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Ethics and professionalism in general practice placements: what should students learn?

Background

A diverse range of ethical and professionalism issues has been identified in Australian general practice.

Objective

To establish which of these issues general practitioner (GP) teachers and students consider the most important, to enable GP teachers to facilitate student learning in this domain.

Methods

A survey instrument was developed and distributed to GP teachers and medical students. Participants rated the importance of students learning about each of 32 different ethical issues. Students rated their confidence in managing these areas.

Results

GP teachers and students agreed on many of the most important issues (including patient confidentiality, medical mistakes, working with colleagues and drug-seeking patients); there are also some interesting differences. Student confidence in patient confidentiality was very high, but particularly low in career and training decisions and medical mistakes.

Discussion

Students want to learn more about career and training decisions and medical mistakes. They may underestimate the complexity of confidentiality and professional relationships in general practice.

Keywords

students, medical; general practice; ethics; professional practice

There is widespread acceptance in the literature regarding the importance of students learning about medical ethics and professionalism in the practical, applied context of clinical placements. On general practice attachments, students can develop their own 'physician morality'¹ while learning from the 'practical moral wisdom'² of their clinical preceptors. A recent Australian study found that general practitioner (GP) teachers readily identify a diverse range of common and important ethical issues in urban general practice.³ There are, however, no published studies of Australian medical students' attitudes to learning about particular ethical issues in general practice placements.

Issues that students rate as important but in which their confidence is low are likely to be important learning goals for students. GP teachers will be less likely to facilitate student learning if they fail to identify learning opportunities when they arise, underestimate their importance to students or overestimate student confidence in these issues. This study was aimed at identifying the most important ethical issues from the viewpoint of students and teachers, to assist both parties in meeting students' learning goals.

Methods

Two cohorts of Brisbane-based, University of Queensland students who had completed their general practice placements in November 2011 and March 2012 were invited to complete a paper-based survey. A GP teacher survey was mailed to each practice at which a Brisbane-

based student had been accepted for placement in November 2011. All surveys were anonymous and no follow-up of non-returned surveys was undertaken.

A new survey was developed for this study as no previous relevant survey could be identified. Thirty-two common and/or important ethical issues were included and participants were asked to rate the importance of students learning about each issue.

The initial selection of issues was based on international literature about student self-reported experiences of ethical issues on clinical placements.⁴⁻⁸ A number of issues were excluded because they arose predominantly in the context of hospital practice (including futile treatments and ethics in research). This preliminary list was then compared with a descriptive content analysis of interview transcripts from a 2010 study in which 13 Australian urban GP teachers from diverse general practices described ethical issues that arose in their general practices.³ Most of the initially selected issues were also identified by the Australian GP teachers. Three issues from the international literature were included in the final survey, despite not being reported in the Australian study: ethics in medical education;⁷⁻¹¹ ethical lapses in colleagues;^{8,9,11} and discriminatory treatment of patients.⁸⁻¹⁰ The Jameton determinants of moral action, as described by Kelly and Nisker,⁸ were also included; these are moral sensitivity, moral judgement, moral motivation and moral courage. Ginsburg's phrase 'altruism without self-neglect' was added to clarify moral motivation, and 'speaking up' was added to clarify moral courage for participants who might be unfamiliar with these determinants.

Two issues present only in the Australian GP teacher data were included in the final survey (practice business management and doctor health and life balance) because they were identified as common and/or important by the GP participants. Finally, the Royal Australian College of General Practitioners resource for doctors, *Face-to-face: challenging cases in medical practice*¹² (which included some of 'the most common, professionally challenging situations doctors face in medical practice'), was reviewed to ensure there were no omissions of importance to Australian general practice. The full list of issues is shown in *Table 1*.

The survey was piloted in 2011 with 13 GP teachers and three students, and several topics were reworded for greater clarity following feedback. For each issue, participants were asked to rate on a 5-point scale the extent to which they agreed or disagreed with the statement 'Medical students should learn about' each issue. Students were also asked to rate their 'confidence in this area' for each issue on a 5-point scale (very low scored -2 to very high scored +2).

An average score for importance was calculated for each issue (for student and teacher respondents). These scores were then

ranked with the highest ranking given to the highest average score. Ranked scores were sorted into quartiles and teacher and student rankings were compared. An average score for student confidence was also calculated for each issue. The issue 'Practice business management, including income and fees' was included only in the 2012 student survey and the GP teacher survey. The student ranking on this issue is therefore based only on the 2012 student survey.

Ethics approval was obtained from the University of Queensland Human Research Ethics Committee for the study (Reference number 2011000488).

Results

The medical student survey had a response rate of 91.7% (121 out of 132 surveys returned). The GP teacher survey had a response rate of 56.9% (37 of 65 surveys returned). Participant rankings are compared in *Tables 2* and *3*. Commonalities between GP teacher and student rankings (those ethical issues ranked in the highest or lowest quartile by both groups of participants) are shown in *Table 2*. Differences between GP teacher and student rankings (those issues ranked in the highest or lowest quartile by only one of the two groups) are shown in *Table 3*.

Minimum, maximum and mean scores for each ethical issue are presented in *Table 4*.

The results for student self-rated confidence in managing all issues are summarised in *Table 5*.

Three GP teacher participants added comments in a free text section, including a statement about the importance of sexual morality and prejudice.

Discussion

This study found that there is considerable agreement between GP teachers and students with respect to the ethical issues rated the most important for student learning. Of these issues, student confidence was lowest in medical mistakes, which therefore seems to be a key learning goal for students. A study by Martinez and Lo¹³ concluded that medical educators should increase student exposure to exemplary responses to medical error, and that there are many missed opportunities to teach students how to respond to and learn from errors. Students who witnessed senior doctors taking responsibility for errors in this study described these as powerful and aspirational experiences. Others who witnessed non-disclosure described considerable moral distress.

Table 1. Ethical issues included in final participant surveys

Allocation of healthcare resources, including GP gatekeeper role	Knowing your limits
Bending rules	Medical advice to family and friends
Bioethics dilemmas, including euthanasia and pregnancy termination	Medical mistakes
Blurring boundaries, including sexually	Medicolegal issues, including 'defensive' medicine
Career and training decisions	Moral courage, including speaking up
Certification	Moral judgement, including ethical analysis
Consent dilemmas	Moral motivation, including altruism without self-neglect
Cross-cultural issues	Moral sensitivity
Discrimination against patients	Patient confidentiality
Doctor health and life balance	Patient substance dependence and drug-seeking
Doctor social and political responsibilities	Practice business management, including income and fees
Ethical lapses in colleagues	Relationship with pharmaceutical companies
Ethics in the teaching and learning environment	Systems for ensuring safe clinical practice
Gifts from patients	Terminating the doctor-patient relationship
Impaired colleagues	Truth telling in medical care, including requests to falsify clinical information
Keeping up to date	Working with medical and inter-professional colleagues

High student confidence in the area of confidentiality suggests that students consider this issue relatively unproblematic. GPs, by contrast, report a range of confidentiality dilemmas, including treating practice staff, mandatory notification and various requests for release of medical records.³ Indeed, it has been argued that ‘to pretend that we are confidential is currently misleading’ given the increased sharing of originally confidential information among other parties.¹⁴ Context is important in teaching professionalism¹⁵ and student exposure to confidentiality issues in more problematic contexts is likely to be beneficial.

Student self-reported confidence was high in several other areas that were rated particularly

important by GP teachers, including doctor health and life balance, keeping up to date, knowing your limits, and working with medical and inter-professional colleagues. Relationships with senior doctors and new multi-professional teams are, however, reported to be a significant source of stress in the transition from medical student to junior doctor.¹⁶

Of the ethical issues included in the highest quartile of importance only by students, career and training decisions was notable for being ranked in the lowest quartile of importance by GP teachers. Students also rated their confidence in this area in the lowest quartile. This is an important finding for GP teachers, many of whom are interested in showcasing general practice

as a career;¹⁷ they should not hesitate to discuss general practice (and other specialty) career and training decisions explicitly with students.

There was considerable agreement between students and GP teachers with respect to the ethical issues ranked the least important for student learning. Both included moral sensitivity, motivation and judgement in the lowest quartile. Students also included moral courage in their lowest quartile. This may be related to unfamiliarity with this terminology, or participants may be uncomfortable conceptualising professionalism as an ‘ethos grounding an approach to medical practice’¹⁸ rather than a set of attributes or behaviours. However, it can be argued that virtues such as moral courage, particularly the courage to ‘speak up’ about, and ‘say no’ to, unethical practices even at some personal risk (including the risk of lower grades), are part of the social contract between members of the medical profession and society.¹⁹ Discussion about when and how to do this may be invaluable for students and reduce the risk of moral distress²⁰ or increasing moral cynicism.

It is also noteworthy that GPs teachers and students rated gifts from patients as either the least or the second least important issue for students to learn about, perhaps reflecting an acceptance of this relatively common phenomenon. GP teachers also rated relationships with pharmaceutical companies in their lowest quartile of importance, perhaps reflecting a view that this was an issue of limited current relevance to medical students.

This survey study has a number of limitations. The list of ethical issues is not definitive and a case could be made for (and against) the inclusion of various other topics. Explanatory footnotes would have reduced the risk of misinterpretation of the terminology used. No comment can be made about possible differences between responder and non-responder GP teachers. Further research using other qualitative methodologies, including observations of actual consultations, are indicated to explore the complexity of student learning and GP teaching, in this interesting and challenging domain.

Medical student responses to the survey instrument will, however, assist GPs to identify opportunities for teaching about ethical issues, and help students to meet their learning goals.

Table 2. Participant ratings of the importance of students learning about ethical issues: commonalities between GPs and students

	Ethical issues
Rated by BOTH GPs and students in the HIGHEST quartile of importance	Medical mistakes
	Patient confidentiality
	Patient substance dependence and drug-seeking
	Working with medical and inter-professional colleagues
Rated by BOTH GPs and students in the LOWEST quartile of importance	Bending rules
	Doctor social and political responsibilities
	Gifts from patients
	Moral judgment
	Moral motivation
	Moral sensitivity

Table 3. Participant ratings of the importance of students learning about ethical issues: differences between GPs and students

	Ethical issues
Rated by ONLY STUDENTS in the HIGHEST quartile of importance	Bioethics dilemmas
	Career and training decisions
	Consent dilemmas
	Cross-cultural issues
Rated by ONLY STUDENTS in the LOWEST quartile of importance	Ethics in the teaching and learning environment
	Moral courage, including speaking up
Rated by ONLY GPs in the HIGHEST quartile of importance	Doctor health and life balance
	Keeping up to date
	Knowing your limits
	Medicolegal issues
Rated by ONLY GPs in the LOWEST quartile of importance	Ethical lapses in colleagues
	Relationship with pharmaceutical companies

Table 4. Minimum, maximum and mean scores for each ethical issue									
	GPs (importance)			Students (importance)			Students (confidence)		
	Min	Max	Mean	Min	Max	Mean	Min	Max	Mean
Allocation of healthcare resources, including GP gatekeeper role	0	3	1.95	0	3	1.68	-2	2	0.160
Bending rules	-1	3	1.18	-1	3	1.42	-2	2	-0.06
Bioethics dilemmas, including euthanasia and pregnancy termination	-1	3	1.59	0	3	1.93	-1	2	0.30
Blurring boundaries, including sexually	1	3	1.97	-1	3	1.72	-1	2	0.38
Career and training decisions	0	3	1.76	0	3	1.93	-2	2	0.03
Certification	0	3	1.60	0	3	1.67	-2	2	0.13
Consent dilemmas	0	3	1.77	0	3	1.90	-2	2	0.27
Cross-cultural issues	0	3	1.56	0	3	1.84	-1	2	0.29
Discrimination against patients	0	3	1.84	-1	3	1.74	-2	2	0.40
Doctor health and life balance	0	3	2.22	-1	3	1.68	-1	2	0.38
Doctor social and political responsibilities	-1	3	1.49	-1	3	1.59	-2	2	0.13
Ethical lapses in colleagues	0	3	1.35	0	3	1.63	-1	2	0.24
Ethics in the teaching and learning environment	0	3	1.76	-1	3	1.61	-2	2	0.28
Gifts from patients	0	3	1.09	0	3	1.47	-1	2	0.21
Impaired colleagues	0	3	1.81	0	3	1.73	-2	2	0.28
Keeping up to date	0	3	2.05	0	3	1.84	-1	2	0.34
Knowing your limits	1	3	2.22	0	3	1.75	-1	2	0.36
Medical advice to family and friends	0	3	1.84	0	3	1.68	-2	2	0.20
Medical mistakes	1	3	2.27	0	3	1.86	-2	2	0.12
Medicolegal issues, including 'defensive' medicine	0	3	2.08	-1	3	1.76	-2	2	0.24
Moral courage, including speaking up	0	3	1.71	-1	3	1.60	-2	2	0.18
Moral judgment, including ethical analysis	-1	3	1.47	-1	3	1.61	-1	2	0.31
Moral motivation, including altruism without self-neglect	-1	3	1.44	-1	3	1.54	-2	2	0.24
Moral sensitivity	-1	3	1.37	0	3	1.59	-1	2	0.39
Patient confidentiality	1	3	2.51	-1	3	1.98	-1	2	0.67
Patient substance dependence and drug-seeking	1	3	2.09	0	3	1.84	-2	2	0.28
Practice business management, including income and fees	-1	3	1.60	-1	3	1.63	-2	2	-0.13
Relationship with pharmaceutical companies	0	3	1.49	-1	3	1.66	-2	2	0.27
Systems for ensuring safe clinical practice	0	3	1.87	0	3	1.79	-1	2	0.23
Terminating the doctor-patient relationship	0	3	1.59	-1	3	1.63	-2	2	-0.02
Truth telling in medical care, including requests to falsify clinical information	0	3	2.03	0	3	1.76	-2	2	0.25
Working with medical and inter-professional colleagues	1	3	2.16	-1	3	1.87	-2	2	0.36

Table 5. Student self-rated confidence in ethical areas

	Ethical issues
Self-rated student confidence in the HIGHEST quartile	Blurring boundaries, including sexually
	Discrimination against patients
	Doctor health and life balance
	Keeping up to date
	Knowing your limits
	Moral sensitivity
	Patient confidentiality
	Working with medical and inter-professional colleagues
Self-rated student confidence in the LOWEST quartile	Allocation of healthcare resources
	Bending rules
	Career and training decisions
	Certification
	Doctor social and political responsibilities
	Medical mistakes
	Practice business management, including income and fees
	Terminating the doctor-patient relationship

Key points

- Learning how to respond to medical error is a key learning goal for students, and opportunities to observe a doctor disclosing a medical error are highly valued.
- Students and GP teachers may underestimate the importance of learning and teaching about moral sensitivity, moral reasoning, moral motivation and moral courage.
- GP teachers should not hesitate to discuss general practice (and other specialty) career and training decisions explicitly with students
- Students are likely to benefit from discussion about the more problematic contexts in which confidentiality, and working with colleagues, arise in general practice.

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