International Islamic Medical Journal
Journal Homepage ://journal2.unusa.ac.id/index.php/IIMJ

Implementation of Professionalism of Medical Faculty Students During Small Group Discussions in Qualitative Study

Paramita Sari,[1*] Marselli Widya Lestari[1]

[1] Department of Bioethics and Medicolegal, Faculty of Medicine, Universitas Nahdlatul Ulama Surabaya
[2] Department of Public Health and Preventive Medicine, Faculty of Medicine, Universitas Nahdlatul Ulama Surabaya
*Corresponding Author: mitasari798@unusa.ac.id
DOI: 10.33086/iimj.v6i2.6361

ARTICLE INFO

Keywords: Implementation professionalism, small group discussion, qualitative study

Submitted: Aug 17th 2024
Reviewed: Sept 21st 2024
Accepted: Nov 13th 2024

ABSTRACT

Introduction: Medical science is developing very rapidly. One of the efforts to keep up with the development of medical science is to improve the quality of human resources in the health sector, especially in the medical field. However, efforts to improve the quality of human resources in the medical field are hampered because the implementation of professionalism in the field of medical education has not been achieved optimally. One of the basic foundations of the implementation of professionalism in medical students is professionalism during the teaching and learning process.
Objective: This study aims to determine the implementation of the professionalism of medical faculty students during small group discussions in a qualitative study.
Method: This study uses a qualitative method with a descriptive-analytical approach at the Faculty of Medicine, Nahdlatul Ulama University, Surabaya. Conducted for 3 weeks from June 25, 2024, to July 15, 2024, with 5 research respondents using purposive sampling. Data collection was carried out through in-depth interviews. Data analysis used a coding system with thematic analysis.
Result: The Implementation of Professionalism of Medical Faculty Students during Small Group Discussions in Qualitative Study is influenced by two factors, namely supporting factors such as student personality, student environment, and supervisor, while less supportive factors such as limited facilities and infrastructure, certain students who have a negative influence on the learning environment, and students' readiness to receive courses.
Conclusion: The implementation of student professionalism during small group discussions is influenced by several factors, so continuous holistic improvement is needed so that the values of professionalism as a doctor are possessed as early as possible.

Introduction

Medical science is undergoing very rapid changes in the world (Kanter et al., 2013). Indonesia is a developing country that continues to compete with developed countries. One effort is to improve the quality of human resources in the health sector, especially in the medical field. However, efforts to improve the quality of human resources in the medical field are hampered because the implementation of professionalism in the field of medical education has not been achieved optimally.

Professionalism is the core of a doctor's practice. Over the past few decades, professionals and professional

organizations have proposed various concepts of professionalism in Medical Education where the curriculum, teaching approach methods and assessment methods have been designed in accordance with the professionalism that has been determined by an educational institution (Song & Elftman, 2023). One of the basic foundations of implementing professionalism in medical students is professionalism during the teaching and learning process. Currently, the curriculum used by the Faculty of Medicine is dominated by the Competency-Based Curriculum. Based on the Competency-Based Curriculum, medical students have three aspects of assessment, namely, cognitive, psychomotor and affective (Rizvan, 2021). The implementation of professionalism in medical education can be achieved optimally if the three aspects have a good and maximum value composition.

One of the learning methods used in a competency-based curriculum is Small Group Discussion (SGD). Student professionalism can be interpreted as the ability of students to understand and follow academic standards, have a friendly, polite attitude, good personality, and have the abilities and skills needed in their field of study (Hamidah, 2015; Purnamasari & Faisal, 2021). The implementation of student professionalism can affect student behavior and performance in the context of education. Although the definition of student professionalism can vary depending on the context and field of study, basically student professionalism involves the abilities and attitudes needed to become a professional in their field of study (Hamidah, 2015; Kanter et al., 2013).

Small Group Discussion (SGD) is one of the active learning methods in which a small group of students meets to discuss a particular topic. The role of SGD in measuring student professionalism can include several aspects, including:

1. Active involvement: SGD allows direct observation of students' active involvement in discussions, including their ability to convey ideas, listen well, and contribute productively (Hamidah, 2015; Meo, 2013).
2. Social interaction: Through SGD, students can be assessed in terms of social interactions that reflect professional attitudes, such as respecting the opinions of others, working together, and showing an open attitude towards diversity of opinions (Meo, 2013).
3. Communication skills: The role of SGD in measuring student professionalism is also related to communication skills, where students can be evaluated in terms of their ability to convey ideas clearly, argumentatively, and persuasively (Rizvan, 2021).

Thus, SGD can be an effective forum for observing and evaluating various aspects of student professionalism, including engagement, social interaction, and communication skills.

Methods

This study uses a qualitative research design with a descriptive-analytical approach. The study was conducted from June 25, 2024, to July 15, 2024, after receiving an ethical certificate from the UNUSA Research Ethics Committee in 2024. The subjects of this study were tutors (lecturers), course coordinators, and study programs from the UNUSA Faculty of Medicine for the 2023-2024 academic year, a total of 5 people who were selected using purposive sampling techniques.

The data collection technique was taken through in-depth interviews. In-depth interview sessions were conducted in each lecturer's office. During the interview session, the research team used a prepared interview guide. The research team asked permission from the research respondents to record the interview session using an audio recorder for the purposes of data collection and transcription of research data. The interview was conducted in one day, namely one research respondent. The duration of each interview session with the research respondent varied, approximately 15-18 minutes.

After completing the interview session, the researcher conducted a member checking and triangulation process by matching the perceptions between what was meant by the research respondent and the researcher himself from each answer that had been given by the research respondent.

Next, the research team transcribed the interview data sequentially starting from the introduction of the research respondents, the first question to the last question by writing down the list of questions in the respondent interview guideline along with all the respondents' answers on the computer worksheet. Furthermore, the data reduction process was carried out, namely Coding, where data that did not contain information could not be used. In this Coding process, the researcher has grouped information in the form of important sentences that are used to support the research information data. After the coding process, there is a category where the category section is a more specific section to represent each coding that has been written. After the category section is complete, it is continued to the theme section, where in this section the researcher can conclude the research results.

Result and Discussion

This study identifies seventh key variable influencing the implementation of professionalism among medical students

during small group discussions in the Integrative Module at FK UNUSA. The findings are categorized based on emerging themes from respondents' feedback. The research data was obtained from the answers given by the respondents. However, not all data obtained is included in the research results. The data listed is the result of reducing the data that has been reviewed and in the form of coding from each question asked.

Effectiveness of Small Group Discussion

The interviews showed that the SGD is functioning well, but requires continuous evaluation and improvement. The respondents agreed that the small group discussions were working well, but they stated that improvements were still needed.

"MI di FK UNUSA menurut saya sudah berjalan dengan baik ya dok namun butuh perbaikan terus." R1

"Sudah baik sih dok tapi tetep butuh penyesuaian terus serta evaluasi lebih lanjut." R5

SGD is highlighted by Burgess et al. (2020) as one of the most effective pedagogies in medical education, which prioritizes collaborative learning, critical thinking and problem solving. However, our respondents put more emphasis on assessment and continuous improvement. This is similar to the findings of Modi et al. (2014), who believe that professionalism in small group learning can only be guaranteed by structured facilitation and continuous feedback mechanisms. Therefore, it is imperative to regularly check the effectiveness of tutorial methods.

Active Engagement and Understanding

Furthermore, referring to the second question, it was found that professionalism is active participation in discussions and the ability to understand and apply knowledge appropriately. Professional students are students who participate in discussions, master the material, and place themselves well in an academic environment.

"*Menurutku mahasiswa yang profesional itu dia aktif saat berdiskusi*." R2

"*Buat saya cara mengukur mahasiswa profesional atau tidak dilihat mahasiswa itu paham atau tidak saat tutorial, paham dalam arti bisa menerapkan ilmu dengan baik saat di forum dan paham ketika menempatkan diri di depan dosen dan bersama teman-temannya yang satu kelompok*." R3

Medical students are expected to actively participate in discussions and articulate the

subject matter clearly. According to Song and Elftman, 2023, professionalism is manifested in small groups through active participation, respect for fellow students, and the ability to express knowledge clearly. This is in line with our findings, where respondents stated that it is important to engage in discussions and get properly placed in academia. These behaviors contributed to the overall learning experience and prepared them for future interactions in clinical settings.

Understanding of Discussion Rules

In addition, students know the tutorial rules early on. This is because students generally do not have a poor understanding of the tutorial rules as they have been introduced since the first year.

"Adik-adik ini sudah paham kok dok cara berjalannya diskusi pas tutorial jadi itu memudahkan buat saya dan jadi nilai plus." R1

"Mahasiswanya sudah paham gimana-gimananya tutorial karena sudah dipaparkan sejak dini mulai jadi maba dok." R3

Our research shows that, in general, students have a good understanding of procedural guidelines in small group discussions, perhaps due to the early exposure given to tutorial structures. Curran et al.'s (2020) research emphasizes how clear communication of institutional expectations and guidelines can significantly improve adherence to professional standards among students. When these expectations are set early, students are more likely to engage in responsible and constructive learning behaviors.

Supporting and Hindering Factors for Professionalism

Research findings have identified two main challenges: inadequate infrastructure and delays in LO distribution are major barriers to maintaining professionalism during SGD. These barriers hinder student participation, preparedness and learning effectiveness.

"Buat saya sarana dan prasarana kurang mendukung dok, iya memang sudah ada ruang tutor tapi sempit, harusnya ada LCD tiap-tiap ruangan untuk presentasi mahasiswa supaya mempermudah pembelajaran." R1

"LO MI nya kenapa harus dibagikan mepet-mepet harapannya mahasiswa bisa lebih matang saat tutorial." R4

Inadequate Infrastructure

A significant concern identified was the lack of adequate tutorial space and multimedia support, which hindered the efficiency of small group learning. In medical education, effective SGD requires an environment conducive to discussion, including adequate seating, noise control, and access to instructional technology (Meo, 2013). If these elements are lacking, students may become disinterested and less motivated to actively participate in discussions.

Inadequate tutorial space and lack of LCD projectors or digital materials further render the learning process ineffective. Poor learning environments contribute to frustration and poor academic performance among students, according to research (Burgess et al., 2020). If these infrastructural limitations are addressed by expanding tutorial rooms and incorporating multimedia facilities, then students will be better equipped to express their ideas, present cases in a more effective manner, and hold discussions more interactively.

Late distribution of Learning Objectives (LOs)

Timely distribution of LOs is essential for systematic and productive tutorials. However, one problem that keeps recurring in most of the respondents is the issue of late LO distribution, thus limiting students from getting enough time to prepare themselves before the discussion. Research by Darmayani (2023) details that late allocation of key learning materials results in poor learner participation and low comprehension, hence the importance of early allocation.

When LOs are provided well in advance, students can refresh their knowledge of related concepts, identify important discussion points, and develop questions to ask, thus making small group discussions more effective. On the contrary, if the LOs are given at the last minute, students will be passive and only skim the surface during the discussion due to the lack of time to understand complex topics. Timing the LO distribution in accordance with best practices in PBL can facilitate better understanding, critical thinking, and professionalism in medical education (Modi et al., 2014).

Professional Attitude and Ethics

From the interview, we took some key points of professional attitude and ethics which are good ethics, discipline, active participation, and effective communication. Professionalism in medical education is manifested through punctual student behavior, respect for colleagues and faculty, active participation, and effective communication which are critical to fostering a positive learning environment

and ensuring constructive engagement in small group discussions.

"Anak-anak ini saya bilang profesional ya menghormati dan menghargai dosen sama teman-temannya." R1

"Buatku disiplin, datang tepat waktu sebelum tutorial dan aktif saat berdiskusi." R2

"Hmm, bisa berkomunikasi baik saat di forum ilmiah tutorial dan menempatkan diri saat tutorial." R3

Research by Rizvan (2021) identified professionalism as a multi-dimensional construct that incorporates elements such as ethical behavior, responsibility, and teamwork. Therefore, professionalism is not only limited to individualistic behavior but also includes interactional and organizational dimensions. Similarly, Hamidah (2015) noted that professionalism in universities should be developed systematically; it should be supported by institutional policies that encourage ethical behavior and should also be taught directly by faculty who act as role models.

Indeed, role modeling has been considered as one of the core strategies to instill professionalism among medical students. According to Cruess et al. (2008), students imitate their mentors; therefore, educators must continuously model professionalism in their interactions. When faculty members model discipline, ethical integrity, and effective communication, students will gain greater insight into professional expectations and norms in the practice of medicine.

Unprofessional Conduct

Professionalism is a core competency in medical education, yet maintaining it in small group discussion (SGD) remains a challenge. Some students exhibit unprofessional behaviors, such as excessive mobile phone use, tardiness, and negative peer influence, which disrupt the learning process and hinder the development of professional attitudes. These behaviors not only affect individual learning but also affect group dynamics, reducing overall engagement and collaboration.

"Masih banyak yang pegang HP dok saat pertemuan pertama padahal di kontrak kuliah sudah tegas aturannya." R4

"Terlambat ya dok, cerminan nggak disiplin saat tutorial termasuk melanggar kontrak kuliah." R2

"Kating-kating yang patol bisa jadi sumber oknum yang nggak bener buat adik tingkatnya, jadi bikin gampangin nanti." R5

The impact of external influences and unclear institutional policies on student professionalism has been well documented. Ginsburg et al. (2000) found that peer behavior, institutional culture, and leniency in policy enforcement contributed to professionalism violations. Negative role models, especially senior students, may encourage a relaxed attitude towards professional expectations, leading to the normalization of tardiness, rule violations, and disengagement in learning activities (Hodges et al., 2011). Research by Al Gahtani et al. (2021) also emphasizes that students who perceive a lack of accountability in their academic environment are more likely to exhibit unprofessional behavior.

Cell phone use during academic sessions, especially in SGD, is an increasing problem. While technology can enhance learning if used appropriately, excessive and inappropriate use can lead to distraction, reduced participation, and lack of engagement (Curran et al., 2020). Tardiness, another frequent problem, signals a lack of discipline and respect for peers and lecturers, thus undermining the collaborative learning experience (Song & Elftman, 2023).

Consequences for Unprofessional Behavior

The results of the study state that the consequences of disciplinary action are Reporting the offense to the course coordinator or course coordinator, with the consequence of an attendance record.

"Kalau saya sih saya laporkan ke koordinator atau PJMK mata kuliah, yang bersangkutan diapakan ini." R1

"Lapor PJMK dan Koordinator dan izinkan masuk mahasiswa tersebut namun saya alfakan absensinya, paling tidak dia masih dapat ilmunya walau terhitung absen." R5

Faculty members play an important role in upholding professionalism by implementing clear disciplinary actions against students who fail to adhere to ethical and academic expectations. Holding students accountable for unprofessional behavior, such as tardiness, cell phone use, and disruptive behavior, is critical to fostering a professional learning environment (Al Gahtani et al., 2021).

Enforcing attendance-related penalties serves as an effective deterrent against misconduct. Institutions should ensure that policies are clearly communicated and consistently applied, as unclear or inconsistently enforced rules can contribute to professionalism violations (Hodges et al., 2011). Papadakis et al. (2005) found that

students who commit professionalism violations repeatedly have a higher risk of facing disciplinary action later in their careers.

Effective disciplinary actions include:

- Formal warnings: Issuing a formal notice for minor offenses.
- Attendance Penalties: Flagging students who are absent due to tardiness or repeated offenses.
- Guidance & Remediation: Providing guidance to students experiencing professionalism issues (Cruess et al., 2008).

While law enforcement is necessary, institutions should also provide mentorship programs to guide students towards professional growth (Curran et al., 2020). A balanced approach between strict law enforcement and educational interventions can help create a culture of accountability and professionalism, allowing students to develop into competent healthcare workers.

Based on the research data, a student is called a professional and the factors that support professionalism within the student if the student has good intentions in themselves for all aspects of education by being able to position themselves well in their environment, both the learning environment and the community environment. Then actively participate in scientific forums and activities. Understand and respond to what to do when faced with a problem or case of illness during the SGD. Comply with the regulations that have been enforced during the SGD. Respect and appreciate the scientific forum by being able to discuss scientifically, communicatively and politely in front of students and lecturers. Appearing neatly when the SGD begins, it gives respect to the student himself and respects the ongoing scientific forum because the scientific forum is part of the learning and teaching process in an educational institution.

The Small Group Discussion (SGD) sessions in the integrative module course at FK UNUSA have been implemented effectively. However, continuous improvement is necessary due to challenges that affect student professionalism during the discussions. These challenges include the diverse personal characteristics of students, which can influence peer interactions, and the limited availability of university facilities and infrastructure, which need enhancement to better support the teaching and learning process. The findings emphasize the importance of addressing both interpersonal dynamics and institutional support to improve professionalism in small group discussions. Professionalism is a critical competency in medical education, as it underpins effective teamwork and patient care (Babiker et al, 2014). The diversity in students' personal characteristics reflects the need for tailored

approaches to teaching professionalism, recognizing that individual differences can impact group dynamics. Research suggests that diverse personality traits among students can either enhance or hinder collaborative learning environments, depending on how well differences are managed. Structured interventions, such as team-building activities and conflict resolution training, could help students better navigate these differences and foster a more professional learning atmosphere. n addition, the limited availability of facilities and infrastructure highlights a broader issue in medical education: the alignment of institutional resources with curricular demands. Studies have shown that adequate physical and technological resources are essential for the effective implementation of active learning strategies, such as SGDs (Frenk et al., 2010). Enhancing facilities—such as creating dedicated spaces for SGDs and providing reliable technological support—can significantly improve the learning experience. The diversity in students' personal characteristics reflects the need for tailored approaches to teaching professionalism, recognizing that individual differences can impact group dynamics.

There are consequences in the learning and teaching process during SGD when the integrative module course is taking place, namely that students receive a warning from the lecturer who acts as a facilitator, then the student concerned is reported to the course coordinator, given an E grade, given a penalty to leave the ongoing scientific forum and the lecturer has the right to write an alpha absence for students who are late more than once during SGD. To enhance the effectiveness of these measures, institutions might consider implementing professionalism workshops or peer mentoring programs that address common challenges faced during SGD.

Conclusion

The conclusion of this study is that the practice of student professionalism in small group discussions is shaped by multiple factors. Therefore, a comprehensive and ongoing enhancement process is essential to instill the values of professionalism from the early stages of medical education, ensuring the development of professional doctors who embody these principles throughout their careers. This finding holds implications for the future design of medical education curricula.

References

Al Gahtani, H.M.S., Jahrami, H.A. and Silverman, H.J. (2021) ‘Perceptions of medical students towards the practice of professionalism at the Arabian Gulf University’, BMC Medical Education, 21(1), pp. 1–9. Available at:

http://dx.doi.org/10.1186/s12909-020-02282-3.

Babiker, A., El Husseini, M., Al Nemri, A., Al Frayh, A., Al Juryyan, N., Faki, M.O., Assiri, A., Al Saadi, M., Shaikh, F. and Al Zamil, F. (2014) 'Health care professional development: Working as a team to improve patient care', Sudan Journal of Paediatrics, 14(2), pp. 9-16. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4949805/.

Burgess, A., van Diggele, C., Roberts, C. and Mellis, C. (2020) 'Facilitating small group learning in the health professions', BMC Medical Education, 20(Suppl 2), pp. 1–6. Available at: http://dx.doi.org/10.1186/s12909-020-02282-3.

Cruess, R.L., Cruess, S.R. and Steinert, Y. (2008) 'Role modelling—making the most of a powerful teaching strategy', BMJ, 336(7646), pp. 718-721. Available at: https://doi.org/10.1136/bmj.39503.757847.BE.

Curran, V.R., Fairbridge, N.A. and Deacon, D. (2020) 'Peer assessment of professionalism in undergraduate medical education', BMC Medical Education, 20(1), pp. 4–11. Available at: https://doi.org/10.1186/s12909-020-02282-3.

Darmayani, I.G.A.S. (2023) 'Effectiveness of Small Group Discussions (SGD) to Improve Learning Outcome and Critical Thinking in Medical Student: A Literature Review', Bali Medical Journal, 12(1), pp. 1179–1182. Available at: https://doi.org/10.15562/bmj.v12i1.3723.

Epstein, R.M. and Hundert, E.M. (2002) 'Defining and assessing professional competence', JAMA, 287(2), pp. 226-235. Available at: https://doi.org/10.1001/jama.287.2.226.

Frenk, J., Chen, L., Bhutta, Z.A., et al. (2010) 'Health professionals for a new century: transforming education to strengthen health systems in an interdependent world', The Lancet, 376(9756), pp. 1923-1958. Available at: https://doi.org/10.1016/S0140-6736(10)61854-5.

Ginsburg, S., Regehr, G. and Lingard, L. (2000) 'The disavowed curriculum: understanding students' reasoning in professionally challenging situations', Academic Medicine, 75(10), pp. S84-S86.

Hamidah, S. (2015) 'Sikap Profesional Mahasiswa Boga Ptbb Ft Uny Sebagai Perwujudan Profesi Tenaga Kerja Boga', Jurnal Penelitian Humaniora, 20(1).

Hodges, B.D., Paul, R. and Ginsburg, S. (2011) 'Assessment of professionalism:

Recommendations from the Ottawa 2010 Conference', Medical Teacher, 33(5), pp. 354-363. Available at: https://doi.org/10.3109/0142159X.2011.577300.

Meo, S.A. (2013) 'Basic steps in establishing effective small group teaching sessions in medical schools', Pakistan Journal of Medical Sciences, 29(4), pp. 1071–1076. Available at: https://doi.org/10.12669/pjms.294.3920.

Modi, J.N., Anshu, Gupta, P. and Singh, T. (2014) 'Teaching and assessing professionalism in the Indian context', Indian Pediatrics, 51(11), pp. 881–888. Available at: https://doi.org/10.1007/s13312-014-0517-4.

Papadakis, M.A., Teherani, A., Banach, M.A., Knettler, T.R., Rattner, S.L., Stern, D.T., Veloski, J.J. and Hodgson, C.S. (2005) 'Disciplinary action by medical boards and prior behavior in medical school', New England Journal of Medicine, 353(25), pp. 2673-2682. Available at: https://doi.org/10.1056/NEJMsa052596.

Rizvan, M. (2021) 'Implementasi Profesionalisme Kemampuan Guru dalam Mengelola Kelas di SDN 003 Tembilahan Hulu', Jurnal Pendidikan, Available at: https://repository.stai-tbh.ac.id/handle/123456789/100.

Song, X. and Elftman, M. (2023) 'Professionalism in small group learning between face-to-face and virtual settings: a mixed-methods study', International Journal of Medical Education, 14, pp. 36–42. Available at: https://doi.org/10.5116/ijme.63b9.8d1e.