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Through students' eyes: ethical and professional issues identified by third-year medical students during clerkships

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ABSTRACT

Backround Education in ethics and professionalism should reflect the realities medical students encounter in the hospital and clinic.

Method We performed content analyses on Case Observation and Assessments (COAs) written by third-year medical students about ethical and professional issues encountered during their internal medicine and paediatrics clinical clerkships.

Results A cohort of 141 third-year medical students wrote 272 COAs. Content analyses identified 35 subcategories of ethical and professional issues within 7 major domains: decisions regarding treatment (31.4%), communication (21.4%), professional duties (18.4%), justice (9.8%), student-specific issues (5.4%), quality of care (3.8%), and miscellaneous (9.8%).

Conclusions Students encountered a wide variety of ethical and professional issues that can be used to guide pre-clinical and clinical education. Comparison of our findings with results from similar studies suggests that the wording of an assignment (specifying "ethical" issues, "professional" issues, or both) may influence the kinds of issues students identify in their experience-based clinical narratives.

Education in ethics and professionalism is a standard expectation in medical school curricula and is more prevalent during the preclinical years before medical students have encountered the realities of patient care in clinical settings.[1 2] As a result, even the best examples of preclinical lectures and small group teaching represent pedagogy that is inherently limited. Additional learning opportunities in the clinical years of medical school are needed so that preclinical knowledge can be tested, reinforced and expanded through clinical experience and so that there is a coordinated approach to education in ethics and professionalism across the 4 years of medical school.[3]

In 2007 we began complementing preclinical teaching of ethics and professionalism with clinically based learning through group discussions of individually written reflections. In this report we describe the ethical and professional issues students encountered based on a qualitative analysis of their written reflections. We also compare our findings with other studies to consider the possibility that differences in instructions (regarding the terms 'ethics' and 'professionalism') may result in differences in narrative content.

METHODS

Ethics and professionalism seminars were introduced as a required component of the internal medicine and paediatrics clerkships (each 6 weeks long) for third-year medical students at the University of Iowa Carver College of Medicine in 2007–8. The 1-h seminars were attended by currently rotating students, using case observation and assessments (COAs).

Students submitted a COA to the clerkship website, following these instructions: 'Please describe and assess a clinical experience you observe during this clerkship that involves a patient and raises an ethical or professional issue of some kind. Then describe how you think you would approach a similar situation in the future, once you are an attending physician. Your COA should be typed, double-spaced, and no more than 4 pages in length. This assignment is pass/fail, and some COAs will be chosen by the clerkship director for group discussion during the fifth week of the rotation, keeping the identity of authors anonymous unless the author of a selected COA voluntarily chooses to disclose his or her identity during the discussion.'

During seminars, faculty facilitators read portions of approximately four COAs, keeping author identities anonymous and discussing the challenges described. Facilitators probed students' ethical and professional assumptions, acknowledged areas of lingering uncertainty, and reinforced the principles, values and conceptual framework taught in the preclinical curriculum.[4]

We performed content analysis[5] of each COA. Our initial list of codes was drawn from the taxonomy of Caldicott and Faber-Langendoen;[6] as we discovered new themes and relationships, we created a modified taxonomy that preserved their seven major codes but better represented themes and relationships among our subcodes.

Two investigators independently coded each COA and reached consensus on the ethical and professional issues deemed present, consulting a third investigator in cases of disagreement or uncertainty. Coded text was entered into NVivo 8 (QSR International, 2008) for data management. Then the third investigator and a fourth investigator (independently, and then together with one of the initial coders) reviewed the coding results through an iterative consensus-building process that resulted in further adjustments to subcodes.

This study was approved by the Institutional Review Board at the University of Iowa. The examples in the supplementary table (see appendix,

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available online only) have been modified in non-essential respects to remove or change details that might identify the parties involved.

RESULTS

Sixteen ethics and professionalism seminars were conducted. Most students were assigned to clerkships at the University of Iowa Hospitals and Clinics in Iowa City, Iowa, with a minority completing clerkships in Des Moines, Iowa (32 in internal medicine, 30 in paediatrics). For the Iowa City rotations, an average of 12 students was present at each seminar and an average of four COAs was discussed; 22% of students volunteered their identities when their COAs were discussed.

A cohort of 141 third-year medical students wrote 272 COAs during their paediatrics (133) and internal medicine (139) clerkships; all but 10 students completed two COAs (one during each clerkship). The average word count of COAs was 771 (range 232—3383 words). The number of ethical or professional issues identified per COA was one (66.5%), two (29.0%), three (3.7%) or four (0.7%).

Table 1 shows the frequencies of ethical and professional issues identified in the COAs (seven major domains with 35 subcategories). The supplementary table (see appendix, available online only) presents an illustrative example from each of the subcategories within each of the seven major domains.

Table 1 Ethical or professional issues encountered by third-year medical students during internal medicine and paediatrics clerkships

Ethical or professional issue	n (%)
Decisions regarding treatment	**116 (31.4)**
Morality of providing treatment given poor quality of life, poor prognosis, or advanced age	25 (21.5)
Doctor wants intervention/test but patient or family does not	22 (19.0)
Problems surrounding surrogate decision-making	22 (19.0)
Do not resuscitate orders/resuscitation	15 (12.9)
Problems surrounding informed consent	13 (11.2)
Unclear decision-making capacity of patient	13 (11.2)
Refusal of vaccines	6 (5.2)
Communication	**79 (21.4)**
Inadequate communication	25 (31.6)
Breaking patient confidentiality	15 (19.0)
Delivering bad news	13 (16.5)
Deliberate lies and deception in context of medical care	11 (13.9)
Adolescent confidentiality	8 (10.1)
Disclosing medical errors	7 (8.9)
Professional duties	**68 (18.4)**
Extent or fulfillment of fiduciary responsibilities of healthcare provider	29 (42.6)
Disrespectful treatment of patient/family	22 (32.4)
Non-adherence to treatment plan	12 (17.6)
Disrespectful remarks about colleagues	5 (7.4)
Justice	**36 (9.8)**
Inadequate level of healthcare	11 (30.5)
Discriminatory treatment	10 (27.8)
Wasteful/excessive level of healthcare	10 (27.8)
Allocation of resources	5 (13.9)
Student-specific issues	**20 (5.4)**
Learning on patients over their objections or without consent	5 (25.0)
Willingness to ask critical questions or speak up when concerned	4 (20.0)
Asked to compromise my own ethical standards	3 (15.0)
Uncertainties about role and scope of responsibility	2 (10.0)
Feedback on performance and etiquette	2 (10.0)
Not being allowed to see a patient (because I am a student)	2 (10.0)
Learning on patients without supervision or adequate skills/training	1 (5.0)
Gratuitous story-telling about a patient	1 (5.0)
Quality of care	**14 (3.8)**
Treatment of pain	8 (57.1)
Medical errors	6 (42.9)
Miscellaneous	**36 (9.8)**
Child abuse/neglect	31 (86.1)
Role of religious beliefs in medicine	3 (8.3)
Paternity testing	1 (2.8)
Research ethics	1 (2.8)
Total	**369 (100)**

Percentages in bold are calculated using a denominator of 369; percentages in normal text are calculated using the respective sub-total of each of the seven categories.

DISCUSSION

Third-year medical students observe and write about a wide range of ethical and professional issues while knowing that their written work might be selected for faculty-facilitated discussion among their peers during the same clerkship that provided the occasion for these challenging encounters. By integrating reflective writing and group discussion, students' reflections served the dual purposes of individual and group learning. Although we are aware of other types of group discussions and/or written reflections related to ethics or professionalism education during or after clerkships,[6–13] we are not aware of previous reports of teaching that has integrated written reflections and group discussions in this particular way.

The issues documented in students' COAs encompass a large proportion of topics taught in US medical school ethics courses[1] and of issues encountered by clinical ethics consultants,[14] suggesting that in the aggregate students can identify the kinds of problems educators and clinicians believe are important. Our data may help educators identify curricular topics in need of more attention during preclinical teaching or of more discussion during clinical clerkships.

Our instructions contrasted with those given to students at the State University of New York who were asked to write a brief paper 'describing and analysing a clinical case they are part of that presented an ethical issue'.[6] Nevertheless, distributions of major domains of the Iowa and State University of New York datasets show a considerable degree of similarity: decisions regarding treatment (31% vs 43%), communication (21% vs 22%), professional duties (18% vs 3%), justice (10% vs 9%), student-specific issues (5% vs 10%), quality of care (4% vs 4%) and miscellaneous (10% vs 9%), respectively. The larger proportion of issues pertaining to professional duties in the Iowa data may derive from the inclusion of 'professional' in our instructions. This suggests that referring to 'ethical or professional' (vs only 'ethical') in instructions for written reflections may increase the frequency of professional issues without diminishing attention to those perceived as more relevant to ethics, a suggestion supported by comparison with another study that focused only on 'ethical' issues.[12] By contrast, a study[13] that instructed students to write about events that 'taught you something about professionalism and professional values' implies that only mentioning 'professional' may be more consequential given that its findings appear more related to professional duties, communication and student-specific issues, and less focused on decisions regarding treatment, justice and quality of care. The possibility that 'professional' and 'ethical' may signify contrasting domains in students' minds is further

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supported by results from a study about professional lapses in which students were directed to think about 'professional' issues rather than 'classic ethical' ones.[15]

Given the potentially different meanings communicated by the terms 'ethics' and 'professionalism', it is useful to consider their conceptual overlap and interdependence as evidenced in the physician charter on medical professionalism,[16] the Accreditation Council for Graduate Medical Education (ACGME) competency on professionalism[17] and commentaries maintaining that professionalism includes adherence to 'ethical principles' and 'moral reasoning'.[2] To clarify the interdependence between ethics and professionalism, we suggest that it is helpful to consider the interrelationship between principles and virtues. Contemporary healthcare ethics places particular stress on principles,[18] whereas professionalism tends to encompass but move beyond principles by invoking moral resources (such as attitudes, commitments and motivations)[2 16 17] traditionally associated with virtue ethics.[19] While the contrasting emphases of principles and virtues are real, they can be understood as complementary aspects of the same morality,[20] as illustrated by the way corresponding principles and virtues can be paired (eg, the principle of beneficence and virtue of benevolence).[21]

Our study had limitations. The frequencies of ethical and professional issues reflect students' perceptions and interests, not occurrence rates. Some students may have avoided describing issues or events perceived as too risky to recount. Qualitative coding procedures are susceptible to subjective assessments even when multiple coders are involved. We gathered data from clerkships in only two disciplines, and some of the differences between our findings and those in other studies may have been caused by specialty differences in the rotations investigated.

Without clinical mentors to teach ethics and professionalism by example, it is hard for students to learn how to act wisely in challenging situations that require the integration of clinical judgement, ethical reasoning and careful communication.[22] However, students can also benefit from opportunities during clerkships that allow them to write about and discuss with faculty the challenges they encounter, thereby reflecting on the relevance of ethical and professional values in clinical practice, especially when those values may be marginalised by the hidden curriculum.[23] We endeavoured to provide an opportunity for this kind of reflection by which students move from experience-based observations to abstract conceptualisation and planning for future action,[24] and through which they can be encouraged to further their development in narrative-based professionalism.[25]

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Competing interests None.

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Contributors All of the authors have contributed sufficiently to this work to be listed as authors.

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REFERENCES

1. **DuBois JM,** Burkemper J. Ethics education in U.S. medical schools: a study of syllabi. *Acad Med* 2002;**77**:432–7.
2. **Wilkinson TJ,** Wade WB, Knock LD. A blueprint to assess professionalism: results of a systematic review. *Acad Med* 2009;**84**:551–8.
3. **Eckles RE,** Meslin EM, Gaffney M, *et al*. Medical ethics education: where are we? Where should we be going? A review. *Acad Med* 2005;**80**:1143–52.
4. **Kaldjian LC,** Weir RF, Duffy TP. A clinician's approach to clinical ethical reasoning. *J Gen Intern Med* 2005;**20**:306–11.
5. **Crabtree BF,** Miller WL. Using codes and code manuals: a template organizing style of interpretation. In: Crabtree BF, Miller WL, eds. *Doing Qualitative Research*. 2nd edn. Thousand Oaks, CA: Sage Publications, 1999:163–78.
6. **Caldicott CV,** Faber-Langendoen K. Deception, discrimination, and fear of reprisal: lessons in ethics from third-year medical students. *Acad Med* 2005;**80**:866–73.
7. **Smith S,** Fryer-Edwards K, Diekema DS, *et al*. Finding effective strategies for teaching ethics: a comparison trial of two interventions. *Acad Med* 2004;**79**:265–71.
8. **Belling C,** Coulehan J. A window of opportunity: ethics and professionalism in the obstetrics and gynecology clerkship. *Teach Learn Med* 2006;**18**:326–9.
9. **Fryer-Edwards K,** Wilkins D, Baernstein A, *et al*. Bringing ethics education to the clinical years: ward ethics sessions at the University of Washington. *Acad Med* 2006;**81**:626–31.
10. **Cohn FG,** Shapiro J, Lie DA, *et al*. Interpreting values conflicts experienced by obstetrics-gynecology clerkship students using reflective writing. *Acad Med* 2009;**84**:587–96.
11. **Olthuis G,** Dukel L. What do medical students experience as moral problems during their obstetric and gynaecology clerkship? *J Med Ethics* 2008;**34**:e2.
12. **Kelly E,** Nisker J. Increasing bioethics education in preclinical medical curricula: what ethical dilemmas do clinical clerks experience? *Acad Med* 2009;**84**:498–504.
13. **Karnieli-Miller O,** Vu TR, Holtman MC, *et al*. Medical students' professionalism narratives: a window on the informal and hidden curriculum. *Acad Med* 2010;**85**:124–33.
14. **Swetz KM,** Crowley ME, Hook CC, *et al*. Report of 255 clinical ethics consultations and review of the literature. *Mayo Clin Proc* 2007;**82**:686–91.
15. **Ginsburg S,** Regehr G, Stern D, *et al*. The anatomy of the professional lapse: bridging the gap between traditional frameworks and students' perceptions. *Acad Med* 2002;**77**:516–22.
16. **ABIM Foundation, American Board of Internal Medicine.** Medical professionalism in the new millennium: a physician charter. *Ann Intern Med* 2002;**136**:243–6.
17. **Accreditation Council for Graduate Medical Education.** *Professionalism Common Program Requirement*. http://www.acgme.org/acWebsite/navPages/commonpr_documents/IVA5e_EducationalProgram_ACGMECompetencies_Professionalism_Explanation.pdf (accessed 7 Jul 2011).
18. **Beauchamp TL,** Childress JF. *Principles of Biomedical Ethics*, 6th edn. New York, NY: Oxford University Press, 2009:40.
19. **Pellegrino ED,** Thomasma DC. *The virtues in medical practice*. New York: Oxford University Press, 1993:84–6.
20. **Frankena W.** *Ethics*. Englewood Cliffs, NJ: Prentice Hall, 1973:65–6.
21. **Beauchamp TL.** What's so special about the virtues? In: Shelp EE, ed. *Virtue and Medicine*. Dordrecht: D. Reidel Publishing Company, 1985:307–27.
22. **Kaldjian LC.** Teaching practical wisdom in medicine through clinical judgment, goals of care, and ethical reasoning. *J Med Ethics* 2010;**36**:558–62.
23. **Hafferty FW,** Franks R. The hidden curriculum, ethics teaching, and the structure of medical education. *Acad Med* 1994;**69**:861–71.
24. **Sandars J.** The use of reflection in medical education. *Med Teach* 2009;**31**:685–95.
25. **Coulehan J.** Today's professionalism: engaging the mind but not the heart. *Acad Med* 2005;**80**:892–8.

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