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Practicing Humility to Medical Students: Sharing Experience during Community Service to Specific Lay Church Congregation

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Authors' contributions

This work was carried out in collaboration among all authors. Authors FES, LSS and TS designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors YHD and ED managed the analyses of the study. Authors WL, RAKP and DV managed the literature searches. All authors read and approved the final manuscript.

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ABSTRACT

Aims: The aim of this sharing of experience was to explore the foundational concepts of humility that helped medical students better understand and implement the principles of humility into his/her undergraduate medical education and also expressing it to the people they serve during community service

Discussion: Medical student's beliefs strongly contributed in the achievement of high standards and noble values, which already incorporated into medical curriculum. Unfortunately, due to their big size curriculum, medical students rarely get the opportunity to study and apply it directly in the community. Fortunately, the community service activities are only an optional activity that might help medical students become an integral part of the community and foster relationships that will build their sincere morale, especially humility. Medical students and also the community they serve surely benefiting this two-way mutualism from an involvement in community service.

Conclusion: Medical students surely need out-door learning experiences, out of the classroom, clinic room and hospital room, in order to become an integral parts of the communities in which they will practice medicine.

Keywords: Ethics; morale; humanitarian; values; mutualism; relationship.

1. INTRODUCTION

Medical student's reliance strongly whetted in the achievement of humanitarian high standards and noble values which actually has been inveterate in the practice of medical science. These values are doctor's beacon of hope for society [1]. In order to achieve them, The medical curriculum has incorporated noble human values, typically these include (1) honesty, (2) integrity, (3) transparency, (4) accountability, (5) confidentiality (6) Objective, (7) respectful, with the addition of (8) humility, (9) participation / empathy, (10) communication/ sharing, (10) self-awareness/ self-reflection, (11) moral integrity, (12) sensitivity/trustfulness, (13) curiosity and commitment to ongoing professional development, and (14) sense of duty linked to the practice of the medical professionalism, into part after part of its education which is actually already very large in quantity [2,3]. But according to Chochinov [4] After all those long lists of must to study or to train items, by practicing for certainty in the practice of medicine —the condition that precipitate the slow but steady release of humility — actually already starts very early in every student's journey during their medical school.

Humility develops and improves a clinician's personal perspective regarding self and others; and that then positively changes their approach to their humanitarian aspects of medical practice. This is seen clearly in their clinical care delivery, learning and curiosity, motivation in the care of others, and relationships with team members and especially patients [5].

According to Porter et al. [6], for medical students, mastery/proficiency behavior, *e.g.*, keep persisting even after underwent failure or setbacks and the love of finding challenges, that can help them promote studying, and to certain extent intellectually that humility can predict mastery behaviors independent of a growth mindset. Humility which accentuates both self-reflection and curiosity on top of mastery [7]. Practicing humility actually as a way to address implicitly an unconscious bias in health care or health service, an important factor which is seldom noticed in case of health care or health service incongruity [8].

Despite the compelling urgency to embrace it, the essence of humility remains demanding to be incorporate in medical education and does not appear to have been uniformly adopted [9]. Humility is actually a powerful and feasible adjunct to help medical students, as future doctors, to cultivate effective insights to provide the best patient care possible to an increasingly and rapidly diverse patient population.

It is crystal clear that health disparities persist throughout the world, especially among a growing population of patients that become more and more varied, a condition designated by a heterogeneity of health behaviors that are determined by the patient's cultural ambience [10]. Using humility that can truly minimize the power discrepancy by encouraging the clinician to see their patient as an expert of their own experience [11]. if humility is continuously practiced, then it will enhance relationships within the community, lessen racial and historical

injustices, and finally subsidizes to equitable care [12].

Based on previous available evidence, the aim of this sharing experience was to explore the foundational concepts of humility that helped medical students better understand and implement the principles of humility into his/her undergraduate medical education and also while they come face to face with members of the public.

2. ROUTINE COMMUNITY SERVICE ACTIVITY

As a certified lecturer, the government requires us to carry out higher institution obligation named "Tridharma Perguruan Tinggi" which consist of (1) teaching, (2) research and publication and (3) community service; and all of these three activities must be conducted for each semester.

Our routine community service always addressed to member of the society; usually those which marginalized and or come from the low level socio-economic background. Generally, we conducted activity based on our expertise in order to help member of the community. Because we came from medical institution, we usually give simple medical or health promotion and its modification which essentially encourages all member of the community to promote clean and healthy living behaviors that will ultimately maintain the level of health in the community.

On Thursday, May the 4th 2023, we conduct routine community service to a specific lay local church congregation located in Tanjung Priok, north Jakarta-Jakarta Indonesia. This time we did a simple health counseling about healthy body with one of its parameters, namely body mass index [13,14]. Body Mass Index is an anthropometric body measurement which conducted by simply calculating the index of a person's height and weight [13]. The formula is BMI = kg/m2 where kg is a person's weight in kilograms and m2 is their height in meters squared [14]. Body mass index (BMI) represent the measurement of indirect body fat based on height and weight that applies to adult men and women [13,14]. But because of the simplicity of its measurement and calculation, it is the most widely used diagnostic tool to identify those who are underweight, normal weight, overweight, obese, or morbidly obese.

We teach the participants about how to calculate their own body mass index as well as practice it among themselves. We bring weight scales and height gauges and take measurements to all event participants, one by one. During the activity, our students help to measure height and weight.

During the process, there is two-way communication between the students and participants. Participants asked questions regarding the weighing and measuring height in relation to the determination of nutritional status. The opportunity for participants to be able to ask questions and interact directly seems to be able to open students' insights about the form of communication they should choose in conveying health messages. Besides that, how to manage a larger number of people at almost the same time, using layman's language that is easy to understand while paying attention to the time and flow of measurements so that activities run smoothly and all participants can be served.

For the participants, the arrival of health educators and medical students as future doctors to meet face to face with this specific church member also gives an impact and concern for each individual members of this community. in the eyes of this community group, health workers who are willing to come, listen to complaints and share experiences/knowledge are very much appreciated. many wish these students success in the future and hope that they will remain kind and humble. So far, it is possible for some people's perspective that health practitioners, especially doctors, to be far beyond reach and not easy to meet in person. This kind of activity becomes a bridge for that gap and the participants hopes that it can be done more often.

During that event, we conduct a discussion to three stake holders which were (1) medical students, (2) lecturer and (3) community leader/key person. The topics are regarding how to make a doctor acceptable to member of the community, and that can only have done by:

1. Exposure in diverse but specific, especially marginalized communities, may offer medical students opportunities to develop humility through different clinical experiences and community based activities [15],
2. clinician humility improves patient's satisfaction, trust, and health status and by

internalizing this, automatically helps the perpetrator to change over time [16],

3. humility is essential for the moral formation of health care professionals [17]. Without it, one may be a competent doctor, formally, but actually not a truly excellent one. It is impossible for anyone involve in the business of health care to accomplish excellence without cultivating the virtue of humility. In other word, humility makes an exceptional doctor [4].

The next section will summarize the result of our interview regarding the three topics previously mentioned, namely exposure to the community, continuous improvement and the essence of moral formation.

3. HOW TO MAKE A DOCTOR ACCEPTABLE BY THE COMMUNITY?

Understanding the dynamics of certain community specifically prior doing the community service is very important. With having a good understanding regarding the needs and concerns on the target community, a scholar able to pin point potential opportunities and or challenges that may arise and the perpetrator will also get the benefit. For instance,(1) participating in community action can help a scholar build valuable skills and experience that can be beneficial in his/her future career; (2) if a scholar interested in working in healthcare, understanding the specific health concerns of the community specifically can help him/her identify potential areas of need that he/she could address through their future career; (3) knowing the characteristics of the community actually sharpen the humanitarian values that he/she beliefs.

A doctor in the patient's or the community's eyes are very important profession. Doctors are heroes that save lives, but their significance for humanity exceed that statement. Doctors also make a difference by helping patients reduce pain, recover from a disease better and faster or learn together with their unfortunate patient's condition, *e.g.*, live with a disabling injury. A patient's and also the community ability to enjoy life, even if they can't be cured at the moment (e.g., due to certain limitation), makes a huge difference to them and to their surroundings. If they can go back to work after an illness, that benefits their employer and also their government, too. And, that's only part of what makes doctors important to the society.

Because doctors have a long-recognized responsibility to participate in activities to protect and promote the health of the public, it is very important for doctor building trust and rapport as soon as possible in the new doctor-patient-community relationship [16,18,19,20].

There are two condition that humble hearted doctor gain during his/her interaction with the patient: (1) direct first hand input from patients and (2) highlights the unique psychological challenges that patients face in seeking care from a doctor they need to be trust. How doctors face and treat their patients determines the patient's perspective on, as cited by patients, have contributed to lighten patients' feelings of helpless, brittle and anxiety, and thereby improve their overall health care experience [19,20].

3.1 Continuous Exposure to the Community

Although previous studies have explored physicians' knowledge-sharing in various genre of community [21,22], publication about motivating physicians or other health professions to continue sharing their knowledge remains scarce [11]. Health care system nowadays transformed the structure of health care service and mostly financing of primary care; and these two make a big impact on the roles and the behavior of the health care team members [23] and to the patient financing pattern [24] and also the society as well [25]. There will always be too much to do and too little resources, including time [25].

Actually there are practical benefits and psychological rewards positively affect doctor' continuous knowledge-sharing behaviors [22,23]. According to Haesebrouck et al [22], individual's belief that their current knowledge is a principal part of their identity, and this is the ultimate reason why making it difficult to share. Fortunately, through continuous exposure to the society, this facilitating greater trust that recipients of this knowledge will give as good as one gets with future rewards.

Covid-19 pandemic has taught us that doctors actually being blessed to become important conductor to orchestrate in communicating with the public during the time of past and also present-day health disaster [26]. Doctors are *de facto* lead the wide array of public health management, from the institutions, patients and communities using their authority, especially their

guidance on all pandemic health consequences, from subcellular level to whole body including mental health burden [27]. Doctors perhaps the only professions which may have access and opportunity to anticipate available resources or give expert remarks to the media and or hospital/clinic committees and or community organizations, and or other venues; all in order to achieve systematic identification of health problems and the development of means to solve those problems. [28,29]. As such, preferably doctors must place to assist public health by establishing, in addition to a doctor-patient relationship, with a "doctor-public relationship" that placed between individual patient and the communities looking to doctors for guidance. In the context of medical students,

The placement of medical students in community sites for their education has built close relationships with communities; and this kind of activity helped students to achieve their own core competencies [30]. In addressing health, there needs to be a greater focus on wide array of social factors such as chronological age, religion, ethnic group, living environment, employment, education and social protection; and such determinants can only be probe by get involved and interact with the community.

3.2 Continuous Improvement

Doctors are trained to diagnose and treat illness and turn it into healthy. Within the encloses of the face-to-face relationship with his/her patients inside the closed door of the consulting room, most doctors accomplish this function excellently. But, in a wider perspective, the conventional role of doctor is actually conveyed out within a much broader social, organizational, historical, political and perhaps economical context – where the condition of diagnosis and combined with treatment of system failures can be as significant as clinical interactions with individual patients [31]. Without humility, selfish doctor might have failed to appreciate and perhaps govern this broader context, and his/her ability to ameliorate the community's health aftermaths in a demandingly sophisticated environment will be questioned [1,4-7]. In the context of the quintessence of doctor's social accountability to the public, it rests in the sincere and pure action in acknowledging to the community's health demands in an affordable way and capacity [32]. Doctors are human too and always be part of society.

Most doctor's belief that providing excellent quality of medical care as not only a professional responsibility but also as their own professional goal which can be mention as "conveying quality is his/her work". For many doctors, their center of attention is usually always on the patient which is in front of them (patient centered doctor), sometimes perhaps on populations [33,34]. Previously, patient centered doctor has a tendency to focus mainly on clinical effectiveness and safety in the best interests of his/her patient only, and unfortunately often overlooking important aspects of humanitarian dimensions of quality, *e.g.*, efficiency, equity, patient-responsiveness, access and coordination to others.

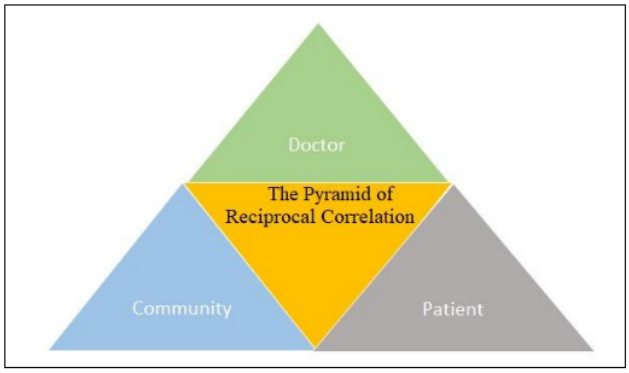

Fig. 1. The pyramid of reciprocal correlation between doctor-patient-community. Communities can be advanced to engage the responsibility for managing the health problems that emerge with the reinforcing of the doctor's involvement in empowering communities to overcome the social antecedents of their health condition. [30 with modification]

Top medical associations have campaigned for modernized standards of medical professionalism, which includes powerfuller public advocacy, a strong commitment to social justice in health care, and even more wider community engagement. Advance strategies are urgently required to strengthen community participation among doctors, which can refine public trust in the medical profession and contribute necessitate expertise and teamwork to matters of community health [35].

In medical school, students may participate in various community involvement projects (CIP), which designated to help specific unfortunate communities. Regrettably, these generous medical students encountered various common impediments during their community service projects [36]. These impediments include (1) human resources difficulties, *e.g.*, in recruiting and handling volunteers (2) funding difficulties, *e.g.*, getting appropriate recognition or credibility for the project to obtain funding and resources, (3) cultural difficulties, *e.g.*, adjusting to a different local custom or culture or language, (4) goals difficulties, *e.g.,* setting certain targets in activities in the community sometimes takes time, it is something that students or institutions don't always have, and last but not least (5) project-specific obstacles.

Prospective remedies were suggested for some impediments, such as (1) developing a powerful executive committee for the project, (2) preparing consecutive batches of leaders, and (3) enhancing the project's public image, mentorship, reflections, and sustainability plans; although sometimes not every problem has a simple way out because the problem itself may be beyond the reach of the institution [37].

3.3 Essence of Moral Formation

Most medical students that join the community service activity claimed that the experience of having to find and follow through on their community service work strengthened their self-esteem, self-efficacy and self-confidence with also sharpening their moral sensitivity [38]. Medical students' practice of volunteerism and their generous involvement in health related activity in the society is a detailed manifestation of humanistic care [39]. This was in all likelihood emulated in their personal acceptance of themselves, a sign of open hearted and humility. Covid-19 pandemic has taught us that voluntary medical students that joined community service activity apparently appeared to have greater insight into their genuine status as far as having continuously enhanced in their moral advancement and in becoming highly moral person or in other word being a better human [40].

Community service activity can also be helpful in building resilience and self-confidence [41]; it is actually a platform to combat burn out among medical student [42]. Ego-strength and the development of assertiveness are important components of the ability to execute and carry through on one's plans of action since they give people the strength to act on their convictions. In other words, it is a prerequisite for self-actualization [41].

The ability to Identify oneself as a moral agent is a central feature in motivating one to engage in moral action [43]. In humanitarian perspective, any people who react actively to certain poor condition, *e.g.*, in which the society are having difficulties to recover on their own and in which their vulnerability puts them at risk, those individuals joined in humanitarian activity are guided by strong personal commitment that rooted in personal moral values and motivation, regardless their educational background [40-43]. Engaging in community service work helps students to define themselves as effective moral agents.

Community service activity positive influences over simulated experiences in a classroom because it gives student real-time experiences in direct contact with community values and even "real life" moral dilemmas. Based on what previously described, humility is seeming to be one out of several important humanitarian values which directly exposed and practiced during community service activity. Humility actually formulates and calibrates a doctor's perspective of self and others that then positively impacts their approach to medical practice; so by learning about humility in public/community service, medical students as future doctor also have started to experience it when in contact with society. In turn, this will be seen in their clinical care delivery, learning and curiosity, motivation in the care of others, and relationships with team members and patients.

4. CONCLUSION

Medical students need learning experiences outside the classroom, clinic room and hospital

room if they are to become integral parts of the communities in which they will practice medicine. Service-learning incorporated into the traditional medical school curriculum can provide a vehicle to accomplish this goal, and provide an avenue to enhance the professional development of the physician in training. This paper describes efforts to incorporate community service and service-learning into a traditional medical school curriculum. The unique nature of our location in a rural state with several required rural rotations with our local community partners has facilitated this effort. Incorporation of service-learning into a medical curriculum can be accomplished and will enhance the professional development of the students.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Mammas IN, Spandidos DA. Practicing humility and medical education: Lessons learnt interviewing experts on Paediatric Virology. Exp Ther Med. 2019;18(4):3254-3256.
   Available:https://doi.org/10.3892/etm.2019.7953
2. Kulkarni S, Narkhede P. Ethics and medical profession: how noble is this noble profession?. Conference: Managerial Skills and Ethics in Global Era; 2011.
3. Montemurro D, Vescovo G, Negrello M, Frigo AC, Cirillo T, Picardi E, et al. Medical professional values and education: A survey on italian students of the medical doctor school in medicine and surgery. N Am J Med Sci. 2013;5(2):134-9.
   Available:https://doi.org/10.4103/1947-2714.107535
4. Chochinov HM. Humility and the practice of medicine: Tasting humble pie. CMAJ. 2010;182(11):1217-8.
   Available:https://doi.org/10.1503/cmaj.100874
5. Wadhwa A, Mahant S. Humility in medical practice: A qualitative study of peer-nominated excellent clinicians. BMC Med Educ, 2022; 22: 88.
   Available:https://doi.org/10.1186/s12909-022-03146-8
6. Porter T, Schumann K, Selmeczy D, Trzesniewski K. Intellectual humility predicts mastery behaviors when learning. Learning and Individual Differences, 2020;80:Article 101888.
   Available:https://doi.org/10.1016/j.lindif.2020.101888
7. Solchanyk D, Ekah O, Saffran L, Burnett-Zeigler I, Doobay-Persaud A. Integrating cultural humility into the medical education curriculum: Strategies for educators. Teaching and Learning in Medicine. 2021; 33.
   Available:https://doi.org/10.1080/10401334.2021.1877711
8. Marcelin JR, Siraj DS, Victor R, Kotadia S, Maldonado YA. The impact of unconscious bias in healthcare: How to recognize and mitigate it. J Infect Dis. 2019;220(220 Suppl 2):S62-S73.
   Available:https://doi.org/10.1093/infdis/jiz214
9. Adams LV, Wagner CM, Nutt CT. The future of global health education: Training for equity in global health. BMC Med Educ 2016;16: 296.
   Available:https://doi.org/10.1186/s12909-016-0820-0
10. Jackson CS, Gracia JN. Addressing health and health-care disparities: The role of a diverse workforce and the social determinants of health. Public Health Rep. 2014;129 (Suppl 2):57-61.
   Available:https://doi.org/10.1177/00333549141291S211
11. Kennedy I. Patients are experts in their own field. BMJ. 2003;326(7402):1276-7.
   Available:https://doi.org/10.1136/bmj.326.7402.1276

12. Webster NJ, Ajrouch KJ, Antonucci TC. Sociodemographic differences in humility: The role of social relations. Res Hum Dev. 2018;15(1):50-71.
Available:https://doi.org/10.1080/15427609.2017.1414670

13. Piqueras P, Ballester A, Durá-Gil JV, Martinez-Hervas S, Redón J, Real JT. Anthropometric indicators as a tool for diagnosis of obesity and other health risk factors: A literature review. Front Psychol. 2021;12:631179.
Available:https://doi.org/10.3389/fpsyg.2021.631179

14. Messiah S. Body Mass Index. In: Gellman, M.D., Turner, J.R. (eds) Encyclopedia of Behavioral Medicine. 2013. Springer, New York, NY.
Available:https://doi.org/10.1007/978-1-4419-1005-9_729

15. Massé J, Dupéré S, Martin É, Lévesque MC. Transformative medical education: Must community-based traineeship experiences be part of the curriculum? A qualitative study. Int J Equity Health. 2020;19(1):94.
Available:https://doi.org/10.1186/s12939-020-01213-4

16. Huynh HP, Dicke-Bohmann A. Humble doctors, healthy patients? Exploring the relationships between clinician humility and patient satisfaction, trust, and health status. Patient Educ Couns. 2020;103(1): 173-179.
Available:https://doi.org/10.1016/j.pec.2019.07.022

17. Jeffrey DI. Humility: the primary virtue of a good doctor. J R Soc Med. 2020;113(12): 479-481.
Available:https://doi.org/10.1177/0141076820923609

18. Turabian J. Doctor-patient relationship: The difficult balance between patient psychology and community sociology. community medicine and health education research; 2020;1.
Available:https://doi.org/10.33702/cmher.2019.1.1.6

19. Prasad SJ, Nair P, Gadhvi K, Barai I, Danish HS, Philip AB. Cultural humility: Treating the patient, not the illness. Med Educ Online. 2016;21: 30908.
Available:https://doi.org/10.3402/meo.v21.30908

20. Dang BN, Westbrook RA, Njue SM, Giordano TP. Building trust and rapport early in the new doctor-patient relationship: a longitudinal qualitative study. BMC Med Educ. 2017;17(1):32.
Available:https://doi.org/10.1186/s12909-017-0868-5

21. Zhang X, Gao S, Cheng Y, Meng F. Encouraging physicians' continuous knowledge-sharing in online health communities: A motivational perspective. Front Public Health. 2022;10:1036366.
Available:https://doi.org/10.3389/fpubh.2022.1036366

22. Haesebrouck K, Van den Abbeele A, Williamson MG.. Building trust through knowledge sharing: Implications for incentive system design. ERN: Employee Motivation & Incentives (Topic); 2020.

23. Virtanen L, Kaihlanen AM, Laukka E, Gluschkoff K, Heponiemi T. Behavior change techniques to promote healthcare professionals' eHealth competency: A systematic review of interventions. Int J Med Inform. 2021;149:104432.
DOI:
https://doi.org/10.1016/j.ijmedinf.2021.104432

24. Kosasih DM, Adam S, Uchida M. Determinant factors behind changes in health-seeking behavior before and after implementation of universal health coverage in Indonesia. BMC Public Health 2022;22:952.
Available:https://doi.org/10.1186/s12889-022-13142-8

25. Fiscella K, Epstein RM. So much to do, so little time: Care for the socially disadvantaged and the 15-minute visit. Arch Intern Med. 2008;168(17):1843-52.
Available:https://doi.org/10.1001/archinte.168.17.1843

26. Johnson SB, Butcher F. Doctors during the COVID-19 pandemic: What are their duties and what is owed to them?Journal of Medical Ethics 2021;47:12-5
Available:http://dx.doi.org/10.1136/medethics-2020-106266

27. Vance MC, Morganstein JC. The doctor-public relationship: How physicians can communicate to foster resilience and

promote mental health during COVID-19. J Gen Intern Med, 2020; 35: 3697–8.

Available:https://doi.org/10.1007/s11606-020-06243-w

28. Institute of Medicine (US) Committee for the Study of the Future of Public Health. The Future of Public Health. Washington (DC): National Academies Press (US); 1988. 5, Public Health as a Problem-Solving Activity: Barriers to Effective Action.

Available:https://www.ncbi.nlm.nih.gov/books/NBK218227

29. Hardavella G, Aamli-Gaagnat A, Frille A, Saad N, Niculescu A, Powell P. Top tips to deal with challenging situations: doctor-patient interactions. Breathe (Sheff). 2017; 13(2):129-35.

Available:https://doi.org/10.1183/20734735.006616

30. Green-Thompson LP, McInerney P, Woollard B. The social accountability of doctors: A relationship based framework for understanding emergent community concepts of caring. BMC Health Serv Res. 2017;17(1):269.

Available:https://doi.org/10.1186/s12913-017-2239-7

31. Hockey PM, Marshall MN. Doctors and quality improvement. J R Soc Med. 2009;102(5):173-6.

Available:https://doi.org/10.1258/jrsm.2009.090065

32. Buchman S, Woollard R, Meili R, Goel R. Practising social accountability: From theory to action. Can Fam Physician. 2016;62(1):15-8.

33. Starfield B. Is patient-centered care the same as person-focused care? Perm J. 2011;15(2):63-9.

Available:https://doi.org/10.7812/TPP/10-148

34. Entwistle VA, Watt IS. Treating patients as persons: A capabilities approach to support delivery of person-centered care. Am J Bioeth. 2013;13(8):29-39.

Available:https://doi.org/10.1080/15265161.2013.802060

35. Crump C, Arniella G, Calman NS. Enhancing Community Health By Improving Physician Participation. J Community Med Health Educ. 2016; 6(5):470.

Available:https://doi.org/10.4172/2161-0711.1000470

36. Mawarni D, Pratiwi Z, Nabawiyah H. The challenges faced by students in six-month voluntary community service to develop health programs in school settings. in conference: The 1st international scientific meeting on public health and sports (ISMOPHS 2019); 2020.

Available:https://doi.org/10.2991/ahsr.k.201203.016

37. Loh AZ, Tan JS, Lee JJ, Koh GC. Voluntary community service in medical school: A qualitative study on obstacles faced by student leaders and potential solutions. Glob Health Action. 2015; 8:27562.

Available:https://doi.org/10.3402/gha.v8.27562

38. Brown KM, Hoye R, Nicholson M. Self-esteem, self-efficacy, and social connectedness as mediators of the relationship between volunteering and well-being. Journal of Social Service Research, 2012; 38(4), 468–83.

Available:https://doi.org/10.1080/01488376.2012.687706

39. Chen L, Zhang J, Zhu Y, Shan J, Zeng L. Exploration and practice of humanistic education for medical students based on volunteerism. Med Educ Online. 2023;28(1):2182691.

Available:https://doi.org/10.1080/10872981.2023.2182691

40. Shi Y, Zhang SE, Fan L, Sun T. What motivates medical students to engage in volunteer behavior during the COVID-19 outbreak? A Large Cross-Sectional Survey. Front Psychol. 2021;11: 569765.

Available:https://doi.org/10.3389/fpsyg.2020.569765

41. Siqueira MAM, Torsani MB, Gameiro GR, Chinelatto LA, Mikahil BC, Tempski PZ, Martins MA. Medical students' participation in the Volunteering Program during the COVID-19 pandemic: A qualitative study about motivation and the development of new competencies. BMC Med Educ. 2022;22(1):111.

Available:https://doi.org/10.1186/s12909-022-03147-7

42. Chau M. Community service for medical school students: An opportunity to combat burnout.
Available:https://www.wolterskluwer.com/en/expert-insights/community-service-for-medical-school-students-an-opportunity-to-combat-burnout

43. Komenská K. Moral motivation in humanitarian action. Human Affairs. 2017; 27(2):145-54.
Available:https://doi.org/10.1515/humaff-2017-0013

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