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Recommended sanctions for lapses in professionalism by student and faculty respondents to Dundee Polyprofessionalism Inventory I: Academic Integrity in one medical school in Saudi Arabia

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Abstract

Background: At a time when the Committee of Deans of the Medical Schools in the Kingdom of Saudi Arabia is entering the second phase of developing Learning Outcomes for Bachelor Degree Programs in Medicine, we investigated the current level of understanding of the importance of academic probity in one Saudi medical school.

Methods: We administered the Dundee Polyprofessionalism Inventory I: Academic Integrity to students and faculty at one Saudi medical school.

Results: While there was considerable concordance between the 103 Saudi students and 64 Saudi faculty, there were also some aspects of lapses in professionalism relating to academic integrity where enhanced teaching is indicated to help the students prepare for their responsibilities as doctors.

Conclusion: These data may begin to help focus teaching about professionalism in the Saudi medical school and inform the refinement of Learning Outcomes for Bachelor Degree Programs in Medicine in the Kingdom of Saudi Arabia. The generalizability of the findings needs to be further tested to see if mapping of Professionalism learning in relatively homogenous populations such as a medical school can be robustly conducted with well-constructed stratified, representative reference groups.

Introduction

Zaini et al. (2011) report that in 2009 the newly established Committee of Deans of Medical Schools in the Kingdom of Saudi Arabia established a task force to develop a national competency framework for doctors. At the same time the National Committee for Academic Assessment and Accreditation developed a draft for “Learning Outcomes for Bachelor Degree Programs in Medicine” in the Kingdom of Saudi Arabia. Phase I of the competency framework has been completed, generating 30 items in seven domains of which six are in a domain termed professionalism. But they are still very general propositions such as “Professional attitudes and behaviour of doctors” and the next phase of the project will give more detailed statements together with “specification of the level of proficiency required by a graduate on entering the pre-registration house officer level” (Zaini et al. 2011: p. 582).

Adkoli et al. (2011) conducted 10 focus groups of fourth year students at the College of Medicine of the University of Damman and interns and resident doctors to generate attributes of professionalism required of the doctor in Saudi

Practice points

- The Dundee Polyprofessionalism Inventory I: Academic Integrity can be used to map student and faculty perceptions of the severity of undergraduate lapses in professionalism.
- The results can be used to focus enhanced teaching and learning in undergraduate professionalism.
- The resource can be used as a tool for longitudinal studies of professionalism learning in a given cohort.

Arabia. Of 17 items generated, the last two in terms of frequency were “honesty” and “willingness for teamwork”. Adkoli et al. (2011) report that “Our focus groups across the board responded consistently that they were deficient in acquiring professional behaviour” (p. 843).

Two studies using the Dundee Ready Education Environment Instrument (DREEM) have been carried out in Saudi medical schools in recent years and both report

markedly low student ratings: 45% or 90/200 at the College of Medicine of King Saud University, Riyadh, the Kingdom of Saudi Arabia (Al-Ayed & Sheik 2008) and 51% or 102/200 at King Abdul Aziz University medical school, the Kingdom of Saudi Arabia (Al-Hazimi et al. 2004).

Methods

We therefore administered the Dundee Polyprofessionalism Inventory I: Academic Integrity to students in one Saudi medical school. This is one of a suite of e-learning resources that can be used in a variety of ways to teach students the standards expected of them as medical students and trainees and in their working lives as licensed doctors. The instruments are based on survey principles to enable the respondents to see how they “score” in relation to the cohort of their own year level or school or perhaps a national cohort of peers in their understanding of elements of professionalism in the health care team (hence the term “polyprofessionalism”). This feedback enhances respondents’ ability to self-assess their own learning needs. It also enables individual institutions/deans or national medical school councils to identify where intervention and further teaching are required. As well as being used as e-learning teaching programmes, they can be used to collect/analyse longitudinal data on a cohort; to trace the “learning curve” of individual respondents; to “standard set” appropriate sanctions for lapses in professionalism by examining faculty views as well as student understanding of the significance of certain behaviours and attitudes; and to create a climate of personal and local responsibility for addressing lapses in professionalism by both students and staff.

The inventories have been validated in the UK where data from two UK medical schools and a national reference group of medical educators demonstrate broad areas of agreement between students and faculty on appropriate sanctions and responses to >70 lapses in professionalism at the undergraduate level (Roff et al. 2011, 2012; Roff & Dherwani 2011a, 2011b) and broad areas of agreement between students at the two schools but with several significant differences that indicate where intervention/education should be focussed.

A reference group was formed by email invitation to undergraduate students at one Saudi medical school to which 103 medical students responded.

Of these 103 respondents 8% (8) were aged 17–19 years and 92% (95) were aged 20–24 years. Fifty (49%) of the respondents were female and 51% (52) were male with one person preferring not to give their gender.

Two percent (2) of the respondents were in their first year; 32% (33) in the second year; 32% (33) in the third; 31% (32) in the fourth and 3% (3) in the fifth year of the course.

Respondents were asked to recommend sanctions for first time lapses in 30 types of professionalism with no mitigating circumstances by undergraduate medical students. The sanctions were based on Teplitsky (2002) (Figure 1).

- 1 Ignore
- 2 Reprimand (verbal warning)
- 3 Reprimand (written warning)
- 4 Reprimand, plus mandatory counselling
- 5 Reprimand, counselling, extra work assignment
- 6 Failure of specific class/remedial work to gain credit
- 7 Failure of specific year (repetition allowed)
- 8 Expulsion from college (readmission after one year possible)
- 9 Expulsion from college (no chance for readmission)
- 10 Report to regulatory body

Figure 1. Hierarchy of recommended sanctions.

We formed another reference group by email invitation of 64 faculty members from the same Saudi medical school. 25 (39%) were male, 36 (56%) were female and 3 (5%) preferred not to give their gender. 14 (22%) were aged 30 years or under; 40 (63%) were aged 31–50 years; 6 (9%) were aged 51–65 and 4 (6%) were aged over 65 years. 33 (52%) were doctors and the rest were from other health professions. 47 (73%) were primarily clinical teachers and the remainder non-clinical.

Results

We compared the sanctions by mode recommended by the Saudi faculty members with those recommended by 58 faculty members from a Scottish medical school reported in Roff et al. (2012) (Table 1).

As shown in Table 2, by mode, the Saudi faculty were much stricter in the sanctions recommended for three lapses in professionalism, recommending “Expulsion/Report to Regulator” where the Scottish faculty recommended “Reprimand, plus mandatory counselling”.

Although we should note that these three items received very “distributed” sanctions from the Scottish faculty, including the highest sanctions.

The Saudi faculty were more lenient by mode (4) in a similar degree than the Scottish (8) on “Threatening or verbally abusing a university employee or fellow student”.

As shown in Table 3, while the Saudi faculty were also stricter by mode than the Scottish faculty on several other lapses, both groups’ recommendations were within the Reprimand category.

As shown in Table 4, the Saudi faculty were markedly less strict than the Scottish on their recommended sanctions for three issues relating to data integrity.

We compared the Saudi students’ recommended sanctions by mode with those of the Saudi faculty as reported in Table 5.

While neither Scottish nor Saudi faculty recommended by mode “Ignore for” any of the lapses in professionalism, the Saudi students do so for:

- completing work for another student (31%),
- examining patients without knowledge or consent of supervising clinician (24%),

Table 1. Saudi faculty modes compared with Scottish faculty modes.

	Mode	
	Scottish faculty	Saudi faculty
Getting or giving help for coursework, against a teacher's rules (e.g. lending work to another student)	2	2
Claiming collaborative work as one's individual effort	2	5
Intentionally paraphrasing or copying a text in an assignment without acknowledging source	2	5
Removing an assigned reference from library in order to prevent other students using it	2	4
Failure to follow proper infection control procedures	2	4
Lack of punctuality for classes	2	4
Not doing part assigned to him/her in group work	2	5
Damaging public property (e.g. scribbling on desks or chairs)	2	3
Signing attendance sheets for absent friends, asking classmates to sign in laboratories/lectures	3	4
Examining patients without knowledge or consent of supervising clinician	4	2
Sexually harassing a university employee or fellow student	4	10
Engaging in substance misuse (e.g. drugs)	4	8
Drinking over lunch and interviewing a patient in the afternoon	4	10
Plagiarizing work from a fellow student or purchasing work from a supplier	6	6
Completing work for another student	6	3
Resubmitting work previously submitted for a separate assignment/earlier degree	6	5
Altering or manipulating data (e.g. adjusting data to obtain a significant result)	6	6
Exchanging information about an exam from fellow students who have already sat it (e.g. OSCE)	6	6
Inventing extraneous circumstances to delay sitting an exam	6	6
Cheating during an examination	7	6
Purchasing (buying) work from a fellow student or internet, etc. supplier	7	6
Sabotaging another students' work	8	6
Attempting to use personal relationships, bribes or threats to gain academic advantage	8	6
Threatening or verbally abusing a university employee or fellow student	8	4
Physically assaulting a university employee or fellow student	9	10
Forging a healthcare worker's signature on a piece of work, patient chart, etc.	10	10
Falsifying references or grades on curriculum vitae	10	6
Intentionally falsifying test results or treatment records in order to disguise mistakes	10	6
Providing illegal drugs to fellow students	10	10
Involvement in paedophilic activities	10	10

Table 2. Stricter Saudi > Scottish modes.

Sexually harassing a university employee or fellow student	4	10
Engaging in substance misuse (e.g. drugs)	4	8
Drinking over lunch and interviewing a patient in the afternoon	4	10

Table 4. Less strict Saudi > Scottish modes relating to data integrity.

Completing work for another student	6	3
Falsifying references or grades on curriculum vitae	10	6
Intentionally falsifying test results or treatment records in order to disguise mistakes	10	6

Table 3. Higher Reprimand Saudi > Scottish modes.

Claiming collaborative work as one's individual effort	2	5
Intentionally paraphrasing or copying a text in an assignment without acknowledging source	2	5
Removing an assigned reference from library in order to prevent other students using it	2	4
Failure to follow proper infection control procedures	2	4
Lack of punctuality for classes	2	4
Not doing part assigned to him/her in group work	2	5

- exchanging information about an exam before it has been taken (e.g. OSCE) (40%) and
- signing attendance sheets for absent friends, or asking classmates to sign (39%).

In addition 35 (34%) of the Saudi students recommended "Ignoring getting or giving help for course work, against

teacher's rules" although 36 (35%) recommended Reprimand (verbal warning).

The Saudi students are also more lenient than their faculty about:

- intentionally cutting and pasting or paraphrasing material without acknowledging the source,
- inventing extraneous reasons to delay sitting an exam,
- not doing the part assigned in group work,
- lack of punctuality for classes and
- resubmitting work previously submitted for a separate assignment or earlier degree.

But both groups recommended Reprimands of varying severity, and the modes for "Intentionally cutting and pasting or paraphrasing material without acknowledging the source" and "Lack of punctuality for classes" are the same as those recommended by the Scottish faculty (2).

Table 5. Saudi students' sanctions compared with faculty by mode.

	Saudi students mode	Saudi staff mode
Altering or manipulating data (e.g. adjusting data to obtain a significant result)	5	6
Attempting to use personal relationships, bribes (illegal rewards) or threats to gain academic advantages	6	6
Cheating in an exam by (e.g. copying from neighbour, taking in crib material or using mobile phone or getting someone else to sit for you)	6	6
Claiming collaborative work (group work) as one's individual effort	5	5
Completing work for another student	1	3
Intentionally cutting and pasting or paraphrasing material without acknowledging the source	2	5
Damaging public property (e.g. scribbling on desks or chairs)	3	3
Drinking alcohol over lunch and interviewing a patient in the afternoon	10	10
Engaging in substance misuse (e.g. drugs)	10	8
Examining patients without knowledge or consent of supervising clinician	1	2
Exchanging information about an exam before it has been taken (e.g. OSCE)	1	6
Failure to follow proper infection control procedures	3	4
Falsifying personal references (recommendation letters) or grades on a curriculum vitae or altering grades in the official record	5	6
Forging (copying) a healthcare worker's signature on a piece of work, patient chart, grade sheet or attendance form	5	10
Getting or giving help for course work, against a teacher's rules	2	2
Intentionally falsifying (changing) test results or treatment records in order to disguise (hide) mistakes	6	6
Inventing extraneous (irrelevant) circumstances to delay sitting an exam	3	6
Involvement in paedophilic activities: possession/viewing of child pornography images or molesting children	10	10
Lack of punctuality for classes	2	4
Not doing the part assigned in group work	2	5
Physically assaulting a university employee or student	8	10
Plagiarizing work (stealing ideas and presenting them as one's own) from a fellow student or publications/internet	6	6
Providing illegal drugs to fellow students	10	10
Purchasing (buying) work from a fellow student or internet, etc. supplier	6	6
Removing an assigned reference from a shelf in the library in order to prevent other students from gaining access to the information in it	3	4
Resubmitting work previously submitted for a separate assignment or earlier degree	3	5
Sabotaging (deliberately damaging) another student's work	6	6
Sexually harassing a university employee or fellow student	9	10
Signing attendance sheets for absent friends, or asking classmates to sign attendance sheets for you in laboratories or lectures	1	4
Threatening or verbally abusing a university employee or fellow student	3	4

We compared the median recommended responses of the Saudi students and faculty as reported in Table 6.

Only one response differed by median of two levels of rating between the genders:

- exchanging information about an exam before it has been taken (e.g. OSCE) where female students by median recommended a Sanction of 3 (Reprimand with written warning) and the males by median recommended Ignore.

Several responses differed by median of two levels between the students and faculty:

- signing attendance sheets for absent friends, or asking classmates to sign attendance sheets for you in laboratories or lectures where female students recommended Ignore by median and faculty recommended Reprimand (written warning);
- exchanging information about an exam before it has been taken (e.g. OSCE) where the male students recommended Ignore and the faculty recommended Reprimand (written warning);
- lack of punctuality for classes where the students uniformly recommended reprimand (verbal warning) and the faculty recommended Reprimand, plus mandatory counselling;

- providing illegal drugs to fellow students where the female students recommended Expulsion from college (admission after one year possible) and the faculty recommended Report to regulatory body;
- inventing extraneous (irrelevant) circumstances to delay sitting an exam where the male students recommended Reprimand (written warning) and the faculty recommended Reprimand, counselling, extra work assignment;
- not doing the part assigned in group work where the male students recommended Reprimand (written warning) and the faculty recommend Reprimand, counselling and extra work assignment;
- resubmitting work previously submitted for a separate assignment or earlier degree where the male students recommended Reprimand (written warning) and the faculty recommend Reprimand, counselling and extra work assignment; and
- intentionally cutting and pasting or paraphrasing material without acknowledging the source where the male students recommended Reprimand (verbal warning) and the faculty recommended Reprimand, plus mandatory counselling.

But these differences were all relatively minor in terms of category of recommendation.

Table 6. Median recommended sanctions by Saudi students and faculty.

	Students overall median	Students male median	Students female median	Staff overall median
Getting or giving help for course work, against a teacher's rules	2.00	2.00	2.00	2.00
Removing an assigned reference from a shelf in the library in order to prevent other students from gaining access to the information in it	4.00	4.00	4.00	4.00
Signing attendance sheets for absent friends, or asking classmates to sign attendance sheets for you in laboratories or lectures	2.00	2.00	1.00	3.00
Drinking alcohol over lunch and interviewing a patient in the afternoon	7.00	7.00	6.00	6.00
Exchanging information about an exam before it has been taken (e.g. OSCE)	2.00	1.00	3.00	3.00
Forging (copying) a healthcare worker's signature on a piece of work, patient chart, grade sheet or attendance form	5.00	5.00	5.50	6.00
Claiming collaborative work (group work) as one's individual effort	4.00	3.50	5.00	5.00
Altering or manipulating data (e.g. adjusting data to obtain a significant result)	5.00	5.00	5.00	6.00
Failure to follow proper infection control procedures	4.00	4.00	4.00	4.00
Threatening or verbally abusing a university employee or fellow student	5.00	5.00	5.00	5.00
Attempting to use personal relationships, bribes (illegal rewards) or threats to gain academic advantages	7.00	7.00	7.00	7.50
Engaging in substance misuse (e.g. drugs)	7.00	8.00	7.00	8.00
Completing work for another student	2.00	2.00	2.00	3.00
Intentionally falsifying (changing) test results or treatment records in order to disguise (hide) mistakes	6.00	7.00	6.00	6.00
Physically assaulting a university employee or student	7.00	8.00	7.00	8.00
Purchasing (buying) work from a fellow student or internet etc. supplier	5.00	5.00	5.00	6.00
Lack of punctuality for classes	2.00	2.00	2.00	4.00
Providing illegal drugs to fellow students	9.00	9.00	8.00	10.0
Not doing the part assigned in group work	3.00	3.00	4.00	5.00
Examining patients without knowledge or consent of supervising clinician	2.00	3.00	2.00	3.00
Sabotaging (deliberately damaging) another student's work	6.00	6.00	6.00	6.00
Inventing extraneous (irrelevant) circumstances to delay sitting an exam	4.00	3.00	4.00	5.00
Sexually harassing a university employee or fellow student	8.00	9.00	8.00	9.00
Resubmitting work previously submitted for a separate assignment or earlier degree	3.00	3.00	3.50	5.00
Plagiarizing work (stealing ideas and presenting them as one's own) from a fellow student or publications/internet	5.00	5.00	5.00	6.00
Cheating in an exam by (e.g. copying from neighbour, taking in crib material or using mobile phone or getting someone else to sit for you)	6.00	6.00	6.00	7.00
Intentionally cutting and pasting or paraphrasing material without acknowledging the source	3.00	2.00	3.00	4.00
Damaging public property (e.g. scribbling on desks or chairs)	3.00	3.00	3.00	3.00
Falsifying personal references (recommendation letters) or grades on a curriculum vitae or altering grades in the official record	7.00	7.00	6.00	8.00
Involvement in paedophilic activities: possession/viewing of child pornography images or molesting children	9.00	10.00	9.00	10.00

The Saudi students recommended sanctions of at least two levels lower than a cohort of 375 students at one Scottish medical school (Roff et al. 2012) for:

	Scot	Saud
Threatening or verbally abusing a university employee or fellow student	8	5
Inventing extraneous circumstances to delay sitting an exam	6	4
Exchanging information about an exam before it has been taken (e.g. OSCE)	5	2
And two levels higher for:		
Failing to follow proper infection control procedures	2	4
Drinking alcohol over lunch and interviewing a patient in the afternoon	5	7

Discussion

These data help us to understand the “Student Press” and “Faculty Press” (Genn 2001) which constitute important parts

of the educational environment or “climate” in one Saudi medical school in relation to lapses in professionalism relating to academic integrity. We suggest that the “press” of an educational environment or culture can be delineated by tracing the modes and medians to an inventory of items such as are contained in the Dundee Polyprofessionalism Inventory I: Academic Integrity. In this case study, for eight items, the mode was higher than the medians in the students’ responses, but for 13 the modes were lower than the medians. This is a “quantified” picture of the environment in which the students are studying medicine. The data about faculty’s recommended sanctions outlines the Faculty Press of the institution which probably does much to shape the Student Press. They also point to some differences in the Faculty Press between this Saudi school and a Scottish medical school. While there are some predictable differences, such as in relation to alcohol use, that are very probably based in cultural and religious differences between the two countries, it is important to consider the implications of the different perceptions of “generic” lapses in professionalism in the two samples especially given the considerable migration of medical personnel in both directions.

Conclusions

The data on modes and medians reported above suggest that a quarter to a third of the students in one Saudi medical school had a poor understanding of the importance of some lapses of professionalism relating to academic integrity, although their faculty concurred in large part with UK colleagues and were stricter in some areas, though more lenient in several important areas of data integrity. Like all similar organizations, Saudi medical schools are culturally “specific” within the national culture but it may be that the institution needs to enhance the teaching in relation to these particular items in order to help the students to prepare for their responsibilities as practising doctors.

These data may also help the national committee in Saudi Arabia as it moves into Phase 2 of developing its competency framework for undergraduate medical education.

Although this study is limited in being conducted with reference groups formed by online recruitment from the sample populations, these data may begin to help focus teaching about professionalism in the Saudi medical school and inform the refinement of Learning Outcomes for Bachelor Degree Programs in Medicine in the Kingdom of Saudi Arabia. The generalizability of the findings needs to be further tested to see if they support the suggestion (Roff 2014) that “mapping” of professionalism learning in relatively homogenous populations such as a medical school can be robustly conducted with well-constructed stratified, representative reference groups.

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