

Designing ethics curriculum for medical graduates

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Abstract

Curriculum is a planned experience given to the learner for their academic development by the institutes. In the current scenario the doctor-patient relations are at stake and there is need of the hour to take serious note of it. There is need of ethics curriculum which can breach the gap in doctor – patient relationship and will sensitize the medical graduates to have ethical conduct in this novel profession. As ethics cannot be taught in a traditional ways, we shall think out of the box for selecting the contents and teaching learning methods of ethics curriculum. A student’s survey was conducted for assessing the need of ethics curriculum. Most of the participants felt there is a need of inclusion of ethics curriculum for medical graduates. Almost 80% of the students expressed their positive opinion and felt it shall be included in medical curriculum. Further 93% students felt it will help to build healthy doctor- patient relationship. Inclusion of ethics curriculum in medical education is need of the hour. As ethics cannot be taught in a traditional way, we shall choose innovative methods for teaching as well as evaluation of the students.

Keywords: Ethics, Curriculum, Leadership, Teaching, Module.

Introduction

Curriculum is defined as “A series of planned activities and educational experiences provided to a learner by an institution to achieve an objective”. Curriculum is a dynamic process where interaction between students and teachers makes it more viable.^(1,2) It should be planned carefully as it has potential to affect on the learning outcomes of the learners. Ethics, communication and attitude are getting immense importance medical education. Till date ethics was taught by forensic medicine, but it mostly dealt with legal, clinical and research ethics. It is difficult for students to learn ethics and attitude in traditional classroom teaching. Recently ethics curriculum has been introduced in Maharashtra University of Health Sciences.⁽¹⁾ Medical council of India (MCI) also has given a mandate to start ethics curriculum at the entry level.⁽³⁾

We are a medical college affiliated to MUHS and are following traditional teaching method for medical education. In the existing medical education, the Medical Council of India (MCI) curriculum does not have “Medical ethics” as a separate subject in any of its courses (Medical Council of India; 1997). In this curriculum of phase II, Forensic Medicine, the students learn about the principles of medical ethics, mainly the legal aspects in brief and it is taught in four to five hours.⁽⁴⁾

According to Hafferty F W (1994), training in medical ethics should be started early and continued throughout all of the basic and clinical sciences years. India presents a unique case of socio-economic, ethnic, multilingual, religious and cultural diversity.⁽⁵⁾ The most important need would be to inculcate the philosophy of ethical practices into the minds of medical students (WHO: Health ethics, 1999).

Hence we thought of designing a curriculum incorporating ethics in curriculum in all the four phases of medical graduation.

Aim & Objectives

To sensitise a medical graduate for ethical conduct in his professional life.

1. A medical graduate should be able to identify ethical challenges and issues in a given problem.
2. A medical graduate should be able to differentiate between principles of beneficence and malficience.
3. To develop attributes of doctor-patient relationship.
4. To inculcate communication skills to develop a healthy doctor-patient relationship.

Methodology

Study Design: A Cross sectional study

Tool: A validated questionnaire

95 MBBS students from MGIMS Wardha were selected for the study. The students (95) were from all the semesters and selection for participation was randomised.

A questionnaire was circulated among the students. There were 10 questions. All were close ended questions. The questions were based on the needs for introducing ethics in medical curriculum, about the principles of bioethics and doctor patient relationship.

A 3 point Likert scale was used to analyse the responses.

Result

Almost all the students opined that the medical graduates should be aware of their responsibilities in patient care, importance of principles of bioethics such as need of consent, principles of beneficence and autonomy. Most of the participants felt there is a need of inclusion of ethics curriculum for medical graduates. 80%- 83% felt the need for introducing ethics in curriculum, 94% agreed to make the doctors aware about their responsibility towards doctors. Majority of the participants (80-90%) were agreeing to introduce the principles of bioethics in the curriculum and 88.4% opined that introduction of ethics curriculum will improve doctor patient relationship. (Table 1)

Table 1: Results of students survey

Questions	Disagree		Can't Say		Agree	
	n	%	n	%	n	%
There is need of ethics curriculum for medical graduates	9	9.5	7	7.4	79	83.2
Medical graduates should be sensitised for socioeconomic diversity in India	7	7.4	12	12.6	76	80.0
Doctors must be aware of principle of autonomy	7	7.4	4	4.2	84	88.4
It is important to know our responsibility towards society	3	3.2	2	2.1	90	94.7
While working as doctors we shall understand importance of informed consent	5	5.3	3	3.2	87	91.6
Knowing principles of beneficence and malficence helps in decision making	8	8.4	2	2.1	85	89.5
Medical graduates should know importance of privacy and confidentiality	7	7.4	1	1.1	87	91.6
Medical graduates must know how to maintain doctor-patient relationship	2	2.1	4	4.2	89	93.7
Medical graduates must follow the code of conduct	5	5.3	1	1.1	89	93.7
Students should be made aware of human dignity and human rights	4	4.2	4	4.2	87	91.6
Students should be made aware of ethics in animal research	10	10.5	12	12.6	73	76.8
Introduction of ethics curriculum will enhance doctor patient relationship	8	8.4	3	3.2	84	88.4
Do you believe ethics curriculum is an unnecessary burden for medical graduates	80	84.2	11	11.6	4	4.2

Discussion

In the past and till today, medical students learn about ethical behaviour and good patient manners from their teachers and seniors. It is assumed that the teachers and seniors set good examples. In the past, the relationship between the doctor and the patient was paternalistic. Today, this relationship has changed. Advancement of medical science and technology has made a tremendous impact on the medical practice. Rising cost of medical care and scarce resources poses dilemmas to the practitioner of medicine (Ravindran, 1997).⁽⁶⁾

By 1990 medical ethics had become an integral part of the core curriculum in most American Medical Schools (Fox, 1995).⁽⁷⁾ Ethics now has an established place within the medical curriculum throughout the European Union (Frederique, 2007).⁽⁸⁾

In an international survey conducted on medical ethics curricula in Asia showed a total of 89 medical schools out of 100 reported offering some courses in which ethical topics were taught and they found diversity in integration of the programmes in contents or goals of medical ethics teachings (Miyasaka, 1999).⁽⁹⁾

The MCI has recently made the commendable revised curriculum for graduate medical education suggests many innovative and relevant changes (e health; 2012). The revised regulations on graduate medical education, GMR 2012 report appropriately emphasizes the importance of training not only the science of medicine but also providing holistic care, compassionate care, adequate communication, life-long learning, professionalism and ethics (MCI: Revised GME, 2012). With the aim to enable the Indian medical graduate to function professionally and ethically "Vision 2015" document is developed by MCI in which ethics, attitudes and professionalism will be integrated into all phases of learning (MCI: Vision 2015, 2011).⁽¹⁰⁾

Inclusion of formal ethics training in medical schools has been identified as one step by which the need for ethical behaviour can be reinforced and faith in the medical profession can be maintained.

There are number of models to design a curriculum.

Harden, 1986 approach seems to focus more on the philosophy, politics and organisation of education, with an emphasis on the outcomes. Harden's influential 'ten questions as well as kern's (1998) 'six step approach' are

based on Tyler's principles.⁽¹¹⁾ Tyler's views curriculum theory as technical, this approach may be perfect for mathematical science, but inadequate for the development of responsible and creative individuals able to meet the challenges of the constantly changing circumstances.⁽¹²⁾ Apart from above mentioned approaches there is one more approach proposed by an eminent educationist Taba.⁽¹³⁾ Another name for Taba's is the grass-roots approach. Tyler's model is deductive while Taba's is inductive, Tyler's approach argues from the administrator approach while Taba's reflects the teacher's approach.⁽¹¹⁾ Tyler believes that administrators should design the curriculum and the teachers implement it, Tyler asserts the development of objectives is the primary step in curriculum planning.⁽¹⁴⁾ Taba believes that the teachers are aware of the students' needs; hence teachers should be the ones to develop the curriculum and implement in practice. However, her rationale does not start with objectives, as she believes that the demand

for education in a particular society should be studied first. Taba also pays attention to the selection of the content and its organization with an aim to provide students with an opportunity to learn with understanding. In her version, Taba introduced notions of multiple educational objectives and four distinct categories of objectives (basic knowledge, thinking skills, attitudes and academic skills). This approach allowed Taba to relate specific teaching/learning strategies to each category of objectives. In this sense, her classification of educational objectives explain the ways for reaching desired outcomes. She understood that teaching was not limited to a mere transfer of facts, but was, rather, the means of developing students' thinking skills.

In this study we tried to follow six step approach suggested by Kern to design ethics in curriculum which includes contents, teaching learning methodology and the way of assessment (Table 2).

Table 2: Contents, Teaching methods and Assessment methods

Modules	Content	Teaching Methods	Tool for assessment
Module-I 1 st MBBS	Introduction to ethics, bioethics and medical ethics	Seminar	Simulation, Short answer questions
	Indian culture and socioeconomic diversity	Zigsaw technique, presentation	Essay competition
	Respect to cadavers and organ donation	Role play	360 degree assessment
	Autonomy and responsibility	Flip class	Portfolio
Module-II 2 nd MBBS	Importance of informed consent	Skit	Simulation
	Principle of beneficence and malficence	Role play	Case scenario
	Confidentiality and privacy	Buzz-group discussion	Case scenario
	Doctor-Patient relationship	Field visit to PHC	OSCE and Reflection
Module-III 3 rd (Part-I) MBBS	Code of conduct	Panel discussion	Reflection
	Human dignity and human rights	Role play	Behavioural anchored scale
	Right to health	Role play	OSCE
	Research ethics-I	Role play, Video clippings, PPT presentation	Portfolio
Module-IV 3 rd (Part-II) MBBS	Research ethics-II		
	Genetics and ethics	Workshop	Reflection on a given topic
	Breaking bad news	Role Play	OSCE

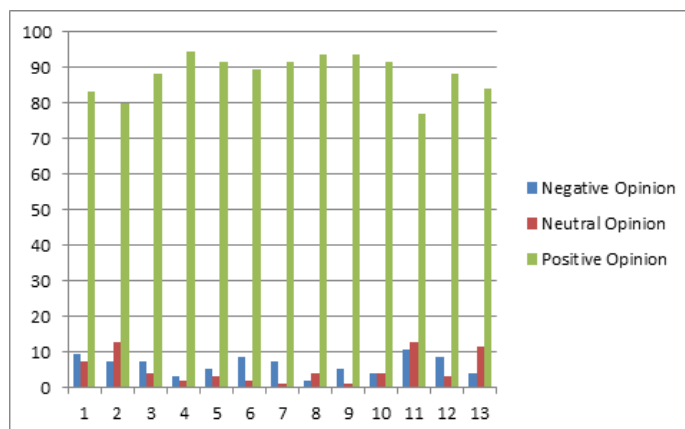


Fig. 1: Graphical representation of the students opinion

Problem identification and general needs assessment:

The MCI Vision 2015 document proposes reforms in the undergraduate and postgraduate curriculum was released by the Medical council of India on March 29, 2011. Among the many changes recommended to restructure the existing curriculum are plans to “integrate ethics, attitudes and professionalism into all phases of learning” to “enable the Indian Medical Graduate to function professionally and ethically”.

Needs Assessment of the targeted Learners: Target need assessment was done by circulating questionnaire among the students.

Goals and Objectives already set

To design instructional methodology: Choosing educational methods which are matching with our objectives is perhaps the key to teaching contents of ethics curriculum effectively, mechanics approach shall be applied for finalizing teaching methodology.¹⁵ Medical ethics, communication skills, attitude, and e-modules cannot be taught and learnt in traditional teaching set-up. *Kolb's experiential learning cycle* depicts of four stages of learning: immediate or concrete experiences, which provide a basis for observations and reflections.⁽¹⁶⁾ These observations and reflections are assimilated by the learner and distilled into abstract concepts as narrated in *cognitive learning theory*. These concepts which can be actively experimented to create new experiences is the key to reflective (*constructivism*) learning.⁽¹⁷⁾ Using this cycle, we need to first provide our students with experiences, either using cases or real situations, to acquaint them with complex issues of ethics, upon which they can reflect. As the *behavioural theory* emphasises the environmental effect on learning, we need to maintain ethical practices in institute. According to *human brain dominance index* (HBDI) every learner is different, we shall adopt, blended learning approach with mixture of methods is advocated.⁽¹¹⁻¹⁷⁾

Contents

Content in course has to be relevant with the objectives, if the content fulfils following four categories then only included in curriculum.

- ✓ Directly contributes to the course objectives.
- ✓ Helps to build concepts for future understanding
- ✓ It allows development of critical thinking and problem solving approach.
- ✓ It shall help to understand overall concept of medical education for the noble cause.

Organising Contents: As the preceding activity helps to understand succeeding activity; there has to be logical sequence in content of curriculum. It helps in building concepts which helps in building and retrieval of knowledge as depicted *cognitive learning theory*.

Selecting model for curriculum design: There are mainly three models of curriculum development i.e. SPICES, PRISM and Spiral. The SPICES model is student-centered, problem-based, Integrated, Community oriented, Electives, Systematic.⁽¹⁸⁾ As this model is more of problem based doesn't suits for ethics curriculum which demands more of environmental exposure. PRISM model is also Product focused, Relevant to students and communities needs, Inter-professional, Shorter courses with smaller unit, Multisite locations: shift to primary care and smaller units and Symbiotic. For designing ethics curriculum *Spiral curriculum* shall be the preferable model which allows interaction all the departments equally throughout all phases of a curriculum, with common themes.⁽¹⁹⁾ The benefits of this model are reported to be enhanced reinforcement of topics through a natural progression from simple to complex using a curriculum that breaks down the barriers and boundaries that have grown up between courses and departments. Implementing ethics curriculum throughout all years connecting the modules with spiral integration shall bring desired change in the students.

While finalizing educational strategy especially for ethics curriculum where ethics and

communication skills are core contents, should ponder on “hidden curriculum”. What students learn is not from formal content in the lectures, but between the blackboard and the bedside, in the “evil corridors”.^(20,21) Students learn from what teachers do, rather than what they are told. And when the gap between what is preached and what is practised is huge, the message that goes out to the students is diluted or distorted. *Each teacher is a role model* for students, and teachers must be conscious of the profound impact they make on their students with their everyday behaviour.⁽²²⁾ *Hence teacher’s ethical conduct, ability to use e-teaching modules innovatively and communication skills shall have larger impact on students than contents of ethics curriculum.* According to *behavioural learning theory*, surrounding environment has larger impact on learners.⁽²³⁾ For that reason institutional atmosphere also plays vital role when it comes to ethics and doctor-patient relationship. The renovation of curricula and programmes is not a short-term effort but a long process, lasting for years.

Implementation

Designing a curriculum is comfortable but implementation has always been a challenging job. A closer look at the contents, objectives and educational strategies will reveal that the key to implementation lies in strong administrative and leadership skills. Bland has identified six key factors i.e. leadership, cooperative climate, participation by organization members, Politics, human resource development, and evaluation for successful implementation of curriculum these are mentioned below:

Conclusion

Inclusion of ethics curriculum in medical education is need of the hour. As ethics cannot be taught in a traditional way, we shall choose innovative methods for teaching as well as evaluation of the students. For it’s effective implementation a dynamic leadership is needed. There should not be any gap between what we teach and preach, as students learn/follow from what we practice and not from what we teach.

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