

A proposed curriculum of Professionalism and ethics for Egyptian undergraduate medical students

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Abstract

Professionalism is a belief system about perfection in health care delivery while ethics is the study of moral decisions and behaviours. In hidden curriculum, students learn by watching their instructors, but it leaves a lot to chance to grasp essence of professionalism and ethics. This curriculum is introduced to empower hidden curriculum and to develop a professionally sound graduate. The curriculum is divided into preclinical phase and clinical phase. Interactive lectures, case-based learning, self-directed learning and video cases/clips are going to be used in curriculum delivery. Various assessment methods will be used, either formative/internal assessment or summative assessment. With the course content, objectives, competencies, teaching learning tools and assessment tools having been outlined in this document, it is presumed that medical colleges in Egypt under the guidance of the regulatory body will find it much easier to introduce and implement professionalism and ethics module in declared curriculum, and we will encounter more professional physicians who are ethically strong.

Keywords: professionalism, ethics, curriculum, assessment

Introduction

Professionalism is a belief system about how best to organize and deliver health care, which calls on group members to jointly declare (“profess”) what the public and individual patients can expect. Ethics is the study of morality – careful and systematic analysis of moral decisions and behaviours and practicing those decisions. It is generally believed that professionalism and ethics are “caught,” and not “taught”. Professionalism and ethics were previously diffused passively to the students through “the hidden curriculum.” In hidden curriculum, students learn by watching their teachers, but it leaves a lot to chance ^[1]. The hidden curriculum as evident from daily happening has failed to impart these virtues into our medical graduates. The reason may be a phenomenon of universal mutation in human values. This is not to reduce the value of the hidden curriculum but to empower it ^[2].

Proposed curriculum

The goal is to develop a professionally sound graduate, by undergoing training through a longitudinal program in professionalism and ethics; and applies these principles to provide effective care to the patient. Here, we are detailing specific, achievable, relevant, and measurable learning objectives, pertaining to all three domains, i.e., knowledge, skills, and attitude for a comprehensive curriculum. Knowledge will be built up from understanding the regulations to ethical codes, research guidelines, and guidelines of good clinical practice, drugs and cosmetics acts, and consumer protection acts ^[3]. Skill and attitude will be built up from Practical training in dealing with ethical conflicts, communication skills, reaction time, and attitude during crisis will be added in practical conditions.

Course content and time distribution

The total course will spread across all phases of the undergraduate curriculum including Internship. The course is divided into preclinical and clinical phases.

a) Preclinical phase

Principles of professionalism and ethic; communication skills for interacting with (colleagues, paramedics, patients, and relatives, etc.); conflicts of interest; human, patients' and physician's rights; consumer protection; informed and written consent; Hippocratic oath, regulations for undergraduate medical education; professional conduct; etiquette and ethics regulations; ethics in medical research; ethics in biomedical research; ethics in research involving animals; committee for the purpose of control and supervision of experiments on animals guidelines (CPCSEA guidelines); medical, legal, and ethical issues related to drugs (alcohol, narcotics, etc.); legal aspects of donating body after death ^[4].

b) Clinical phase

- i) **Professionalism:** Nine domains, i.e., honesty and integrity; accountability; responsibility; respectful and non-judgmental behaviour; compassion and empathy ^[5]; skilful communication; confidentiality and privacy in all patient affairs; self-directed learning; and appraisal skills
- ii) **Ethics:** Principles of ethics; Nuremberg code and Helsinki declaration; informed consent (parts/elements/how to administer); ethics of research; medicolegal and ethical situations; ethics and patient's autonomy; medical negligence; dealing with death.
- iii) **Situational management:** Building of concepts for professional and ethical management in various tricky situations such as assisted suicide, codes of ethics, confidentiality ^[6], conflict of interest, conscientious objection, empirical ethics, ethical dilemma, ethical principles, ethics of care, euthanasia, fiduciary, Hippocratic ethos ^[7], justice, morality, and privacy; patient-based medicine.
- iv) **Communication and interpersonal relationships:** How to communicate diagnosis, prognosis, and treatment.
- v) **Time management, stress management and leadership and working as a team.**

Teaching learning tools

- i) **Interactive lectures and large-group discussion:** It will be appropriate to have interactive lectures and large-group discussion initially during the preclinical phase to have a sound knowledge base and have more clarity about the concepts, expectations, and gaps ^[8].
- ii) **Case-based learning, case scenarios, and case studies:** With the start of the clinical phase training, case-based scenarios can be introduced which can address soft skills such as patients' confidentiality ^[9], patients' autonomy, interaction with patients and their attendant, maintenance of composure in the face of grave emergency, and breaking bad news. Small-group teaching will be an ideal tool at this stage, leading to reflective writing and brainstorming ^[10]. Bedside teaching and simulated patients can be some of the other methods of teaching professionalism and ethics.
- iii) **Self-directed learning, reflective writing, and brainstorming:** During clinical phase and rotational internship period, undergraduate students should be encouraged to reflect on their interactions with the patients ^[11]. After small-group teaching, brainstorming will encourage more and more students to share experiences and reflect. Prior distribution of handouts followed by self-directed learning, followed by case scenarios, followed by reflections and brainstorming will be a perfect platform to learn.
- iv) **Video cases/clips and cinemeducation:** Alexander *et al.* coined the term, "cinemeducation" to explain the approach of using commercial film clips to teach psychosocial medicine ^[12]. Medical educationalists have found films to be a useful teaching tool with their larger than life vivid portrayals ^[12]. Video clips anchor students' insights about patients from clinical practice and illustrate family life cycle issues. Movies capture learners' attention, expose them to diverse lifestyles, engage the humanistic side of physicians, and imprint powerful pictorial images in memory. Teaching with film clips is time efficient and provides emotionally engaging experiences for faculty and students. Video clips have been used very efficiently in social sciences and psychiatric illness, for giving the students and residents an insight into the patients' condition and disease ^[12]. In the same way, video clips of relevant portions of the movies can be used to train students in the aspects of humanity, empathy, communication skills, ethics, conflict management, and professional dilemmas and can give a long-lasting impression in the mind of the students ^[13].

Assessment methods

i) Formative/internal assessment

During the initial phase of training, when more of knowledge pertaining to "knows" and "knows how" areas are to be assessed, multiple-choice and short answer questions will form most the assessment tool ^[14]. As the level of competencies goes higher, focus will be shifted to multisource feedback and directly observed behaviour.

Directly observed behaviours or may be the videography of patient encounters of the students will be ideal platform for providing formative and instant feedback to the students and for making efforts to ensure any amend in the behaviour.

Professional mini-assessment tool is a structured observation tool and consists of 21 items. Each item is rated on a 4-point

scale of unacceptable, below expectations, met expectations, and exceeded expectations. In addition, any behaviour showing clear breach of professional boundaries can also be documented on the observation sheet. At the end of the exercise, the assessment is discussed with the trainee and formative feedback is ensured ^[15].

Patient satisfaction reports and portfolios can be utilized during internship period. During internship, assessment should be continuous and should be made an integral part of internship training, evaluation, and certification.

Efforts should be made to club more than one objective for each tool and conversely, more than one tool for each objective should be used.

ii) Summative assessment

Tools can be used for summative assessment of the module too, and it is recommended that some portions of final summative assessment of clinical specialties should ensure to cover this module of professionalism and ethics ^[16]. For assessment of knowledge competencies, at least one question in each paper of the clinical specialties in the university examination should test knowledge competencies acquired during the professional development program. For assessment of skill competencies ^[17], skill competencies acquired during the professional development program must be tested during the final university clinical, practical, and viva. As during internship training, students will have more encounters with patients, and as they will perform under supervision in pragmatic conditions, professionalism and ethics should be marked as qualifying competency for certification of successful internship completion ^[18].

Conclusion

Professionalism and ethics are a construct and should neither be introduced in isolation from other medical graduation course contents nor be assessed so. It should be coherently assimilated with the current curriculum, and the competencies should be developed alongside other competencies and skills required from a medical graduate. Sufficient time is available within the currently adopted curriculum to spare for professionalism and ethics module.

With the course content, objectives, competencies, teaching learning tools and assessment tools having been outlined in this document, it is presumed that medical colleges in Egypt under the guidance of the regulatory body will find it much easier to introduce and implement professionalism and ethics module in declared curriculum, and we will encounter more professional physicians who are ethically strong.

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