



Original Article

Comparing recommended sanctions for lapses of academic integrity as measured by Dundee Polyprofessionalism Inventory I: Academic integrity from a Saudi and a UK medical school

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Abstract

Background: There are varying perceptions about professionalism and academic integrity, both being influenced by regional, cultural, contextual and religious factors worldwide. Very few studies have compared the variations in understanding about academic integrity among medical faculty and students. This study explored the existing understanding of academic integrity in a Saudi and a UK medical school.

Methods: The validated Dundee Polyprofessionalism Inventory I: Academic Integrity was administered online to the students and staff of a Saudi and a UK medical school. The data was analysed by SPSS software and a p value of less than 0.05 was considered significant.

Results: Of 1005 invitees, 411 completed the survey; response rate of 40.8%. The findings showed significant variations towards opinions of lapses of academic integrity. Mean rank scores showed that faculty of both schools were stricter than students and clinical staff were stricter than non-clinical staff ($p < 0.05$). The UK students were stricter for 16 and Saudi students were stricter for 10 lapses of academic integrity ($p < 0.05$). Yearly stratifications of students' recommendations identified a pattern of learning process as indicated by higher sanctions by senior students than their junior counterparts.

Conclusion: This study identified some congruence as well as some significant dissimilarities in the sanctions for academic dishonesty. These data can be utilized for standard setting of professionalism that will facilitate the migration of International Medical Graduates by promoting their fitness to practise, especially probity and honesty, as defined by the General Medical Council of UK.

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Keywords: Academic dishonesty; Academic integrity; Dundee polyprofessionalism; Lapses; Medical students

1. Introduction

Professionalism, a multidimensional concept, is a commitment to ones' work and the orientation towards service rather than personal profit.¹ The fundamental domains of professionalism such as respect, competence, responsibility, caring, leadership, altruism, and compassion are unique and equally applicable to all professions. The physicians' charter of

professionalism has been rightly categorized in six clusters; 1) professional competence, 2) patients' confidentiality, 3) improving quality of care, 4) just distribution of finite resources, 5) scientific knowledge, and 6) maintaining trust by managing conflicts of interest.² A major share of these commitments is related to professional integrity of physicians under the domain of medical professionalism, a unique but highly desired strand with multi-disciplinary hierarchy.

Since healthcare institutions deal with a wide array of disciplines, it is imperative to nurture the development of professional qualities, values, and attitudes which are currently being practised in medical fraternity. Despite key role of professionalism in the medical field, unfortunately, medical educators have shown their concerns about the erosion of medical

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professionalism because of indecent attitudes and behaviours of practising physicians as well as medical faculty.³ Medical students often witness contradictory practises about what they hear in classrooms and what they encounter in real situations about the core values of professional integrity.⁴

Although a proliferation of publications about professionalism, little data exists that can underpin the understanding of academic integrity among medical students and faculty. Research by Ryan, Bonanno⁵ attempted to determine the awareness of the undergraduate and postgraduate pharmacy students of University of Sydney about the university's policy in tackling the violations of academic integrity and the suggested sanctions for the proven lapses. The results identified respondents' poor knowledge about academic dishonesty. Although the majority were aware of the existence of university's policy, but very few had understanding of exact legal application of the policy. Another study on the medical students and interns of Tehran University of Medical Sciences Iran showed that only a small number of respondents considered "buying and selling hospital shifts", "cheating in the examinations", and "stealing hospital items" as lapses of academic integrity.⁶ Inclination to commit various forms of academic dishonesty may be influenced by demographics, religious beliefs, behaviours, educational environment, and/or technological savvy.⁷ A study exploring the perceptions of senior medical students and interns of the Faculty of Medicine and Health Sciences UAE University Al-Ain about academic integrity showed that the majority (88.6%) of respondents considered educational misconduct as a lapse of professionalism.⁸ However, various forms of lapses of academic integrity such as plagiarism and copying verbatim from published material, lending work to look at and copying work that was lent without owner's permission, and preparing homework for colleagues were considered less serious offences.^{9,10} The Dundee Polyprofessionalism Inventory I: Academic Integrity¹¹ is a valuable tool of e-learning resources that can be applied by different strategies to teach students the standards expected of them as medical students and trainees and in their working lives as practising physicians.¹² This is a survey-based tool that explores responses of a students' and/or faculty's cohort of their own year level or school or perhaps a national cohort in their understanding of elements of medical professionalism, thus explaining the term 'polyprofessionalism'. In an attempt to getting a holistic view of cross-cultural and cross-regional similarities and dissimilarities of recommended sanctions for lapses of academic integrity, this study was conducted on the undergraduate medical students and faculty of the medical schools of Taibah University (TU), Almadinah Almunawwarah Saudi Arabia and University of Leicester (UoL), Leicester, United Kingdom. The identification of cross-cultural variations in perceptions about lapses of academic integrity might help formulate a common framework that can facilitate the migration of International Medical Graduates across countries.

2. Methods

In January 2015, the 34-statement Dundee Poly-professionalism Inventory I: Academic Integrity was distrib-

uted to the students and faculty of medical schools through an email link taking them to Bristol Online Surveys (BOS). The survey aimed to seek knowledge and understanding of the participants about professional attitudes and behaviours, to identify the similarities and differences in responses to lapses of professionalism among the participants that will help in understanding differences in cultural and educational backgrounds among the two countries, to compare the responses of undergraduate medical students across years, and to compare the responses to lapses of professionalism reported in this study with the published results from Scotland,¹³ Egypt,¹⁴ Saudi Arabia,¹⁵ and Pakistan.¹⁶ The ethical committees of both medical schools approved this survey-based cross-institutional research. Participants were invited to complete the survey by explaining the significance of research and by taking their consent to participate.

The participants were instructed to record their responses to 1–34 statements in three parts;

- a) Is this wrong?
- b) Do you think your students do it?
- c) What level of sanction 1–10 should apply for a first time offence with no mitigating circumstances?

The level of sanctions was graded from none to expulsion from the medical school with no chance for readmission.

The recorded data of demographics and responses were exported from the BOS software in the form of Excel sheets and SPSS output files and data analysis was performed on SPSS version 20. Quantitative analysis by descriptive statistics was presented by frequency distribution tables, while inferential statistics were done by chi-squared and independent sample *t*-tests. Independent sample *t*-test identified the differences in responses by gender. Thereafter, inferential statistics were calculated by Mann–Whitney U and Kruskal–Wallis tests. The Mann–Whitney U was used to compare two population means and identified differences among two independent categories; whereas Kruskal–Wallis test was used to identify differences between more than two independent categories. Visual descriptions of significant findings were graphically presented by box plots. A *p* value of less than 0.05 was considered to be significant.

3. Results

Of a total of 1005 invitees, 411 completed the survey (response rate of 40.8%); 283 (183 students and 100 faculty members) from TU and 128 (118 students and 10 faculty members) from UoL. From both schools, 60% of staff primarily belonged to clinical and 40% to non-clinical disciplines. Most of the students (59; 32.2%) responded from TU and belonged to 5th year; whereas maximum number (30; 25.4%) of UoL students was from 1st year of their study. Responding to the first item of statement No. 1, the majority (278/411) considered the lapse of academic integrity as wrong; for 2nd item, 239/411 admitted that fellow students got or gave help for course work against a teacher's rules; for 3rd

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