

## A Comparison Study of Ideal Medical Professionalism in Internal Medicine between the First and Last Year Residents

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**Objective:** To evaluate the ideal medical professionalism of Thai Internal Medicine residents and compare the differences on this issue between the first-year (PGY1) and the final-year (PGY3) residents.

**Materials and methods:** The present study was a cross-sectional study and enrolled the PGY1 and PGY3. A self-reporting questionnaire regarding their ideal medical professionalism in practice was used (10 items and the ideal professionalism). The residents were asked to rate each item by using a range of 0 to 10; while 0 was the least and 10 was the most. Scores of each factor were compared between both groups (PGY1 and PGY3).

**Results:** There were 15 PGY1 and 14 PGY3 participated in the study. The PGY1 group rated the top item was item No. 2 (Greeting you warmly; calling you by the name you prefer; being friendly, never crabby or rude), while the PGY3 rated item No. 10 (Using words you can understand when explaining any technical medical terms in plain language) as the highest score at 9.50/10. The PGY1 also rated the ideal professionalism lower than the PGY3 group (8.00 vs. 8.86;  $p$ -value = 0.129).

**Conclusion:** The ideal medical professionalism between the PGY1 and PGY3 may be different but not significantly. The PGY1 focused more on greeting/communication gestures, the PGY3 paid more attention on understandable communication with patients.

**Keywords:** Communication, ACGME, Attitude

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Medical professionalism is one of six core competencies identified by the Accreditation Council for Graduate Medical Education (ACGME)<sup>(1)</sup>. The ACGME states that "Residents must be able to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population". However, an assessment of professionalism may be arbitrary and can be hidden curriculum<sup>(2)</sup>. There are two main parts of professionalism assessment: content (i.e. ethics, personal characteristics, comprehensive professionalism, diversity) and outcome (i.e. affective, cognitive, behavioral, environmental)<sup>(3)</sup>.

A study from the US found that faculty members were aware of teaching professionalism for residents<sup>(4)</sup>. Most faculty members stated that they taught residents medical professionalism (90.7% of faculty members). Even though

faculty members are aware of teaching medical professionalism, it is difficult to evaluate the real outcomes of professionalism in residents. A study from Iran found that residents rated professionalism as excellence, honor/integrity and altruism/respect<sup>(5)</sup>. However, there are limited data on the idea of medical professionalism in Thai residents. This study aimed to evaluate the ideal medical professionalism of Thai internal medicine residents and compare the differences on this issue between the first-year (PGY1) and the final-year (PGY3) residents.

### Materials and Methods

The present study was a cross-sectional study and conducted at Department of Medicine, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand. The PGY1 and PGY3 were recruited in the study. All participated residents were informed about medical professionalism by the researchers and provided a self-reported questionnaire regarding their ideal medical professionalism in practice. The questionnaire comprised of ten factors defined by the ACGME<sup>(6)</sup>. The final question was asking how they rated ideal medical professionalism in overall. The residents were asked to rate each factor by using a range

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of 0 to 10; while 0 was the least and 10 was the most. Scores of each factor were compared between both groups (PGY1 and PGY3) by descriptive statistics. A significant factor was defined if a *p*-value was less than 0.05. All statistical analyses were computed by using STATA software version 10.0 (College Station, Texas, USA).

## Results

There were 15 PGY1 and 14 PGY3 participated in the study. Details of the scores in each question of both PGY1 and PGY3 were shown in Table 1. The PGY1 group rated the top three items as follows: item No. 2 (Greeting you warmly; calling you by the name you prefer; being friendly, never crabby or rude), item No. 7 (Discussing options with you; asking your opinion; offering choices and letting help decide what to do; asking what you think before telling you what to do), and item No. 5 (Showing interest in you as a person; not acting bored or ignoring what you have to say), item No. 10 (Using words you can understand when explaining any technical medical terms in plain language). The average scores for these factors were 9.13, 8.93, and 8.80 (tied), respectively.

The PGY3 rated item No. 10 (using words you can understand when explaining any technical medical terms in plain language) as the highest score at 9.50/10. The second- and third-ranked items for the PGY3 group were item No. 3 (treating you like you're on the same level; never "talking down" to you or treating you like a child) and item No. 1 (telling you every thing; being truthful, upfront and frank; not keeping things from you that you should know). The average scores of both items were 9.29 and 9.21, respectively.

In overall, the PGY3 rated all items with higher scores than the PGY1 group except the item No. 2 (greeting you warmly; calling you by the name you prefer; being friendly, never crabby or rude). For item No. 2, the PGY1 group had higher score than the PGY3 group (9.13 vs. 8.79; *p*-value = 0.999). The other items had non-significant differences between both groups (Table 1). The PGY1 also rated the ideal professionalism lower than the PGY3 group (8.00 vs. 8.86; *p*-value = 0.129).

## Discussion

Even though there was no statistically significant difference between the scores of the ideal professionalism of the PGY1 and the PGY3, the PGY3 had average higher scores of 9/10 items. These findings may indicate that the PGY3 group prioritized medical professionalism more than the PGY1 group. The PGY3 group may gain more experience and see how importance of medical professionalism during the training. As previously reported, medical students may learn medical professionalism from hidden curriculum<sup>(7)</sup>. The students learned role modeling, regulating professionalism at the bedside, and holistic role modeling. These processes may increase by times.

Even though the results did not show statistical significance, the average scores of the items between both groups were different (Table 1). The PGY1 group focused more on greeting and behavior (item 2), while the PGY3 group had the highest score on item No. 10 or simplified communications with patients. Good communication skills rated as the third rank for dental professionalism as defined by the patients<sup>(8)</sup>.

**Table 1.** The ideal medical professionalism of medical resident year 1 (PGY1) and year 3 (PGY3) participated in the medical professionalism study

Items	PGY 1	PGY 3	p-value
1) Telling you every thing; being truthful, upfront and frank; not keeping things from you that you should know.	8.27 (2.28)	9.21 (0.97)	0.169
2) Greeting you warmly; calling you by the name you prefer; being friendly, never crabby or rude.	9.13 (0.92)	8.79 (1.76)	0.999
3) Treating you like you're on the same level; never "talking down" to you or treating you like a child.	8.27 (1.94)	9.29 (0.83)	0.061
4) Letting you tell your story; listening carefully; asking thoughtful questions; not interrupting you while you're talking.	8.67 (1.29)	8.86 (0.86)	0.856
5) Showing interest in you as a person; not acting bored or ignoring what you have to say.	8.80 (0.94)	9.14 (0.95)	0.343
6) Warning you during the physical exam about what he/she is going to do and why; telling you what he/she finds.	8.73 (1.39)	8.86 (1.40)	0.818
7) Discussing options with you; asking your opinion; offering choices and letting help decide what to do; asking what you think before telling you what to do.	8.93 (1.10)	9.14 (0.95)	0.625
8) Encourage you to ask questions; answering them clearly; never avoiding your questions or lecturing you.	8.40 (1.12)	8.64 (1.45)	0.385
9) Explaining what you need to know about your problems, how and why they occurred, and what to expect next	8.46 (1.92)	9.07 (0.92)	0.568
10) Using words you can understand when explaining any technical medical terms in plain language.	8.80 (1.57)	9.50 (0.76)	0.228
11) Rate the ideal professionalism.	8.00 (1.65)	8.86 (0.77)	0.129

In conclusion, the ideal medical professionalism between the PGY1 and PGY3 may be different but not significantly. The PGY1 focused more on greeting/communication gestures, the PGY3 paid more attention to understandable communications with patients.

### **What is already known on this topic?**

Residents from Iran rated professionalism as excellence, honor/integrity and altruism/respect.

### **What this study adds?**

The first-year residents (PGY1) in Thai Internal Medicine have somewhat different ideas from the final-year residents (PGY3). The PGY1 focused more on greeting/communication gestures, whereas the PGY3 paid more attention to understandable communications with patients.

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### **Potential conflicts of interest**

The authors declare on conflict of interest.

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## การศึกษาเปรียบเทียบความเป็นวิชาชีพแพทย์ในแพทย์ประจำบ้านอายุรศาสตร์ในอุดมคติระหว่างแพทย์ประจำบ้านชั้นปีที่ 1 และ 3

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**วัตถุประสงค์:** เพื่อประเมินว่าความเป็นวิชาชีพแพทย์ในแพทย์ประจำบ้านอายุรศาสตร์ในอุดมคติเป็นอย่างไรและเปรียบเทียบความแตกต่างระหว่างแพทย์ประจำบ้านชั้นปีที่ 1 และ 3

**วัสดุและวิธีการ:** การศึกษานี้เป็นการศึกษาภาคตัดขวางโดยศึกษาในแพทย์ประจำบ้านชั้นปีที่ 1 และ 3 ซึ่งได้ทำแบบสอบถามด้วยตนเองเกี่ยวกับความเป็นวิชาชีพแพทย์ในอุดมคติ (จำนวน 10 ข้อและความเป็นวิชาชีพแพทย์ในอุดมคติ) แพทย์ประจำบ้านให้คะแนนว่าแต่ละคำถามของความเป็นวิชาชีพแพทย์ในอุดมคติตั้งแต่ 0 ถึง 10 โดย 0 หมายถึงมีผลน้อยที่สุดและ 10 หมายถึงมีผลมากที่สุด ค่าคะแนนสำหรับแต่ละข้อจะถูกเปรียบเทียบระหว่างแพทย์ประจำบ้านทั้งสองกลุ่ม

**ผลการศึกษา:** มีแพทย์ประจำบ้านชั้นปีที่ 1 จำนวน 15 คนและชั้นปีที่ 3 จำนวน 14 คนเข้าร่วมการศึกษา แพทย์ประจำบ้านชั้นปีที่ 1 ให้คะแนนสูงสุดกับข้อที่ 2 (กล่าวทักทายอย่างอบอุ่น เรียกผู้ป่วยในชื่อที่เขาต้องการ มีความเป็นมิตร ไม่หยามคาย) ส่วนแพทย์ประจำบ้านชั้นปีที่ 3 ให้ค่าคะแนนข้อ 10 สูงสุด (ใช้คำพูดหรือศัพท์ที่ผู้ป่วยสามารถเข้าใจได้ง่ายเมื่ออธิบายถึงตัวโรคและการรักษา) ที่คะแนน 9.50 จาก 10 คะแนน แพทย์ประจำบ้านชั้นปีที่ 1 ยังให้ค่าคะแนนสำหรับค่าคะแนนความเป็นวิชาชีพแพทย์ในอุดมคติต่ำกว่าแพทย์ประจำบ้านชั้นปีที่ 3 (8.00 ต่อ 8.86;  $p$ -value = 0.129)

**สรุป:** ความเป็นวิชาชีพแพทย์ในอุดมคติระหว่างแพทย์ประจำบ้านอายุรศาสตร์ชั้นปีที่ 1 และ 3 มีความแตกต่างกันแต่ไม่มีความสำคัญทางสถิติ แพทย์ประจำบ้านชั้นปีที่ 1 เน้นเรื่องการกล่าวต้อนรับ การสื่อสารด้วยท่าทาง ส่วนแพทย์ประจำบ้านชั้นปีที่ 3 ให้ความสำคัญกับการสื่อสารกับผู้ป่วยให้เข้าใจ

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