Investigación en Educación Médica

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REVIEW ARTICLE

Appraising the profile of ethics, law and professionalism in basic medical education

Roger P. Worthington,[1] Greg Becker,[2] Richard Hays[3]

[1] *Yale University, United States of America*
[2] *Jagiellonian University, Poland*
[3] *University of Tasmania, Australia*

Abstract
Substantial variation exists between schools and countries as regards the role of ethics, law and professionalism in medical curricula. Greater consistency of approach is needed between schools and countries to better safeguard standards of professional practice. From an international perspective these subjects are the focus of increasing attention as the nature of medical practice and regulation changes. This paper offers practical suggestions for raising the educational profile and integrating ethics, law and professionalism into medical curricula. Dealing with the subjects effectively during early medical training helps provide an appropriate grounding for future learning and practice.

Evaluando el perfil de la ética, el derecho y el profesionalismo en la educación médica básica

Resumen
Existen diferencias sustanciales entre las escuelas y los países en cuanto al papel de la ética, el derecho y el profesionalismo en los currículos de medicina. Entre las escuelas y los países se necesita una mayor consistencia en el enfoque para garantizar los estándares de la práctica profesional. Desde una perspectiva internacional, estos temas son el foco de creciente atención ya que la naturaleza de la práctica médica y su regulación han cambiado. Este documento ofrece sugerencias prácticas para elevar el perfil educativo y la integración de la ética, el derecho y el profesionalismo en los planes de estudio en Medicina. Hacer frente a estos temas de manera efectiva durante la formación médica temprana ayuda a proporcionar las bases apropiadas para el aprendizaje y la práctica futura.

Correspondencia: Roger P. Worthington. Yale University General Internal Medicine 20 The Lawns Lee Terrace London, SE39TB UNITED KINGDOM. Teléfono: +447796694202. *Correo electrónico*: rpworthington@gmail.com.

Introduction

In many countries, medical curricula include a formal, substantial component of ethics, law and professionalism to ensure that graduates are prepared for the roles they will eventually play as part of the health workforce, but the picture overall is uneven. As a construct, professionalism is relatively well understood, reflected in professional codes of conduct and shared understanding;[1] however, it is not always clear if, when, where and how ethics and law, which underpin professionalism, fit in terms of formal instruction. We advocate the adoption of an integrated approach to teaching and learning for ethics, law and professionalism.[2] These domains need to be consistently addressed in medical curricula, and educators may want to reflect on how best they fit alongside more firmly established scientific and clinical components of the curriculum.

The suggestions we make are about broad points of principle rather than fine detail. The latter is best worked out at local level, when local considerations relating to the regulation and accreditation of schools can be taken into account. While institutional factors, such as staffing and resource considerations have to be taken into account as well pressures on curriculum time and competing educational agenda, we acknowledge all of these difficulties when proffering advice on the development and implementation of ethics, law and professionalism curricula within schools of medicine. To help achieve this goal, we identify twelve key points for educators to consider, and if adopted these steps could help improve consistency in relation to both educational and professional standards (The authors define professionalism as a concept that applies to a category of persons, their attributes and behaviours, in [and possibly out of] the workplace. Unprofessional behaviours are those that fail to conform to normative standards set by an independently regulated profession, such as medicine).

1. Agree where these subjects sit within a curriculum

Integration should be horizontal as well as vertical; for instance, ethics and law can be addressed as part of a professionalism theme (horizontal), alongside foundation and clinical sciences, which can be visited at regular intervals throughout the programme (vertical) as clinical reasoning gradually becomes more prominent. This approach is preferable to cramming materials into a short, intense course whereby information may not be retained and where it can appear to be disconnected from future health roles. Trainees do not want to find themselves in challenging situations without appropriate tools for solving problems, and it makes sense for curriculum content to be graduated, going from a taught, relatively factual base on to clinical scenarios where more complex judgments might have to be made. The more important topics should be reinforced at intervals throughout the course.

2. Select the topics to be included

Curriculum time is necessarily limited, and topics need to be selected with a high degree of relevance to clinical practice. Few medical students are motivated by having abstract formulations to consider, especially if the language and the style are unfamiliar and too philosophical. Content can be grouped into categories to include topics such as patient rights, autonomy and consent, confidentiality and data protection, mental health and capacity, reproductive and end-of-life decision-making, health care organisation and delivery, and professional behaviour both in and out of the workplace.

3. Agree on clear educational goals and learning outcomes.

Learning objectives should be clearly defined and matched to intended-learning outcomes. While the process may be time-consuming in the first instance, it is necessary step to take in order to meet external requirements for accreditation. For example, in the UK, the process is overseen by the medical regulator, and explicit requirements are set for ethics, law and professionalism.[3] By contrast, in developing countries such as India and Pakistan, it is possible to graduate without ever having been taught or assessed in these areas. When doctors move across national boundaries, this poses a particular challenge, which can give rise to poor educational outcomes for trainees, who may be changing cultures as well as countries.

4. Ensure that learning outcomes align with regulatory frameworks

Regulatory frameworks are set at different levels (regional, federal, national and/or international), and most schools develop curriculum content in line with their own local guidelines. Bodies such as the World Medical Association or the United Nations Education, Scientific and Cultural Organization provide points of reference[4,5] but standards should be grounded in such a way as to reflect local laws and values, as well as local structures for delivering health care. Universal templates cannot necessarily address these issues and could be based on assumptions about resources and values systems that simply do not apply. Balance, therefore, needs to be drawn between reliance on collective reasoning and local expertise. Since medical regulators and licensing boards typically accredit schools and programs, it is to them that educators should probably turn first.

5. Ensure that teaching methods are consistent with the overall curriculum design

If a curriculum as a whole is integrated, then ethics, law and professionalism should consistently sit alongside scientific and clinical curriculum content. Learning methods need to be aligned by means of accompanying lectures and small-group case discussions, supplemented by on-line resources for self-directed learning.[6-8] Mixed learning models, balancing classroom activity and lectures in the early stages, with opportunities for small-group discussion allowing time for reflection and case-based study in the later stages, work reasonably well. Interactive case discussion and panel debates help to