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Perceptions of CRRIs on formal curriculum for Professionalism

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ABSTRACT

Regulations on Graduate Medical Education (GME,2012) 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 function effectively.

National committees have acknowledged the need to develop a 'formal curriculum' to inculcate professionalism and facilitate the process of 'Professional Development (PD)' among Undergraduate Medical Students (UMS). Need assessment is one of the initial steps in Curriculum Development and we decided to evaluate the CRRI feedback on the need, structure and design of the PD curriculum. Ethical clearance was obtained from IRB and after getting the informed consent a structured and validated questionnaire consisting of 10 open ended and 5 close ended questions was administered to 53 CRRIs (men = 21, women = 32).The data was analyzed using SPSS software version 10. 90% felt that it was important to run such a program and 87% said that they would recommend this program for their juniors. 76% felt that the program was relevant 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 interactive lectures. PD 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 crucial 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 beneficial.

Keywords: *Medical Education, professionalism, Medical Ethics, Professional Development, CRRI*

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 behaviour[1].The systematic examination of the present medical curriculum reveals that more emphasis is placed on the knowledge component which is subjected to change and instant updates are possible with expanding technology whereas less or no time is allotted for imparting skills of professional behaviour which will probably remain unchanged for the remaining part of the learner's career and technology has very negligible role in developing these skills[2].

Professionalism is usually represented as a theoretical concept and described in non – realistic or idealistic terms rather than an observablebehaviour[3]. There is also much discrepancy in what 'professionalism' means across the globe.

In 2002, great educationists Epstein and Hundertdefined professional competency as "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in dailypractice for the benefit of the individual and community being served''[4].

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

Many educationists and experts believe 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 realize that they are teaching professional values and vice versa [2].

Some faculty also believe that "the hidden curriculumof rules, regulations, and other aspects of professionalism is transmitted mainly bythe residents or interns[6-8]. Hence, national committees have strongly emphasised the need to develop a 'formal curriculum' to facilitate the process of 'Professional Development (PD)' and 'ethics' among IMGs[1] .

In order to bring about a curricular changeit is advisable to follow the protocol of 'A Six-Step Approach' to Curriculum Development for Medical Education[9]in which one of the mandatory steps is to establish the needs assessment of the targeted learners. Therefore, we intendtoevaluate the Perceptions of CRRIs (interns) on formal curriculum for imparting Professionalism.

Objective: To evaluate the Perceptions of CRRIs (interns) on formal curriculum on Professionalism.

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 medical education gave suggestions for improvement of the questionnaire
      - The questionnaire was administered to ten final year students and the responses were analyzed for consistency
   b. Face validation:
      - Three faculty from the department of physiology went through the questionnaire and gave their feedback which was later incorporated in to the questionnaire

II. Informed consent obtained from CRRI's and then questionnaire was administered
   - The reasons for selecting this target group (CRRIs) for getting the feedback
     - they have already been through the existing curriculum
     - they are now exposed to real life situations with different scenarios 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 CRRIs were posted

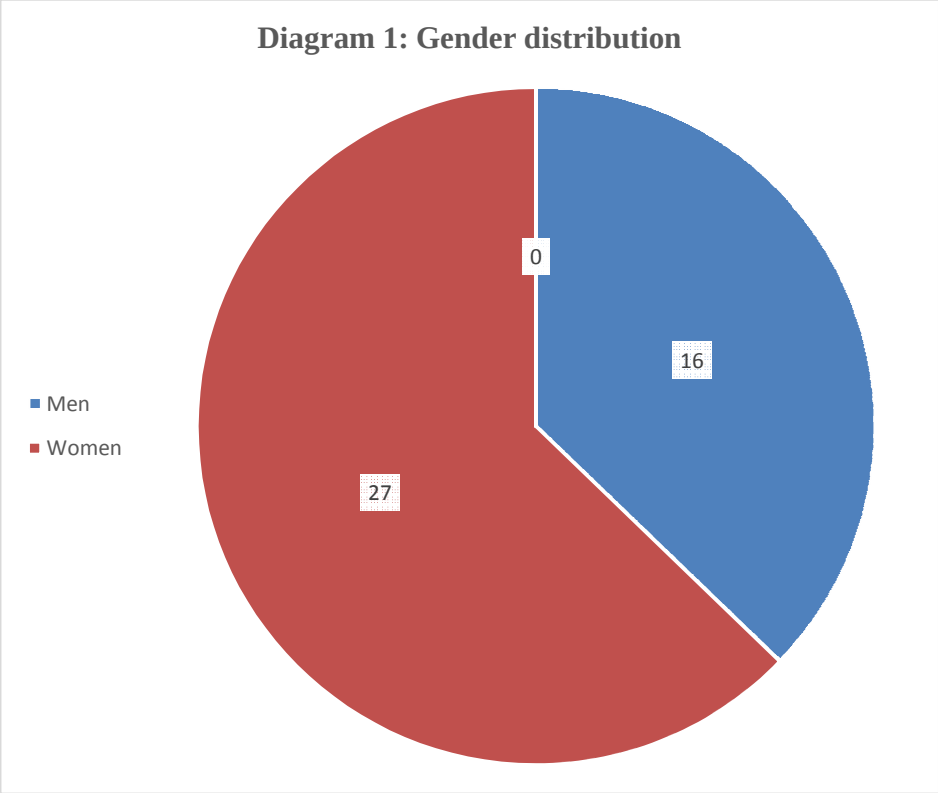
IV. The questionnaire was made available for one week at the nurses station to facilitate CRRIs on different duty rotations to respond

V. 53 CRRIs responded to the questionnaire

VI. All results are expressed in percentage (%)

RESULTS

Even though 53 CRRIs (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 CRRIs (men = 16, women = 27 as shown in Diagram:1) which was only taken for data analysis.



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 professional development to be introduced during third year followed by 23% who felt that the program would be relevant only during CRRI (internship) period as shown in Table 4.Other remarks by the interns about the program is given in Table 5.

Table 1. Preferred topics

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 2. Preferred speakers

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 3. Preferred year for introducing the curricular change

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

Table 4. Preferred Teaching - Learning method

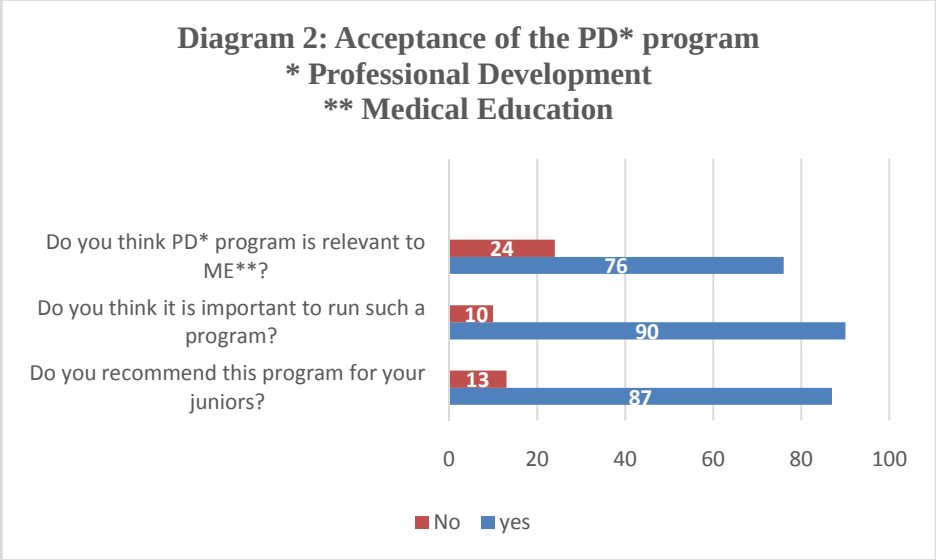
S.No	Preferred T – L method	Order of Preference (%)
1	Interactive lectures	40
3	Small group discussion	26
	Workshop	19
4	Large group discussion	14

Table 5. Other remarks by the CRRIs

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

* Professional Development

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 waslater discussed with Medical Education Unit and other faculty involved in designing and implementation of the curriculum.



DISCUSSION

Professionalism in medical field is changing all over the world[10 - 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-patientrelationship but also stirringthe argument about the concept of professionalism[16].

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 curriculum[17–20].

As mentioned earlier, there is no concrete 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 CRRIs (interns) perceive as 'professionalism' and their views on formal curriculum for teaching the same.

This study shows that our CRRIs 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 CRRI period (23%) to introduce the curriculum on Professional Development.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 Professional Development is relevant (76%) to medical education and they perceive the importance to run such a program (90%) and also recommend 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 curriculum [21-24] 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 Professional Development Program.It is also emphasized and recommended that the institutions should develop their own institutional curriculum forprofessionalism with the help of faculty and students along with a road mapfor 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 curriculum[25].

CONCLUSIONS

Professional development 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 crucial 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 beneficial.

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