

Morally Incorrect Incidents in the Teacher-Student Relationship in Medical Education

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SUMMARY

Background

The relationship teacher-student might determine the link between the student and the patient. Currently, this relationship has been spoiled by causes typical of the institution and of the education in general, but also by the lack of honesty among students and by teachers' abuse. The students may consider abuse as a morally incorrect incident, but they may take into account other actions.

Objective

To analyze which incidents are considered morally incorrect by final year medical students.

Material and Methods

A semi-structured survey was conducted on students of the final year of the School of Medicine, with closed items (variables: student's gender and age; aspects: teacher's position and gender, level and process) and an opened item: reporting the incident. Categories were constructed for the latter item. The significance of the relation between variables and aspects was analyzed using the chi square test ($p \leq 0.05$).

Results

The survey was responded by 80 students; 6 did not report any incident. Average age was 26.83 years (MSE 0.47); 59.4% were women. The greatest number of incidents occurred during the clinical cycle, in oral examinations and with male professors. We found a significant relation between student's age and teacher gender on the one hand, and level (preclerkship and clinical clerkship) and process (teaching-learning and evaluation) on the other. Abuse and unfair evaluation criteria were the categories most frequently mentioned.

Conclusions

Unlike the studies analyzing abuse, this study asked the students about a general concept; however, abuse was the morally incorrect incident most reported, together with unfair evaluation criteria. These aspects show the lack of moral commitments among teachers: respect and justice.

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Key words > Relationship Teacher-Student - Medical Education - Ethics - Moral

BACKGROUND

The physician-patient relationship has been analyzed from different points of view. However, the teacher-student relationship in medical education has not been thoroughly studied considering the moral commitments. This link is one of the most important variables which might determine the way the student and future professional will interact with the patient.

A teacher-student relationship based on respect and confidence ensures adequate learning. (1) Currently, this relationship is complex and has been

spoiled (3) by causes typical of the institutions and of the education in general, but also by the lack of honesty among students (3-8) and by teachers' abuse. (2, 9-34) In this sense, the different schools of medicine around the world, and particularly in the USA, have analyzed the different types of medical student abuse (verbal abuse, physical abuse, academic abuse and sexual harassment), the severity, causes, and consequences of this misconduct, and abusers. Forty to 90% of students reported they had experienced abuse. (2, 9-35) In these studies the terms abuse and mistreatment are

used synonymously. (17) Some investigations define these terms or give examples of them in the students' surveys (10, 11, 21, 27, 25, 36) while others let them make their own interpretation. (12-14, 19, 20, 22, 29, 30) In addition, other studies analyze students' perceptions of unethical behaviors (36, 37) or adverse experiences in medical education. (30)

Abuse was also analyzed in studies from different Latin American universities. (24, 25, 32, 35, 38) The students may consider abuse as a specific morally incorrect incident, but they may think that another actions of their teachers are morally incorrect. However, there are no published studies evaluating teachers' morally incorrect incidents considered as such by the students. Therefore, the goal of this study was to analyze the presence of morally incorrect incidents among the final year medical students from a public university, and to determine the relation between the variables (students' age and gender) with the aspects of the incident (teacher's position and gender, preclerkship or clinical clerkship level and training-learning or evaluation process).

MATERIAL AND METHODS

During 2008, a voluntary and anonymous survey was designed to be administered to two groups of final year medical students attending the Pediatrics Course at the School of Medicine of a public university. The survey has an introduction, objectives and instructions, and is semi-structured, with closed items (student's gender and age; level of the career, teacher's position and gender, and process: training-learning or evaluation processes) and an opened item: the narration the morally incorrect incident. This general and nonspecific terminology referred to any determined morally incorrect behavior (such as abuse) was used to allow students to identify nonmoral actions in medical education: an action that does not follow the own rules of the group. (39) There were no definitions or descriptions; thus, the student was free to mention any kind of action, without referring specifically to abuse. This investigation and survey was approved by the Committee on Ethics of the Hospital Ramón Posadas, an institution associated with the School of Medicine of the University of Buenos Aires.

The variables considered were students' age and gender, and the following aspects were evaluated:

- Level: preclerkship or clinical clerkship.
- Teacher's position: professor or assistant.
- Process: teaching-learning or evaluation.
- Teacher's gender.

Two of the authors of the present study (A.M.R and M.D.) Analyzed the open item and looked for similar actions, which were classified into categories. A discrepancy in the order of 5% was firstly obtained, but after a second analysis complete agreement was reached. The significance of the relation between variables and aspects was analyzed using the chi square test for non parametric distributions ($p \leq 0.05$).

RESULTS

The survey was completed by 80 students (23% of the course). Six students (7.5%) did not report any incident; these surveys were not included in the analysis. The average age of the 74 students was 26.83

years (MSE 0.47); 44 were women (59.4%).

Fifty three students (71.6%) reported that the incident occurred during the clinical clerkship level, 19 (25.6%) during the preclerkship level and 2 students (2.7%) did not indicate in which level of the career the incident took place.

Sixty five students (87.8%) had incidents with professors and 9 (12.1%) with assistants. The incident took place during the evaluation process in 47 (63.5%) students: 43 of them (91.2%) occurred during oral examinations. The teacher's gender was obtained from the analysis of the students' narrations. However, as this deduction depended on how the incident was narrated, this item could not be determined in all the cases (9-12.2%). Forty six teachers were men (62.1) and 19 (25.7%) were women.

When we analyzed the relationship between student-related variables (gender and age) and the different aspects (level of the career, teacher's position and gender and process), we found a significant relation between students' age and teachers' gender. Older students had incidents with male teachers (Table 1).

Considering the relationships between the different aspects of the incident, we observed a significant relation between the level of the career and the process. There were more conflicts during the evaluation process in the preclerkship level and the number of incidents was greater during the teaching-learning process in the clinical clerkship level (Table 2).

In conclusion the greatest number of incidents occurred during the clinical clerkship level, in oral examinations and with male professors. The incidents reported were classified into the categories indicated in Figure 1.

Specifically, the students reported abuse when teachers humiliated them, made fun of them, shouted at them or insulted them. One student said:

"While we were performing patient's medical history, the professor, a bad-mannered, arrogant and aggressive woman, denigrated the students by saying they were 'extremely ignorant' and 'that they could not continue studying and, by no means, become physicians'".

The evaluation criteria were considered unfair when questions were vague, confused, related to other subjects or emphasizing details. One female student reported that:

"During the final examination the teacher did not make adequate questions. She emphasized small details that only she knew as a teacher and did not evaluate my knowledge as a student. I had studied hard for the exam and knew the subject well. In addition, she humiliated me and only tried to make me nervous. After an hour of humiliation, I did not pass the exam".

Discrimination due to social status, female gender, disability or manner of dress was another important

Table 1. Relation between student's age and teacher's gender.

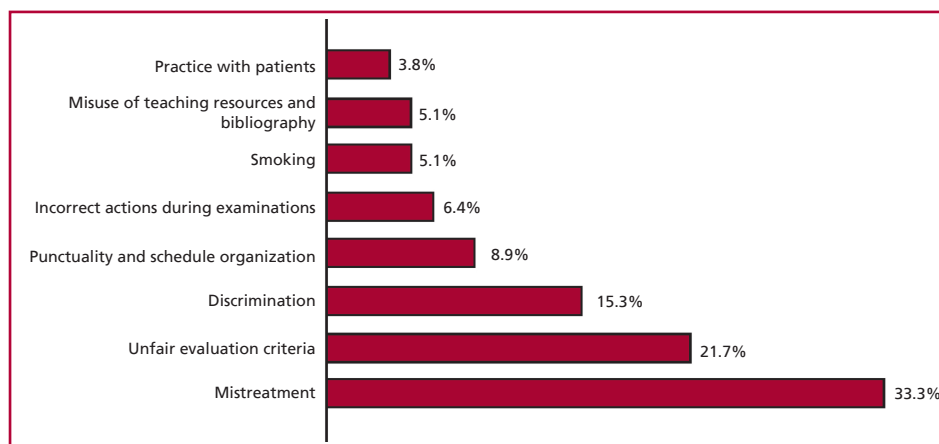
| Students' age | Teacher's gender | | | Total n (%) |
|---------------|------------------|------------|-----------------------|----------------|
| | M n (%) | F n (%) | Undetermined n (%) | |
| < 25 and 25 | 18 (24.6) | 14 (19.2) | 6 (8.2) | 38 (52.0) |
| 26 and > 26 | 28 (38.4) | 5 (6.8) | 2 (2.7) | 35 (47.9) |
| Total | 46 (63.0) | 19 (26.0) | 8 (10.9) | 73* (100) |

* One student did not write his/her age
Chi-square = 8.328 (p = 0.016).

Table 2. Relation between process and level of the career when the incident occurred.

| Process | Teaching-learning n (%) | Evaluation n (%) | Total n (%) |
|--------------------------|----------------------------|---------------------|----------------|
| Clinical clerkship level | 23 (31.9) | 30 (41.6) | 53 (73.6) |
| Preclerkship level | 2 (2.7) | 17 (23.6) | 19 (26.4) |
| Total | 25 (34.7) | 47 (65.2) | 72* (100) |

*Two students did not report the level.
Chi-square = 5.296 (p = 0.021).

Fig. 1. Percentage distribution of the incidents narrated by students. *Incorrect actions during examinations refer to talking with others or by phone, preparing tea.

aspect. One female student pointed out that:

"During the final examination, the professor discriminated me for being a woman. He said that 'a woman should stay at home, get married and be maintained by her husband'. This comment affected me mentally and morally. He did not grade me by my knowledge but by his 'male chauvinist criterion'".

A student made the following comment about incorrect actions during evaluation:

"The evaluators were smoking during my examination and they let me speak without listening to what I was saying; nobody evaluated if I was right or wrong. In addition, one of them answered the mobile phone and talked with other colleagues. I thought it was a lack of respect".

Some students were afraid of reprisals. One student narrated:

"When a teacher showed lack of respect towards a student or patients, we could not tell him/her anything as we were afraid of reprisals".

When the treatment with the patient was analyzed, we found that the principle of non-maleficence was not

respected (the physical examination was performed despite the patient complaint of pain) and patients were not asked to give consent to be examined by the students.

DISCUSSION

The moral commitments of the relationship teacher-student in medical education are essential to establish the link between the student and the professional with the patient. The teacher's behavior will serve as a model for the student. (1)

In our study, a high percentage of incidents occurred among high-ranking teachers. However, it is difficult to compare our results with those of other studies, as the hierarchical ranking structure differs from other universities across the world. The greatest number of conflicts took place in hospital activities during the clinical clerkship level. The name of the teacher involved in the incidents was not narrated; therefore, they could be attributed to the same teacher. Some studies evaluating the presence of abuse reported similar percentages involving

residents, interns and assistants as perpetrators. (10-13, 17-20, 22, 24, 25, 29, 32, 33, 38) Yet, not all the studies analyzed abuse according to the level of the career. Our results are consistent with those reported by Wilkinson et al. (30) and Al-Hussain et al., (33) who demonstrated that abuse increases in relation to years of study and during the clinical clerkship level. By contrast, Baldwin, Daugherty and Eckenfelds (12) and Iglesias Benavides et al. (25) showed that abuse was more common during the first years of the career.

A few students reported incidents between the teacher and the patient; yet, these incidents are important as students learn how to interact with the patient through this model. These incidents did not accomplish the principles of autonomy, non-maleficence and privacy. (40)

The greatest number of incidents occurred during the evaluation process, in oral examinations and with high-ranking teachers. This might be due to the fact that these teachers are examiners who do not have an active participation in the teaching-learning process. In addition, any evaluation should be considered troublesome. The teacher should determine the most unbiased and fair evaluation criteria according to the objectives and contents of the subject. Stress and anxiety are unavoidable during examinations as students take the risk of failing the whole course or losing one year of the career. (18, 20) However, these studies do not mention the presence of abuse during the evaluation process. The students reported that teachers lacked unbiased evaluation criteria and performed immoral acts during the oral examinations, considering these attitudes morally incorrect.

In our study there were no differences between both genders, yet a few women reported gender discrimination. We are not aware of other publications analyzing the teacher's gender, except for one study about abuse (33). Yet, most studies agree that women are more commonly victims of mistreatment. (2, 10, 14, 16, 17, 19, 23, 25, 28)

As we have mentioned, the questionnaire asked the students about a general, non-specific concept (morally incorrect incident), without providing any type of definition. Mistreatment was reported by most students although the percentage was lower compared to that reported in specific studies as the students narrated other incidents. (2, 10-22, 24, 25, 28-30, 32-34,38) Verbal abuse was the most common type of mistreatment and may be considered as a negative influence from a pedagogical point of view (15, 20, 23, 26, 27) as a female student reported:

"The teacher asked us: 'aren't you ashamed of your academic level?' And the psychological pressure was such that she succeeded in her goal: we studied harder, but each class was a stressing and unpleasant experience. From my point of view, she could have encouraged us to study harder using a 'more civilized' approach".

No cases of sexual harassment or physical abuse

were narrated. Yet, these types of abuse are private matters which the students may be ashamed of reporting or afraid of reprisals, or they may feel humiliated.

In conclusion, about 90% of final year medical students reported morally incorrect incidents, specially with high-ranking teachers and during the evaluations. Undoubtedly, these conflicts may have produced consequences in the students (stress, distress, depression, vocational doubts, among others) depending on the severity and on the characteristics of the subject: personality, values, beliefs and attitudes. These aspects, which were considered in other investigations, were not interrogated and are one of the limitations of the study. (9, 10, 14, 17, 19, 23, 29)

Although these results suggest some interesting findings, we should be cautious as they reflect the reality of final year medical students from a single School of Medicine. We have only confirmed the relationship between a few variables and aspects. This might probably be due to different causes, such as the lack of definition of morally incorrect incidents: students narrated a general incident that occurred in the past. Indeed, students might have underestimated or overestimated the fact, reflecting different attitudes, values and hierarchization criteria and thus losing objectivity. This has been reported by other studies which analyzed perceptions but not facts. (11, 12, 17, 22, 24, 38)

These limitations make it necessary to conduct further studies comparing the answers of medical students from different years of the career and from other universities, as each school of medicine has its own moral. Teachers should also report morally incorrect incidents among students. These results might contribute to create a positive atmosphere between teachers and students in medical education.

CONCLUSIONS

These aspects pointed out by final year medical students demonstrate the lack of moral commitment among teachers. As this relationship is crucial for the development of the profession, it should be based on respect, justice and responsibility from teachers towards students, which are also essential commitments with the patient.

RESUMEN

Incidentes moralmente incorrectos en la relación docente-alumno en educación médica

Introducción

La relación docente-alumno en medicina podría determinar el vínculo que entable el estudiante con el paciente. En la actualidad se encuentra deteriorada por causas propias de la institución y de la educación en general, pero también por la falta de honestidad de alumnos y maltrato de docentes. Los estudiantes pueden considerar el maltrato como un incidente moralmente incorrecto, pero pueden tener en cuenta otras acciones.

Objetivo

Analizar qué consideraban los alumnos del último año de medicina como incidentes moralmente incorrectos.

Material y métodos

Se efectuó una encuesta semiestructurada a alumnos del último año de medicina, con ítems cerrados (variables: sexo y edad del alumno; aspectos: cargo y sexo del docente, ciclo e instancia) y abierto: narrar el incidente. Se construyeron categorías para este último. Se comprobó si existía una relación significativa entre variables y aspectos con la prueba de chi cuadrado ($p \leq 0,05$).

Resultados

Completaron la encuesta 80 alumnos; 6 no manifestaron incidentes. El promedio de edad fue de 26,83 años (EEM 0,47). El 59,4% eran mujeres. El mayor número de incidentes se produjo en el ciclo clínico, en evaluaciones orales y con profesores hombres. Se encontró una relación significativa entre edad de alumno y sexo del docente, por un lado, y ciclo (básico y clínico) e instancia (enseñanza-aprendizaje y evaluación), por otro. Las categorías más mencionadas fueron maltrato y criterios de evaluación injustos.

Conclusión

A diferencia de los estudios que analizan el maltrato, se interrogó a los estudiantes sobre un concepto general, pero a pesar de ello el incidente moralmente incorrecto más indicado fue el maltrato. A diferencia también, señalaron la evaluación como conflictiva. Estos aspectos indican la falta de compromisos morales por parte de los docentes: respeto y justicia.

Palabras clave > Relación docente-alumno - Educación médica - Ética - Moral

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Competing interests

None declared.

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