How to teach Medical Ethics - Case study from the Thai Military Medical School

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Abstract

Context A class of third-year(first preclinical year) Thai Army medical students were exposed to a rural community in a preventive field work. The pure and poor rural people gave a very good condition for students' professional development and empathy impressions.

Objective To report a preventive field work activity in professional development of the Thai Army medical school.

Design Descriptive analysis in two occasions to evaluate the students' impression immediate after the field work and one year later against our institute's objectives.

Setting A preventive field work activities in a rural area in central Thailand.

Participants 54 third-year(first preclinical year) Thai Army medical students.

Main Outcome Measures Baseline scores of students' impressions against our institute's objectives

Results At the end of the field work, 90.9% of the students expressed that the course provided them several Faculty's objectives. There were four most frequent mentioned: Ethical

development (70.6%), professionalism (84.3%), human relationship & communication skills (92.2%), and capability to work in the community (64.7%). Furthermore, medical cadets rate the accompanied staffs acting as good role models in 51%.

Conclusion We found that one of our military and community field work course provided a good environment for the third year medical cadets in building up morality and professional development of being good doctors.

Key words: medical ethics, ethical teaching, preventive medicine, military medicine, moral assessment, authentic assessment, professional development, professionalism.

Introduction

Curriculum development is the ongoing process from time to time globally. ^{1,2,3,4} Thai medical schools gradually modified their curriculum according to international, political, social demands and healthcare reform policy. Wanapruk in Year 2000 reviewed 13 ethical meetings which were set within 4 years, and found that every Thai medical schools teach medical ethics in some ways, but taken into account from zero to four credit hours. From the 7th Thai National Medical Consortium Meetings(2001)⁶ recommended that medical ethics should be an accountable subjects and credit hours with the promotion of students' community activities, which are the directions of changes in ethical teaching in Thai medical schools.

Attitude teaching is the most difficult process in medical teaching. Medical ethics involves medical law, patient's right and medical judgement (bioethics). Moral is an individual experiences and development of mind, which is kept inside except expressed after certain stimuli or stresses. Nowadays, "medical students pay little attention to lectures on ethics and the same or worse is true for the new graduate being let loose on the public"⁷.

Pramongkutklao Medical Center(PMC) is the only Arm Force Medical School in Thailand. It was established in 1968 by the order of His Majesty the King of Thailand. Our 6 years medical curriculum provides 32 to 65 medical cadets a year for the Army, Navy, Airforce and Thai society. The aim of our medical teaching is to improve students' cognitive knowledge, professional skills with the abilities to acquire knowledge for life-long learning, keeping up-to-date and problem solving ability as well as professionalism and moralism.

"Attitudes are caught not taught". Every country has its own culture and believes. How we adjust our teaching environment in helping ethical thinking and professional development are challenging issues.

Methods

PMC 's ethical curriculum was implemented in every occasions from preclinical to clinical years. "Social, Cultural, Behavioral and Ethical issues in Medicine" is the subject that we established in ethical teaching since 1981. Now, it is an accountable 3 credits block.

We use these formats in "Social, Cultural, Behavioral and Ethical issues in Medicine" block

- 1. Site visit: Orphan home, Drug addiction treatment hospital etc.
- 2. Lecture: by famous Thai Medical Council's members, lawyers, and social activists.
- 3. Case study: small group discussion in several topics such as End of Life Care, conflicts of interest, HIV patients and families and truth telling etc.
- 4. Field work: rural area in preventive field works for third-year and fourth-year medical students.

Table 1 PMC's Social, Cultural, Behavioral and Ethical issues in Medicine block

| Academic year | Site visit | Lecture | Case study |
|---------------|------------|---------|------------|
| 1981 | 0 | 5 | 14 |
| 1982 | 2 | 10 | 15 |
| 1983 | 0 | 8 | 9 |
| 1984 | 2 | 8 | 12 |
| 1985 | 1 | 9 | 12 |
| 1986 | 2 | 6 | 12 |
| 1987 | 1 | 10 | 10 |

This paper will present a field work course for our third-year medical students who spent a week in a rural district on 14-20 December 2002 as a study model in helping our students develop their professionalism and morality.

The students are assigned in 4 groups with their own projects. The projects were approved by the group advisors and presented to the classs who will revise the questionaires and educational instruments.

These are several activities for the students to participate:

- 1. Collect basic population data and specific group course database.
- 2. Set an exibition course for public education.
- 3. Community leaders focus group discussion to identify their own community health care problem.
- 4. Public education according to each focus group discussion by the students role playing.
 - 5. Summary and feedback to the public and the faculty.

Results

On 20th December 2002 which was the last day in the community. All the students wrote their feedback regarding the impressions and experiences they have gained from this field work. The author categorized and summaried in table2 against our institution's objectives (appendix 1). These are some of our students feedbacks:⁸

"In conclusion, I gain a lot from this program including field experiences, problem solving ability, to work with others. New knowledge as well as ethical issues that the staffs pointed out all the time..."

"These experiences that I obtained, I am sure that they will remind me what a good doctor is! And I will be back to prove how good a doctor I am....."

"The beneficent that I got is the heart of a doctor, some inspiration and loss some bad habit. I feel more empathy, more patient and more morality...."

"Although, the field work is hard, but, I earned some good impression to be a good doctor, to devote for the society-especially in the remote communities. They are waiting for doctors to come, to serve and teach them – it is really a good impression...."

Table 2 The students' impression against our institute's objectives(immediate after the field work)

| | ltem | Reach | % |
|----|--|-------|------|
| 1 | To possess morality and ethics in practice of medicine | 36/51 | 70.6 |
| 2 | To have faith and pride in their medical profession | 43/51 | 84.3 |
| 3 | To possess the quality of military leadership | 4/51 | 7.8 |
| 4 | To be observant, thoughtful and enthusiastic in learning. Be | | |
| | able to solve problems systematically | 22/51 | 43.1 |
| 5 | To have positive attitude toward continuing education | 3/51 | 5.9 |
| 6 | To have good human relationship and skills in interpersonal | | |
| | communication and cooperation | 47/51 | 92.2 |
| 7 | Always be an adaptable and adjustable person. | 20/51 | 39.2 |
| 8 | To look at and solve problems by integrating using holistic | | |
| | approach | 0 | 0 |
| 9 | To be able to evaluate the situations and their own abilities. | 6/51 | 11.8 |
| 10 | To be able to perform duty in any kind of community and | | |
| | situation, | 33/51 | 64.7 |
| 11 | To be able to modify and select appropriate technology for | | |
| | prevention and solution of health problems | 11/51 | 21.6 |

From Table 2 51 students (90.9%) gave comments of the program. Over 50% of the students rate four out of our institute's eleven objectives. Human relationship development, professionalism and moral development were the highest accordingly (92.2%, 84.3%, 70.6%). Beside the institute's objectives were reached. 51% of the students comment about the accompanied staffs being good models. This is the highest activity that made our staffs to be good models.

Table 3 The students' impression against our institute's objectives (the second opinion, 1 year later)

| | Item | Reach | % |
|----|--|-------|------|
| 1 | To possess morality and ethics in practice of medicine | 46/54 | 85.2 |
| 2 | To have faith and pride in their medical profession | 37/54 | 68.5 |
| 3 | To possess the quality of military leadership | 30/54 | 55.6 |
| 4 | To be observant, thoughtful and enthusiastic in learning. Be | 39/54 | 72.2 |
| | able to solve problems systematically | | |
| 5 | To have positive attitude toward continuing education | 47/54 | 87.0 |
| 6 | To have good human relationship and skills in interpersonal | 40/54 | 74.1 |
| | communication and cooperation | | |
| 7 | Always be an adaptable and adjustable person. | 44/54 | 81.5 |
| 8 | To look at and solve problems by integrating using holistic | 42/54 | 77.8 |
| | approach | | |
| 9 | To be able to evaluate the situations and their own abilities. | 44/54 | 81.5 |
| 10 | To be able to perform duty in any kind of community and | 42/54 | 77.8 |
| | situation, | | |
| 11 | To be able to modify and select appropriate technology for | 38/54 | 70.4 |
| | prevention and solution of health problems | | |

Table3 is the second survey one year later. The author used the institute's objectives as a part of the questionaire for the students to express their impressions at present time. Surprisingly, the good impressions remained, even higher than the first survey, But, how long will it last? Are they really good doctors in the future? It is challenging to know.

Comments

Affective domain teaching can be arranged in many ways: lecture, case discussion, role-playing, direct exposure to clinical situation by simulated patients or real world conditions. According to Krathwohl D, Bloom B, and Masia B. 1956, there are five levels in affective domain: receiving, responding, valuing, organization and characterization by value. This field work at least help the medical students to understand the villegers's poverty and the hope for

better health care, the students sense and feel their needs and know the value of poverty and themselves, forming(organization) a better value in professionalism. We hope that these good fellings will leave an impression in their minds and characterized them to be good doctors in the future.

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Appendix I: Pramongkutklao Medical College's Objectives for graduates

- 1. To possess morality and ethics in practice of medicine
- 2. To have **faith and pride** in their medical profession

- 3. To possess the quality of military **leadership** and knowledge of military rules in order to be able to lead and command a small medical unit.
- 4. To be observant, thoughtful and **enthusiastic in learning**. Be able **to solve problems systematically** and scientifically and being research potential.
- 5. To have **positive attitude** toward continuing education by emphasizing three important principles namely: willingness to learn, ability to learn and responsibilty in learning and performing their duties.
- 6. To have good human relationship and skills in interpersonal communication and cooperation. To be efficient in writing and presenting a report. To be able to teach and transfer their medical knowledge and concepts.
- 7. To be versatile in medical profession which means having potential to perform in several roles of a physician such as general practitioner or an ability to perform basic duties efficiently in any other subspecialties. Could function as a researcher, scientist or administrator. To have an ability to teach and transfer medical and public health knowledge to medical and paramedical personnel in disease prevention and control. Always be an adaptable and adjustable person.
- 8. To look at and solve problems by integrating using holistic approach. To clearly understand that causes of medical problems are multifactorial namely body and mind, family, social and environment.
- 9. To be able to evaluate the situations and their own abilities.
- 10. To be able to perform duty in any kind of community and situation, be it in the city or in the country, at home station or in the military field with good administration and cost-effectiveness.
- 11. To be able to modiy and select appropriate technology for prevention and solution of health problems. To give education, promotion and rehabilitation of health problems to armed force personnels and their families including appropriate community and family planning.