





Professionalism According to Medical Students: Dutiful, Respectful and Compassionate

Tıp Öğrencilerine Göre Profesyonellik: Saygın, Saygılı ve Şefkatli

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ABSTRACT The medical education defined in the medical school curricula aims to ensure that each student not only has the knowledge and skills required to treat patients, but also has a professional identity and professional understanding to enable them to think and act as a physician. However, in recent years, the definition, functioning and measurement of professionalism has become an important concern for medical students, institutions and educators involved in the education of students. In this paper, the perception of professionalism of intern medical students was investigated. This study is a conceptual analysis of the phenomenon of professionalism in medicine with the Word Association Test (WAT) among intern physicians. A qualitative study was conducted with the word association test method with 44 students. Face to face interview methods were used. When the data of the research were analyzed, six themes were determined internally for professional medical students in the internal context. Theme names and frequency numbers they received: dutifulness, respectfulness, compassionateness, equitability, trustworthiness, and empathy. The article discusses the first 3 themes with the highest frequency values due to space limitations. These themes are in line with the Professionalism content, which is one of the seven core capabilities of the CANMed-New Generation Competency-Based Medicine Education program. The findings show how effective role model and clinical practice are in the learning of professionalism. The theoretical and clinical internship training given by medical educators should be managed professionally and the interventions required by the academic hierarchy must be carried out in a timely manner.

Keywords: Professionalism; medical education; ethics

ÖZET Tıp fakültesi müfredatlarında tanımlanan tıp eğitimi, her öğrencinin hastaları sadece tedavi etmek için gerekli bilgi ve becerilerle donatılmasını değil, aynı zamanda bir hekim gibi düşünmesini, hareket etmesini sağlayacak mesleki kimliğe, profesyonel anlayışa sahip olmasını sağlamayı amaçlar. Ancak son yıllarda profesyonelliğin tanımı, işleyişi ve ölçümü, tıp öğrencilerinin yanı sıra öğrencilerin eğitiminde görev alan kurumlar ve eğiticiler için önemli bir endişe kaynağı haline gelmiştir. Bu yazıda, intörn tıp öğrencilerinin profesyonellik algıları değerlendirilmiştir. Bu çalışma, intörn hekimler arasında Kelime İlişkilendirme Testi ile yapılan tıpta profesyonellik olgusunun kavramsal analizidir. Kelime ilişkilendirme Testi yöntemi ile 44 öğrenciyle nitel bir çalışma yürütülmüştür. Yüz yüze görüşme yöntemleri kullanılmıştır. Araştırmanın verileri çözümlendiğinde Profesyonelliğe ilişkin, intern tıp öğrencileri için içsel bağlamda altı tema belirlenmiştir. Tema isimleri ve aldıkları frekans sayıları: Vazifeşinaslık (f=83), Bireye Saygı (f=64), Merhametli olma (f=53), Eşitlik (f=41), Güvenirlilik (f=35), Empati (f=32). Makalede yer sınırlılığı nedeniyle en yüksek frekans değerlerine sahip olan ilk 3 tema tartışılmıştır. Bu temalar, CANMed-Yeni Nesil Yetkinlik Temelli Tıp Eğitimi-2015 programı çerçevesindeki yedi temel yetenekten biri olan Profesyonellik içeriği ile uyumludur. Bulgular, özellikle rol model ve klinik uygulamanın profesyonelliğin öğrenilmesinde ne denli etkin olduğunu göstermektedir. Tıp eğitimcileri tarafından verilen teorik ders ve klinik staj eğitimi profesyonelce yönetilmeli ve bu sisteme akademik hiyerarşi tarafından gerekli müdahaleler zamanında yapılmalıdır.

Anahtar Kelimeler: Profesyonellik; tıp eğitimi; etik

The purpose of medical education is to provide the necessary professional identity and professional understanding to students so that they can think and act like physicians, in addition to equipping them with the necessary knowledge and skills (and thus the ethics) to treat patients.¹ For hundreds of years, medicine has been seen as a “profession” in which the vows and codes of ethics define the behavior and duties of the physician. Goals, attitudes and qualities that characterize a profession also constitute “professionalism”.² Today, the medical profession is faced with a technology explosion, changing market forces, health care delivery problems, bioterrorism and globalization. As a result, doctors find it increasingly difficult to fulfill their responsibilities for patients and community. Under these circumstances, the redefinition of the basic and universal principles and values of the ideal medical professional, which must be followed by all physicians, has become more important to define, teach and investigate professionalism. According to the Association of American Medical Colleges (AAMC) physicians’ self-sacrifice, knowledge, talent and occupational sensitivity creates the attributes of your professional. A joint statement from the European Federation of Internal Medicine, the American College of Physicians-American Society of Internal Medicine (ACP-ASIM) and the American Board of Internal Medicine (ABIM) set out three principles and 10 commitments to the professionalism of the physician (Table 1).³ The main struggle with the difficulty of defining professionalism results from the fact that professionalism is individual (qualifications, capacity and behavior), interpersonal (interactions with other persons and contexts) and social (social responsibility and ethical behavior) at the same time, and all these aspects of professionalism interact with each other as well.^{4,5} Although physicians have been discussing professionalism for centuries, professionalism has become the main and continuous theme of medical and clinical education, especially in the last 25 years. Definition, functioning and measurement of professionalism has become a significant concern not only for medical students but also for the educational authori-

TABLE 1: A physician charter on medical professionalism (ABIM).

| Fundamental Principles |
|---|
| 1. Principle of primacy of patient welfare. |
| 2. Principle of patient autonomy |
| 3. Principle of social justice. |
| Professional Responsibilities |
| 1. Commitment to professional competence. |
| 2. Commitment to honesty with patients. |
| 3. Commitment to patient confidentiality. |
| 4. Commitment to maintaining appropriate relations with patients. |
| 5. Commitment to improving quality of care. |
| 6. Commitment to improving access to care. |
| 7. Commitment to a just distribution of finite resources |
| 8. Commitment to scientific knowledge. |
| 9. Commitment to maintaining trust by managing conflicts of interest. |
| 10. Commitment to professional responsibilities |

ties of the country responsible for the training and advancement of the students, faculty members, clinicians (educators) and researchers.⁶⁻⁸ The Council of Higher Education in Turkey decided in 2014 to take Pre-Graduation Medical Training National Core Training Program 2014 as a basis for the theoretical and clinical skills training of medical students at medical schools. In this context, the necessity to continually supervise students during their medical education regarding their adherence to ethical values as well as the knowledge and skills taught to them in line with the master-apprentice relationship was underlined. The Association of Medical Educators in Turkey determined “Competencies Framework” for educators working at medical schools and listed the qualifications and duties of medical educators, who also act as role models, as follows: Professional, Defensive, Team Member, Counsellor, Administrator-Leader, Scientist and Communicator. According to the Turkish Medical Association’s Pre-Graduation Medical Training Report, the inclusion of practices of communication skills to communicate effectively with patients, relatives of patients and other physicians; evidence-based medical practices; early clinical visits to provide increased awareness among students; events wherein humanities in medical science are

discussed so that physicians would gain different perspectives as well as events wherein ethical and professional values are deliberated, which are defined as values of “good physicians” in the curricula of medical schools in Turkey at the beginning of the 2000s, is seen as a significant change and an improvement in pre-graduation medical training. We need to measure and evaluate at regular intervals how far we are from the goal of “training professional and ethical physicians”, which was determined institutionally. In this context, it is also important to determine how medical students, who are at the center of medical training, and medical educators, who are supposed to be role models, perceive the quality of medical training and professionalism. However, in Turkey, there have not been enough studies to cover this subject. The purpose of this study is to investigate how “professionalism” is perceived by last year medical students since medicine is a profession and physicians are the professional practitioners of medicine. This article also aims to predict what kind of physicians Turkey will have in the future and determine possible clues about the qualifications of the educators who trained them and curricular needs at medical schools.

MATERIAL AND METHODS

Professionalism, which is a subject of medical training, is discussed through the perspectives of last year students at medical school. MCBÜ (Manisa Celal Bayar University) Medical Faculty participated in national “accredited medical faculties” in 2010. As part of accreditation, some innovations have been made in curriculum and training processes. These changes are aimed at realizing the goal of educated practitioners with professional competencies, ethical values and medical clinical competencies. In this context, medical ethics is not only in the 3rd grade, as it is before the accreditation period, it was decided to take place in the 1st, 2nd and 3rd classes. In addition, in the 6th grade, Approach to Risky Groups was given a course under the name of ethical problems encountered in risky groups in the named clinical last year medical students program. In all these courses, theoretical bioethics and medical ethics, the ethics of

medicine, the elements of medical profession, physician-patient relationship, etc. topics were discussed interactively with students. Besides this, a medical elective course, named as Medical Humanity, has been put in order to be selected by students in curriculum 1, 2, and 3. Within the scope of this course, which is held at Manisa Medical History Museum, every year 1st class visit to Bergama Asclepion Museum; movie sessions; differences between hypocritical medicine approach and modern medicine understanding; medicine and art, religion, literature, and students have knowledge about medical professionalism and their awareness is increasing. In this study, students who enrolled in the school in 2012-13 and were affected by the curriculum change mentioned above and last year medical students in the period of 2017-18 were taken. Thus, with the curriculum change, it has been tried to determine the level of professionalism and the professionalism characteristics of Turkish students. This study is the conceptual analysis of professionalism in medicine conducted among last year medical students using Word Association Test (WAT). We used a qualitative research method in our study to demonstrate the perceptions of professionalism among last year medical students in a more realistic and holistic manner. Qualitative research methods make it easy to discover ideas and perceptions; moreover, it is possible to use various data collection techniques, such as observation, interview and document analysis.^{9,10} In this research, we used an authentic data collection tool and technique. The population of this study consists of last year students at the Medical School of Manisa Celal Bayar University during the academic year 2017-2018. We recruited 44 last year students of whom (26 were female) who volunteered for the study, considering the saturation point. We conducted face-to-face interviews with last year students who were available. We gave them a blank paper and asked them to write the first three words they think of about “medical ethics” (Table 2). Later, they were asked to write a sentence across this word (such as the experience and definition associated with this word). Considering how far-reaching professionalism is and the number of aspects

TABLE 2: This is a sample of the page format of the data collection tool.

| | |
|-----------------------------------|------------------------------|
| Code Name of the Participant: | Participant No: |
| Age: | Main concept: Medical ethics |
| Gender: | |
| 1. Medical ethics; One word | |
| Sentence..... | |
| 2. Medical ethics; One word..... | |
| Sentence..... | |
| 3. Medical ethics; One word..... | |
| Sentence..... | |

of professionalism that are difficult to understand for last year medical students, we preferred to use the phrase “medical ethics” instead of the word “professionalism”. Moreover, the phrase “medical ethics” is widely used among the Turkish society, physicians and last year medical students due to our social and cultural history, instead of the word “professionalism”, which is a relatively foreign concept.

DATA COLLECTION TOOL AND TECHNIQUE

We used WAT as the data collection tool and determined the phrase “medical ethics” as a key concept. The concept of “medical ethics” was listed three times to prevent the risk of response chain. The reason for this is if the main concept is not repeated, the participant might write words associated with the concept he/she wrote down for different concepts. This may prevent the test to reach its goal; therefore, we wrote the phrase “medical ethics” one under another three times. The difference between this study and others in the literature, conducted using WAT, is that this study asked the participants to use 1-2 explanatory sentences related to the words they wrote down. Because there is a possibility that the written sentence (s) might be more complex and at a higher level than the word itself. Therefore, in the literature, it is stated that whether the sentences written by the participant are scientific and whether they consist of different conceptual misunderstandings play an important role in the evaluation process. Participants were granted an extension of time for this part. The average time required for collecting data was around 3-4 min. Participants were asked to

write down concepts they associate with the main concept within 30 s. During the execution of the test, a time period of 30 s was accepted as appropriate because it was determined to be the most appropriate time period according to the pre-tests conducted in the prior academic studies.^{11,12} Before the test, we explained WAT to the participants.

This study was carried out in accordance with the principles of the Declaration of Helsinki.

DATA ANALYSIS

We listed the words and written sentences obtained from WAT as 1-54 to prepare them for analysis (in the form of participant notes). The words the participants associated with “medical ethics” were alphabetically listed first and their frequency was calculated. Later, data were coded separately by two researchers and a single list of codes was prepared by examining the consistencies in coding. These codes were analyzed and categorized after being included in the content analysis together with the sentences and words written by the participants and accordingly, six main themes were created. The relationship between the three main words written as answers and the sentences explaining these words was evaluated according to the literature. Word tables and frequencies of the data were prepared according to the results of WAT. In the end, we calculated the frequency of the repeated words to refer to medical ethics.

RESULTS

Six themes were determined within the internal context of the last year medical students. The the-

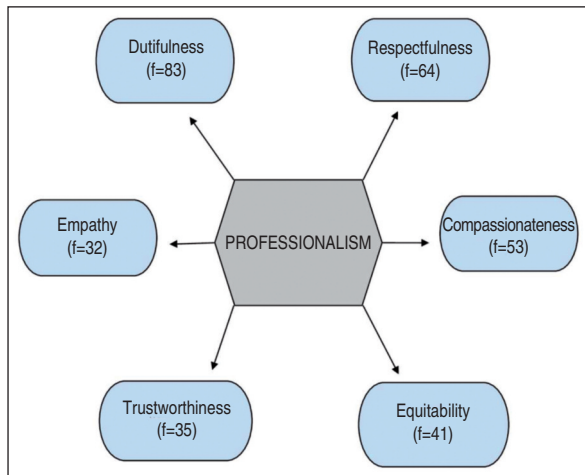


FIGURE 1: Students' perceptions of professionalism themes and their frequencies.

mes and their frequency numbers (Figure 1) were dutifulness (f=83), respectfulness (f=64), compassionateness (f=53), equitability (f=41), trustworthiness (f=35) and empathy (f=32). We discussed the top three themes with the highest frequency scores in this article due to the limitations of space. These themes are compatible with the contents of "professionalism", which is one of the seven basic skills within the framework of CANMed-New Generation Qualification-Based Medical Education-2015 program, which aims at providing a sound basis for medical training by providing a detailed definition of the skills needed in all the different fields of medicine.¹³ The above-mentioned themes are also compatible with the principle of 'training physicians with advanced physician identity and awareness within the perspective of medical history, who consider being a physician from a technical perspective and is proficient with medical practices and who practices medicine based on humanitarian and professional values (in line with professionalism) rather than on knowledge (based on science and evidence)', which is one of the goals of the Turkey Pre-Graduation Medical Training National Core Education Program (CEP)-2014.

THE FIRST THEME: DUTIFULNESS

Last year medical students gave expressions including the definition of "dutifulness" in their perceptions of professionalism. The theme of

"dutifulness" is the most referred theme among the students with the ratio of 77.3% (n=34, f=83). Povalko mentioned in 1971 that there are eight criteria that a discipline should meet to be counted as a profession, which are information supply, connection with the social values of society, the length of education, providing services to the society, independence, sociality, professional ethics and commitment to the profession, and he emphasized that it is not easy to determine the boundaries of a profession and its effects.¹⁴ The sub-themes explaining this theme are compatible with the criteria proposed by Povalko and how many times they were referred to is mentioned below: "Knowledgeable/well-educated" (f = 12), "loving their job" (f=8), "responsibility/sense of duty" (f=7), "perfection/industriousness" (f=8) and "not harming/being helpful" (f=5). The students used phrases such as "informed, well-educated, making suggestions, loving their profession, perfection, responsibility, sense of duty, hard-working, being a professional, committed to their profession, patient, prudent, objective, helpful and not harming" under this theme. When we considered the expressions about dutifulness in the study within the context of the gender of the participants, we see that both male and female students used these expressions in a similar frequency (female students used them 23 times and male students used them 20 times). Some of the remarkable expressions of the last year medical students who participated in this study are shown below:

"Industriousness: To do your duty as a physician as it is supposed to be" (Participant 41, F, age 23)

"Affection: To do whatever is necessary to love humans and your profession" (Participant 35, M, age 25)

"Honour: To value the profession of being a physician above everything else", thus to give up on financial and emotional interests for the sake of being a physician (Participant 28, F, age 23)

"Perfection: To do your duty correctly and completely"(Participant 11, F, age 25)

"Love of profession: To love being a physician if you want to do your duty properly, ethically and prudently" (Participant 9, M, age 24)

THE SECOND THEME: RESPECTFULNESS

The last year students used the principles and definitions for “respectfulness” in the second place for their perceptions of professionalism. The theme of “respectfulness” is the second most frequently mentioned category among the students; 93.2% (44) students referred to it (n=41, f=64). The three sub-themes explaining this theme and how many times they were referred to is mentioned below: “Paying attention to privacy” (f=33), “being respectful” (f=24) and “not making gender discrimination” (f=16). Students used expressions such as ‘being respectful, respecting privacy, being fair, not being harsh, being discreet, respecting confidentiality, being patient and improving oneself’ under this theme of medical ethics. When we considered the expressions of respectfulness in the study within the context of the gender of the participants, we see that both male and female students used these expressions in a similar frequency (female students used them 30 times and male students used them 29 times). Some of the remarkable expressions of male and female last year medical students who participated in this study about the theme of respectfulness are shown below:

Respectfulness: “The biggest deficiency in both patients and physicians” (Participant 8, F, age 25)

Respectfulness: “If an individual does not respect himself, he will not respect others” (Participant 7, M, age 25)

Respectfulness: “Mutual respect would keep everything one step ahead” (Participant 21, F, age 25)

THE THIRD THEME: COMPASSIONATENESS

The principle of “compassionateness” is the third most mentioned theme, being referred to by 16 students (36.4%) (f=53). The sub-themes explaining this theme and their frequency is mentioned below: “Being conscientious (f=11)”, “being compassionate (f=10)” and “being altruistic (f=10)”. Students used expressions such as not thinking about your own interests, being affectionate and being humble. When we considered the expressions about compassionateness in the study within the

context of the gender of the participants, we see that female students (n=16) referred to this theme more often than males (n=11). Five students (3 females and 2 males) indicated that compassionateness is the most important criterion for them. Some of the remarkable expressions of the medical students who participated in this study are shown below:

Compassion: Being compassionate towards the patient and taking care of him accordingly is important” (Participant 17, F, age 24)

Conscience: I think a physician lacking consciousness is no different than an engineer. What makes a physician a physician is his conscience” (Participant 25, M, age 24)

Conscience ...should be sine qua non for a physician” (Participant 27, F, age 25)

Sacrifice: A physician should be aware of the fact that his profession is about dealing with the human life and he should make sacrifices accordingly” (Participant 26, F, age 23)

Compassion: Physicians should be compassionate towards their patients” (Participant 6, M, age 25)

Compassion: He should be compassionate towards the patient and the patient’s relatives” (Participant 38, F, age 25)

Not looking for personal favors: He should do his duty without expecting any personal favors from the patient or any other party” (Participant 5, M, age 24)

DISCUSSION

Turkey is located at the intersection of Middle Eastern, European, and, Asia cultures. It is therefore possible to see the influence of different cultures in different parts of the society. Although the richness of cultural diversity in terms of Turkey, from time to time, these differences raises a lot about conflict. For example, Darwinism, voluntary abortion, euthanasia, paternalism, truth-telling etc. It is important to note that educators and students are influenced by local cultures and values on professional competencies and values when applying a

curriculum based on secular and Western values in medical schools.

The principle of dutifulness was emphasized as the most important criterion by the last year medical students. This concept can be defined as 'being full of and motivated by a sense of duty and to do what is expected from one.'¹⁵ Research shows that students particularly emphasize relevant values, such as self-sacrifice and devotion to duty.¹⁶ Participants pointed out in their sentences related to this concept that physicians should pay attention to doing their duty completely and thoroughly in addition to being hard-working and that they need to love their profession to succeed. These expressions indicate that professionalism is primarily reduced to the technical-clinical skills part of the profession and there are negative criticisms towards educators about their meeting the requirements of professionalism. Medical students stated that "perception of professionalism might be related to the educators" "negative attitudes related to their not liking their jobs" and "students" not paying enough attention to their education' during the clinical period. The "Role Models" that were respected in the past traditionally convey professionalism such as compliance with values, doctor-patient relationship, professional attitude, occupational love and motivation. Today, after the apprentice model has been replaced with a competency-based model, it appears that this approach alone is not sufficient.¹⁷ It is understood from the fact that a large majority of the participants emphasized the importance of respectfulness that they witnessed a lack of respect during their education and that not only do physicians and educators lack respect but also do patients towards physicians as indicated by their conversations and behavior. It is understood that participants believe that this principle "is not paid enough attention" by the parties during their medical education. Due to the patients being "rude" and "disrespectful" towards physicians for various reasons, which has been observed in the last several decades, physicians/educators affected by such negative attitude might be approaching patients and students with the same negative attitude.¹⁸ It can be said that physicians have a pa-

ternalist understanding in the Turkish society where the traditional lifestyle prevails, besides the modern lifestyle. On the other hand, with the Patient Rights Regulation issued by the government in 1998, patients are provided with certain rights against physicians and healthcare institutions. Thus, the patients have the right to choose the health institution and physician they want. In this case, some health institutions were confronted with high patient demands. However, this practice has affected the physician-patient relationship in the negative direction over time. Violence is one of these negativities.¹⁹⁻²¹ While the physicians try to preserve their traditional "strong position" against the wave of violence against them, the "interrogation power" obtained from the other side (patients) sometimes comes out of control. As a result, "insecurity" and "disrespect" between the patient and the physician became obvious. This situation undoubtedly erodes the professionalism of the medical student. Bad attitudes and inappropriate behaviors shown by trainers and assistant health personnel may have a detrimental effect on the development of a learner's professionalism and have a vital importance to training/service with an effective role model that always loves the work of the faculty.²² Participants ranked being compassionate as the third most important criterion. Within the context of the meanings associated with being a woman or man and roles expected to be fulfilled by women and men, there are stereotypical perceptions associated with being men or women. As Fine expressed, 'even if you do not personally believe in these stereotypes - women as compassionate, loving children, dependent, sensitive about interpersonal relations, care-taking, looking after; and men as leader, aggressive, ambitious, analytical, competitive, dominant, independent and individualist-have a place in a part of your mind which is not so ethical.'²³ These stereotypical thoughts about gender shape how men and women are perceived and evaluated. In this context, stereotypical thoughts have the power to shape the behaviors towards men and women and they form the basis of such behaviors.²⁴ These stereotypical judgements are unconsciously accepted, which are reinforced and

transferred through learning. The data in this study confirm this basic approach and indicate that female students wrote more sentences with the word compassion in it than did male students. We can define compassion as “being aware of the suffering of the patient and having the courage to do something to end this suffering outside the routine” within the context of health and the effects of the role-model medical educators are very important for the students’ understanding and learning of compassion.^{25,26} On the other hand, unethical and rare illegal behaviors students might have witnessed during their clinical internships between physicians and patients might influence the participants to emphasize this matter. The most repeated expression by both male and female students of the study is as follows: “A physician should be different from an engineer and this requires compassion”. Although it is not easy to measure compassion and conscience from behaviors, the fact that the last year medical students emphasized the concepts of compassion and conscience in professionalism is compatible with the data collected for various studies.^{27,28} There is a need to be more compassionate towards patients while providing health services and medical students need to witness and learn about compassion.

LIMITATIONS

The volunteer participants in the study were selected from intern students. The results in this research reflect the perceptions of this group. So, it is not possible to generalize on the basis of the institution or class. Despite this limitation, the qualitative nature of the research has helped to achieve noteworthy themes in the context of professional perceptions of students.

CONCLUSION

This research demonstrates the importance of educators as role models to students. The attitudes and behaviors of the trainers to the patients and the students in the clinical setting more influence the theoretical knowledge of the students. Therefore, a positive change was observed in the perception of professionalism of students with medical humanity

course, medical ethics course and ethical approach training in risky groups; participants particularly emphasize problems related to implementation. Increasing violence towards health professionals in recent years has eroded the commitment of physicians and students to the values of professionalism. The conflict between the layers of society based on different cultural values eroding this commitment is located in Turkey’s agenda. Unfortunately, this problem is not the size to be removed in the near future. The continuing education of trainers in medical education will contribute to the solution of the problem in the long run by discussing social and cultural issues in seminars between educators and students in small groups “independently of the condition of grade and grade passing”, reorganization of the health system to reduce physical and verbal violence.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Selim Altan, Hüseyin Elbi; **Design:** Aynur Çakmakçı Çetinkaya; **Control/Supervision:** Selim Altan, Hüseyin Elbi, Süheyla Rahman; **Data Collection and/or Processing:** Selim Altan, Süheyla Rahman; **Analysis and/or Interpretation:** Selim Altan, Aynur Çakmakçı Çetinkaya, Hüseyin Elbi; **Literature Review:** Selim Altan, Hüseyin Elbi; **Writing the Article:** Selim Altan, Hüseyin Elbi, Aynur Çakmakçı Çetinkaya, Süheyla Rahman; **Critical Review:** Aynur Çakmakçı Çetinkaya, Selim Altan.

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