Original Article

# New House-Officers' Views on Unprofessional Behaviour

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## Abstract

**Aim: To determine the views of new house officers (HO) on professionalism and unprofessional behaviour following dismissal in January 2007 of a HO who was caught video-taping nurses in the shower. Methods: An anonymous self-administered questionnaire was administered during new house officers' orientation. Using a Likert scale (1 = strongly disagree to 5 = strongly agree), HO were asked to rank statements regarding teaching and their understanding of professionalism and professional behaviour, role model-clinicians, their response to 3 real-life examples of unprofessional behaviour, and dismissal and Singapore Medical Council (SMC) registration of the sacked HO. Participation was voluntary. Results: Twenty-eight out of twenty-nine (96.6%) international medical graduates (IMG) and 84/95 (88%) house officers who graduated from National University of Singapore (NUS) responded. Their median age was 24 years and 63 of them were male. All IMG compared to 63.1% NUS HO agreed that professionalism was well taught in their medical school ($P$ <0.0001). Majority (82.1%) of IMG compared to 67.9% NUS HO agreed they had adequate role model-clinicians exemplifying professionalism ($P$ <0.0001). Majority (90.8%) of the respondents agreed that the sacked HO's behaviour was not pardonable, a smaller proportion (83.9%) agreed with dismissal but only half (52.7%) agreed that SMC should not register the sacked HO. Conclusion: In this study, only two-thirds of NUS HO felt that professionalism was well taught and they had adequate role models. NUS should review this aspect of medical education. Majority of HO agreed with the dismissal but only half felt the misdemeanour was serious enough for SMC not to register the sacked HO.**

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**Key words: House officers, Professionalism**

## Introduction

The need for incorporation of biomedical ethics and professionalism into the formal undergraduate and postgraduate curriculum has been increasingly recognised in the last twenty years.[1-4] Parallel to changes in the curriculum, reports of doctors accused of or engaged in criminal activities have appeared in the lay press and medical literature. Reports of this nature belong to a few genres: human experimentation during the early twentieth century,[5] terrorism,[6] euthanasia, assisted suicide and prescription of opoids[7-9] and "problem doctors"[10,11] In Singapore, among the 6931 fully or conditionally registered doctors with our Medical Council, allegations of professional negligence/incompetence, misdiagnosis, inappropriate treatment or prescription and breach of professional conduct are common causes for complaints[12] against "problem doctors". However, in the last two years it was the arrest of two house officers (HO) and subsequent conviction in court which shocked the nation: one for illegal consumption, possession and peddling of synthetic drugs[13] and the other for outrage of modesty when he attempted to videotape a nursing colleague in the shower.[14] Upon their arrests, both house officers' employment was terminated immediately. While both arrests generated much discussion in the lay and local medical press, most of the opinions came from senior and more experienced doctors.

We therefore decided to survey a group of new HO with the objective to understand their views on professionalism, unprofessional behaviour and the sacking of the house officer. At the time of the study, Singapore has only one medical school (National University of Singapore Yong Loo Lin School of Medicine) with annual output of about 250 house officers.

## Materials and Methods

Three cohorts of new HO who joined the National

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Healthcare Group, Singapore in March, May and September 2007 were invited to participate in this survey. These HO represented half of the total number of new HO in Singapore. An anonymous self-administered questionnaire was distributed to them during orientation, 1 week before they started work as HO. Participation was voluntary. The National Healthcare Group review board approved the study.

The closed-ended questionnaire had three demographic questions and eleven content items that required the HO to respond using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). The content items asked about HOs' understanding of professionalism and professional behaviour, the teaching thereof and role models in their medical school. Three scenarios drawn from real-life examples were then presented to elicit HOs' views on unprofessional behaviour and the disciplinary actions that were meted out. Participants were also invited to write free text comments.

In scenario A, a HO was rude and abrasive to his colleagues, and this behaviour persisted throughout his rotations despite counselling by his supervisors. His errant behaviour was noted by the Nursing Director who raised the matter to the hospital Chairman of the Medical Board. As a result, the hospital proposed to Singapore Medical Council to disallow the HO from full registration.

In scenario B, a HO did not complete her tasks at hand despite reminders, and falsified records. When approached by her supervisor, she claimed to have relationship problems with her boyfriend. This behaviour persisted despite counselling from her supervisor who then raised the matter to the Head of Department (HoD), recommending disciplinary action. However, the HoD decided otherwise and allowed this HO to proceed to the next rotation.

In scenario C, a HO was caught trying to record video footage of a colleague using the rest/shower room. Confronted with the evidence, he admitted to his criminal act, citing work stress and loneliness. He was dismissed from employment immediately and referred to the Singapore Medical Council for decision regarding his registration.

The data were managed and analysed with SPSS (version 13.0, SPSS Inc., Chicago). Descriptive statistics of the demographic data were calculated and presented. Ordinal data were dichotomised and analysed by chi-square test where appropriate. A *P* value equal to or less than 0.05 was considered significant.

## Results

Out of the 124 new HO, 90.3% responded (n = 112): 84 of 95 (88%) of National University of Singapore (NUS) graduates and 28 of 29 (96.6%) of the international medical graduates (IMG). The house officers' median age was 24 years with a range from 23 to 28 years. Among the 63 men, there was a significantly more (*P* =0.003) men among NUS graduates (66.7%) compared to IMG (28.6%). All NUS graduates who applied to National Healthcare Group were employed while >95% of IMG applicants were employed. The universities of the IMG included Australia, Canada, Malaysia, New Zealand and United Kingdom.

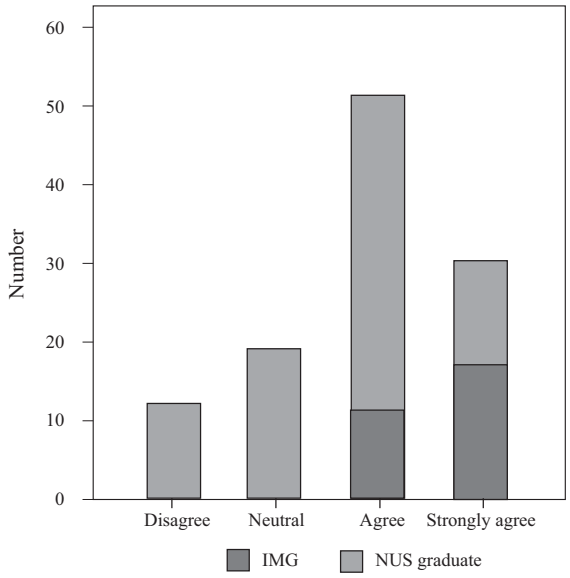


Fig. 1. Response from House Officers to Statement "In my medical school, professionalism was well taught".

All IMG HO agreed that professionalism and professional practice were well taught in their medical schools but only 63.1% of NUS HO thought so (*P* <0.0001). Figure 1 shows the distribution of scores between IMG and NUS HO. When asked about their understanding of professionalism, 100% IMG vs. 84.5% NUS HO indicated good understanding (*P* = 0.03). Majority (82.1%) of IMG HO compared to 67.9% of NUS HO agreed they had adequate role model-clinicians exemplifying professionalism (*P* <0.0001) while there was no difference between men and women HO.

Only half (52.7%) of respondents felt that the first HoD should escalate the matter to the hospital higher authority in scenario A of the rude and abrasive HO. When the errant behaviour continued, more (70.5%, *P* = 0.002) respondents felt that the next HoD and 72.3% (*P* = 0.002) felt that Nursing Director should escalate to higher authority. However while they agreed with escalation within the hospital, only 35.7% (*P* <0.0001) of respondents agreed that Singapore Medical Council should disallow registration of the errant HO, while 34.8% remained neutral and 29.5% disagreed. A significantly higher proportion of IMG HO (71.4%) compared to 23.8% of NUS HO agreed that Singapore Medical Council should disallow registration (*P*

<0.0001) while there was no difference between men and women HO.

In scenario B whereby a HO neglected her duties and falsified records, 80.4% of respondents agreed that her behaviour was inexcusable even if personal problems was the mitigating factor. Majority (83%) of respondents also agreed that the supervisor was right in recommending disciplinary action. However significantly fewer (76.8%, $P = 0.02$) respondents agreed that HoD should have disciplined the HO and even fewer (60.7%, $P < 0.0001$) respondents agreed that the next HoD should be informed of her behaviour. A significantly higher proportion of IMG HO (85.7%) compared to 52.4% NUS HO agreed that next HoD should be informed ($P = 0.002$) but again there was no difference between men and women HO.

While majority of respondents (90.8%) agreed that the sacked HO's behaviour in scenario C was not pardonable regardless of circumstances, slightly less (83.9%) agreed with the dismissal but only half (52.7%, $P < 0.0001$) agreed that Singapore Medical Council should not register the sacked HO. A higher proportion of IMG HO (71.4%) compared to 46.4% NUS HO agreed that Singapore Medical Council should not register the sacked HO ($P = 0.02$). Interestingly, 7 (6.3%), all NUS HO indicated that the sacked HO's behaviour was pardonable. Seven (6.3%) respondents of which 6 were NUS graduates disagreed with the dismissal while 11 (13.1%), all NUS HO were neutral. In addition, significantly more ($P = 0.005$) male respondents (25.4%) compared to female respondents (8.2%) disagreed with the statement that Singapore Medical Council should not register the HO.

## Discussion

Definitions of professionalism are often expressed in terms of behaviour e.g. "…as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population"[3], "…signifies a set of values, behaviours, and relationships that underpins the trust the public has in doctors,"[4] and "…demonstrated through a foundation of clinical competence, communication skills, and ethical and legal understanding, upon which is built the aspiration to and wise application of the principles of professionalism: excellence, humanism, accountability and altruism".[15] Perhaps equally important is a clear delineation of professional expectations, performance criteria, monitoring and response to unprofessional behaviour and deficiencies,[3,16-18] such that "unacceptable behaviours and their consequences should be clearly articulated and transparent…so there can be no doubt as to the grounds for advancement, remediation, or dismissal."[16]

When confronted with scenarios of doctors with unprofessional behaviour, majority of the new house officers agreed that the behaviour were deplorable indicating that these new HO understood and agreed with the professional expectations. However there was less agreement with the extent of escalation and remedial/disciplinary action to be taken. Where errant behaviour was persistent despite intervention and counselling as in the first 2 scenarios, NUS HO were still reluctant to escalate and implement disciplinary action compared to IMG HO. Unfortunately the design of the study did not probe the reasons for differences between NUS and IMG respondents. In the third scenario of a HO who committed a criminal offence, NUS compared to IMG respondents were still reluctant to mete out disciplinary action, though the difference between NUS and IMG respondents was less marked. The responses from NUS graduates were suggestive of "a tacit norm of non-criticism, a conspiracy of tolerance."[10] It was interesting that IMG respondents who were educated in 10 different foreign universities showed a high degree of agreement of escalation and disciplinary action perhaps due to the need for social desirability.

Compared to their foreign counterparts, significantly fewer NUS HO indicated that professionalism was well taught in their medical school, that they had good understanding of professionalism or that they had adequate role model-clinicians exemplifying professionalism. Comments from these HO supported the findings that while biomedical ethics were well taught, the teaching of professionalism in NUS medical school and its affiliated teaching hospitals seemed inadequate.

Stern and Papadakis advocated that teaching of professionalism encompasses 3 sets of actions: setting expectations, providing experiences and evaluating outcomes.[19] As the main institution educating medical students to become doctors to serve the needs of an entire nation, NUS needs to review its undergraduate curriculum together with her affiliated teaching hospitals with respect to the teaching and evaluation of professionalism. While formal and didactic events e.g. ceremonial induction-white coat ceremony, lectures, seminar, small group discussions, simulated case studies, role-play workshops, mentoring etc must be included, it is in the clinical environment where clerkships are completed that these new HO experienced and learned professionalism in reality e.g. role modelling by clinicians, caring and respect for patients, communication with and respect for other health care workers, conversations held in the corridor, stories exchanged about that "great case" in the doctors' room etc.[3,4,15,16,19-21] As acknowledged by Stern and Papadakis,[19] it is a daunting task for NUS medical school to work with 10 or more teaching centres and hospitals to institute an attitude of professionalism in thousands of clinical teaching faculty members.

Evaluation of professionalism is the other area which needs to be strengthened. Rather than the current clerkship evaluation tools and examinations with their emphasis on knowledge and skills, it is important to include tools to assess professionalism e.g. assessment by faculty, by peers, by patients and multi-perspective 360-degree evaluation.[19] The thousands of clinical teaching faculty must also be trained to evaluate professionalism in students. At the same time a system for identification and intervention for the few students with deficiencies and dismissal of the rare student who cannot practice professional medicine must also be set up.

### *Limitations*

The design of the study did not probe the reasons for differences in response between NUS and IMG HO. Though there was no significant difference in most responses between men and women HO, it must be noted that there were only eight men among IMG HO and hence men were under-represented among IMG.

## Conclusion

In this survey, only two-thirds of NUS HOs felt that professionalism was well taught in medical school and that they had adequate role model-clinicians. NUS should review this aspect of medical education. Majority of respondents agreed that criminal behaviour was not pardonable regardless of circumstances and agreed with the dismissal of the HO-perpetuator. However only half the respondents felt the misdemeanour was serious enough for Singapore Medical Council not to register the sacked HO. NUS graduates and male respondents were more likely to disagree with the statement that SMC should not register the sacked house officer who committed a criminal offence.

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