

Professionalism in Family Medicine Residency Program in Qatar

Mohamed Salem (1)
Amal Al-Ali (2)
Noura Alm-Mutawaa (2)
Wafaa Yousuf (2)
Noof Almansouri (2)

(1) Former Assistant Professor, Suez canal University, Egypt, Consultant in Primary Health Care Corporation, Qatar

(2) Primary Health Care Corporation, Qatar

Correspondence:

Dr. Mohamed Salem, Former Assistant Professor, Suez canal University, Egypt
 Consultant in Primary Health Care Corporation, Qatar
 Mobile No: 0097470084817

Email: m_salem1973@yahoo.com

Received: June 19, 2018; Accepted: July 1, 2018; Published: August 1, 2018

Citation: Salem M, Al-Ali A, Alm-Mutawaa N, Yousuf W, Almansouri N. Professionalism in Family Medicine Residency Program in Qatar. World Family Medicine. 2018; 16(8): 4-8. DOI: 10.5742MEWFM.2018.93481

Abstract

Background: Medical professionalism is the ability to meet the relationship-centered expectations required to practice medicine competently. Professionalism is based on the principles of primacy of patient welfare, patient autonomy and social justice.

Objective of the study: To evaluate professionalism in family medicine residency program in Qatar.

Methods: A descriptive cross sectional study to assess professionalism in Family Medicine Program in Qatar. This study was conducted in Family Medicine Residency Program in Qatar. It included all residents in Family Medicine Residency Program. The sample size was 41 residents; all residents in the program at the time of the study in 2016-2017.

Results: Results show resident characteristics in which males represent 60% and females 40%; 55% were married, 7.5% have social problems and 17.5% see more than 20 patients per day.

The overall professional domains giving appropriate scores in all the domains with total score 84.3+15.5 from 120, while self-assessment score was 31.8+6.2 from a total score of 40. The relation between resident characteristics and professional domains in the form of significant relations for gender, as males report high scores in excellence domain, residents in year four report high score in excellence, while residents in year three report high score in self-assessment and residents who see 10-20 patients per day report high score in altruism and self-assessment.

Conclusion: The current study revealed that family medicine residents are capable of consistently performing professionally across the domains of professionalism. However, the Excellence and Altruism domains are in need of improvement.

Key words: professionalism, Family Medicine, Residency, Program, Qatar

Background

Medical professionalism is the ability to meet the relationship-centered expectations required to practice medicine competently. Professionalism is based on the principles of primacy of patient welfare, patient autonomy and social justice. It involves the following professional responsibilities: competence, honesty, patient confidentiality, appropriate relations with patients, improving quality of care, improving access to care, just distribution of finite resources, commitment to scientific knowledge, maintaining trust by managing conflicts of interest, and commitment to professional responsibilities [1].

Professionalism is related to patient satisfaction. Patients are more likely to be satisfied with physicians who behave professionally. [2] Patients are more likely to follow through with treatment recommendations when they trust their physician (trust is a component of professionalism). [3]

Most patient complaints about physicians involve physicians' unprofessional behavior. Patients are more likely to bring legal action against physicians they perceive as behaving unprofessionally than other physicians. [4] The educational environment, whether through formal or informal curricula, appears to influence learner attitudes and behavior. [5]

One study discerned relationships between the ethical environment and medical students' ethical behavior. [6] In another study, residents reported learning most about professionalism from observing role models. [7] Furthermore, research suggests that business and cultural environments influence professionalism among practicing physicians. [8]

Methods

Study Design: Descriptive cross sectional study to assess professionalism in Family Medicine Program in Qatar

Study setting: This study was conducted in West Bay Training Health Center affiliated to Primary Health Care Corporation in Qatar where the Family Medicine Residency Program runs its activity in the form of academic days and continuity care clinics.

Study Subjects: Included all residents in Family Medicine Residency Program

Sampling: The sample size was 41 residents, all residents in the program at the time of the study in 2016-2017.

Data Collection Methods:

Demographic data and some work characteristics including: age, gender, marital status, social problems, and number of patients per day were gathered.

The first part of the questionnaire measures Professionalism: by using ABIM Scale to Measure Professional Attitudes and Behaviors in Medical

Education. The Scale to Measure Professional Attitudes and Behaviors in Medical Education (SMPABME) is a self-administered questionnaire that consists of 12 items, each rated on a 9-item scale from never zero, to always ten. The SMPABME obtains respondents' opinions about professionalism in their educational environment. Since the items ask the respondent to report on the behaviors of others (versus the respondent's own behavior), it can be used to obtain information about sensitive professionalism areas (e.g., deception) that respondents may be unwilling to report about themselves; thus it can give information about program-wide behaviors. With only 12 items, the SMPABME is easy to administer. Construct validity of the SMPABME may be inferred from a factor analysis which indicated that it measured excellence, honor/integrity, and altruism/respect. The inter-item reliability of the SMPABME is 0.71. Information about the behavior of other important people in the learners' environment (e.g., supervising physicians, nurses, laboratory staff) would provide more accurate information about the educational environment. Excellence domain consists of 5 items with a maximum score of 50, Honor/Integrity domain consists of 4 items with a maximum score of 40, and Altruism/Respect domain consists of 3 items with a maximum score of 30.

Excellence means exceeding expectations and commitment to lifelong learning, Honor and integrity mean adhering to personal and professional codes, being fair, truthful, straightforward, and meeting commitments. Altruism means putting patients' best interests first [9].

The second part of the tool is self-assessment questions from UMKC-SOM Climate of Professionalism Survey (University of Missouri, Kansas City School of Medicine). It contains 10 questions about professional behavior rated (mostly-often-sometimes-rarely) with scores of 4,3,2, and 1 for each rate respectively [10].

Data Analysis: Data collected was analyzed using Epi Info and suitable tables and figures for different variables were used. T test, Chi square and P value were used when needed.

Results

Table 1: Shows resident characteristics in which males represent 60% and females 40%, 55% are married, 7.5% have social problems and 17.5% see more than 20 patients per day.

Table 2: Shows the overall professional domains giving appropriate scores in all the domains with total score 84.3+15.5 from 120 while self-assessment score is 31.8+6.2 from total score of 40.

Table 3: Shows the relation between resident characteristics and professional domains in the form of significant relations for gender, as males report high scores in excellence domain, residents in year four report high score in excellence while residents in year three report high score in self-assessment and residents who see 10-20 patients per day report high score in altruism and self-assessment.

Table 1: Resident characteristics

Characteristics	No	Percentage
Gender		
Male	24	60%
Female	16	40%
Age		
<30	19	48.72%
≥30	20	51.28%
Residency Level		
1	9	22.5%
2	11	27.5%
3	7	17.5%
4	13	32.5%
Number of patients per day		
<10	17	42.5%
10–20	16	40%
>20	7	17.5%

Table 2: Domains of professionalism score among residents

Domain	Mean ± SD	Total Score	Percentage
Excellence	33.4±7.4	50	66.8%
Honor	33.4±7.7	40	83.6%
Altruism	22.9±6.1	30	75.5%
Total Score	84.3±15.5	120	70%
Self-Assessment	31.8±6.2	40	79.5%

Table 3: Domains of Professionalism and resident characteristics

Gender	Male	Female			P Value
Excellence	35.7±6.3	29.8±7.9			0.0071*
Honor	32.7±7.7	34±7.9			0.6532
Altruism	22.1±6.3	23.9±5.6			0.8076
Self-Assessment	32.04±6.2	31.53 ±6.3			0.4049
Residency level	Year 1	Year 2	Year 3	Year 4	P Value
Excellence	36.5±11.5	30.27±4.1	32.8±4.7	38.23±5.8	0.0279*
Honor	36.1±2.8	33.7±5.6	34.7±8.9	30.5±10.3	0.4441
Altruism	25.37±2.1	22.61±4.6	24.28±7.4	20.58±7.6	0.3367
Self-Assessment	31.5±6.6	27.6±7.5	35.8±3.1	33.7±3.9	0.0396*
Number of patients	<10	10 - 20	>20		P Value
Excellence	31.05±7.8	33.58±7.4	38.14±4.6		0.1156
Honor	35.2±5.1	33.12±8.3	30.14±10.6		0.3648
Altruism	23.8±3.2	24.35±6.6	16.33±5.9		0.0115*
Self-Assessment	28.5±6.8	33.8±7.5	34.4±3.7		0.0302*

*Significant P Value <0.05

Discussion

In this study the mean total score percentage of professionalism is 70%. This result is matched with a study done in Egypt [11] revealing a score of 71%, however the University of Missouri, Kansas City School of Medicine reported mean score percentages of 75.08 % [12].

These similar scores represent what is actually recognized in teaching professionalism in recent years but there is still need to improve this score by studying its related factors, which could be due to working hours and work overload.

However the Excellence domain score of professionalism in our study is low, 66.6%, which points to lack of some professional behaviours and explanation of this could be due to deficiencies of role models in clinical education environment settings and this warrants attention for selection of residents and faculty members putting into consideration professionalism assessment. This result matched an Egyptian study [11] which showed a mean score percentage of 61.65%.

At the same time, the Honor domain mean score was estimated to be 83.6 % which matches other study results [11,13] revealing the mean score of the Honor domain as 81.69% and 77.7% respectively. This high mean score of our study at this domain showed that family medicine residents have higher standards of professional behaviours as comparable studies were on internal medicine residents, and the curriculum and working environment are different.

As regards the domain of Altruism, the estimated mean score percentage was 75.5%. In other studies [11, 14] it was 72.5% and 70%. The higher percentage score in this study could be due to respect our residents are paying to patients, patients' families, and colleagues, also these are professional characteristics of the future family physician.

The self-assessment of professionalism by residents in this study rated a score percentage of 79.5% while in previous studies [11, 14] scores were 71.5% and 75.01%. These results indicate that our residents may overestimate themselves with higher expectations.

This study concluded a significant relation between professionalism and residency level in the form of residents in year four report high score in excellence domain. This is in concordance with a study [11] which stated that professionalism of residents as evaluated by their peers was found to be progressively increasing from the first year of residency to the third year as evidenced by the increase in the mean scores in all domains., This finding was consistent with that of study [15] which found that senior residents were more interested in peer evaluation than junior residents and at the same time their level of professionalism was evaluated to be better. It seems that the experience of senior residents allows them to gain more professionalism behaviours and perception; the same result of statistically significant difference between

the residency year and level of professionalism on the Excellence domain was supported in the study [14].

In this study, there is a significant relationship regarding residency level and self-assessment in the form of residents in year three reporting a high score in self-assessment domain. This matched a statistically significant difference between residency year and the mean score of self-assessment [11]. In the third year of their residency, residents become more conscious of competence which increased their self-assessment according to learning theory.

In this study, a significant relationship was found regarding residents who see 10-20 patients per day reporting a high score in altruism and self-assessment. This matched other findings which indicated that professionalism is highly related to residency year, and number of working hours in study [16].

Conclusions

The current study revealed that family medicine residents are capable of consistently performing professionally across the domains of professionalism. However, the Excellence and Altruism domains are in need of improvement.

What is already known on this topic :

- No previous study to assess professionalism among family medicine residents in Qatar

What this study adds :

- It shows consistent professional attitudes in all professionalism domains among family medicine residents
- There is areas for improvement in Excellence and Altruism

Limitations:

- The geographical and demographic profile of this study may limit generalization
- It is specific for residents in the family medicine resident programs..

Acknowledgments:

We would like to acknowledge all Family Medicine faculty members and residents in the Family Medicine Residency Program. We acknowledge Dr Ahmed Mustafa Specialist in Primary Health Care in Qatar for his efforts and help. We appreciate the efforts of Dr Hisham AL Mahdi Consultant in Primary Health Care in Qatar in helping in statistical analysis

Ethical Considerations:

This research project is approved from IRB (Institutional Review Board) in Primary Health Care Corporation

References

1. www.acgme.org .Advancing education in medical professionalism: An educational resource from the ACGME Outcome Project : ©2004 ACGME.
2. Hall MA, Zheng B, Dugan E, Camacho F, Kidd KE, Mishra A, et al. Measuring patients trust in their primary care providers. *Med Care Res Review* 2002; 59:293-318.
3. Hauck FR, Zyzanski SJ, Alemagno SA, Medalie JH. Patient perceptions of humanism in physicians: effects on positive health behaviors. *Fam Med* 1990; 22:447-52.
4. Hickson GB, Federspiel CF, Pichert JW, et al. Patient complaints and malpractice risk. *JAMA* 2002; 287:2951-7.
5. Stern DT. Values on call: a method for assessing the teaching of professionalism. *Acad Med* 1996; 71(10):S37-9.
6. Feudtner C, Christakis D, Christakis N. Do clinical clerks suffer ethical erosion? Students' perceptions of their ethical environment and personal development. *Acad Med* 1994; 69(8):670-9.
7. Brownell AKW, Cote L. Senior residents' views on the meaning of professionalism and how they learn about it. *Acad Med* 2001; 76:734-7.
8. Freeman VG, Rathore SS, Weinfurt KP, Schulman KA, Sulmasy DP. Lying for patients: physician deception of third-party payers. *Arch Intern Med* 1999; 159:2263-70.
9. Advancing Education in Medical Professionalism, An Educational resource From ACGME Outcome Project, Enhancing residency education Through outcome Assessment .2004
10. Louise E Arnold PhD, George S Thompson MD and Jennifer Quaintance, PhD at the University of Missouri-Kansas City School of Medicine, UMKC-SOM. © 2008
11. Salem A, Talaat W, Kamel MH, Hassan N . Assessing Professionalism among Residents: Peer and Self-assessment. *Intel Prop Rights*.2015; 3: 148.
12. Quaintance JL, Arnold L, Thompson GS : Development of an instrument to measure the climate of professionalism in a clinical teaching environment. *Acad Med* 2008; 83: S5-S8.
13. Gillespie C, Paik S, Ark T, Zabar S, Kalet A : Residents' perceptions of their own professionalism and the professionalism of their learning environment. *J Grad Med Educ* 2009 ; 1:208-215.
14. Arnold E, Blank L, Race K, Cipparone N : Can professionalism be measured. The development of a scale to be used in the medical environment. *Acad Med* 1998; 73:1119-1121.
15. Van Rosendaal GMA, Jennett PA :Resistance to peer evaluation in an internal medicine residency. *Acad Med*.1992 ; 67:63.
16. Ginsburg S, Regehr G, Hatala R, McNaughton N, Frohna A, et al. Context, Conflict, and Resolution: A new conceptual framework for evaluating professionalism. *Acad Med* 2000 ; 75: S6-S11.