysis. Chi square test was used for testing association between categorical values. Student *t*-test and analysis of variance were used to compare scores of responses and a *p*-value of <0.05 was set as significant.

RESULTS

Out of 122 students recruited in this study, 97 responded, attaining a response rate of 79.5%. When asked about different aspects of professionalism, 83.5% of the students mentioned that it is necessary for medical student to wear lab coat in the hospital, 67.0% disagreed on medical student to wear accessories during work and 67.0% disagreed to request friend to sign on behalf of the absent colleague (Table 1). Most students (72.2%) do not agree to discuss patients' issues in public, and 56.7% said it is unacceptable

to make some relationship with patients. The majority of students, 74 (76.3%) mentioned that it is appropriate not to go back and to pay if they forget to pay cafeteria expenses. Also, 53.6% considered refusal to give an intramuscular injection when requested by a resident doctor who is busy because of not receiving enough training in injections (Table 1). Table 2 shows that scores of the student's response to questions are not affected by their class level in the college.

DISCUSSION

Teaching professionalism in medical school is likely to reflect on the practice in the workplace and life. We here exploring professionalism among the medical students in a new college in Saudi Arabia. Only 16.5% of the participants agreed to request a colleague to sign for them on the class attendance sheet when they decided not to attend activities, which is similar to findings of the study conducted by the GMC [8]. This indicates that the recruited students benefited from teaching professionalism in the classroom and practiced it. Similarly, 14.4% of our students mentioned that if one forgot to pay the

expenses to the cafeteria, no need to go back again and pay, whereas 76.3% considered it appropriate to go back and pay. This perception is in agreement with previous studies [8]. It is difficult to judge on this aspect of professional behaviour since being so busy, pre-occupied, forgetting tidiness of time might play a big role. Unprofessional behaviour such as signing on the attendance sheet on behalf of absent friends, not reporting incidence, and not to pay the cost of food consumed was perceived as acceptable by 16.5%, 15.5% and 18.6% of the student, respectively. This miss-conduct and miss-behavior that was accepted by some students as normal have also been reported elsewhere [9].

About one-third of the participants said that it is inappropriate to give injection to patients if one was not well trained in this task, a finding that is in harmony with a study done in Sudan [10]. The majority of the participants (83.5%) considered wearing a lab coat to be essential together with avoidance of wearing accessories (67.0%). This was in agreement with the GMC survey [8]. Recently, GMC approved that the wearing of lab coat to be appropriately professional manner while other institutes recommended that dressing might

Table 1. The response of the medical students to the questions on professionalism.

Student response	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
Agree	81 (83.5%)	16 (16.5%)	16 (16.5%)	15 (15.5%)	13 (13.4%)	18 (18.6%)	15 (15.5%)	14 (14.4%)	52 (53.6%)
Disagree	6 (6.2%)	65 (67.0%)	65 (67.0%)	54 (55.7%)	70 (72.2%)	61 (62.9%)	55 (56.7%)	74 (76.3%)	32 (33.0%)
Neutral	10 (10.3%)	16 (16.5%)	16 (16.5%)	28 (28.9%)	14 (14.4%)	18 (18.6%)	27 (27.8%)	9 (9.3%)	13 (13.4%)
total	97 (100.0%)	97 (100.0%)	97 (100.0%)	97 (100.0%)	97 (100.0%)	97 (100.0%)	97 (100.0%)	97 (100.0%)	97 (100.0%)

Q: Question.

Table 2. The response of the medical students to the questions on professionalism according to their level in the college.

Student level	Number	Mean scores for response	Standard Deviation	p value
Level 4	36	6.1667	2.26148	
Level 6	16	6.8125	2.68871	0.666
Level 8	45	6.6667	3.36425	
Total	97	6.5052	2.87273	

not present many challenges to professionalism [11,12].

Over half of the participants (56.7%) considered making a relationship with patients is not unacceptable which differed from other studies [9]. It is challenging to define the type of professionals' relationship with patients. In this regard, the social and cultural background is considered as confounders [3,4]. Nevertheless, relationships with patients should be with certain limitations to avoid violations and challenges to professionalism [3,4]. Most authors suggest that friendly relationships with patients should be encouraged [13,14].

Nearly, two thirds (62.9%) of our students reported being dissatisfied with medical lectures delivered on mass media. This contradicts a previous study which showed that learning became better when using multimedia [15]. On the other hand, most of the participants (72.2%) believe that it is unacceptable to discuss patient's issues in public, a finding in agreement with the GMC survey [8]. Misuse of social media, in general, and in medical professions certainly will lead to violations and adverse results [16]. However, proper use of social media in medicine and education is beneficial to both medical professionals and the community [17–20].

This study is limited by the relatively small number of participants who are males only as our college is new and exclusively for male students [17–20]. Also, all the respondents were from the second, the third and the fourth levels as we did not yet have the 5th and 6th classes.

In conclusion, this study vividly reveals that most of the responders agree with the positive attitude regarding assumptions exploring honesty, conduct, patient safety and other aspects of professionalism.

Conflict of interests

None.

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Ethical approval

Ethics clearance and approval of the study were granted by ethics committee, University of Bisha. Signed informed consent for participation and publication of medical details was also obtained from the participants and the Confidentiality was ensured at all stages.

REFERENCES

1. Project of ABIM Foundation, ACP-ASIM Foundation and European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. *Ann Intern Med.* 2002;136:243–6. <https://doi.org/10.7326/0003-4819-136-3-200202050-00012>
2. Passi V, Doug M, Peile E, Thistlethwaite J, Johnson N. Developing medical professionalism in future doctors: a systematic review. *Int J Med Educ.* 2010;1:19–29. <https://doi.org/10.5116/ijme.4bda.ca2a>
3. Hilton SR, Slotnik HB. Proto-professionalism: how professionalization occurs across the continuum of medical education. *Med Educ.* 2005;39:58–65. <https://doi.org/10.1111/j.1365-2929.2004.02033.x>
4. General Medical Council. Good medical practice. London, UK: General Medical Council; 2006 [cited Oct 5]. Available from: http://www.ub.edu/medicina_unitededucaciomedica/documentos/Good_Medical_Practice.pdf
5. General Medical Council. Tomorrow's doctors: outcomes and standards for undergraduate medical education. London, UK: General Medical Council; 2009 [cited Nov 8]. Available from: http://www.ub.edu/medicina_unitededucaciomedica/documentos/TomorrowsDoctors_2009.pdf
6. American Board of Internal Medicine. Project professionalism. Philadelphia: ABIM; 1995 [cited Oct 4]. Available from: <https://medicinainternaucv.files.wordpress.com/2013/02/project-professionalism.pdf>
7. Thistlethwaite JE, Spencer J. Professionalism in medicine. Oxford, UK: Radcliffe Medical Press; 2008.
8. Consultation report: review of student fitness to practice guidance. General Medical Council; 2016 [cited Oct 6]. Available from: <https://www.gmc-uk.org>
9. Bennett AJ, Roman B, Arnold LM, Kay J, Goldenhar LM. Professionalism deficits among medical students: models of identification and

- intervention. *Acad Psychiatry*. 2005;29(5):426–32. <https://doi.org/10.1176/appi.ap.29.5.426>
10. Gyawali S, Rathore DS, Shankar PR, Kumar KV. Strategies and challenges for safe injection practice in developing countries. *J Pharmacol Pharmacother*. 2013;4(1):8–12. <https://doi.org/10.4103/0976-500X.107634>
 11. Green M, Zick A, Makoul G. Defining professionalism from the perspective of patients, physicians, and nurses. *Acad Med*. 2009;84:556–73. <https://doi.org/10.1097/ACM.0b013e31819fb7ad>
 12. Thompson LA, Dawson K, Ferdig R, Black EW, Boyer J, Coutts J, et al. The intersection of online social networking with medical professionalism. *J Gen Intern Med*. 2008;23:954–7. <https://doi.org/10.1007/s11606-008-0538-8>
 13. Federation of State Medical Boards. Model policy guidelines for the appropriate use of social media and social networking in medical practice. Eules, TX: Federation of State Medical Boards; April 2012 [cited Oct 15]. Available from: www.fsmb.org/pdf/pub-social-media-guidelines.pdf
 14. Snyder L, American College of Physicians Ethics, Professionalism, and Human Rights Committee. American College of Physicians Ethics Manual. 6th ed. *Ann Intern Med*. 2012;156:73–104. <https://doi.org/10.7326/0003-4819-156-1-201201031-00001>
 15. Herrington J, Oliver R. Critical characteristics of situated learning: implications for the instructional design of multimedia. *J Educ Multimedia Hypermedia*. 1999;8:401–22.
 16. Greysen SR, Chretien KC, Kind T, Young A, Gross CP. Physician violations of online professionalism and disciplinary actions: a national survey of state medical boards. *JAMA*. 2012;307:1141–2. <https://doi.org/10.1001/jama.2012.330>
 17. General Medical Council. Tomorrow's doctors—recommendations on undergraduate medical education. London, UK: GMC; 1993 [cited 2014 Mar 20]. Available from at www.gmc-uk.org/Tomorrows_Doctors_1993.pdf_25397206.pdf. [Accessed 20 March 2014.]
 18. Hafferty FW. Professionalism and the socialization of medical students. In Cruess RL, Cruess SR, Steinert Y, editors. *Teaching medical professionalism*. London, UK: Cambridge University Press; 2009.
 19. Blank L, Kimball H, McDonald W, Merino J; Medical professionalism in the new millennium: a physician charter 15 months later. *Ann Intern Med*. 2003;138(10):839–41. <https://doi.org/10.7326/0003-4819-138-10-200305200-00012>
 20. General Medical Council. Tomorrow's Doctors: recommendations on undergraduate medical education; 2003 [cited Oct 28]. Available from: <https://www.gmc-uk.org>