

Patient care suffering because of senior practitioners' professionalism lapses

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The professionalism lapses of a minority of senior healthcare practitioners, charged with teaching healthcare students across the NHS, are contributing to a decline in patient care and dignity. This is the finding of an eight-year programme of research, led by Cardiff University and the University of Dundee.

The research explored the professionalism dilemmas experienced by healthcare [students](#) from across five countries - England, Wales, Scotland, Northern Ireland and Australia - and collected over 2,000 anonymous stories of professionalism lapses from more than 4,000 student participants.

Research co-author and Director of Medical Education Research at Cardiff University, Dr Lynn Monrouxe, said: 'Our research has highlighted that some senior healthcare practitioners across the UK fail to ensure proper [patient care](#) and dignity in the presence of students.

'Healthcare students are explicitly taught what comprises professional values and behaviours, but a large part of learning to become a healthcare professional occurs within the NHS as students observe their seniors - who act as powerful [role models](#) - interacting with patients.

'During our research, common professionalism lapses reported by medical, dental, nursing, physiotherapy and pharmacy students included clinicians' and students' poor [hygiene practices](#); talking to or about patients inappropriately; confidentiality breaches; students practising on

patients without valid consent and going beyond the limits of their own competence.' (See notes to editors for examples of student narratives)

As a result of Dr Monrouxe and Professor Rees's work, medical schools across the UK are now beginning to change ethical guidelines around students' interactions with patients. Newcastle School of Medicine confirmed the scale of the problem at their school and were moved to review their own policies and procedures, based on the study's recommendations. Roger Barton, Professor of Clinical Medicine and Director of Medical Studies at Newcastle University, said:

'The lessons from Lynn Monrouxe and Charlotte Rees' research will be at the foundation of teaching, and students will have regular opportunities to share and discuss the dilemmas they have come across. This will support students to re-commit to the professionalism values taught during formal learning.'

Dr Monrouxe expounds the idea that some senior practitioners, having been trained many years ago, belong to a different culture of medicine with different approaches to care. She added: 'Many healthcare students, at some stage in their workplace learning, will find themselves witnessing or participating in a practice which falls short of the ethics and professionalism they've imbued in their own formal training.'

Co-author of the studies, Professor Charlotte Rees, University of Dundee, added: 'Confronted with these situations students often report experiencing distress; they are freshly instilled with the knowledge of correct practice but feel unable to challenge their superiors given the hierarchical culture of the workplace. Future healthcare professionals find themselves caught in a clash between the strong ethical code taught at healthcare schools and the sometimes failing ethics of the workplace.'

'Students' narratives tell us that these lapses in professionalism by some

senior healthcare professionals, is sometimes reproduced by students themselves, contributing to a decline in patient care and dignity - and to the potential perpetuation of harsh practical training methods with the next generation of healthcare workers.'

The research programme identifies a need for healthcare schools to provide students with a safe environment to share their concerns and anxieties with ethical role models. In such an environment students could share best practice and resist bad practice. It also stresses that cultural change should occur from within clinical settings. Patients, patient advocates, students and healthcare professionals should engage in a constructive dialogue to examine how language, practices and values occurring within clinical settings can be developed to improve patient safety and dignity.

Provided by University of Dundee

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