

PROPOSED SANCTIONS FOR PROFESSIONALISM LAPSES BY THE STUDENTS AND THE STAFF IN TWO PAKISTANI MEDICAL COLLEGES

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ABSTRACT

Objective: To determine the proposed level of sanctions by the students and the staff for professionalism lapses related to academic integrity in two Pakistani medical colleges.

Study Design: Cross sectional study.

Place and Duration of Study: Private Medical Colleges in the year 2013.

Material and Methods: A stratified sample of 520 students, and 60 faculty members were invited to participate in this cross sectional study. A validated and customized version of Dundee Poly-professional Inventory-1 for use in Pakistani medical schools was used. The students were asked to indicate the appropriate level of sanctions (1-10) that should apply for the first time offence without circumstances that lessen the gravity of the offence.

Results: The response rate of students and faculty was 92%, and 62% respectively.

There was statistically significant difference between the students and the faculty ($p < 0.05$) in recommended severity of punishment for 31 (68%) offences.

Students considered that no punishment should be given for completing work for another student; accessing not permitted old exam papers or course work to assist in study; and photographing dissection or pro-section or cadaver material, whereas faculty thought these behaviors were punishable. They were stricter on recommended sanction for drinking alcohol over lunch and interviewing a patient in afternoon, by two levels.

The faculty was more severe on punishments by at least one level for rest of the unprofessional behaviors.

Conclusion: Pakistani faculty perceived the majority of behaviors more severely as compared to the students. Dundee Poly Professionalism Inventory-I can be used in Pakistan, and other South Asian countries to measure perceptions of severity of unprofessional behaviors related to academic integrity, that can help in forming code of conduct.

Keywords: Academic integrity, Professionalism, Sanctions.

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INTRODUCTION

Academic integrity is an essential element of professionalism. It is a core value and a behavior that must be developed in medical students. Academic dishonesty is common in many medical colleges around the world^{1,2} and it seems that its incidence is on rise^{3,4}.

The attitudes and behaviors related to academic dishonesty are encouraged when students have decreased perceived severity of punishment⁵ and they note that such dishonest behaviors are not punished⁶.

Students' and faculty perception of severity

of dishonest behaviors is not the same across the world. The students' perception of appropriate severity of penalties may be higher⁷, same^{8,9} or lower¹⁰⁻¹² than faculty members.

An important function of medical councils and disciplinary bodies in medical colleges is to take disciplinary action against doctors and students who show unethical or criminal conduct respectively. For this purpose, the medical councils and disciplinary bodies of medical colleges have a code of conduct or ethical policy as its presence is thought to decrease cheating^{13,14}. The code of conducts describes the unethical attitudes or behaviors likely to be seen in medical students, the different punishments, which could be imposed on students on committing such offences. These codes vary across medical

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colleges. Code of conduct or ethical policy requires medical colleges to have clarity of what constitutes academic dishonesty, and the punishments to be awarded on lapse of such behaviors.

For award of punishments it is important to be aware of perceived appropriateness of sanctions by both the students and the faculty as a way of understanding how serious lapses in

- Sixty students each from the junior and senior year from the post graduate medical college.
- Forty faculty members from the undergraduate medical college.

Twenty faculty members from the postgraduate medical college.

The students of each class were assembled in a room, and the purpose was explained to them.

Table-I: Level of sanctions.

Level of Sanctions	Sanctions
1	None.
2	Reprimand (verbal warning).
3	Reprimand (written warning)
4	Reprimand, plus mandatory counseling
5	Reprimand, counseling, extra work assignment
6	Failure of specific class/remedial work to gain credit
7	Failure of specific year (repetition allowed)
8	Expulsion from college (readmission after one year possible)
9	Expulsion from college (no chance for readmission)
10	Report to professional regulatory body.

professionalism are perceived to be.

MATERIAL AND METHODS

The purpose was to determine the recommended levels of sanctions by the students and the staff for professionalism lapses related to academic integrity in two Pakistani Medical Colleges.

The study was carried out at an undergraduate and a postgraduate Pakistani medical college.

The study design was cross sectional.

To measure the students and the staff for professionalism lapses related to academic integrity in these schools used a validated and customized version¹⁵ of Dundee Polyprofessional Inventory-1¹², for use in Pakistani medical schools to determine the proposed level of sanctions.

- A stratified sample of 520 students was invited to participate in the study. They were:
- Eighty students each from first, second, third, fourth and final year from undergraduate medical college.

Informed written consent was taken from all the participants. They also had the option of not completing the questionnaire which 8% of the target sample availed themselves of. They were given the validated Polyprofessional Inventory-1 as customized for Pakistan¹⁵ with blank boxes, against each behavior. In the blank boxes, they were asked to write what level of sanctions (1-10) should apply for the first time offence without circumstances that lessen the gravity of the offence? (table-I).

The questionnaires were administered on paper and the data were then entered in to SPSS (version 17.0). An assistant double-checked the entries and ensured the accuracy of the data entry. Proposed median level of sanctions was determined for each behavior. Mann Whitney U-test was used to compare perceived level of sanctions between students and faculty, and to compare perceived level of sanctions between male and female students. Kruskal Wallis test was used to compare perceived level of sanctions of students across the academic years.

RESULTS

Out of 520 students, and 60 faculty members, 480 students, and 37 faculty members responded.

female respondents was 1:1 for students, and 2:1 for faculty respectively.

There was no difference in 34 (72%),

Table-II: Perceived level of sanctions of Pakistani faculty and Pakistani students.

S No.	Behaviour	Median level of sanctions	
		Group A n=480 (Pakistani Students)	Group B n=37 (Pakistani Faculty)
1	Take the work or idea from a fellow student and passing it off as one's own without acknowledging it or purchasing work from a supplier.	2	3
2	Completing work for another student.	1	2
3	Paying a fellow student, or being paid by a fellow student, for completion of coursework.	3	4
4	Resubmitting work previously submitted for a separate assignment or earlier work.	2	3
5	Intentionally paraphrasing text in an assignment, or copying text directly, without acknowledging the source.	2	3
6	Failing to correctly acknowledge a source (e.g. copying the text directly but only including the source in reference list)	2	3
7	Altering or manipulating data (e.g. adjusting the data to obtain a significant result)	3	5
8	Accessing old exam papers or coursework, which have not been released to the whole class to assist in study.	1	2
9	Attempting to use personal relationships, bribes, or threats to gain academic advantage.	5	6
10	Copying answers from a neighbor or enabling a neighbor to copy your answers during an exam.	3	5
11	Exchanging answers using mobile phones during an exam.	5	6
12	Receiving information about the paper from a student who have already sat in the exam, or providing information about a paper to students who have yet to sit in it.	2	4
13	Persuading faculty members into providing copies of paper prior to exam through bribery, force or threat.	6	7
14	Taking unauthorized material (e.g. crib sheets, "Bootee") into an exam.	6	7
15	Sitting an examination for someone else, or someone else sit an examination for you.	7	8
16	Inventing unrelated or irrelevant circumstances to delay sitting in an exam.	4	6
17	Arranging to pass an exam using private connections, or bribery.	6	8
18	Signing attendance sheet for absent friends, or asking classmates to sign attendance sheets for you in labs or lectures.	2	4
19	Missing lectures frequently.	3	4
20	Failing to follow proper infection control procedures.	4	3
21	Forging a health care worker's signature on a piece of work, patient chart, grade sheet, or attendance sheet.	4	5
22	Altering grades in official record.	6	7
23	Threatening or verbally abusing a university employee or fellow student.	6	7
24	Engaging in substance abuse (e.g. drugs)	6	8
25	Involvement in activities with sexual feeling directed towards children- Assaulting or sexually abusing children	9	10
26	Drinking alcohol over lunch and interviewing a patient in afternoon.	8	6
27	Photographing dissection or prosection or cadaver material.	1	3
28	Inappropriate material about fellow students, teachers or patients on social media	4	5
29	Inappropriate representation of Medicine in social media by posting photos/videos/texts about class or clinical activities	4	5
30	Making false entries in logbook / signing such logbooks.	3	5
31	Presenting false certificates/ signing false certificates.	5	8

The response rate of students and faculty was 92%, and 62% respectively. The ratio of male to

recommended median level of sanctions between male and female students. In the remaining 13

(28%) items there was difference of one level of recommended punishment except for recommended sanction for engaging in drug abuse, for which female students were 02 levels severer in recommended punishment. But none of these differences reached statistical significance ($p < 0.05$).

Male students proposed one level higher sanctions for resubmitting work previously submitted for a separate assignment or earlier work; signing attendance sheet for absent friends or asking classmates to sign attendance sheet; lack of punctuality in class; drinking alcohol over lunch and interviewing a patient in afternoon; damaging public property; and making false entries/signing log books.

Female students were more severe in recommended punishment by one level for sexually harassing/ threatening or verbally abusing/ physically assaulting a university employee or fellow student; providing illegal drugs to students; and involved in activities with sexual feeling directed towards children.

There was significant difference ($p < 0.05$) across the academic years in the recommended severity of sanctions by the students for 24 (51%) offences.

There was consensus among the students and faculty respondents on level of sanctions imposed on 16 (34%) first time offences without mitigating circumstances. There was a significant difference in severity of punishment for 31 (66%) remaining offences between the two categories of respondent ($p < 0.05$) (table-II).

Students considered that no punishment should be given for completing work for another student; accessing old exam papers or course work which have not been released to whole of the class to assist in study; and photographing dissection or prosection or cadaver material whereas faculty thought these behaviors were punishable. The students were stricted than faculty on recommended sanction for drinking alcohol over lunch and interviewing a patient in afternoon, by two levels (table-II).

The faculty was more severe on punishments by at least one level for the rest of the unprofessional behaviors. Their severity was two levels higher for altering or manipulating data; copying answers from a neighbor or enabling a neighbor to copy your answers during an exam; receiving information about the paper from a student who had already sat in the exam or providing information about a paper to students who have yet to sit in it; inventing unrelated or irrelevant circumstances to delay sitting in an exam; arranging to pass an exam using private connections or bribery; proxy attendance; photographing dissection or prosection or cadaver material; and making false entries in logbooks/ signing such logbooks (table-II).

DISCUSSION

These results from 480 students and 37 faculties from two Pakistani medical colleges were compared with those reported by Roff et al. 12, for a sample of 57 UK faculty in one Scottish School of Medicine, Dentistry, Nursing and Midwifery using the Dundee Polyprofessional Inventory-1, which had 41 of the same items as in the Pakistani version except for minor terminology changes.

Self-reported incidence of lapses in academic integrity¹⁶ from this cohort of Pakistani medical students in two colleges was higher than that in Europe and America^{17,18}. Pakistani faculty and students perceived the majority of behaviors as requiring less severe sanctions compared to that reported by in UK faculty and students using similar Polyprofessional Inventory-1^{12,19}. This could be a contributing factor to the perceived levels of incidence as increased recommendations for severity of punishment if caught probably have an inverse effect on academic dishonesty⁵. Nazir and Aslam²⁰ surveyed 958 undergraduate and graduate students in Pakistani universities and found that students were involved in academic dishonesty more frequently, when they thought that the punishment would be of lesser severity. Awareness of perceived sanctions by the students and the faculty can provide a guideline

for writing punishments for unprofessional behaviors in the code of conduct or ethical policy of a medical college.

CONCLUSION

Pakistani faculty perceived the majority of behaviors more severely as compared to the students. Dundee Poly Professionalism Inventory-I can be used in Pakistan, and other South Asian countries to measure perceptions of severity of unprofessional behaviors related to academic integrity.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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