

Junior Intern's Perceptions of Professionalism Education in Post-Graduate Medical Program at Medical Faculties in Cimahi and Bandung

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ABSTRACT

Professionalism is one of the competencies of a doctor in Indonesia. One of the ways to become a professional doctor is to undergo a good medical education. Medical education is divided into two stages, namely the undergraduate and professional education stages. Professionalism learning is divided into two methods, namely the learning method and evaluation of professionalism learning. This study aims to determine the perceptions of Junior Intern towards professionalism education at the professional education stage at the Faculty of Medicine in Cimahi and Bandung. This research method is descriptive observational with accidental sampling technique with a total of 94 Junior Intern as respondents, with data collection used a questionnaire. The results of this study provide an overview regarding the knowledge of Junior Intern regarding professionalism learning methods of 63.3%. While the professionalism learning method that has been applied is 70.6% the formal learning method. The results of the study also provide an overview of Junior Intern knowledge of professionalism learning evaluation methods, the observed clinical encounter method was 45.4%. The evaluation method that has been applied in the Faculty of Medicine in Cimahi and Bandung is observed clinical encounter at 47.5%. The results of the study show that the majority of professionalism learning methods that is known and has been applied in the Faculty of Medicine in Cimahi and Bandung is a formal method, but there are still those who do not know about professionalism learning methods. The majority of the evaluation of professionalism learning methods that are known and have been applied are observed clinical encounter.

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INTRODUCTION

Professionalism is a foundation for a doctor to carry out medical practice. Noble professionalism is the initial foundation to support the competence that a doctor must have. Professionalism has an understanding of habits and also communication wisdom, cognitive,

clinical skills, clinical reasoning, emotions, values and reflection in daily activities for the benefit of individuals and society.^{1,2}

Learning professional behavior for medical students is an important thing that needs to be implemented in medical education. Medical education universally includes clinical education and professional behavior which has a significant position in the learning process aimed at mastering knowledge and skills in making diagnosis, management, and professional behavior of doctors. The clinical learning process can be carried out anywhere, which is the area of professional stage curriculum learning, one of which is in a Teaching Hospital with the aim of medical students getting lessons and clinical experience. Professionalism when studying medicine is very vital, both from the undergraduate and professional stages. Professionalism in medicine is also built from several behavioral components, including altruism, competence, honesty and respect for others. Learning about professionalism is expected to be taught from an early age. Medical education institutions are expected to design learning methods and assess student behavior from the start of learning, so as to provide assurance that graduates will be able to practice the expected professional behavior. The professionalism learning method is carried out in two ways, the first is explicit, formal and structured, the method used is usually like lectures. Furthermore, it is carried out implicitly, informally and unstructured, for example as a role model.^{3,4,5,6}

The professionalism learning evaluation method is also very meaningful in medical education. The evaluation method is important for assessing the attitude of professionalism in students at the professional stage. This evaluation method must have several characteristics, one of which is effective and reliable.^{7,8}

There is very little implementation and self-assessment of professionalism in medical education. Previous research on professionalism in medical education institutions in Indonesia showed that only a few institutions integrated professionalism into their learning. Professionalism is still an object that has not been clearly mapped out in the standard medical education curriculum. This condition can be caused by the limited clear operational definition of each component of professional behavior itself, not only that the concept given is still vague and the description of behavior related to professional attitude is still lacking.^{5,9}

Based on the above background, studies and analysis are needed, especially from the educational implementers themselves, to find out effective learning methods in medical professionalism, including mastery of the components of professional behavior. Therefore, researchers are interested in carrying out this research.

MATERIALS AND METHODS

This study uses a descriptive observational method which aims to see an overview of Junior Intern' perceptions of professionalism education at the professional education stage. The sampling technique was carried out randomly using accidental random sampling technique. Respondents to this study were Junior Intern from four medical faculties, namely the Faculty of Medicine, University of Jenderal Achmad Yani, Faculty of Medicine, Maranatha University, Faculty of Medicine, Islamic University of Bandung, and Padjadjaran University. This research has passed an ethical review from KEPK Unjani with letter number 048/UMI.07/2022.

Data processing and data analysis using descriptive analysis method, data will be categorized into two, namely the professionalism learning method and the professionalism learning evaluation method. Professionalism learning methods are divided into two categories, namely, formal methods and informal methods. The professionalism learning evaluation method is divided into nine categories, namely, observed clinical encounters, views from colleagues, records of unprofessional behavior, critical incident reports, simulations, paper based tests, patient opinions.

RESULTS AND DISCUSSION

From the results of this study, there were 94 respondents who met the inclusion and exclusion criteria of the study.

Table 1 Univariate Analysis of Young Physician Characteristics

Characteristics	Amount (n=94)	Percentage (%)
Generations		
2016	3	3.2%
2017	31	33.0%
2018	60	63.8%
Institutions		
Maranatha University	17	18.1%
Islamic University of Bandung	28	29.8%
General Achmad Yani University	25	26.6%
Padjadjaran University	24	25.5%
Gender		
Male	35	37.2%
Female	59	62.8%
Station		
Pediatrics	1	1.1%
Anesthesia	14	14.9%
Medical emergency	1	1.1%
Forensic	13	13.8%
Public Health	11	11.7%
Internal Medicine	25	26.6%
Psychiatric	1	1.1%
Dermatology	6	6.4%
Ophthalmology	3	3.2%
Obstetric and gynecology	16	17.0%
Radiology	1	1.1%
ENT	2	2.1%

Description of Knowledge about Professionalism Learning Methods

The results of this study indicate that the learning method that is mostly known by Junior Intern is a formal learning method. Formal learning methods known to Junior Intern are Bed Side Teaching (BST), Case-based Discussion (CBD), Case Report Session (CRS), Resource Person Session (RPS), Clinical Science Study (CSS), Don't know or Don't know is the answer of the respondent who doesn't know or doesn't know about professionalism learning at the medical profession stage. Inappropriate is the answer when the respondent answers the question not in accordance with the question posed by the researcher.¹⁰

Table 2 Description of Knowledge about Professionalism Learning Methods

Knowledge about Professionalism Learning Methods	Percentage (%)
Formally	63.6%
Informally	0.8%
Do not Know	3.0%
Not Accordance	32.6%
Total	100.0%

Description of Applied Professionalism Learning Methods

Based on the table below, it can be seen that the majority of learning methods that have been applied in each of the Medical Faculties in Cimahi City and Bandung City are formal learning methods. There are several formal learning methods that have been used, such as Bed Side Teaching (BST), Clinical Science Study (CSS), Case Report Session (CRS), Resource Person Session (RPS), Case-based Discussion (CBD) and many others. Junior Intern who do not know the professionalism learning methods at the professional stage that have been applied on campus.

Table 3 Description of Applied Learning Methods

Applied Learning Methods	Percentage (%)
Formally	70.6%
Informally	0.8%
Do Not Know	3.2%
Not Accordance	25.4%
Total	100.0%

This formal learning method aims to enable Junior Intern to be able to apply clinical skills based on the material and skills applied. In line with the research of Gilda et al. that bedside teaching has many advantages because this learning method brings Junior Intern face to face directly with patients, so that Junior Intern can directly practice clinical aspects as well as ethical communication.¹¹

Description of Knowledge regarding Professionalism Learning Evaluation Methods

The results of this study indicate that the evaluation method known to the majority of Junior Intern is the clinical encounter they observed. The observed clinical encounters have several methods such as the Mini-Clinical Evaluation Exercise (mini-CEX). The simulation

evaluation method has several assessment methods such as Direct Observation of Procedural Skills (DOPS). The paper based test evaluation method is an assessment method aimed at assessing the clinical reasoning skills of Junior Intern such as multiple choice (MCQ), Modified Essay Questions (MEQ). Don't know or don't know are the answers of respondents who don't know or don't know about the professionalism learning evaluation method at the medical profession stage. Inappropriate is the answer when the respondent answers the question not in accordance with the question posed by the researcher.

Table 4 Description of knowledge of Learning Evaluation Methods

Knowledge of Learning Evaluation Methods	Percentage (%)
Observed Clinical Encounter	45.4%
Views from colleagues	0,0%
Unprofessional behavior record	0,0%
Critical incident report	0,0%
Simulation	32.2%
Paper based test	10.5%
Patient opinion	0.7%
Global view of the supervisor	0.7%
Self administered rating scale	0,0%
Do Not Know	2.6%
Not Accordance	7.9%
Total	100.0%

Description of Applied Professionalism Learning Evaluation Method

The results of the study show that, in several assessment methods that have been carried out in the Faculty of Medicine, Cimahi City and Bandung City, the majority used the clinical encounter method which was observed, such as mini-CEX. Furthermore, simulation assessment methods such as, DOPS and OSCE.

Table 5 Description of the Applied Learning Evaluation Method

Applied Learning Evaluation Method	Percentage (%)
Observed Clinical Encounter	47.5%
Views from colleagues	0.0%
Unprofessional behavior record	0.0%
Critical incident report	0.0%
Simulation	29.5%
Paper based test	6.5%
Patient opinion	0.7%
Global view of the supervisor	0.0%
Self administered rating scale	0.0%
Do Not Know	2.9%
Not Accordance	12.9%
Total	100.0%

The results of this study are in line with Gusti Raditya et al. that the mini-CEX is used as an assessment method and can develop a professional attitude from Junior Intern. The evaluation method is used to see or become a benchmark of the learning process carried out during the professional stage of education.¹²

CONCLUSION

Based on the research, it can be concluded as follows. Knowledge of professionalism learning methods is known by Junior Intern at the Cimahi City and Bandung City Faculty of Medicine, the majority of learning methods are formal, but there are still those who do not know about professionalism learning methods. The majority of professionalism learning methods that have been implemented in the Faculty of Medicine in Cimahi City and Bandung City are formal learning methods. The majority of Junior Intern at the Faculties of Medicine in Cimahi and Bandung City know about the evaluation method of professionalism learning about the evaluation method of clinical encounters that were observed, simulations and paper based tests. The evaluation methods for professionalism learning that have been implemented at the Cimahi City and Bandung City Medical Faculties are the clinical encounter evaluation methods that are observed, simulations and paper based tests.

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