

Professionalism in Medical Science - A gap to be filled

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ABSTRACT

Aims: To analyze the community expectation regarding professional behavior of the doctors and to identify the time allocation of teaching hours of different subjects in comparison with teaching of professionalism.

Methodology: This is an ethnographic qualitative research, with focus group interviews, and detailed analysis of PMDC curriculum with emphasis on professionalism.

Results: The recorded interviews revealed common words, phrases and sentences which were repeatedly used by the participants of the study which were given codes. 22 codes were identified from the data which are mentioned below in chart-1, from these codes categories are further derived mentioned in chart-2 and in the last themes were finalized in table-2.

From all the available data and the detailed scrutiny of PMDC curriculum it was revealed that professional teaching and training have so far not been emphasized in the available curriculum and the doctors trained in Pakistan are totally insert of such entity.

Conclusion: The participants of the study stressed on the professional attitude of the doctors and emphasized on its sub-domains such as communication skills, behavior, honesty, punctuality rather than on the cognitive and psychomotor skills.

On the other hand, PMDC emphasizes more on the cognitive and psychomotor skills rather than addressing on professionalism.

Key words: Professionalism, Medical Education, PMDC.

INTRODUCTION

In Pakistan medical science is grossly based on medical knowledge and clinical diagnosis of the patient¹. In general, a doctor is considered to be successful with strong knowledge of the subject and good management of the patient². His attitude and professional approach toward his patients is not considered at all^{3,4}. An integral part of medical training is to develop strong skills toward medial professionalism among medical student⁵.

It is an important aspect of the attitudes medical graduate is going to develop based on the curriculum, so it is going to have a long impact on the future practices of the doctor in perspective of doctor patient relationship which further is going to affect the health outcome of society^{6,7,8}.

To acquire these attributes, they have to undergo a well-organized, structured medical education programme^{9,10}. The main stake holders in all such programs are the medical students, medical teachers, government officials and the society / community they are going to serve.

Professionalism in any aspect of life and in particular medical field serves as a bond between doctor and the community he is going to serve. The global emphasis of medical education is now based on professionalism⁴. The renowned medical schools globally have already

incorporated professionalism in their medical curricula. Extra teaching hours have been allocated for this particular entity which is taught as a separate module or runs an integral part of the whole curriculum¹¹.

The leading accrediting medical bodies such as The Accreditation Council for Graduate Medical Education (ACGME), Canadian Medical Education Directives (CanMEDs), World Health Organization (WHO), General Medical Council (GMC), and Scottish Doctor have described framework to define the attributes related to future doctor.

Unfortunately, we have lost the connection between the teaching of Islam and started following the leading countries in medical profession^{12,13}. The fact is subconsciously all leading medial counsel's in vogue are following the ethical principles of Islam. Professionalism in medical science is purely based on the teaching of Islam. A true Muslim should have integrity, he should be virtuous, self-less, devoted and covers all aspects of professionalism which western world is debating today. All elements of professionalism have already been laid down in the teaching of Holy Quran a long time ago¹⁴.

All such things appear to be a very a strong impact on the training of doctor, but to teach them at adequate time and incorporate them in the curriculum and assess them is a difficult task^{15,16}. Current curriculum of MBBS does not spare any teaching hours for teaching and training of professionalism as has been done by rest of the world.

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Rationale: The hospital environment is not conducive to teach our future doctors about the respect and honor of the patient and for his families accompanying them¹⁷. Majority of the hospitals does not even have any proper rest areas for the patient attendants. Overall environment of the hospital focuses on the treatment of the patient without any element of respect. Those patients getting treatment from the hospitals are not satisfied properly due to lack professionalism. This leaves a gap for the present study, as majority of the hospitals are providing treatment without humanistic and professional attitude. This research emphasizes about the expectations of the community about the professional attitude of the doctors¹⁸.

This study answers following questions

1. What is the expectation of the community regarding professional attitude of the doctors?
2. How much time have been allocated in the MBBS curriculum for medical professionalism?

The objective of the study is to analyze the community expectation regarding professional behavior of the doctors and identify the time allocation of teaching hours of different subjects in comparison with teaching of professionalism.

METHODOLOGY

This is an ethnographic qualitative research, with focus group interviews, and detailed analysis of PMDC curriculum with emphasis on professionalism. The study participants emphasize on the professional behavior of the doctors. After scrutiny of the PMDC curriculum the teaching hours of different subjects are explored and emphasis on allocation of teaching hours for professionalism is stressed.

Participant selection: This study is conducted in the capital city of Punjab i.e., Lahore. The venues chosen were out-patient department of Services Hospital and Sir Ganga Ram Hospital Lahore. Twenty participants from each hospital were included. Participants were selected by purposive/quota sampling technique amongst the patient and their care providers. Educational level was used as a demarcation line for two groups. 10 participants were below the level of grade ten and 10 participants were above grade 10.

Inclusion criteria: Participants above the age of 18 years who could consent were included in the study.

Exclusion criteria: Participants who could not consent i.e. below the age of 18 years were excluded from the study.

Instrument used to collect data: An open ended questionnaire with the consultation of experts of the field was designed. A pilot study was done to improve the credibility of the questionnaire.

The method used was focus group interviews, these interviews were recorded with the help of an audiotape. Field notes were also taken where required.

RESULTS

The recorded interviews revealed common words, phrases and sentences which were repeatedly used by the participants of the study which were given codes. 22 codes were identified from the data which are mentioned below in chart-1, from these codes categories are further derived mentioned in chart-2 and in the last themes were finalized in table-2.

The most important codes identified are behavior, attitude, ethics, politeness, humble, empathy. The most frequent codes identified are attitude, professionalism, ethics and knowledge.

After thoroughly exploring the PMDC latest curriculum it was revealed that no time has been allocated to professionalism. In formal coaching in this respect is sporadically conducted individually during ward rotations. Majority of the time is allocated to the component of cognition and psychomotor skills. This is supported by the time allocation mentioned in PMDC curriculum in Fig.1.

Table-1: Questionnaire

Q1	What are your expectations from your care provider?
Q2	What qualities do you expect from your doctor?
Q3	What qualities do you expect from a very good doctor?
Q4	What encourages you to visit the same doctor again?
Q5	Is there anything you want to say, which was not asked?

Professionalism expressed in Pakistan Medical and Dental curriculum

Attitude	Professionalism	Ethics	Knowledge
100	50	45	30

Chart-1 Codes (22)

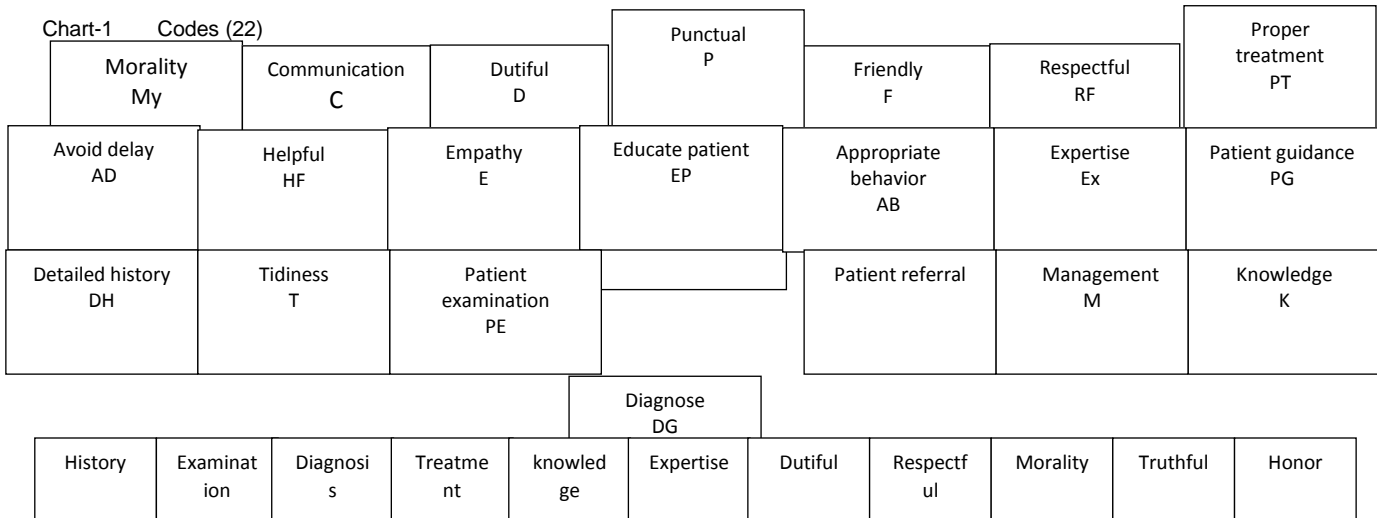


Figure-1

Subject & Academic Hours in MBBS Course

Distribution of hours will be as under:-

SUBJECT	1 st Year (Hours)	2 nd Year (Hours)	3 rd Year (Hours)	4 th Year (Hours)	Final Year (Hours)	Total Hours
BEHAVIOURAL SCIENCES	5	5	5	5	5	25
ISLAMIC & PAKISTAN STUDIES	15	15	10	10	-	50
ANATOMY	250	250	-	-	-	500
PHYSIOLOGY	250	250	-	-	-	500
BIOCHEMISTRY	100	100	-	-	-	200
PHARMACOLOGY	-	-	300	-	-	300
PATHOLOGY	15	25	260	200	-	500
*FORENSIC MEDICINE	-	-	100	-	-	100
**COMMUNITY MEDICINE	25	25	50	150	-	250
MEDICINE & ALLIED	25	30	120	265	360	800
Nuclear Medicine	-	10	-	10	-	20
Emergency Medicine	-	-	-	-	-	-
Medicine Elective	-	-	-	-	-	-
***Psychiatry	-	-	-	-	-	-
Dermatology & General Practice	-	-	-	-	-	-
PAEDIATRIC MEDICINE	5	10	15	50	70	150
SURGERY & ALLIED	25	30	120	265	360	800
****Radiology	5	10	-	10	15	40
Orthopaedics	-	-	-	-	-	-
Paed Surgery	-	-	-	-	-	-
Neurosurgery	-	-	-	-	-	-
Surgery Elective	-	-	-	-	-	-
Emergency Surgery & Anaesthesia	-	-	-	-	-	-
OBSTETRICS & GYNAECOLOGY	10	10	50	100	130	300
OPHTHALMOLOGY	5	10	15	70	-	100
OTORHINOLARYNGOLOGY (ENT)	5	10	15	70	-	100
CLINICOPATHOLOGICAL CONFERENCE	-	-	-	60	-	60
Total	740	790	1060	1265	940	4795

*Bioethics will be taught in the Forensic Medicine
 **Biostatistics will be taught in Community Medicine
 ***Behavioural Sciences will be taught in Psychiatry
 ****Biophysics will be taught in Radiology

DISCUSSION

Issues stressed by the participants related to the professional abilities in their in-depth interviews will be discussed in detail and it shall be related to the deficiencies as pointed out in the current PMDC curriculum. This will help us to identify the gaps and suggestions for its improvement.

Good moral values attributed to medical profession is the hot topic of majority of the study participants^{19,20}. Moral values related to medical profession are heavily influenced by the religious beliefs which is supported by morality as one of the basic teaching of Islam²¹.

The second important aspect identified was, how these moral values has to be exhibited, these are through good communication skills²². To convey these moral values one has to be as humble as possible. The other contributions added by the participants in a quality doctor are honor, respectful, punctual which all are the ingredients of professionalism²³.

Communication skills have been graded very high by the participants as they calm down not only the patient but also relieve the anxiety of the attendants of the patient²⁴.

Unfortunately, PMDC has so far not addressed this issue, which patient and his relatives require from a good doctor. This again is one of the core components of professionalism. Developed countries have already emphasized and allocated time and programme for such an important component.

The medical schools in the United Kingdom have worked extensively on it, they have devised different strategies to address this issue in the form of role plays, videos, small group discussions, lectures and on patients. The same is true with The Accreditation Council for Graduate Medical Education (ACGME), Canadian Medical Education Directives (Can MEds), World Health Organization (WHO), General Medical Council (GMC), and

Scottish Doctor. In comparison no effort has been put forward by Pakistan Medical and Dental Council (PMDC) to address this core issue. It is presumed that this important is covered under the teaching of behavioral sciences which is not true, even the allocated time to behavioral science is far less than the time allocated to Islamic teaching.

The most important aspect how information between a patient and a doctor is shared is through communication. If some serious and life threatening diagnosis about a patient is confirmed it has to be communicated to patient through communication. All this is covered under the heading of professionalism.

A big and good step which has helped a lot to the medical community in this aspect is with the advent of medical education^{25,26}, which has given the concept of professionalism which covers nearly all concerns regarding the patient and the doctor which were not addressed previously properly under a single cover.

A few participants who were educated emphasized about the knowledge and skills of the doctor²⁷.

Such demographic difference is also observed in other parts of the world with almost similar results. Two studies one in Malaysia and the other in Bangladesh also support this study i.e., patient is expecting a good professional attitude among the doctors^{28,29}.

After a detailed exploration of the currently available PMDC curriculum, it was a surprise to note that no time has been allocated to the such an important issue about professional teaching and training of doctors. When this curriculum was compared with the curricula of developed nations, almost all medical councils have allocated separate teaching hours and different courses have been introduced for the training of their faculty. In the same context there is no assessment advised by PMDC for this domain in any form.

PMDC emphasizes more on the cognitive and psychomotor skills whereas demand of the public is towards morality, attitude and professionalism of the doctors. These two things are entirely in opposite direction and needs to be addressed.

CONCLUSION

The participants of the study stressed on the professional attitude of the doctors and emphasized on its sub-domains such as communication skills, behavior, honesty, punctuality rather than on the cognitive and psychomotor skills.

On the other hand, PMDC emphasizes more on the cognitive and psychomotor skills rather than addressing on professionalism.

The element of professionalism, ethics should be included with proper allocation of teaching hours, at the same time methods needs to be devised for assessment of these skills.

The training of future doctors on professional ground as acknowledged by medical regulatory bodies of many countries need to be considered seriously. This element so far is not properly addressed by PMDC due to the reasons best known to them. Public demands and emphasize more on professional attitude of doctors rather than cognitive element.

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