

MEDICAL PROFESSIONALISM PERCEPTION OF MEDICAL STUDENTS IN SPAIN

Blas Serrano-Costa¹, Diego Flores-Funes², Carmen Botella-Martínez³, Noemí M. Atucha⁴, Joaquín García-Estañ^{4*}

¹Center of Studies On Medical Education, Universidad de Murcia, Murcia, Spain

²Center of Studies On Medical Education & Hospital Universitario Morales Meseguer, Murcia, Spain;

³Center of Studies On Medical Education & Hospital Clínico Universitario Virgen de la Arrixaca, Murcia, Spain

⁴Center of Studies On Medical Education, Universidad de Murcia, Murcia, Spain

Abstract

Introduction: Currently, the Doctor-Patient relationship of all cultures and societies is in crisis due to the distrust that has arisen in this social contract. This distrust originates from various changes that have occurred worldwide. We, as doctors, can contribute to solving this crisis, reaffirming the values that integrate medical professionalism. In the absence of specific studies and programmes on medical professionalism in Spanish universities, we consider knowing the perception of medical professionalism by medical students at the University of Murcia essential to see if there is a need to introduce educational improvements in our faculty.

Methods: A professionalism questionnaire from the Penn State University School of Medicine (PSCOM) was provided online, voluntarily and anonymously to all students of the Medicine degree of the University of Murcia.

Results: The perception of professionalism in students was high, since all categories have more than 75% positive responses on average. The categories of Respect and Altruism were the best rated. On the other hand, there is a slight increase in negative responses as students progress through the degree. Between sexes, however, there were no differences in the criteria.

Conclusions: Although the perception of professionalism is good, it is still a perception, so it should reach values closer to 100%. Therefore, the faculty is encouraged to carry out specific programmes to promote medical professionalism in the degree courses.

Keywords

Medical education • Medical ethics • Medical professionalism • Medicine students • Education in professionalism

Introduction

The practice of Medicine is currently facing a crisis, in all cultures and societies, that threatens its principles and deteriorates the doctor-patient and medicine-society relationships. An increased demand for services, fewer physicians providing comprehensive coordinated services, an aging population with more chronic disease and the privatization of medical services, among others, threaten the provision of altruistic care. As a consequence of this crisis, the social contract that Medicine has with the society is at risk [1]. For many, the only solution is in medical professionalism, in which doctors reaffirm their active vocation for the principles of professionalism [2]. Professionalism is essential in medical practice. It is the basis on which the relationship with both the patient and the society is built. As many studies have shown [3], its proper application has led to improvements in doctor-patient and doctor-society relationships, patient satisfaction has increased, professional satisfaction in

healthcare professionals has increased, and healthcare has become more effective and efficient.

Since professionalism is a complex and multidimensional social construction, there is no universally accepted definition. There are authors who affirm that the beauty of professionalism lies precisely in its lack of definition, because it makes it a flexible concept that can be applied to a wide variety of situations. However, it seems that instead of being used flexibly and applied to solve the crisis of the social contract, the lack of definition of professionalism contributes to the permanence of this crisis [4]. Others think that a definition is necessary [5] and that it should include its interpretation at a specific time, place, context and culture. Therefore, each place must have its own definition of medical professionalism changing over time and depending on the social and cultural contexts [6]. In addition, it has to be a definition not elaborated only by the doctors of the

area, but also by the rest of the health personnel, patients and medical students. Currently, the most conventional definition of professionalism is the one provided by the “Medical Professionalism Project” carried out by the European Federation of Internal Medicine, the ACP-ASIM Foundation (American College of Physicians-American Society of Internal Medicine) and the ABIM Foundation (American Committee of Internal Medicine). This definition includes three fundamental principles and a compendium of ten commitments (duties and obligations) that the doctor undertakes to fulfil before himself, the patient and the society [2]. Its fundamental principles are the “Principle of primacy of patient well-being”, the “Principle of patient autonomy” and the “Principle of social justice”. In Spain, the General Council of Medical Colleges (CGCOM) approved a definition aimed not only at Spanish doctors, but also at medical students [7] on which other Spanish authors have published interesting studies [8, 9].

Medical students, as part of the society and part of the medical team in clinical practices, have also experienced the causes and consequences of the crisis of the social contract between Medicine and Society. Papadakis et al. [10] published a study showing that inappropriate professional behaviours for which some doctors were reported consisted with the same behaviours that these doctors had had during their training in the faculty. It seems therefore that it is insufficient for the student to acquire by osmosis the principles that the professional shows them during their practices (hidden curriculum). This passive form of learning is not enough for the student to learn professionalism correctly [11]. In addition, there is no consensus on a theoretical and practical model of this to integrate it into medical education [5] since although professionalism is one of the most difficult skills to define, teach and evaluate, it is also true that we do not give it adequate attention, being good proof of this both the lack of commented consensus and the limited number of investigations for its application in medical teaching [6]. Unfortunately, there are no studies that show what Spanish medical students think about medical professionalism.

In an attempt to contribute to remediating the deficiencies described, we set out to analyse the perception of medical professionalism by medical students at one of our universities. The results will be compared with those of other countries as well as analysing whether it is necessary to establish new measures in order to make improvements in medical education in our setting.

Methods

The study was conducted as a cross-sectional study and it was approved by the Research Ethics Committee of the

University of Murcia. To meet the objective, we have used the Professionalism questionnaire from the Penn State University School of Medicine (PSCOM), a scale that has solid internal validity evidence, being a good tool to assess professionalism in medical students [12]. In our case, we did not use the original version but the adaptation to the Spanish language made by Bustamante and Sanabria [13], with minimal changes to adapt it to Spanish from Spain (Table 1). It consists of 6 blocks, each of which presents 6 attitudes that represent an element of medical professionalism defined by ABIM, namely: responsibility, altruism, service, excellence, honesty and integrity, and respect [12]. Firstly, the respondents were asked to order the attitudes according to the frequency of their compliance with these attitudes (5-point Likert scale: “Never, Little, Sometimes, Frequently, and Always”). Secondly, the respondents were asked to put the attitudes in order of importance (with 1 being the attitude considered most important of the block and 6 the least important) [11]. The survey was conducted online in February 2019 through a Google form sent by email to all Medicine students at the University of Murcia, of the six years of study. Participation was voluntary and anonymous. In order to analyse the collected data, the following procedure was performed.

Firstly, we converted the answers given to different questions on the Likert scale into numerical data to allow for carrying out descriptive statistics (Never = 0, Little = 1, Sometimes = 2, Frequently = 3, Always = 4). After calculating the descriptive statistics, it was observed that the data did not follow a normal distribution. In view of this, the vast majority of the statistics were carried out with non-parametric tests. To compare the categories between the courses, the Kruskal-Wallis test was used. And to compare the categories within each course, we used the Friedman test. In the same way, the Mann-Whitney test was used to compare categories between sexes.

Secondly, the data was grouped into negative and positive responses. For this, a recategorisation was made, assigning the responses “never”, “little” and “sometimes” as negative, and the responses “frequently” and “always” as positive. Finally, a linear regression analysis was performed to analyse the relationship between positive-negative responses and years of study.

Results

The number of survey participants was 179 out of a total of 1,200 officially enrolled students (15.25%). Of those 179, 69 were men (38.54%) and the rest (61.46%) were women. Cronbach’s alpha for each category was greater than 0.70, indicating a high internal consistency and reliability of the survey. The global alpha was 0.78 ± 0.02 .

Although in almost all the comparisons between the courses there were significant differences, they were between very close values, such as 4.3 and 4.5. This is most likely due to a relatively large sample and, therefore, when there are minimal differences, statistical tests characterise them as significant. These differences can be better understood by looking at the graphically represented responses (Figure 1).

Secondly, there were no differences between sexes. There was also a slight tendency to evaluate the categories in the upper grades worse (the six-year students evaluated the categories worse than those in the first year). As it is shown in Figure 2, the percentage of positive responses obtained in relation to the maximum possible (100%) was quite high, going from practically 75% upwards in all categories.

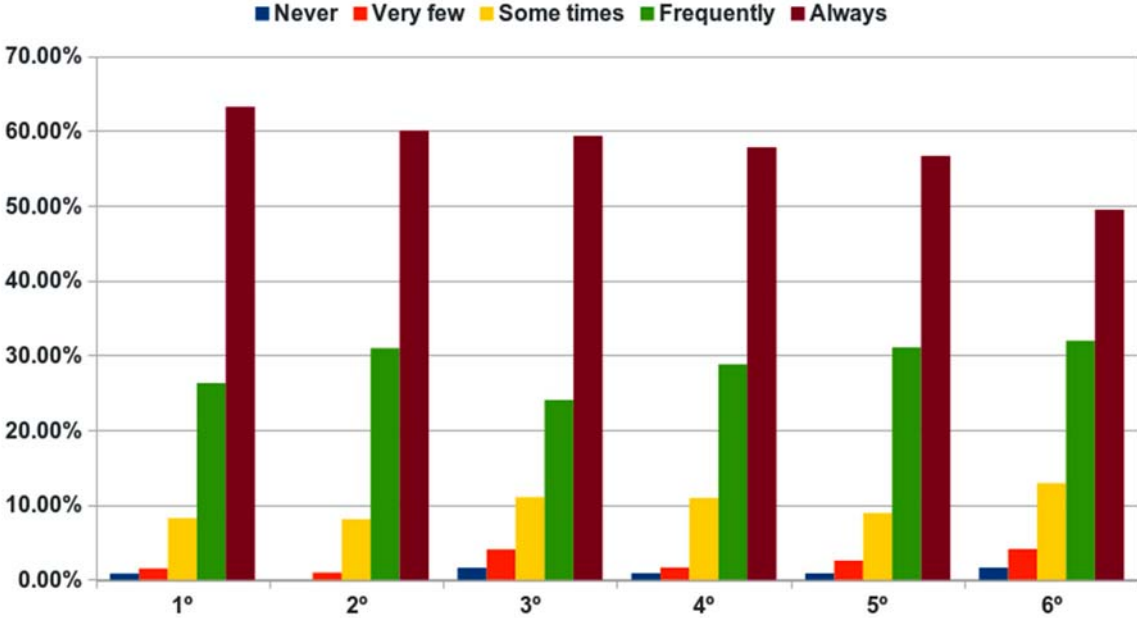


Figure 1. Percentage of answers to the survey questions in every course

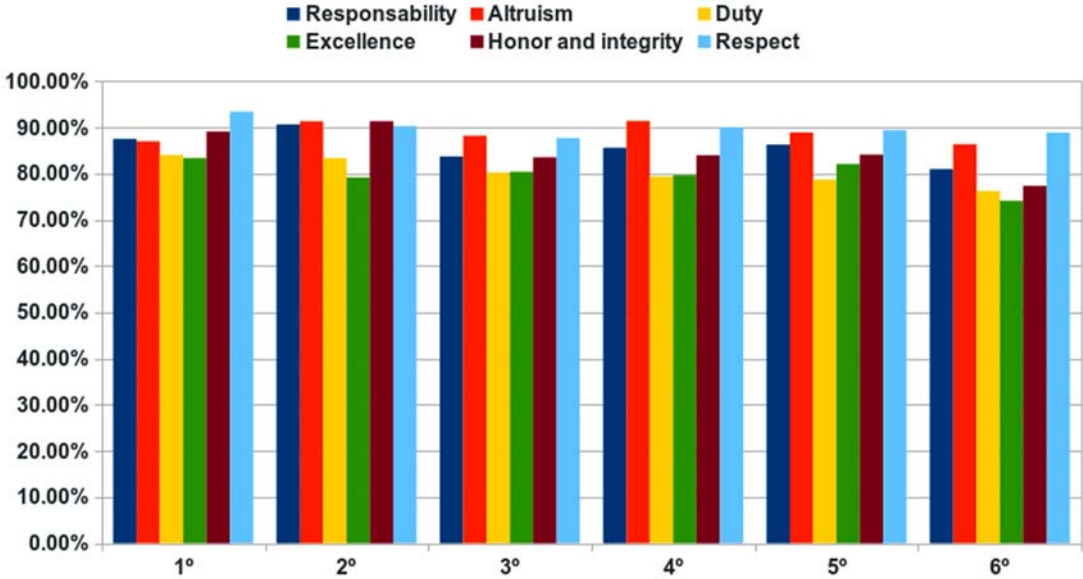


Figure 2. Mean percentage of professionalism categories in every course

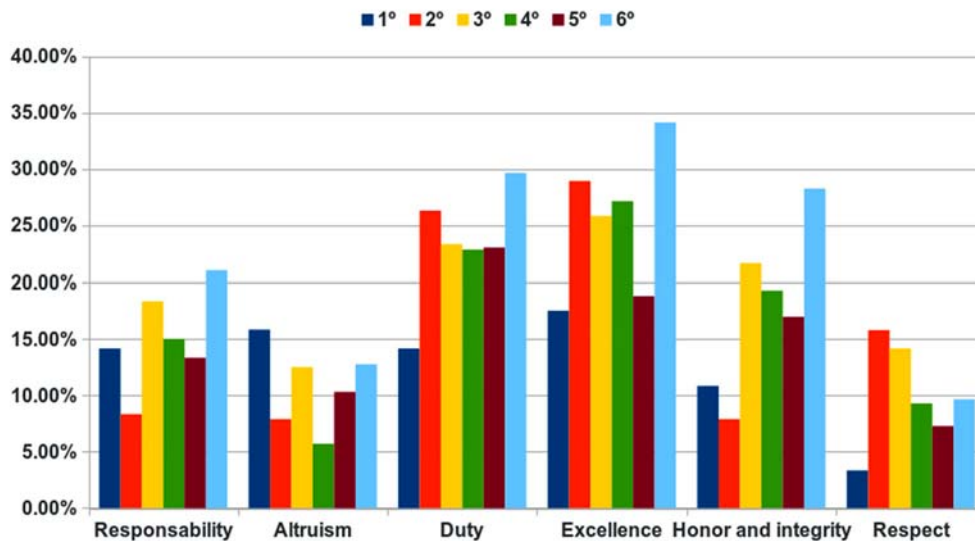


Figure 3. Percentage of negative answers by category and course

Figure 3 shows the percentage of negative responses obtained by category and course. As we can see, the sixth course was the one that presented the most negative responses in all domains, except in two of them, Altruism and Respect. On the other hand, the first course was the one with the least negative responses, except for Responsibility, Altruism and Honour and Integrity. However, we observed that the number of negative responses was greater in the “clinical” courses (4th to 6th), except for the domains of Altruism and Respect.

In addition, the Honour and Integrity domain was the one that presented the greatest difference in negative responses

between the “non-clinical” (1st to 3rd) and “clinical” courses, being 8.05% higher in the “clinical” compared to the “non-clinical” stage of medical education. The category that was best valued and, therefore, had a higher average of positive responses is Respect, with 90.34% of positive responses. The least valued category was Excellence with 74.61%. Regarding the year of study, the one with the most negative responses was the sixth, with an average of 22.59% while the course that showed the least negative responses was the first one, with an average of 12.64%. The global average of the “non-clinical” courses was 15.94% and that of the “clinical” courses is 19.03%.

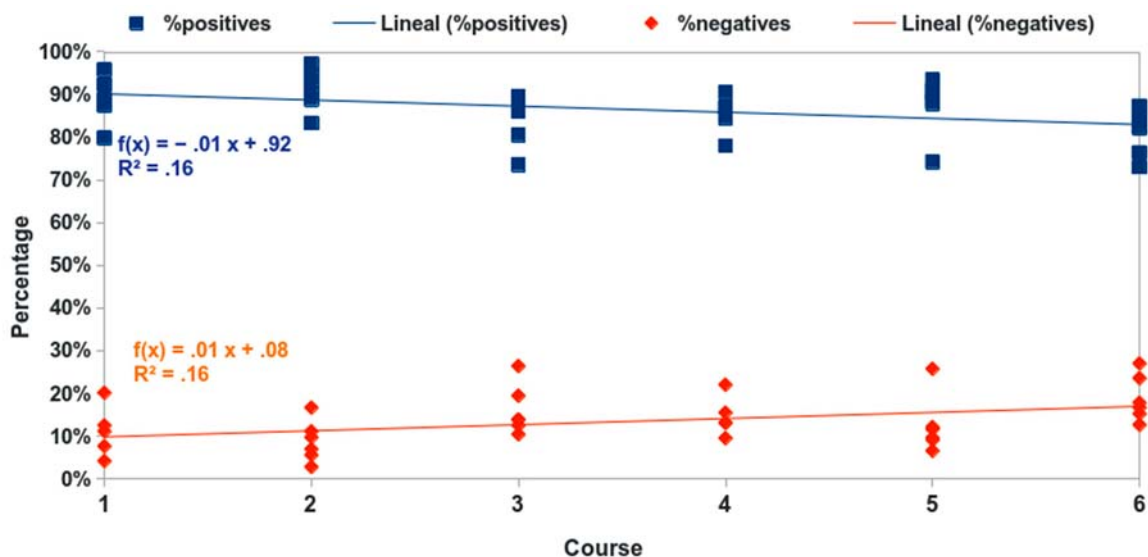


Figure 4. Linear regression of positive and negative answers

Figure 4 shows linear regression, which turned out to be statistically significant, between negative responses and the grade (negative responses increase with courses and positive responses decrease). However, it must be clarified that the relationship between variables is small, since the correlation coefficient is 0.40. This regression confirms the slight tendency that negative responses have to increase with the courses and that we have observed in the figures and tables above.

Finally, Figures 5 and 6 show the order of importance given by the students to the different categories in each of the courses. In both men (Figure 6) and women (Figure 7), the domain considered most important was Altruism (2.89 in men in women) and the least important was Excellence (3.73 in men and 3.95 in women).

Discussion

Medical schools often assume that the students who enter medical studies improve their ethical values as they advance through the courses since they have included professionalism in subject competences and, in addition, the students learn by imitation of the professionals in clinical practices. However, studies carried out for three decades demonstrate the opposite, that is, a negative trend in ethical progress during the Medicine career [14-17] and some speak of the moral principles of the students being “eroded” or lost during the stay in the faculty (18-20).

Faced with this situation, Blackall et al. validated in 2007 an instrument to measure professionalism in medical students, the PSCOM scale used in this study [21]. Using the original version of this scale in English, various studies have been conducted [14, 22, 23]. In these works, differences between young and veteran students could be observed. In our language, only the aforementioned article by Bustamante and Sanabria, in Colombia, who adapted the original to Spanish in 2014 [13], can be cited as a reference. In both studies, those of these authors and ours, there is a predominance of positive responses, so that it could be considered that there is a good perception of medical professionalism in medical students. The category best valued by both Colombian students and those of our faculty is Respect, with an average of positive responses of 75.5% for Colombian students [13] and 90.08% for those of our university. As we can see, for the students of both universities, the most important thing is to respect the nature of the patient, his autonomy and his confidentiality.

In the article by Bustamante and Sanabria [13], we can see that more negative responses (17.35%) were collected in the clinical courses of the degree compared to non-clinical courses (15.91%). When analysing each of the domains, they observed that all of them had more negative responses in the clinical courses, except in the category of Responsibility. In our work, we confirm these data since we have verified that there is a positive correlation between the negative responses and the course, in such a way that the negative responses are greater as the course increases. When we look at the number of negative responses per course, we

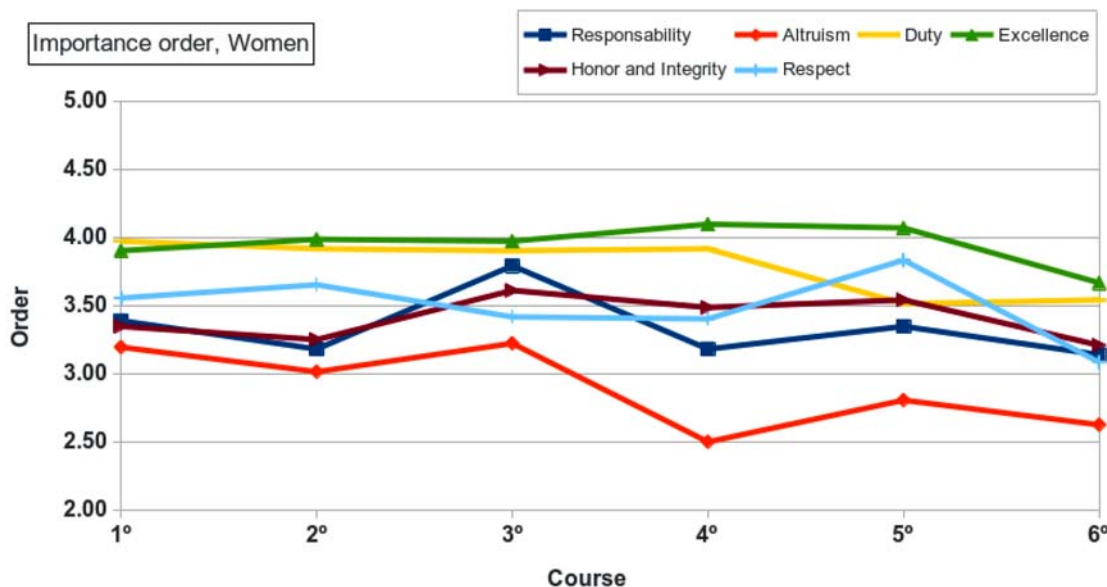


Figure 5. Importance order of categories in women

see that the course with the most negative responses is the sixth and the least negative is the first. Furthermore, if we look at the negative response means, we also see that it is higher in clinical courses (19.03% vs 15.93% in non-clinical courses). As we can see, the Excellence domain is the one with the highest number of negative responses. This means that the medical students of Murcia do not think that the most important thing in patient care is personal improvement. This may be due to their very own experience as students. On the other hand, observing the results, we revealed their similarities with the results of the research describing the perceptions of students from Colombia: the students of our faculty also consider participation in the development of medical education to be less important. This is observed when verifying that one of the items with the most negative responses is also “Attend faculty meetings, seminars and presentations of student research as a demonstration of support” (from the Duty category).

Many authors have wondered about the causes of this decrease in ethical values during the stay in the medical school [24]. Coulehan, Williams, and Halpern in 2001 stated that Evidence-Based Medicine is making students themselves less emotionally involved with patients [25]. In 2008 Newton et al [19] explain that it may be due to test anxiety, lack of sleep, difficulties in communicating with patients, as well as the creation of interpersonal relationships in the hospital. Other authors [26] reflect on a deficient role of universities to encourage a good ethical response from students and the unethical behaviours the students may observe in some of their teachers, such as authoritarianism, competition for money, prestige, positions of power, etc.

Another aspect to take into account is that, through the classification of items in order of importance, we have observed that the Altruism domain is the most valued of all, both by grade and by sex. In the study by Bustamante and Sanabria, it is not specified which domain is the best rated one, despite the fact that it also uses the scale it measures in order of importance, and it does not make a distinction by sex as in our study.

In our study, an attempt was made to inquire about this question by asking the students in the survey whether they had less desire to be doctors in comparison with the beginning of their degree. Of the 179 respondents, 35 students (almost 20%) answered that they had less desire. The most frequent reason that students attributed to their “lower desire” to be doctors (with 16 responses out of 35) was the “bad approach to the degree”, meaning the students have too many difficult subjects to master, which makes it impossible to learn them properly and to enjoy learning. In fact, many emphasised that the university does not teach or assess knowledge adequately, commenting that everything revolves around theoretical knowledge and that, therefore, the degree has become a “process of passing exams” for obtaining the diploma. In addition, since the studies last so long, a great effort for a long time leads to demotivation and even to exhaustion (burnout).

Among the limitations of the present study, we must mention the PSCOM scale itself, which measures perception. However, carrying out studies based on the measurement of student actions is not easy or without risks [3]. The voluntary nature of the survey may also suggest that the students who respond may be more motivated than those who do not [13].

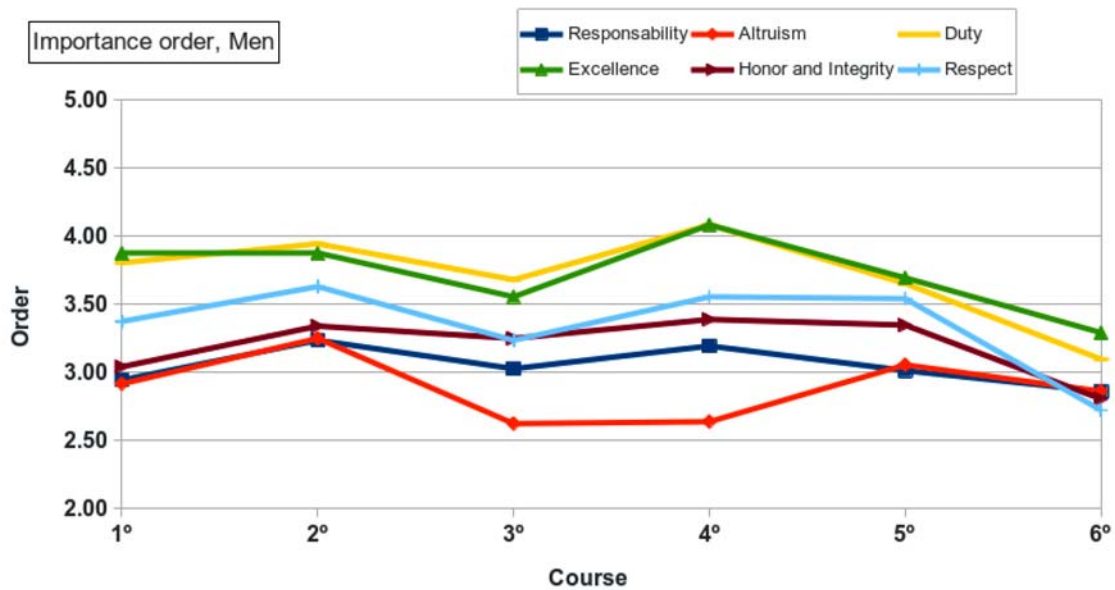


Figure 6. Importance order of categories in men.

These two aspects would tend to show more positive results of professionalism than the real ones. Another limitation is the type of study, since we have measured professionalism at a certain time (cross-sectional study) and the most appropriate would be to carry out a longitudinal study, in order to monitor changes in the perception of professionalism [3]. Also, we have analyzed the topic in only one of our medical schools in Spain. However, we believe that the results and conclusions may be valid for the rest of the country due to the uniformity of the medical degrees in Spain. Thus, we follow the same Medical Degree curriculum, after a mandatory government-issued national law, the same national professors selection methods and hospital dependence of national and autonomic health systems; maybe, with only some differences among public and private universities. Clearly, it is our intention to analyze the perception of professionalism in the rest of medical schools in the country, as well as to follow its evolution with time.

Finally, despite the fact that the perception of professionalism is good, it should not be forgotten that it is only a perception and that it should be even closer to 100% values. Therefore, the faculty must be encouraged to make specific programmes to improve professionalism in their students, since a good doctor, to be a good professional, must not only have theoretical and practical knowledge, but also proper ethical values. For this, it would be important to make a specific definition about professionalism or, in any case, follow the proposal by CGCOM [7]. It would also be interesting to include the teaching of professionalism in the programme of all the degree courses, so that it would not only be acquired in clinical practice but also theoretically known [11]. Regarding clinical practice, more should be done to teach professionalism by clinical teachers and tutors, as well as instilling the student to reflect on it in their professional experiences. Some authors even say that learning is not only “top down”, that is, from doctor to student, but also “bottom up”, from student to doctor [5]. Therefore, all the non-professional behaviours of the student or the doctor that are appreciated in the clinical practice, should be reported, in order to be remedied. Finally, teachers must

evaluate the learning of professionalism by students and check the acquisition of values. Professionals must also be adequately trained, that is, the teacher must be trained to teach professionalism, especially to apply techniques that allow the student to reflect on what is considered [5].

Conclusion

The perception of medical professionalism that the students of the Faculty of Medicine of Murcia have, in general, is good, with an average of over 75% of positive responses for each category.

There are statistically significant differences between the courses, although of little relevance because the median of the answers is concentrated in a small numerical interval (between 4.3 and 4.5).

A correlation is observed between the negative responses and the courses. Although it is not a very high relationship, this indicates that clinical courses have more negative responses (19.03%) than non-clinical courses (15.93%). Some students of our faculty attribute this fact to the “bad approach to the career” since they consider that it presents a too extensive and difficult subject, that is not taught properly and that requires a great effort for a long time. This suggests that students may feel demotivation and even burnout that lead them to value professionalism lower with the passing of the courses.

The best valued domain is Respect and the best valued category is Altruism. On the other hand, the domain with the most negative responses on both scales is Excellence.

Acknowledgements: To all students that participated in the survey.

Conflict of Interest Statement

No interest was declared. No funding was received.

References

1. Hood VL. Medical professionalism faces new challenges, opportunities [Internet]. ACP Internist; 2012. [cited 2020 Nov 01]. Available from: <https://acpinternist.org/archives/2012/01/presidents.htm>
2. ABIM Foundation. American Board of Internal Medicine; ACP–ASIM Foundation. American College of Physicians–American Society of Internal Medicine; European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. *Ann Intern Med.* 2002;136(3):243-6. <https://doi.org/10.7326/0003-4819-136-3-200202050-00012>

3. Li H, Ding N, Zhang Y, Liu Y, Wen D. Assessing medical professionalism: A systematic review of instruments and their measurement properties. *PLoS One*. 2017;12(5):e0177321. <https://doi.org/10.1371/journal.pone.0177321>
4. Lee JH. The Weaponization of Medical Professionalism. *Acad Med*. 2017;92(2):579-80. <https://doi.org/10.1097/ACM.0000000000001647>
5. Birden H, Glass N, Wilson I, Harrison M, Usherwood T, Nass D. Teaching professionalism in medical education: a Best Evidence Medical Education (BEME) systematic review. BEME Guide No. 25. *Med Teach*. 2013;35(7):e1252-66. <https://doi.org/10.3109/0142159X.2013.789132>
6. Al-Eraky MM. Twelve Tips for teaching medical professionalism at all levels of medical education. *Med Teach*. 2015;37(11):1018-25. <https://doi.org/10.3109/0142159X.2015.1020288>
7. Medical profession. Medical professional. Medical professionalism. Organización Médica Colegial de España; 2010. p. 1-30. Spanish. [cited 2020 Nov 01]. Available from: https://www.educacionmedica.net/pdf/documentos/omc/definiciones_profesional_2010.pdf
8. Merino J. Profesionalismo o profesionalidad médica. *Educ Med*. 2015;16(1):29-32. Spanish.
9. Millán Núñez-Cortés J. Physician's values for quality practice: professionalism. *FEM*. 2014;17(Suppl 1):S1-47. Spanish. [cited 2020 Nov 01]. Available from: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S2014-98322014000500003
10. Papadakis MA, Hodgson CS, Teherani A, Kohatsu ND. Unprofessional behavior in medical school is associated with subsequent disciplinary action by a state medical board. *Acad Med* 2004;79(3):244-9.
11. Roberts TE. Teaching, learning and evaluating professionalism: the greatest challenge of all. *FEM*. 2017;20(2):47-51. Spanish. [cited 2020 Nov 01]. Available from: http://scielo.isciii.es/scielo.php?script=sci_abstract&pid=S2014-98322017000200002
12. Davis K, Reyes A. Critical Synthesis Package: Penn State College of Medicine Professionalism Questionnaire. *MedEdPORTAL* 2015;11(10). https://doi.org/10.15766/mep_2374-8265.10235
13. Bustamante E, Sanabria A. Evaluation of attitudes towards professionalism in medical students. *Rev Colomb Cir*. 2014;29(1):222-29. Spanish. [cited 2020 Nov 01]. Available from: <http://www.scielo.org.co/pdf/rcci/v29n3/v29n3a7.pdf>
14. Govindaraja C, Ramachandran G, Ko Ko Min A. The Ecology of Medical Professionalism: Perceived and Emulated, What matters? *MedEdPublish*. 2016;5(3):11. <https://doi.org/10.15694/mep.2016.000097>
15. Smith R. Medical professionalism: a key to a better health system and more satisfied doctors. *BMJ Blogs* [Internet] 2018. [cited 2020 Nov 01]. Available from: <https://blogs.bmj.com/bmj/2018/12/06/medical-professionalism-a-key-to-a-better-health-system-and-more-satisfied-doctors/>
16. Morales-Ruiz J. Comprehensive training and medical professionalism: a proposal for work in the classroom. *Educ Med*. 2009;12(2):73-82. Spanish. [cited 2020 Nov 01]. Available from: <http://scielo.isciii.es/pdf/edu/v12n2/colaboracion2.pdf>
17. Yavari N. Does medical education erode medical trainees' ethical attitude and behavior? *J Med Ethics Hist Med*. 2016;9:16.
18. Mak-van der Vossen M, van Mook W, van der Burgt S, Kors J, Ket JCF, Croiset G, et al. Descriptors for unprofessional behaviours of medical students: a systematic review and categorisation. *BMC Med Educ*. 2017;17(1):164. <https://doi.org/10.1186/s12909-017-0997-x>
19. Newton BW, Barber L, Clardy J, Cleveland E, O'Sullivan P. Is there hardening of the heart during medical school? *Acad Med*. 2008;83(3):244-9. <https://doi.org/10.1097/ACM.0b013e3181637837>
20. Rosenthal S, Howard B, Schlüssel YR, Herrigel D, Smolarz BG, Gable B, et al. Humanism at heart: preserving empathy in third-year medical students. *Acad Med*. 2011;86(3):350-8. <https://doi.org/10.1097/ACM.0b013e318209897f>
21. Blackall GF, Melnick SA, Shoop GH, George J, Lerner SM, Wilson PK, et al. Professionalism in medical education: the development and validation of a survey instrument to assess attitudes toward professionalism. *Med Teach*. 2007;29(2-3):e58-62. <https://doi.org/10.1080/01421590601044984>
22. Pearson WG Jr, Hoagland TM. Measuring change in professionalism attitudes during the gross anatomy course. *Anat Sci Educ*. 2010;3(1):12-6. <https://doi.org/10.1002/ase.113>
23. Akhund S, Shaikh ZA, Ali SA. Attitudes of Pakistani and Pakistani heritage medical students regarding professionalism at a medical college in Karachi, Pakistan. *BMC Res Notes*. 2014;7:150. <https://doi.org/10.1186/1756-0500-7-150>
24. Brown ME, Coker O, Heybourne A, Finn GM. Exploring the Hidden Curriculum's Impact on Medical Students: Professionalism, Identity Formation and the Need for Transparency. *Med Sci Educ*. 2020;30(3):1107-21. <https://doi.org/10.1007/s40670-020-01021-z>
25. Coulehan J, Williams PC. Vanquishing virtue: the impact of medical education. *Acad Med*. 2001;76(6):598-605. <https://doi.org/10.1097/00001888-200106000-00008>
26. AlMahmoud T, Hashim MJ, Elzubeir MA, Branicki F. Ethics teaching in a medical education environment: preferences for diversity of learning and assessment methods. *Med Educ Online*. 2017;22(1):1328257. <http://doi.org/10.1080/10872981.2017.1328257>

Tables

Table 1. Complete PSCOM survey (slightly adapted from Bustamante and Sanabria (13).

1. Responsibility

- Maintains scientific standards and bases his/her decisions on scientific evidence and experience.
- Works respectfully in collaboration with the team (of peers) for the benefit of providing better patient care or as a contribution to research
- Participates in corrective action processes against those who fail to meet standards of professional conduct.
- Recognizes his/her own limitations.
- Assumes his/her own personal responsibility in making decisions about patient care.
- Presents information and acts honestly.

2. Altruism

- Maintains doctor-patient relationships without seeking personal financial, privacy or sexual advantage.
- Shows interest in initiating and offering assistance for the professional and personal development of a partner
- Does not seek career advancement at the expense of others
- Manifests compassion.
- Demonstrates empathy.
- Defends the interests of the patient or research subject above personal interest.

3. Duty

- Takes time to review the work of colleagues and provide meaningful and constructive comments and suggestions for improvement.
- Attends faculty meetings, seminars and presentations of student research as a demonstration of support.
- Volunteers her experience and skills for the well-being of the community.
- Demonstrates adaptability in responding to changing needs and priorities.
- Adopts uniform and equitable standards of patient care
- Is committed to implementing cost-effective patient care.

4. Excellence

- Seeks personal improvement.
- Promotes the well-being and development of young teachers.
- Contributes significantly to the teaching mission of the department and the School of Medicine
- Assumes leadership in patient management
- Participates in activities focused on achieving excellence in patient care.
- Responds to constructive criticism by seeking to improve his/her skills in the area being criticized.

5. Honour and integrity

- Transmits information in a consistent, accurate and honest manner.
- Refuses to break its own personal and professional code of conduct.
- Complies with its obligations and commitments in a serious manner.
- Promotes justice within the health care system by demonstrating efforts to eliminate discrimination within the system.
- Report medical or research errors.
- Discloses conflicts of interest in the performance of professional duties and activities.

6. Respect

- Avoid making offensive comments and indelicate or unfair criticism of other classmates.
- Appreciates and respects the diverse nature of research subjects or patients and honors those differences in their work.
- Respects the rights, individuality, and diversity of thought of colleagues and students.
- Respects the autonomy of patients and helps them make informed decisions.
- Your behaviour demonstrates commitment to confidentiality.
- Dresses professionally and respectfully towards others.