



CHAPTER I INTRODUCTION

Rationale and background

The performance of doctors has come under increasing scrutiny all over the world. Thus, medical education has undergone dramatic changes over the last few decades. In order to develop the characteristics of honesty and trustworthiness, which are important attributes of a medical practitioner, many medical schools have implemented their curricular revision. Ethics education has become a universal component of undergraduate and graduate clinical training. In spite of these efforts, which take plenty of time, for both staffs and students, few studies have been done to evaluate the effects of curriculum content or format.

Academic misconduct among the medical profession is an area of concern. It is important for doctors to be honest and trustworthy, as trust is a fundamental requirement for good relationships, both with patients and colleagues. It has been stated that if students are dishonest at an undergraduate level they will continue to engage in dishonest behavior as postgraduates.^{1,2} Fraud and plagiarism are problems that have been highlighted within undergraduate^{3,4} and postgraduate spheres.⁵⁻⁷ A positive relationship between the academic dishonesty and unethical business practices has also been found.⁸

In Chulalongkorn University, the medical curriculum in the Faculty of Medicine is of 6 years duration. The medical students learn basic sciences to the study of medicine in their first year. During Year 2 and 3 (pre-clinical years), students learn to apply biomedical knowledge to the study of 6 main topics; Introduction to basic medical science, Normal structures & function (system-based integration), Control system, The cycle of life, Principle of health and diseases, and Pathological sciences (system-based integration). After the pre-clinical years, the students will be divided into 4 groups. The majority of the students will study in the main campus (Campus 1), and the rest will go to 3 different campuses (Campuses 2-4). During Years 4 and 5 (clinical years), they study

various aspects of clinical medicine divided into 10 weeks rotation in several clinical disciplines plus 1 week in community medicine. In Year 6 (externship period), externs acquire clinical skills and assume more responsibility for patient care under close supervision in different clinical departments. The faculty has integrated ethical dilemma in our curriculum for more than six years. The status of undergraduate ethics as a curricular topic has not yet been evaluated. The purposes of this study are to determine attitude and self-reported behavior in medical students to scenarios involving academic misconduct (focusing on dishonesty and irresponsibility) and explore the association between these aspects and several factors, namely gender, academic year, cumulative grade point average (GPAX), and campus.

Research questions

What are medical students' attitudes and reported behaviors involving academic misconduct?

Is there any association between medical students' attitudes and reported behaviors involving academic misconduct and gender, academic year, GPAX, and campus?

Research objectives

To determine attitude and self reported behavior in medical students to scenarios involving academic misconduct

To determine the association between medical students' attitudes and reported behaviors involving academic misconduct and gender, academic year, GPAX, and campus

Research hypothesis

- **Null hypothesis**

There is no association between medical students' attitudes to academic misconduct and reported behaviors and gender, academic year, GPAX, and campus.

- **Alternative hypothesis**

There is association between medical students' attitudes to academic misconduct and reported behaviors and gender, academic year, GPAX, and campus.

Operational definition

- **Academic integrity** is a complex concept, difficult to define. Those that do attempt a definition generally declare that academic integrity means "academic honesty," or define it by example, listing prohibited cheating behaviors and/or required honest and fair behaviors. According to the Center for Academic Integrity there are five fundamental values that characterize an academic community of integrity: *Honesty, Trust, Fairness, Respect* and *Responsibility*. Academic integrity is essential to the educational mission of the university. Two values of concern in this study are *Honesty* and *Responsibility*.

- **Academic misconduct** is defined as any activity which tends to compromise the academic integrity of the institution, or subvert the educational process. Examples of academic misconduct include, but are not limited to: violation of course rules, providing or receiving information during quizzes and examinations, submitting plagiarized work for an academic requirement, falsification, fabrication, or dishonesty in reporting research results, alteration of grades or marks by the student in an effort to change the earned grade or credit and alteration of University forms. The attitudes and behavior regarding academic misconduct can be assessed by using questionnaire survey.

- **Plagiarism** is the practice of claiming or implying original authorship of (or incorporating material from) someone else's written or creative work, in whole or in part, into one's own without adequate acknowledgement. It involves both stealing someone else's work and lying about it afterward.

- **Cumulative grade point average (GPAX)** is the cumulative grade point average from the most recent student grade report.

Limitation

Important limitation of the study included the fact that it relied on self-reported attitudes and behaviors. What the students responded to the questionnaire might be

influenced by the bias of social acceptability. The student who refused to respond in any particular question might represent the different aspect from the majority. Therefore, the results obtained should be analyzed with caution. In addition, the cross-sectional design of the study might not allow conclusions on causality.

Expected benefit and application

To know the medical students' attitudes and their behaviors regarding academic integrity will be useful for the administrative personnel of the medical school. The result of this study may stimulate critical reflection and ongoing dialogue between students and medical educators and lead to development of institutional policies and procedures for orienting, teaching and evaluating attitudes and behaviors in this aspect. Moreover, further work should be emphasized in order to develop a model to enable the consideration of, and to facilitate the development of, practical recommendations aimed at minimizing academic misconduct.

Obstacles and strategies to solve the problems

During the process of questionnaire survey and data collection, an amount of the medical students in clinical years (Years 4-6) will go to study in other campuses. And some of the students in Campus 1, especially Year 6, will also be rotating to other provinces which may make it difficult to expect all of them to complete the questionnaires. However, we plan to send the questionnaires to the hospitals where they rotate to and ask the staff advisors to set one particular session for questionnaire completion. All staff advisors will be contacted prior to conducting the survey and the process of the survey will be explained and discussed. The completed questionnaires then will be collected after this session and mailed or sent back in person.

Regarding the interference on the completion of the questionnaire, we will try to clarify the nature of anonymous and confidentiality of the survey and also emphasize the participants that the completed questionnaire will provide the more useful information for data analysis and application.

Administration and time schedule

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| ● Project development | 3 | months |
| ● Questionnaire development | 3 | months |
| ● Data collection | 3 | months |
| ● Data analysis | 2 | months |
| ● Presentation/publication | 1 | month |