

Professionalism assessment of clinical teachers as a role model

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Abstract

The aim of present study was to evaluate the professionalism of clinical teachers in viewpoints of residents and undergraduate medical students. This is a descriptive-analytical study. The learners include medical externs, medical interns (undergraduate medical students) and residents (postgraduate learners) in the X University of Medical Sciences were entered by census. (n = 311). Faculty Professionalism Evaluation Questionnaire was used in this study. This questionnaire includes four domains: Doctor-patient relationship (6 items), Doctor-student relationship (3 items), interprofessional relationship (2 items) and doctor-self relationship (5 items). The content validity of the instrument was assessed by attending experts in medical education and clinical specialties (n=13) in the expert panel. Next, the confirmatory factor analysis (CFA) of the instrument was assessed. Confirmatory analysis has been analyzed using Amos version 24.0 software. In the descriptive step, data were analyzed using descriptive (mean, SD and median and relative percentage) and analytical (student t-test, ANOVA) tests. Results The participants include 126 medical externs (40.5%), 128 medical interns (41.2%) and 57 residents (18.3%). The mean age of participants was 26.43 years (13.18). The results showed the content validity of the instrument was approved by experts. The results of CFA showed the adequate fitness of the model. (GFI=.862,CFI=.912,TLI=.869). The total mean rating score per form (the total maximum rating is 48) given by students was 31.91(SD = 5.84) and ranged from 16 to 45, with a median rating score of 32. Total mean scores was 1.98(SD=0.36) ranged from 0.96 to 2.82. Conclusion The present results showed the professionalism scores of clinical teachers were evaluated at the moderate level in viewpoints of the learners. The results indicated the teachers were far from an ideal role model. Regards, the role of teachers in developing professionalism among learners, it is necessary to empower to play a desirable role model.

Professionalism assessment of clinical teachers as a role model

Short title: Professionalism assessment of clinical teachers

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Declaration of Interest

The authors report no conflicts of interest.

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Introduction

The aim of present study was to evaluate the professionalism of clinical teachers in viewpoints of residents and undergraduate medical students.

Method:

This is a descriptive-analytical study. The learners include medical externs, medical interns (undergraduate medical students) and residents (postgraduate learners) in the X University of Medical Sciences were entered by census. ($n = 311$). Faculty Professionalism Evaluation Questionnaire was used in this study. This questionnaire includes four domains: Doctor-patient relationship (6 items), Doctor-student relationship (3 items), interprofessional relationship (2 items) and doctor-self relationship (5 items). In the present study, content validity of the instrument was assessed by attending experts in medical education and clinical specialties ($n=13$) in the expert panel. Next, the confirmatory factor analysis (CFA) of the instrument was assessed. Confirmatory analysis has been analyzed using Amos version 24.0 software. In the descriptive step, data were analyzed using descriptive (mean, SD and median and relative percentage) and analytical (student t-test, ANOVA) tests.

Results

The participants include 126 medical externs (40.5%), 128 medical interns (41.2%) and 57 residents (18.3%). The mean age of participants was 26.43 years (13.18). The results showed the content validity of the instrument was approved by experts. The results of CFA showed the adequate fitness of the model. (GFI=.862, CFI=.912, TLI=.869). The total mean rating score per form (the total maximum rating is 48) given by students was 31.91(SD = 5.84) and ranged from 16 to 45, with a median rating score of 32. Total mean scores was 1.98(SD=0.36) ranged from 0.96 to 2.82.

Conclusion

The present results showed the professionalism scores of clinical teachers were evaluated at the moderate level in viewpoints of the learners. The results indicated the teachers were far from an ideal role model. Regards, the role of teachers in developing professionalism among learners, it is necessary to empower to play a desirable role model.

Key words:

Professionalism, Professional Behavior, Clinical Teacher, Role Model, Faculty

Introduction

Professionalism was recognized as the expected core competency of graduates in medical education systems. Professionalism is defined as a set of behaviors, attitudes, and manners that include adhering to ethical principles, establishing and maintaining effective communication with colleagues and audiences, being trustworthy, and developing professional excellence^{1,2}. Learners are expected to develop their professional behaviors, besides, improving their knowledge and practical skills in clinical education courses^{3,4}. The education of professionalism principles is a complex issue that is influenced by several factors such as individual characteristics, environment and culture, and role models^{5,6}. In different studies were introduced teachers and preceptors as a role model who play an effective role in the learning process of professionalism in the educational systems⁷.

In order for the preparation clinical teachers to play as a role model, the professionalism domain is also considered in the teacher competency frameworks⁸. In the three-cycle model, capabilities such as empathy, respect for the learner, avoidance of discrimination, enthusiasm and confidentiality, respect for the organization missions were explained as features of 'doing the right job' of a clinical teacher⁹. In addition, providing the best education, encouraging learners to excellence, and honesty, content-based performance, and responding to duties are the basic concepts in the domain of professionalism for teachers⁸. In Ali's study,

improving personal and professional abilities, helping others to learn, and teamwork were introduced, as three key features of teachers' professionalism that are observed and learned by students¹. The commitment to professional standards in education and related expertise was highlighted in professionalism of a teacher^{10,11}. The characteristics of a good role model are explained in three categories including personality traits (effective interpersonal skills, adherence to excellence, leadership skills, and integrity), clinical expertise (high level of knowledge and clinical skills, committed to patient-centered approach, altruism, empathy, respect and compassion), and teaching skills (creating a positive and supportive learning environment, designing and using appropriate teaching methods, encouraging to learner excellence and playing conscious role modeling)⁵. Since, teachers in the educational process have explicit and implicit effects on learners' learning¹², teachers must observe professionalism principles. The evaluation of teachers' professional behaviors from the perspective of learners as the most important stakeholders of educational systems is useful in assessing needs and planning of the empowerment of clinical teachers. The present study was conducted to evaluate the professional behavior of clinical teachers in viewpoints of residents and undergraduate medical students.

Method:

This is a descriptive-analytical study. The learners include medical externs, medical interns (undergraduate medical students) and residents (postgraduate learners) in the X University of Medical Sciences were entered in the study by census. (n = 311).

Faculty Professionalism Evaluation Questionnaire was used in this study. This questionnaire includes four domains: Doctor-patient relationship (6 items), Doctor-student relationship (3 items), interprofessional relationship (2 items) and doctor-self relationship (5 items). Response options included: exceeded expectations; met expectations; below expectations; or not applicable if the behavior was either not observed or not applicable to the setting. This questionnaire was developed by Todhunter et al.¹³ and was validated in Garshasbi et al.¹⁴. (Cronbach's alpha = 88.0). In the present study, content validity of the instrument was assessed by attending the experts in medical education and clinical specialties (n=13) in the expert panel. After approving the content validity of the tool by experts, the confirmatory factor analysis (CFA) of the instrument was assessed by participating the medical interns and medical externs (n=300). The model parameters were estimated using the maximum likelihood method. CFA goodness-of-fit indices including comparative fit index (CFI), Tucker-Lewis index (TLI) or non-normed fit index (NNFI), and root-mean-square error of approximation (RMSEA) were calculated in order to assess the fit of the model. Based on the goodness-of-fit indices the model fit is acceptable when RMSEA values <0.08, are achieved^{15,16}. CFI values greater than 0.90 indicate a very good fit, the values between 0.80 and 0.89 represent adequate but marginal fit, values between 0.60 and 0.79 indicate a poor fit, and CFI values lower than 0.60 mark a very poor fit¹⁷. For TLI or NNFI, a value of 1 indicates a very good model fit, while values greater than one might indicate overfitting. In general, TLI or NNFI values lower than 0.8 indicate a poor fit¹⁸.

Confirmatory analysis has been analyzed using Amos version 24.0 software. Data were analyzed by using descriptive (mean, SD and median and relative percentage) and analytical (student t-test, ANOVA) tests and post-hoc test (Bonferroni test). A significance level of 0.05 was considered.

Ethical consideration

This study was approved by Ethical committee at X University of Medical Sciences. (ID=IR.SSU.REC.1399.106)

Findings

The participants include 126 medical externs (40.5%), 128 medical interns (41.2%) and 57 residents (18.3%). The mean age of participants was 26.43 years (13.18). The demographic characteristic of the participants was shown in Table 1.

Table 1 around here

The results showed the content validity of the instrument was approved by experts. The results of CFA

showed the adequate fitness of the model. (Table 2 and Figure 1).

Table 2 around here

Figure1 around here

The total mean rating score per form (the total maximum rating is 48) given by students was 31.91 (SD = 5.84) and ranged from 16 to 45, with a median rating score of 32. Total mean scores was 1.98 (SD=0.36) ranged from 0.96 to 2.82. The professionalism scores among clinical teachers in the viewpoint of learners were shown in Table 3.

Table 3 around here

The results showed the teachers' scores in the doctor-patient relationship were reported in the moderate level (Met Expectations). The scores of teachers in the domain of doctor-student relationship were in the moderate level. Their scores in the inter-professional relationship and doctor-self relationship domains were reported below the moderate level. (Figure 2 and Table 3). In addition, total mean scores of the professionalism adherence among clinical teachers was reported at the moderate level (Met Expectations).

Figure 2 around here

The results showed that the difference between the professionalism scores of teachers was different in viewpoints of participants with various academic levels. ($p = 0.001$). According to Table 4, the results showed the residents assessed the professionalism of teachers significantly lower than medical externs did (p -value = 0.0001). There was no difference between the scores of residents and interns (p -value = 0.73) and interns and externs (p -value = 0.13). In the domain of doctor-patient relationship, a significant difference was reported between teachers' scores from the perspective of residents and medical externs ($p = 0.004$) and interns ($p = 0.0001$). The significant difference between the teachers' scores in perspectives of externs and interns was not reported ($p = 0.16$) in the doctor-patient relationship. In the doctor-self relationship, teachers' scores from the residents' point of view was reported significantly lower than interns ($=0.001$) and externs ($p=0.002$). The interns were assessed the teachers' scores significantly lower than externs in this domain ($p = 0.02$).

Table 4 around here

The results showed that there was no significant difference between the professionalism scores of teachers by genders of participants ($p = 0.35$).

Table 5 around here

Discussion:

The nature of experiential learning in the clinical education process increases the importance of the professionalism commitment as a role model among clinical teachers. The present results showed the scores of professionalism among the clinical teachers were reported in the moderate level (met expectations) in the viewpoints of learners. The result showed the professionalism scores of the clinical teachers in the domains of doctor-patient relationship, and doctor-student relationship was at the moderate level, and in the domains of interprofessional relationship and doctor-self relationship was reported at the below expectation level.

The present results showed that learners of different academic levels believed that the professional behavior of the clinical teacher is far from the ideal role model. Similar to the present results, the findings of Garshasbi's study showed that the professional commitment of clinical teachers was not appropriate. The participants did not have a favorable model for encouraging and institutionalizing professional principles in them¹⁴. The results of the Aghamohammadi's study indicated the attitude of clinical teachers towards the professionalism was far from the ideal level. They achieved the lowest scores in the domains of altruism and self-awareness¹⁹. This poses a serious threat to the training of virtue-oriented physicians and the dissemination of a culture based on professionalism in future.

The clinical education is one of the most important courses in forming the professional identity of learners who learn in the experiential learning cycle through observation, repetition and reflection¹⁰. The present results showed the clinical teachers obtained the highest scores in the domain of doctor-patient relationship¹⁹⁻²¹. Similar to our results, the findings of studies indicated the clinical teachers had a positive attitude to integrity and honesty toward patients more than other stakeholders did. It seemed that the predominant therapeutic role of clinical teacher compared to other expected roles has made the teachers more sensitive to commit professionalism towards patients. In the present study, the highest scores of teachers' professional behavior were determined in two items: observance of the principles of confidentiality and non-discrimination to patient, which can be effective in acquiring patients' trust. Since, the investigated hospital is considered as a referral center that admitted non-natives patients with different religious and ethnicities, the fair behavior of teacher can be a desirable behavioral model for learners.

The lowest scores of the teachers were reported in the domain of doctor-self relationship, which was lower than moderate level. In this domain, recognition of individual limitations, acceptance of error, balance in personal and professional life, and observance of professional principles in communication and professional performance were evaluated. Similar to the present results, in Garshasbi study, the lowest scores of the clinical teachers were reported in this domain¹⁴ which may be achieved due to lack of knowledge or acceptance of the components of the domain as the professional behavior among the clinical teachers. Doctors require recognizing individual capabilities and limitations as a team leader and identify what cases need to seek consultation and assistance from colleagues and other specialties²². Ethical frameworks emphasize that the physician should not consider his or her error-free. In the case of a medical error, while accepting responsibility, he/she must commit himself to response to the patient and administrators and compensate for them. It must also be committed to transferring the experiences to colleagues²². The results of Grover's study showed that residents and faculty members mostly do not report their mistreatments²³. The results of the present study indicated learners acknowledged that the clinical teachers were not a good role model in these two important professional behaviors and had performed poorly in this regard. It is beginning of a flawed learning cycle related to the management of medical error or individual limitations that adversely effect on learners' performances in their future careers. The lack of support in the medical error situations, defection of error reporting and disclosure systems, and distress of punishment and imperfection of laws influenced the performances of the teachers who showed the inappropriate role modeling in the situations. Since, there is a positive association among the challenging situations of medical errors with increasing the suffering from burnout and decreasing well-being of physicians^{23,24}, it is vital the learners were trained how to manage the medical errors situations. The trained clinical teachers can be a good model to manage clinical errors situations among learners⁵.

Individual dimensions of professional behavior include the balance between personal and work life and lifestyle choices to promote physical and mental health²². In this regard, Hicks et al. introduces the ability of personal and professional development as principles of professionalism. Recognizing individual and professional abilities and limitations, creating a positive attitude and asking for assistance from colleagues and peers were introduced as core competencies of the professionalism of a physician²⁵. Due to the various roles, it is necessary for clinical teacher to be able to maintain and develop their individual excellence by observing principles such as well ness, well-being and the development of personal management skills, emotional intelligence, and for playing as a suitable role model for learners^{14,25,26}. The results of the present study confirmed the poor performance of the clinical teachers in this item. Since, observing the fatigue or exhaustion of teachers can have a negative effect on learners, the use of support-counseling mechanisms, empowerment of teachers in relation to the principles of well-being and wellness is suggested.

The respectful relationships and cooperation between different professions were evaluated in the inter-professional relationship domain. The scores of clinical teachers in the domain were evaluated at below expectations level from the learners' perspectives. These results may achieve due to non-adherence of personnel to the team-based approach in the investigated hospital. Similarly, the study findings of Garshasbi indicated after the doctor-self relationship domain, the interprofessional relationship domain achieved the lowest scores¹⁴. In this regard, the results of Aghamohammadi's study showed the attitude of clinical teach-

ers towards the cooperation among physicians and nurses were reported in the lowest level¹⁹. Despite the development of interprofessional training and collaboration in educational systems, challenges such as hierarchical relationships, doctor centeredness, and interdisciplinary discrimination were key barriers to implement team-based care in the investigated context²⁷. The mentioned factors and negative role models had adverse effects on developing a positive attitude towards a team-based approach in their future careers.

The scores in the doctor-student relationship, which measured respectful relationships, constructive feedback, and abuse of power, were reported in moderate level. The interns gave the lowest scores to their clinical teachers in this domain. The results of Young et al. study showed that respectful relationships with students were the most influential factor in evaluating the overall performance of teachers²⁸. In this study, the lowest scores of teachers were in the item of 'giving constructive feedback'. Similarly, Todhunter's study showed the lowest scores associated with positive student relationships and constructive feedback¹³. In the study of Garshasbi et al., the highest scores were related to the domain of teacher-student relationship, which is different from the current results¹⁴. In the present study, the items' scores of abuse of power and providing constructive feedback were evaluated at the below expectations. The low scores of teachers in this domain from the interns' viewpoints can be due to the educational hierarchy. In the investigated educational system, increasing the number of residents resulted in the teachers' relationships with interns decreased. This causes a defect in the process of students' experiential learning due to the reduction of opportunities to observe clinical teachers and receive feedback from them. In addition, ambiguity in the role of interns and lack of recognition of their role in the team can affect their understandings about the power abuse by teachers. Therefore, the description of the tasks of the team members and creating educational situations based on a feedback-reflection process and creating positive structured relationships among teachers and learners are suggested.

The results of the present study showed that the residents evaluated the performance of their teachers significantly lower than other students and interns. The behavior scores of teachers' professionalism from the perspective of residents in the domains of doctor-self relationships and physician-patient relationship were lower than undergraduate learners, which could be due to the more experience and awareness of a teacher's professional performance in the educational system.

Limitations

The limitations of the present study were the frequency of assessments and stakeholder' group who involved in the present study. Therefore, the use of 360-degree evaluation from the perspective of other stakeholders, as well as increasing the number of evaluations to increase reliability is recommended.

Conclusion

The present results showed the professionalism scores of clinical teachers were evaluated at the moderate level from the learners' perspectives. The results indicated the teachers were far from an ideal role model. The teachers' scores in the domain of doctor-patient relationship were higher than other domains. The lowest scores of teachers were reported in the domain of doctor-self relationship and items related to awareness of limitations and error acceptance. Regards, the role of teachers in developing professionalism among learners, it is necessary to empower teachers and create the infrastructure such as continuous evaluation for the development of professional behavior among them.

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