

FROM THE LITERATURE

In the News

An opinion

Professional Behaviour

Currently three articles in prominent health sciences education literature address issues of 'unprofessional behaviour'. Apparently this topic receives increasing attention. Hrabak et al. (2004) report their assessment of the prevalence of, attitudes towards and willingness to report different forms of academic dishonesty in Croatia. Using an anonymous self-administered questionnaire, they found that 94% of the students admitted cheating at least once. The most frequent type of misconduct was 'signing in an absent student on a class attendance list' (89.1%) and the least frequent 'paying for passing an examination' (0.7%). Forty-four percent of the students said they would never report any form of cheating.

Another study into unprofessional practice was conducted in the United Arab Emirates (Rizk & Elzubeir, 2004). These authors conducted a cross-sectional study, confronting 88 participants (65 senior students and 23 interns) with six scenarios portraying a fictitious doctor engaged in unprofessional practice (failure to consult a specialist; disrespect to patient's autonomy; research fraud). The participants gave their judgment on a self-administered questionnaire, which does harbour the risk of socially desirable answers. Eighty-three percent of the respondents claimed they would not perform these activities. There were no significant differences between women and men. Regarding penalties appropriate for unprofessional behaviour, women were significantly more lenient than men and students were significantly more lenient than interns. In this study 72.7% of the respondents claimed that they would take action if colleagues violated standards for professional behaviour.

In the Croatian study the strongest predictors of dishonest behaviour in school were attitude (dichotomous: approve or disapprove) perception of peer group behaviour and study year. Interestingly, the number of committed types of misconduct increased from year 2 to year 6. I found it fairly shocking to read this, and it made me wonder what we, and our curricula, are doing with our students to make them behave less professionally. Of course, students, above all, are responsible for their own behaviour. However, one could argue that the curriculum should perhaps not rely so much on measures as attendance lists to motivate students to attend. And apparently there are staff members who are

willing to sell an exam. This study was conducted at the largest medical school in Croatia, and the authors argue that their findings are worse (greater prevalence) than those reported from what they call ‘developed countries’. The authors from the United Arab Emirates conclude that their findings are not significantly different. However, their study does raise questions about the 17% respondents who didn’t claim that they would not engage in these types of unprofessional conduct. Were they just honest and modest, were they just naïve or were the others inappropriately claiming good behaviour?

We are dealing with an important issue here, according to the third article (Papadakis *et al.*, 2004). These authors conducted a case-control study of all medical graduates in one of the medical schools in California, USA, who had been disciplined by the Medical Board of California between 1990 and 2000. They tried to clarify possible predictive value of unprofessional behaviour in school for subsequent state board disciplinary action. Ninety-five percent of the disciplinary actions towards the physicians in the study were for deficiencies in professionalism. Disciplined physicians were more likely to have negative excerpts in their medical school files than controls, while no other variables (gender, grades) showed any relation. The authors conclude that “problematic behaviour in medical school is associated with subsequent disciplinary action by a state medical board. Professionalism is an essential competency that a student must demonstrate before s/he can graduate from medical school”.

What can we learn from this? Often, professional behaviour is addressed when unprofessional behaviour is on the agenda. Students and professionals who show unprofessional behaviour are blamed in isolation.

In my view the conclusion of the USA study correctly takes the positive view: professionalism must be demonstrated.

The educational consequences of this are vast: we must practice what we preach. We must therefore conduct our educational efforts with the same degree of professionalism we want our health care professionals to display. This also implies making our curriculum (more) in line with current educational insights.

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