Teaching Professional Ethics in Undergraduate Medical Education: An Islamic Perspective
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Teaching Ethics to Undergraduate Medical Students
Pakistan is an Islamic country where overwhelming majority of undergraduate medical students are Muslims. In our settings thus moral ethical values take their origin from religion and get reinforced by religious knowledge. This fact is of great advantage to the educators in this country as they do not have to advocate too strongly the practice of ethical values. They only need to reinforce the faith of the students in order to ensure observance of ethics by the students. Similarly the concept of accountability is built-in to religious beliefs and does not need any different emphasis. It appears that it will require strong role modeling for this purpose. However, for those who have faith in Islam, the Holy Quran sets the Holy Prophet as the role model in these words:

033.21 Ye have indeed in the Apostle of God a beautiful pattern (of conduct) for anyone whose hope is in God and the Final Day, and who engages much in the Praise of God.

It is further reinforced by these words of the Holy Quran:

004.080 He who obeys the Apostle, obeys God.

Whereas this fact does not lessen the requirement of an appropriate faculty development program for preparing role models, the very program has to focus on the Holy Prophet as the role model. Here, it is pertinent to refer to the concept of ethics in Islam and its practice by the Muslim doctors. The basis of ethical concepts in Islam is not client satisfaction or professional responsibilities, but it is the divine teachings conveyed to the mankind by the Prophet Muhammad (PBUH). This is in contrast to the usual perception that the Islamic ethics is based on Islamic law. The origin of these concepts is not any philosophical thought but the code created by the Creator, Almighty Allah. A Muslim doctor is bound to abide by the ethical principles of Islam not by the reason of client satisfaction or merely good professional behavior but for the sake of his own eternal salvation.

In the words of the Holy Quran:

099.007 Then shall anyone who has done an atom's weight of good, see it!

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Actions are dependent on intentions

These explanatory notes are intended to put the Islamic ethics in the right perspective before any detailed deliberations are added on the topic. Islamic medical ethics was documented formally by the chief Muslim physician of 970 A.D. Al-Tabari. Since then many texts on Islamic bioethics have been documented. Many of them interpret Islamic ethics in the perspective of philosophical ethical foundations.

Consistent with aforementioned facts, the curriculum for medical ethics should be strongly need-based and should be supported by religious teachings in an Islamic state. Discrepancies in practice and principles need to be specifically recognized and addressed in the ethics curriculum. The principle attributes of professionalism; subordination of one’s self interests, adherence to high ethical and moral standards, responsivenes to societal needs, and demonstration of humanistic values can be best fulfilled in this manner.

A proposed outline of a 5-year MBBS ethics course may look like this:

The table shows many teaching and learning strategies to teach Ethics however we have mentioned two teaching learning strategies that will be explained in detail. They are the ‘one minute preceptor’ (OMP), and critical incident meetings.

One Minute Preceptor

The OMP is a convenient learning strategy in which the teacher provides feedback to the student regarding a patient encounter that has taken place in the presence of the teacher and the teacher has an opportunity to watch the entire encounter. Five simple steps are followed by the teacher in the OMP:

1. Get a commitment
2. Ask for evidence
3. Teach a general principle
4. Appreciate good performance
5. Correct errors

The step 3 provides opportunity to a teacher to recognize and address an ethical challenge in the encounter and provide essential corrective or narrative feedback.

<table>
<thead>
<tr>
<th>Years</th>
<th>Curricular content</th>
<th>Teaching strategies</th>
<th>Assessment tools</th>
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<tbody>
<tr>
<td>1</td>
<td>Basic concepts, religious principles, situational ethics related to ethical issues, dilemmas and conflicting situations.</td>
<td>Interactive lectures, small group discussions.</td>
<td>Written examinations: MCQs, EMQs, SAQs, SEQs.</td>
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<td>2</td>
<td>Application of ethical principles in patient encounters, demonstration of ethical behaviors, feedback on ethical issues.</td>
<td>Task-based learning (TBL), PBL, role plays, Case-based learning (CBL), critical incident meetings.</td>
<td>OSCEs, peer assessment, patient assessment, multisource assessment.</td>
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<td>3</td>
<td>Behavioral aspects of ethics, professionalism, application of ethics in patient encounters, ethical judgments in conflicting situations, ethics related communication skills</td>
<td>TBLs, OMPs, role plays, community based learning, reflection sessions on clinical encounters and critical incidents.</td>
<td>OSCEs, peer assessment, patient assessment, multisource assessment, professionalism mini-evaluation exercise (P-MEX).</td>
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Critical Incident Meetings

The earliest studies related to critical incident technique arose from failure of the American pilots to learn flying. Further studies continued in the same context of aviation psychology. The critical incident technique in its developed form was described by Flanagan in 1954. He defined an incident as "any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act." In order to be critical the intent behind the act should be fairly obvious by the situation in which it occurs. In its practical form, the activity is carried out in a small group format in a safe educational environment. An ethically challenging situation is described as a critical incident and reflections are invited by the group participants. There is no absolutely right or wrong answers to the situation and only opinions and points of view are
presented, discussed and reflected upon.  
Development of a safe educational environment appears to be a problem.  
It provides the participants discuss the issues of beneficence, non-maleficence, autonomy, and justice.  

Assessing Professional Ethics
Assessment instruments for professional ethics with good validity and reliability are scarce.  
Some of these instruments for such assessments have been mentioned in the table I.

The appropriate assessment instrument for OMPs is OSCE. A short patient encounter may be thoroughly simulated in a tactfully prepared OSCE with a judicious use of standardized patients (SP). Standardized patients (SP) training may pose a problem particularly if specified behavior patterns are to be simulated, such as breaking bad news, obtaining informed consent for surgery, or conflict resolution.

Assessment of critical incident meetings may be multisource assessment, and peer assessment. Such an assessment may be useful for formative purposes but its use as summative evaluation appears to be difficult.  

Conclusion
This thesis on different aspects of ethics and professionalism explains the contextuality of teaching and assessing professional ethics from an Islamic perspective in a Muslim country. It appears that apart from religious teachings, human conscience has provided a great driving force behind the ethical thought. However, in an attempt to remain secular, most scholars have underrated the impact of divine teaching on human ethical values and behaviors including Muslim scholars. We perceive that the ultimate source of ethical values and human conscience is the divine teachings either in the form of religious texts or the so-called intuitions. While discussing ethics and professionalism, they need to be given due regard. Moreover, this editorial may open new avenues in adding a moral aspect to the readers’ identity.

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