

Qualities of Role Models of Internal Medicine Residents in a Tertiary National University Hospital in the Philippines

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ABSTRACT

Background. Teachers in medicine do not only teach scientific facts about health and disease to their learners but they are also looked up to as role models. Little is known about the qualities of consultant-faculty members who are regarded as role models by Filipino internal medicine residents.

Objective. This study aimed to determine the reasons why consultant-faculty members are considered role models by Filipino internal medicine residents.

Methods. A cross-sectional survey was conducted among internal medicine residents at a tertiary national university hospital in the Philippines. Participants were asked to give the reasons for citing consultant-faculty members who they consider as role models.

Results. There were 81 residents who participated (93% response rate) who gave a total of 332 qualities as reasons for citing them as role models. The most commonly cited quality category was those of personal qualities (35.84% of all responses). This was followed by academic, clinical, teaching, leadership and research qualities. Physical qualities were the least cited (0.30% of all responses). Across the four batches of residents, personal qualities were consistently cited the most number of times, while physical qualities were consistently cited the least.

Conclusion. Filipino internal medicine residents identified personal qualities as the most frequent reason for considering their consultant-faculty as role models.

Keywords: role model, internal medicine, postgraduate medical education, medical training, trainer qualities

INTRODUCTION

Teachers in medicine do not only teach scientific facts about health and disease to their learners. In fact, they pass on to their learners certain values that reflect in the way they interact with their colleagues, students, and patients. When asked, attending physicians mention that the values they attempt to pass on to their trainees are caring, respect, communication, and integrity.¹ It is by observing their clinical teachers in their words, actions, and behaviors do trainees acquire their set of values, humanistic behavior, communication skills, and professionalism.² Attending physicians are cited as central figures in incidents experienced by medical students that have taught them about professionalism and professional values. These were usually in the context of clinical encounters and teaching.³



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Role modeling has been found to be a predominant strategy for teaching relationship skills that are used by trainees in the clinical setting.² Also, exposure to role models has been shown to affect the choice of residents with regard to their choice of subspecialty fellowship.⁴ Thus, teachers in clinical medicine have the potential to be the role models of their trainees provided what they impart are favorably perceived by their learners.

The most important factors cited by residents in Canada in choosing their role models are clinical skills, personality, and teaching ability.⁵ This study by Wright⁵ involved residents from various specialties and did not deal with internal medicine residents alone.

In a study done in two Canadian and two US teaching hospitals, the traits of role model attending physicians cited by North American internal medicine residents (called there as house staff) were the following: spent time with house staff, had formal training in teaching, stressed the importance of the doctor-patient relationship, taught the psychosocial aspects of medicine, enjoyed teaching, and built relationships with house officers.⁶

In Canada, it was found that residents in family medicine and the medical subspecialties had role models which were similar but differed from their surgical counterparts.⁷

In a more recent (2017) study done in four geographically diverse US hospitals, they expanded the evidence on the topic and looked into the behaviors of ICU attending physicians that are valued by their learners. They also saw that teachers who are perceived to enjoy teaching were valued. Behaviors such as expression of empathy, explanation of clinical reasoning, and qualities of professionalism were also given importance.⁸

In the Netherlands, two studies looked into this topic. A multicenter study that involved residents from different specialties, internal medicine included, found that “giving residents feedback,” “creating a positive learning climate,” and “professional attitude towards residents” were the most regarded qualities. The views of residents did not vary with residency year level.⁹ It was also found out that it is the role as teacher/supervisor that had the most significant impact on overall teaching performance over the roles as physician and as person.¹⁰

Two studies on role models of residents are from the Middle East. In Lebanon, the qualities emulated by the trainees were related to clinical skills. In addition, they have identified inadequate humanistic and collaborative attitudes as characteristics of negative role models.¹¹ In the United Arab Emirates, personality, teaching skills, and clinical skills were the highest-ranking qualities.¹² On the other extreme, research skills and community service were the least important characteristics. The respondents of the study, however, was a mix of medical students in years 3-6, interns and residents, the latter comprising 13 of the total 96 respondents only. Aside from these two performed in the Middle East, no other studies have been done in Asia.

The qualities of role models of internal medicine residents in the Philippine setting have not been under much study, if at all.

By determining the qualities of role models of internal medicine residents, we will be able to look into the characteristics of their consultant-faculty members that they value and highly regard. These qualities can then be harnessed or developed among the consultant-faculty members. This then will make us have more effective role models involved in the training of residents so the latter will become competent, professional, humane, and compassionate medical practitioners in the future.

We will also be able to determine if the qualities emulated by internal medicine residents in North America, Europe, and the Middle East are the same for us here in the Philippines given the differences in culture, religion, and economics. The Philippine General Hospital (PGH) is unique because it caters to the poorest of the poor and at the same time is part of the University of the Philippines (UP) System which prides itself as a research university. It would then be interesting to see whether compassion for the poor and excellence in research would be traits valued by our residents.

The general objective of our study was to determine the reasons why consultant-faculty members are considered role models by internal medicine residents at the Department of Medicine, Philippine General Hospital. Specifically, our study aimed to: (1) identify the qualities of role models of internal medicine residents, (2) categorize the qualities of these role models emulated by the residents, and (3) determine the frequency by which these qualities are mentioned by the internal medicine residents.

MATERIALS AND METHODS

Research design

Cross-sectional survey

Study population and Setting

The survey was conducted among individuals who fulfilled the following inclusion criteria: (1) Internal medicine resident of the Department of Medicine, Philippine General Hospital, University of the Philippines Manila; (2) Belonged to any of the following batches [first year, second year, third year, or most recent batch of graduates who finished last Dec. 31, 2019].

Exclusion were as follows: (1) Internal medicine residents who do not provide informed consent to participate; (2) Medical students, interns, and fellows; (3) Adult neurology, family medicine and emergency medicine residents rotating in the Department of Medicine; (4) Nuclear medicine residents of the Division of Nuclear Medicine, Department of Medicine; (5) Dermatology residents of the then Division of Dermatology under the Department of Medicine, now Department of Dermatology.

The setting of this research was the Department of Medicine which has an internal medicine residency training program duly accredited by the Philippine College of Physicians. The Philippine General Hospital, the National University Hospital, is a tertiary, government training hospital of the University of the Philippines Manila.

Methodology and Data Collection

The participants were made to answer a single open-ended question worded as follows:

“Who among our consultants do you regard as role models? Think about them in your head but do not identify or mention them in your responses. Please cite the reasons why you consider him/her/them as such.”

The questionnaire was sent as a Google Form via email. The participants were not given any choices so that the respondent would really think about their role model in their mind and not be prompted by a list of consultant-faculty members. The number of responses were also not limited.

The explanation of the consent form, collection of informed consent, distribution of the survey, and collection of responses were done by an independent research staff who was not part of the department to avoid bias in favor of this study’s principal investigator who is a consultant-faculty member of the department.

The responses were tallied verbatim, reviewed, and classified according to their common themes.

Ethical Considerations

This study was registered with the University of the Philippines Manila Research Grants Administration Office (RGAO-2020-0520) and given ethical clearance by the

University of the Philippines Manila Research Ethics Board (UPM REB Code 2020-381-01).

Participation was purely voluntary. Informed consent was taken from the prospective respondents.

As trainees, the residents can be considered part of a vulnerable population since they are junior members of a hierarchical group. However, this study looked at role models from their perspective hence the need for them to be the respondents. The respondents’ participation in or withdrawal from the study at any point had no bearing on professional relationships, their academic standing as trainees, and their employment in UP-PGH.

RESULTS

There were 81 residents who participated in this study out of a target population of 87, giving a 93% response rate. Sixty two percent (62%) of the respondents were males, with a mean age of 28 (range: 25 to 35 years old). All batches were similarly represented in this population as there were 19 respondents who were first year residents, 21 second year residents, 21 third year residents, and 20 recent graduates.

A total of 332 qualities of their role models were identified by the 81 residents. The number of qualities of role models identified by each resident ranged from zero to 22, with an average of 3.54 (Figure 1).

The qualities identified were reviewed by both authors according to similarities of themes. The qualities were eventually sorted into seven categories: clinical, teaching, research, academic, personal, physical, and leadership qualities.

Clinical qualities are characteristics that pertain to how the faculty member interacted with patients. Teaching qualities are characteristics that pertain to how the faculty

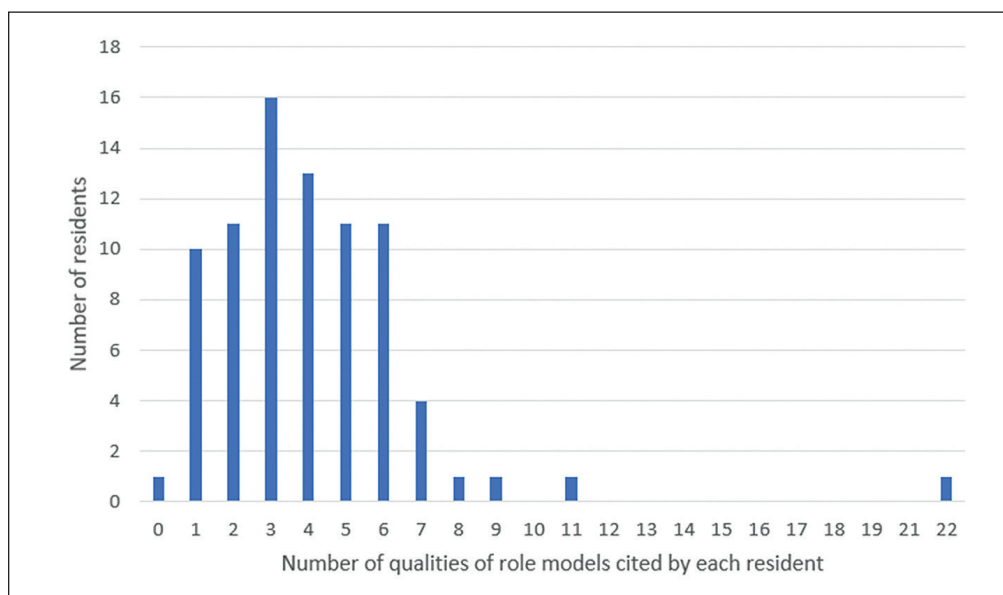


Figure 1. Frequency distribution of the number of qualities of role models cited by each resident.

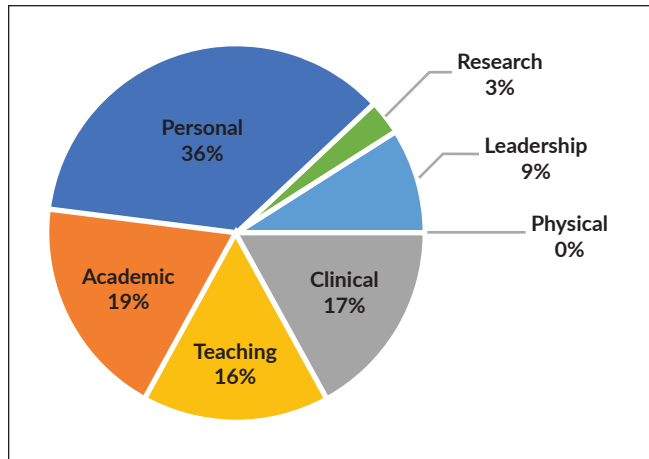


Figure 2. Relative distribution of the qualities of role models of internal medicine residents (out of 332 qualities).

member imparted knowledge or skill to trainees. Research qualities are characteristics that pertain to how the faculty engaged in research activities. Academic qualities are characteristics that pertain to knowledge, the ability to learn, reason, and understand. Personal qualities are characteristics that pertain to the essential character of an individual. Physical qualities are characteristics that pertain to the person's appearance. Leadership qualities are characteristics that pertain to how a person guides, directs, and influences a group. See Table 1 for examples of these qualities.

The most commonly cited quality category was those of personal qualities, being mentioned 119 times (35.84% of all responses). This was followed by academic (19.28%), clinical (16.57%), teaching (16.27%), leadership (9.34%) and research qualities (2.41%). Physical qualities were the least cited (only once or 0.30% of all responses) (Figure 2 and Table 2).

Table 1. Categories of Qualities of Role Models Cited by Internal Medicine Residents and Frequency that these Qualities are Cited

Personal Qualities (n=119)	Teaching Qualities (n=54)
<ul style="list-style-type: none"> Approachable (12) Humble / down to earth (12) Work-life balance (12) Caring (6) Family-oriented / family man (4) 	<ul style="list-style-type: none"> Good lecturer / good teacher / teaches well (9) Always gives time to teach students and residents (6) Passionate to teach (3) Approachable to students (2) Fosters culture of learning (2) Gives constructive feedback to residents (2)
Academic Qualities (n=64)	Leadership Qualities (n=31)
<ul style="list-style-type: none"> Brilliant / intelligent / knowledgeable / smart (13) Has not lost proficiency in general internal medicine despite having a subspecialization (8) Academic excellence (2) Acknowledges and welcomes feedback and other's opinions (2) Critical thinker (2) Inquisitive (2) Up-to-date (2) With intellectual humility (2) 	<ul style="list-style-type: none"> Good leadership skills / possesses leadership qualities (6) Listens to residents (4) Diplomatic in person-to-person encounters (3) Able to do administrative work (3) Hands-on / involves himself in the current set-up (2)
Clinical Qualities (n=55)	Research Qualities (n=8)
<ul style="list-style-type: none"> Successful / very good clinician (6) Compassionate (6) Empathetic (6) Good bedside manners (4) Dedicated to his patients (3) Good patient rapport (3) 	<ul style="list-style-type: none"> Good / great researcher (3) Research-oriented (3) Involved in research, public health and clinical trials (1)
	Physical Quality (n=1)
	<ul style="list-style-type: none"> Always fresh-looking (1)

Note: This table shows the top 5 most frequently cited qualities per category.

Table 2. Frequency Distribution of Role Models Cited by Internal Medicine Residents

Qualities of Role Models Cited	Number of times cited by residents					% of all responses
	1 st year	2 nd year	3 rd year	Recent graduates	Total	
Personal Qualities	20	23	38	38	119	35.84
Academic Qualities	14	16	22	12	64	19.28
Clinical Qualities	13	14	9	19	55	16.57
Teaching Qualities	14	12	10	18	54	16.27
Leadership Qualities	5	11	10	5	31	9.34
Research Qualities	1	2	4	1	8	2.41
Physical Qualities	0	0	0	1	1	0.30
Total	67	78	93	94	332	100.00

Across the four batches of residents, personal qualities were consistently cited the most number of times, while physical qualities were consistently cited the least (Table 2).

DISCUSSION

Personal qualities are the characteristics most often emulated by residents. How faculty members interacted with patients — the clinical qualities — were the third most frequently cited set of qualities. These two categories of qualities are difficult to measure and cannot be determined by going over a faculty's curriculum vitae. These are qualities innate to one's own self and are important in the practice of medicine as an art.

Among the personal qualities, being “approachable,” “humble or down to earth” and “having a work-life balance” were found to be the most frequently cited, being cited 12 times each among the 90 personal qualities.

Academic qualities and teaching qualities are also important for the residents, being the second and fourth most frequently cited group. This is not surprising as our department is part of the national university hospital.

Among the academic qualities, being “brilliant / intelligent / knowledgeable / smart” was the most frequently cited quality, followed by “has not lost proficiency in general internal medicine despite having a subspecialization.”

Among the teaching qualities, “good lecturer / good teacher / teaches well” and “always gives time to teach students and residents” were the most frequently cited qualities.

“Good leadership skills / possesses leadership qualities” and “listens to residents” are the two most frequently cited leadership qualities.

Proficiency or involvement in research as a quality worth emulating was mentioned by eight residents only. This is in contrast to universities placing a high premium on research output for faculty promotion and tenure. This finding suggests that proficiency and competency in research and the research methods are not among the qualities emulated by these trainees at this stage of their medical careers. The same findings were also seen by Wright and colleagues who found that physicians who spend more time in research were not more likely to be cited as role models, but those who spent more time in teaching and administrative work were more likely to be role models.⁶

Though a single physical quality was mentioned as worth emulating (“fresh-looking”), no resident mentioned material wealth or financial status as worth emulating. It is encouraging to know that our residents do not see being financially rich as a quality worth emulating in their teachers, suggesting that they pursue the profession of medicine not as a means to be wealthy. In addition, it is comforting to know that our residents see beyond the physical appearance and value more the substance of an individual.

Our findings are consistent with those reported in other countries, with emphasis on personality,^{5,8,11} clinical,^{5,10,11} and

teaching skills^{5,6,11} as qualities worth emulating. Compassion in the general sense was mentioned but compassion specifically for the poor was not cited even if the Philippine General Hospital caters to the most resource-limited patients.

Let us now discuss the implications of these results. Now that we know what internal medicine residents emulate in their role models, these are the qualities that must be prospectively looked into among the new faculty members whom the department will be accepting in the future. For the faculty already within the department, these cited qualities are what should be developed and nurtured. For the faculty who already have these desired qualities, they should be nurtured and appreciated to stay with the department and continue to be involved in the training of residents. Perhaps, there could be mechanisms on how to give credit to these subjective and “soft” qualities for faculty promotion.

Research qualities are not among the top reasons why an internal medicine resident would consider a consultant-faculty member a role model. For UP, being a research university, this now poses a challenge. The faculty members are placed in an awkward situation wherein the university administration, on one hand, requires and puts a high premium on research among its faculty for promotion and tenure, while their trainees, on the other hand, do not see proficiency in research as a quality of a role model. More effort must collectively be done by the university to promote the culture of research among its constituents.

How the qualities of the role models affect residents' outcomes such as their competencies and choice of subspecialty are not within the scope of this study and are recommended to be looked into in subsequent studies.

The survey was phrased as an open-ended question. There were no choices given. Thus, the identification of the qualities of role models was based purely on recall and not by selection from a list of possible choices. This may introduce recall bias. However, we think this is actually a strength because the role models that the residents had in mind are most probably those who have impacted on their lives because they were pertained to without the need to select from the faculty roster.

One limitation of this study is that it only involved one teaching hospital thus making it not generalizable to other institutions in the Philippines with internal medicine residency programs. Also, these qualities may not be the same qualities emulated by residents in other specialties like the surgical fields of surgery, obstetrics-gynecology, orthopedics, otorhinolaryngology, and ophthalmology and the diagnostics fields with less patient interaction like radiology and pathology. Surgical residents must see manual dexterity and surgical skillfulness as worth emulating, while radiologists and pathologists might not consider the clinical qualities important. This is an avenue that is open for further research.

Another limitation of the study is that it was delivered as an online questionnaire. This was to ensure the anonymity of the principal investigator who is a consultant-faculty member of the department so that responses will not be

biased since some responses might be in his favor. Focused group discussion as an alternative method of data collection was suggested but this would remove the anonymity of the principal investigator. In addition, the ethics review panel which reviewed this protocol emphasized that the responses of the residents should not be traceable to them since the principal investigator conducting the study and his supervisory role over the residents could not be separated. It is for this reason why the principal investigator could not go back to the residents to probe and clarify their answers.

CONCLUSION

Filipino internal medicine residents identified personal qualities as the most frequent reason for considering their consultant-faculty as role models. These were followed by academic, clinical, and teaching qualities. Research qualities and physical qualities were the least cited reasons.

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Statement of Authorship

Both authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

The authors have no potential conflict of interest to disclose.

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