DEVELOPING A CURRICULUM FOR PROFESSIONAL ETHICS IN UNDERGRADUATE MEDICAL AND DENTAL EDUCATION: EVIDENCE FROM LITERATURE

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ABSTRACT

The capability and inclination of a physician to act in accordance with accepted moral norms and values is a key constituent of professional conduct; to ensure that medical professionals are mindful of ethical behaviors, educational objectives relating to ethics are now often merged into larger goals for professionalism education. This is because in real life scenarios, ethics and professionalism are almost always intertwined. Thus, it is imperative that the teaching and assessment of medical ethics and professionalism should occur concurrently during the entire continuum of undergraduate medical education. This short communication provides a simple overview of how Professional ethics can be incorporated into the undergraduate medical curriculum in the Pakistani context.

Keywords: Professional ethics, Professional ethics, Undergraduate curriculum.

What is Professional Ethics?

Professionalism can be defined as a set of qualities, actions, obligations, values, and goals that characterize a profession and its members are professionals1. In the medical profession, Professionalism is slightly different because of its strong community role and the emotional component involved. Ethics, on the other hand, is the study of morality—a meticulous and methodical enquiry of moral decisions and attitudes and practices related to those decisions. Medical ethics emphasizes mainly on issues arising out of the practice of medicine2,3. Being a physician also requires a sound appreciation of ethics. This is because due to the nature of their work, physicians unavoidably confront ethical predicaments1. The septpredicaments can be challenging since there might be not always be a “one right way” to act in a situation. Thus, it can be stated that professional ethics refer to “A set of values relating to human conduct and behaviors in a particular profession.”

Why Do We Want To Teach It To Undergraduate Students?

Professional behaviors of doctors have been associated with increased patient satisfaction, confidence, and adherence to management plans; fewer patient complaints; and reduced risk for of litigation4.

Before the advent of competency based medical education, it was generally believed that professionalism and ethics were “caught,” and not “taught.” Professional ethics were supposedly conveyed to the students as part of the hidden curriculum of medicine i.e., by watching their seniors or “role models”. However, this practice of no formal training of future doctors in professionalism and ethics left a lot to be desired. Every day we see around us proof of the fact that the medical graduate untrained in these skills is unable to fulfill his responsibilities to the best of his abilities.

What Should We Teach And Assess?

The teaching of professionalism to undergraduate medical students began internationally in the later part of the 20th century4. In our country, however, the situation has been variable and a formal requirement for the teaching and assessment of professional ethics was not evident in previous curricula devised by our national accrediting body. However, the introduction of the PMDC National accreditation framework in 2019, clearly emphasized the teaching and assess-

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ment of professional ethics. Thus, efforts are being made across the board in all medical and dental colleges of Pakistan to inculcate the teaching of professionalism and ethics into their undergrad-uate medical curricula in accordance with PMDC requirements.

A review of the literature shows that professional ethics is best taught in a longitudinal fashion, across all years of medical school. This longitudinal module or program may be developed according to the principles developed by Cruess & Stienhart⁵, in 2016, which involves first and foremost institutional support, secondly an explicit teaching of the cognitive base of professionalism, third aligning the learning environ-

| Table: Inculcating professional ethics into the MBBS program. |
|---|---|---|---|
| Phase of the Curriculum | Topics to be Taught | Time Allocation | Teaching Strategy | Assessment Strategy |
| **1st Spiral / Basic Science Phase Years 1 & 2** | • History and various regulations  
• Hippocratic oath and other more modern oaths taken by physicians and their significance;  
• Literary discussion on history of medicine, core values, and the aim of medicine  
• Core concepts  
• Definition, concepts, and principles of professionalism and ethics; value and dignity of human life  
• Roles of a physician and professional attributes/qualities;  
• Conflicts of interest: Definition, types, and principles for identifying them | 25 hrs | Lectures/ Flipped classroom format | Formative: class participation and preparation of the subject + narrative writing on self-values and morally significant stories  
Summative: MCQ/ SAQ/ OSCE station |
| **2nd Spiral/ Preclinical Phase/ Years 3 & 4** | • Principles of ethics; Nuremberg code and Helsinki declaration; PMDC code of ethics  
• Principles of ethics and professionalism  
• Professional ethics in research, and publication  
• Medicolegal and ethical situations  
• Concept of human rights; informed consent and record keeping  
• Patients’ and physician’s rights. | 15 hrs | Lecture + Journal Club  
SGDs  
Bedside teaching | Formative: Reflection writings  
Summative: Essay questions on ethics cases  
OSCE station |
| **3rd Spiral/ Clinical Phase/ Year 5** | • Professionalism in the domains of honesty and integrity; accountability; responsibility; compassion and empathy; skillful communication confidentiality and privacy in all patient affairs.  
• Ethics and patient’s autonomy; medical negligence; dealing with death  
• Building of concepts for professional and ethical management in various tricky situations | 10 hrs | Lecture  
Continuous observation & Case based discussions in clinical rotations  
SGDs | MCQ/ SAQ/ Formative Reflective Portfolios  
OSCE stations |
Cognitive settings. Table-I provides a brief description of a sample curriculum for Professional ethics that can be integrated vertically across all 5 years of the MBBS program.

**Recommended Teaching Strategies**

Professional ethics can be taught by methods focusing not only on the cognitive domain but also those which include the teaching of skills and encompass the attitudinal domain. These can include Lectures & Group discussions initially during the basic and preclinical phase so as to have a sound knowledge base and have more clarity about the concepts, expectations, and gaps. Small group discussions with brainstorming sessions or specifically developed case-based learning (CBL) scenarios may also be used in the foundation or basic years.

Role-modelling also remains an effective tool for teaching professionalism to undergraduate medical students. Rolemodelling involves a conscientious awareness on part of faculty members to model and articulate expert clinical skills and thought processes that manifest positive professional characteristics.

**Recommended Assessment Strategies**

Multiple Choice Questions can be used effectively to test highercognition levels by problem solving skills and they offer excellent reliability. Therefore, assessment of cognitive knowledge of professional ethics can be done through MCQs. Other assessment methods may include the Objective Structured Clinical Examination OSCE that may use standardized patients (SP) to assess ethical scenarios and communication skills. Portfolios may also be used for reflection to minimize the conflict of who, how and how much ethics and professionalism to teach & assess in a limited time, while generating interest and interaction.

**CONFLICT OF INTEREST**

This study has no conflict of interest to be declared by any author.

**REFERENCES**