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Attributes of a good physician: what are the opinions of first-year medical students?

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ABSTRACT

Background Undergraduate medical education is beginning to concern itself with educating students about professional attributes as well as about clinical knowledge and skills. Defining these characteristics, and in particular seeking the help of the students themselves to define them, can be a useful starting point when considering how to incorporate aspects of professional behaviour into the medical curricula.

Method This study explores the views of first-year medical students at Kocaeli University Faculty of Medicine in the 2007–08 academic year. The students were asked the open-ended question: 'What, in your opinion, are the attributes a good physician should have?' Four topics were defined by researchers based on the undergraduate and graduate education projects. The attributes expressed by the students were evaluated by the researchers according to these topics and compared with the topics covered in the undergraduate and graduate education projects.

Results A total of 127 students responded, and between them suggested 756 attributes. The majority of these attributes (54.8%) were concerned with interpersonal relations and communication, whereas the category representing the fewest attributes (12.3%) was that involving scientific knowledge and medical practice. In general, students' perception corresponded to the concept of the 'competent physician' as described in the professionalism projects, but attributes reflecting their world-view were also expressed.

Conclusion Experience suggests that the active participation of students in determining which attributes are necessary for a good physician is a positive way of ensuring they embrace the importance of such qualities and attributes in themselves.

One of the aims of medical education is to help students develop a sense of their own identity as a member of a particular profession based not only upon knowledge and skills, but also upon values, attitudes and beliefs that are fundamental to that profession's understanding of itself. Pellegrino and Thomasma proposed that the virtues such as fidelity to trust, compassion, prudence, justice, fortitude, temperance, integrity and self-effacement could be taught in medical practice alongside knowledge and skills. Following this claim, the emphasis in medical ethics education on virtues in addition to principles, rules and rights has also increased.

The use of the term 'virtue' has been criticised for causing moral relativism, or introducing tensions if a person possessing the qualities of a 'virtuous physician' is not necessarily a 'virtuous' person in the wider sense. This can be seen as contrary to integrity, which is inherent in the concept of virtue. Nonetheless, virtues are increasingly emphasised in the literature of medical professionalism, in a growing trend that is particularly evident in North America.

For instance, professionalism is one of the six general competencies in the Accreditation Council for Graduate Medical Education (ACGME) outcome project. The residents are expected to display compassion, integrity, respect, responsiveness, accountability and sensitivity if they are to fulfill the competency of professionalism. Among the attributes expected by the professionalism project of the American Board of Internal Medicine (ABIM) are altruism, accountability, excellence, duty, service, honour, integrity and respect for others. Pellegrino and Thomasma identified the virtues of fidelity to trust, benevolence, intellectual honesty, courage, compassion and truthfulness as the fundamental virtues of the medical profession.

The emphasis on professionalism within graduate medical education includes several suggestions that studies encouraging the inclusion of virtues, skills and attitudes covered by professional competency should be integrated in undergraduate medical education starting from the first year.

In Turkey, undergraduate medical education includes 'basic' objectives that medical students should achieve with respect to good medical practices. These basic objectives have been determined by the national core medical curriculum (CMC) since 2001. The curriculum consists of three sections: knowledge (including knowledge of diseases, conditions and symptoms); skills (applied, intellectual, communication and knowledge-acquiring) and attitudes.

The medical school objectives project of the Association of American Medical Colleges (AAMC) determined four attributes expected from students that should be practised adequately by the time a student graduates. Apart from altruism, the three sections of the Turkish CMC corresponded to the attributes of being knowledgeable, skillful and dutiful, which are also specified by the AAMC.

The curriculum of the Kocaeli University Faculty of Medicine was revised in line with the goals determined through the national CMC. New initiatives introduced over the past 2 years include 'problem-based learning' and 'programme for the preparation of being a physician'. Both of these initiatives aim to help students achieve the ability to communicate in an open and clear manner, to internalise ethical values fundamental to the art of medicine, and to be able to evaluate the concepts of health and disease through...
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a historical perspective. This is in addition to achieving the ability to practise their professional skills competently.\(^1\)\(^2\)\(^3\)

DeRosa\(^4\) claimed that professional role models in a medical school strongly affect the development of professional character, in combination with the cultural, religious and other essential values absorbed from family and upbringing that individual students carry with them. However, teaching professionalism cannot be left to the implicit curriculum that works through respected role models, and there is an increasing emphasis in the literature on the importance of including it as a topic within the formal curriculum.\(^5\) On the other hand, however, it is also claimed that students starting medical school are already equipped with the virtues that are essential for the professional practice of medicine, but that they may lose them during the course of their study because of the pressures of the culture and formal curriculum within medical education.\(^6\) \(^7\)\(^8\)

There are differing opinions about whether particular attributes could be acquired during medical education and, if so, what exactly these attributes should be. In addition, despite the increased interest in teaching professional attitudes and communication skills, there is little interest in the subject of developing medical professionalism in students, and only a small number of studies have been carried out in this area.\(^9\)\(^10\)\(^11\)\(^12\)\(^13\)

In this study we aimed to assess the first-year medical students’ opinions towards ‘the attributes of a good physician’, and to compare these opinions with the competency fields of three medical education projects \(^9\)\(^10\)\(^11\)\(^12\)\(^13\)\(^14\)\(^15\) and the objectives of the Turkish CMC.\(^16\)

We hope that the opinions of students about the attributes of a good physician, and the presence or absence of these opinions among the reported fields of competency, may be included in discussions leading to changes and development within structured medical education programmes.

METHODS

In Kocaeli University Faculty of Medicine, a ‘values of medicine and introduction to clinical ethics’ application was introduced in the academic year 2007–8, as a sub-programme of the ‘preparation for being a physician’. This took the form of a cross-sectional study conducted at the beginning of the academic year, so that students’ views of the attributes needed for professionalism when they started their medical training could be evaluated and used as a baseline against which any developments could be assessed.

At the first session, we asked the students to write down what they thought were the ‘attributes of a good physician’. The answers of all students were written up on the board so that everyone together could ‘brainstorm’ on the various definitions. At the end of the session, the relationship between the professional ‘virtues’ associated with medicine and the attributes determined by the students were compared.

With the consent of all the students involved (n=127), the written forms were collected up to be evaluated for research purposes. First, the attributes specified by the students were listed and similar attributes were clustered by the researchers. Then, the students’ statements were grouped into four categories. These covered attributes relating to: (a) interpersonal relations and communication; (b) sustaining professional integrity; (c) sustaining personal integrity and (d) scientific knowledge and medical practice.

Seven hundred and fifty-six attributes specified by a total of 127 students were classified independently by two researchers under these four topic headings. A specialist from another field (family medicine) was asked to arbitrate in any cases in which there was disagreement.

The total number of attributes put forward by the students was taken as a basis for determining the priority of the main headings. The total number of students was used as the basis for determining how many times the attributes were stated within each group. The relationship between the identified attributes and the gender of the students was analysed by \(\chi^2\) test.

The research was approved by the Kocaeli University Human Research Ethics Committee.

RESULTS

Of the total 127 students, 52.8% were men and 47.2% were women. The students stated 756 attributes, and these were grouped by the researches as: interpersonal relations and communication (n=413; 54.6%); sustaining professional integrity (n=153; 17.6%); sustaining personal integrity (n=112; 15.5%) and scientific knowledge and medical practice (n=98; 12.3%). The most commonly expressed attributes (n=>10) and the topics within which they were grouped are shown in table 1.

When attributes expressed by the students were compared by sex using the \(\chi^2\) test, the attribute of ‘patience’ was found to be stated by women (28.3%) statistically significantly more than by men (4.5%) (p<0.001).

Interpersonal relations and communication

This topic includes the attributes related to interpersonal relations, the physician—patient relationship and verbal and non-verbal communication. The four attributes that most students felt were essential for a good physician all come under this topic.

Table 1 The attributes mostly (n>10) stated by the first-year medical students (n=127) as ‘attributes of a good physician’ in the 2007–8 academic year of the Kocaeli University Faculty of Medicine and the topics in which they grouped

<table>
<thead>
<tr>
<th>Topic*</th>
<th>Attributes</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Geniality</td>
<td>43 (33.9)</td>
</tr>
<tr>
<td>A</td>
<td>Able to communicate well</td>
<td>40 (31.5)</td>
</tr>
<tr>
<td>A</td>
<td>Humaneness</td>
<td>40 (31.5)</td>
</tr>
<tr>
<td>B</td>
<td>Benevolence</td>
<td>39 (30.7)</td>
</tr>
<tr>
<td>B</td>
<td>Behaving in a way that inspires respect for the profession</td>
<td>35 (27.6)</td>
</tr>
<tr>
<td>B</td>
<td>Not attaching importance to material values</td>
<td>34 (26.8)</td>
</tr>
<tr>
<td>D</td>
<td>Open-mindedness</td>
<td>33 (26.0)</td>
</tr>
<tr>
<td>A</td>
<td>Respect for others’ values and feelings</td>
<td>33 (26.0)</td>
</tr>
<tr>
<td>A</td>
<td>Compassion</td>
<td>32 (25.2)</td>
</tr>
<tr>
<td>A</td>
<td>Honesty</td>
<td>31 (24.4)</td>
</tr>
<tr>
<td>B</td>
<td>Fairness</td>
<td>30 (23.6)</td>
</tr>
<tr>
<td>D</td>
<td>Professional competence</td>
<td>29 (22.8)</td>
</tr>
<tr>
<td>A</td>
<td>Tolerance</td>
<td>29 (22.8)</td>
</tr>
<tr>
<td>A</td>
<td>Humility</td>
<td>23 (18.1)</td>
</tr>
<tr>
<td>A</td>
<td>Trustworthiness</td>
<td>23 (18.1)</td>
</tr>
<tr>
<td>A</td>
<td>Empathy</td>
<td>22 (17.3)</td>
</tr>
<tr>
<td>A</td>
<td>Patience</td>
<td>20 (15.7)</td>
</tr>
<tr>
<td>C</td>
<td>Being a good person</td>
<td>18 (14.2)</td>
</tr>
<tr>
<td>D</td>
<td>Perseverance</td>
<td>17 (13.4)</td>
</tr>
<tr>
<td>B</td>
<td>Commitment to the ethical values of medicine</td>
<td>15 (11.8)</td>
</tr>
<tr>
<td>B</td>
<td>Responsibility involving duties to society or humankind</td>
<td>15 (11.8)</td>
</tr>
<tr>
<td>A</td>
<td>Unselfishness</td>
<td>15 (11.8)</td>
</tr>
<tr>
<td>A</td>
<td>Care for the patients</td>
<td>14 (11.0)</td>
</tr>
</tbody>
</table>

*Interpersonal relationships and communication; B Sustaining professional integrity; C Sustaining personal integrity; D Scientific knowledge and medical practice.
†The attributes expressed by the same number of the students are written in alphabetical order.
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heading (table 1). Attributes of ‘geniality’ and ‘benevolence’ were both identified by a majority of students. The attribute of ‘being able to communicate well’ was expressed by students as ‘competent to communicate’, ‘being a good listener’ and ‘being able to explain their condition to patients in an understandable way’. The statements regarded as ‘humane’ were put out as ‘giving importance to people/patients, just because they are human beings’, ‘treating patients as human beings not as robots or pieces of meat’ and similar statements. In this topic the attribute ‘being a confidante’ or ‘keeping patient confidentiality’ was stated by nine students.

Sustaining professional integrity
Attributes expressing responsibilities towards the community and the profession that should be demonstrated by physicians were grouped under this heading. The students mostly expressed the attribute of ‘behaving in a way that inspires respect for the profession’ in this topic (table 1). A physician who showed this behaviour could be described as ‘being an ideal model to the rest of society on account of his/her habits and behaviours’, ‘showing awareness that his/her profession is different from all other jobs in society’, ‘recognising that a physician has a special position in society’, ‘knowing that medicine is the most sacred profession in the world’, as well as ‘practising medicine in a way that shows a love of the profession’ and such like. A similar percentage of students saw ‘not attaching importance to material values’ as indicative of the same qualities.

The third most frequently expressed attribute was ‘fairness’, and the students emphasised a lack of ‘discrimination in dealings with patients’ as an essential part of this, along with ‘treating everyone equally’ and ‘providing care wherever it might be needed, not merely in the developed cities’. Only one attribute was not shown in the table, despite being identified by four students. This was ‘being able to connect well with colleagues’.

Sustaining personal integrity
All of the attributes identified by the students without emphasising patients, other individuals or the profession were brought together under this topic. The most commonly referred to attribute was ‘being a good person’, in fact many students stated that ‘a good physician should at first be a good person’. Some other attributes grouped in this topic were ‘patriotic’ (n=5), ‘courageous’ (n=4), ‘self-confident’ (n=5), ‘not having psychiatric problems’ (n=2), ‘dignified’ (n=2), ‘optimistic’ (n=2) and ‘graceful’ (n=2). The attributes ‘chivalrous’ and ‘being pleasant’, etc were stated by one person each. A wide range of attributes was mentioned, among them several opposites such as ‘ambitious’/‘non-ambitious’, as well as expressions that appeared to reflect the world-view of the students such as ‘cultured’, ‘interested in art’, ‘able to play a musical instrument’ and ‘having a positive outlook’.

Scientific knowledge and good medical practice
The two attributes in this area most commonly identified by students were ‘open-minded’ and ‘professionally competent’ (table 1). Other attributes stated by fewer than 10 students were ‘hardworking’ (n=8), ‘able to think scientifically’ (n=8) and ‘clever’ (n=8).

DISCUSSION
Our research results cannot be applied to all the medical school students in the country. More wide-ranging research would be necessary before generalisations are made. However, although most are from the better-developed western regions of the country, our students have come from high schools in a variety of regions and have only recently started their medical training. This means that our results can be expected to provide a reasonable reflection of the views of medical students at the beginning of their training.

Our findings suggest that many of the attributes identified by these first-year medical students as ‘attributes of a good physician’ are in line with the competency fields of the projects that combine clinical knowledge and skills with humanitarian values.

Most of the attributes concerning the interpersonal relations and communication topic (54.6%) were in accord with the honour and integrity and the respect for others competency fields identified by the ABIM and interpersonal and communication skills and professionalism in the ACGME. Whereas most of the attributes identified by our students corresponded to the goals of altruism and being skillful identified by the AAMC, a few were to place communication skills in the Turkish CMC.

The greater part of the attributes grouped under the sustaining professional integrity topic (17.6%) were to be found under the ABIM’s accountability and duty competencies. The ACGME, however, was more in keeping with the attributes identified by the students, and most were seen as relating to the competency of professionalism. Most of the attributes related to professional integrity were compatible with the goals of being dutiful and altruism in the AAMC and more of them were placed under the attitude goals in the CMC. All of the student expressions that we collected in our research under the scientific knowledge and good medical practice topic (12.5%) were attributes required by the ACGME for the practice-based learning and improvement and the medical knowledge competency fields. A part of the attributes were those required for the AAMC’s goal of being knowledgeable, the CMC’s goal of attitudes and the ABIM’s excellence field.

While the first-year medical students have emphasised attributes regarding good communication at a higher rate (54.6%), attributes concerning professional knowledge and competency were less likely to be identified (12.3%). It may be assumed that students understand the importance of these commonly less identified attributes, which are also considered equally important for professionalism, at a later stage of their education.

Only 15.5% of the attributes identified by the students were not compatible with the specified competency fields; rather these appear to reflect the students’ own world-views. These include such attributes as ‘patriotism’ and ‘ability to play a musical instrument’ (which are unrelated to professional attributes) in addition to attributes such as ‘courage’ and ‘understanding of hygiene’, which have a clear relation to the attributes of professionalism. We believe that these attributes may make a positive contribution to the way that doctors as a group are perceived by preventing the standardised physician stereotype, as long as these do not contradict the attributes of professionalism.

In another study, Wagner et al found (as we did) that medical students emphasised communication skills as a primary theme. The students in this study made specific mention of money —how it should not be spoken of overtly as medicine is ‘not a business’. Although Wagner and colleagues used different research methods from those used in our study, it is interesting to observe how students from two different countries emphasised similar attributes. In the study by Wagner et al, however, the students did not mention social justice, whereas our students placed great emphasis on the definition of a ‘fair’ physician as one who treats people equally. Professional bodies would also
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relate this quality to the competency areas of duty and systems-based practice and categorise it as an attitude.9 10 15

The attributes mentioned most often by our students have a strong correlation with the results of a number of studies looking at what patients in Turkey expect from their doctors. These studies found that patients expected their physicians to be genial, interested, respectful, polite and understanding. The patients also mentioned that the physicians should keep their patients informed, and establish friendly and compassionate communication with them. There were also patients who complained that physicians did not listen to them, did not give them enough time, and also that they were avaricious.22–24 This similarity between what these patients felt a good physician should be and what our students believe makes a good physician suggests that the views of the first-year students reflect to a large extent the community’s expectations of their doctors. It can be suggested that our students, who were in the very early stages of gaining the identity of a physician, reflect the observations and opinions of the community about the identity of the physician. This result also raises the question ‘why do patients complain about behaviours of physicians in Turkey?’ while the ‘good physician’ concepts of both the students and the patients are similar. It also brings to mind the claim6 20 that students may lose their ideals and values as a result of the implicit curriculum within medical education.

The students have also identified attributes in addition to those required by the competencies specified in the reports. For instance, the attributes ‘geniality’ (55.9%), ‘benevolence’ (30.7%), ‘humility’ (18.1%) and ‘patience’ (15.7%), which were stated by the students at a significant rate, were not exactly compatible with any of the competency fields of the ABIM and ACGME.9 10 ‘Patience’ and ‘benevolence’, however, are named among the virtues of medical practice.3 11 There was no significant difference in the number of times attributes were mentioned by students of different sexes, except in the case of ‘patience’, which was mentioned more often by female students. We might speculate that this is because society expects women to be more patient, therefore encouraging female students to be more aware of this quality, but this would be deficient as an explanation because it does not consider what other factors might be present.

In our opinion, the compatibility between students’ definitions, patients’ expectations and the competency areas identified by professional bodies supports the reported result22 reached by Thomas Inui about education on professionalism in medicine: ‘The major elements of what most of us in medicine mean by “professionalism” have been described well, not once but many times. This is understandable because these elements are based upon the attributes of a virtuous person about which there is widespread consensus.’ For this reason, in order to achieve the competencies identified by the professional bodies, it is proposed that the relationship between the required attributes and virtues should be better established. This result seems, at the same time, to support the view that students start medical education already possessing certain values specific to the medical profession, and that not only students but also medical schools and clinical environments need to be aware of what they can do to ensure that attributes and virtues necessary for the good professional practice of medicine are sustained and enhanced.6

CONCLUSION

Based on our results, we believe it is appropriate to encourage the active participation of students in efforts to determine and impose such attributes through their opinions. A large proportion of the attributes identified by our students but not included in the Turkish CMC can be found in other projects that we used for comparison. We suggest that adding particular attributes—that is, those pertaining to the topic of ‘altruism’ in the AAMC, as well as those especially valued by patients—will empower the Turkish CMC to set appropriate goals and objectives.

If students can be educated in ways that sustain and enhance their values, and in particular foster the concept they already possess (at the beginning of their first year) of an ‘ideal physician’ who will meet the expectations of the patients they are preparing to serve professionally, this will contribute significantly to their development as good physicians. Equally, it is important that the curriculum include opportunities to identify and acquire any appropriate attributes in which they are lacking.

The authors believe that it would be useful to carry out further research studies on the way in which students change their attributes, and their values, during training. They would also welcome more research on how different clinical situations can impact on students’ values, as this could have an important impact on developing the value-centred elements of the medical curriculum.

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Competing interests None.

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