RESEARCH ARTICLE

Exploring Medical Student Experiences of Ethical Issues and Professionalism in Australian General Practice

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Abstract

Student experiences of ethics and professionalism during clinical placements have a powerful influence on their future attitudes and behaviour. International literature in this area has focused predominantly on hospital placement experiences, and relied heavily on analyses of graded student essays. This study aims to explore the medical student lens on ethics and professionalism in the primary care setting, using a different method of data collection.

During weekly tutorials medical students recounted, and reflected on, their general practice placement experiences. Tutors logged the ethical and professional practice issues raised by 43 students over 76 hours of tutorial time. The logs were submitted to a qualitative content analysis from which major themes emerged: mixed messages; uncertainty about professional roles; and a 'medical student predicament' (including unsettled boundaries, emotions and personal health concerns).

Findings suggest that the extent of compromise in general practice may challenge student expectations. Students may perceive that their clinical teacher is out of step with previous teaching, especially in areas that are considered ethically grey by their teachers. Students may need support to maintain professional boundaries and personal precautions. Clinical teachers should consider exploring common ethical issues like confidentiality, writing medical certificates, professional boundaries and affordability of health care in contexts which are relevant to students. Medical students are interested in the limits and scope of professional roles. These findings provide insights for general practitioner and other practice-based clinical teachers to reflect on their ethics and professionalism teaching, mentoring and role-modelling.

Keywords: ethical issues, medical student, professionalism, general practice

Introduction

Medical students are novice medical professionals who are undergoing a "moral enculturation" (Haferty & Franks 1994) into the profession. They are uniquely positioned

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to have particular insights into the ethical domain of real-world health care as they learn clinical skills and professionalism on clinical placements. Student perceptions of the attitudes and behaviours of clinician role models, and their experiences in clinical settings, may be more powerful determinants of student perceptions of acceptable behaviours and values in medical practice than formal classroom teaching (Kenny *et al.* 2003, Karnieli-Miller *et al.* 2010).

Unfortunately, student perceptions of mixed messages from teachers, double standards, and ethical lapses by colleagues have been reported in the international literature (Caldicott & Faber-Langendoen 2005, Ginsburg *et al.* 2005, Cohn *et al.* 2009, Karnieli-Miller *et al.* 2010), as has an "ethical erosion" of medical student moral sensitivity (Satterwhite *et al.* 2000). Explanations of the phenomenon of ethical erosion have included references to student fear of poor evaluations, student desire to be a "team player" (Feudtner *et al.* 1994), the suppression of student emotions which in turn reduces empathy, and a progressive student cynicism about medical professionalism (Gaufberg *et al.* 2010). Regardless of the explanation, any reduction in medical student ethical standards during the clinical placement years of medical education is of concern, and it is therefore important for practice-based teachers to understand the medical student experience of ethical issues and professionalism in clinical practice.

The literature, however, predominantly reflects student exposure to ethical issues in hospital healthcare settings, and relies on analyses of student essays written for assessment tasks that required the student to select one particular ethical encounter to discuss in some depth. These encounters may not be representative of their overall experiences, as students may tend to select less common but more striking critical incidents to write about, rather than more commonplace ethical and professional practice issues. The latter, however, may contribute equally to student learning in this domain. It is therefore important to explore other methods for investigating the medical student lens on ethics and professionalism, and to extend this research into the primary care setting. The aim of this research was to better understand the overall student experience of ethical and professionalism issues on Australian urban general practice placements. We were interested in whether our innovative method of data collection would reveal student experiences of ethical and professionalism issues which differed from the experiences identified in previous literature.

Methods

The University of Queensland medical programme is a four-year, graduate entry programme. During their eight-week general practice (GP) clinical placements, each third-year University of Queensland medical student is attached to one or more general practitioners for 28 half-day sessions in which they observe, and contribute to, general practitioner consultations with patients. Students also convene for weekly 2–3 hour tutorials. Tutorial information for students includes the written statement: "General discussion about any clinical or GP placement issues is encouraged. Students are also encouraged to discuss ethical and professional issues which have arisen in their general practices."

The tutorials are facilitated by a GP tutor not involved with their clinical placements. Students from four tutorial groups, each tutored by one of the investigators, were invited to participate. Tutorial group size varied between 10 and 11 students, and three of the groups were run concurrently, with one in the subsequent rotation. All 43 students in the four tutorial groups studied consented to participate after discussion during the orientation period of the first tutorial. Data were collected and analysed from a total of 76 hours of

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tutorial time between June and September 2011. All participants were placed in urban Queensland general practices.

The investigators were experienced tutors. In the prior experience of the investigators, tutorial discussions had revealed a diverse range of student encounters with ethical and professional issues. In this exploratory study (Patton 2002) of these student encounters, there were no changes to the usual tutorial model for the duration of the research, except that the investigators maintained a written log of student narratives or comments about their GP placement experiences which included ethics or professionalism content. Students were not prompted to provide any specific content. Notes included a brief description of the context of the encounter, as reported by the student, and short verbatim quotes. The investigators compared logs after each had completed three tutorials, to refine and align recording strategies. The investigators agreed on an inclusive or sensitive approach to defining content as ethical or professional (Birden *et al.* 2013). Any issues that were identified as such by either students or the annotating investigator were noted and included in the subsequent analysis. Notes were hand-written contemporaneously in anonymised format in a small notebook, and later typed up for analysis.

A qualitative content analysis of the data was performed by the three investigators, assisted by NVivo software (Patton 2002). Initial analysis was undertaken by each investigator independently reviewing a subset of one other investigator's data, and classifying content descriptively. This was followed by a face-to-face meeting with all investigators to review initial classification categories and subcategories. Subsequent rounds of discussion and iterative analysis of all data collected were conducted until agreement was reached on major themes that emerged inductively from the data.

Ethical approval for the study was obtained from the University of Queensland Human Research Ethics Committee. A copy of the student Participation Information and Consent Form is provided on request.

Findings

Participants raised between zero and six ethical issues per tutorial, identifying a range of ethical and professional practice issues in relation to complex consultations and practice management in a 'real-world' health-care context.

The major themes that emerged from the findings were:

- the potential for mixed, and even contradictory, messages in ethics and professionalism teaching;
- a 'medical student predicament' that reflects the status differentials, boundary issues and other challenges of learning to practise medicine in a clinical environment, as well as student personal concerns; and
- challenges to student expectations about the professional role of the general practitioner (GP), especially in terms of GP decisions to either restrict or extend the scope of their practice.

The three themes are described below.

Mixed messages

Students reported encountering a number of GP attitudes and behaviours which challenged, or even contradicted, previous teaching. Examples included:

- a GP who used an elderly immigrant patient's adult children as interpreters, rather than an interpreter service, and talked directly to the children rather than the patient;

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- a GP who prescribed outside Pharmaceutical Benefits Scheme criteria (Duckett 2004) for Government-subsidised medication (which was subsidised only for a different clinical condition than that with which the patient presented);
- a GP who (albeit reluctantly) treated family members as patients;
- a GP who questioned the value of promoting healthy lifestyles to patients, telling the student that patients "either exercise or they don't";
- a GP who tallied up his patient billings through the session, giving the student the impression that "at the end of the day it's all about money"; and
- a GP (whose wife had recently given birth to twins) who accepted gifts from patients (the student described "a kind of community love fest" with many gifts from patients brought to the surgery).

There were a number of stories of GP teachers not adopting universal precautions (which involve treating every patient as potentially contagious) against patient blood or other body fluid exposure. GP teachers did not always use gloves when students thought they were indicated, and at times re-sheathed used needles, which students are taught increases the risk of a needle-stick injury.

Although it was unusual for students to be openly critical of a GP teacher, several students described GPs acquiescing to various requests from patients (for example, for pathology investigations instigated by the patient's naturopath) that did not seem to the student to be clinically indicated. However, there were also a number of stories about GP teachers using a range of strategies to appropriately refuse patient requests, including in consultations with drug-seeking patients.

The medical student predicament

Many of the ethical encounters reported by students were relevant to their own pre-occupations. For example, there was animated discussion about student patients requesting medical certificates for failure to submit assignments or attend examinations, and about the appropriateness of characterising assessment-related anxiety or stress as a medical condition. Students who discussed appropriate practices for charging patient fees included stories about their own difficulties in obtaining no-gap healthcare (health care that is fully subsidised by either the student's medical insurance policy or the Australian government's Medicare policy, requiring no additional financial contribution from the patient). Student stories also included asking their GP teachers to provide them with free vaccinations. A story about a GP teacher treating family and colleagues triggered student narratives about relatives and peers pressuring the student for a medical opinion or for a commitment to providing future medical care once the student had graduated.

Students were also concerned about their risks of exposure to illness, and appeared to describe difficulty protecting themselves appropriately in clinical learning contexts. One student recounted assisting with an excision without prior knowledge that the patient, who was anti-coagulated, was HIV positive; other students perceived this as inappropriate. Students described imitating GP teachers who did not adopt universal precautions, despite misgivings.

Students reported discomfort when patients asked them personal questions, and one student reported being asked by his GP teacher if he was circumcised (after the GP divulged his own history of circumcision in response to a patient's direct question). Students shared with their tutorial group both positive and negative emotional reactions to patients. Emotions of disgust, fear, embarrassment and being "out of my depth" were also shared. Only one student reported a GP showing negative emotion to a patient, by "going off at" a mother who was a conscientious objector to immunisation.

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The professional role of the general practitioner

Students reflected on the breadth of general practice and questioned whether their supervisors should be involved in areas which they perceived to be beyond the scope of general practice, or outside the expertise or "skill-set" of a GP. Examples included the provision of relationship counselling, acupuncture and spiritual advice. Students were also interested in whether GP obligations extended outside the consulting room, reflecting on a patient critiquing the food choices in their GP's shopping trolley, and vice-versa.

Students reflected on the extent of a GP's obligation to provide patient-centred care, discussing GP teachers who personally held spare house keys for elderly patients, or offered home visits for particular long-standing patients. Another student described a long consultation with a refugee patient who requested a change of phone translator during the consultation, at considerable inconvenience to the GP, commenting "I suppose you have to give them what they want". Another student commented about their GP teacher returning patient phone calls, saying "The patients seem to run the show".

On the other hand, students also expressed some ambivalence about GP decisions to avoid areas of discomfort or inconvenience. They were uncertain, for example, whether it was appropriate for GPs to choose not to perform PAP smears, instead referring patients on to colleagues, and one student recounted that his GP teacher referred non-acute patients who had recently been assaulted to the nearby public hospital, apparently to avoid becoming involved in legal ramifications. One student stated his belief that doctors and students had an obligation "to suck it up" in terms of managing situations which were distasteful or uncomfortable. Another student reported that one of his GP teachers "obviously hated mental health" but "did his best".

Discussion

This study adds to previous literature on ethical issues discussed by students in written assessment material (Caldicott & Faber-Langendoen 2005, Ginsburg *et al.* 2005, Cohn *et al.* 2009, Fard *et al.* 2010, Karnieli-Miller *et al.* 2010), by opening a new window onto student experiences of ethics and professional practice issues encountered during primary care placements.

Findings in this study include student perceptions of mixed messages from teachers, who at times appeared to model attitudes and behaviour which students had previously been taught were inappropriate. Student perceptions of GP attitudes and behaviour may, of course, differ from those of the GP teachers themselves. It is also not possible to ascertain from our data how the GP teachers interpreted their actions. However, recent Australian research indicates that GP teachers do readily identify a diverse range of common ethical issues in general practice, some of which they experience as challenging to manage (Sturman *et al.* 2012). In this previous research, several GP teachers considered that many challenging ethical issues were grey, rather than black-and-white, and were prepared to question the applicability of inflexible professional codes or guidelines in particular clinical contexts. Transparent role-modelling (Egnew & Wilson 2011), in which the teacher explicitly identifies their reasoning and motivation to students, may reduce the potential for mixed messages in relation to those issues which GP teachers consider to be "grey" areas. Students may be unprepared for, and to some extent impatient with, the extent of compromise in general practice, and might benefit from a more nuanced understanding of ethical decision-making. Thompson argues that ethical decision-making involves "the clarification and refinement of rules" as much as it does following them (Thompson 1976), and Komesaroff suggests that "communicative negotiation and compromise" are key skills in the micro-ethical environment of general practice (Komesaroff 2008). On the other hand,

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it is important that the skill of appropriately confronting or refusing a patient is modelled to students. Students also need to be able to recognise and act appropriately on ethical lapses in colleagues, and there would appear to be room for an ongoing discussion in practice-based teaching about the distinction between an ethical or professional lapse, and ethical negotiation and compromise. It would also seem to be important in tutorial discussions to prepare students to manage any future encounters with ethical dilemmas or professional lapses.

Our study adds to previous literature which has identified ethical issues in learning environments as a key area of concern for students (Fard *et al.* 2010) by identifying a "medical student predicament" which extends beyond their previously described learning and assessment focus. This includes unsettled professional boundaries, emotional reactions to patients, and personal health concerns. There are valuable opportunities both in tutorials and on primary care placements (given the relative privacy of many primary care clinician consulting rooms in contrast to the public hospital setting) for practice-based teachers to discuss student emotions and other concerns as an important part of actively teaching, appreciating and caring for students. The opportunity for students to discuss their emotional reactions is likely to be important for student "moral acculturation"; Karnielli-Miller and Gaufberg both argue that emotion becomes a taboo subject in medical training, as students accept the implication that inadequate emotional control can lead to academic and professional failure. This emotional suppression, while to some extent inevitable, may reduce both empathy and moral responsiveness. The finding that students adopted GP teacher infection control practices which they considered unsafe, despite significant personal health-related anxiety, is concerning. A number of studies have suggested that "universal precautions" are not universally observed (Aultman & Borges 2011) and general practice appears to be no exception. However, it would seem prudent for GP teachers to actively encourage students to adopt appropriate precautions. It may also be useful in tutorials for tutors to review appropriate assertiveness skills with students on clinical placements.

Students appeared ambivalent about the professional 'role description' of their GP teachers. Although the emphasis on comprehensive, whole-person health care of the Royal Australian College of General Practice (RACGP 2011) seemed to be embraced by students who were inclined to be critical of GPs who restricted their practice, other students expressed doubts about practice-based teachers over-extending the GP role. These are important considerations in practice-based teaching about professionalism, and clearly also have relevance to learning in inter-professional teams. In his discussion of the light and dark sides of professionalism, Erde (2008) argues that "Many definitions of professionalism are defective in stating no limits on what doctors should do for patients." He also suggests that temptations for professionals to transcend their areas of competence are common. This is a useful area for ongoing reflection and discussion.

The absence in our data of most of the critical incidents, ethical lapses and bioethical dilemmas reported in previous studies may reflect a difference between hospital and community placements or it may be that students prefer to focus on these more dramatic ethical issues when required to produce a detailed written analysis. Relieved of such an obligation, the "placement narratives" in our study present those equally important "micro-ethical" issues which students are likely to have found interesting, entertaining or problematic enough to present to their peers.

This was an exploratory study and focused only on Australian urban general practice attachments. Findings may not generalise to rural or international settings or to other healthcare professions. Audio- or video-recording of tutorials, focus groups and interviews, and direct observation of teaching sessions in clinical placements are likely to contribute additional insights and enable a more sophisticated analysis of student interpretations, reflections and emotional reactions. These would also reduce the potential for bias and

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incomplete data collection inherent in our recording method, in which the tutor summary is likely to have missed some of the nuances of the discussion due to tutor distraction by recording and other tutor tasks. Our findings would support further investigation using these alternative methodologies. Further study of the general practitioner teacher interpretation of practice-based ethics and professionalism teaching and role modelling would also be valuable and interesting.

Tutorials are designed to provide a safe, comfortable environment for students to reflect on ethical and professional issues. This is not, however, the main focus of the tutorials and there is no requirement for students to raise such issues. Findings, therefore, offer a window into, rather than a comprehensive account of, the informal and hidden curricula in general practice placements. The tutor's "group membership"(Miller 2004) and participatory role offers a face validity to findings (Patton 2002), although a second investigator in each group dedicated to data collection would have added a further perspective. Personal relationships and power differentials within the tutorial group may have impacted on students' willingness to raise sensitive issues (Patton 2002, Hansen 2006). Tutors adopted a reflexive position (Finlay 2002) as investigators and data were collected using relatively unobtrusive observations as an inquiry strategy to minimize the interventional impact of data collection (Patton 2002). Analysis of data with co-coding by three researchers and iterative revisions of coding structures minimised investigator bias.

The decision to adopt a sensitive or inclusive definition of ethics and professionalism is consistent with recent reviews of the area, including Birden *et al.* (2013) who draw attention to the diverse range of conceptual approaches to defining professionalism and opt for a sensitive approach in their 2013 systematic review.

These themes may assist general practitioner and other practice-based clinical teachers to increase their understanding of student experiences of the ethical domain during clinical placements and to identify issues for discussion and reflection with students in their own clinical teaching, mentoring and role-modelling. Our findings suggest that practice-based teachers should be aware of the potential for students to perceive that their practice is out of step with previous teaching, and be willing to discuss and reflect on these apparent mixed messages, especially in areas that are ethically grey. Clinical teachers should also be aware that medical students manage unsettled professional boundaries with family and friends, personal health concerns including the affordability of their healthcare, and emotional reactions to patients. Students may benefit from mentoring in each of these areas, and clinical teachers should support students to maintain professional boundaries and personal precautions. It may be useful for clinical teachers to explore ethical issues like confidentiality, writing medical certificates, professional boundaries and affordability of health care in contexts which are relevant to students. Finally, medical students are interested in their teachers' professional roles. Although these findings relate to Australian GP teachers, practice-based clinical teachers in other professional and international contexts should consider discussing and reflecting on the general area of professional limits and scope with students.

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