

Professionalism Among Family Medicine Residents in Jeddah City, Saudi Arabia: A Cross Sectional Study

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Abstract

Background: Professionalism, one of CanMEDS competencies is related to the commitment to carry out professional responsibilities. Researchers have suggested different domains. Most important among them is teamwork, respect, sense of responsibility, ethical practice reflection and self-awareness. The most commonly used instruments are peer assessments, standardized checklist, OSCE, portfolio and incident reports. Our study was to assess professionalism among family medicine residents in Jeddah.

Aim: Professionalism among Saudi Meds FM was updated in Saudi Arabia in accordance with the release of the Ethics and Professionalism Handbook by SCHS; so, the current study was aimed to assess these changes among family medicine residents in Jeddah.

Methodology: It is a descriptive observational study conducted in Jeddah, Kingdom of Saudi Arabia. A self-administered validated questionnaire involving two residency training programs for family medicine residents from R1 to R4 was used for collection of data using consecutive sampling technique. Chi-squared test was used for statistical analysis using IBM SPSS, significant if p-value is below 0.05.

Result: A total of 120 participants replied with a response rate of 73%. The majority of them are female 84(70%), mean age is 27.3±2.7 and mostly are married 64(54%). Majority of them are junior residents (64%) and mostly affiliated in a joint residency training program (62%) which is being instituted by the Ministry of Health (MOH) (44%). Independent learning (89%) is the most common teaching method in family medicine residency program followed by interactive learning in the form of seminar or small group discussion (80%) and traditional lecture (78%). The residents are being assessed typically through the completion of their portfolio (84%) and OSCE (81%). Clinical teachers obtained an attitude score of 63.4± 15.3, their professionalism score in general is 68.1±18.

Conclusions: Family medicine institutions already have professionalism education program, but modification and enhancement of existing teaching tools is essential. Existing teaching and assessment methods have no significant effect on resident's attitude. Role modeling, although a powerful method is no longer adequate to ensure the enucleation of professional values in residents

Keywords: Family medical residents, Professionalism, Saudi Arabia,

Background

Medically, the professionalism term is widely used in the medical field, which is considered one of main factors affecting on the relationship between the patients and clinicians (1), as well as the professionalism promoting a patient safety state through enhancement of the decisions about revalidation processes (2). Therefore, the professional doctors provide best healthcare services (3). Recently, several definitions have become available and variants according to countries, cultures, and religions, so it is difficult to set a perfect definition of professionalism, an American Board of Medical Specialty is defining medical professionalism a professional competence of physicians in knowledge, clinical reasoning, use of communication, emotions, technical skills, reflection, and values in each medical practice (4).

According to The Canadian Medical Education Directives for Specialists (Can MEDS) professionalism is one of these competencies which should be included in the family medicine residency program (5). Professionalism is defined as a “commitment to carry out professional responsibilities, respect and adherence to ethical principles, and to be sensitive to diversity among patient population” (6).

In Saudi Arabia, medical professionalism has a direct effect with Islamic religion, so healthcare providers should have a set of core values that include honesty, responsibility, altruism, dedication, self-improvement, integrity, respect to colleague and patient, accountability, empathy, and compassion; these values were published by the Saudi Commission for Health of Specialties based on Canadian Medical Association Framework and the Canadian Medical Education Directives for Specialists (7, 8).

Globally, Hilton and Slotnick (9) proposed six domains of professionalism which include ethical practice, teamwork, respect, sense of responsibility, reflection, and self-awareness. Siegler (10) has described three domains of medical ethics and professionalism which might help in teaching professionalism and they include cognitive skills, character development and behavioral skills. Cohen (11) mentioned that professionalism should be assessed if it is considered important and should be viewed as both positive and relevant. When assessing professionalism, no single instrument could capture all its dimensions and a combination of multiple methods is necessary. The most used instruments are peer assessments, standardized checklist, OSCE, portfolio and incident reports (12). Professionalism can be taught and learned from lectures and different well-constructed methods in the formal curriculum and can be easily absorbed from role model in hidden curriculum (13).

Therefore, The Saudi Commission for Health of Specialties proposed Saudi Meds FM 2020 program including a 3-year residency program of which part of the Family Medicine among Saudi Competency Curriculum, the Saudi Meds FM 2020 was adapted from Can MEDS-FM 2017 from the Canadian Medical Association Framework and Canadian Medical Education Directives. Also, the Saudi Meds FM

includes several competencies such as Patient Care, Collaboration, Management, Communication, Medical Knowledge, Leadership, and Scholarship, behind the Professionalism (14).

Saudi Meds FM 2020 defined the professionalism a behavior and attitude of family physicians in regard to patients and colleagues. The Saudi Meds FM 2020 showed the family physician should have compassion, dignity, and respect toward the patients and colleagues, as well as well as putting the patients' needs before theirs and needs of self-interest (14).

According to Symbiosis Centre for Health Skills (SCHS), physician professionalism should include the whole community not restricted to healthcare institutes through professional behavior with patients and their families through listening carefully and showing the empathy with their complaints. Also, the physicians should collaborate with colleagues by acknowledging them, being grateful, and praising. These skills of professional physicians produce a healthy work environment and have significant effect on the quality of healthcare services, job wellbeing, and physician outcomes (15).

Saudi Meds FM 2020 aimed to improve residency training and quality among the physicians as part of training and education criteria of 2030 Vision of Saudi Arabia by improving the quality of training, increasing the residency capacity, and promoting underserved specialties (16).

Marisette et al's (17) qualitative study aimed to investigate the professionalism among Canadian Family Medicine residents at the University of Toronto. The result showed the positive role modeling of professionalism among Family Medicine residents. Another Canadian study was conducted on 70 field notes written by clinical educators from the Department of Family and Community Medicine, University of Toronto between 2015 and 2017. This study aimed to investigate the weakness points of medical professionalism. The authors concluded that professional practitioners need development of educational interventions regarding how to teach professionalism (18).

A cross-sectional study by Kebede et al (19) was conducted for residents in Ethiopia. The results showed high levels of professionalism. The authors emphasized the use of role models to be key in professional teaching providing students with lessons in professional behavior.

Seif-Farshad et al (20) conducted a study at Shahid Beheshti University of Medical Sciences and affiliated hospitals, Iran. It focused on the absence of teaching professionalism and relationship with unfavorable theoretical knowledge about medical professionalism in the country. The authors showed the need for formal training and education to ensure high correlation between patients and the medical community.

Recently, the Professionalism among Saudi Meds FM was updated in Saudi Arabia in accordance with the release of the Ethics and Professionalism Handbook by SCHS; so, the current study was aimed to assess these changes among family medicine residents in Jeddah.

Methodology

Study Area \ Setting

It is a descriptive observational study which was conducted in the western region, Jeddah in the Kingdom of Saudi Arabia at two Residency training programs for family medicine regulated by Saudi Commission for Health Sciences (SCFHS). The Family Medicine Program was at King Abdul-Aziz Medical City (KAMC).

Study Participants and Design

Total number of residents was 46 in KAMC-JD and 120 residents in the joint program.

Inclusion criteria: All residents.

Exclusion criteria: None, unless the resident did not want to participate. It was a quantitative descriptive cross-sectional survey. For residents in family medicine programs. It used a structured validated questionnaire

Sample Size and sampling

All KAMC and Joint Program residents in Jeddah from R1 to R4 with expected numbers of almost 165 residents. Non-probability consecutive sampling technique was used as all the residents were included in the study.

Data collection method

A self-administered previously validated questionnaires (8,9) was used for collection of data. The first part consists of characteristics and demographic variables of the participants. The second part of the checklist was for assessment of teaching and assessment of professionalism. The third part assessed the resident's attitude toward professionalism while in the last the clinical teacher's professionalism was assessed from the resident's perspective. In the clinical teacher's professionalism section, there are four domains namely, doctor patient relationship, doctor student relationship, inter professional relationship and doctor self-relationship. Questionnaires were distributed by researchers in paper format after briefing participants about the research and taking verbal consent. The participants were given 10-15 minutes to fill in the questionnaire.

Data Analysis

All the collected data was entered on Microsoft Excel program, and statistical analysis was performed using IBM SPSS (Version 24.0. Armonk, NY: IBM Corporation) after transferring it to the software. Categorical variables were described as proportion and percentage. Numerical variables were presented as mean and standard deviation for normally distributed data and median and interquartile range if skewed. For categorical variable comparison, chi-square test was used. It was statistically significant if P value was below 0.05.

Result

A total of 120 participants replied with a response rate of 73%. As depicted in Table 1, of a total of 120 respondents, the majority of them are female (70%) as compared to male (30%). Their mean age is 27.3 ± 2.7 and mostly are married (54%). The majority of them are junior residents (64%) and mostly affiliated in a joint residency training program (62%) being instituted by the Ministry of Health (MOH) (44%). Only few of them had obtained Master's and Doctorate degree (5%), however, the majority of them (89%) had attended an educational program on professionalism in their years of residency training.

Figure 1 shows that independent learning (89%) is the most common teaching method in family medicine residency program followed by interactive learning in the form of seminar or small group discussion (80%) and traditional lecture (78%). The residents are being assessed typically through the completion of their portfolio (84%) and OSCE (81%). However, self-reported confidence survey (37%), patient's satisfaction survey, and chart audit (42%) are not commonly used for assessment. (Figure 2)

Based on the findings of this study as depicted in Table 3, most of the residents agreed that continuous professional education, respecting patient's confidentiality/autonomy and honestly towards the patients are the attitudes that are mostly shown for being professionally responsible. In contrast, providing necessary medical care regardless of a patient's ability to pay and reporting significant error or malpractice of colleagues are the least of the respondents' concerns. In general, clinical teachers obtained an attitude score of 63.4 ± 15.3 .

In terms of clinical teachers' professionalism, Table 4 shows that the clinical teachers have a good interpersonal relationship with other health professional (70.7 ± 18). However, they are less likely aware of themselves and know their own limitations (66 ± 18). As such, their professionalism score in general is 68.1 ± 18 .

In the analysis of findings, attitude scores of residents and their assessment as for the professionalism score of clinical teachers varies significantly only according to their marital status in which unmarried or single people had higher attitude score (64.3 ± 15.9) compared to the other (p-value, 0.16). Likewise, the professionalism score towards the clinical teacher for unmarried or single residents is high (46.2 ± 22.3), p-value of 0.40. Lastly, correlational analysis was calculated and found out there is no significant correlation between the attitude score of residents towards professionalism and professionalism score of clinical teachers (p-value of .794).

Table 1. Demographic characteristics of the participants

Demographic Profile	N= 120	n (%)
Age (Mean age = 27.38±2.7)		
Gender		
Male		36 (30%)
Female		84 (70%)
Marital Status		
Married		64 (54%)
Unmarried		51 (43%)
Divorced/Widowed		4 (3%)
Residency Level		
Junior Residents		(64%)
Senior Residents		(37%)
Residency Training Program		
National Guard Program		46 (38%)
Joint Program		74 (62%)
Educational Background		
MBBS		113 (95%)
Masters		5 (4%)
PhD		1 (1%)

Figure 1. Teaching methods used by the participants

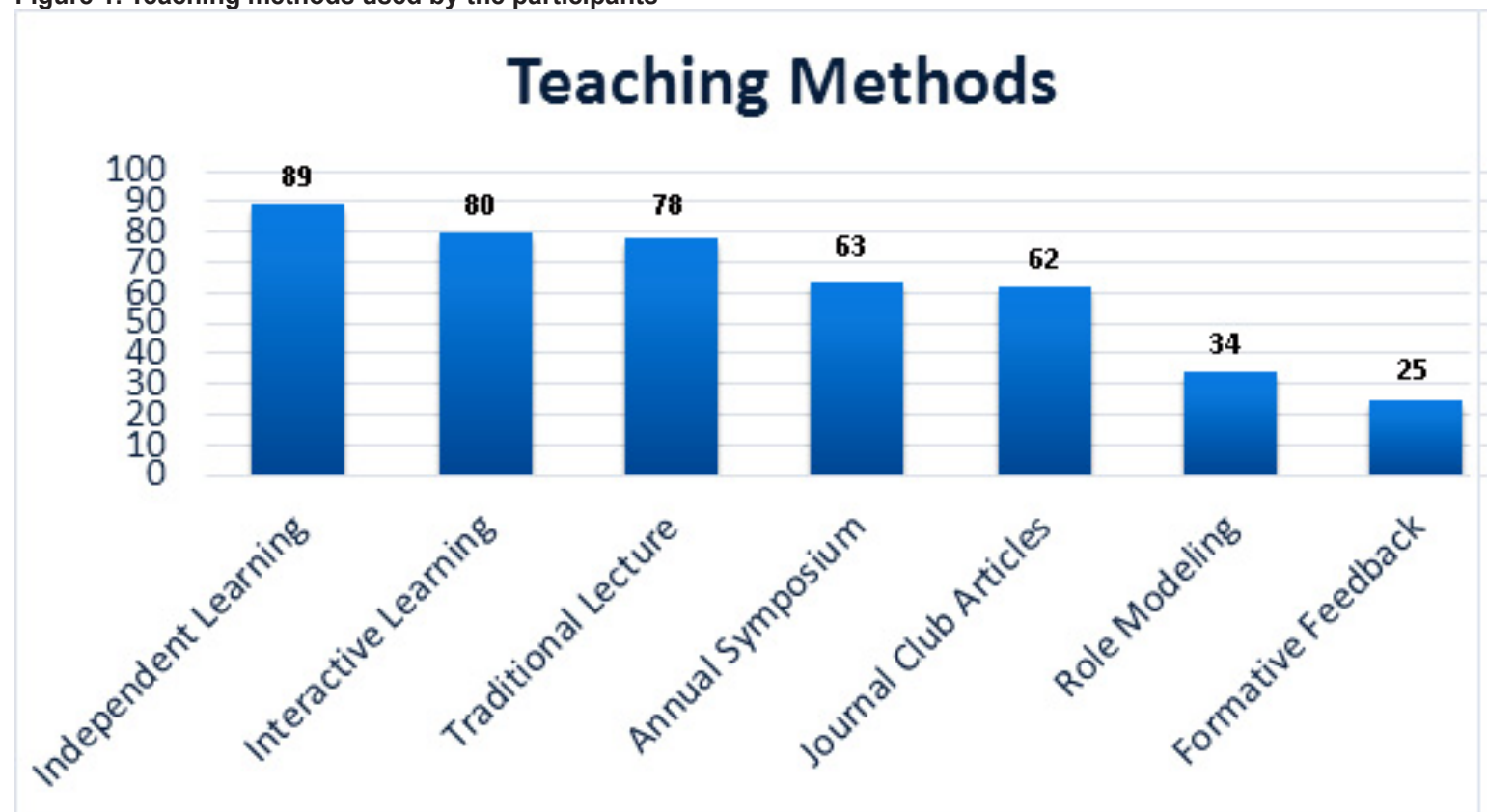


Figure 2. Assessment methods

Top and Lowest Assessment Methods

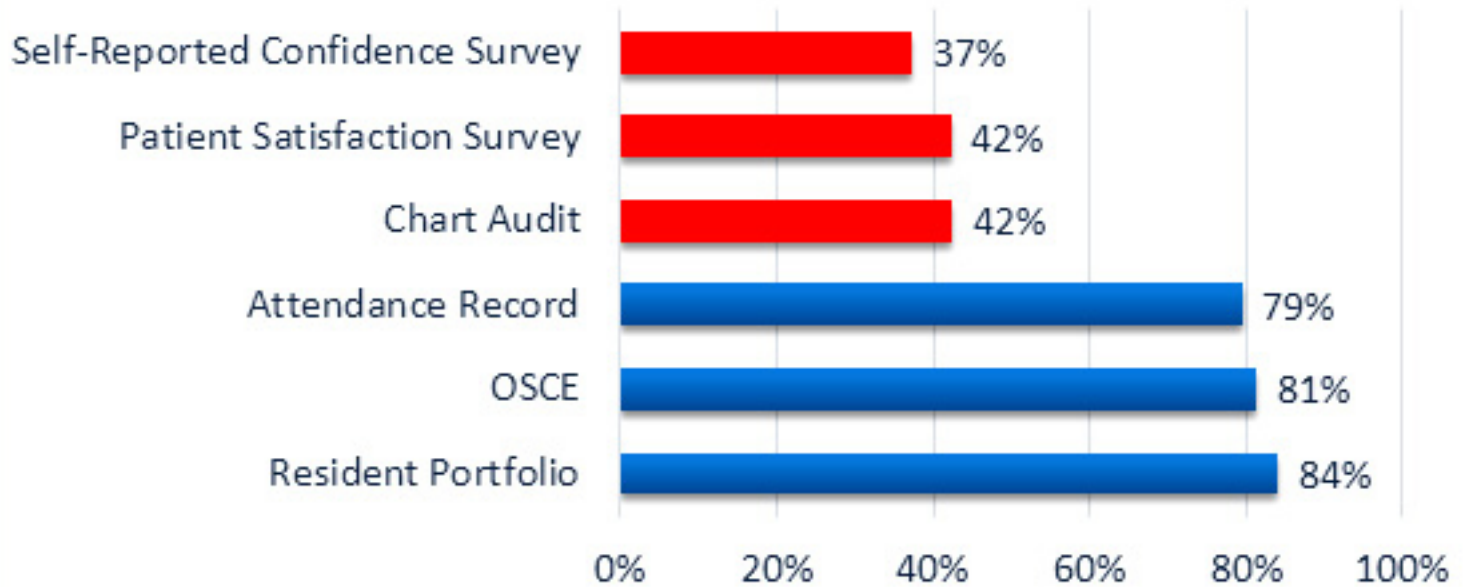


Table 2. Clinical Teacher's Professionalism Score as grouped according to demographic profile

Items	Professionalism Score (\pm SD)	p-value
Gender		
Male	44.5 \pm 22.1	0.28
Female	39.8 \pm 16.4	
Marital Status		
Married	37.5 \pm 13.9	0.04*
Unmarried	46.2 \pm 22.3	
Divorced/Widowed	31.3 \pm 2.9	
Residency Level		
Junior Residents	44.6 \pm 20.5	0.003*
Senior	35.3 \pm 11.8	
Residency Training Program		
National Guard Program	41.4 \pm 20.6	0.93
Joint Program	41.1 \pm 16.8	

Scatter plot of Clinical Teacher's Professionalism Score according to Age of Residents

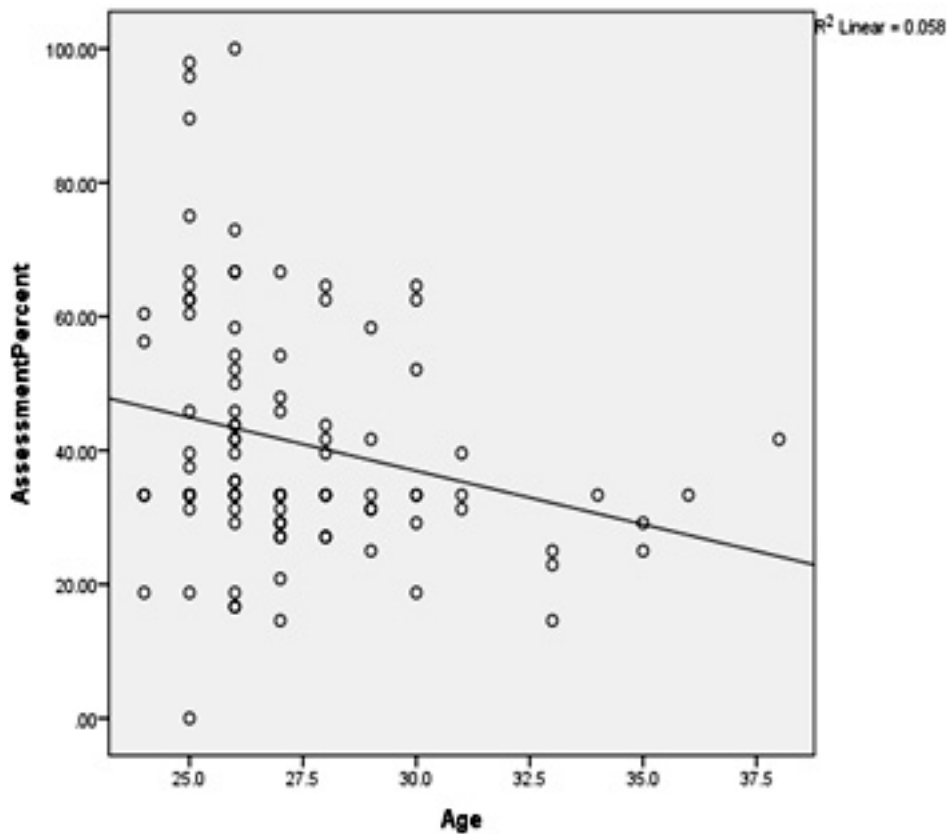
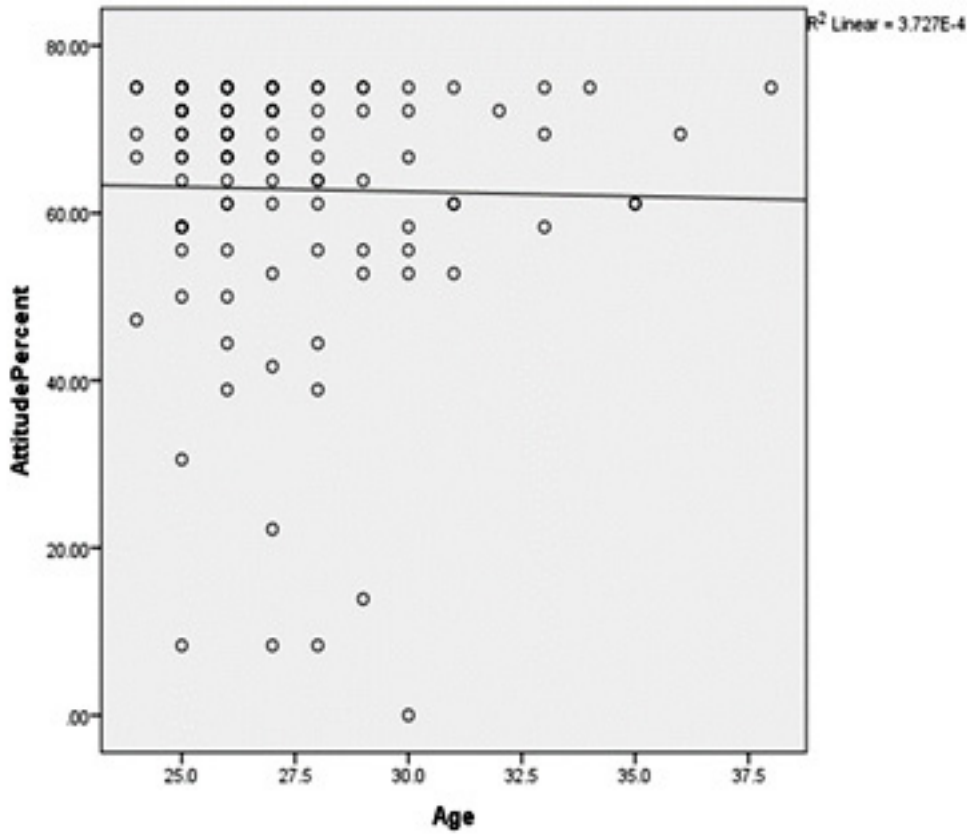


Table 3: Attitude Score of Residents as grouped according to demographic profile

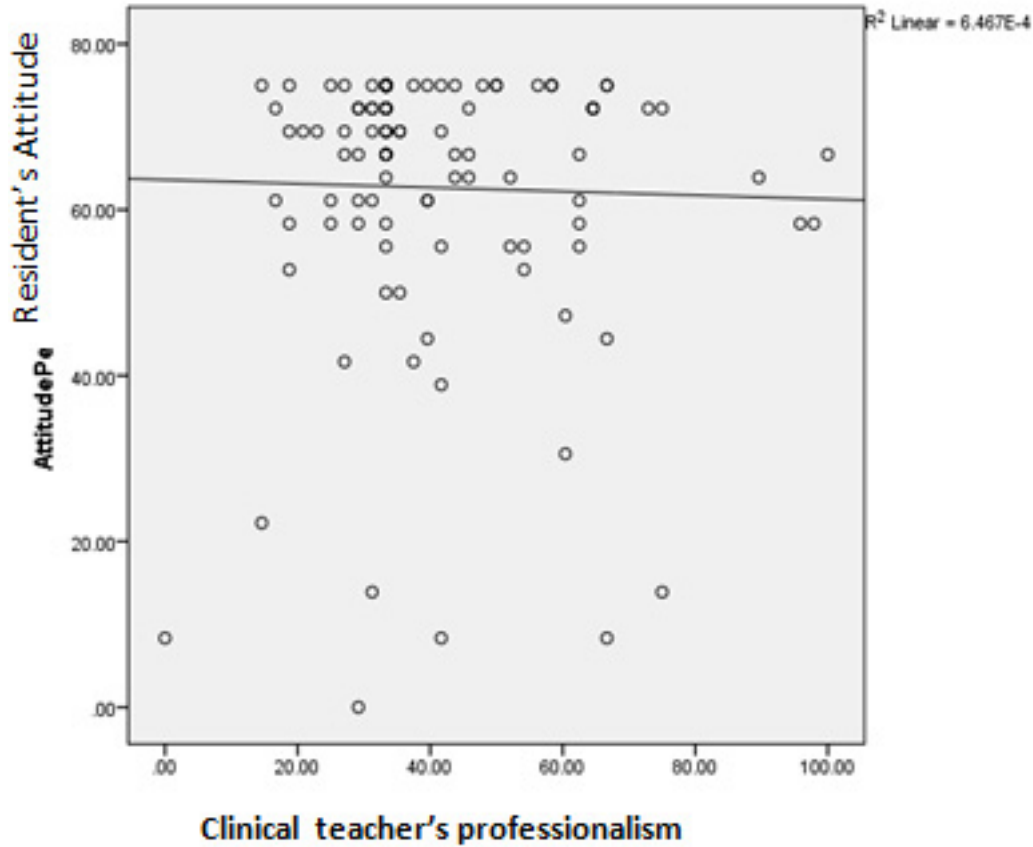
Items	Attitude Score (\pm SD)	p-value
Gender		
Male	62.3 \pm 16.2	0.81
Female	63.1 \pm 16.4	
Marital Status		
Married	62.9 \pm 15.2	.016*
Unmarried	64.3 \pm 15.9	
Divorced/Widowed	40.3 \pm 26.9	
Residency Level		
Junior Residents	64.2 \pm 15.7	0.22
Senior	60.4 \pm 17.0	
Residency Training Program		
National Guard Program	61.9 \pm 18.1	0.62
Joint Program	63.4 \pm 15.1	

The General Resident's Attitude Mean Score is 63.4 \pm 15.3

Scatter plot of Resident's Attitude Score according to Age



Correlation (Scatter Plot) of Residents Attitude and Clinical Teacher's Professionalism Score



Discussion

Based on literature review teaching encounters as proposed by Arnold include traditional lectures, case-based learning, small group discussion and seminars (10). A Canadian study published in 2020 assessed FM based on Can MEDS framework by investigating the level of Commitment to Ethical Practice included integrity, honesty, respect, commitment, humility, and compassion. The results showed approximately 50% of Canadian residents adhere to standards of practice, the professional and ethical and ethical codes, and laws governing practice (17). Compare with our results the Saudi residents showed a slightly higher number of 63% adherence. A recent Saudi study showed the Saudi resident adherence at about 68% among FM residents in Al Madinah region in 2021 (21).

Brownell and Côté's (22) study showed 93% of residents reported that contact with role models was the most important method of learning professionalism. Van Mook et al (13) stated that the most used instruments are peer assessment, OSCE, resident portfolio. Resident portfolio is an important and frequently used assessment methods in family medicine residency program as reported by 84% of our residents. In our study, the mean positive score of all four domains is 68.1% although the mean score was virtually acceptable. The teacher's professionalism is not at the appropriate level, since they lost around 30% of positive score which is a significantly high percentage to be lost. In our assumption at least a 90% positive score, we would be able to conclude that they behave professionally.

In 2019, a study was conducted to assess medical students' attitude and knowledge towards professionalism at various medical schools in Saudi Arabia. The results findings showed that most students have a positive perception and attitude regarding professionalism (23). In two other recent studies published in 2020 conducted on Saudi ophthalmologists, the results showed a high level of professionalism among them (24). Another study also showed a high level of professionalism among Saudi general surgeon residents (25). Also, the Alkahtani et al (24) and Hadedeya et al (25) Saudi Studies investigated the effect of use Can MEDS Competency Framework in the Saudi curriculum regarding development and improvement of professionalism among residents, as well as investigated the correlation with Clinical Leadership, these results showed residents embraced their acquisition of the Can MEDS competencies and attained a satisfactory level of leadership skills during their residency program. the results of these studies are compatible with our results about attitudes and knowledge of Saudi FM residents in Jeddah,

Consequently, the residents lack a desirable role model capable of triggering and internalizing complete professionalism concept. Consistent with our study, resident's perception about professionalism of their clinical teachers at Tehran University of medical sciences TUMS in Iran 2016, had a mean positive score of 60.35 %

(26). Junior residents in first and second year of residency program had slightly but significantly higher evaluation for all dimensions compared to senior residents. A similar finding was made in a professional survey in Taiwan, in which first and second year students had a slightly higher evaluation for all dimensions compared to older students (27). Overall residents show a relatively positive attitude toward professionalism 63.4%. Roland et al (28) study showed that the attitude score in USA and UK doctors were 63.1% and 59.36 % respectively. Residents' attitudes didn't show any difference by residency level or training years, which means that there is no direct effect of teaching and assessment methods on resident's attitude score. Jha et al (29) mentioned that there is evidence to support that teaching and learning experience will positively impact on attitudes toward professionalism.

The limitation of the study was that it has a small sample only limited to one center and cannot be generalized to other parts of the region or country and might have response bias as it was a self-administered survey, and it was filled in subjectively.

Conclusions

Family medicine institutions already have a professionalism education program, but modification and enhancement of existing teaching tools is essential. Existing teaching and assessment methods have no significant effect on resident's attitude. Role modeling although a powerful method is no longer adequate to ensure the enucleation of professional values in residents.

Recommendations

Further studies are needed to explore how to improve already existing teaching and assessment methods. Further studies necessary in the future to ensure that professionalism is taught and learned effectively. New teaching and assessment tools will be required. Faculty enhancement workshops are needed to improve clinical teachers' professionalism

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