

Attitudes of Undergraduate Medical Students Towards Personal and Professional Advancement (PPA): A Cross-Sectional Study at School of Medicine, Maldives National University

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Article History

Received: : 11 Dec, 2022

Accepted: 1 July, 2023

Published: 31 July, 2023

Funding Sources: None

Conflict of Interest: None

Online Access



DOI:

<https://doi.org/10.61122/jkistmc292>

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Citation: Yadav SK, Shakya S, Ranabhat P, Zubair S. Attitudes of Undergraduate Medical Students Towards Personal and Professional Advancement (PPA): A Cross-Sectional Study at School of Medicine, Maldives National University. J. KIST Med. Col. 5(10):18-22.

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Abstract

Introduction: Personal and Professional Advancement module (PPA) is introduced in today's updated medical school curriculum. The main purpose of PPA is to assess student's personal growth and professional development. It emphasizes the importance of "hidden curriculum" as part of medical training. The success story of a modern-day physician center is substantially based on the knowledge of proper professional skills. PPA is introduced to achieve the general objective of producing medical doctors who are caring, holistic and professional in their approach. Therefore, it has become extremely important to start a professional skills course early on in undergraduate medical study, but to date, this has been given relatively little or no emphasis. In the present study, an attempt was made to assess the attitude of undergraduate medical students towards learning the PPD module

Methods: A total of 130 undergraduate medical students at School of Medicine were included in the study. This study was based on an anonymous self-administered questionnaire on attitudes of undergraduate medical students towards personal and professional advancement module. The data were collected from all the batches of students. All participants (n=130) had completed the questionnaires completely, therefore, 100% of samples were included for data analysis. Data was coded and entered into Microsoft Excel software and analyzed using SPSS version 22.0

Results: The content that was covered by the PPA sessions satisfied the needs of the 46.2% of students, 44.6% were not sure and 9.2% were not satisfied. The students seem to embrace the course better as they go into clinical practice.

Conclusion: This study provides perceptions of undergraduate medical students towards PPA module learning. We suggest the integration of PPA module curriculum into the undergraduate medical syllabus, with an acceptable, focused, and interesting teaching module.

Keywords: Medical education, medical student's attitude, PPA, undergraduate students.

Introduction

Personal and professional advancement module (PPA) is introduced to achieve the general objective of producing medical doctors who are

caring, holistic and professional in their approach. Medical organizations have time and again reviewed the fundamental professional principles and how these are applied in medical practice as a result of pressures from within and outside of the profession. There are many instances of high-profile legal cases which reveals the breakdown of the contract between the medical profession and society which necessitates the review of fundamental professional principles and its application. In response to the problems, personal and professional development module is introduced in many medical schools at undergraduate level.

Media, government agencies, and consumer groups have put pressure on medical organizations to review their professional practices. Core principles of professionalism has also been challenged by numerous scientific advances in practicing medicine.

The main purpose of PPA is to assess student's personal growth and professional development. It emphasizes the importance of "hidden curriculum" as part of medical training. We use Indoor (large group sessions, small group discussion), PPD outdoor camps, Formal (Concept lectures, seminars, forum, dialogues) and Informal (Debate, role-play, community services) sessions as mode of delivery. In year 1 and 2, PPA stands as a separate module, running parallel with other modules. It emphasizes more on personal development. In year 3, 4, and 5 this module is integrated into clinical postings. More emphasis is given on Medical Professionalism and ethics. Critical thinking, Communication skills, Spiritual development, Teamwork and leadership, Managing diversity, Medical ethics, Adaptation skills, Stress management, Assertiveness skill, Community participation, Self perception, Teaching Skills, Professional Judgement, Public speaking, IT and Financial management, Managing death and Uncertainty, Decision making, Stress management and reflective skills are its components.

We use Formative (Supervisor's report, Reflective Writings, Portfolio) and Summative (quizzes, OSCE, Remedial) assessment to assess the student's performance. In year 1 Formative 50%, Summative 50%, In year 2 Formative 60%, Summative 40%, In year 3 and 4 Formative (50%), summative (50%) and in year 5, 100% Formative assessment is used.

Methods

This cross-sectional study included innumerate sampling survey was conducted with a total of 150 undergraduate medical students out of which 130 students participated at school of medicine, Questionnaire was based on anonymous self-administered questionnaire on attitudes of undergraduate medical students towards personal and professional advancement module. The data were collected from all the batches of student, total numbers were 130.

The questionnaire was developed focusing on the objectives and purpose of study.

Questionnaire and methodologies : The questionnaire in the form of positive and negative statements were divided into 2 parts: first part containing 12 statements and second part containing 11 statements, measuring the students' attitude toward the personal and professional module and also the students' perception about the role of facilitator in the process of conducting module. Students were asked to express their opinions about the importance of these learning outcomes by rating each learning outcomes on a five-point Likert scale as following: 1) strongly disagree, 2) disagree, 3) neutral, 4) agree, and 5) strongly agree. Pilot study was conducted on 20 students to increase validity of questionnaire. The internal consistency of all 23 items was measured by Cronbach's alpha reliability test and showed a value of 0.88 ($\chi^2=1783.7$, $p=0.001$). 130 students had completed the questionnaires completely therefore, 100% of samples were included for data analysis. Data were coded and entered into Microsoft Excel software and analyzed using SPSS version 22. The five-point Likert scale responses were combined into three different categorical variables "agree" (strongly agree plus agree), "neutral", and "disagree" (strongly disagree plus disagree) since the summed up related items emphasize the score for a group of statements.

Descriptive analysis was done to summarize information by calculating the number and percent for categorical variables. All the participants were informed of the objectives of the study, and information on the items in the questionnaire was clearly explained before the commencement of study. Study participants were made aware that the collected data were intended for publication and presentation. Written informed consent was taken from the participants before distribution of questionnaires.

Results

Out of 151 students, the responses were from 130 students, of which 108 were females and 22 were males. Students were grouped based on their age; 18 - 21, 22 - 25, 26 - 29, 30 - 33 years, their distribution was 50.8%, 46, 3%, 2.3% and 0.8% respectively. Of the 130 responses, 86.9% were single and 13.1% were married. Out of them 13.4% were married, 76.5% had no children, 5.9% had single child, 5.9% student had 2 children, 6% student had more than 2 children. There were 53.8% who had children living with them, and others did not have children living in their residence. Students studying at the School of Medicine are from all over the country, of the 130 students, 17.7% were from Kaafu et al, 13.8% from Seenu, 8.5% were from Haa Alifu, 7.7% from Gaafu Alifu, 6.2% from Haa Dhaalu et al, 5.4% from Lhaviyani et al, Faafu et al. 4.6%, Noonu et al, 13.1% Baa et al and 3% from Laamu et al. Since all PPA sessions are conducted face to face at school of medicine, Ma'le, presently 72.3%

students live in Male', 23.8% live in Hulhumale, and 3.8% live in Vilimale. Hulhumale and Vilimale are at few minutes distance from Male.'

Table 1:???

Socio-Demographic Characteristics		Frequency (n)	Percentage (%)
Batch			
	Batch 1	17	13.1%
	Batch 2	26	20%
	Batch 3	24	18.52%
	Batch 4	29	22.3%
	Batch 5	34	26.2%
Gender			
	Female	108	83.1%
	Male	22	16.9%
Age			
	18 – 21 years	67	51.5%
	22 – 25 years	59	45.4%
	26 – 29 years	3	2.3%
	30 – 33 years	1	0.8%
Marital status			
	Single	113	86.9%
	Married	17	13.1%
Currently living in			
	Male'	94	72.3%
	Hulhumale	31	23.8%
	Friend	4	3.1%

	Vilimale	5	3.8%
Permanent Address			
	Kaafu	23	17.7%
	Seenu	18	13.8%
	Haa Alifu	11	8.5%
	Gaafu dhaalu	11	8.5%
	Gaafu Alifu	10	7.7%
	Haa Dhaalu	8	6.2%
	Lhaviyani	7	5.4%
	Faafu	7	5.4%
	Raa	6	4.6%
	Noonu	6	4.6%
	Baa	4	3.1%
	Laamu	4	3.1%
	Shaviyani	2	1.5%
	Alif Dhaalu	2	1.5%
	Dhaalu	2	1.5%
	Thaa	2	1.5%
	Meenmu	1	0.8%
	Gnaviyani	6	4.6%
Residing with			
	Family	80	61.5%
	Rent	19	14.6%
	Hostel	9	6.9%
	Inlaws	4	3.1%
	Relatives	14	10.8%

The Responses of students are displayed in the Table 2

Table :2 ???

Statements	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
In order to be a good doctor PPA is very important	2(1.5%)	4(3.8%)	13(10%)	50(38.6%)	61(47%)
I can't see the point in learning PPA skills	1(0.7%)	3(2.3%)	13(10%)	48(37%)	65(50%)
Nobody is going to fail their medical degree for having poor knowledge in PPA	17(13%)	35(27%)	51(39.3%)	23(17.7%)	4(3%)
Developing professional skills is just as important as developing my knowledge of medicine	1(0.7%)	1(0.7%)	3(2.3%)	30(23%)	95(73.8%)
Learning PPA has helped or will help me dealing with my colleagues and patients	4(3.8%)	9(6.9%)	21(16.1%)	47(36.1%)	49(37.9%)
I have no time to learn PPA	20(15.4%)	50(38.6%)	41(31.5%)	9(6.9%)	10(7.6%)
Learning PPA is interesting	9(6.9%)	19(14.6%)	37(28.5%)	49(37.9%)	16(12.3%)
I cannot be bothered to turn up to sessions on PPA	46(35.3%)	40(30.7%)	25(19.2%)	13(10%)	6(4.6%)
Learning PPA has helped or will help facilitate my team working skills	5(3.8%)	8(6.1%)	20(15.3%)	51(39.2%)	46(35.3%)

Learning PPA has or will improve my ability to care for my patients	2(1.5%)	6(4.6%)	18(13.8%)		49(37.9%)
PPA states the obvious and then complicates it	13(10%)		39(30%)		12(9.2%)
Learning PPA is fun	11(8.4%)	12(9.2%)	47(36.1%)	36(27.6%)	24(18.4%)
Learning PPA has helped or will help me respect my colleagues.	4(3.8%)	8(6.1%)	22(16.9%)	56(43.1%)	40(30.7%)
I find it difficult to trust information about PPA given to me by lecturers	55(42.3%)	46(35.3%)	19(14.6%)	5(3.8%)	5(3.8%)

Out of the 130 students who participated in the study the following suggestion was made on conducting the PPA sessions, 61.5% found Small Group Discussions(SGD) very interesting and effective, 13.1% chose Team Based Learning(TBL), 12.3% liked lectures, 4.6% found seminar presentations more effective, interestingly only 2.6% opted for Self Learning Packages (SLP). All of the stated modes are incorporated for delivering the PPA materials at School of medicine, MNU. 1.6% suggested combination of few of the mentioned delivery modes, for example incorporation of TBL and SGD which they think would be more interactive. When enquired about the objectives covered by the PPA sessions, 46.2% students were satisfied, 44.6% were not sure and 9.2% were not satisfied. The students who participated in the study suggested few changes, some of which are not to include PPA sessions near the end of the module exam as it burdens the students. They felt some of the topics were not related to them, they were mostly scenarios which they did not feel connected to. Some found the sessions dull, not interactive and couldn't relate to the Maldivian context. Few of them suggested to reduce the reflective writing sessions. Some were interested in more practical sessions. Some complained about facilitators conducting PPA, and lack of coordination among lecturers and poor preparation before the sessions. Few students think they should not be forced to do activities they are not comfortable with.

Poor professional development has often been cited as one of the reasons for increased misunderstanding among the health care professionals, patients and administrators. PPD class series motivates students to research and plan for their careers and to focus on what they will do after graduation.^{1,4} Career paths and interest changes as students get further into the course work, the structure of the series is a continually iterative process of exploration, discussion and decision making, uncovers and allows for alterations in goals and aspirations.^{2,6} In the present study only half of the participants considered PPD as an important quality of physician and less than half actually thought the inclusion of PPD in medical curriculum was not required. It indicates the effort required to make the student understand the importance of PPD in developing the overall professional growth. Medical students in MNU focus more on medical subjects than PPD. Some students have asked to decrease the time for PPD and have stated that PPD should be conducted for developing life skills and purpose should not be for scoring marks in semester exam. Many students doubt

the skills of facilitators to conduct the sessions effectively. They wished it to be more organized with more practical sessions, discussions, role play, short videos, debate and few lectures.

As the medical world in developing countries is in a phase of transition from teacher centered to student centered and physician centered to patient centered approach.^{5,10} Failure of adapting could actually phase out the medical professionals. Hence the transition requires adaptation of PPD module in medical education.

Professional development course helps in career path and job satisfaction but the direct correlation solely to this course has not been established. There are conflicting reports on whether younger students have better learning attitude compared to older students.^{3,4,11} In our present study we did not find age related to professional skills. The students seem to embrace the course better as they go into clinical practice. The students in earlier period tend to take personal and professional module lightly since this module is designed to learn mainly through discussions, role plays, short presentations, short videos and many interesting activities. Medical students tend to learn importance of personal and professional module with progress of their medical career. Career paths and interests change as students get further into their coursework, interact with faculty, undertake research or internships, and investigate what it means to be a member of their chosen profession.^{1,9,13} In our study the age difference was only 3-4 years so we cannot find whether age can be a determining factor in learning professional module.

To be an effective doctor, you will need to be a reflective practitioner. This means that you will need the knowledge and skills to do complex things, but also be able to observe and evaluate your own behaviour and actions, being appropriately critical, recognizing your own shortcomings and using your observations as the basis for continuing education and development.^{8,11}

In order to deliver the PPD programme properly mentorship plays a vital role. Mentorship occurs when one individual with knowledge and experience, assists with the learning and development of another. People while discussing ideas, sharing information and knowledge mentoring can happen spontaneously. Mentoring is a recognised strategy that helps in learning PPD. Our students seem to realise the importance of mentoring.^{5,7,8}

Some researchers suggest the programs can positively influence students and are useful teaching strategies.^{7,14} Previous studies suggest that medical television dramas can be used to teach improved communication skills⁸ and to promote discussions of ethics.^{7,9} Meanwhile, other research raises concerns about negative aspects of television programs suggesting they may be irrelevant and unrealistic at best and harmful and dangerous at worst.¹⁰

Researchers found that teaching professionalism and medical ethics should start from the time the students enter medical school. Besides learning cognitive and psychomotor skills, affective skills, including professionalism and ethics should start immediately as part of the developmental process.^{12,14} In our study the students realize the importance of PPD and 46% finds the course really helpful. These qualities evolve and improve as they are further posted in clinical settings. Exploration, self reflection and mentoring greatly help to further polish the qualities, 40% suggests the course will become more interesting if there are good coordination among facilitators.

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