**A Comprehensive Assessment of Medical Professionalism among College Students**

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ABSTRACT

Professionalism is fundamental to the ethical practice of medicine. However, this has not been given due importance in the medical curriculum. To address this issue we assessed the levels of medical professionalism in a sample of undergraduate medical students (n=189). As medical professionalism is multidimensional, we assessed the following constructs: ethical reasoning, empathy, professional learning, professional relationships, responsibility, emotional intelligence, medical cynicism, and challenges faced during practice. Overall, we found acceptable levels of ethical reasoning as assessed by the professional decisions values test except in one scenario which involved physician-assisted suicide. Levels of empathy, professional learning, relationships, and responsibility were acceptable as measured by the Professionalism Assessment Scale. Students had a less than adequate understanding of concepts involving a conflict of interest, and special situations like confidentiality of minors. Of concern was our observation that levels of emotional intelligence were below average and levels of medical cynicism were rising during medical training. We suggest that formal training in professionalism with clinical exposure to deal with ethical problems be included as a subject in the undergraduate medical curriculum.

Keywords: Ethics, emotional intelligence, cynicism, professionalism, medical students.

INTRODUCTION

Doctors are expected to act professionally as they are regarded with high esteem by society.[1,2] Medical professionalism is a “collection of attitudes, values and, behaviors that act as the foundation of the physician’s contract with society”.[3] In recent times, however, the ethical practice of medicine has come under intense scrutiny by the public and judiciary. Despite efforts by regulatory authorities to instill high levels of professionalism among its practitioners, reports of unethical and unprofessional practice are reported almost every day.[4] This has had a deleterious effect on the public perception and image of doctors. Responding to this crisis of faith, medical bodies and organizations have renewed their pledge to improve the level of professionalism and ethics among doctors.[5,6]

Research has suggested that professionalism needs to be taught formally to students starting right from their entry to medical college rather than expecting them to absorb and inculcate it after their degree.[7] Also, early inculcation of professional values is essential as unprofessional behavior at medical school is associated with academic difficulties, unsatisfactory progress, poor clinical performance and a predictor of serious misconduct among doctors later in their career.[8-11] The first step in this challenge is to formally assess the level of medical professionalism in students. This can form a base from which teaching programs can be designed to improve and rectify deficits in students in the formative years of their medical career.

Despite being easy to recognize what constitutes professional behavior, the concept of medical professionalism is amorphous, because the word carries with it so many connotations and complexities.[12] However, experts have converged on attributes that contribute to medical professionalism. These include ethical reasoning, empathy, maintaining relationships, lifelong learning, professional responsibility, personality traits like emotional intelligence and overcoming medical cynicism and challenges to professionalism.[13-16]

Emotional intelligence (EI) significantly contributes to the skills that underlie medical professionalism.[17] EI is an individual characteristic that reflects the “ability to monitor one’s own and others emotions, to discriminate among them, and to use this information to guide one’s thoughts and actions”.[18] EI is also associated with leadership and professional success, which, in the medical field, translates to a better doctor-patient relationship, team-work, effective communication, and empathy.[19]

Though doctors are expected to be caring and compassionate, the professional environment experienced in medical college often paradoxically leads to the development of pessimistic cynicism. Medical students often begin their training with altruistic motives and idealized concepts of health care. However, with time, they realize that as inexperienced and powerless members of the health-care team, they develop cynicism as a defense mechanism to manage their inferiority.[20] Cynicism also develops as a result of mistreatment by seniors (real or perceived) and teachers who induce students to compromise on their ethics in favor of cohesion and obedience to authority.[21] This cynicism can have long-term consequences, impairing the development of doctor-patient relationship, empathy, and maintaining interpersonal relationships in the life of a physician, all of which are contrary to medical professionalism.[22] It is important to address this negative mental construct germinating in the impressionable minds of students and mitigate it before it adversely affects their professional behavior later in their careers.

Young practicing physicians, as well as interns, encounter many moral and ethical dilemmas related to patient care.[23,24] These situations are handled covertly and not discussed generally during medical training. Thus, each student interprets and imbibes different values based on his exposure and the behavior of his teachers. These imprinted lessons form a template on which the student basis his decisions when faced with ethical dilemmas. Without a clear understanding of the reasons of his mentor’s actions, it is easy to falter if these ethical actions are not explained formally during clinical training. Thus training in medical professionalism and assessment should include real-life challenging scenarios that physicians commonly encounter and the ethical ways to handle them.

MATERIALS AND METHODS

The present study aimed to systematically study the various facets of medical professionalism among undergraduate medical students. The dimensions of professionalism explored are ethical reasoning, empathy, professional learning, professional relationships and responsibility, and the personality trait of emotional intelligence (EI). The research also investigated medical cynicism and challenges to medical professionalism in this sample.

The study is quantitative, descriptive and cross-sectional in design carried out at a medical college with a sample size of 200. Inclusion criteria: Medical students (1st to final year MBBS) who provided their written informed consent for participation.

The following self-rated questionnaires were administered to the participants in one sitting of approximately 30 minutes after explaining about the rating scales.

1. Background data: Age, gender, the year of MBBS and previous formal exposure to medical professionalism and ethics courses will be recorded.
2. Ethical reasoning: The Professional Decisions Values Test (PDV) is designed to evaluate how students dealt with clinical situations that posed ethical conflicts. Five case vignettes posing common ethical dilemmas with three possible alternatives for each revolving around the following themes (a) obligation to the patient versus that to the community; (b) patient autonomy versus professional responsibility; and (c) protecting the patient’s interest versus respect for authority. PDV is a reliable and valid tool to assess ethical reasoning.[25]
3. Professionalism Assessment Scale for medical students (PAS): PAS is a 22 item self-rated questionnaire scored on a 5-point Likert scale. The scale assesses 3 principal factors that contribute to medical professionalism. The factors are empathy/humanism (10 items), professional relationship/development (8 items), and responsibility (4 items). The PAS is a reliable (Cronbach‟s alpha 0.88) and valid tool to assess attitudes related to professionalism in undergraduate medical students. Also, it has good construct validity as the corrected item correlation was above 0.40 for each item.[26]
4. Emotional Intelligence - The Trait Emotional Intelligence Questionnaire (TEIQue): It was developed to measure the global trait of emotional intelligence. In the present study, the TEIQue short form (SF) consisting of 30 items was used. It provides a global EI score (average score of all 30 items). Participants indicate their responses on a 7-point Likert scale, ranging from 1 (completely disagree) to 7 (completely agree).[19]
5. Cynicism in Medicine Questionnaire: It is a 14 item scale developed to assess cynicism experienced by medical students across the domains of institution, faculty, peers, and classmates and is scored on a 5 point Likert scale ("strongly disagree" to "strongly agree"). Using factor analysis, the scale shows an inter-item Cronbach's alpha range for 4 scales from 0.48-0.76.[22]

6. Barry Challenges to Professionalism Questionnaire: Challenges to Professionalism questionnaire consists of brief scenarios that address six issues: acceptance of gifts, conflict of interest, confidentiality involving a minor, possible physician impairment, sexual harassment, and honesty in documentation. Each scenario is followed by four or five responses, one of which has to be selected. For each scenario, the best and the next acceptable response is pre-determined by a competent panel experienced in medical ethics and the subject is scored on how many responses match predetermined responses.[15]

RESULTS

210 students participated in the study, out of which 21 had to be rejected due to incomplete filling of questionnaires. The final sample consisted of 189 MBBS students. The mean age of the sample was 20.82 (SD 1.81) years. Table 1 shows the distribution of variables in the sample. The sample respondents were predominantly female (74.6%). Most of the students were not exposed to formal medical ethical classes (82.01%).

Table 1. Distribution of variables in the study sample (n=189)

|  |  |  |  |
| --- | --- | --- | --- |
| Variables | | N | Percentage (%) |
| Gender | Male | 48 | 25.40% |
| Female | 141 | 74.60% |
| Year of MBBS | First | 63 | 33.33% |
| Second | 21 | 11.11% |
| Third | 66 | 34.92% |
| Fourth | 39 | 20.63% |
| Prior exposure to Medical ethics | Yes | 34 | 17.99% |
| No | 155 | 82.01% |

Table 2 describes the responses of students to the scenarios of the professional decisions and values test (PDV). For scenarios 1 and 4, a majority of the students responded with ethical responses. For scenario 2 the responses were almost divided equally among the sample. For scenario 3, the ethically just appropriate response was greater than the other responses. In scenario 5, the student‟s responses were most in the ethically appropriate or just appropriate categories. If the two categories (ethically appropriate or just appropriate) are taken together, the sample scored overwhelmingly in favor of ethical decisions in all the five scenarios presented in the PDV test.

Table 2. Response distribution of students to the Professional Decisions & Values test

|  |  |  |  |
| --- | --- | --- | --- |
| PDV scenarios | Responses (values are in percentage) | | |
| Ethically appropriate | Ethically just appropriate | Ethically inappropriate |
| 1 | 65.61% | 26.98% | 7.41% |
| 2 | 32.80% | 37.04% | 30.16% |
| 3 | 19.05% | 66.67% | 14.29% |
| 4 | 68.25% | 21.16% | 10.58% |
| 5 | 40.74% | 38.62% | 20.63% |

The responses to the PAS for medical students (Table 3) were scored in 3 dimensions viz., empathy/humanism, professional development, and professional responsibility. Since each item is scored on a Likert type scale with scores ranging from 1 to 5 (with higher scores indicating greater levels of professionalism), mean scores in all the 3 domains indicate that the levels of professionalism in the sample to be higher.

Table 3. Response distribution of the sample to the Professional Assessment Scale (PAS)

|  |  |  |
| --- | --- | --- |
| PAS domains | Mean score | SD |
| Empathy / Humanism | 3.53 | 0.43 |
| Professional development | 3.31 | 0.46 |
| Responsibility | 3.28 | 0.51 |

The mean cynicism in medicine questionnaire scores of the students was 3.03 (SD 0.37). As this scale was scored from 1 to 5 (Likert type), with higher scores indicating greater levels of cynicism, the results indicate that cynicism scores were just above average in the study sample. Also, the levels of cynicism gradually increase from first to the final years of MBBS (Table 4). One-way ANOVA was conducted to find out if the rise in medical cynicism across the years of MBBS was statistically significant. There was no significant difference in cynicism levels between students in different years of MBBS training [F=1.96, p=0.121)].

Table 4. Levels of Medical Cynicism in students of different years in MBBS

|  |  |  |
| --- | --- | --- |
| Year of MBBS | Cynicism in Medicine Questionnaire | |
| Mean | SD |
| First | 2.95 | 0.44 |
| Second | 3.03 | 0.32 |
| Third | 3.04 | 0.33 |
| Final | 3.13 | 0.34 |

In table 5, answers to Barry challenges to professionalism questionnaire indicate that for scenarios that involved acceptance of gifts from pharmaceutical companies, physician impairment and honesty in documentation, the majority of the students gave acceptable or just acceptable responses. On scenarios involving a conflict of interest and confidentiality of a minor, the majority of the students failed to identify that an ethical problem existed.

Table 5. Student’s responses to the Barry challenges to professionalism scale

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Barry challenges to professionalism scale | Ethical Response of students (values are in percentage) | | | |
| Failure to identify | Least acceptable | Just acceptable | Appropriate |
| Acceptance of gifts | 1.59 | 5.29 | 75.66 | 17.46 |
| Conflict of interest | 59.26 | 4.23 | 25.40 | 11.11 |
| Confidentiality involving minor | 33.45 | 28.57 | 3.17 | 32.80 |
| Possible physician impairment | 13.76 | 9.52 | 29.10 | 47.62 |
| Sexual harassment | 3.17 | 17.99 | 36.50 | 42.33 |
| Honesty in documentation | 12.70 | 21.16 | 13.23 | 52.91 |

On the trait emotional intelligence questionnaire (TEIQue), the mean score of the students was 3.87 (SD 0.60). Since this scale is scored on a 7 point Likert scale (scores 1 to 7), the mean score of the students is just above average.

DISCUSSION

Medical professionalism is a multidimensional construct consisting of interrelated domains. The present study sought to study these domains in a sample of MBBS students. Ethical dilemmas were presented to the students that closely mimic real-world clinical situations that they would encounter in their future. The PDV and Barry challenges to professionalism were two questionnaires that were used to test the ethical standards of the sample using such example scenarios. The students responded with predominantly good ethical decisions in both these tests. However, there is room for improvement. When general ethical constructs were concerned (confidentiality, harm avoidance, professional responsibility, truth), the majority of students were clear what was ethical and what was not. However, when special ethical dilemmas were presented, they had difficulty identifying that there was an ethical problem (conflict of interest, confidentiality involving minor in Barry challenges to professionalism) or respond ethically (scenario 2 - physician-assisted suicide in terminal illness of PDV test). Thus, it would be prudent to expose students to these ethical scenarios as it would help them in identifying and dealing with these issues. The best way to bring about this is for clinicians to serve as role models in teaching medical ethics to MBBS students. This can help students to identify, process, conceptualize, and respond to the clinical situation in the real world. The hands-on experience should gradually replace the theoretical teaching of medical ethics in separate classes, which is far removed from patient care.

The PAS scale assessed three important domains of empathy, responsibility and professional development. These core fundamentals capture the essence of medical professionalism. We found that the sample responded favorably to all the domains assessed.

The emotional intelligence (EI) of the sample was just above average. This is a cause of concern, as physicians deal with both the physical and psychological aspects of patients. Low levels of EI can impair patient outcomes and increase physician burnout.[28] A recent systematic review concluded that EI correlates with many of the competencies that modern medicine seeks to deliver.[29] Formal training in EI has even been suggested as an alternative approach to teaching professionalism to residents.[30] Such formal training sessions have been shown to improve EI in MBBS students.[31]

Our observation of overall higher levels of cynicism among students and it‟s rise as they progress from the first to final years of medical training needs to be addressed seriously. It is indeed ironic that cynicism should increase in the clinical years of MBBS training. This trend, however, has been observed by researchers in the field.[32] Some of the reasons put forward to explain this are dehumanization of human suffering, exposure to unprofessional behavior by their teaching clinicians, burnout and stress of dealing with the twin responsibilities of curriculum and ward work etc. EI training could remedy this situation as it focuses on emotional self-awareness, self-management, social awareness, and relationship management. Research also suggests that EI is one of the most important factors determining professional successes and failures.[33] Thus, EI could be the antidote for rising medical cynicism among students.

As this study is questionnaire-based, one limitation is that responses may be distorted by social desirability bias. However, most studies that measure professionalism are based on this methodology. A much more robust study design would evaluate levels of professionalism based on direct observation of students by their teachers during their training. The strength of this study lies in its assessment of medical professionalism comprehensively. The core domains of professionalism viz., empathy, reasoning, responsibility, professional development, emotional intelligence, challenges, and cynicism. The study on medical students can address lacunae in professionalism in the formative years of a doctor’s career, setting the stage for early interventions to shape, mould and correct before unprofessional behavior sets in. The importance of this study cannot be understated, especially in the Indian context, where doctors are being scrutinized and challenged by the public every day and the profession is facing a crisis.

CONCLUSION

Sadly, medical professionalism is losing the battle against the health care industry and the ineffective provision of public health care services. Ethical physicians are falling prey to medical cynicism due to disillusionment in this milieu. In this context, though we found an acceptable knowledge of ethical dilemmas among students, their levels of emotional intelligence and medical cynicism are worrisome. We conclude in recommending formal training on improving professionalism both in theory and in clinical settings to undergraduate medical students to address this malady.

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APPENDIX - STUDY QUESTIONNAIRES

I. PROFESSIONAL DECISIONS & VALUES TEST (PDV)

Below are 5 scenarios involving patients you might encounter. Read each of them carefully and circle the decision you will take. If you disagree with all three actions, propose another action you will take considering the situation.

Scenario 1

A married woman had come for a routine Pap smear tested positive for gonorrhoea (a sexually

transmitted disease). She confesses that she is having an extra marital affair and that she might have contracted it from that person. You reassure her that gonorrhea is easily treatable with antibiotics and that all persons whom she was in sexual contact with need to be told about it and administered treatment. However, the patient is concerned that her husband should not know about the sexually transmitted disease. What do you do ? (circle only ONE answer)

Urge her to tell her husband, but agree to respect her privacy whatever she decides

Ask her to bring her husband by a certain date so that you will reveal the illness yourself

Contact the husband right away to inform him

Scenario 2

A 70 year old woman diagnosed with disseminated ovarian cancer is brought to your clinic by her caregivers. She has been diagnosed 3 months ago with terminal inoperable cancer in a tertiary care oncological unit where she was told that the chances of survival for 6 months are very low. The relatives request you to give her something for the pain as she is suffering continuously. After going through her medical records you realize that she is already on the maximum dose of pain killers, and increasing the dose will not be of any use but rather cause respiratory depression. The patient cries inconsolably and pleads you to stop the pain by giving her a prescription of pills secretly without the knowledge of her caregivers, that will end her life at home peacefully, as she sees no point in prolonging a painful existence. What do you do ? (circle only ONE answer)

Comply with her wishes and provide her with sufficient medication so that she can end her life if she so chooses

Tell her you cannot comply with her wishes to end her life

Tell her you cannot comply with her wishes and inform the relatives that she is contemplating suicide

Scenario 3

You are in MBBS IIInd year doing your clinical rotation in Medicine. Your room mate is on drugs (cannabis) and is behaving abnormally in the ward during postings. This is being brought to the notice of the Assistant Professor who calls you and asks what is wrong with your best friend. What do you do ? (circle only ONE answer)

Tell the teacher you don‟t know anything

Inform your roommate that the teacher has noticed his irregular behavior and ask him to confess and take responsibility for his actions

Tell the teacher that that you think that your roommate is using some drugs What is your reason behind this action ?

Scenario 4

You are an oncologist in a multi-specialty hospital. A recently married man is brought to your chamber for consultation and second opinion. He has been diagnosed with gallbladder cancer in another hospital. You browse through the records and admit him to confirm the diagnosis. After confirmation you decide on chemotherapy. You realize that there is a rare chance that chemotherapy may make him sterile (infertile) as a side effect. However, in your 10 years of experience you have never seen a patient develop this side effect. You tell the wife that there is no other alternative and the risk of not undergoing the treatment is grave. She understands but requests you not to disclose it to her husband as she is sure that the patient would refuse chemotherapy medicine for cancer that could save his life if he knew about the uncommon side effect of sterility caused by the medicine. Would you tell him the truth? What do you do ? (circle only ONE answer)

Tell him ALL of the risks, benefits, and side-effects of the treatment and ask if he wants to undergo treatment

Tell him all of the risk, benefits, and side-effects, except for the risk of sterility, and ask if he wants it

Tell his wife ALL the risks and benefits and ask the family to convince him for chemotherapy

Scenario 5

You are a OB & G specialist in a metro city. One day a 16 year old school student comes with her boyfriend (classmate) and requests an abortion. You confirm that she is 12 weeks pregnant (MTP can be legally performed upto 20 weeks of pregnancy in India). However, as she is a minor you ask her to bring her parents as guardians to sign the consent form for surgery. She and her boyfriend refuse fearing harsh consequences if their parents come to know. You overhear the boyfriend telling the patient that he knows some place (a Quack/Fake doctor) where they will perform an abortion without asking any questions. What do you do ? (circle only ONE answer)

Schedule her for an abortion taking her boyfriend‟s signature

Advise her that you will not proceed unless her parents are given the opportunity to become

involved

Refuse her request and inform the school authorities about the student as you fear that she might get an illegal abortion from a quack that might endanger her life.

2. PROFESSIONALISM ASSESSMENT SCALE FOR MEDICAL STUDENTS

Read each statement carefully and indicate whether you agree or disagree as follows

1= Strongly Disagree 2= Disagree 3=Neither Disagree nor Agree 4=Agree 5=Strongly Agree

When managing patients the physician should put aside his/her prejudices.

Current bad mood of the physician should not affect the management of patients.

Physician should have a respectful relationship towards the patients.

Physician should have a respectful relationship towards coworkers.

Physician should do his/her best to help the patient in every consultation.

Physician should adapt to the level of the patient's understanding.

Physician should be a good role model for students.

Each patient deserves individual management.

It is the physician's obligation to protect the confidentiality of the patient.

The physician should show interest in the patient.

Physician should constantly engage in continuous professional education.

Physician should set clear limits in patient communication and be able to say 'no'.

Physician should be able to set a clear line between private and professional life.

Physician should aspire to professional relationships in his/her team.

A lot of clinical knowledge is not sufficient to be a good physician.

Physician-patient communication is the basis of patient management.

Physician should also try to understand patient's non-medical problems (poor financial status, family relationship problems) and include them in the consultation.

It is acceptable that the physician can make mistakes

Physician should not judge the patient by appearances.

It is the physician's duty to present his/her professional opinion to the patient in such a way that the patient can understand and accept it.

The physician cannot always know what is best for each patient.

The physician should tell the patient frankly if there is something he/she does not know.

3. CYNICISM IN MEDICINE QUESTIONNAIRE

Read each statement carefully and indicate whether you agree or disagree to them.

Strongly Disagree = 1, Disagree =2, Neutral = 3, Agree = 4, Strongly Agree = 5

Most of the Faculty in my Medical college do not care about their students

Faculty members generally look down upon medical students

Most of the faculty at my Medical college are trying to do the best teaching job they can

Most Doctors in my medical college care more about making money than they do about patients

Faculty members are mostly concerned about their personal problems

Doctors in my college would willingly perform services “above and beyond their call of duty”

Most of my seniors are cynical and pessimistic about medical field

Most of my seniors have lost their idealism in medical service

Most of my classmates chose this profession so that they could be of service to other people

Most of my classmates would cheat if they could get a better grade

Students are becoming complainers (this ain‟t good, that ain‟t good) in the race to higher grades

The academic & ethical standards in my college are fair & sensible

Most of my classmates chose this profession so that they could make a lot of money

When you know my college, you wonder how it manages to run at all because of so many problems

4. BARRY CHALLENGES TO PROFESSIONALISM QUESTIONNAIRE

Please read the following cases. Recognizing that there may be other approaches, select the single best answer from those listed

A pharmaceutical company approaches you about a clinical research project involving your patients. Your patients with high blood pressure will be eligible to be treated with a new medication that has just been released by the Drug Regulatory Authority of India. The object of the study is to evaluate risk and benefits of this medication. The pharmaceutical company will pay 2000 rupees per patient and one year‟s supply the drug free of charge. Meetings to discuss the initiation of the study and follow-up results will be held in a 5-star resort in Goa and Bangkok all expenses paid by the company for you and your spouse.

Participating in the study would be considered appropriate professional behavior if:

a) Your patients sign an informed consent.

b) Your patients sign an informed consent and the ethical committee approves.

c) There is no ethical issue here as the patient, company and you benefit mutually

d) It will be inappropriate to participate in this study even after consent from patient and ethical committee clearance.

You are a practicing oncologist (cancer specialist) in a town. Currently, you refer your patients who require radiotherapy to one or two hospitals in the city 250 kms away as that facility is not available in your town. Your radiologist friend whose knowledge and skill you respect informs you that a radiotherapy center is planned to be established in your town and that they are looking for partners to financially invest in the center. This new radiotherapy center will bring both the latest equipment and services to your town so that patients need not travel far to the city to get cancer radiotherapy. Your friend also tells you the center can only open if there are enough doctors who can partner with them financially. You get in touch with the CEO of the center who promises a profitable business and is looking forward for your partnership. Which of the following statements most accurately assesses your investment in this center?

a) An investment will pose a conflict of interest, and you should not make it.

b) Your investment will pose no conflict of interest for you because the new radiotherapy unit will offer superior treatment and will be available to your patients.

c) There is a possibility of a conflict of interest that requires that you inform the patients that you are referring to the new center that you are a partner in the center.

d) There will be no problem of conflict of interest for you if the investment (partnership) is made by your spouse.

A close friend‟s 16-year-old daughter (minor) visits your clinic requesting birth control pills. Her family is strongly traditional & against birth control & premarital sex. She requests you do not discuss this with parents. After concluding the visit, you return to your desk where you find an SMS from the patient‟s mother asking her about her daughter‟s visit. In the past you have always discussed the daughter‟s health and concerns openly with the family. What will you do?

a) Call the mother back and disclose the reason for her daughter‟s visit.

b) Tell the patient‟s mother clearly that you can‟t discuss the matter as it is confidential.

c) Call the mother but be evasive when questioned about the nature of the visit.

d) Don‟t call the mother.

You are the Medical Superintendent at a hospital and a medical student informs you that she smelled alcohol on the breath of a senior doctor during morning rounds on more than one occasion. This report is confirmed by another student and a junior doctor of the ward. How do you proceed?

a) Approach the senior doctor in question and ask if he/she has a drinking problem.

b) Talk to friend and family members of the doctor to see if they suspect a drinking problem.

c) Review the senior doctor‟s file and monitor him/her closely.

d) Report the senior doctor to the Indian Medical Council for further action.

During your rounds with the medical team, a male staff member comes up to your unit medical team, places his arm around the waist of a female junior doctor, and thanks her for the terrific job she did taking care of one of his patients. You sense that the female doctor is made uncomfortable by the gesture. An appropriate first response would be which of the following?

a) Do nothing, on the basis that the staff member was simply showing his appreciation for a job well done.

b) Report the incident to sexual harassment committee of the hospital.

c) Tell your colleague to inform the male staff member later that you thought the gesture was inappropriate and that you were made uncomfortable by it.

d) Ask the female junior doctor if the gesture made her uncomfortable.

e) Ask the female junior doctor if there are actions she would like you to take on her behalf.

A patient of yours presents with symptoms of depression. This is the second time in three months that the patient has visited you for these complaints. You wish to start treatment with an antidepressant medication. As you are filling out the prescription, the patient asks you not to document the diagnosis or medication in the case sheet. She is concerned that her employer will find out about her diagnosis and she could potentially lose her job like her friend did recently.She knows that her insurance company has access to her case sheet and might inform her employer about her illness. How do you proceed?

a) Inform the patient that you must document the diagnosis to provide any treatment.

b) Agree to not document the diagnosis but prescribe the medication anyway.

c) Agree to not document the diagnosis but refuse to provide the prescription.

d) Terminate your relationship with the patient because she is inhibiting your ability to provide adequate care.

e) Document an alternative diagnosis, such as fatigue, and provide the prescription.