Development of inventory for polyprofessionalism lapses at the proto-professional stage of health professions education together with recommended responses

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Abstract

Aim: To identify behaviours and attitudes that exhibit poor professionalism at the proto-professional stage of undergraduate health professions education, and investigate the extent and nature of agreement by faculty on appropriate responses by undergraduate students in the UK.

Methods: A preliminary inventory of 69 items of behaviour and attitude was derived from literature review and 1-month observation at a UK teaching site. Reference Groups were formed by e-mail solicitation of senior medical educators in the UK and the Dundee Medical School to identify consensus on the relevant items and the appropriate responses.

Results: The multi-stage study generated a preliminary inventory with 42 items and identified clear areas of consensus among faculty on appropriate responses by students to lapses in professionalism.

Conclusions: There is a broad range of consensus on the relevance of more than 40 forms of poor professionalism at the proto-professional undergraduate level and the appropriate responses that students should feel empowered to make to observed lapses. These data will give guidance in the development of e-learning programmes for UK students and to undergraduate Fitness to Practise Committees as they seek consistency in responding to lapses in professionalism by students and teachers at the undergraduate level.

Introduction

We are investigating the hypothesis that ‘polyprofessionalism’ (consistent values and standards for all members of the team) for the team delivery of health care — which is now the norm in many health economies and well-entrenched in the UK — is learned by health professions students, trainees and practitioners as a sequenced continuum of socially agreed (normed) attitudes and behaviours. We are exploring the teaching and learning of polyprofessionalism in e-learning programmes that permit self and peer assessment against benchmarked standards. These programmes might be used for formative assessment as part of the teaching process and perhaps constitute a progress test towards summative assessment at novice/proto/autonomous practitioner levels.

Our directional hypothesis is towards three stages of learning, drawing from Kohlberg’s neo-Piagetian theory of moral development. We are investigating the substance of the ‘proto-professional’ stage of undergraduate learning in the health professions following the model suggested by Hilton, Slotnick and Southgate. We hope that our research is a contribution to the longitudinal studies called for by Rees (2005) to substantiate the proto-professional model (of which she was skeptical).

We believe that professionalism is learned, and probably in a sequenced process, since, pace Gilbert and Sullivan, we do not believe that ‘every boy and every gal’ (that’s hom
into the world alive/Is either a little Liberal/Or a little Conservative.’

Aims

Peer assessment in combination with self-assessment should be used formatively rather than summatively, and as a modelling process for the development of reflective development and the appraisal of colleagues in the future workplace, as well as teaching the actual content of professionalism (Arnold et al. 2005; Bryan et al. 2005; Nofziger et al. 2006). ‘Organisations such as the General Medical Council (GMC) and the American Board of Internal Medicine’s (ABIM) “Project Professionalism” have suggested that an important component of the development of medical students’ professionalism is self-assessment. In addition, several educators have suggested that peer evaluation may be a useful adjunct. Both formats help students develop the ability to make judgements, a necessary skill, for study and professional life. By judging the work or behaviour of others, students gain insight into their own performance, an important element of professional competence.’ (Bryan et al. 2005, p. 487)

As Friedman Ben-David (2009) wrote: ‘Faculty or experts may provide a form of gold standard for student self-assessment. Peer assessment is another form of standard with which students can compare their self-assessment. A set of criteria, developed for a performance domain and known to students in advance, is another form of good standard against which self-assessment can be compared.’

The challenge is to develop valid, reliable, robust criteria or benchmarks – especially in such a context-defined area such as professionalism or polyprofessionalism for team working in the health care professions. In its July 2009 Report, the UK Council for Healthcare Regulatory Excellence called for ‘greater consistency to fitness to practice’ procedures across UK medical schools and the evolution of a ‘common sanction set’ across the health professions.

Methods

Stage A – Development of preliminary items for Dundee Polyprofessionalism (protoprofessional) inventory

Nearly 30 studies were identified relating to professional attitudes and behaviours at the ‘proto-professional’ (Hilton & Slotnick 2005; Hilton & Southgate 2007) stage of health professions education – where the learners have some clinical exposure but no autonomous clinical responsibility. These generated approximately 40 items for consideration in the preliminary inventory.

Ethics permission was obtained from Dundee University Research Ethics Committee for a 1-month observational study of proto-clinical learning and teaching at a satellite teaching site of Dundee University Medical School by KD. The analysis of observations, informal interviews and semi-structured interviews with teachers from several professions and their students resulted in the addition of nearly 30 items and face validation of most of the items drawn from the literature.

An online inventory was developed using the 69 items by the Survey Service of Dundee University (Gillian Duffus and Anne Hutchison) using the Bristol Online Survey system. Permission to administer the inventory was granted by the Tayside Research Ethics Committee as educational development research.

Twenty-seven medical educators were recruited by invitation to e-mail lists of attendees at UK medical education conferences and the personal mailing list of SR (who was a member of the Postgraduate Medical Education and Training Board) to serve on the Reference Group (UK-1) for the project in April/May 2007. The survey was open for a month from 14 May, 2009 and two e-mail reminders were sent.

Results

I: Reference Group UK-1 (27)

Of the 27-member Reference Group that was formed, 11 (41%) were female and 16 (59%) were male. One (4%) was aged under 30 years, 13 (48%) were aged 31–50; 12 (44%) were aged 51–65 and 1 (4%) was older than 65 years; 21 (78%) were clinicians and 6 (22%) were non-clinicians. Responses were anonymised so that the researchers did not know the identities, but informal conversations in the following weeks indicated that many of the respondents were at the most senior levels of medical education (General Medical Council, Postgraduate Medical Education and Training Board and British Medical Association as well as senior medical school post holders).

Twelve (44%) were primarily involved in academic teaching and 12 (44%) in clinical practice while three (12%) were primarily involved in management; two (7%) were dentists and 25 (93%) were doctors.

They were asked to respond to three questions relating to each of the 69 items:

If a student becomes aware of this behaviour/attitude should they in the first instance:

- Ignore it
- Challenge the person about the behaviour/attitude
- Discuss the person’s behaviour/attitude with peers to find a way of addressing it
- Report the person’s behaviour/attitude to a more senior person without trying to address it oneself or with peers
- Take another course of action

If you selected Take another course of action, please specify.

Using the modes, the Reference Group (UK-1) proposed the sanctions for the 69 items listed in Table 1.

There were no statistically significant differences by gender, age or field of teaching in the ratings 1–5 of how wrong the behaviours were. In relation to perceived frequency of the behaviours there were no statistically significant age differences in any of the 69 items.

There were two statistically significant differences in perceived frequency by gender:

- A male fellow student/trainee comes on to the ward/clinic in clothes that are unprofessional in style and probably not very clean where females perceived this far more frequently than males.
A fellow student/trainee starts to discuss patients in the public elevator when members of the public are present.

A fellow student/trainee misses many teaching sessions because s/he has a part-time job.

A fellow student/trainee is always missing deadlines for his or her class work.

A fellow student/trainee smells of alcohol when he/she comes back to the ward/clinic after his/her lunch break.

You are aware that a fellow student/trainee has not informed his/her institution of a health condition that his/her colleagues should be aware of.

You are aware that a fellow student/trainee has not informed his/her institution of a health condition that the faculty should be aware of.

One of your fellow students/trainees pretends to be more fully qualified than s/he is when discussing procedures for consent with patients and their carers.

One of your fellow students/trainees pretends to be fully qualified in talking with patients and their carers.

One of your fellow students/trainees believes that infection control measures at the entrance to ward/clinic are useless and not worth bothering about.

On an elective in a foreign country, a fellow student/trainee undertakes procedures for which he/she is not yet trained in his own country without supervision.

A fellow student/trainee makes rude remarks about body parts that have been donated for teaching and learning.

A fellow student/trainee starts to discuss patients in the public elevator when members of the public are present.

A fellow student/trainee tells a story about a patient in a loud voice in a café or pub.

A fellow student/trainee is very opinionated about patients’ lifestyles and conditions.

A fellow student/trainee is very selfish in group learning and does not contribute to collaborative learning.

A fellow student/trainee over-empathises with patients without understanding the responsibilities of the health care team.

A fellow student/trainee is very quick to become emotionally involved with patients and seems unable to establish professional boundaries.

A fellow student/trainee advocates for patients and carers without regard to the resource restrictions in the health care system.

A fellow student/trainee fails to advocate for a patient because of prejudice about his/her disease or lifestyle.

A fellow student/trainee ridicules patients in teaching sessions.

A fellow student/trainee expresses racist views about entitlement to health care.

A fellow student/trainee expresses sexist views about entitlement to health care.

A fellow student/trainee expresses ageist views about entitlement to health care.

A fellow student/trainee offers to give you drugs to cope with stress/sleep deprivation.

You see/hear a fellow student/trainee bullying another student/trainee.

One of your fellow students/trainees submits a reflective exercise as his/her own when you know it isn’t.

Ignore

A fellow student/trainee is over-competitive in learning situations.

A fellow student/trainee makes it clear that s/he is trying to have a personal relationship with one of the clinical tutors.

A fellow student/trainee always does only the bare minimum of what is required in class and ward learning.

A fellow student/trainee is very reluctant to work beyond the stated hours.

A fellow student/trainee whom you have known from high school days claims to have a better academic record than you know s/he achieved.

A fellow student/trainee suggests the group leave the ward/clinic early in order to see a film which starts at an inconvenient time.

A fellow student/trainee remembers the ward/clinic and colleagues.

A fellow student/trainee is clever at blaming others for his or her mistakes on the ward/in the clinic.

A fellow student/trainee monopolises small group learning.

A fellow student/trainee always reacts defensively to any criticism.

A fellow student/trainee is over-critical of everyone else’s performance.

A fellow student/trainee monitors small group learning.

A fellow student/trainee is very arrogant about his/her place in the health care team.

A fellow student/trainee is clever at blaming others for his or her mistakes on the ward/in the clinic.

A fellow student/trainee is overly dependent on the group to achieve the learning tasks on which s/he is to be assessed.

Report the behaviour/attitude to more senior person without trying to take action

You see one of your fellow students/trainees driving a car when you know he/she has been banned from driving.

A fellow student/trainee offers what you know to be a false excuse to postpone an examination on compassionate grounds.

A fellow student/trainee is clearly under the influence of drugs when he/she arrives on the ward/in the clinic.

A fellow student/trainee is paying another classmate to sign the register for classes he/she does not attend.

A fellow student/trainee takes advantage of a social connection with a member of the faculty to improve his/her grades.

A fellow student/trainee offers to sell you drugs to cope with stress/sleep deprivation.

Challenge the person about the behaviour/attitude

You see one of your fellow students/trainees stealing housekeeping items from the ward/clinic cupboard.

You realise that one of your fellow students/trainees is stealing/pilfering small items of food or equipment on a regular basis.

You see one of your fellow students/trainees driving a car when you know he/she has not yet passed the driving licence test.

One of your fellow students/trainees says that infection control measures at the entrance to ward/clinic are useless and not worth bothering about.

You are aware that a fellow student/trainee has not informed his/her institution of a health condition that the faculty should be aware of.

You are aware that a fellow student/trainee has not informed his/her institution of a health condition that his/her colleagues should be aware of.

A female fellow student/trainee comes on to the ward/clinic in unprofessional clothing that shows too much of her body.

A male fellow student/trainee comes on to the ward/clinic in clothes that are unprofessional in style and probably not very clean.

A female fellow student/trainee comes on to the ward/clinic in unprofessional clothing that shows too much of her body.

A female fellow student/trainee comes on to the ward/clinic in unprofessional clothing that shows too much of her body.

A female fellow student/trainee is very opinionated about patients’ lifestyles and conditions.

A fellow student/trainee fails to advocate for a patient because of prejudice about his/her disease or lifestyle.

A fellow student/trainee ridicules patients in teaching sessions.

A fellow student/trainee expresses racist views about entitlement to health care.

A fellow student/trainee expresses sexist views about entitlement to health care.

A fellow student/trainee expresses ageist views about entitlement to health care.

A fellow student/trainee offers to give you drugs to cope with stress/sleep deprivation.

You see/hear a fellow student/trainee bullying another student/trainee.

One of your fellow students/trainees submits a reflective exercise as his/her own when you know it isn’t.

Discuss with peers to find way of addressing

A fellow student/trainee does not do his share of group work that is assigned for group assessment.

A fellow student/trainee often comes on the ward/clinic with personal hygiene problems such as body odour.

A fellow student/trainee always reacts defensively to any criticism.

A fellow student/trainee is over-critical of everyone else’s performance.

A fellow student/trainee monopolises small group learning.

A fellow student/trainee is very arrogant about his/her place in the health care team.

A fellow student/trainee is clever at blaming others for his or her mistakes on the ward/in the clinic.

A fellow student/trainee is overly dependent on the group to achieve the learning tasks on which s/he is to be assessed.

Report the behaviour/attitude to more senior person without trying to take action

You see one of your fellow students/trainees driving a car when you know he/she has been banned from driving.

A fellow student/trainee offers what you know to be a false excuse to postpone an examination on compassionate grounds.

A fellow student/trainee is clearly under the influence of drugs when he/she arrives on the ward/in the clinic.

A fellow student/trainee is paying another classmate to sign the register for classes he/she does not attend.

A fellow student/trainee takes advantage of a social connection with a member of the faculty to improve his/her grades.

A fellow student/trainee offers to sell you drugs to cope with stress/sleep deprivation.

Table 1. Recommended sanctions by mode.

<table>
<thead>
<tr>
<th>Mode</th>
<th>Ignoring</th>
<th>Challenge the person about the behaviour/attitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ignore</td>
<td>A fellow student/trainee is over-competitive in learning situations.</td>
<td>A fellow student/trainee starts to discuss patients in the public elevator when members of the public are present.</td>
</tr>
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<td>A fellow student/trainee makes it clear that s/he is trying to have a personal relationship with one of the clinical tutors.</td>
<td>A fellow student/trainee tells a story about a patient in a loud voice in a café or pub.</td>
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<td>A fellow student/trainee always does only the bare minimum of what is required in class and ward learning.</td>
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<td>A fellow student/trainee fails to advocate for a patient because of prejudice about his/her disease or lifestyle.</td>
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</tr>
<tr>
<td>A fellow student/trainee whom you have known from high school days claims to have a better academic record than you know s/he achieved.</td>
<td>A fellow student/trainee ridicules patients in teaching sessions.</td>
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<tr>
<td>A fellow student/trainee suggests the group leave the ward/clinic early in order to see a film which starts at an inconvenient time.</td>
<td>A fellow student/trainee expresses racist views about entitlement to health care.</td>
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</tr>
<tr>
<td>Consult with peers to find way of addressing</td>
<td>A fellow student/trainee offers what you know to be a false excuse to postpone an examination on compassionate grounds.</td>
<td>A fellow student/trainee offers to give you drugs to cope with stress/sleep deprivation.</td>
</tr>
<tr>
<td>A fellow student/trainee does not do his share of group work that is assigned for group assessment</td>
<td>A fellow student/trainee offers what you know to be a false excuse to postpone an examination on compassionate grounds.</td>
<td>A fellow student/trainee offers to give you drugs to cope with stress/sleep deprivation.</td>
</tr>
<tr>
<td>A fellow student/trainee often comes on the ward/clinic with personal hygiene problems such as body odour.</td>
<td>A fellow student/trainee offers what you know to be a false excuse to postpone an examination on compassionate grounds.</td>
<td>A fellow student/trainee offers to give you drugs to cope with stress/sleep deprivation.</td>
</tr>
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<td>A fellow student/trainee always reacts defensively to any criticism.</td>
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<td>A fellow student/trainee is very arrogant about his/her place in the health care team.</td>
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<td>A fellow student/trainee offers to give you drugs to cope with stress/sleep deprivation.</td>
</tr>
<tr>
<td>A fellow student/trainee is clever at blaming others for his or her mistakes on the ward/in the clinic.</td>
<td>A fellow student/trainee offers what you know to be a false excuse to postpone an examination on compassionate grounds.</td>
<td>A fellow student/trainee offers to give you drugs to cope with stress/sleep deprivation.</td>
</tr>
<tr>
<td>A fellow student/trainee is overly dependent on the group to achieve the learning tasks on which s/he is to be assessed.</td>
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<td>A fellow student/trainee offers to give you drugs to cope with stress/sleep deprivation.</td>
</tr>
</tbody>
</table>
A fellow student/trainee monopolises small group learning.

There were two statistically significant differences in the ratings by primarily academic versus clinical versus management respondents:

- A fellow student/trainee avoids any learning opportunities involving communicable diseases where the management respondents thought this was far less common than the academic although the clinical teachers thought this is less frequent than their academic teaching colleagues.
- A fellow student/trainee offers to sell you drugs to cope with stress/sleep deprivation where academic teachers thought this far less frequent than clinical teachers.

II: Reference Group Dundee-1 (50)

A second Reference Group (Dundee-1) of 50 clinical medical teachers on NHS contracts at Dundee Medical School was formed by e-mail invitation to the clinical teaching staff. The survey was open for a month from 7 July, 2009, with two reminders. Of the respondents, 14 (28%) were female, 34 (68%) were male and 2 (4%) preferred not to indicate their gender. Two (4%) taught dentists and 48 (96%) taught medical students. Thirty-five (72%) were aged 31-50 years and 14 (28%) were aged 51-65 years.

Their recommended actions were mainly in agreement with the recommendations of the 27 UK medical educators but they were marginally stricter in recommending that rather than being ignored, fellow students/trainees should be challenged on the following behaviours:

- A fellow student/trainee whom you have known from high school days claims to have a better academic record than you know she/he achieved.
- A fellow student/trainee suggests the group leave the ward/clinic early in order to see a film which starts at an inconvenient time.
- The Dundee Reference Group-1 also thought that rather than challenging the person directly, the issue should be discussed with the peer group in order to find a way of addressing it for
- A fellow student/trainee is very selfish in group learning and does not contribute to collaborative learning.
- A fellow student/trainee over-empathises with patients without understanding the responsibilities of the health care team.

On the other hand, the Dundee Reference Group-1 recommended challenging the person directly rather than discussing with peer group for

- A fellow student/trainee does not do their share of group work that is assigned for group assessment.
- A fellow student/trainee often comes on the ward/clinic with personal hygiene problems such as body odour.
- A fellow student/trainee monopolises small group learning.

Stage B –Consolidation of items for preliminary Dundee Polyprofessionalism survey II: Proto-clinical (42) (student)

From the data received from the two Reference Groups above we were able to reduce the inventory from 69 to 42 items and it is now being field tested as below:

<table>
<thead>
<tr>
<th>The survey asks you to rate your responses to the following 42 statements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. You see one of your fellow students/trainees stealing items from the ward</td>
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<tr>
<td>2. A fellow student/trainee does not maintain personal hygiene</td>
</tr>
<tr>
<td>3. On an elective in a foreign country a fellow student/trainee undertakes unsupervised procedures beyond what you know is their level of training</td>
</tr>
<tr>
<td>4. A fellow student/trainee wants to talk about an examination e.g. OSCE that you are not supposed to discuss</td>
</tr>
<tr>
<td>5. A fellow student/trainee is unempathetic towards patients/carers</td>
</tr>
<tr>
<td>6. A fellow student/trainee fails to attend as required to a patient because of prejudice about his/her religion/ethnicity/race</td>
</tr>
<tr>
<td>7. You see one of your fellow students/trainees driving a car alone when you know that he/she does not yet have a license</td>
</tr>
<tr>
<td>8. A fellow student/trainee want to use your essay material or work you submitted in a previous course as their own</td>
</tr>
<tr>
<td>9. A fellow student/trainee smells of alcohol on the ward/clinic</td>
</tr>
<tr>
<td>10. A fellow student/trainee is selfish and uncollaborative in group learning either by dominating the group or not contributing</td>
</tr>
<tr>
<td>11. A fellow student/trainee asks you to help cover up a mistake in patient record keeping/care</td>
</tr>
</tbody>
</table>

(continued)
Conclusions

We have developed a preliminary inventory of 42 items relating to lapses in professionalism in the healthcare team at the early clinical stage (protoprofessional) which is primarily observational but does involve interactions with patients, carers, and the healthcare team. We have also identified broad agreement among two groups of healthcare educators about the recommended sanctions for such lapses by students at this stage. Our respondents are primarily teaching medical students, so we need to validate the instrument and the proposed sanctions in a less homogenous sample but we hope that the present results will help to guide thinking about the development of consistent sanctions across the polyprofessional team at the protoprofessional stage of learning within the UK health professions.

Declaration of interest: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

Note

The inventory is available for use under license from s.l.roff@dundee.ac.uk

Notes on Contributors

SUE ROFF, MA is a Social Scientist who has taught at the Centre for Medical Education since 1991. Over the past decade, she has served on the UK Postgraduate Medical Education and Training Board, as an Associate of the General Medical Council Fitness to Practice/Investigations and Registrations Committees; as a member for the Regulation and Compliance Board of the Institute for Chartered Accountants of Scotland and the Education Committee of the General Optical Council.

KABIR DHERWANI, MBBS is a Masters student in the Centre for Medical Education, Dundee.

References


Continued.

12. A fellow student/trainee offers to give you drugs to help with stress/sleep deprivation
13. One of your fellow students/trainees regularly ignores infection control procedures and says they are not worth bothering about
14. A fellow student/trainee makes rude remarks about a body donated for anatomy dissection
15. A fellow student/trainee monopolises library material and/or group discussions
16. A fellow student/trainee is very prejudiced about patients’ and carer’s life styles or diseases
17. A fellow student/trainee avoids learning opportunities involving communicable disease
18. A fellow student/trainee is overly dependent on the group for learning tasks on which she/he is to be assessed
19. One of your fellow students/trainees pretends to be more fully qualified than they are when dealing with patients and carers including taking consent
20. A fellow student/trainee bullies colleagues or patients or carers
21. A fellow student/trainee offers what you know to be a false excuse to postpone an examination on compassionate grounds
22. A fellow student/trainee is paying another classmate to sign the register for classes he/she does not attend
23. A fellow student/trainee belittles patients and their faces
24. You are aware that one of your fellow students/trainees has not informed the institution of a notifiable health condition
25. A fellow student/trainee uses derogatory language about a patient/carer to their face or in discussions with peers
26. A fellow student/trainee claims to have a better academic record than you know he/she has achieved
27. A fellow student/trainee is over-empathetic to patients without regard to health resource restrictions or boundary maintenance
28. A fellow student/trainee is clear under the influence of drugs when he arrives on the ward/in the clinic
29. A fellow student/trainee harms a cadaver donated for anatomy classes
30. One of your fellow students/trainees comes on to the ward/clinic in inappropriate clothing that is too informal and not very clean
31. A fellow student/trainee is overly critical of every one else
32. A fellow student/trainee offers to sell you drugs to cope with stress/sleep deprivation
33. A fellow student/trainee treats other members of the healthcare team and support staff arrogantly and rudely
34. A fellow student/trainee easily loses his/her temper under stress on the ward/clinic
35. A fellow student/trainee is always missing classes and deadlines because he/she oversleeps or has a part-time job
36. You see one of your fellow students/trainees driving a car when you know he has been banned from driving
37. A fellow student/trainee discusses a patient in an elevator pub, cafe or other public place
38. A fellow student/trainee is very unsupportive of peers when he/she becomes stressed
39. A fellow student/trainee is very clever about blaming others for mistakes on the clinic/ward
40. A fellow student/trainee is overly defensive and unable to respond constructively to criticism
41. A fellow student/trainee takes advantage of a social connection with a member of the faculty to improve his/her grades
42. A fellow student/trainee expresses sexist or ageist or racist views about entitlement to health care.