



**Perception of Role Modeling among Clinical Residents at Addis Ababa
University School of Medicine: A Qualitative Study**

By

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This is to certify that Mr. Tamrat Nida's dissertation, "**Perception of Role Modeling among Clinical Residents at Addis Ababa University School of Medicine: A Qualitative Study**" submitted in partial fulfillment of the requirements for the degree of "Master of Science in Health Science Education" in the department of Health science education, complies with university regulations and meets the accepted standards for originality and quality.

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DECLARATION

I declare that this research paper titled "**Perception of Role Modeling among Clinical Residents at Addis Ababa University School of Medicine: A Qualitative Study**" is my original work and has not been submitted for any degree at any other university and that all sources of materials used for the research have been properly acknowledged.

Tamrat Nida

Signature.....

Date.....

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SUMMARY

Background: One of the most effective ways of transferring values, attitudes, thinking patterns, and behaviors to students is through role modeling (Bandura, 1986). Professionalism, role modeling, and other human abilities are seen as components of the “hidden curriculum” in medical school. An individual imitates the conscious or unconscious activities of the role model through observation and reflection (Epstein RM, 1998). Researchers confirmed that it allows students to actively learn by actively observing the teacher throughout the process, role modeling is a successful teaching method.

Objectives: To explore perception of role modeling among clinical residents at Addis Ababa University School of Medicine

Methods: Qualitative methods and grounded theory were used. The phenomenon of interest was ten clinical resident students (R1 to R3) students from Pediatrics, Gynecology, Orthopedics, Surgery, and Anesthesiology departments during the study period from October 2022 to June 2023. The study sample includes five females and five males. The data collection tool was a questionnaire with an open-ended question.

Results: Two students ($n = 2$) said that there were no negative role models at the institution, and two students ($n = 2$) did not respond to this question. Six students ($n = 6$) said that one or more of their teachers were negative role models. According to participants, most of them are affected by their role models, and this leads them to choose their specialty program. To be considered by the learner as a good role model one should have excellent medical knowledge, skills, and effective patient communication in addition to patient care. A few encounters, culture, working environment, and excess workload were a challenge for becoming a role model. Participant emphasis on providing feedback to their teachers has an importance in role modeling.

Conclusion and recommendation: The negative role model experience in medical school has an invisible influence on making decisions in life. Professional behavior and career choice are negatively affected due to negative role models. Clinical teachers and residents should always be conscious of the role modeling process and the possibility of harmful behavior transmission. It's better if there is a means to provide feedback to senior clinical teachers. To promote clinical resident training in medical school, role modeling must be intentionally used and supported as an instructional method.

1. Introduction

1.1 BACKGROUND

Our role model inspires us to be more like them. It has power, every successful individual has a role model who positively uncovers our potential to help us understand the world. Their impact goes up to life-changing, it is possible to alter previously taught behavior, acquire new conduct, or even role modeling. According to (Bandura, 1986) Modeling is one of the most powerful means of transmitting values, attitudes, patterns of thought, and behaviors to students. An individual imitates the conscious or unconscious activities of the role model through observation and reflection (Epstein RM, 1998). Researchers confirmed that role modeling is a useful teaching technique because it enables students to actively learn by active observation of the teacher throughout the process (Sylvia R Cruess, 2008).

Role modeling highly influences educational qualities and outcomes. A healthcare professional educator has many opportunities to demonstrate the unintentional, unaware, and informal behavior of role models (Kenny Nuala P., 2003). Professionalism, role modeling, and other human skills are considered components of the “hidden curriculum” in medical school. Studies show that an informal and hidden curriculum has a strong correlation with professionalism and role modeling in medical school (Ieva Ozolins, 2008; Sanjib Kumar Ghosh, 2019).

Philip Jackson coined the phrase "hidden curriculum" in 1968 and it refers to a set of unspoken or implicit rules, values, behavior, and norms that students learned from their school or pick up through the socialization process. The hidden curriculum is hidden but important, how students choose to internalize the school culture and perform the culture has an impact on their performance in the school. Through hidden curriculum knowledge, attitude, and behavior are delivered indirectly and unconsciously by word or practice is considered a part of life in society. Students acquire it from the learning environment. It is described as an unintended outcome for the learner from the school. Knowledge and behavior are constructed outside the usual course material and formally scheduled lessons and we usually do not recognize it exists. Various literature explains the significant impacts of hidden curricula on all levels of the learner in medical education (Alsubaie, 2015; Hafferty, 1998; Mona F. Sulaimani, 2019).

The medical school is expected to produce competent, skillful, and devoted physicians. Learning in medical education takes place to a larger extent outside a formal curriculum(Frederic W. Hafferty, 2015). Hidden curriculum has a negative impact on how trainees build their professional identities and can have an immediate effect on patient care(Robin Mackin, 2019). Therefore, it's essential to understand the culture that has developed in any patient care setting(Frederic W. Hafferty, 2015).

Role modeling is a successful learning technique in medical education and an effective teaching tool for imparting the wisdom, competence, and worth of the medical field(Cruess Sylvia R. , 2008).It's very important in order to prepare for interactions between students and patients, as well as students' desire to see the use of effective soft skills(Joubert PM, 2006). Good role models help us to become successful and direct us for the future. In medical education, positive role modeling is an important teaching tool to acquire fresh information and use it in one's work as a physician(Ficklin FL, 1988; Sylvia R Cruess, 2008).

This study uses a qualitative study approach to investigate how clinical residents at Addis Ababa University School of Medicine perceive role modeling.

1.2. THE RATIONALITY OF THE STUDY

In a country like Ethiopia, which has a number of medical schools over the country. The social organization and culturally diverse medical students' choice of role models and their perceptions are highly influenced. In addition, the characteristics (criterion) of medical students' role modeling are different from other countries and need investigation.

Several studies examine the role models of medical students from Europe and developed countries. However, very little information is identified about the impacts of role models from Ethiopian medical school where the culture and social organization is different from the world. In addition, the various studies examined role models from the perspectives of the role models themselves(Ambrozy D M, 1997; Elaheh Mohammadi, 2021; Linda A. Althouse, 1999). In contrast, the perception of role modeling has not been well explained in the literature on medical education from the clinical resident students' perspective.

The need for this study is that to our knowledge there is no data at present on the perception of clinical resident students in our country setup. In addition, the idea and concepts of role model and role modeling in the School of medicine, College of Health Science, and Addis Ababa

University is not been well studied in the past. Therefore, the purpose of this study is to explore the influence of role models on clinical resident students from their own perspectives. Investigation of role model characteristics will provide direction for future research. In addition, the findings of the study will be useful for the organization to give attention to the importance of role modeling, improving the institutional culture and overcoming institutional barriers to effective role modeling, and improving institutional support.

The central research question for this study is “what is the perception of clinical residents regarding their role models and which characteristics do they emulate from their role models in our context?”.

2. LITERATURE REVIEW

2.1. GENERAL OVERVIEW

(Vimmi Passi, 2013) in their reviewed paper highlighted role modeling as an important process of professional development that involves excellence in clinical competencies, teaching skills, and personal qualities. In addition, a healthy role model in medical school is related to a healthy person and adult learner characteristics (Leman, 2020). It's an effective means to pass on professional values, attitudes, and behavior in a health service (Elisabeth Paice, 2002). In contrast, negative role modeling has negative influences and requires deeper exploration to reduce the adverse effects (Vimmi Passi, 2013). Poor role modeling has a negative emotional and detrimental effect on medical students (Joubert PM, 2006).

Various research also emphasizes the importance of role models in teaching medicine (Shapiro, 2002). Wright and Carrese examine the topics related to physicians serving as role models for diverse medical students. They identified that learners prefer role models culturally similar to them, role modeling becomes easier when the teacher resembles them (Scott M Wright, 2003). According to (McLean, 2004) reports on student perception of role models from South African medical school and they concluded that cultural background influences the learner's choice of role models. They also consider the need for global medical training and the need for faculty to provide appropriate role models for medical students.

(Adeela Bashir, 2021) examine how clinical faculty members and medical students see role modeling. They discovered that one of the most crucial tactics for teaching medical

professionalism is positive role modeling. However, it cannot be effective unless the institution plays its role in promoting a culture of professionalism. In addition, regarding clinical teachers,(Elaheh Mohammadi, 2021) stated that encouraging clinical teachers to make a continuous effort to improve role modeling, time management, and self-control is very helpful in reducing the challenge of role modeling for clinical teachers. Expectations from students about professionalism must be defined. As if we demand more professionalism from our students, we should also demand it from educators and leaders inside our organizations(David T Stern, 2006). In addition, understanding clinical teachers' good behavior and supporting them during student clinical experiences promote a productive teaching-learning environment. In addition, it improves student motivation, expands their learning opportunities, and improves their clinical skills(Mohamad AlMekkawi, 2020).

According to(Basco William, 2001) finding, most medical students have a physician role model, and many of them are influenced by their specialty choices.(Rawan Abdulrahman T. Harun, 2022) find that role modeling has a positive influence on female medical students at the level of specialty decision-making. Another study found that role modeling had a positive impact on the achievement of clinical skills, and the acquisition of humanistic and collaborative attitudes, in addition, it influences the trainee's choice of specialty(Yazigi A., 2006).

According to the motivational theory of role modeling. Role modeling has the power to influence and reinforce existing goals and facilitate the adoption of new goals and motivation(Thekla Morgenroth, 2015). Therefore, to help with general practitioners' training, role modeling has to be actively used and encouraged as a teaching tool(Elizabeth Lamb, 2022). (Elzubeir M A., 2001)intheir study concluded that knowing the characteristics of excellent role models is helpful for the medical educator to formulate a strategy to recruit and develop.In addition, encouraging and increasing exposure to excellent role models inspire medical practitioners.

2.2. THEORETICAL/CONCEPTUAL FRAMEWORK

Modeling in psychology or social learning theory was created by Albert Bandura in 1960. His assumption is that first, humans are a product of learning that influences their behavior. Secondly, humans have a large capacity for symbolization (language). The third and major assumption of Bandura is that humans are influenced by three things all reciprocally influencing each other bidirectionally called “reciprocal determinism”. The one is the person’s brain itself and what he thinks, does, and feels it involves cognitive, affective, and biological events. The second influence is the environment and the third is the behavior of the individuals(Bandura, 1977, 1985).

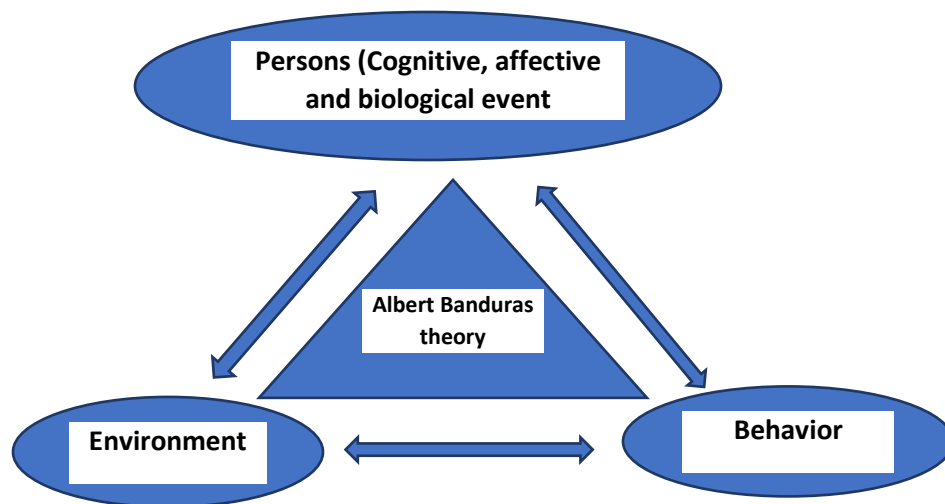


Figure 1: Reciprocal determinism among the three classes of social learning determinants (Ted L. Rosenthal, 1978)

Bandura’s theory of “social cognitive/ learning theory” of modeling emphasizes the importance of observing in modeling the attitude, behavior, and emotional reactions of others. Stated that role modeling is much more than imitative behavior and highly influences observers’ behavior. If the modeled behavior is complex, repeated observation and presentation are important to produce complete and accurate learning(Bandura, 1977).Additionally, Bandura emphasizes the relevance of motivation and mental health as well as self-efficacy as a subset of social cognitive theory.He asserts that self-efficacy influences human behavior and is a powerful predictor of great achievement in reaching a certain objective. Since learning is influenced by a person’s

motivation and mental health, observation alone may not be sufficient to maximize learning(Bandura, 1986).

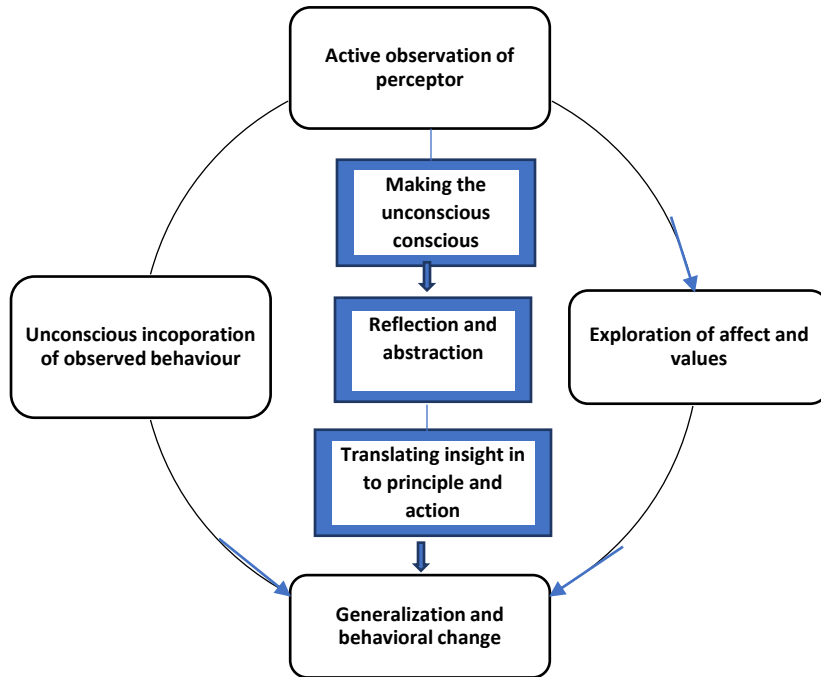


Figure 2: Active observation in clinical medical education(Epstein RM, 1998)

Role models teach us via observation and reflections.It involves a complicated fusion of conscious and unconscious actions.The stage in the observational learning and modeling process (Fig. 2) involves people’s need to put attention to the behavior of others by active observation of the learner. Then they store the observed behavior and make it conscious.Then reproduce that behavior by translating it into principle and action. Finally, the learner motivates themselves to generalize and generate that behavior continuously.The social cognitive theory developed by Bandura explains this process(Bandura, 1985).

3. OBJECTIVES

3.1. GENERAL OBJECTIVES

To explore the clinical resident perception of role models by using a qualitative study design

3.2. SPECIFIC OBJECTIVES

- To explore their experience of negative and positive role models
- To explore the impact that role models have on their carrier (specialty) choice
- To explore the impact of negative role modeling on the quality and outcome of their clinical practice
- To explore the opportunities and challenges to become a role model

4. METHODOLOGY

4.1. STUDY SETTING AND PERIOD

The study was conducted at Addis Ababa University's School of Medicine, College of Health Sciences, which is situated in Ethiopia's capital city of Addis Ababa. The time frame for this study was October 2022–June 2023.

4.2. STUDY DESIGN

Qualitative methods and grounded theory were used. The phenomenon of interest was clinical resident students.

4.3 POPULATION

4.3.1. SOURCE POPULATION

The source population of the study will be female and male clinical resident (R1 to R3) students from pediatrics, gynecology, orthopedics, surgery, and anesthesiology departments during the study period from October 2022 to June 2023.

4.3.2. STUDY POPULATION

All of the study population was volunteer clinical resident students from each department.

4.4. ELIGIBILITY CRITERION

4.4.1. INCLUSION CRITERION

The study included willing participants' R1 to R3 clinical residents' students

4.4.2. EXCLUSION CRITERION

Participants unwilling to participate and do not give informed consent

4.5. SAMPLE SIZE

The total sample size was 10 clinical resident students, two from 5 departments including pediatrics, gynecology, orthopedics, surgery, and anesthesiology departments.

4.6. DATA COLLECTION

A study participant was asked using a semi-structured interview with an open-ended question to explore their perception of role models will last for 20 – 30 min. Pre-specified questions about the professional and personal traits of good and negative role models, as well as how these models affect professional learning and career decisions, were included in the questionnaire. The conversation and data were captured by two audio recorders and were transcribed.

On a password-protected personal computer, the raw data was transformed to computer files. The files for each interview were named according to the normal procedure for transcribed 10 data. For the sake of safety and integrity, the data was structured and preserved in accordance with the time, location, and data-gathering technique.

4.6.1. DATA TRANSCRIPTION

The interview was recorded, transcribed, reviewed, and coded separately. The majority of the data was in English; however, a portion of the Amharic data was translated into English using comparable phrasings and terms.

4.7. ETHICAL APPROVAL

Before beginning data collecting and preliminary research, the Department Research and Ethics Review Committee Department of Health Science Education acquired ethical clearance and permission following the filing of the project. The research's goal was briefly described to study participants, who were also advised that their replies would be processed with absolute anonymity. Following the research participant's agreement, samples and data were gathered. Throughout the study, confidentiality, anonymity, neutrality, accountability, and academic honesty were maintained.

4.7.2. DISCLOSURE

The procedure and purpose of the study were explained to the participants, and they agreed to take part willingly. They informed that they might leave the interview at any time. They were also assured that their identities would be kept private in study reports. The discussion's ethical consideration was assured by privacy and secrecy, with each research participant providing written informed permission. Participants were provided with participant numbers to preserve anonymity.

4.8. OPERATIONAL DEFINITIONS

Negative role model:is someone whose negative activities impact a peer or relative.

Positive role model:A person whom someone admires and offers a variety of beneficial or useful behavior imitated by others.

Role model:is someone whose behavior someone admires and tries to emulate.

5. RESULTS

In the present study, participants explore the perception of role modeling. The study sample includes five (n=5) females and five (n=5) males. All the participants were medical residents at Addis Ababa University College of Health Science. The findings of qualitative content analysis can be divided into six groups. Including, how role model affects them and influence others, the influence role model on their career choice, personalities and distinct characters of positive role model, personalities and distinct characters of negative role model, attributes of positive role models and challenges and opportunities to establish oneself as a role model.

5.1. HOW DO ROLE MODELS AFFECT YOU?

The role models that you choose to follow determine everything that happens in your life. When you are born you have no idea about yourself at all, but when a child is treated by their family forms your image and determines whether you are important, intelligent, valuable, or competent.

“People believe what you do but not what you say” We are greatly influenced by the people around us. When we grow up we copy the people around us. We look up to certain role models and try to be more like them whether consciously or unconsciously.

According to participants, most of them are affected by their role models, and this leads them to choose their specialty program. One resident said:

“There was one teacher when I was at Awassa UG school, she was a pediatrician, and currently she is a neonatologist there. So, she was my role model...It affected me greatly because when I was attending pediatrics, she taught me a lot about respecting people, how to treat children properly, how to show sympathy, and how to be a great doctor. If it was not for her, I have probably chosen surgery. Because my interest was surgery but, my love for children made me change my choice to pediatrics.” (Participant 2)

This participant adds about the special episode and experience with the role model:

“Especially one day I made a round with my role model. He was playing with one child, he was playing like a child like he was his friend. He is at an advanced age but when he sees a kid he goes down to their age and plays like his friend.... That was a special moment for me. Another I observed was in the renal clinic, he works like a resident even if he is a sub-specialist he takes

blood pressure and vital signs, and he writes medication for the patient, like any resident.”
(Participant 2)

Another resident adds:

“When I was working the internship, I have experience with working with gynecology and obstetrics. So that is the specific time I started to love the Gynecology... and it affected me positively.” (Participant 3)

The participants also identify the positive impacts of their role models that affect their patient care. The pediatrics chief residents said:

They affect me 1st Instead of just treating the disease as a doctor, I observe and understand some staff about their extent of approaching the patient, advocacy, and representative for the child, and holistic care toward the child.... Most of the time as a student we tend to read scientific things and settle on accurately diagnosing and treating. Our role models, besides treating the specific patients show us more than the cure like holistic care and understanding of the family (...including social status). (Participant 1)

In addition, the pediatric resident describes the experience or special episode with her role models as follows:

It was an experience with her when we worked in the ICU together recently, she was a 12-year-old girl who had attempted suicide.... During our follow, I remember that, most of the time she didn't focus only on whether the attempt she made at herself was safe or not. Her care was not ended with only medical care, she took more than an hour and she treated the child as a psychiatrist and pediatrician They were talking with crying. She worries about what motivates her to do this. From that point of view, it reminded me how much she has deep advocacy and heartthrob for her patients. (Participant 1)

The surgery resident adds:

“A single person influenced my decision to pursue the specialization program.... during my internship program I attached the surgery procedure by assisting our instructors that affect me to choose the specialty program.... he affects me in a positive way, his punctuality, politeness, he

is available at the workplace at any time, and come to assist us. I wanted to be like him.”
(participant 4)

Effective role models work hard and pitch in when colleagues need assistance, always exhibiting a dedication to their work objective.

The orthopedics resident said:

“I have the experience to work with many senior surgeons in the orthopedics. I have seen a lot of patients treated by them with good outcomes. Those fractured patients ambulate on the next or the second day. These outcome leads me to choose these specialty programs.” (Participant 5)

The anesthesiology resident said:

“There is a person that I looked up to, my consultant, who is very hard work and very intelligent, highly committed to his profession.” (Participant 6)

5.2. THE ATTRIBUTES OF POSITIVE ROLE MODELS

Previous researches on role modeling revealed that positive role model characteristics may be classified into three categories: clinical characteristics, teaching skills, and personal traits. and are crucial considerations for medical students when choosing a role model (Elzubeir M A., 2001; Paukert J L, 2000; Wright S, 1996).

5.2.1 CLINICAL ATTRIBUTES

To be considered by the learner as a good role model one should have excellent medical knowledge, skills, and effective patient communication in addition to patient care.

According to participants' perceptions, in terms of the characteristics of an excellent role model should have as a clinical tutor: One resident says:

“As a teaching institution Ist I observe their patient care characteristics and relation, I also observe their skill, and I also see that learning and teaching can be done side by side and whether they make us competent.”

The resident adds about her role model and how she handles routine tasks:

“My role model, is patient care (explained in the previous case) As She works in an emergency room, most of the time, it's expected that she has to analyze and decide quickly and provide care

to the patients. Regarding her skill, at the bedside procedure, if she is there, she does it in her capacity, she identifies things that need to be done quickly like if there is a need to scan for ultrasound or if there is rhythm abnormality (ECG) or cardioversion if we have to do things like this...and other things quickly and decides and she tries her best until she is sure that the patient is well and stable.” (Participant 1)

Other residents said:

“He should have good effective interaction with patients, communicating with his patients in a patient-centered approach. In addition, good patient handling, prior preparation, and explanation of the procedure for the patient before the surgery.” (Participant 4)

The anesthesiology resident says:

“Our job is patient-oriented so we are always with the patient. Preoperatively, intraoperatively, and postoperatively. He should evaluate his patients with a detailed history and physical examinations. He also informs the patients what will be the possible management (post-anesthesia management). As well as he evaluates in detail what will be the outcome if the patient is optimized.” (Participant 6)

One resident says:

“They should be involved with good patient care, treat all patients equally, plan before operating, explain the procedure before the surgery to the patients, excellent clinical reasoning skills and holistic approach to the patients.”

“My role model is the 1st sub-specialists of orthopedics trauma surgery from an abroad country the brings new medical skills and knowledge to this department. Their surgery was new for this country”. (Participant 5)

Participant 5 continued...

There was a special episode that I observe “I have seen them treating many patients, a patient with hip fracture he was bedridden for the last 4 months and sleep the whole day and night after they treat him with total hip replacement by those senior. and he start to work, ambulate do his normal daily activities, that was a very interesting moment.” (Participant 5)

Another participant says:

“The way he treats his patients and explains all things to patients with patience.” (Participant 7)

Participant 7 continued.

A special episode that I observed was: *“My encounter with him was when I was in the pediatrics department, He addressed psychosocial, spiritual, and other parts but there were many things that we are not addressing like him which are good things. This makes our patient’s outcome better than a one-sided perspective.” “There was one patient that we only focused on and treated her disease... but she had many psychosocial issues that we were not concerned but he addressed this issue too.” Even most attendants and patients like to be treated by him.” (participant 7)*

5.2.2. TEACHING SKILLS

As a general rule, “teachers teach more by what they are than what they say.” The reason why role models are important for students is to influence students’ carrier of choice, as a medical teacher role models help students acquire the necessary professionalism and behavior, and contribute to a learning environment that supports student learning. In addition, it influences the student’s lifestyle choices.

According to participants’ perceptions, in terms of the characteristics of an excellent role model should have as a teacher:One resident says:

“.... I also observe their skill, and I also see that learning and teaching can be done side by side and whether they make us competent” (participant1)

Participant 1 continued.

“Regarding teaching-learning, my role model, more than anyone else, in our residency program I feel like.... she handles every and each teaching activity properly, she provides us with assignments and seminars and gives us proper and adequate time for them. Relatively most of our senior teachers do not do this they will be forgotten by tomorrow due to burnout and being busy. But she does both parallely. Always have a monthly attachment with her and within this period she tries to make effective teaching and learning activities and she succeeds many times.” (Participant 1)

And another one expressed it as:

“...he has great knowledge he leads every time. He tries to teach everything he knows, he is never late, never missing rounds” (Participant 2)

Another one added:

“Teaching-learning activity should be smooth. My role model, he is an experienced special surgeon in teaching residents, approaching his student-friendly” (Participant 4)

One participant says:

“...highly educated, and read more, eager to educate us” (participant 6)

5.2.3. PERSONAL QUALITIES

Personal qualities are the attributes or personality traits that define and reflect who you are. The quality of time, the seniors spend with their students is more important for students than the quantity of time.

According to participants' perceptions, in terms of the characteristics of an excellent role model personal quality: One resident says:

“Our role model is very confident, and respectful, and her leadership skill is excellent, treating specific patients shows us more than the cure like holistic care and understanding of the family (...including social status).” (Participant 1)

Participant 1 continued...

“...Her characteristics are also known and socially accepted by others too... the evidence is that every year when graduating students leave she was selected from other seniors and rewarded as the best role model.” (Participant 1)

Another participant adds:

“...one thing is he is a very disciplined senior. He knows how to approach residents and how to treat a patient, he is very patient, punctual, and Hamble for everyone, he talks to everyone with respect, he has great knowledge he leads every time and His work ethic is beyond the expected.” (Participant 2)

Good role models are lifelong learners. Students select models that show a commitment to their specialization and patients, a passion of teaching, and a caring disposition. Personal qualities are highly important for group dynamics and teamwork, in building a positive relationship in day-to-day interaction with colleagues and students. A resident said:

“..One thing for me is leadership, he has to be a good leader to show good character like punctuality, knowledge, sympathy, and discipline for those below him.” (Participant 2)

Participant 2 continued: *In addition, this role model is also respected by other colleagues, “my other friends also say the same, he got great respect from his colleagues and students. I think everyone knows him in a positive way.”*

Another resident said:

“My role model has a positive attitude, works hard, and he is very professional, has good leadership skills, is very enthusiastic about teaching and work, he was very ethical, is very punctual, and even in very difficult he is not aggressive.” (Participant 3)

Participant 4 add:

“...he has a positive attitude, the approach to his student-friendly, very punctual and he has good interaction with colleagues, students and patients.” (Participant 4)

Participant 4 continued: *“His characteristics are socially acceptable and well-known in social media.”*

Another participant says:

“he should be exemplary in his action, should have good managing skills, and should be kind and punctual, and responsible.” (Participant 5)

Participant 5 continued *“My role models are socially acceptable and they also work in private hospitals is well well-known orthopedic surgeons in the country and they are leaders too.”*

Participant 7 said:

“he is very punctual, good interaction with colleagues, He was so emphatic and cares about his patients. Has a positive attitude, and he explains all things to patients with patience. His characteristics were also acceptable to others...” (Participant 5)

5.3. THE ATTRIBUTES OF NEGATIVE ROLE MODELS

Study participants are not only concerned about the positive role model that they want to be like them but also the negative one who left a negative impression on them.

One resident expressed it as:

“...You may take an interview from other departments but specifically, when we talk about the pediatrics department, only a few 1 or 2 seniors have a positive role modeling.... what keeps many people from joining our departments due to what we get here is there are many seniors with a negative impact (role modeling) ... we have a negative experience with them.”
(Participant 1)

Another participant said:

“...there was one surgeon that I remember, he had the worst character for me.” (Participant 2)

Another resident said:

“...many peoples, have a negative attitude toward patients, junior students, and colleagues”
(Participant 3)

Another participant said:

“...there were, a few seniors who make you hate your choice of this department and they are so rude.” (Participant 7)

The findings revealed that students perceive negative personal attributes in role models as a dismal future. According to one participant:

“he was very rude, and arrogant, disrespects others, he insults his colleagues, students, and parents. He is not punctual (never on time) ...” (Participant 2)

Another participant says:

“...there were many seniors who have a bad attitude. while working that shows me a bad attitude toward me, colleague, and my patients.” (Participant 3)

Another resident stated:

“...their ego is so hard. Have a superiority complex (want to show their power). They are abusive to patients and the staff.” (Participant 7)

The participant considers the lack of using and transferring clinical skills as a negative future of role models.

“When we come to his skills, he has a good skill but it is not a criterion for me as a good role model skill. Because, your skill only benefits yourself and sometimes the patients, if you do not teach and transfer it to the student in a good way. He doesn't make rounds with us” (Participant 2)

Another participant said:

“...most of our negative role models have adequate activities on their clinical skill but overall patients' satisfaction, and communication with us and their families were not good. Mainly their attitude is the problem.” (Participant 3)

The students also consider disrespecting colleagues and students as a negative future of role models:

“When we came to attitude, he doesn't have a good attitude. He is always disrespecting us, our colleagues, and our patients. Use inappropriate words.” (Participant 2)

“...once upon a time when we were making rounds with him, ... He was insulting one of our specialist seniors (his colleague), he was calling her a bad name, and defaming her by telling her colleagues, it was very rude. In another episode, during the morning the intern was presenting the case, he literally insulted him very rudely in front of all the other senior colleagues and friends. Then the student starts to cry and leaves the classroom immediately. This is not the way of teaching your student and it was the bad Sean for me.” (Participant 2)

Participants' perceptions of negative role models revealed an absence of professional actions in some of their professors. One participant stated in this regard,

“For example, most of the time we have morning sessions and rounds with them, on top of that their interaction is unprofessional to have a personal attack (disrespect) which makes the person not feel good about himself to think that he is not competent and worthy. There are many seniors

that make the working environment a toxic nature by giving inappropriate words and names in front of colleagues and patients. Beyond us they make the patients think and feel like we are incompetent.” (Participant 1)

Participant 1 continued: *“I was remembering ...during a round session they tell us about we are harming the patients and that it was better not to come here. Insulting us that does not measure up to the problem”*

The participants consider the adverse impact of their negative role models on patient care, who looked at patients materialistically and not from a human perspective.

Another participant said:

“Regarding patient care, they are not working to actually help and cause a positive impact on the patient instead to be seen because there is a patient family or there is someone who listens to them only to think that they are better (superiority complex).” to indulge and discriminate by socioeconomic status. Give better care to patients whom they think are economically well and speaking inappropriately for others. They make the patients frustrated and “they love him until they hate him” and never want to see him again, when the child’s family is asked to look into the case they refuse and they never want to be treated by him again, rather they prefer their child to die...” (Participant 1)

Another participant said:

“...His patient care is not good, he doesn’t like to see patients, and he doesn’t come as often as he is supposed to. he insults patients and their families. He doesn’t show any respect for his patients” (Participant 2)

Another resident stated:

“...they do not understand their patients. Specially in the gynecology department they insult and become aggressive toward a woman during labor while she is in pain. They only think and are afraid of the medico-legal issues but they don’t care and mind about their patient’s feelings, is she in pain... and how she is treated.” (Participant 7)

Results showed that most of the six (n=6) clinical residents admitted that one or more of their teachers had been negative role models. Conversely, around two (n=2) respondents denied the existence of any poor role models at the institution, and about two (n=2) did not respond to this enquiry.

5.4. RESIDENT PERCEPTIONS: THE CHARACTERISTICS, OF THE ROLE MODELS THEY EMULATE AND FEEDBACK

Study participants were asked whether they emulated (copied) the characteristics of either their positive or negative role models and whether they asked for feedback.

The qualitative analysis showed that participants emulate the negative ones unintentionally and recognize and emulate the positive ones. One participant stated:

“I try to avoid the negative ones as much as possible. But there unintentionally at some point I recognize them in myself and regret them at that moment...even if I’m not asking for feedback from my students... I believe I’m portraying those characteristics to my students... as I follow my role model... they also portray mine too.” (Participant 7)

Another participant says:

“...Still in the process and not reflected yet...I’m asking for feedback from students. I don’t think I have quality considered by my students” (Participant 6)

Another resident stated:

“Yes... I recognize my positive characteristics of myself and copied intentionally and it’s socially acceptable... I want to be like them, learned a lot of experience in patient handling, prior preparation, and explanation of the procedure for the patient before the surgery. But it’s difficult to portray those characteristics to our students because of less contact with them... not asking for feedback, because we are not teaching them in a formal way but little encounter during the round...no recognition and support by the institution because we are still students...” (Participant 5)

Another participant says:

“...most of the time as much as I can, I try to have a positive and good attitude toward colleagues and patients. I try to help people as much as I can... my character is socially acceptable... I have good and smooth communication with colleagues and seniors.... Rewards include a verbal appraisal. I heard positive and constructive comments from my seniors. I have a good relationship with my patients and I’m satisfied with that.... And considered by my undergraduate medical students... as much as I can I want to do that and I’m trying to tell them to have a good attitude, knowledge, and personality....” (Participant 3)

Another resident stated:

“I try to imitate the good characteristics of my role models, I try to be punctual, have good patient care, and respect my patients and colleagues. I always try to be like that person that I take as a role model and try to be better.... always I’m not perfect as a human I may copy and shows the bad characteristics in myself. When it came to the bad characteristics, most of them are unintentional, especially when I disrespect and use a bad word due to excess workload, tired, and fatigue. The intentional one is usually a good character, punctuality, and good patient care. (Participant 2)

Another participant said:

“...I think I don’t have the negative but I recognize the positive characteristics of myself.” (participant 1)

The qualitative result showed that there is a situation that forces you to become a negative and positive role models

“Always being a bad person is not socially acceptable. But you can’t be nice to everyone at every time therefore in some situations when someone is forcing you to be a bad person or irritating you, you may become a bad person and show a bad character....So, the bad role model showed me a character that I don’t want to be and I always try to be not like that person and avoid it. Conversely, good role modeling leads you to achieve your goal, and what type of person to be, shows and leads to a better future.

The qualitative showed those people with negative character (negative role models) are unwilling to correct their mistakes even if they are aware of them (intentional ones), making it difficult to approach them and provide feedback. However, the positive role models are aware of it because of the feedback.

I think both the good and the bad role models are aware of their influence, especially the bad one knows what he does and how badly he or doesn’t care about what other people say about it. Some people have an ego and they don’t care about others’ points of view. I think they all know deep down inside what kind of person they are but they don’t care that’s why.....for unintentional reasons, if they are not aware of it, if you provide them feedback they may show

some improvements. But for that intentional one, I don't think they correct it even if you provide them feedback.” (Participant 2)

Another participant stated:

“...yes, the positive role model can be aware because of our feedback...but not the negative one due to we didn't tell them anybodytells them (they do not aware I think)” (Participant 1)

The qualitative analysis showed that receiving and providing feedback has an important role in improving the negative character and developing a quality considered by students. One participant stated:

“I think I develop a quality that is considered by my undergraduate students. it's difficult to be loved by everyone and most of my junior students provide me positive feedback and this character is the result of my positive role models. Conversely, I also receive some negative feedback from my juniors too. As I told you about the negative ones I try to improve on them.after my round, I always ask for feedback if there is anything needed to be improved.” (Participant 2)

Another resident said:

I think I have Quality considered by my students, I expect them to mirror my good discipline, for example, time management, holistic patient care, and avoiding negligence, this and another good character I tried to teach them (become role models) if they pick it.” (Participant 1)

The result showed that receiving an institutional reward is important in strengthening a positive character. One resident said:

“My characteristics are supported bycollogues and institutions too. when I was an undergraduate student at Awassa, I have gotten very positive feedback from my chief resident in the gynecology department and I received the best intern rewards. During my work as GP, I was also rewarded as the best physician. Currently, during the residency, we have a monthly attachment and during that time I got positive feedback, from my seniors, especially about patient care and punctuality I was selected as of the top 5 residents and I'm a chief resident now.” (Participant 2)

Another participant stated:

“The position that I got now is a chief residency we selected after the departmental decision and approval. It’s based on our performance and characteristics like leadership and patient care quality all are assessed before selection. In addition, there is a monthly progressive assessment and I received positive feedback from colleagues who told me that I’m good and to be strong in-patient care as a verbal encouragement.” (Participant 1)

Results showed that intentionally negative characters can be recognized. One resident stated:

“Portraying those characteristics for the students, Especially the negative ones when I’m being negative I know that I’m aware but it’s difficult for the unintentional characters. At that specific moment, I may not be aware but after that incident within a second or a minute I know I did something bad and I usually go back and apologize.”(Participant 2)

Another participant said:

“...unintentionally “Not always but sometimes, When I have to control my emotions, I can get undeserved anger or aggressiveness toward patients and with colleagues like them and I regret it” This may be due to frustration and excess workload.” (participant 1)

Results showed that portraying the characteristics is difficult due to fewer encounters.

“Our encounter is momentary not frequent once a month. It’s difficult to say or understand what they portray in their day-to-day activities due to fewer encounters.” (Participant 1)

5.5. RESIDENTS’ PERCEPTION: CHALLENGES TO BECOMING A ROLE MODEL

Study participants were asked with reason whether they considered themselves role models or not and what is the challenge of becoming a role model.

The qualitative analysis showed that fewer encounters, culture, working environment, and excess workload challenges for becoming a role model. One participant stated:

“I don’t think so ...the challenge is the workload, hierarchical challenge, and trend (push the work from senior toward us and from us to down) you reflect those characteristics from your senior to the intern.” (Participant 7)

Another resident said:

“I don’t think myself as a role model, because to be a role model there should be a person under (below) me... the challenge is that fewer encounters, you have to show a lot of things and correct other people, personally when you tell someone to correct his mistake they don’t like to correct their mistakes do not have a positive attitude. Therefore, you have to show your work to others. The other challenge is culture and time.” (Participant 6)

Another participant stated:

“...Even if we have a little contact hour with my students as a challenge, I consider myself as a role model because, I teach them my experience and knowledge, give them a chance to ask freely at any time and place” (Participant 5)

Another resident said:

“I see myself as a role model, because, I have heard people and they tell me like ... “I want to be like you when I’m at your level even better than you” ...The challenge to becoming an effective role model is that....in our department the physical work is demanding and the academic work is also demanding. In general, the working environment is a challenge in addition to the time constraints.” (Participant 3)

The participant considers distorted thinking about themselves (unable to be aware of their own characteristics and improve them), time, and place as a challenge to becoming a role model. One resident stated:

“I do not regard myself as a role model. Not really, I always tell myself there is a need to improve not a good person until I achieve my goal. Currently, I don’t think I’m a good role model but, in the future, I hope I become a good role model.”

Participant 2 continued:

“The reason that I’m not considering myself as a role model is, I want to be like them but when I compare /evaluate myself with my role model I’m very far from them. As far as I don’t touch that goal like my role model I don’t want to be a role model for others.”

The challenge is that...Firstly, you have to be aware of your character, you have to identify what good and bad characteristics you have. Secondly, you have to acknowledge and convince yourself willing to improve the bad one. Most people challenge themselves because they don’t think they improve their bad characteristics. Thirdly, to give time to improve. The situation (place) where you meet that person... to show your kindness. It’s difficult to show that character when you are a student you are always under stress and we don’t usually spend that much time with interns.” (Participant 2)

The result showed that participants consider fewer encounters and lack of forum or career counseling to share experiences as a challenge to becoming a role model. One participant said:

“I don’t think I’m a role model? Why. I think and believe that I have a lot of maturity left to become a role model. Maybe because I’m a senior and older than my students I think there is something they can learn from me. The challenge I think is that ... less encounter and contact hours with students. In addition, the lack of a forum like “career counseling” helps them to understand what they expect from our activities and I always wonder what we can teach them to make them more competent. So that becoming a role model becomes easier.” (Participant 1)

5.6. RESIDENTS’ PERCEPTION: OPPORTUNITIES TO BECOMING A ROLE MODEL

Study participants were asked what is the opportunity and what they do to be a positive or more effective role model for others.

The qualitative analysis showed that interacting with colleagues, meeting people outside the school, asking for feedback and teamwork was an opportunity to become a role model. One participant stated:

“There are many opportunities to be observed by our students including any activities in good or bad ways. What I do to become an effective role model is that, being to become the thing that I believe is good.” (Participant 1)

Another resident stated:

“.. frequent contact with Undergraduate medical students (interns), and patients in my procedure to show my skill, also asking for feedback from them is a good opportunity...”
(Participant 4)

Another participant said: *“The Opportunity is a lot of social networks with students, patients, and colleagues”* (Participant 5)

Another participant said:

“Opportunities to become a role model for others are First, we are students and we have many seniors and juniors below and we are in the middle. During teaching juniors and during rounds you may show care for your patients. When you are working on routine tasks with your colleagues always have the opportunities, outside your work when you meet people you have the opportunity to show yourself....” (participant 2)

Another resident stated:

“There are many opportunities, today is my first day, in coaching my juniors 1st and 2nd-year midwives’ students.” (Participant 3)

Another participant said:

“... Teamwork is an opportunity ...” (Participant 7)

The qualitative study showed that exploring new things and being eager to learn is a criterion to become an effective role model for others. One participant stated:

“...being eager to learn to and if you think you are a better role model you are expected to explore new things to become a leader and good role model...” (Participant 6)

The qualitative analysis showed that becoming punctual and controlling emotions is a criterion to become more effective, and positive role models for others. One resident said:

“What I do to become a positive and more effective role model is that...first, I always try to be on time (punctual), and I always want to be read to teach more. I always want to be available in case when needed by my juniors and seniors. I always try to be calm and not be emotional with

my patients and colleagues, because when you are emotional you may show bad characteristics (negative attitude).” (Participant 2)

Another result showed that becoming a hard worker, setting a goal and planning, positive attitude toward others, and being confidential is an important criterion for becoming an effective role model. One participant said:

“...for this month I have set my goals. To work hard, to become positive, and to have an impact on my patients and myself. Having a good plan and goal is very important.” (Participant 3)

Another participant stated:

“One should be Being confidential, punctual, positive attitude to become a more effective role model for others...” (Participant 4)

Another resident said:

“I try to make a smooth and positive relationship with my patients to become a good role model.” (Participant 7)

5.7. RESIDENTS’ PERCEPTION: RECOMMENDATION AND IDEAS RELEVANT TO ROLE MODELING

Qualitative analysis showed that participants’ ideas about role modeling studying the aspect of a person to become a good role model, figuring out why people become bad and the reason behind it, and providing feedback to their teachers has an importance in role modeling. One participant stated:

“...One thing is to try to figure out people why bad role models are why being bad. If there is any reason to have a bad attitude considered a bad role model. Most positive role models have a reason to become positive but usually, we don’t dig into the negative role models and why people have bad attitudes. Trying to figure out the reason why people show bad characteristics if there is any root-like, social, or family issue rather than only focusing on their teaching and work. It’s better to study more about the Aspects of a person to become a good role model.” (Participant 2)

Another participant stated:

“...It’s better if there is a means to provide feedback to our seniors. Because they usually judge us and we don’t have the opportunity to judge them in any way, that’s why most of our negative

role models do not recognize their effect on us. They do not know that people hate to join this department because of them. Many people ask how they chose this department while knowing the bad people there. It would be good if there was something that would allow them to understand and know this.” (Participant 1)

The qualitative analysis of responses to open-ended questions also showed that being a good role model is not a one-time event and it requires practicing to become a good attitude toward people. In addition, ethical education is very important for them to become a good role model. One resident said:

“...being a role model is not a one-time thing and it’s difficult most of the time. Every day practicing having a good attitude in order to become a role model for others is very important. Even though there are many challenges passing that challenge and practicing it every day is very important.” (Participant 3)

Another participant stated:

“... in our school of medicine usually ethical education is not given it’s better to give in a residency program in addition to undergraduate medical school.” (Participant 4)

6. DISCUSSIONS

The purpose of this research was to explore the experience of clinical residents' role modeling regarding the characteristics, influence, and impact of role modeling on the quality and outcome of their clinical practice. The findings of the present study were classified under four categories and four sub categories.

6.1. HOW DO ROLE MODELS AFFECT YOU?

This study showed that the study participants were greatly influenced by the people around them. They look up to certain role models and try to be more like them whether consciously or unconsciously.

The majority seven (n=7) of study participants were affected by their role models in positive ways which led them to choose their specialty program as well and role models add positive impacts on their patient care. The present study is consistent with the previous study (A. W. Wright S, C Newill, 1997) identified that the majority of their study participants role models provided them with career coaching and suggestions. According to Wright, clinical students' exposure to their role models is strongly associated with the choice of the specialty clinical field for residency training. Role models play an impact in forming perceptions and positive attitudes toward the specialty choice (Elizabeth Lamb, 2022). Our finding is also supported by the findings of (Ahmady S., 2022; Yoon, 2018), who also stated the effects and exposure to positive role modeling has a good impact on the professional careers of medical trainees and as a predictor of residency training in medical school respectively.

Another explanation for our finding is, that behind every clinician, there is a leader. Role models who have the energy power, and insights that are necessary to create effective and visionary medical students. Whether aware or not, as a medical teacher one should consider he/she is being watched and role-modeled and influencing/affecting everyone in the organization. According to this paper study participants stated a special episode of their positive role model based on patient care and competency.

Another element that arose from our research is that excellent role models in addition to their clinical skill qualities, they looked up to their role models including treating their patients with holistic care. They approach and understand their patients from the social and family aspects not

only focusing on medical treatment. This finding is supported study conducted by(Wright SM, 1998), They found that outstanding role models emphasized the importance of the doctor-patient connection and the psychosocial elements of medicine. In addition, they highly socialized with colleagues and other staff by sharing their experience and talking about their personal life. In another contrasting study to this finding(Wessely, 1998) they stated the social and psychological construction of doctors. According to their findings, medical students emulate their seniors more when investigating patients' social and psychological problems.

6.2. THE ATTRIBUTES OF POSITIVE ROLE MODELS

Previous research on role modeling revealed that teaching abilities, personalities, and clinical skills were crucial in the choosing of role models during the medical study(Haider SI, 2016; Paukert J L, 2000; A. W. Wright S, C Newill, 1997; Yousuf R, 2015). Similarly, this paper demonstrates students' impressions of role modeling, the conceptual topics of clinical traits, teaching abilities, and personal qualities were used.

6.2.1 CLINICAL ATTRIBUTES

The development of one's professional identity is aided by role modelling. As a result, clinical residents recognized the role model's prompt, clinical analysis and caregiving skills, great patient handling and equitable treatment of patients, readiness, and concise explanation of processes as clinical attribute of their positive role model. Our finding is in line with(Brown M E L., 2020) Similar to our finding, their result stated that "*A role model should provide honest care for patients and be competent in his/her job*". Furthermore, this paper's finding is consistent with studies of(Burgess A., 2015; Wright S, 1996). According to their findings, excellence in role modeling includes excellent clinical care patient-centered approach with humanistic behaviors are necessary. The way seniors speak about their patients and their empathy for the patients is important for the students. The tutor's compassion for the students should be genuine. Various studies also stated the importance of role model consciousness for seniors while engaging with patients in front of students(Scott M Wright, 2003).

6.2.2. TEACHING SKILLS

Another theme that this paper reveals is the attribute of positive role models with regard to their teaching skills. Accordingly, role models were involved with their academic development and liked to support students by giving additional guidance seminars, and assignments, inviting ward

rounds, and providing them with sufficient time. Argue with the finding of (Burgess A., 2015). Giving appropriate time is important to build a positive relationship with students. Furthermore, Students give value to seniors who create a positive learning environment including the structure of teaching, teaching style, respect for student needs, and smooth relationships with students.

In addition, as teaching skill is a tool to transmit clinical competency the seniors are expected to teach everything they know related to clinical aspects. Furthermore, for successful role modeling, a student-centered strategy that includes appropriate communication and opportunity for reflection is required. This finding is in line with a study conducted in Tehran. According to their result, teaching abilities were among the characteristics of favorable role models. *"Not only is a professor expected to exhibit professional behavior, but also to deliver quality teaching, interact with students, and provide what they need,"* said one of their participants (Bazrafkan L., 2019).

6.2.3. PERSONALITY TRAIT

Another theme that this paper reveals is the personal quality of positive role models. A clinical teacher is a physician too and it is critical to be clinically competent to becoming a good role model but not sufficient. As a physician and clinical educator, it requires interaction with patients and it needs to know how to manage the patients with good clinical knowledge. In addition, he/she needs to be professional in dealing with his students and colleagues.

Our finding illustrates students' perceptions regarding what they expect in professional behaviors from their role models. Being clinically competent is essential to becoming a good role model but not sufficient. According to this paper, the senior is praised for being well-behaved, understanding, timely, polite, and knowledgeable. Gets along well with patients, students, and coworkers. Participants recommend that he behave in an exemplary manner, have strong managerial abilities, and exhibit kindness, punctuality, and responsibility. Accordingly, the most repetitive and influential aspect of the role models is their personality character. The quality of time, the seniors spend with their students is more important for students than the quantity of time. In this regard, our study is in line with those studies considering good role models as having excellent characters including positive attitudes, commitment, honesty, dedication, integrity, and leadership (Ahmady S., 2022; Elzubeir M A., 2001; Novack D H, 1997).

6.3. THE ATTRIBUTES OF NEGATIVE ROLE MODELS

Students concentrate on not only the positive characters of their teachers but also the negative characteristics and their effects on professional growth and character development (Aslam F., 2021).

6.3.1. THEIR EFFECT ON CAREER CHOICE

Studies showed that the professional behavior of students and career choice is negatively affected by their negative role modeling experiences as a hidden/informal curriculum (Murakami M., 2009). Results of qualitative analysis of this research showed that more than half six (n=6) of residents recognized one or more instructors as negative role models. The finding is in line with previous research (Bazrafkan L., 2019; Cruess Sylvia R., 2008; Kenny Nuala P., 2003). The negative role model experience in medical school has an invisible influence on making decisions in life. In addition, it also had a hidden force that shaped the student's behavior. This paper reveals, many people are hesitant to join departments due to negative role modeling from senior members, who are rude and make them hate their choice.

6.3.2. PERSONALITY TRAIT

According to this paper, the negative role model trait based on the resident's views showed a negative personality trait. The resident described a rude, arrogant, disrespectful, and unprofessional senior who insulted colleagues, students, and parents. They also noted their lack of punctuality and inappropriate language. The resident also noted their superiority complex and personal attacks on colleagues and patients as a personality trait of negative role models. This finding is consistent with the research conducted by (Bazrafkan L., 2019). They explained the negative personality theme of negative role models as a sub-theme according to student opinions, narcissism, poor temper, being excessively severe and unyielding, hypocrisy, being rude, lack of confidence, being too arrogant, producing stress, selfishness, and lack of discipline are all examples.

6.3.3. CLINICAL SKILL AND PATIENT CARE

According to this paper participants with experience with negative role models express difficulty in the transfer of that clinical skill to students. Accordingly, while a good skill is important, it doesn't determine a good role model skill. It's crucial to teach and transfer skills effectively, as it benefits both the individual and the patient. Furthermore, this paper reveals that, even if the

negative role models had adequate clinical skills their negative attitude limited their patient satisfaction and communication with students. Negative role models have adequate clinical skills, but patient satisfaction and communication with us and their families are subpar due to their negative attitude. This finding is in line with a study conducted in Pakistan. According to their finding, the negative role models were characterized by humiliation of students and juniors, poor communication skills, lack of empathy for patients, and unethical interactions in medical school (Aslam F., 2021). Hence, medical education is not only the acquisition of new information and clinical abilities, but also the formation of a physician's personality and character (Hafferty FW., 1994).

Regarding patient care, participants stated poor patient care as disrespects patients and their families, showing no respect for them. They focus on medico-legal issues and fear, neglecting their patient's feelings, pain, and treatment. Furthermore, indulge and discriminate patients by socioeconomic status. While teaching, clinical educators should highlight the significance of the doctor-patient connection and integrate psycho-social components of medicine (Wright SM, 1998). According to studies, role models have a higher influence on student learning than formal instruction. Furthermore, Role model behavior has an influence on the professional development of medical students (Glick A.D., 2007; Wong A., 2014).

6.4. RESIDENTS' PERCEPTION: CHALLENGE AND OPPORTUNITIES TO BECOMING A ROLE MODEL

We have an influence as a leader on what we do not what we say. Therefore, the way you show up is crucial. Most people believe that the more you are senior the more you are watched by others even if you are unaware that you're a role model even at that moment that you are not interested in being a role model. It is far more difficult than it appears to be to be a positive role model for students. The ability to model excellence might be affected by several factors (DA, 2023).

This paper reveals that perceived barriers to effective role modeling include: fewer encounters, culture, working environment, lack of forum or career counsel for sharing experience, and excess workload. Furthermore, this paper showed the perceived opportunities to become a role model include: interacting with junior students and colleagues, meeting people outside the school, asking for feedback and teamwork were an opportunity to become a role model. According to studies conducted by (Wright, 2003), as they present the conceptual model for effective role modeling. A range of good features, such as higher-order clinical abilities, teaching skills, and personal qualities, can offset the obstacle to role modeling. The influence of this hidden curriculum on role modeling can be profound (Sylvia R, 2008)

7. CONCLUSION AND RECOMMENDATIONS

7.1. CONCLUSIONS

To demonstrate students' perception of role modeling, conceptual topics of clinical traits, teaching skills, and personal qualities were employed. Study participants were greatly influenced by the people around them. They look up to certain role models and try to be more like them whether consciously or unconsciously.

The majority seven (n=7) of study participants were affected by their role models in positive ways which led them to choose their specialty program as well and role models add positive impacts on their patient care. Excellence in role modeling includes excellent clinical care patient-centered approach with humanistic behaviors, proper teaching skills, and good personal qualities. Role modeling has a significant role in professional identity development. More than half six (n=6) of residents recognized one or more instructors as negative role models. The negative role model experience in medical school has an invisible influence on making decisions in life. Professional behavior and career choice are negatively affected due to negative role models. Therefore, clinical educators must be cognizant of their effects on the recruitment and retention of medical specialty. Furthermore, clinical instructors must be aware that all of their interactions, personal beliefs, behaviors, and attitudes are being observed and followed by their students at all time.

It can be concluded that, clinical instructors should enhance their effectiveness as positive role models by eliminating negative impacts and promoting good traits. Educational planners and policymakers should think about the educational impact of role modeling. Furthermore, they must pay close attention to the function of hidden curriculum and their impact on students' professional conduct. The advantages of role modeling should be balanced against the risks of unintended consequences.

The barriers to effective role modeling among clinical residents include fewer encounters, culture, working environment, lack of forum or career counsel for sharing experience, and excess workload. Furthermore, this paper showed the perceived opportunities to become a role model including interacting with junior students and colleagues, meeting people outside the school, asking for feedback, and teamwork. Being aware that one is a role model enhances one's conduct as a role model.

7.2. RECOMMENDATIONS

- This paper finding recommend “Role model consciousness” clinical teachers and residents should be conscious of the role modeling process and the possibility of negative behavior transmission at all times.
- It’s better if there is a means to provide feedback to senior clinical teachers.
- We recommend further research on the aspects of a person to become a good role model and explore the potential hidden curriculum drivers to develop interventions.
- A career counseling program in the medical school for sharing experiences among students and staff is important.
- Administrative decisions that show appreciation and support for those who are trying to be exemplary
- Individuals and organizations interested in improving successful role modeling will benefit from identifying these characteristics.
- Furthermore, providing personal and emotional guidance is needed for those students who may not have positive role models that impact their academic performance.
- Additionally, we advise role modeling as a crucial element of clinical education.
- To enhance resident training in medical school, role modeling must be intentionally used and encouraged as an instructional method.

8. LIMITATIONS AND STRENGTHS OF THE STUDY

8.1. LIMITATION OF THE STUDY

Our paper's weakness is that it only evaluates the perception from students' (clinical residents) point of view only and not the senior's (clinical teachers).

8.2. STRENGTH OF THE STUDY

This paper can express its strength as, to our knowledge, data on clinical resident students' perceptions in our nation's setup are currently unavailable. Furthermore, little research has previously been done on the notions and practices of role modeling and role models in the Addis Ababa University, College of Health Science, and School of Medicine. It explores the experiences of clinical residents in great depth.

Investigation of role model characteristics will provide direction for future research. In addition, the research's conclusions will be beneficial for the organization to give attention to the importance of role modeling, improving the institutional culture, overcoming institutional barriers (hidden curriculum) to effective role modeling, and improving institutional support.

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10. ANNEXES

ANNEXES I: INTERVIEW INFORMED CONSENT FORM

Addis Ababa University College of health sciences School of Medicine

Research title: perception of role modeling among clinical residents at Addis Ababa University
School of Medicine: A Qualitative Study

Research investigator: Mr. Tamrat Nida

Questionnaire Code:

The time frame allotted for the interview is about 30 minutes. Be at ease knowing that we have employed safety measures and see no potential harm in your involvement. That said, you have complete autonomy to halt the process or remove yourself from the study without any consequences. We warmly thank you for being enthusiastic about participating in the said study. The research follows the ethical guidelines of the School of Medicine's institutional review board

To ensure your full understanding and agreement of the terms of your participation, we kindly request that you explicitly consent to being interviewed and acknowledge the use of the interview's information. It is essential that you review the accompanying information sheet and sign this consent form to confirm your approval.

- ✓ The interview will be meticulously recorded, ensuring that no detail is missed. Subsequently, a comprehensive transcript will be generated and promptly delivered to you. We value accuracy, and as such
- ✓ You will have the opportunity to review the transcript and rectify any factual inaccuracies.
- ✓ Rest assured that the transcript will undergo thorough analysis by Mr. Tamrat Nida, a distinguished research investigator, who provides valuable insights and expert evaluation.
- ✓ Access to the interview transcript will be exclusively granted to Mr. Tamrat Nida, as well as academic colleagues and researchers involved in collaborative efforts for the research project.

- ✓ To safeguard confidentiality, any excerpts or quotes derived from the interview that are published through academic platforms will be meticulously anonymized. Special care will be taken to ensure that any detail in the interview that could potentially reveal your identity remains undisclosed. Rest assured that strict measures will be in place to protect your privacy throughout this process.
- ✓ The recorded content will be securely stored in a password-protected device, ensuring utmost data privacy and protection.

With your explicit approval, any changes to the aforementioned conditions will be implemented. Your interview may be utilized, either wholly or partially, in academic papers, policy papers, news articles on our website, and other media formats such as spoken presentations. By signing this form, I confirm my agreement to these terms.

- ✓ I am participating in this study willingly. I am aware that I am under no obligation to participate and that I may end the interview at any moment;
- ✓ The interview transcript or selected passages from it may be utilized as previously said
- ✓ The information sheet has been read by me.
- ✓ I don't anticipate getting anything in exchange for my involvement, including money
- ✓ I have the right to obtain a copy of the transcript of my interview and to make any changes I see necessary to guarantee the efficacy of any confidentiality agreements;
- ✓ I acknowledge that I may ask the researcher any inquiries I think of in the future, and I have been permitted to express any that I might have...

Participant's signature -----Date-----

Researcher signature----- Date-----

Contact details

Mr. Tamrat Nida is the researcher.

email address: tamrat.nida@aau.edu.et 0910667726 is the mobile number.

The supervisor of Mr. Tamrat Nida can also be reached at:

Professor Amha Mekashaw is the researcher. His email address is amekashaw@yahoo.com

Dr. Yonas Baheretibeb; email address: yonabaheretibeb@yahoo.com; phone: +251911246640

ANNEXES II: INTERVIEW QUESTIONNAIRE

Time spent: - 30 minutes

- ❖ When did you admitted to medical school?
- ❖ When you deciding what kind of specialty program to take?
 - ✓ What role do you have at the Medical school?
 - ✓ What made you decide on that particular specialty?
 - ✓ If any particular person or experience inspired you to pursue that particular specialization
 - ✓ How did you feel concerning that?
 - ✓ Do you believe that your decision would have been different if...?
 - ✓ Who is your role model? it can be within or outside of the Faculty.
- ❖ Was there a person or persons you looked up to through your experience?
 - ✓ What distinguishes him/her (character-wise)?
- ❖ What attributes do you think a good role model should have as a clinical tutor?
 - ✓ Did you happen to witness a certain episode?
 - ✓ Please provide more details?
 - ✓ How did he or she approach the standard task (instruction, skill, attitude, patient care, etc.)?
 - ✓ Do you believe that others knew it to be a socially acceptable practice as well?
- ❖ Was there someone or anyone that negatively impacted you during your experience?
 - ✓ What distinguishes him/her (character-wise)?
 - ✓ Did you happen to witness a certain episode?
 - ✓ I understand how challenging it was for you; could you kindly elaborate?
 - ✓ What was his/her approach to the routine work (technique, attitude, patient care)?
- ❖ Following the aforementioned points:
 - ✓ Do you see such traits in yourself?
 - ✓ knowingly or unknowingly (not intended for to be copied)?
 - ✓ Do you believe that others knew it to be a socially acceptable practice as well?
 - ✓ What impact did that have on your day-to-day patient care, teaching, and learning routines?

- ✓ Do you believe that person understood the effect or influence?
- ❖ Over the years that you have served:
 - ✓ Do you believe that undergraduate medical students should take you into consideration because of your developed characteristics or character?
 - ✓ Has that received approval from your peers or the institution's commendation or punishment?
 - ✓ Please provide more details?
 - ✓ Recognize that you are portraying such to the students?
 - ✓ Please explain how
 - ✓ Did you ask your student for feedback?
- ❖ Have you seen the aforementioned traits among the undergraduate medical students?
 - ✓ Have your classmates and coworkers seen that as well?
 - ✓ Do you see yourself as a role model for others?
 - ✓ Could you clarify why?
- ❖ In your opinion, what is?
 - ✓ The difficulty of being a role model in this situation?
 - ✓ The opportunity to serve as a role model in this situation
- ❖ How do you become a better and more influential role model for others?
- ❖ Please feel free to add any pertinent suggestions that you did not bring up during our conversation.