

Medical Students' Attitudes Towards Ethical Issues Encountered in Clerkship Rotation

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ABSTRACT

Clerkship rotation is one of the most important phases in medical education. In this phase, medical students learn authentically under a health practitioner how to treat patients in a full context, and in the process, they will encounter various ethical or professional problems that arise during the learning. This study was conducted to examine the attitudes of medical students relating to ethical issues while participating in the clerkship rotation. In addition, a phenomenology methods with in-depth interviews was used to find out students' feelings, judgments and wishes toward ethical issues encountered in clerkship rotation and how they deal with the situation. The subjects were 10 medical students that at least had attended 4 departments in clerkship rotation. The result showed that students have decided to remain silent on ethical issues. Instead of criticizing, they prefer to question the situation with the doctors or discuss it with other students. Aside being felt as vulnerable groups because their future (graduation) were determined by the doctors, they chose to remain silent for some reasons. Hierarchy was the major problem to communicate the feeling of inconvenience in dealing with ethical issues. The second reason was group conformity, student can reduce the discomfort feelings when everyone else seemed not to care. They also noted that they became indifferent as to the effect of burnout on thinking about the same situation all the times. The courage to discuss the situation commonly depends on the characteristics of the doctors. Although students chose to remain silent in facing ethical issues in clerkship rotation, it was evident that they were learning, absorbing and more aware of what they were observing.

Keywords: *students' attitude, ethical issues, clinical rotation.*

1. INTRODUCTION

Clerkship encompasses a period in which medical students practice medicine under the supervision of a health practitioner. Furthermore, its rotation is one of the most important phases in medical education. In this phase, medical students learn authentically under the supervision of a health practitioner how to treat patients in a full context. They do not only learn medicine and clinical skills but also ethics and professionalism related to healthcare. The students' experiences in clerkship rotation may become a strong determinants of students' attitudes and behaviours in medical practice than classroom teaching [1-4].

Their attitudes in dealing with ethical issues are predominantly influenced by role models during their learning process. Unfortunately, clinical teachers may have different views and values in dealing with ethical issues. Double standards and mixed messages from

clinical teachers causes challenges and difficulties to gain understanding in ethics[1,4]. This situation also can cause "ethical erosion" for medical students[5]. They feel desperate when judging themselves at the lowest level of the hierarchy. They also fear having conflict with others or receiving bad reviews from clinical teachers. Therefore, students try to suppress their emotion that might lead to apathy[6,7].

Questions on "ethical erosion" are raised by medical educators in Indonesia, as ethics becomes part of the competence of SKDI (Standards of Competencies for Indonesian Doctors). Faculty of Medicine Universitas Jenderal Soedirman developed a medical ethics curriculum to strengthening students' understanding and skills in ethics. However, a structured and systematic medical ethics curriculum is established only for undergraduate program. Furthermore, medical ethics in clerkship rotation is inserted in the rotation of Forensics. The students were assigned to write their experiences in

dealing with ethical issues during their learning process in clerkship rotation. Some interesting cases were selected for discussion. However, students can be dishonest because they are afraid to talk about situations and their feelings.

The characteristics of healthcare facilities with particular cultural contexts may influence the nature of ethical issues and how students deal with the issues^[7]. There are limited amount of research that focus on students' attitude in dealing with ethical issues especially in Indonesia. Therefore, this research was conducted to explore medical students' attitude toward ethical issues encountered in clerkship rotation.

2. METHODS

2.1 Study Design and Participants

A qualitative design with a phenomenology approach was used to explore students' experiences in dealing with ethical issues encountered during clerkship rotation. The study focused on students' attitudes towards the most important and influential ethical issues.

This research used purposive sampling methods, and the participants were medical students that had attended clerkship rotation of Forensics from January to August 2019. The participants must have experiences at least 6 months or 4 departments of clerkship rotation. The participants were selected based on various gender, ethnic and the length of clerkship rotation to enrich the data.

2.2 Data Collection

Data was collected from September to October 2019 with in-depth interviews. The interviews were conducted with semi-structured guiding questions. The questions were developed to explore students' experiences in dealing with ethical issues encountered during clerkship rotation due to the reflection cycle including the description of the issues, their feelings and the actions to deal with the feelings.

Interview with all participants were conducted by phone call or short message service. They received clear and complete explanations about the research and gave their consent to participate. The interviews were carried out at the times and places selected by the participants. We chose a quiet and comfortable place such as a workspace or private room cafe, therefore all participants could talk about their experiences and express their feelings freely. All the interviews were audio-recorded

using a digital recorder under the participants' permission.

The duration of interviews lasted from 32 to 76 minutes with average of 45 minutes. The recordings were transcribed verbatim by independent transcriber. We checked the similarity of the transcripts and the recordings. We also checked the congruence between the transcript and participants' intents with member checking methods. The participants added until there was no new information from the interview. Data saturation were reached after the eight participants. Two participants were added to ensure there were no more information that could enrich the data.

2.3 Data Analysis

The transcripts were read and open coded by two coders independently. Furthermore, a discussion was carried out to ensure the two coders had the same codes. The difference codes were discussed to achieve agreement between two coders. All authors tried to identify subcategories, categories and their associations then clustered them into themes. The quotations, which can enrich the discussions of this research was also selected.

The credibility of this study was ensured through several methods such as member checking, inter-coder agreement, investigator triangulation and rigorous data collection and analysis.

3. RESULTS AND DISCUSSIONS

The investigation reported two themes of students' attitude in dealing with ethical issues in clerkship rotation; silence and outspoken attitude. Furthermore, intrinsic and extrinsic proponents and barriers were identified as framers of attitudes. Table 1. shows the result of the data analysis.

Table 1. Classification of themes, categories and subcategories

Subcategories	Categories	Themes
Fear of bad evaluation	Intrinsic barrier	Silence attitude
Fear of having conflicts with others		
Feeling of powerless		
Burnout of dealing with the same situation for a long time		
Misunderstanding in dealing with imperfect healthcare systems		
The comfort of group conformity		
Hierarchical culture		

Peer judgement about loyalty	Extrinsic barrier	
Absence of reporting mechanism		
Unclear students' position in hospital		
Being disturbed	Intrinsic	Out-spoken attitude
Experiences with family	proponent	
Unacceptable behaviour	Extrinsic	
Familiar clinical teachers	proponent	

3.1 Silence attitude

Almost all of the participants chose to remain silent or did not question the ethical issues they encountered in clerkship rotation. There were intrinsic and extrinsic barriers that shaped this attitude. Furthermore, it was reported that some intrinsic barriers including the fear of bad evaluation, fear of having conflicts with others, the comfort of group conformity, feeling of powerless, burnout of dealing with the same situation for a long time and understanding in dealing with imperfect healthcare systems. Some extrinsic barriers were also reported such as peer judgement about loyalty, hierarchical communication, absence of reporting mechanism and unclear students' position in the hospital.

The main reason why participants remain silent is fear of their educational future. They were afraid of receiving bad review from their clinical teachers. They felt they had become a vulnerable group as their graduation ceremony depended on their clinical professors. They also feared conflicts with other people that could cause uncomfortable situations or affect their learning performance even more.

“Actually, I was really angry...but I didn't dare say anything. My fear was...that it would affect my grades or my graduation. Anyway, as long as you have not graduated, don't you dare make a fuss about this.”(female, final year student)

“The nurse often plays tricks on us, but...never mind. If I report her, the doctor might not believe me. What happen next will be.... She doesn't like me then I will have a lot troubles in the department.”(male, first year student)

Medical students' fear of receiving bad reviews from doctors was reported in previous studies. Students expressed fear that grades and reviews would be at risk if they discussed the actions or attitudes of a senior. This fear kept them from speaking to avoid being viewed as a disloyal student to the superior[4,8].

Medical students tried to familiarize themselves with ethical issues encountered in the clerkship rotation. They avoided conflict with others in order to be accepted and

safe. Conflicts would make them feel uncomfortable and can distract them in learning medicine[8,9].

The other reason was that they did not have the courage to express their feelings and opinions because no one has done that before. They felt uncomfortable when they differ from the others although the situation actually bothered them. They chose to wait until someone dared to speak out or finally forgot about it.

“I'm trying to get used to it because I can't do anything. The problem is...no body dares to do something. I never have intention to speak out. Even though I actually want someone do something, it should not be me.”(female, first year student)

There were positive and negative effects of conformity in medical education, which was one of the important things in teamwork. However, the ability to communicate was needed to balance the need for individual expression and group cohesion whereby people usually prefer to avoid conflict and concede to group consensus[9]. This became a problem when the consensus was not a wise choice.

Some participants also felt that they did not have power or authority because they were just students. The feelings developed by hierarchical culture existed in medical education.

“Although I could see the patient was in unbearable pain. I didn't dare to do anything... not even to calm the patient because the doctor was sitting next to me. We have to realize who we are...just a grain of dust....”(female, final year student)

Some participants said that they were too tired and hopeless to solve the ethical issues that emerge in their learning environment. They felt like there was nothing they could do because the problems were classic and recurring.. They should rethink to make some differences if it would be vain in the end. Thinking about this might cause emotional exhaustion and symptoms of depression. Burnout can aggravate the situations because it might affect medical students personally such as decreased empathy and increased dishonesty[10,11].

“It has become a public secret. But in fact it continues to happen. No one seems to remind himself.... Or maybe someone did but it didn't work. So I think it's useless... I don't know...it's confusing....tiring...” (female, final year student)

The last intrinsic barrier was students' understanding about the imperfect situation of healthcare. They realized that lack of resources and regulation limitations have become a huge barrier to act ethically in clinical practice.

Therefore, ethical issues raised from this situation have become normal and acceptable.

"I think the neglected patients were not her fault. In fact we don't have enough resources. Many patients with limited doctors. She also needed to have some rest. If I were in her position, I would do the same thing. That's all I can do" (female, first year student)

Substandard care due to lack of resources were also reported in previous study in Indonesia[12-14]. This substandard care was observed by medical students for a long time in such a way that they became blunt and less aware of the issues.

Almost all participants had problems with hierarchical culture in medical education and clinical practice. They said they can not speak freely to the clinical teachers (seniors). They behave politely and follow all orders even if they did not understand the meaning of the commandments. Hierarchical culture in medical education occurred in many countries. Crowe *et al.* reported specialist trainee should talk about the importance of hierarchy, and should be obedient to the consultants, thereby covering their frustration toward the seniors[15].

"Let me say.... We are still young, medical students. He is a specialist... Our gap is huge. How can we dare to 'touch' him?" (female, final year student)

The peer judgement also influenced participants in choosing to remain silent in dealing with ethical issues. The courage to express feelings and opinions was considered to be jeopardizing the groups in clerkship rotation[4,8].

"Our friends always remind us not to do something out of order even if it is good. If we do something and the doctors dislike it....it will endanger all of the group" (male, first year student)

The unclear students' position in hospitals encourage students to keep silent, and they felt confused about their rights and obligations. Although they received the information, sometimes they thought it was different from their experiences. They lacked a sense of belonging and positioned themselves as part of the hospital because they were just passing through to study. They were worried that if they questioned the ethical issues they faced in the hospital, they would make things worse.

"I don't think I have the right to ask about the problem. What matters is...we are only guests here, just take a few moment to learn. We should be careful. We are afraid that what we do will worsen the situation" (male, final year student)

Medical students spend more time with patients than doctors. Although they don't have full responsibilities because they are students, and also members of the healthcare team[16]. The clinical teachers highlight this role to the medical students.

Participants also did not have enough information about the mechanism to report the ethical issues encountered in clerkship rotation. They had no idea who is on their side.

"Because I'm so confused about whom... or where to report the case. If I send the complaint letter to the suggestion box... is it useful? Would it be delivered to the doctor? We have never complained about it." (male, final year student)

Reporting systems to address ethical issues become challenges in medical education. Previous study on bullying and harassment in medical practice suggested a framework to encourage reporting systems, which can guarantee confidentiality[17]. The systems may help medical students to decrease their burden in dealing with ethical issue.

3.2 Outspoken attitude

Some of participants chose to speak-out about the ethical issues they encountered in clerkship rotation. However, they did not do that directly to the parties involved in the issues. They chose to discuss the issues with other clinical teachers or peers. There were intrinsic and extrinsic proponents, which form this attitude. The intrinsic proponents reported were the feeling of disturbed and the same previous experiences with the family or colleagues. This research also reported extrinsic proponents such as unacceptable behaviour and familiar clinical teachers.

The main reason participants express their opinions was because they felt uncomfortable. Sometimes they could not sleep because they felt terrible. Therefore, they tried to relieve the tension with ventilation. Participants became sensitive when the issues happened to their colleagues or relatives.

"In the beginning, I didn't tell anybody what I observed. But then it became disturbing. Therefore, I tried to find someone to have some discussion." (female, final year student)

"I saw my friend being sexual harass. Then I thought about my sister. What if she got the same treatment? I will not accept it. That's why I reported him to the doctor." (male, final year student)

Extrinsic proponents were unacceptable issues and favourable people. Participants became emotional when the issue was not unacceptable, such as harmful behaviour. In this case they tried to show their empathy to the victims, and they chose to talk about the issues with favourable people.

"I dare to report it... because it was too much. Sexual harassment can't be tolerated. I tried to warn all of my friends to be careful." (male, final year student)

"I usually try to discuss all of the uncomfortable situations I face in the rotation. But I choose only the familiar and open minded doctors. Although not all doctors...." (female, final year student)

Dealing with ethical and professional issues during clerkship rotation is inevitable for medical students. Some previous studies showed that medical students experience a wide range of ethical and professional issues with various responses, and the experiences seemed to influence their learning. Many students reported being annoyed or finding it difficult to concentrate. Some tried to leave and forget the issues but some tried to confront the parties involved in the issues directly or indirectly. However, they expected that the established reporting systems would solve the issues[17-19].

4. CONCLUSION

Almost all participants remained silent in facing ethical issues in clerkship rotation. Instead of criticizing, they prefer to question the situation with the doctors or discuss it with other students. Aside being viewed as a vulnerable groups, their future (graduation) will be determined by the clinical teachers, but they chose to remain silent for some reasons. The fear of conflicts with others, the comfort of group conformity, the feeling of powerlessness, burnout of dealing with the same situation for a long time and understanding in dealing with imperfect healthcare systems prevented participants from expressing their feelings and opinions. The hierarchy was the major extrinsic barrier to communicate the feelings of inconvenience in dealing with ethical issues. The other reasons were peer judgement on loyalty, the absence of a reporting mechanism and unclear students' position in the hospitals. In rare cases, participants tried to express their feelings and opinions with favourable clinical teachers or peers. They had courage when they felt emotional due to the unacceptable or harmful behaviour observed.

Although students choose to remain silent when faced with ethical issues in the clerkship rotation, it was evident that they were learning, absorbing and more aware of what they were observing. The open and supportive

learning environment has become the most important thing to reduce their feelings of inferiority. Support and a clear mechanism to express students feelings and opinions in dealing with ethical issues were needed to make changes.

AUTHORS' CONTRIBUTIONS

MF developed the design of study, carried out the interview and drafted the manuscript. RBW carried out the interview and participated in the data analysis as an encoder. DWDL carried out the interview and participated in the data analysis as an encoder. All the authors were involved in the data analysis (identify subcategories, categories and themes) and also read to approve the final manuscript.

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