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Using Simplified Thematic Engagement of Professionalism Scale to Promote Professional Development in Paediatric Undergraduate Posting

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ABSTRACT

Teaching and assessing professional values for medical students is not a straightforward task. Long talks about ethical values that do not always translate into adequate practice. One improved way to instil and assess professional values in medical students is by using the Simplified Thematic Engagement of Professionalism Scale (STEPS), as practised in the School of Medical Sciences, Universiti Sains Malaysia (USM). Lecturers and health professionals assess students through multiple short encounter assessments, capturing "snapshots" of professional experiences that can result in a comprehensive and reliable professionalism assessment. In this article, we suggest a slight modification of the concept: students are asked to reflect on each of the professional values listed in the STEPS and allocate marks for themselves. Then, they justify their best and worst marks by sharing the experiences that led to these marks with their mentoring lecturer(s). At the end of the posting, the mentoring lecturer(s) can, as such, come up with a reliable overall mark, based on the students' experiences and progress.

Keywords: *Professionalism, Assessment, Medical students, STEPS, Paediatrics*

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INTRODUCTION

Medical professionalism has been associated with professional excellence, integrity, and altruism. It relates to the responsibilities of medical students, who will be the future physicians (1, 2). Professionalism has been a cornerstone of medical practice and is critically important in producing quality physicians. Unethical behaviours, medical negligence, and professional misconduct are thought to be associated with a lack of professionalism among practising physicians, and this may have developed during the medical school years. Medical

professionalism is defined as a set of values, beliefs, behaviours, and attitudes, that a society expects from a doctor (2).

Medical schools have been emphasising medical professionalism as part of the undergraduate curriculum. Acquiring knowledge and skills through clinical training is essential, as education on professionalism fosters improved ethical values, integrity, morality, and conscience (1). There is a move on formal training of medical professionalism, which could be amalgamated in both preclinical and clinical years. However, providing a proper assessment of medical professionalism is a challenging task. There is no universal or standardised tool of assessment in professionalism despite the availability of self-evaluation, practical examinations, structured exams, incident reporting and developing portfolio practices (2).

Doctors are given trust to guard sensitive information, which involves universal ethical principles. They have to model and show exemplary behaviours to build on the trust and respect of the patients and respective medical students. Learning professionalism is based on subjective experience instead of the classical objectivity of hard science that could be taught and assessed. Some authors have proposed assessments to enable learning through case vignettes and scenarios (3). Professionalism education often depends on experiences during the clinical clerkship, covering aspects such as commitment to learning, caring for patients, honesty, and medical education approach (5). Teaching professionalism involves the continuous enhancement of skills and taking responsibility (4). Teaching professionalism helps in the development of professional identity among medical students; thus, it is critical to begin this as part of the teaching and assessment of professional values, which are more complex than medical subjects like anatomy. Different students are brought up in various environments and each student has his or her own grown-up personalities and characters. These are based on their home upbringing, schooling exposure, and a wider set of life experiences. Their ideals and dreams to become good doctors may have endowed them with numerous good values that would serve them to become excellent professionals in the future. Lecturing these students about professionalism may not be the best way to teach them professional values. Moreover, the assessment of these values on professionalism may pose various challenges prior to its completion.

It is the duty of teachers and mentors to encourage and instil the practice of professionalism, which can be inherent in the students' daily ward work. Active listening skills, empathy, compassion, and respect are some of the required skills. In this article, we highlight a reflective approach to the assessment of professionalism, which may help students with the development or further improvement of their own professional values.

ASSESSMENT OF PROFESSIONALISM

At Universiti Sains Malaysia, professional values assessment is done using Simplified Thematic Engagement of Professionalism Scale (STEPS) (6), a combination of formative and summative assessment. Fifteen professional values have been categorised in different areas. Each value is further explained in the students' logbooks of their clinical postings. It involves snapshot assessments, allocation of marks and feedback to the students. Snapshots include but are not limited to, occasionally observed clinical encounters, bedside presentations, short case teaching sessions, or even social engagement. The assessment may not be solely on patient or caregiver interaction, but it can also cover the appraisal at professional, personal, or public levels.

STEPS pilot testing with 30 faculty members from various specialities reported a Cronbach's alpha of more than 0.90, indicating a high level of internal consistency, and an intraclass correlation coefficient of more than 0.70, suggesting a very good level of agreement between faculty members. Similar results were reported in a pilot study involving 92 third-year medical students, indicating that STEPS is also suitable for use in peer assessment (7).

While the initial assessment of the STEPS approach revealed promising results in terms of content validity and reliability, there are some limitations of snapshot assessments (6). The snapshot assessments may be susceptible to a certain level of subjectivity and "staged performance" if assessments depend on case presentation or direct clinical interactions with lecturers. Standardisation of this approach would be essential to ensure that the assessment is measured and documented appropriately.

THE USE OF A SELF-REFLECTION MODEL FOR STEPS DURING PAEDIATRIC POSTINGS

When the students enter their paediatric posting, respective mentors would provide a short briefing on professionalism skills and their assessment modality. Students receive formal training on adapting and interacting with children during their clinical posting, using age-appropriate skills such as addressing the child by their given name, offering sincere praise, maintaining appropriate proximity between the parent(s) and the child, and utilising toys properly. Regarding professional values, students are reminded of their responsibilities as medical trainees to perform self-directed learning, build trust with the patients, use an empathetic and sensitive approach, and ensure the confidentiality of the information.

Following the clinical encounters in the wards, students are expected to perform a self-reflection on the practicality and level at which they performed certain professional values that they experienced the week before. Ethically challenging experiences or observations are the focus of the reflection. This may be related to clinical context with patients and caregivers, academic teachings during the rounds, or even interaction with peers, caregivers, or staff. The context of reflective practices is not fixed to the clinical environment but may also include potential issues in the news or public domains related to the current posting. Every week, the students are expected to reflect and allocate to themselves marks (on a scale of 1 to 7) for each of the values relevant to their experiences. The reflection is best done at the end of the day, before the weekly meeting with the mentor.

The weekly allocated time for discussion between students and mentor is mainly for portfolio-based teaching; the mentor will discuss the progress on the learning of the scientific part of paediatrics and assess students' progress on ethical and professional values. The students will be asked to verbally share their experiences that have led to their best or worst marks allocated for professional values. The students are informed at the beginning of the posting that the final marks in the assessment of professional values are assigned by the mentor at the end of the posting, depending on the quality of the experiences, storylines, and progress shared with the mentor.

Table 1 depicts one of the cases seen by a medical student while being posted in a general paediatric ward. We utilised the marking sheet in the logbook as per Figure 1 to conduct our assessment. The marking would be subjected to the experiences and values extracted from the clinical context. If students can appreciate the professional values from their experience and apply them to their daily lives, this would be considered a good mark. The

students would highly appreciate valuable feedback and discussions on the cases. This would improve learner perceptions of professionalism from a constructive standpoint and uncover the values that were not learnt previously. Gibb (6) has proposed a model for the cycle of reflective learning, and this is a potentially useful guide for ongoing reflective practices (Figure 2). This would be a valuable process to undertake when reflecting on professionalism.

Table 1: Example of student's reflection

Mary is a 9-year-old and has been taken care of by her grandmother since infancy. Her biological parents are alive, and they have been living with two of her siblings in the capital. Her grandmother, Kak Mah, is a 60-year-old lady who had lost her husband about 15 years ago. She was blessed with four children with her late husband and only one of them, was living close by. Kak Mah is currently not working but she receives a monthly financial support from the welfare department and her children. In November 2022, Mary was diagnosed with Lupus Nephritis where she required hospital admission for two weeks. Mary was accompanied by her grandmother during the whole admission. I met them out of coincidence at the paediatric clinic. Kak Mah recognised me, and we had a conversation about Mary's situation. Kak Mah was worried on Mary's clinical status and limited own transportation. They were completely relying on Mary's uncle who lived nearby for access to the hospital. Kak Mah even realised that her request may have burdened her son. I was listening attentively as she began to unravel her concerns. She asked on what would I do if I am in her shoes. I stated my honest answer that it was not her responsibility to care of Mary in the first place. I do not want her to be afraid to reunite Mary and her parents. I was just too immersed in sharing my opinion with Kak Mah without thinking about her actual feelings. Upon reflection, Kak Mah was acting as mother-figure to Mary similar to normal mother-child relationship, where separation was not a choice. From this single event, I have learnt that working in healthcare profession not only providing a treatment or diagnosis to a patient, but more importantly to listen to their needs and concerns. Communication skills are essential to build a good rapport and to gain trust from the patients and caregivers. In any challenging conversation, it is important to reflect on the events and identify entity to improve.

FORMATIVE COMPONENT (*Please refer to attributes rubric*)

7	EXEMPLARY	Exceptional and outstanding professional conduct.
6	ABOVE EXPECTATION	Demonstrated performance beyond the expected level.
5	MET EXPECTATION	Demonstrated performance at par with the expected level.
4	INEXPERIENCED	Unintentional unprofessional conduct.
3	BELOW EXPECTATION	Intentional unprofessional conduct with apparent intended corrective action.
2	UNDESIRABLE	Intentional unprofessional conduct with no apparent intended corrective action.
1	INTOLERABLE	Repetitive or serious unprofessional conduct that imposes harm with no apparent intended corrective action.

LEVEL	ATTRIBUTES*	1	2	3	4	5	6	7	N/R
PERSONAL	1. Committed to personal and professional codes								
	2. Showed competence to provide care								
	3. Demonstrated respect and good communication								
	4. Displayed leadership and teamwork								
PROFESSION	5. Met commitments and dedication								
	6. Maintained patient confidentiality								
	7. Dealt with professional dilemma effectively								
	8. Committed to self-directed learning								
PATIENT	9. Listened actively to patient								
	10. Showed empathy and compassion								
	11. Recognised patient's sensitivity								
	12. Respected patient's needs and decision								
	13. Acknowledged own limitation								
PUBLIC	14. Used health resource appropriately								
	15. Committed to societal welfare								

SUMMATIVE COMPONENT

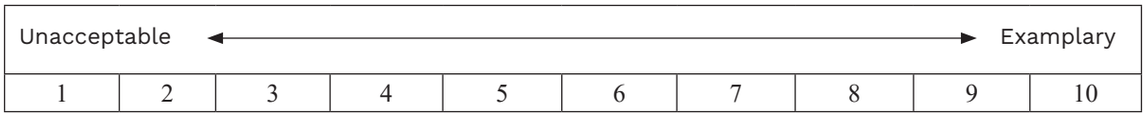

Figure 1: Assessment tool using STEPS in paediatric undergraduate posting.

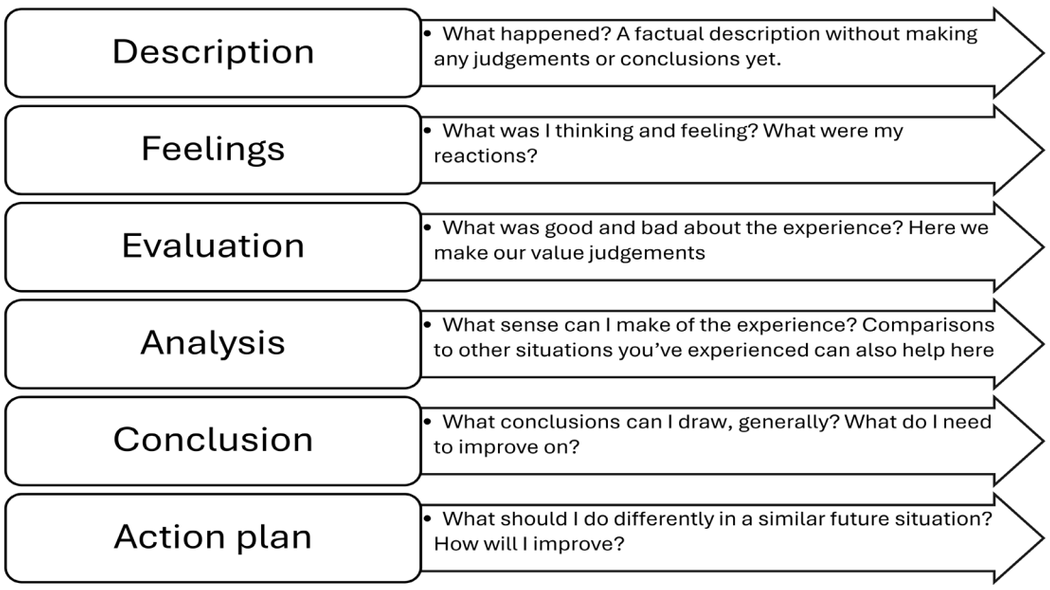

Figure 2: Gibb's reflective model (6).

DISCUSSION

The practice of professionalism and good medical ethics is clearly something that has to come from within. Complementing external assessments by reflection and self-assessment may encourage students to focus more on the importance of professional values during their training. Good communication and good ethical practice will slowly become something that grows within the individual students. Besides the obvious advantage of learning professionalism from within, the sharing of experiences with the mentor lecturer in front of their fellow students can be a source of inspiration for each other. While practicing this approach, not only did the students report being inspired and motivated by each other's stories, but the mentors also found the whole experience inspiring. It provides indirect support when students face difficult clinical emotions. Experiences are shared by discussing a difficult or emotional trips and coping mechanisms. From the lecturers' perspective, diversification of learning is achieved when students understand that their roles are not limited to clinical context only, but also to day-to-day social contact which would influence their lives and emotions.

It is thought that medical students enter a stage of rapid professional growth during which they will be prepared to become humanistic teachers (7). The formation of professional identities can be achieved through transformative learning, which shifts the direction of experience to learners' perspectives. Transformative learning reaches learners at levels deeper than their perspectives, including emotional and spiritual levels. Reflective practice does not necessarily lead to learning; instead, it subconsciously revolves around emotions, intentions, actions, and responses (8).

Self-assessment in professionalism assessments may be confounded by potential overconfidence, lack of experience, and subjective judgement. However, in cases where summative contribution is required with good reliability, several measures, such as

providing guidance on self-reflection skills, implementing a structured framework with clear criteria, and triangulation with other assessment tools, can contribute to a more reliable and comprehensive evaluation of students' professionalism in medical training (9). While limitations on the approach could include conflicting interpretations, the practice would be an asset for lifelong learning and a journey for these students in the future.

CONCLUSION

Critical reflection is an essential tool to amplify learning in the context of medical professionalism. It has the potential to synthesise learning and discover uncharted experiences within the context of medical fields. Professionalism is not didactically learnt from books but instead gained through experiences along the way when dealing with patients and the environment of clinical and community settings.

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REFERENCES

1. Sattar K, Abdulghani HM, Meo SA, Soliman MM, Ahmad T, Irshad M, et al. Shaping medical professionalism in pre-clinical medical students: students' perspective. Biomed Res. 2017;28(1): 1–5.

2. Rasul S, Bashir MZ, Saleem S, Tahir S, Rasheed A, Sabir MA. Assessment of medical professionalism among students and faculty members of Shalamar Medical and Dental College, Lahore. J Adv Med Educ Prof. 2021;9(4):204–10.

3. Ashcroft J, Warren P, Weatherby T, Barclay S, Kemp L, Davies RJ, et al. Using a scenario-based approach to teaching professionalism to medical students: course description and evaluation. JMIR Med Educ. 2021;7(2):e26667.

4. Maitra A, Lin S, Rydel TA, Schillinger E. Balancing forces: medical students' reflections on professionalism challenges and professional identity formation. Fam Med. 2021;53(3):200–6.

5. Parthiban N, Boland F, Fadil Azim DH, Pawlikowska T, O'Shea MT, Jaafar MH, et al. Asian medical students' attitudes towards professionalism. Med Educ Online. 2021;(26):1927466.

6. Gibbs G. Learning by doing: a guide to teaching and learning methods. Oxford: Oxford Brookes University; 1988.

7. Roslan NS, Yusoff MSB. Simplified thematic engagement of professionalism scale (STEPS): promoting feedback practice in nurturing professionalism. Educ Med J. 2017;9(1):87–97. https://doi.org/10.21315/eimj2017.9.1.9

8. Branch WT. The road to professionalism: reflective practice and reflective learning. Patient Educ Couns. 2010;80(3):327–32.

9. van der Vleuten CPM, Schuwirth LWT, Scheele F, Driessen EW, Hodges B. The assessment of professional competence: building blocks for theory development. Best Pract Res Clin Obstet Gynaecol. 2010;24(6):703–19. https://doi.org/ 10.1016/j.bpobgyn.2010.04.001