

ROLES AND RESPONSIBILITIES OF MEDICAL TRAINEES IN HEALTH PROFESSION

Sofia Shehzad¹, Zainab Waheed², Samir Khan Kabir³, Sofia Haider Durrani⁴, Afaq Farooq⁵

¹Department of Preventive & Community Dentistry Gandhara university, Peshawar

²Department of Psychology Gandhara University Peshawar

³Department of Orthopaedic Naseer Teaching Hospital Kabir Medical College Gandhara University Peshawar

⁴Department of Oral Pathology Sardar Begum Dental College Peshawar

⁵Department of Periodontology Sardar Begum Dental College Peshawar

ABSTRACT

Objective: The aim of this study was to identify and evaluate the roles and responsibilities of young medical practitioners and perceived competency in their profession.

Materials and Methods: It was a cross-sectional study, designed to measure the roles and responsibilities of young medical practitioners during house job (n=75) and Fellow of College of Physicians and Surgeons (FCPS)-II (n=75) training. For the evaluation, a comprehensive and well-designed questionnaire was used. A total of 150 medical Trainees including both genders of Hayatabad medical complex and Naseer teaching hospital, Peshawar participated. Medical trainees were from different departments of hospitals having age range of 24-30 years and completed 3 months of house job or doing FCPS II training were included in the study, the newly joined house-officers were excluded from the study. The data was analyzed using 21.0 SPSS version.

Results: The results of this study showed that most of the medical Trainees i.e. 76% Training medical officers and 84% House officers were attained their roles respectively. 81.3% training medical officers and 96% house officers were dedicated to their duties (p-value <0.001). Most of the young medical trainees perceived themselves competent to take their professional roles and responsibilities (p-value <0.001).

Conclusion: Medical trainees are committed to their profession and perform their duties and obligations. We need to provide facilities and more support to medical trainees to flourish in their field.

Keywords: Roles and Responsibilities, Competencies, Medical skills, Intermediate module (IMM), Profession

INTRODUCTION

Medicine is the most respectable and dedicated profession and understanding responsibilities are essential as learning skills and knowledge.¹ It is the role of medical supervisor to give directions to the medical trainees about their roles and responsibilities towards patients care, organization and academic process.² Most of the requisite expertise, medical trainees learn in their student's life in medical school³

Correspondence:

Dr. Sofia Shehzad

Associate professor, Community Dentistry

Sardar Begum Dental College, Peshawar.

Email: sofia.kabir@gandhara.edu.pk

Contact: +92345-922232

and their evaluation explains about their competency in pursuing clinical role.⁴ Doctors have a divine duty and obligation, therefore, to work in a way that encourages patients and societal trust. This implements not only in clinical practice but also in the integrity of medical research and how medical students and residents are optimally adapted for medical occupations. The essential tools in nature and actions which are required in this profession are sincerity, responsibility, motive, altruism, compassion, and the pursuit of excellence through continuous learning.⁵ During the undergraduate level, medical specialists must be making the students competent.⁶ They

become medical practitioners genuinely when they adopt the doctor roles and responsibilities through professionalism and devotion to self-reliant learning.⁷ They should deal patients with concentration and conscientiously. Most of the studies reveal that physicians' skills and attitudes influence patient care. Their roles and responsibilities towards patients are to improve the quality of life by providing them with better health facilities or services which helped to reduce disease intensity and pain. Trust and respect are the two fundamental elements of doctor-patient relationship.⁸ Patients become satisfied and improve health outcomes through compliance with treatment if the medical practitioner is welcoming, interactive and listens to their patients.⁹ The medical trainees also have a duty to provide adequate information to the patients and answer queries which they want to ask about their health to continue treatment. In North America, the medical trainee's participation in patient care considered to be the most significant for their training and patients.¹⁰ So, to develop a balance in learning and patient care medical supervisors or attendant physicians play an important role for trainees. They guide them about the diagnosis, medical procedures and treatment plans.¹¹ Supervisors also helped them in the preparation of their upcoming exams i.e. FCPS I, IMM, FCPS II etc. It's the responsibility of young medical trainees to report about the progress and intervention of patients to the supervisors. For the attainment of roles and responsibilities it is necessary that the medical trainee feel confident in their skills and knowledge and utilize their learning in practice. Majority of the studies showed that the fresh medical graduates (house officers, training medical officers) perceived that they are not prepared for their role as clinicians.²³ In Peshawar, it was the first study to be conducted in this area as there was

a need to evaluate the roles and responsibilities of medical trainees in the health profession. It would also provide evidence that whether medical trainees are fulfilling their duties or not.

MATERIALS AND METHODS

A cross-sectional study was conducted in two hospitals of Peshawar i.e. Hayatabad medical complex and Naseer teaching hospital, to assess that young medical practitioners were fulfilling their roles and responsibilities and to measure perceived competency. A systematic sampling, probability sampling technique was used and total 150 house-officers/FCPS II trainees participated. The participants were selected from 4 different departments of the hospitals i.e. medical, obstetrics & gynaecology, surgery and pediatrics. The participants who joined their training in 2017-18 were included in the study whereas training medical officers having more than one year, and house-officers more than six months of training were excluded from the study. A questionnaire was designed to evaluate three broad areas of roles, responsibilities and perceived competencies of young medical practitioners. The questions were formulated through literature review and job descriptions of medical trainees given by medical institutes. The items of the questionnaire were related to the basic roles and responsibilities of medical trainees toward patient care, academic learning and their perception of competency to practice as clinicians. The questionnaire had 30 items and the responses were recorded in Yes or No. Inform consent was taken from the participants and the pilot study was done on 10% of the sample. The data were analyzed using SPSS 21.0 version. The approval was taken from the ethical committee of Gandhara medical university, Peshawar.

Table: 1 Roles attainment of medical trainees

	Roles		Total	Chi-square test	P value
	Yes	No			
House-officers	84.0% (63)	16.0% (12)	100% (75)	6.10	P<0.01
Training Medical Officers	76.0% (57)	24.0% (18)	100% (75)		

Table: 2 Medical trainees fulfilling the responsibilities

	Responsibilities		Total	Chi-square test	P value
	Yes	No			
House-officers	96.0% (72)	4.0% (3)	100% (75)	8.02	P<0.01
Training Medical Officers	81.3% (61)	18.7% (14)	100% (75)		

Table: 3 Perceived competency of medical trainees

	Competency		Total	Chi-square test	P value
	Yes	No			
House-officers	62.7% (47)	37.3% (28)	100% (75)	10.67	P<0.01
Training Medical Officers	79.6% (64)	20.4% (11)	100% (75)		

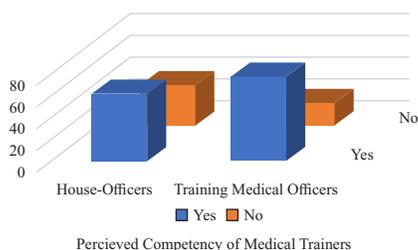


Fig 1:

RESULTS

Table 1 and Table 2 shows that medical trainees both house-officers and training medical officers fulfilling their roles and Responsibilities ($p<0.01$). The Table 3 represents the perceived competency of medical trainees, Training medical officers reported more perceived competency than the house-officers ($p<0.01$).

DISCUSSION

This study provides information about the attainment of roles and responsibilities of medical trainees in the hospital setting, patient care and learning process. A study conducted in Thailand²⁵ reported that after the graduation, roles of medical students change to doctors or clinicians. It requires to be competent health practitioner in community where they serve the people. The medical trainees usually experience difficulties in transition of their roles. Their role is to provide individual care to patients and work for the prevention and promotion of health programs. In table 1, the medical trainees responses showed that they adopted their roles as clinicians or doctors (76% training medical officers and 84% house-officers). The General Medical council²¹ gave the duties of a medical doctor which consists of the good standard of practice and care of patients, protect and promote the health of the patients and public, treat patients politely and respect the confidentiality, provide the information to the patients which they need to know and understand, act with integrity and never discriminate the patients unfairly. In our study, the

medical trainees' responses were recorded. A study conducted in Belgium showed that physician-patient relationship gets affected by the patient's language and educational background.¹² Oosten¹⁵ mentioned that for medical interventions taking informed consent is crucial for law and doctor-patient relationships. The study reported that doctors must provide a right of choice to patients which means that they must provide all relevant information about a diagnosis, possible treatments and effectiveness of each treatment in a simple way to decide their treatment.¹⁶ A fundamental principle of medical training is that trainees must progressively feel more responsibility for the care of patients to become self-sufficient practitioners.¹⁷ Our study results in table 2, shows that most of the trainees both house officers and training medical officers are taking the responsibility of patients care and they are accomplishing it. The researches revealed that if doctors perceived lack of competency then their roles transition as medical professionals and accomplishment of responsibilities is difficult and stressful for them.²² The findings of another research study concluded that the fresh medical graduates feel in competencies or unprepared in different areas of practice even though they believe their training were up to the mark.²³ In table 3, our study results show that the medical trainees perceived themselves competent to practice and providing health facilities. In Malaysia,¹⁹ the graduates perceived that they were ready to take and perform the role of medical trainees. The reasons to perceived incompetence begins from the failure to implement knowledge and skills in practice and absence of early exposure to hospitals.²⁴ The sample in our study had exposure to the hospital in undergraduate level, therefore their responses showed adequate perception of competency in their profession.

LIMITATIONS

The data was recorded from two hospitals of the Peshawar, which should be increased to different hospitals of KP. The perceived competency was the self-perception of the participants rather than an

objective assessment of their competence.

CONCLUSION

Medical trainees are following their roles and responsibilities with dedication. Medical trainees are competent to transcend in the medical profession and provide better services to the patients. There should be reinforcement for the medical trainees to excel and motivated to practice in a challenging and stressful environment.

REFERENCES

1. Elango, S., Ramesh, C.J., Kandasami, P., Teng, C.L., Loh, L.C., & Motilal, T. (2007). Assessment of basic practical skills in an undergraduate medical curriculum. *IeJSME*, 1(1): 41-45.
2. Vidrine LR. The emergency department medical director as supervisor of medical professionals. *Emerg Med Clin North Am.* 2004; 22 (1): 103-115. doi.org/10.1016/S0733-8627(03)00101-9
3. Nabishah, M., Chen, R., Ilina, I., Salam, A., Harlina, H.S. & Das, S. (2010). Developing skills in problem-based learning facilitation: an insight, *International Medical Journal*, 17: 103-106.
4. Rolland, S., Hobson, R., & Hanwell, S. (2007). Clinical competency exercises: some student perception. *Eur J Dent Educ*, 11:184-191.
5. Brennan MD. The role of professionalism in clinical practice, medical education, biomedical research and health care administration. *J Transl Intern Med* 2016; 4:64-5
6. ABIM Foundation; ACP-ASIM Foundation; European Federation of Internal Medicine. Medical Professionalism in the new millennium; a physician charter. *Ann Intern Med* 2002; 136: 243-6.
7. Cruess, R.L., & Cruess, S.R., & Johnston, S.E. (1999). Renewing professionalism: an opportunity for medicine. *Acad Med*, 74:878-884.
8. Harish D, Chavali K, & Kumar A. Duties and Responsibilities of medical Practitioner, revisited. *J Punjab Acad Forensic Med Toxicol.* 2012; 12(2): 115-120
9. Salam, A., Harlina, H.S., Nabishah, M., Das, S., & Rabeya, Y. (2011b). Bedside teaching in undergraduate medical education: issues, strategies, and new models for better preparation of new generation doctors. *Iran J Med Sci*, 36:1-6.
10. Association of American Medical Colleges. Compact Between Resident Physicians and Their Teachers. Available at: (<http://www.aamc.org/meded/residentcompact>). Accessed June 12, 2008
11. Kennedy TJT, Regehr G, Baker GR, Lingard L. Point-of-care assessment of medical trainee competence for independent clinical work. *Journal of Association of American Medical Colleges.* 2008; 83(10): 89-92. doi: 10.1097/ACM.0b013e318183c8b7
12. Aelbrecht K, Hanssens L, Detollenaere J, Willems S, Deveugele M, Pype P. Determinants of physician-patient communication: the role of language, education and ethnicity. *Patient Education and Counselling.* 2019; 102 (4): 776-781. <https://doi.org/10.1016/j.pec.2018.11.006>
13. Moeini B, Abasi H, Otogara M, Akbarzadeh M. Communication Skills and Its Related Factors Among Medical Staff, *Hormozgan Med J.* 2019; 23(1): e86254. doi: 10.5812/hmj.86254.)
14. Hamidi Y, Barati M. communication skills of heads of departments: verbal, listening and feedback skills. *J Res Health Sci.* 2011; 11 (2): 91-6
15. Oosten FFV. The legal liability of doctors and hospitals for medical malpractice. *S Afr Med J* 1991; 80:23-7.
16. Hamasaki T, Hagihara A. Physicians' explanatory behaviors and legal liability in decided medical malpractice litigation cases in Japan. Available at: <http://www.biomedcentral.com/1472-6939/12/7>. Accessed September 18, 2012.)
17. AAMC policy guidance on graduate medical education: assuring quality patient care and quality education. *Acad Med.* 2001; 78:112-6
18. Kennedy TJT, Regehr G, Baker GR, Lingard L. Preserving professional credibility: grounded theory study of medical trainees' requests for clinical support. *BMJ* 2009; 338:128. doi: <https://doi.org/10.1136/bmj.b128>
19. Salam A, Nabishah M, Besar ANM. Audit upon graduation: UKM House-officers' competencies. *Procedia Social and Behavioral Sciences.* 2018; 18: 460-463.)
20. Wu WA, Folkman S, McPhee J S, Lo B. Do house-officers learn from their mistakes. *Qual Saf Health Care.* 2003; Vol 12: 221-228)
21. General Medical Council. (2019). Retrieved from <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/duties-of-a-doctor>. Accessed on 28th November 2019.
22. Lempp H, Cochrane M, Seabrook M, Rees J. Impact of educational preparation on medical students in transition from final year to PRHO year: a qualitative evaluation of final-year training following the introduction of a new year 5 curriculum in a London medical school. *Med Teach.* 2004; 26:276– 8.
23. Miles S, Kellett J, Leinster SJ. Medical graduates' preparedness to practice: a comparison of undergraduate medical school training. *BMC Med Educ.* 2017;17(1):33. Published 2017 Feb 6. doi:10.1186/s12909-017-0859-6
24. Muthaura PN, Khamis T, Ahmed M, Hussain RS. Perceptions of the preparedness of medical graduates for internship responsibilities in district hospitals in Kenya: a qualitative study. *BMC Med Educ.* 2015; 15. doi:10.1186/s12909-015-0463-6
25. Piyaratn P. Doctor's role in primary health care. *Tropical Doctor.* 1982; 12: 196-202.