



Professional Conduct of Clinical Teachers: Perspectives of Medical Students

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ABSTRACT

Introduction: Appropriate professional conduct of clinical teacher is vital in their medicine practice. In UKM medical centre Malaysia, personal and professional development (PPD) of future medical professionals is greatly emphasized. The objective of this study was to determine the medical students' perception about the professional conduct of their clinical teachers at UKM medical centre. **Methods:** It was an online questionnaire survey conducted among the clinical students enquiring about the professional conduct of their clinical teachers. There were five statements and one open ended question which described students' preference about PPD teaching-learning method, expectation on PPD session, need of teachers training and experience about the excellent and inappropriate professional conduct of clinical teachers. The open ended question described what students had observed regarding the 'doctor-patient relationship' medical ethics and 'student-teacher relationship'. A total of 77 questionnaires were returned after complete evaluation. The data were compiled and analysed using SPSS version 20 and the answers to the open ended questions were transcribed. **Result:** Role modelling was the preferred teaching-learning method for PPD as stated by 38% respondents; subsequent preferred methods were small group (30%), role play (24%), large group (7%) and reflective writing (1%). Majority (67.5%) respondents indicated that professional conduct of their clinical teachers was frequent enough as they had expected while 29.9% claimed that professional conduct was infrequently emphasized. Excellent professional conduct of clinical teachers was witnessed by 73% respondents while 27% indicated that they had never seen excellent conduct. When asked about inappropriate professional behaviours by clinical teachers, 53% indicated to have witnessed. Qualitative data also revealed both positive and negative experiences as reflected in open comments. According to 70% respondents clinical teachers required training to apply PPD in their daily practices. **Conclusion:** Professional conduct of clinical teachers as perceived by the students was excellent and frequents enough with experience of inappropriate behaviour too. Role modeling was the preferred teaching method while attention needed on reflective assignment. Educators must emphasize on role modelling in their daily practices and curriculum planners should give due importance on training needs of clinical teachers to apply PPD in their daily practices.

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Introduction

Professional behaviour of the clinical teacher is very much essential in the practice of medicine. Physicians are exposed to ethical issues and challenges on an almost daily basis. Patients, colleagues and public at large have a high expectation for the professional behaviour of the physician (1). American Board of Internal Medicine includes altruism, honesty, respect for others and accountability in the definition of medical professionalism and applies to patient interactions as well as interactions with fellow staff (2).

To understand the professional challenges in the clinical setting, medical undergraduate program has now given importance to add professionalism to the curriculum. In 1999 the Association of American Medical Colleges (AAMC) recommended that all medical schools include professionalism in the core curriculum of medical education (3, 4). Professionalism has been one of the six general competencies for residents and an important part of the teaching program (5). Students are provided with the theories of professionalism as well as workshop and seminars on appropriate professional behaviour are held regularly in addition to the observational learning and training (6, 7). Medical students are expected to acquire medical knowledge and learn hands-on procedural skills. In addition to this they are expected to acquire professional behaviour through an 'apprenticeship model' by observing doctor role models in their medical school (7). The important influence of proper role modelling in the shaping of students' sense of values has been recognized as an essential element in effective medical education (1, 8). Bernard et al mentioned professionalism development is influenced by "hidden" and "informal" curricula. Hidden curricula are defined as the organizational structure and culture that influences learning such as customs, norms and rituals of the surroundings. The informal curriculum is the interpersonal experiences between students and teachers, other students and patients. The authors mentioned that learning through observation and interaction with role

model is part of informal curriculum which is more influential than formal teaching. Thus clinical teachers' unprofessional behaviour may cause wrong perception among the students as the trainees learn by observation followed by emulation (9, 10)

Personal and professional development (PPD) of medical students is greatly emphasized in the undergraduate training in UKM. There is a PPD module, incorporated in the undergraduate medical program as a part of the integrated medical curriculum (11). Besides PPD module in the curriculum, clinical teachers and faculty members are expected to role-model appropriate professional behaviours. The objective of this study was to determine the medical students' perception about the professional conduct of the clinical teachers at UKM medical centre.

Method

This was a cross sectional online questionnaire survey done among clinical students of UKM medical centre that investigated the professional conduct of clinical teachers experienced by the students during their teaching sessions. The questionnaire mainly addresses the professional behaviour of the faculty that students would observe during the student faculty interaction and their thoughts about their faculty. There were total five statements and one open ended question. The statements describes students preference about the method of PPD teaching, their expectation about PPD session, teachers training on PPD and most importantly their experience about the excellent and inappropriate professional conduct of their clinical teachers. The open ended question describes what they had observed during their clinical session regarding the 'doctor-patient relationship' medical ethics and 'student-teacher relationship'. Before administration, the developed questionnaire was evaluated by the expert lecturers to ensure the comprehensibility and clarity. Later the questionnaire was distributed through online to all 3rd year medical students. The purpose of this evaluation was explained in the questionnaire clearly and the students were asked to complete the questionnaire and give

their perception about their clinical teachers. But they were reminded not to mention the name of their teacher. A total of 77 questionnaires were returned after complete evaluation. The data were compiled and analysed by the SPSS version 20 and the open ended written comments were transcribed.

Result

Table 1 revealed the distribution of preferences of teaching-learning methods in teaching of PPD module to medical students undergoing clinical training. Role-modeling was preferred by majority (38%) of the respondents to instil good professional conduct in medical training while reflective writing was preferred by least number (1%) of respondents. The other preferred methods were small group discussion (30%), role play (24%) and large group discussion (7%).

Table 2 showed medical student's responses on clinical lecturers' PPD variables. Regarding the frequency of emphasis on PPD, majority (67.5%) respondents indicated that emphasis on professional conduct by their clinical teachers

was frequent enough as they had expected while 29.9% claimed that professional conduct was infrequently emphasized by their clinical teachers. Only 3% said it was too infrequent and less often than they expected. Demonstration of excellent professional conduct by clinical teachers was witnessed by 73% respondents while 27% indicated that they had never seen such excellent conduct. On the other hand, sad to note that, 53% respondents indicated to have witnessed of inappropriate professional behaviours of their clinical teachers during clinical teaching sessions. Regarding the training needs of clinical teachers, 70% respondents agreed that their clinical teachers required more training to apply PPD in their daily practices.

Table 1. Distribution of preferences of teaching-learning methods in teaching of personal and professional development (PPD), n=77.

Teaching-learning methods	Rating
Role modeling	38 %
Small group	30 %
Role play	24 %
Large group	7 %
Reflective writing	1 %
Total	100 %

Table-2: Medical student's responses on different variables of clinical lecturers' PPD, (n=77)

Name of the variables	Responses	Rating
Frequency of PPD session	Frequent enough just as I expected	67%
	Too frequent, more than I expected	30%
	Infrequent, less often than I expected	3%
Students' experience about the excellent professional conduct	Yes I have seen	73%
	No, I have never seen	27%
Students' experience about the inappropriate professional conduct	Yes I have seen	53%
	No, I have never seen	47%
Clinical teachers need PPD training	Strongly agree	11.9%
	Agree	58.2%
	Disagree	26.9%
	Strongly disagree	3%

Table 3 documented the students' written comments about their supervising clinical faculty. The comments were of both positive (a-e) and negative (f-i), and were based on the doctor patient relationship in terms of 'Communication and Etiquettes', medical ethics in terms of 'Do no harm / Beneficence /

Autonomy / Justice' and lastly the student-teacher relationship. Communication skill received both positive and negative comments. Negative comments were mainly regarding the poor communication skill, improper handling of the patients and disrespectfulness to the patients.

Table 3: Distribution of students' written comment on professional conducts of clinical teachers.

Students' written comment on professional conducts of their clinical teachers

- a *'When during rounds, the lecturer never forgets to address the patient and correct anyone including the housemen if they use inappropriate words to describe the patient's condition during ward presentation. In fact, the lecturer always tells them back what should the appropriate words used and talk to the patient softly and nicely with empathy. She also listen attentively also.'*
- b *'When at clinic, my supervisor (lecturer) dealing with very difficult patient who did not want to follow doctors advise, plus getting scolded, but my supervisor, very cool...smile, explain, even after getting scolded.'*
- c *'Even though different gender, the patient was very comfortable with the doctor and even said to me that the doctor was the best ever doctor she met. The doctor always generous with smile, ask the patient not only regarding her disease but also her current life. The doctor also used chaperone when examining the patient and even asked politely to examine the patient's breast.'*
- d *'It happened in a clinic of a department, the patient has spinal cord lesion, which may cause erectile dysfunction. The doctor asked my friends and I to go out of the clinic, though we already known the complication, because he wanted to explain it to the patient.'*
- e *'I was in the clinic on that time. It was a long and havoc clinic as usual, but the lecturer always smiling and teaching us. When patient came in, lecturer introduced to our presence; who we were and why we were there; on examination, patient's privacy was always maintained, the respective lecturer asked the patient first, and followed by us.'*
- f *'There was a doctor, the doctor always didn't look to patient's face while talking, didn't smile at all, very hostile, till the point the patient themselves felt upset and made complaints...when doing rounds, the doctor didn't even look at the patient, didn't talk, interact..., it was obvious..., and I felt very sorry to the patients'.*
- g *'I felt very painful for the patient when the doctor was saying that there was no need to do anything more for this patient as the chances of survival was slim in that case. In that situation, the patient burst into tears. For me, it was inappropriate doing so in front of patient without any proper counselling before, especially there was a big crowd there during round'.*
- h *'It was occurred during ward round. The specialist did abdominal examination to a young lady. Everything was smooth until the end of physical examination. It seems a little bit difficult to appreciate the finding since the patient looks overweight. Before cover up the abdomen after finishing examination, he pinched the abdomen of the lady and say "tebalnya lemak (thick fat)". Then he laughed in front of the patient. The patient suddenly looked flushing. I think it was inappropriate to do that to a patient'.*
- i *'From my own personal experience, the worst professional conduct demonstrated by one particular lecturer was when I was his patient. Being a female medical student, I was a bit apprehensive about exposing myself in a ward round full of male doctors. But the lecturer requested that I took off my shirt and scolded me when I refused to do so. However, another surgeon who came later did not request the same thing which made me think that taking my shirt off was not necessary in the examination. In another situation, the same lecturer made an inappropriate comment about my body when he was examining me'.*
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Discussion

Professionalism is an essential characteristic for physicians and call for a commitment to the patients regarding the confidentiality, honesty, altruism, excellence, appropriate relationship with patients and respects their right to autonomy (5). Buchanan et al (2012) mentioned that 'Great clinical teachers promote professional behaviour (12). This study provides the perception of 3rd year medical students about their clinical teachers' professionalism behaviour which is very important element for the medical students.

In the present study, medical students expressed their view about the preference of PPD session by agreeing that teaching by example 'role model' is the best way to learn (Table 1). In previous study, students viewed role modeling to be the single most important component related to the development of professional identity (4). Role modeling is described as a basic fundamental area where repeated negative learning experiences may adversely impact the development of professionalism in medical

students and residents. So, proper emphasis should be given during the faculty development initiative to this important educational resource (13).

Reflective writing promotes personal and professional development; reflection is a metacognitive process resulting in a greater understanding (Kristiansson et al 2014). But, only 1% of the respondents in this study preferred reflective writing as teaching tool for PPD (Table 1). So, question automatically raised about whether we really know how reflective assignments should be designed to have the best effect (14). It is vital for the educators to emphasise the importance of feedback (14).

Most of the students reported that the current PPD sessions are adequate and up to their expectation (Table 2) which reflects the adequate curriculum planning of UKM medical centre. Most of our students (73%) reported that they have seen excellent professional conduct which represents a good role model played by the clinical teachers (Table 2). The excellent

conducts reported were in terms of outstanding communication skills, impressive ways of handling difficult patients & situations and respect, politeness, good etiquettes & manners. However, at the same time students emphasize that their clinical teachers need more training for PPD teaching session (Table 2). Without proper guidance by the medical teachers, adequate sessions would be of no use. Therefore educational managers should give importance to this faculty development training on PPD programs.

Analysis of qualitative data also revealed both positive and negative professional conduct of clinical teachers. Comments a-e were evidences of positive professional conduct such as outstanding communication skills; impressive ways of handling difficult patients and situations; showing respect, politeness, good etiquettes and manners; respecting patient autonomy, privacy and confidentiality; and representing commitment to teaching and role modeling (Table 3). However, a large number (53%) of students experienced the inappropriate professional conduct (Table 2). The negative professional conducts or unprofessional behaviours were commented f-i as poor communication skills, disrespectful and indifferent attitudes, humiliation and degradation, and humiliation and harassment in clinical setting (Table 3).

Experiences of unprofessional behaviours by medical students in preclinical and clinical environments are reported in many literatures (4, 6, 15-17). Brainard and Brislen (2007) reported on the experiences of students' from five American medical schools and found several barriers to medical professionalism education which included unprofessional conduct by medical educators, substandard professional behaviour accepted in exchange for efficiency, and institutions lacking whistleblower protection (18). Feudtner et al (1994) mentioned that 98% students experienced of inappropriate professional conduct to the patient and 61% witnessed unethical behaviour by other team member (15). Szauter et al (2003) pointed out the most common inappropriate unprofessional

behaviour reported were the use of offensive language towards patients or other services and the disrespectful treatment (6).

The learning experience through observation of and interaction with role model in clinical practice is more influential than formal learning. In order to integrate the professional values and behaviours into the curriculum, the impact of formal, informal and hidden curricula must be understood and utilized. Students learning in the lecture and tutorial must be complemented by their clinical practice (19). Thus it is necessary to guide the clinical teachers to make them aware of their task as a role model to the students. The unprofessional behaviour by faculty members influences the learning environment. Students might develop an impression of clinical faculty as well as the specific specialties in medicine during their posting. The students might perceive the unprofessional behaviour to be acceptable or advantageous. Even this unprofessional behaviour experiences can influence their career selection. Thus the Physician-teachers have an important responsibility to optimize the learning environment and to promote the professional development of the medical students through consistent, professional behaviour (6). Faculties have to responsive about their role as an educational technique where their interaction and expressed beliefs can affect student (5). In the present study, inappropriate conduct was observed in doctor-patient interactions, clinical decision-making as well as confidentiality issues.

To improve this condition in our setting, there are a number of suggestions that can be administered. We suggest to (i) Set-up a special task committee under the Dean's office, chaired by a senior member of the faculty to reflect into these concerns and propose further remediation, (ii) Conduct regular faculty development programme and basic workshop on educational technology and professionalism especially for newly appointed faculty members, (iii) Run regular CME sessions on professionalism with invited speakers and resource persons from Ministry of Health, Malaysia Medical Council, and Malaysia Medical Association, (iv) Organize National Seminar on professionalism

development for Malaysian Medical Schools (v) Emphasis on professional conduct of postgraduate students, medical officers and housemen. (vi) Give due importance on presentation of case study related to medicolegal cases reported to Legal Unit, (v) Brief 10 - minutes input on professionalism in regular faculty meetings be presented by Dean and Deputy Deans, based on books / current journals on subject matters.

Conclusion

Professional conduct of clinical teachers were found excellent and frequent enough as expected. However, inappropriate professional behaviors experienced by the students in clinical setting were also not less, which is very disappointing. Role modeling has been identified as the preferred teaching-learning method for professionalism development. Although reflective writing plays an essential role in professional training it has been preferred by the least number of respondents, which needs to look in to the designing of reflective assignment. Producing medical graduates with appropriate professional conduct could never be achieved if the clinical teachers, the main agents of changes are not committed enough to display excellent behaviours and conduct for the students to emulate. Educational managers should give due importance on adequate training needs of clinical teachers through faculty development training program to apply PPD in their daily practices.

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