Abstracts

Medical Students and Professional Behaviour

5th June 2008

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Professional Characteristics of the Ideal Medical Doctor: Team-Working

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Background & Aim
As part of a larger project designed to assess attitudes towards professional behaviour, we first identified the types of professional behaviour that people believe medical doctors should exhibit, and the underlying reasons that drive their desire for these behaviours.

Method
One-to-one interviews utilising the laddering technique\(^1\) were conducted with patients (n=33), Year 1 MB/BS students (n=31) and qualified doctors (n=30) between April 2004 and February 2005. Analysis was conducted in line with the standard laddering technique and results diagrams, illustrating group representations of the characteristics of the ideal medical doctor, were created.

Results
All of the concepts identified by Patients in the interviews were interlinked around ‘communication and trust’ characteristics. In contrast, group representations from Doctors (D) and Students (S) fell into three themes ‘team-working’, ‘competence’ and ‘communication and trust’. In this poster we focus on ‘team-working’ characteristics, and these results diagrams will be presented. To summarise:

**Attributes associated with good team-working**
- Working well in team (S&D)
- Being approachable (S&D)
- Not patronising/arrogant (S&D)
- Not leading by fear/bullying (D)
- Leading team (D)
- Respect other members of team (S)

**Reasons why good team-working is important**
- Doctor and team will be effective (S&D)
- Good working atmosphere and morale (S&D)
- Doctors can’t know or do everything themselves (D)
- Doctors should recognise limits & get assistance (D)
- Support other members of team (D)
- Communicate well with team (D)
- Team will respect doctor (S)
- Trust each other to do job (S)

**Outcomes of poor team-working**
- Make mistakes & miss things (S&D)
- Patient suffering (S&D)
- Patient wants second opinion (S&D)
- Patient not satisfied & helped (S&D)
- Negative impact on patient’s trust & confidence (D)
- Effect on compliance (S)

Conclusion
Whilst recognising the importance of good team-working, Students have a less rich conceptualisation of the associated characteristics; particularly related to the reasons why these skills are important in a good doctor.

References:
Medical students’ explanations of behaviour within professionalism dilemma situations: Implications for the assessment of professionalism

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Background
Students are taught good professional practice through the formal curriculum. However, they sometimes learn unprofessional behaviour through the informal curriculum, particularly within the workplace learning setting. Previous research has explored students’ explanations of professionalism lapses using either written (thus 'crafted' confessions) or oral explanations of hypothetical rather than enacted behaviour\(^1,2\). This is especially problematic for the interpretation of talk as the stories we tell are ‘verbal actions’ that achieve social functions including identity formation and impression management\(^3,7\). It is therefore important to attend to social, psychological and linguistic aspects of medical students’ explanations of behaviour to unpick the complex dynamics of these verbal actions.

Aims and Objectives
This study aims to address theoretical and methodological weaknesses of existing research by examining medical students’ explanations of their own professionalism behaviours within dilemma situations using Malle’s theory of behavioural explanations\(^6\). Thus, we not only aim to understand the types of professionalism dilemmas students face, but we will also explore the contributing factors they cite when explaining theirs and others’ behaviours and how they manage those explanations within the communicative act\(^8\).

Methods
Individual and group interviews using a narrative interviewing technique are ongoing throughout 2008 across all year cohorts at three geographically and culturally diverse medical schools in England, Wales and Australia. Analyses of the data includes identifying important themes, identifying personal incident narratives (PINs), and analysing the behavioural explanations within these PINs using Malle’s F.Ex coding scheme for behavioural explanations\(^6\).

Results and Discussion
We will present preliminary analyses of data from the first school (England) along with some illustrative PINs to demonstrate the utility of Malle’s theoretical perspective for understanding explanations of professionalism dilemmas. We will also discuss the implications of our preliminary results for the assessment of medical students’ professionalism\(^9\).

References
4. Knight LV, Sweeney KG. Stories we live by: Medical students' professional identities in construction. Presented at the 13th Ottawa International Conference on Clinical Competence (Ozzawa), 5-8 March 2008, Melbourne, Australia.
8. Knight LV, Rees CE. 'Enough is enough, I don't want any audience': exploring medical students' explanations of consent-related behaviours. Advances in Health Sciences Education 2006; DOI: 10.1007/s10459-006-9051-1.
The Royal Free & University College Medical School experience of serious concerns forms during final year assessments

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Background
The Royal Free & University College Medical School (RUMS) introduced a ‘serious concern’ form into their final year OSCEs in June 2005. It was introduced to try to identify problems that a standard OSCE mark sheet might not clearly identify e.g. professionalism. Prior to each examination, examiners are briefed on how to complete the forms and given examples of areas of concern that we would like included. Each form is discussed at the panel of examiners’ meeting and the area of concern either rejected or upheld. Any student who has three accepted forms is automatically failed; one student was failed for this reason in June 2007. All students who have a form upheld receive feedback on the problem with their performance.

Methods
We reviewed the number and types of problems identified and categorised them using 5 themes (knowledge, communication skills, professionalism, technical skill, and overall synthesis). The 3 serious concerns forms received by the student who failed due to these forms were then reviewed separately.

Results
Since June 2005, 159 forms have been completed with numbers rising from 59 in 2005 to 110 in 2007. Over 50% of all the comments were categorised as professionalism, with this category being most common in all examinations. The student who received 3 serious concern forms had multiple comments recorded; the majority of them were again related to professionalism.

Conclusion
At The Royal Free & University College Medical School, professionalism is the most common reason for students receiving a serious concern form in their final year OSCEs. The introduction of this form has helped identify students deficient in this area ensuring that our assessments test all areas of a student’s fitness to practice.
Multisource feedback appraisal: working towards a measure of professionalism

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Context and Setting
As part of the expansion of medical student numbers in 2006, 50 students per year study medicine at Lancaster University with clinical placements in the local area. These students follow the Liverpool medical curriculum and will graduate with a Liverpool degree. The small numbers offer a unique opportunity to pilot an appraisal process.

Why the development was introduced
The rationale for the CETL at Liverpool Medical School is developing professionalism in medical students. In practise, professionalism has been difficult to measure. The appraisal process has been introduced initially as a formative process with the intention of, as the yearly process develops, identifying whether elements of the process could provide a measure of professionalism.

What was done
Year 1 students were required to produce a portfolio comprising:

1. CRB clearance
2. Formative exam results
3. Reflective statement on formative results
4. Career management document (via Ning, a networking site)
5. Multisource feedback
   i) feedback on PBL performance by Tutor
   ii) feedback on PBL performance by self
   iii) feedback on PBL performance by peer 1
   iv) feedback on PBL performance by peer 2
   v) feedback by Clinical Skills tutor
   vi) feedback by Communication skills tutor
   vii) feedback by CALC tutor
6. Peer assessment of student 1 by self
7. Peer assessment of student 2 by self

Students then had a 30 minute meeting with an academic member of staff to discuss their documentation. Five members of staff were involved in the process. Each student then wrote an action plan which will be used to guide personal development over the next year and form part of the next appraisal in Year 2.

Evaluation
Members of the academic team met to evaluate the process and three randomly selected focus groups have been arranged to provide student feedback on the appraisal.
Teaching professionalism using a circuit class

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Context and setting
Medical Professionalism has many components including knowledge and utilisation, technical skills and performance, cognition and the ability to evaluate critically and ethics\(^1\). Teaching professionalism remains challenging with some educators querying whether the subject can be taught.\(^2\)

Students often identify attributes of professionalism in peers and seniors by direct observation. Teaching of issues of professionalism is often linked to topics and addressed as secondary learning objectives. Students wish to consolidate their knowledge of professionalism as they are aware that this area will be assessed in final examinations.

In course design two methods are often used to teach professionalism. A constructivist approach building on the individuals previous experiences and a cognitivist approach with goals or outcomes defined.

Methods
A 90 minute circuit was designed to address professionalism in final year students using the underlying theme of nutritional aspects in stroke patients. A mini workbook was provided where expected outcomes and references are attached.

Station 1 Cognitive Evidence based issues in feeding
Station 2 Observation Information giving video
Station 3 Cognitive Ethical/Communication issues in feeding
Station 4 Practical Replace a gastrostomy tube
Station 5 Synthesis Consolidation

Students showed a positive response to this teaching method recognizing different attributes of professionalism. The mini workbook helped clarify clearly defined goals which suited the students’ requirement for a strategic learning approach with finals approaching. A circuit class approach can address issues of professionalism within a limited time frame and can meet the strategic learning approaches adopted by medical students prior to finals.

References:
Exploring the professionalism continuum in medical students

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Background

Extensive research has been done on how professionalism is defined by medical professionals but less so from the students’ perspective. We wished to explore maturing students’ tacit understanding of their developing professionalism and make explicit the effect of the curriculum on this process.

Aims and Objectives

To explore how medical students define professionalism and whether these views are related to their year of study and developed by the formal and informal curriculum.

Methods

Using qualitative methodology, the perceptions of medical students at one London-based medical school were explored. The recent General Medical Council guidance for professional behaviours expected from medical students were used as triggers. The influence of the formal and informal curriculum on the development of these beliefs was explored. Thematic analysis of the focus groups helped devise a subsequent questionnaire, distributed to students in years 1-5, which rated their level of agreement with the identified themes.

Results

Knowledge and competence, attitudes and behaviours associated with ethical practice, were considered essential in defining professionalism. However areas such as probity and personal health were not considered as important. These perceptions were derived from various aspects of the curriculum including early clinical exposure, observing medical professionals and fulfilling societal expectations of the professional behaviour of a doctor.

Discussion & Conclusion

Students vary in defining professionalism according to their stage of study and are influenced by the importance students place on the emphasised behaviours from the formal curriculum and the covert expectations from the informal curriculum. The transition from medical student to doctor matches their increased clinical exposure and responsibility facilitating their professional development. The students highlighted their current limitations in demonstrating professionalism and difficulties in adjusting to the range of acceptability of various behaviours across the medical profession. In encouraging student professionalism, the affect of the curriculum on the views of students needs to be heeded by medical educators.

References:

Teaching, learning and assessment of law in medical education: Exploring medical students’ perceptions and understanding of law as it relates to professional practice and behaviour

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Background
More integrated care and changing professional roles mean that professional and legal responsibilities need to be ever more clearly defined. Research funded by a National Teaching Fellowship compares teaching, learning and assessment of law in medical and social work education.

This poster reports specifically on the medical education research. Generally, the literature has not researched the quality, effectiveness or outcomes of different methods of teaching, learning and assessment of law in medical education. Law tends to be coupled with medical ethics1, introduced as part of the development of professionalism2,3 or acquired during clinical attachments relating to different client groups.

Aims
The research systematically evaluates the outcomes for practice of different curricular approaches to teaching, learning and assessment of law. It explores medical students’ ‘position’ towards the law, perceptions and understanding of law as it relates to professional practice, values, ethics and their role as a future practitioner.

Methods
This two-year study involves exploring the experience and perception of confidence and competence in law relating to medicine of 2000 medical students, from four participating universities. Data collection is through documentary analysis, self audit questionnaires, mind-mapping, focus groups and individual interviews, involving staff and students.

Results
Preliminary results are reported in terms of students' knowledge, skills and attitudes relating to law, including differences between first and final year students.

Discussion
Do current curricular structures enable students to acquire and retain knowledge of the legal rules relating to medicine and develop skills in practising law relating to medicine? Preliminary data analysis reveals varying perceptions and understanding of the law and how it is used in practice.

Conclusions
Results indicate further research, including a survey of law teaching in all UK medical schools and exploring further how medical students perceive and understand the law, the implications for curriculum development and developing ‘professionalism’ in medical students.

References:
Do medical students agree on what constitutes medical professionalism?

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Introduction
The profile of medical professionalism in undergraduate education has increased recently. At the same time, the term “medical professionalism” is widely used although its definition and measurement are variable.

Aims and objectives
The study surveyed medical students at Aberdeen University asking them to consider characteristics they regarded as positive and negative indicators of medical professional attributes among senior hospital doctors.

Methods
A self-completion on-line questionnaire was constructed, comprising 73 statements about knowledge, skills, behaviours and values used, demonstrated and held by doctors. It was sent to all medical students at the University in 2006. The survey was anonymous. Respondents were asked to rate their agreement on a 5-point Likert scale as to the relevance of the statements to professionalism. The questionnaire was produced using SNAP8 software. Results were collected and collated automatically before analysis in Excel and SPSS. Results were expressed as frequencies and scored to provide a numerical rank for each characteristic. The scoring weighted strongly held views over those weakly expressed.

Results
The overall response rate was 43% (414/964), rising from 30% (54/179) for 1st years to 62% (125/201) for 5th years. Medical students across the five years broadly agreed on the qualities they viewed as highly desirable of a medical professional and about those which were unprofessional.

Conclusion
This study gives an indication of the knowledge, skills, attitudes and values which medical students regard as being characteristic of a medical professional as well as those they regard as being unprofessional. Limitations of the study were the variable response rates for the different years and restricting the survey to one medical school. Despite this, the results suggest a degree of consensus between medical students at different stages of their undergraduate training.
Medical Professionalism: Perceptions of medical students

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Background and Aims
The General Medical Council has published guidance about Professional behaviour and student fitness to practise, aimed at medical students and everyone involved in delivering medical education. We wanted to obtain the view of medical students on their perception of what medicine is in the UK and what they regarded were the key aspects of professionalism. This information may provide direction to educators who are involved in teaching and curriculum development in this area.

Methods
Survey forms used was a modified survey tool developed by the working party of the Royal College of Physicians in 2005 for their survey on medical professionalism. Paper survey forms were handed out to 133 third year medical students of the University of Southampton during their Psychiatry attachment between October 2007-February 2008 which produced a response rate of 77%.

Results
Key findings were that 41% of medical students believed medical practice required altruism. While 87% of students view medicine as a science only 41% agree that medicine is an art.

Conclusions
Students are selected into medical schools through a selection process where demonstration of altruistic values plays a key role. The finding that less than half of third year medical students do not think that medical practise requires altruism suggests that early clinical experience, which confronts students with issues of professionalism may have negative influences, including cynicism and feelings of disillusionment with medicine. The finding that medical students perceive medicine predominantly as science rather than both as an art and science is similar to previous studies. Medicine, however, is not an exact science. It is an applied science, and its practice is an art. This survey reflects perceptions of medical students in a single medical school in UK. These findings raise interesting areas for further reflection and enquiry.
Put Professionalism into Practice - The Dissection Room Experience

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Context and Setting
The School of Medicine and Dentistry of The Queen’s University of Belfast (QUB) uses an approach of directed self learning for teaching anatomy, and students are given the opportunity to learn anatomy from human dissection. Two practical sessions per week of two hours each take place in the Dissection Room (DR), where the approximately 140 students are grouped around 20 dissection tables. This study aims to assess the possibility of utilising self-directed learning teams as an educational strategy in order to nurture the development of the attributes of professionalism.

Why was this introduced?
The teaching and cultivation of professionalism is an integral part of medical education as professionalism is central to maintaining the public’s trust in the medical profession. Medical educators have accepted the responsibility to explicitly teach and effectively evaluate professionalism.

What was done?
The students were given a thorough review of professional attributes and were empowered with the ability to critically reflect on their experiences. In the approach at QUB, the students are expected to adopt specific roles in the different sessions, reflect on the application and their performance in terms of professionalism, and eventually assume a subconscious sensitivity towards the underlying characteristics that demonstrates the attributes of professionalism.

Evaluation of results / impact
Peer evaluation and self-evaluation were used as tools to assess and provide feedback regarding professional behaviour in first year medical students. Academic staff members and clinicians circulate through the DR, directly observe the participation of students in the session and give formative feedback. Two tutorial sessions during the semester provide opportunity for reflective practise. The dissection room offers an ideal environment for reflection on the learning experience as it is not restricted to personal performance assessment, but also allows for peer assessment.
Constructive criticism or popularity contest: what medical students think of peer assessing professionalism

J Garner and Northern Personal Professional Development Group (PPD)

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Background
The Northern Personal and Professional development group (PPD) consists of staff from medical schools in the north of England. Discussion in the group about measuring professional behaviours led to a small scale study of how comfortable students would feel about assessing their peer’s professional behaviours.

Aims & objectives
The study aimed to find out what issues students raised regarding assessing their peer’s professional behaviours, how they would feel about assessing different aspects of professionalism and how comfortable they would be doing this. This is the first study of student attitudes on this issue in the UK.

Methods
A voluntary anonymous online survey was hosted on the University of Liverpool server, with a link emailed out to students at 6 participating medical schools. The survey consisted of a series of statements relating to peer assessing professional behaviours, and respondents were asked how much they agreed using a 5 point Likert scale. An open comment opportunity was provided at the end of the survey.

Results
500 students responded to the survey. The majority of respondents agreed that peer assessment could help them reflect on their professional behaviours (78%). Respondents said they would feel comfortable assessing their peers (61%) and receiving feedback on their professional behaviours from their peers (76%). More respondents agreed they would feel guilty about reporting negative professional behaviours of a friend (66%) than a peer (48%).

Discussion
Respondents did have concerns about how peer assessment could be influenced by personal relationships, how the information from peers would be used (formatively or summatively), what training would be available to students and the impact peer assessment would have upon student relationships.

Conclusion
Respondents were positive overall about assessing their peer’s professionalism, and how this could help them reflect on their practice.
Fitness to practice judgements – a profile of student problems

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Background
There is an impetus to develop professional attitudes and values as well as relevant knowledge and skills for the practice of medicine\(^1\). There are specific expectations of MB courses\(^2\), and areas for monitoring in student FTP\(^3\).

UEA aims to use appropriate learning opportunities, set clear goals, get multisource data over time, reward good behaviour, and encourage reflection and self awareness. All students get tutor judgements based on criteria: we also use attendance records, staff and student reports, reflective portfolios, and procedures for unsuitable behaviours according to the level of problem.

Aims
To describe one medical school’s approach to assessing professionalism and fitness to practice; quantify the instances of minor and major infringement of fitness to practice procedures; and compare these with other reasons for poor performance. This study has looked at a whole year of data for all 5 years of students.

Methods
Collation of datasets, exam board minutes and student progression.

Results
In 06/07 (total students 619), warnings for short term repeated unauthorised absences were given to > 30 students, but there were only 3-6 collusion and plagiarism, and 3 peer problems (bullying/exclusion). While 15 had some negative reports, only 1-2 per cohort were deemed unsatisfactory by a tutor, and many issues noted in-year were ‘below the bar’ in terms of penalty scale. A number of students were weak academically and under FTP, but numbers were too small to be statistically significant.

Discussion
Schools hold detailed data on aspects of professional behaviour but overall most students do not misbehave. Current MTAS application does not require this cumulative profile of professionalism of students and at exit cannot be fed forwards.

Conclusion
Further work needs to be done to ascertain the formative value of fitness to practice procedures in undergraduate settings, and the predictive value of behavioural violations.

References:
