

## MEDICAL PROFESSIONALISM – VALIDITY OF ARABIAN “LAMPS” IN THE CONTEXT OF MEDICAL EDUCATION IN PAKISTAN

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### ABSTRACT

*Medical professionalism tends to highlight certain attitudes, behaviors and characteristics that are desirable among the medical professionals. This concept has been globally highlighted and has been incorporated in the curriculum of most of the medical schools in all parts of the world. CanMEDS is one model which has been developed by the Royal College of Physicians and Surgeons, Canada. It identifies seven roles of a physician as a medical professional. Although medical professionalism has been formally adopted in the curriculum of the undergraduate students, yet it poses several challenges in its teaching and assessment. Various tools have been developed for the assessment of gaps in the learning of medical professionalism. It is a well known observation that teaching and assessment of medical professionalism is culture specific and no single yardstick can be used in all parts of the world. In Arabian perspective a tool by the name of Arabian Learner's Attitude on Medical Professionalism Scale (LAMPS) has been developed and tested. The religion, culture and traditions in Pakistan have similar features compared to Arabian culture. Therefore the questionnaire called Arabian LAMPS would be validated in the perspective of medical education in Pakistan by the medical educationists of the country. In the second phase of the study, this validated questionnaire will be tested on the 4<sup>th</sup> year medical students.*

*Key Words: Medical, Professionalism, Arabian LAMPS.*

### Medical Professionalism – Global Perspective

Professionalism highlights the attitudes and behaviors that are desirable in the medical profession. The professionalism in the practice of medicine builds the trust of the patient in the physician and strengthens the relationship between society and the medical profession.

Professionalism does not cover minute details of the patient doctor relationship but sets ideal standards which are a guideline for the medical students when they enter and progress in this profession. Recent research in the field of medical professionalism has elaborated the role of a physician not only as healer but also as a professional (Cruess, 2004).

The relationship of medical profession with society is one form of contract in which both sides have expectation and obligations. Unless these are fulfilled the system of medical practice cannot run in an ethical way. Fundamental to this social contract is trust of the patient in the physician and trust of the physician in the system. Altruism, morality and accountability are a few of the many characteristics expected of every physician. In order for such a contract to function as successfully as possible both sides must fulfill their respective obligations.

The concept of medical ethics is well established for last many centuries but the term medical profes-

sionalism surfaced in 1990s out of the desire to bring back compassion and altruism in the medical profession. Once its importance has been understood, it has now been included in the curriculum of almost all the medical institution globally responsible for under graduates and post graduates medical institutions.

In order to propagate the concept of medical professionalism, major conferences on medical education keep professionalism as the theme of conference. Another concept that emerged by the efforts of Royal College of Physician and Surgeons Canada is CanMEDS (Frank, 2005).

The college also published the CanMEDS 2005 Physician Competency Framework. Through this framework professionally the physicians through ethical practices and high standards of behaviors are responsible for the health and well being of individuals in the society.

In this framework the physician as a professional has to play multiple roles, which are as under ([www.royalcollege.ca](http://www.royalcollege.ca), 2005).

### 1. Physicians' Role as a Medical Expert

This is the central role that a doctor has to play in any setting i.e. primary, secondary, or tertiary health care. In the capacity of the doctor as a physician all the three domains of knowledge, skills, and

attitudes are to be at best in the care of the patient.

## 2. Physician's Role as Communicator

Effective communication is one of the most important aspects of patient – doctor relationship. This communication plays its role before, during, and after the medical consultation and treatment. In a situation of diagnosis of fatal disease or treatment of prolonged morbidity, communication with the patient, families, other care providers and community workers has significant importance.

## 3. Physicians' Role as a Collaborator

In this modern era of patient care, a collaborated multispecialty management is required in many clinical situations. The physician has to collaborate with all the members of the health care team for the provision of standardized care to the patient.

## 4. Physicians' Role as a Manager

Any health care organization cannot run efficiently unless it is managed professionally. Physician as a leader and a professional has an integral role to play as manager in allocation of resources, funds, planning, and utilization of working hours of the available human resources. He / she also has to manage and support the continued medical education and continued professional development of the health care team workers.

## 5. Physicians' Role as a Health Advocate

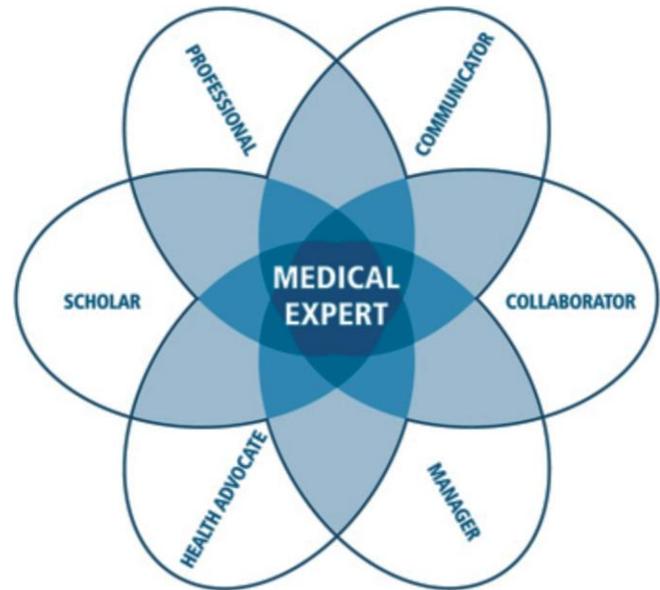
The physicians are the key figures in the community and have influence on the policy makers and health administrators. Through their knowledge and expertise, they can get the modification of policies, changes in the allocation of funds and alterations in the existing pattern of practice for the better patient management.

## 6. Physicians' Role as a Scholar

Physicians are lifelong learners and teachers. Their commitment to learn the latest helps in providing the best care and safety to the patient. Their teaching skills help the whole health care team to stay abreast with the development in the medical knowledge and expertise. As learners and teachers they influence the people around them and serve as a role model.

## 7. Physicians' Role as Professional

Physicians have professional commitment to the health and well being of individuals in the society and community as a whole. Professionalism also demands from the physician ethical practices, moral behavior and a commitment to clinical competence. It also involves practice of appropriate attitudes, integrity, personal well being, and to the



(www.royalcollege.ca, 2005).

promotion of public good within their domain.

## Operationalizing Concept of Medical Professionalism

The concepts of professionalism cannot be taught to the students by providing the list of professional skills and attitudes. One way of teaching students medical professionalism is role modeling in a positive way. Another method is to show them video clips of scenarios and then generating a discussion on them.

The first year medical students are full of idealism and think about themselves successful doctors and professionals who would provide good care to the patients. Some of them may begin to lose idealism because of the learning environment and hidden curriculum. The students are also not provided effective feedback if their behavior is not on the standard format of professionalism. Good formative feedback helps the students in understanding what should be done and why it should be done. The conceptual understanding of all this, will convert values into behaviors (Epstein, 2002).

The medical knowledge can be divided into cognitive and non cognitive domains. The cognitive domains include knowledge and skills which can be evaluated by testing skills of data gathering, diagnostic management and ability to perform procedures. Professionalism and its practice involve non cognitive domains and its competency can be evaluated by testing communication and collaboration skills (ACGME, 1999).

There are different ways to teach professionalism. At the time of entry into medical institution the students, residents, and staff should receive a list of expected behaviors. They should be informed that they will be evaluated according to the provided list. The steps in teaching medical professionalism would include;

setting expectation, performing assessment, and if there are inappropriate behaviors providing them remedial sessions. This will ensure prevention of inappropriate behavior in future and will bring a cultural change in the institution (ABIM, 2002).

After the initial orientation teaching and role modeling should be incorporated at all levels and themes of training professionalism should include conflict management, feedback and supervisory skills.

After teaching the medical professionalism, both formative and summative assessment should be done to assess the expected behaviors. The students are made to realize the importance of formative feedback and the improvement of their performance and betterment of their summative grade.

The multi source feedback also includes early identification of unacceptable behaviors. A meeting between the student and the teacher should be held and remedial measures should be discussed and implemented. During this meeting, impact of not following the remedial measures on the summative grade should also be clearly explained to the students. The scientific research has confirmed the need to teach professionalism, its evaluation and assessment, early identification of unacceptable behaviors and remedial measures (Papadakis, 2006).

Professionalism is one of the important components of medical practice. All the decisions about the diagnosis and management of patients should be based on evidence in the literature and implemented professionally (Cohen, 2005).

### **Medical Professionalism in Arabian Perspective and Learners Attitude on Medical Professionalism Scale (LAMPS)**

The recent mounting interest on professionalism may have been triggered primarily by the growing concern for patient's rights and autonomy. A precise definition of the values that comprise medical professionalism has proved indefinable (Swick, 2000).

Medical professionalism in its broadest sense covers all of the aspects of the higher attributes of being a physician and a healer. These attributes, however, are not universal; cultural differences do exist (Cruess, 2010). Most of these behaviors, however, are aspired by physicians while serving their patients and society. Physicians who practice allopathic medicine across the globe may share a common set of values and traditions, but the cultural influence of the region where the physician is practicing may lead to certain differences (Cruess, 2006). There is a growing recognition of professionalism as an explicit component of medical education in the gulf region, for example, professionalism as a key aspect of Saudi doctors in Saudi-MEDS, which is a competency framework for medical education in Saudi Arabia (Zaini, 2011).

Today, Arabs live in an area of more than 14 mil-

lions square kilometers which encompass almost 10% of dry land with a population of over 340 millions inhabiting 22 countries. Arabian context is perceived as a blend of culture, traditions, beliefs and behaviors that are being practiced by nations of Arabian countries in the Middle East where Arabic is the official language and Islam is the religion of majority of population. These behaviors and traditions are not necessarily derived from Islamic doctrines but some common values have been accepted as the norm among population of these countries (Egypt Demographic Profile 2012).

The assessment of medical professionalism is also found to be culture specific. However, the six domains described by American Board of Internal Medicines (ABIM) have been revalidated in Arabian context in one of the studies conducted by Eraky, et al. The study however proposed a seventh domain of Autonomy in the context of professionalism (Eraky, 2012).

Another study was conducted by Adkoli, et al and perception of medical professionalism as a core competency was assessed in final year Saudi Medical students. The students admitted that they were deficient in the gaining of professional values according to their own culture. The study also brought forward the opinion that professionalism was not taught or assessed and whatever they learnt about it was through hidden curriculum. Saudi Medical students considered very few teachers as positive role models. The deficiencies in their learning about medical Professionalism could be ascribed to negative role modeling by the faculty members, deficiencies in the curriculum and absence of feedback (Adolki, 2011).

### **Arabian Learners Attitude on Medical Professionalism Scale (LAMPS)**

Medical professionalism is based on a mutual trust between the society and medicine. Professionalism varies according to cultures and regions and is perceived and expressed with respect to local customs and beliefs (Chandratilake, 2012).

This has initiated a global trend of re-visiting professionalism education and as a result professionalism has become an explicit component of medical curricula (ACGME, 2011).

It has been agreed that medical professionalism must be taught through the formal curriculum in the form of planned teaching and learning sessions and be assessed throughout the continuum of medical education. Professionalism education is gaining momentum in the Arabian context but the literature from that region on that topic is still scarce. Arabian teachers and students feel that professionalism education remains as a gap in formal curricula and they consider professionalism as a major contributor to the hidden curriculum, rather than the formal one (Sadat, 2004).

The attitude of medical students towards profes-

sionalism is of great educational value, because they are supposed to be the future professionals. The medical students enter medical school with positive attitude towards professionalism and social values. Their personal standards and ethics are driven from past exposure to family, teachers, friends, and other social contacts (Blakey, 2008).

Exploring students attitude has been used widely to measure different components of professionalism and related areas in the western context (Blackall, 2007).

South Asian contexts (Hur, 2009) and Turkish context, but none has been validated and contextualized to be used in the Arabian Context. The Arabian context means the culture, traditions, beliefs and behaviors that are being practiced by Arabian countries in the Middle East. In this region Arabic is the official language and Islam is the religion of the majority of the population (Barakat, 1993). Medical students however are not aware of practical application of medical professionalism. Therefore, to measure their attitudes on professionalism a questionnaire was developed in expressive behaviors. The six domains of professionalism described by ABIM were utilized in the development of questionnaire. The seventh domain identified in the subsequent study was "Professional autonomy" (Al-Eraky, 2012).

The questionnaire developed was named as Arabian Learners Attitude on Medical Professionalism Scale (LAMPS). This questionnaire was then used to measure the attitude of Arabian medical students towards medical professionalism and also to validate this questionnaire in Arabian context.

### **Status of Medical Professionalism in Pakistan**

The medical community has always been aware of the attributes of professionalism as stated in the Hippocratic Oath, taken at the time of completion of medical graduation. Formal instruction or evaluation of professionalism in undergraduate or post graduate curriculum or its reaffirmations in continuing medical education for practicing physicians was not considered necessary until recently, when a deficiency of humanistic qualities surfaced in health care workers despite state of the art scientific training. This is predominantly due to the changing scope of science and market realities of today's world (Blank, 2002).

The rapid growth of medical science and technology worldwide has produced the compulsion to expand the scientific knowledge base in undergraduate and post graduate curricula, leaving little room for social science experiences and Pakistan is no exemption. In a developing country like Pakistan, heavy workloads, deadlines and competition during medical school and residency training leads to serious erosion of compassion and empathy towards patients. It also triggers conflicts with colleagues and fosters attitudes of self

presentation and self advancement rather than patient interest (Marieniss, 2004).

Another factor which distracts practitioners from professionalism in Pakistan is the demand of delivering health care to a maximum number of people in the presence of resource constraints.

Professionalism focuses on the capability for self reflection, achieving excellence and a commitment to be lifelong learner and teacher with knowledge. It also has an important bearing on research activities. To reaffirm these core values in medical educations, the US and European health care systems took the lead in defining the term and incorporating the attributes in under graduate and post graduate curricula (Swick, 2014).

The college of Physicians and Surgeons of Pakistan (CPSP) has introduced certifications in ethics and communication skills through a short course for residents. All attributes of professionalism as defined by the American college of Graduates Medical Education (ACGME) are not yet addressed in CPSP courses.

A reflection and analysis of the current trends in Pakistan regarding the training and practice of health care workers, highlights the emphasis of biomedical science competencies in the certifying criteria, and the acquisition of humanistic qualities is left to assumption and chance. Some medical schools in Pakistan have introduced behavioral sciences, bioethics and communication skills as a longitudinal theme in their curricula and offer a social science experience through electives. However, professionalism as a specific competency with a definite curricular content is lacking in medical schools and residency programs in Pakistani Universities.

Promoting the importance of medical professionalism as a core competency in medical education in Pakistan is the domain of the medical educators. Their responsibility is to make it not only to be at par with leading programs of the world but also highlight the importance of moral and ethical values equally in medical practice and medical research.

Pakistani Universities must introduce a well defined curriculum of professionalism in undergraduate and post graduate medical education in accordance with our culture, tradition and values. The observed behavior of the faculty in the hospital has a significant impact in shaping the attitude and behavior of the learner (Gaiser, 2009). Therefore the importance of role modeling or the hidden curriculum cannot be overstated. The role of mentoring in fostering professional behavior during residency training is also well recognized. Hence mentorship should be a formal part of residency training (Ramanan, 2006)

A supportive environment which fosters collaboration, team work and intellectual honesty must be provided. Appropriate weight-age given to professionalism in all selection processes after residency training

will ensure that this learned experience will be carried forward into institutions and society as a whole.

### **Development of a New Instrument, Pakistani Learners Attitude on Medical Professionalism Scale (Pak – LAMPS)**

Medical professionalism received a global interest in recent years mainly because of the high failures in the practice of medicines. Professionalism is defined as the ideal behavior towards which physicians aspire while serving their patients and society. There is no consensus on what contributes to medical professionalism even among leading medical organization and accreditation bodies (Escorbar – Poni, 2006).

The elements of professionalism and attitudes of different groups to professionalism have not been explored in Pakistani Context. The American Board of Internal Medicine (ABIM) in 1995 identified six domains of medical professionalism, which include, altruism, accountability, duty, excellence, integrity, honor and respect. These elements provide a good template for validation. The ABIM framework seems to be a standard as it has been used as consistent scaffolding for a number of students in different countries to define attributes of professionalism over the past decade (Quaintacne, 2008).

Unfortunately no similar validation study has been conducted to identify domains of professionalism in the context of medical education in Pakistan. However a study conducted by Al-Eraky, et al, in 2013 presented an instrument, Learners Attitude on Medical Professionalism Scale (LAMPS) in an Arabian context and is popularly called as Arabian LAMPS in the literature. This 28 items questionnaire is the first context specific, reliable and valid inventory on medical professionalism in the Arabian context (Al-Eraky, 2013).

The rationale for using the Arabian LAMPS and testing its validity in the perspective of medical education in Pakistan is because of two important reasons:

Medical Professionalism is perceived and expressed with respect to local customs, beliefs and culture (Cruess, 2010). The Arabian LAMPS has been designed for the Arabian context but the religion, beliefs and to a great extent traditions and behaviors of the Arabic population resemble the culture and traditions of Pakistan.

Therefore, it is worth testing the validity of Arabian LAMPS in the context of Medical Education in Pakistan. After its validation, testing on medical students and modification according to the local context it will be named as Pak – LAMPS.

### **REFERENCES**

1. Accreditation Council for Graduate Medical Education. General Competencies Chicago. ACGME 1999.
2. ACGME 2011 Outcome project.
3. Adolki B., Umran K., Al-Sheikh M. Medical Students perception of professionalism: A qualitative study from Saudi Arabia. *Med Teach.* 2011; 33: 840-845.
4. Al Eraky MM., Changratilake M. How medical professionalism is conceptualized in Arabian Context: A validation study. *Med Teach.* 2012; 34 (Suppl. 1): 590-595.
5. Al-Eraky MM., et al. Medical Professionalism Development and Validation of Arabian LAMPS; *Med Teach.* 2013; 35: 556-562.
6. American Board of Internal Medicines Foundation. American College of Physicians – American Society of Internal Medicines Foundation. European Federation of Internal Medicines Medical Professionalism in the new millennium: a physician charter. *Amm Intem Med.* 2002; 136 (3): 243-246.
7. Barakat H. The Arah world. Society, culture and state. Berkley University of California press, 1993.
8. Blackall GF., George J., Learners SM. Professionalism in medical education. The development and validation of a survey instrument to assess attitudes towards professionalism. *Med Teach.* 2007L 29e58-e62.
9. Blakey H., Blanshard E., Sen R. Are medical Students Socially exclusive? A comparison with economic students. *Med Edu.* 2008; 42 (11): 1088-1091.
10. Blank L, Kimbar H., McDonald W. Merino J. Medical Professionalism in the new millennium: A physician charter. *Ann Int Med.* 2002; 138: 839-41.
11. Chandratilake M., McAleer S., Gibson J. Cultural Similarities and differences in medical professionalism. A multi-region study. *Med. Edu.* 2012; 46 (3): 257-266.
12. Cohen JJ. “The work ahead”: AAMC’s president address, November 6, 2005.
13. Cruess S.R., Cruess R.L., Steinert Y. Linking the teaching of professionalism to the social contract. A call for cultural humanity. *Med Teach.* 2010; 32 (5): 357-359.
14. Cruess SR. Professionalism and medicines’ social contract with society. *Clin Orthop Retal Res.* 2006; 449: 170-176.
15. Cruess SR., Cruess RI., Steinert Y. Teaching professionalism across cultural and national borders: Lessons learned from an AMEE workshop. *Med Teach.* 2010; 32 (5): 371-374.
16. Egypt Demographic Profile 2012.
17. Epstein RM. Hundert EM. Defining and assessing professional competence. *JAMA.* 2002; 287 (2): 226-235.
18. Eraky M, Chandratilake M. How medical professionalism is conceptualized in Arabian context: A validation study, *Med Teach,* 2012; 34: S 90-95.
19. Escorbar-Poni, B., Poni E.S. The role of gross anatomy in promoting professionalism, a neglected opportunity: clinical anatomy. *Jul: 2006; 19 (5): 461-7.* Review.
20. Frank, JR., Jabbour, M., et al. Eds. Report of the CanMEDS Phase IV working groups. Ottawa: The Royal College of Physicians and Surgeons of Canada. March, 2005.
21. Gaiser RR. The teaching of professionalism during residency: why it is failing and a suggestion to improve its success. *Avesth Analg* 2009; 108 948-54.
22. [http://www.royalcollege.ca/common/images/canmeds\\_daigram.jpg](http://www.royalcollege.ca/common/images/canmeds_daigram.jpg).
23. <http://www.royalcollege.ca/portal/page/portal/rc/canmeds/framework>.

24. Hur Y. Are there gaps between medical students and professors in the perception of students professionalism level-Secondary publication *Yonsei Med. J.* 2009; 5063: 751-756.
25. Marieniss DP. Decreasing GME training Stress to foster residents' professionalism. *Acad Med.* 2004; 79: 825-31.
26. Papadakis MA, Teherami A, Banach MA, Knettler TR, Rattner SL, Stern DT, Veloski JJ, Hodgson CS. Disciplinary action by medical boards and prior behavior in medical school. *N Eng J Med.* 2006.
27. Quaintacne, J.L., Asnord, L., Thomyrson, G.S. Development of an instrument to measure the climate of professionalism in a clinical teaching. *Academic medicines.* Oct; 2008; 83 (10 suppl.): 55-8.
28. Ramanan RA, Taylor WC, Davis R.B, Philips RS. Mentoring matters mentoring and career preparation in internal medicines residency training. *J Gen Intern Med* 2006; 21: 340-45.
29. Sadat Ali M. Professionalism: Are we doing enough. *Saudi Med. J.* 2004; 25 (5): 676-677.
30. Swick HM. Toward a normative definition of medical professionalism *Acad Med.* 2000; 75 (6): 612-616.
31. Swick HM. Towards a normative definition of medical professionalism. *Acad Med.* 2014; 75: 612-6.
32. Zaini R, Ben Abdul Rehman K., Al Khotani A, Al-Hayani A., Al-Alwan I, Jasaniah S.. Saudi MEDS: A competence specification for Saudi Medical graduates. *Med Teach.* 2011; 33: 582-584.