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An integrated and multidimensional approach
for teaching medical ethics in Universiti
Sains Malaysia (USM) based on MERCI

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An integrated and multi-dimensional approach for teaching medical ethics in Universiti Sains Malaysia (USM) based on MERCI

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Abstract

Medical ethics teaching in USM consists of both class-based and non-class based teaching. USM uses an acronym of MERCI as the medical ethics thinking framework. MERCI stands for **M** (patients' Medical problems), **E** for Empathy, **R** for patients' Right for information and Respect, **C** for effective Communications, and **I** for the Insight into the illness. Medical doctors appreciate a complete understanding of each patient including, social and cultural considerations. The thinking framework is a guide for students to think ethically in all activities. In phase I, there is an introductory lecture which later will be applied in practical activities in the hospital and community. In Phase II, there will be more detailed class based teaching on ethical coverage which later will be applied during "Problem Based Learning" (PBL). The foundation for public health ethical practice and research ethics will be covered in Community Family Case Study (CFCS). "Discovering Potential for Sustainable Transformation" is a

professional development module which focuses on personality, leadership, time management, communication skills and problem solving. During inter-semester Phase II programs, students are given the freedom to choose their own project of interest to enhance their soft skills in communication, life-long learning and leadership skills. A research option is available for students who want to learn about human or animal research ethics. The inter-semester Phase III Program is clinically oriented where students are given a chance to have clinical experience at different hospitals with different patient backgrounds. Other activities such as humanitarian missions and volunteerism are also part of students' activities in enhancing their understanding towards MERCI.

Keywords: Medical ethics, integrated system, multi dimensional education approach

Teaching medical ethics to undergraduate medical students is a challenging task. Teachers not only need to give the theory and principles of medical ethics but also must create a conducive learning environment for the students to inculcate the ethical behavior in their future professional conduct. Emphasis should be placed on the ethical aspects of daily medical practice. Interdisciplinary and multi-dimensional teaching approach should be used and teaching should span the entire duration of medical studies. Learning through ethical problems and challenges faced or observed by the students themselves preferably at the time when the problems are most on the students' minds are of advantage. Teachers and academic staffs can help through portraying as role model in setting a good example for students to follow.

The medical degree program in Universiti Sains Malaysia (USM) which was first started in 1979, had been structured according to a multi-disciplinary approach using an integrated organ-system and problem-based curriculum. The holistic approach emphasised on the patient's medical problem in relation to his or her family and community. The mission of producing dedicated medical practitioners for the community thus leads to the emphasis of medical ethics and professional training to be integrated in the education system.

The medical ethics teaching in USM consisting of both class-based and non-class based teaching were emphasized from the entrance in medical study. The acronym, MERCI is taught as the Medical ethics thinking frame. MERCI stands for **M** consideration and deal with patients' Medical problems, **E** for Empathy, **R** for patients Right for information and Respect, **C** for effective Communications and **I** for the patient and doctor has a full Insight of his illness, the doctors appreciate the complete understanding of each patient including, social and cultural considerations (1). The thinking frame is the guide for students to think ethically in all activities.

The class-based are deductive teachings tabulated in the academic timetable. These include lectures, forums, student's seminars, role plays, field visits and problem-based learning sessions. In phase I, year one, lectures are delivered by the senior professors to outline the importance of ethics in medical professionalism. These deductive teachings are then followed by the non-class based teachings through activities known as the hospital attachment and community placement. The hospital attachment is "A day in doctor's life" experience where students in groups follows a medical lecturers to all their respective clinical activities including ward rounds, clinics, operation and consultancy work for a day. The students' observation on a daily routine of a doctor was later being reflected in a group diary. Students' reflections such as "The doctor talked to the patient kindly and the kid responded as if they are talking with someone they know well", and "The doctor tells me that the patient comes from a poor family who could not afford to pay for taxi fee to come to hospital...I can

feel his concern, care and sadness when he told me that" clearly reflect the learning process of ethics in medicine. As in the application of MERCI, this stage had minimal input on medical issue (M), but focuses on the appreciation of empathy (E), patients right (R), effective communication(C) and having holistic insight (I) on patients' problem.

The community placement are group activity where the students will approach a non-governmental organization such as old folks home, down syndrome centre and the blind people society and organized relevant activities (2). This group work, supervised by a volunteered medical lecturer, is hoped to train the students to become a leader, an effective team member, effective communication and understanding the need of different people in the community. This activity will train the students to analyze the medical problem of the participants of the society / organization (M), understand the problem faced by the participants / family by socializing with them (E), appreciate people right for good life, communicate with different group of people (C) and internalized insight by understanding other related issues faced by the relevant people.

In Phase II, in year 2 and 3, class-based teaching will further elaborate ethical concepts such as confidentiality, informed consent and decision making. Communication skill in doctor-patient relationship and clerkship are taught in clinical skill centre with simulated patients. Field visits are used to teach communication in special group such as pediatric and geriatric age group. The students will be placed in pediatric ward where they involved in the "toys for rent" and "cheerful Wednesday" sessions. The "toys for rent" sessions are sessions where students distributed donated toys to pediatric in-patients and then play with the kids. The "cheerful Wednesday" sessions are sessions where the students create games and book readings session for the pediatric in-patients to cheer them. This sessions also joined by the care givers, nurses and volunteers. Students are brought to the old folk's home to talk and socialized with the old people in the institution.

The integrated system thus allows the horizontal integration of theory of ethics delivered either in deductive lectures and other non-class activities in phase I study into the application of theory in the phase II study. The Problem Based Learning (PBL) give students clinical scenarios to further enhanced their understanding of ethical concepts and issues. A case of breast cancer patient teaches the students to analyze the medical issue (M) first to understand a patient's reaction towards the diagnosis. The students will be guided to discuss the feelings and worries of the patient (E), respecting patient's right to decide further treatment (R) which include patient refusal issues and the need of evidenced-based practice to give correct updated information in patient education, effective way to communicate in breaking bad news and handling patient denial and refusal (C) and understanding the anxiety and respond of the patient's husband and family members (I) that may influenced patient's decision making.

The foundation for public health ethical practice and research ethics are covered in Community Family Case Study (CFCS). Teaching in CFCS promotes understanding of communities & health threats facing them through public health research followed by implementation of relevant health promotion activities in the community. The first community residency is to profile the community via community surveys using a standardized questionnaire interview. The survey gives the students chance to explore and understand public health problem of specific population (M). The research ethics theory is applied in the process of undertaking questionnaire-based research which include obtaining informed consent for interviews (autonomy & right to refuse) through proper explanation before interviews (truth telling), ensuring

anonymity in data collection (confidentiality), choosing appropriate interview time (respect local culture) and duration (non-imposing). Thus the surveys give the chance for the students to apply effective communication (C) as well as appreciate the people's right (R) while getting the insight of the culture in the society (I). This community profiling is followed by the survey analysis to have insight of community health problem by identifying and prioritizing the problem. The third and fourth community residencies are health promotion intervention activities where students work in groups to design and implementing specific health activities in relation to the identified problems. These activities highlight the application of duty of care, i.e duty to inform public of their risk and duty to promote health. The students plan the intervention with community leaders on the suitability and feasibility of the planned activities including best timing, locality and nature of intervention. This task enables the students to apply theory of respect for autonomy and local culture. The whole intervention activities implementation also enables the students to practice good communication skill (C), caring and empathies people in need (E).

The input of teaching from general concept in phase I are vertically integrated in phase II where the concept are given further depth of application in phase II teachings in clinical as well as in community work. It was later focuses more on the clinical ethics in problem solving learning, evidence-based practice and clinical patient family case study in phase III, year 4 and 5 study. The clinical rotations during the clinical year which involved clerkship, and hands-on teaching on patient care helps the students to apply evidenced based practice in understanding a patient's medical issues (M). Throughout their involvement in a patient's care, they learn to appreciate and empathize patient feeling (E), respecting patient's right (R), practicing effective communication (C) with patient and care givers and getting the insight of the impact of illness to patient and their significant others. The patient family case study will further enhance the application of the ethical concept in patient care.

Other activities throughout the study is the "The Discovering Potential for Sustainable Transformation", a professional development module which focuses on personality, leadership, time management, communication skill and problem solving (3). The students are trained to become facilitators who later went to secondary schools nearby to handle soft skill programs. The experience boosts the student confident to communicate, to lead and to work in a team, characters that very much needed in a professional. Facebook group was developed to sips in enthusiasm in these young generations of information technology, but at the same time teach the student on social media ethics, caring and good sharing practice.

The inter semester elective program in the USM medical curriculum allows a different approach of learning. The inter semester phase II elective allows the students to choose their own topic and apply and confirm placement themselves. These enhance soft skills in term of communication, lifelong learning and leadership skill. Example of elective projects include scuba diving, batik painting and life of aboriginal community where the students not only get the chance to experience other non medical knowledge, but also give them insight of the variability in the community thus having them to understand the complexity of the society when dealing with people later in their medical profession. Some students opted for research elective where they develop and perform research under supervision of lecturer. They had to apply research ethics approval from either human or animal research ethics committee in USM. There are also students who opted to do humanitarian mission and volunteerism as their elective project which become part of the practice in

leadership, team work, communication and empathy. The inter semester elective in phase III allows the students to do clinical attachments outside USM university hospital to experience different work culture and variety of patient social background.

In conclusion, as the need of educational reform for our today's generation of medical professionals, USM take the multidimensional approach in nurturing professional behavior to enhance the effectiveness while avoiding the loss of enthusiasm and excitement in education.

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