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Using Simplified Thematic Engagement of Professionalism Scale (STEPS) 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 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). Students are assessed by lecturers and health professionals during multiple short encounter assessments that can capture 'snapshots' of professional experiences, which can result in a comprehensive and reliable professionalism assessment. In this paper, 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.

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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 emphasizing 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 pre-clinical and clinical years. However, providing a proper assessment of medical professionalism is a challenging task. There is no universal or standardized 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 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 of professionalism includes continuity of skills enhancement 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 different 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 the 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 STEPS, (6) a combination of formative and summative assessment. Fifteen professional values have been categorized 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 either 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 STEPS is also suitable to be used 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. Standardization of this approach would be essential to ensure that 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 some formal training on how to adapt and interact with children during their clinical posting using skills appropriate to the child’s age such as using the child’s given name, sincere praise, allowing appropriate proximity between the parent(s) and the child, and the proper use of toys. Regarding professional values, students are reminded of their responsibilities as medical trainees to perform self-directed learning, build trust with the patients, 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 with regard to 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 allocated 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 utilized 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 the students can appreciate the professional values from their experience and applied to their daily lives, this would be considered a good mark. Valuable feedback and discussions on the cases would be highly appreciated by the students. This would improve learner perceptions of professionalism from a constructive standpoint and uncover the values which were not learnt previously. Gibb (8) 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.

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								

<i>PATIENT</i>	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								
<i>PUBLIC</i>	14. Used health resource appropriately								
	15. Committed to societal welfare								

SUMMATIVE COMPONENT

Unacceptable					Exemplary				
1	2	3	4	5	6	7	8	9	10

Figure 1: Assessment tool using STEPS in Paediatric Undergraduate posting.

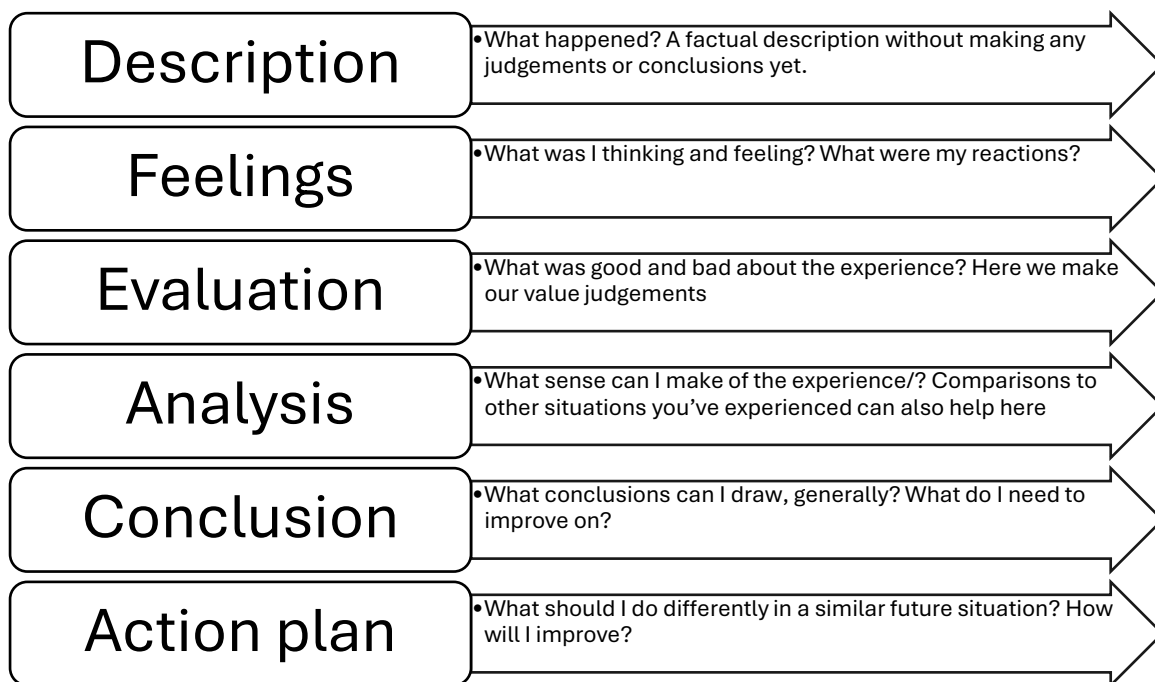


Figure 2: Gibbs' reflective model (6)

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 the students reported to be inspired and motivated by each other's stories but the mentors can also find the whole experience inspiring. It provides indirect support when students face difficult clinical emotions. Experiences are shared by sharing a difficult or emotional trip and how to cope emotionally. 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 by transformative learning from shifting 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 but subconsciously revolves around emotions, intentions, actions, and responses.

Self-assessment in professionalism assessments may be confounded by potential overconfidence, lack of experience, and subjective judgment. 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 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 synthesize learning and discover uncharted experiences within the context of medical fields. Professionalism is not didactically learnt from the books but having experiences along the way when dealing with patients and the environment of clinical and community settings.

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