

In-Patients Assessment Towards Medical Students Of University Of Cyberjaya On Professionalism And Communication Skills In Hospital Kajang, Malaysia

***Zulaikha Z., Cylvia G., Muhammad Kamil M. S., Maisara Y.**

Faculty of Medicine, University of Cyberjaya, Cyberjaya, Selangor, Malaysia

¹Faculty of Medicine, University of Cyberjaya, Cyberjaya, Selangor, Malaysia

Zulaikha binti Zainuddin Year 5 Medical student, Faculty of Medicine University Of Cyberjaya, 63000 Cyberjaya Selangor, Malaysia Email: zulaikhazain19@gmail.com Tel: +6019-210 7074

ABSTRACT

Introduction: Medical practitioners are expected to demonstrate professional behavior and good communication skills. This study aims to assess the in-patient's response towards University of Cyberjaya (UoC)'s medical students' professionalism and communication skills and to examine its association with patients' socio-demographic factors. This is an essential tool to reflect the university's medical education to produce excellent doctors by exploring the patient's opinions.

Methods: This is a hospital based cross-sectional study involving only 26 patients due to the unavoidable circumstances of Movement Control Order (MCO) and time constraint. Patients were selected after they had met and did an interview session with UoC's medical students. A modified and validated self-answered questionnaire version of the American Board of Internal Medicine's (ABIM) Patient Assessment survey was used for data collection. Data entry and analysis were performed using the Statistical Package for Social Science (SPSS). All datas were assessed for frequency, means and association using Fisher Exact test. A p-value ≤ 0.05 was considered statistically significant.

Results: Females constituted 65.4%, whereas 34.5% were males. Patient's mean score on the medical students ranges from 4.04 to 4.73, with highest mean value on items assessing student's ability to establish adequate communication with patients and good socio-cultural ethics, while the lowest mean value was on items assessing confidentiality and reliability. Patients age, gender and other sociodemographic status did not show any statistically significant influence on the rating level.

Conclusion: Generally, patients have positive feedback on University of Cyberjaya (UoC) 's medical students' professionalism and communication skills. However, there were still areas identified that can be improved on.

Key words: Professionalism, Communication skills, Medical Student.

INTRODUCTION

Professionalism and communication skills have always been the important components of medical practitioners that has a big effect on the quality of healthcare and medical education.

Studies regarding patients' assessment of professionalism and communication skills of medical graduates described professionalism includes integrity, honesty, compassion, a commitment to keeping current with medical advances, the ability to communicate effectively with patients, and to respect patient autonomy (Abadel, 2014). This is supported by a study regarding patient-centred components of professionalism stated that communication skills and compassion are more important to patients than social behaviours, such as appearance and acknowledgement of family members (Wiggins, 2009). The American Board of Medical Specialties (ABMS), describes 'medical professionalism' as belief system in which group members ("professionals") declare ("profess") to each other and the public the shared competency standards and ethical values they promise to uphold in their work and what the public and individual patients can and should expect from medical professionals.

Communication with patients is the core clinical skill for the practice of medicine. It is very important that the patients are willing to accept the students and let them be examined by the students in their clinical years. However, according to a study in the Saudi Arabia by Abdul Ghani, 81% percent of respondents felt that students' general appearance and manner were important to their willingness to have them participate in their care and 63% preferred to be informed about students' involvement beforehand (Abdul Ghani, 2008).

According to Berman and his colleague, good communication skills are indicated by the ability to demonstrate empathy, compassion, caring, and concern, as well as the ability to communicate information effectively with patients like making introductions, having eye contacts, non-verbal communications, listening and giving their utmost focus (Berman, 2016). It is very important to build up communication skills of students. In fact, it would help them to become good doctors in future. Veljko also states that "Physicians with effective relationship skills will have more satisfied patients" (Dorđević V, 2012).

The Accreditation Council for Graduate Medical Education (ACGME) has also focused on the importance of residents' competence in professionalism and interpersonal and communication skills (Swing, 2007). However there are lacking assessment studies conducted for University of Cyberjaya (UoC), a medical university in Malaysia. This is essential in order to improve the university's medical education and production of excellent doctors by exploring the patient's opinions towards University of Cyberjaya (UoC) medical students. This study aims to assess in-patient's response towards University of Cyberjaya (UoC)'s medical students' professionalism and communication skills and identify any association with their socio-demographic variables (age, gender, marital status, educational level and occupation).

METHODOLOGY

Summary

The study was conducted on in-patients of Hospital Kajang, Selangor. The hospital consists of a total of 306 beds with a variety of disciplines.

Hospital Kajang was chosen for this research as the medical students of University of Cyberjaya (UoC) were attached to this hospital for their clinical postings. These postings include Internal Medicine, Surgery and Orthopaedics.

A cross-sectional study was used in this research. In-patients of Hospital Kajang of various departments were selected when they fulfilled the inclusion criteria of having met UoC's medical students and did history taking and/or physical examination with them. For paediatrics participants, parents were surveyed in order to assess the medical student involvement in the care of their children. Psychiatric and intensive-care unit patients are excluded from the study.

Data collection

A self-answered questionnaire were distributed among UoC medical students in clinical years (Year 3,4,5) who are having their postings in Hospital Kajang, Selangor. Patients were selected after they have met and did history taking and/or physical examination with UoC's medical students at least once. Patients who have met more than one medical student will be asked to only fill a single questionnaire. Data will be collected over a period of 2 months, which is the duration of a posting in UoC.

Data Analysis

Data entry and analysis were performed using the Statistical Package for Social Sciences software (SPSS). All data were assessed for frequency as well as means and association assessed using Fisher's exact test. A p-value less than 0.05 will be considered statistically significant.

For the convenience of analysis, the five-point Likert scale is re-categorized into three groups: disagree (inadequate score of students), neutral (good score of students) and agree (very good score of students), where the disagree group combined the '2' and '1' and agree group combined the '4' and '5' scores, with '3' as neutral.

Ethics Approval

Ethical approval for this research was obtained from the Medical Ethics Review Committee (MREC) and UoC Research Ethics Review Committee prior to the start of any study related activities. Researchers had adhere to the principles of the Declaration of Helsinki and the Malaysian Good Clinical Practice Guidelines.

RESULTS

Total number of the patients collected were only 26 patients due to unavoidable circumstances like time constraint and the Movement Control Order. Table I shows the socio demographic data of the 26 patients involved. Most are among the age group of '26-35', of the female gender, married, with tertiary education level and worked in a government sector.

The result of the survey is shown in Table II. Question 1-8 on Professionalism, the mean score ranges from 4.04 to 4.73. Highest mean value was on gender, cultural and racial issues not being a problem, followed by no meal and visitor interruption. The lowest mean value was on patients feeling that the information shared would be kept confidential. Question 9-15 on Communication skills, the mean score ranges from 4.15 to 4.46. The highest mean value on students showing full interest and paid attention, followed by addressing right, able to talk openly and being friendly. The lowest mean value on patients feeling like they can make any complaints to the students.

Table II shows the average score for each of the questions. In order to interpret the results better, the mean score is categorised like shown in Table III. From the results, it can be seen that there were a total of 26 respondents involved in the survey. The respondents strongly agreed that they were satisfied with the approach of CUCMS students overall.

However, with the mean score of 4.04, respondents only agreed that the information shared with students would be kept confidential. On the other hand, respondents strongly agreed that students

made sure to not interrupt their meal and visitors. With a mean score of 4.73, it was strongly agreed upon that gender or cultural issues were not a problem in CUCMS' students' interviews.

Moreover, respondents strongly agreed that the students would give correct and not confusing information. The patients who participated agreed strongly that they could talk openly to CUCMS' medical students and that students greeted patients rightfully and paid appropriate attention to them throughout the interview. Respondents also strongly agreed that students were friendly and not rude and they were comfortable to ask students any questions they had. They strongly agreed that they were warned and explained on physical examination and that students used laymen terms when talking to them. Lastly, respondents only agreed that they could make any complaints to a CUCMS student.

Association between patient score assessment and socio-demographic factors

The average score for each respondent's questionnaire is calculated, and categorised into 'very good score', 'good score' and 'inadequate score'. These categorised mean scores are used to find the association between the scores and sociodemographic data (age, gender, marital status, education level, education and race) using fisher exact test.

Table IV shows that 83.3% respondents from the middle age group of 36-45 have given very good scores as compared to the other age groups. Majority of the respondents who gave very good scores were males (77.8%) as compared to females (70.6%). It also shows that the other ethnicities had given most of the very good scores (100%) followed by the Indians (80%) and the Malays (73.3%). In addition, it shows the relation between the assessment score with the marital status. Highest percentage of giving very good scores can be seen among the divorcee, followed by the married and lastly the single, with 100%, 75% and 66.7% respectively. Respondents from the secondary education level group gave the most 'very good scores' (85.7%) as compared to the tertiary education level group (68.4%). Lastly, 88.9% of the respondents who are not working gave very good scores as compared to the private and government sector employees with 71.4% and 60%, respectively. However the association between the patients' score and all the socio-demographic factors were statistically insignificant ($p\text{-value} > 0.05$).

DISCUSSION

Assessment towards UoC medical student's professionalism and communication skills

This study is conducted to identify in-patient's assessment towards UoC medical student's professionalism and communication skills at Hospital Kajang. Based on our data analyses of 26

respondents, it was strongly agreed that the respondents were satisfied with the approach of UoC's students overall (Mean score= 4.46). Similarly, in a study by Mol, et al. in 2011, it is stated that the patient's satisfaction in a student-doctor encounter was high and the attitude of patients towards medical students were generally positive. Moreover, patients have an optimistic view towards consulting senior students (Haffling, et al. 2008). Another study reveals that overall, the degree of acceptance of medical students was high (Sayed-Hassan, et al. 2012). This may be due to benefits like better patient education, more time spent with patients, more thorough physical examination and chance to get second opinions (Mol, et al. 2011).

In this study, preservation of patient's confidentiality by UoC's medical students was agreed by the respondents with a mean score of 4.04. A study by Karen, et al. in 2004 shows that patients' privacy, confidentiality and dignity which were considered to be part of professionalism was significant ($P \leq 0.001$). This proves that a patient's confidentiality is a very crucial factor in assessing professionalism and communication skills. Our study also shows that respondents strongly agree that UoC's medical students respect patient's time and make sure to not interrupt their meals or visitors. This is closely related to another research conducted which proves that acknowledging family members and apologising when taking too much time were fundamental factors ($P \leq 0.001$) in determining professionalism (Wiggins, et al. 2009). According to Haque, et al, medical professionalism is defined as honesty, accountability, confidentiality, respectfulness, responsibility, compassion, communication, maturity and self-directed learning. The mean of all these components described professionalism as a whole and had a significant range of 8.13 to 24.45. Therefore, it can be said that UoC medical students possess adequate value of professionalism as they preserved confidentiality and respected patient's time. Other than that, gender or cultural factors were not considered as issues in interview with UoC's students and this was strongly agreed by the respondents. As stated by Haque, et al. in 2016, sociodemographic factors inclusive of age, gender, race and educational level have no significant association in relation to professionalism ($p > 0.05$). This proves that ethnicity is not an issue in assessing professionalism and communication skills.

The next important elements are students giving correct and not confusing information as well as using laymen terms in explanations. Moreover, it was strongly agreed that patients could talk openly to UoC's medical students. Besides that, respondents strongly agree that students would greet patients rightly, were not rude, made them feel comfortable and paid appropriate attention to them. A research states that it is very important that medical students speak in terms that the patient understands as 85% of the respondents voted it as a key in identifying professionalism (Wiggins, et al. 2009). Therefore, it is well

comprehended that avoiding medical jargon when interacting with patients is crucial. Other study shows similar results as using understandable words and being friendly had high mean scores of 3.80 and 3.83 respectively. However, encouraging asking questions had a mean score of only 3.52 (Abadel, et al. 2014). This may be due to a briefer doctor-patient time compared to student-patient time. More time spent with a patient may result in more questions to be asked.

Furthermore, respondents strongly agreed that they were warned and explained on physical examination. Warning patients during physical examination about what the student is going to do and why it was done is crucial in portraying professionalism of the student. According to the study done in Aden, the factor had a mean score of 3.70 (Abadel, et al. 2014). In this study, patients only agreed (4.15) that they could make any complaints to a UoC's medical student. This may be due to the lack of reassurance by the student to the patient. A research by Wiggins, et al. in 2009, states that it is vital that students pay attention to patient's concerns as 90% of the respondents agree it is a very important factor. Patients' concerns may be in the form of complaints hence, they must be able to report any dissatisfaction to the medical students. Abadel, et al. states that patients being truthful and upfront had a mean score of 3.65. Our study had a relatively lower mean score. This may be due to the different sample population in which the study was conducted.

Association between patient assessment score and sociodemographic data

Several studies indicate that the socio-demographic variables could have a significant impact on patients' expectations, satisfaction and perception of the quality of medical medical care. This study shows that there is no significant association between patient assessment score with age, marital status, ethics, occupational level, gender or educational level. However other studies mentioned that there is association between sociodemographic and assessment score given. Most of the study shows that older age patients were in favour to give higher marks as mentioned by Campbell and his colleagues, but we found that age has no association with the assessment scores (Campbell, J L et al. 2001).

Furthermore, our study shows 85.7% of the secondary education and 68.4% of the respondents who had their tertiary education graded very good to the students. A study by Abadel and his colleagues in 2014 states that the difference in rating by educational level could be explained by the greater demands of the highly educated patients (Abadel et. al., 2014). This result could also be contributed due to the fact that our study does not have any respondents from primary level and no educational level. In addition, our result also shows that gender difference does not give an impact to the patient assessment score which was supported by research done by Abadel and colleagues, whereby female patients were less

likely than males patients to rate the medical graduates' professionalism and communication skills, but was not statistically significant (Abadel et. al., 2014). Furthermore, a study done in Malaysia by Ganasegeran K and his colleagues shows that Chinese respondents are tend to give grade higher marks regarding attitude and communication skill use when compared to the Indians or Malays which were relatively opposite from our result, this maybe is due to the lack of respondents in chinese ethnicity (Ganasegeran K et. al., 2014).

CONCLUSION

Generally, patients have positive feedback on University of Cyberjaya (UoC) 's medical students' professionalism and communication skills. Most of the attributes had a rather satisfying response. However, there were still areas identified that can be improved on. This includes the patient's attitude towards confidentiality preservation and making complaints to a medical student from UoC. These setbacks may be refined by better reassurance and by putting the patient's comfort first. Furthermore, based on this study, age, gender and other sociodemographic status does not affect a patient's perception towards a medical student. In conclusion, the assessment of medical students should be conducted on a regular basis with proper feedback to make necessary interventions for more competent future doctors and quality of care.

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TABLES

Table I : Sociodemographic data

	No.	Percentage (%)
Age		
18 – 25	7	26.9
26 – 35	11	42.3
36 – 45	6	23.1

>45	2	7.7
Total	26	100
Gender		
Male	9	34.6
Female	17	65.4
Total	26	100
Ethnicity		
Malay	15	57.7
Chinese	3	11.5
Indian	5	19.2
Other	3	11.5
Total	26	100
Marital status		
Not married	9	34.6
Married	16	61.5
Divorcee/Widow	1	3.8
Total	26	100
Education level		
Never been to school	0	0

Primary education	0	0
Secondary education	7	26.9
Tertiary education	19	73.1
Total	26	100
Occupational status		
Not working	9	34.6
Government / Semi-government employee	10	38.5
Private employee	7	26.9
Total	26	100

Table II: Survey's result

	Questions	Mean score	SD
1.	Were you satisfied with the approach of CUCMS student overall	4.46	0.582
2.	Did you feel that the information shared with the student would be kept confidential	4.04	0.871
3.	Did the student make sure to not interrupt your meal	4.65	0.485

4.	Did the student make sure to not interrupt your visitors	4.58	0.578
5.	Gender issues were not a problem	4.73	0.452
6.	Cultural/racial issues were not a problem	4.73	0.452
7.	Were you given correct and not confusing information about your medical condition	4.35	0.562
8.	Did you feel that you could talk to the UoC medical student openly	4.46	0.582
9.	Did you feel that the student greets you warmly and addresses you rightfully and by the name you prefer	4.46	0.647
10.	Did you feel student that the student is friendly and not rude	4.42	0.643
11.	Did the student let you tell your story without interrupting, showed interest and paid attention throughout	4.46	0.647
12.	Did the student warn and explain on physical examination	4.23	0.765
13.	Did you feel comfortable to ask the student questions	4.38	0.637
14.	Did the student manage to use words you can understand and not medical terms when explaining	4.38	0.637

15.	Did you feel like you could make any complaints to the student	4.15	0.732
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Table III: Categorisation of mean score of each question

Score	Category
4.21 - 5.00	Strongly agree
3.41 - 4.20	Agree
2.61 - 3.40	Neutral
1.81 - 2.60	Disagree
1 - 1.80	Strongly disagree

Table IV: Patient assessment score in relation to socio-demographic factors

Age	Very good score n(%)	Good score n(%)	Adequate Score n(%)	Total (%)
18 – 25	7(71.4)	2(28.6)	0(0)	100
26 – 35	8(72.7)	3(27.3)	0(0)	100
36 – 45	11(83.3)	2(16.7)	0(0)	100
>45	1(50)	1(50)	0(0)	100

Gender						
a	Male	1(77.8)	2(22.2)	0(0)	100)	
	Female	2(70.6)	5(29.4)	0(0)	(100)	
Religion						
	Malay	1(73.3)	4(26.7)	0(0)	(100)	
	Chinese	1(33.3)	2(66.7)	0(0)	100)	
	Indian	4(80)	1(20)	0(0)	100)	
	Others	1(100)	0(0)	0(0)	100)	
Marital status						
	Single	1(66.7)	3(33.3)	0(0)	100)	
	Married	2(75)	4(25)	0(0)	(100)	
	Divorcee	1(100)	0(0)	0(0)	100)	
Educational level						
	No education	0(0)	0(0)	0(0)	0(0)	
	Primary	0(0)	0(0)	0(0)	0(0)	
	Secondary	1(85.7)	1(14.3)	0(0)	100)	
	Tertiary	3(68.4)	5(31.6)	0(0)	(100)	
Occupation						
	Not	1(88.9)	1(11.1)	0(0)	100)	0.467

Working					
Government employee	6(60)	4(40)	0(0)	(100)	
Private sector employee	(71.4)	2(28.6)	0(0)	100)	