

A study on need assessment for curriculum on Professionalism among undergraduate medical students

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Abstract: Regulations on Graduate Medical Education (GME,2012) recommends an undergraduate medical education program aimed at creating an 'Indian Medical Graduate' (IMG) possessing sufficient knowledge, skills, attitude, values and responsiveness in order to function effectively.

National committees have agreed upon the need to develop a 'formal curriculum' to inculcate professionalism among Undergraduate Medical Students (UMS). Need assessment is one of the crucial steps in Curriculum Development and we decided to study the perceptions of UMS on the need, structure and design of the curriculum on 'Professionalism'. Ethical clearance was obtained from IRB, SRMC. A structured and validated questionnaire consisting of 15 questions (10 open ended and 5 close ended) was administered after getting the informed consent a to 53 UMS at the end of their final year (men = 21, women = 32). The data was analyzed using SPSS software version 10. 90% felt that it was vital to run such a program and 87% said that they would advocate this program for their juniors. 76% felt that the program was appropriate and meaningful, 63% wanted a session on 'breaking the bad news', 53% emphasised that only Clinicians to be the resource faculty and 40% opted for more of interactive lectures. Professionalism including ethics and medical humanities is a proposed program by the Medical Council of India. Undertaking the need assessment in every institution before planning the curriculum is essential to address the specific needs, in addition to the proposed topics. Involving a team of faculty, students and curriculum experts in this process would prove more advantageous.

Keywords: Medical Education, professionalism, Medical Humanities, Undergraduate Medical Students, Need assessment

I. Introduction

Regulations on Graduate Medical Education (GME) envisions an undergraduate medical education program aimed at creating an 'Indian Medical Graduate' (IMG) possessing adequate knowledge, skills, attitude, values and responsiveness in order to demonstrate professionalism or professional behaviour¹. The systematic examination of the present medical curriculum reveals that more importance is placed on the knowledge component which is subjected to change and instant updates are possible with growing technology whereas less or no time is allotted for imparting skills of professional behaviour which will probably remain unaffected for the remaining part of the learner's career and technology has very insignificant role in developing these skills².

Professionalism is usually represented as a theoretical concept and described in non – realistic or idealistic terms rather than an observable performance³. There is also much discrepancy in what 'professionalism' means across the globe. In 2002, great educationists Epstein and Hundert referred to professional competency as "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served"⁴.

In United Kingdom, the Royal College of Physicians, came out with a different explanation for professionalism such as "a set of values, behaviours, and relationships that underpin the trust the public has in doctors"⁵. The pillar of professionalism as acknowledged by the American Board of Internal Medicine are: altruism, accountability, duty, excellence, honour, integrity and respect for others.

Many educationists and experts consider that these skills are learnt through the "hidden curriculum" or otherwise through observing their mentors as "role models". The problem here is that the individuals who are seen as mentors may not comprehend that they are teaching professional values and vice versa².

Some faculty also believe that “the hidden curriculum of rules, regulations, and other aspects of professionalism is transmitted mainly by the residents or interns⁶⁻⁸. Hence, national committees have strongly emphasised the need to develop a ‘formal curriculum’ to facilitate the process of imparting ‘Professionalism’ and ‘ethics’ among IMGs¹.

In order to develop a curriculum it is advisable to follow the protocol of ‘A Six-Step Approach’ to Curriculum Development for Medical Education⁹ in which one of the important steps is to establish the needs assessment of the targeted learners. Therefore, we intended to evaluate the Perceptions of Undergraduate medical students on formal curriculum for imparting Professionalism.

Objective: To carry out need assessment for curriculum on Professionalism among undergraduate medical students

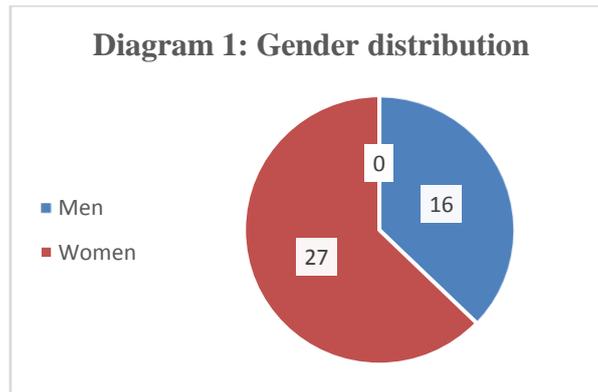
II. Materials and Methods:

Ethical Clearance was obtained from Sri Ramachandra University. A structured need assessment questionnaire was developed incorporating various aspects of curriculum development on professionalism. The need assessment questionnaire addressing the various components of the curriculum namely preferred topics, speakers, day & time, venue, teaching method, duration of session, duration of program, assessment methods etc. was validated.

- I. Process of validation:
 - a. Content validation:
 - Three member committee comprising of experts in the field of medical education gave suggestions for improvement of the questionnaire
 - The questionnaire was administered to 15 final year students and the responses were analyzed for consistency
 - b. Face validation:
 - Three faculty from the department of physiology and one faculty from Community Medicine went through the questionnaire and gave their feedback which was later incorporated in to the questionnaire
- II. Informed consent obtained from undergraduate medical students and then questionnaire was administered
 - The reasons for selecting this target group (final year undergraduate medical students) for getting the need assessment
 - they have already been through the existing curriculum
 - they are now exposed to real life situations during their clinical posting and hence, may provide valuable feedback to improve the curriculum
- III. The structured and validated questionnaire consisting of 10 open ended and 5 closed ended questions was given to registrars of major clinical departments where Undergraduate medical students were posted
- IV. The questionnaire was made available for one week at the nurses’ station to facilitate undergraduate medical students on different duty rotations to respond
- V. 53 Undergraduate medical students responded to the questionnaire
- VI. All results are expressed in percentage (%)

III. Results:

Even though 53 Undergraduate medical students(men = 21, women = 32) participated in this study, during the process of data entry and data cleaning it was found that complete data was available only from 43 Undergraduate medical students(men = 16, women = 27 as shown in Diagram:1) which was only taken for data analysis.



| S.No | Preferred Topics | Order of Preference (%) |
|------|-----------------------------|-------------------------|
| 1 | Breaking the bad news | 63 |
| 2 | Informed consent | 51 |
| 3 | Confidentiality | 49 |
| 4 | Teenage Pregnancy | 49 |
| 5 | Stress management | 40 |
| 6 | Professionalism | 37 |
| 7 | Doctor Patient relationship | 33 |
| 8 | Time Management | 33 |
| 9 | Errors in medicine | 30 |
| 10 | End of Life Issues | 28 |
| 11 | Health Economics | 26 |
| 12 | Organ Transplantation | 21 |
| 13 | Alternative medicine | 19 |
| 14 | Team management | 16 |

Table 1. Preferred topics

Quantitative analysis of the data was carried out using SPSS software version 10. All the results are expressed in %. When asked about the preferred topics 63% of the respondents felt that session on ‘breaking a bad news’ was important as shown in Table 1. 53% wanted only clinicians with wide experience to be the resource person as shown in Table 2. 40% opted for interactive lectures and 26% for small group discussion as preferred teaching learning method as shown in Table 3. 56% wanted the program on professionalism to be introduced during third year followed by 23% who felt that the program would be relevant only during internship period as shown in Table 4. Other remarks by the students about the program is given in Table 5.

| S.No | Preferred Speakers | Order of Preference (%) |
|------|--------------------|-------------------------|
| 1 | Clinicians | 53 |
| 2 | Scientists | 9 |
| 3 | Spiritual leaders | 7 |
| 4 | Entrepreneur | 5 |
| 5 | Political leaders | 5 |

Table 2. Preferred speakers

| S.No | Preferred year | Order of Preference (%) |
|------|----------------|-------------------------|
| 1 | Third year | 56 |
| 2 | interns | 23 |
| 3 | First year | 16 |
| 4 | Second year | 12 |
| 5 | Fourth year | 5 |
| 6 | Final year | 5 |

Table 3. Preferred year for introducing the curricular change

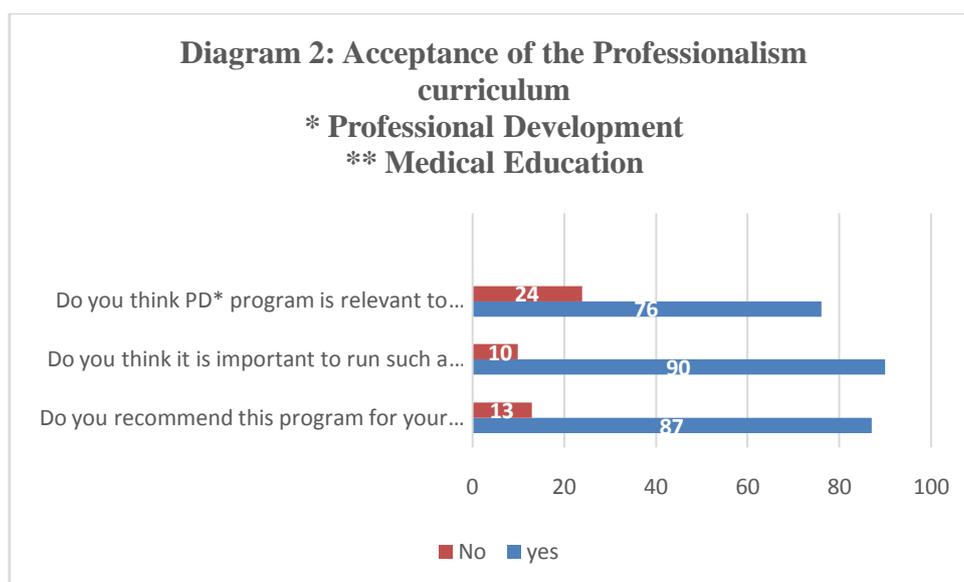
| S.No | Preferred T – L method | Order of Preference (%) |
|------|------------------------|-------------------------|
| 1 | Interactive lectures | 40 |
| 3 | Small group discussion | 26 |
| | Workshop | 19 |
| 4 | Large group discussion | 14 |

Table 4. Preferred Teaching - Learning method

| S.No | Other remarks by the Undergraduate medical students(No. of responses given in brackets) |
|------|--|
| 1 | Students need to be sensitised about the new curriculum on Professionalism (32) |
| 2 | Speakers should try to make it very interesting and interactive (37) |
| 3 | Attendance to these classes should be made compulsory (14) |
| 4 | Assessment marks to be added to internal assessment (23) |
| 5 | The new curriculum should be made optional (9) |
| 6 | Certificate of appreciation / completion for those who attend all the sessions to be considered (18) |

Table 5. Other remarks by the undergraduate medical students

Qualitative analysis of the data was carried out using colour coding and grouping them under broader themes like relevance of the program, importance of the program etc. 76% felt that the program was relevant and meaningful, 90% felt that it was important to run such a program and 87% said that they would recommend this program for their juniors as shown in Diagram 2. The results of need assessment analysis was later discussed with Medical Education Unit and other faculty involved in designing and implementation of the curriculum.



IV. Discussion

Professionalism in medical field is changing all over the world¹⁰⁻¹⁵. Emerging priorities from doctor centred to patient centred choices, policies of government, ever expanding knowledge coupled with increasing rejection of old philosophies of unquestioned ‘autonomy’ and ‘privilege’ of doctors, are not only influencing the dynamics of doctor-patient relationship but also stirring the argument about the concept of professionalism¹⁶.

In line with this changing and demanding scenario, some of the regulatory bodies for medical schools around the world have recently endorsed the importance of including the science and art of ‘medical professionalism’ within the undergraduate curriculum¹⁷⁻²⁰.

As mentioned earlier, there is no authentic definition for professionalism and each institution is advised to come up with its own curriculum on professionalism to suit the needs of their students, patients and society at large while keeping the global interests also at the back of their mind. This study is one such preliminary steps to identify what our undergraduate medical students perceive as ‘professionalism’ and their views on formal curriculum for teaching the same.

This study shows that our Undergraduate medical students are not confident of certain essential skills like ‘breaking the bad news’ (63%), getting ‘informed consent’ (51%), maintenance of ‘confidentiality’ (49%) etc. Majority (53%) of them have expressed their desire to hear from clinicians.

Third year (6th semester) seems to be their preferred period (56%) followed by internship period (23%) to introduce the curriculum on Professionalism. The Interactive lecture is the choice (40%) of their preferred teaching learning method followed by small group discussion (20%).

It is also encouraging to find that most of them believe that a formal program on Professionalism is appropriate (76%) to medical education and they perceive the importance to run such a program (90%) and also advocate the program for their juniors (87%).

Since, it has been accepted globally that professionalism should be included as a core competency in medical curriculum and should not be left behind as hidden curriculum²¹⁻²⁴ institutions need to work towards the development of the curriculum after coming to consensus on what needs to be taught and assessed. Therefore, the faculty, students and interns should be involved not only in planning the content but also in

deciding the strategy for implementation of the Professionalism Program. It is also emphasized and recommended that the institutions should develop their own institutional curriculum for professionalism with the help of faculty and students along with a road map for teaching-learning and assessments which eventually inculcate a sense of ownership among the faculty and students culminating in the effective delivery and success of this curriculum²⁵.

V. Conclusions:

Professionalism including ethics and medical humanities is a proposed program by the Medical Council of India. Undertaking the need assessment in every institution before planning the curriculum is vital to address the specific needs, in addition to the proposed topics. Involving a group of faculty, students and curriculum experts in this process would prove more beneficial.

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