

REVIEW ARTICLE

DEFINING MEDICAL PROFESSIONALISM AND ACADEMIC INTEGRITY, A
FUNCTION OF MEDICAL COUNCILS AND MEDICAL COLLEGES

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ABSTRACT

There is no agreed-upon definition of medical professionalism and academic integrity. All experts worldwide, though define medical professionalism in different ways, agree that certain core values and behaviors must be present. Academic integrity incorporates many values of medical professionalism. These are honesty, trust, fairness, respect and responsibility.

Medical colleges, while defining academic integrity, usually explain academic misconduct. Undesirable behaviors of academic misconduct, which are frequently seen in medical students, cover the common areas of concern related to medical students' fitness to practice as doctors. These areas of concern are persistent inappropriate attitude, and behavior, criminal conviction or caution, drug or alcohol abuse, cheating and plagiarizing, unprofessional behavior and attitudes, aggressive, violent or threatening behavior, and dishonesty or fraud. By regulating medical education, and its practice, the medical councils ensure that the medical students have the desired attitudes, and competencies on becoming doctors, to ensure public health and safety. Another important function of medical councils and disciplinary bodies in medical colleges is taking disciplinary action against doctors who show unethical or criminal conduct. For this purpose, the medical councils and disciplinary bodies of medical colleges have a code of conduct or ethical policy.

Defining professionalism and academic integrity: There is no agreed-upon definition of medical professionalism and academic integrity. Professionalism is defined as "the ability or skill that you expect from a professional person"¹. Therefore, medical professionalism is what is expected of a doctor, or other health professional. Medical professionalism includes the characteristics, distinguishing qualities, or prominent attributes of a health professional.

There are many ways of defining, or describing the right way a doctor should behave as a professional. Medical councils, colleges, and other statutory medical bodies have convened boards of experts to define medical professionalism. These people have defined the characteristics, qualities, or attributes, which a doctor should have; in different ways. They have defined medical professionalism in terms of competencies the doctor should have, the essential roles, which the doctor ought to play,

the responsibilities which he or she has to fulfill, the traits he or she should possess, the essential elements which make him or her a doctor, the attitudes, and the values he or she should possess, and behaviors which he or she shows. The experts have defined medical professionalism as follows:

- The American Board of Internal Medicine has outlined six components of medical professionalism. The six components are: honor / integrity, respect, altruism, accountability, and excellence².
- The Physician's Charter by combined North American and European Internal Medicine Boards have described ten professional responsibilities in defining medical professionalism: honesty, confidentiality, commitment to competence, relationships, quality of care, access to care, distribution of finite care, scientific knowledge, managing conflicts, and responsibilities³.
- The Royal College of Physicians and Surgeons of Canada's project CANMEDS, described seven roles expected of a competent specialist: medical expert,

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communicator, collaborator, manager, health advocate, scholar, and professional⁴.

All experts worldwide, though define medical professionalism in different ways, agree that certain core values and behaviors must be present, and which are understood to be vital. One such recognized value is integrity⁵. Chandratilake et al in 2012 in a multiregional study identified honesty, integrity, and respect for confidentiality, law-abiding behavior, and avoidance of substance, as essential elements of professionalism across Europe, North America, and Asia⁶.

Academic integrity incorporates many values of medical professionalism. Five fundamental values have been identified by the International Center for Academic Integrity in defining academic integrity. These are honesty, trust, fairness, respect and responsibility⁷. The School of Ethical Education views academic integrity as honest academic work in which ideas and writings are properly cited, and there is no unauthorized assistance in tests, and assignments. Also, they see any act, which improperly affects the evaluation of a students' performance, as academic misconduct⁸.

Medical colleges, while defining academic integrity, usually explain academic misconduct. In explaining academic integrity, or academic misconduct they indicate examples of unwanted attitudes the students should not have, and undesirable behaviors that they should not display. Kelly et al in 2008 categorized these broadly into categories of undesirable behaviors seen in classroom, and clinical teaching setting⁹. The behaviors reported of dishonesty in clinical settings are different from those in classroom or examination settings. Dishonesty in the clinical setting includes breaking patient confidentiality, falsifying patient record, and writing on patient clinical charts assessments, or treatments not performed¹⁰.

Undesirable behaviors of academic misconduct, which are frequently seen in medical students, cover the common areas of concern

related to medical students' fitness to practice as doctors. These areas of concern as defined by General Medical Council UK, are persistent inappropriate attitude, and behavior, criminal conviction or caution, drug or alcohol abuse, cheating and plagiarizing, unprofessional behavior and attitudes, aggressive, violent or threatening behavior, and dishonesty or fraud¹¹.

These undesirable attitudes, and behaviors are classified by grouping together similar attitudes and behaviors. For example, instances pertaining to dishonesty in academic writing are usually grouped together as "plagiarism". Other undesirable behaviors are cheating, fabrication, falsification and forgery of documents, facilitating academic dishonesty¹²; harassment, physical abuse, theft, damage of property, violation of existing policies, and involvement in prohibited drugs¹³. These groups can be further classified into similar clusters of attitudes and behaviors. Hrabak et al in 2004 performed a cluster analysis of cheating behaviors and found four categories: self-reporting cheating, perceived prevalence of cheating, attitude towards cheating, and willingness to report cheating¹⁴.

Medical students as well as experts have attempted to describe and define academic integrity. A research report by the Health Professions Council (n.d.) revealed that medical students perceive academic integrity as a holistic concept, and behaviors, which are specific and appropriate¹⁵. Most nursing students in a study¹⁶, defined academic dishonesty in terms of what they should not do. This is similar to what the faculty often does in medical colleges. In general, the nursing students defined academic integrity as doing one's own work, not plagiarizing, and not cheating in exams.

Function of medical councils and disciplinary bodies: In many countries, the medical education process is overseen and controlled by regulatory bodies by law. Medical councils are the statutory and regulatory bodies for undergraduate and postgraduate medical education in a country. Medical colleges function within the rules and

regulations of medical councils. Medical councils guide the medical colleges on the competencies they should develop in their students and keep a check. By regulating medical education, and its practice, the medical councils ensure that the medical students have the desired attitudes, and competencies on becoming doctors; to ensure public health and safety^{11,17,18}.

The medical councils provide guidelines to develop the desired curriculum in the medical colleges. Medical councils agree that professionalism, and medical ethics should be taught in medical colleges. Medical ethics is being taught in medical colleges in Europe, and America. In developing countries awareness to teach medical ethics in medical colleges is growing. Until recently, the Medical Council of India (1997)¹⁹ did not include the teaching of ethics in curriculum. But recently Baseerat (2013)²⁰ reported in The Times of India that the Medical Council of India has asked the government to incorporate a two-month course in medical ethics and professionalism in the first year of medical education. The Pakistan Medical and Dental Council (2002), recommends: "A physician shall always maintain highest standards of professional conduct...being in conformity with principles of honesty, and justice", and advises, "All medical and dental colleges may incorporate medical ethics into their curriculum"¹⁸. McGurgan et al in 2010, while studying fitness to practice policies in Australia, reviewed the literature and found that United Kingdom was the only country with national guidelines on professional conduct of medical students²¹. In the majority of countries, medical colleges have local guidelines on the conduct of medical students.

Another important function of medical councils is taking disciplinary action against doctors who show unethical or criminal conduct^{11,17,18}. The same function is usually done at undergraduate level by disciplinary bodies in medical colleges. For this purpose, the medical councils and disciplinary bodies of medical colleges have a code of conduct or ethical policy.

These describe 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, the processes involved in it, and communication of this information to the stakeholders. These codes vary across medical colleges.

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