Honesty and Integrity

A Choose Your Own Adventure teaching session for medical students

Facilitator's resource book

SESSION OUTLINE

INTRODUCTION	**2 MINUTES**
CHOOSE YOUR OWN ADVENTURE SCENARIO	**10 MINUTES**
DISCUSSION: SCENARIO	**4 MINUTES**
DISCUSSION: GMC GUIDANCE	**4 MINUTES**
	TOTAL 20 MINUTES

This 20 minute teaching session is designed to encourage medical students to begin thinking about the subjects of honesty and integrity, and how they can incorporate them into their practice and behaviour on placement. The bulk of the session is a 10 minute Choose Your Own Adventure activity, in which students pair off, one taking the role of the Narrator and one the Medical Student who is experiencing a stressful day on placement. The Medical Student will make five decisions along the way in order to deal with the problems they encounter – they can decide to be truthful or to lie. The consequences of each choice are random, decided by the flip of a coin, but the consequences of lying (and being caught doing so) are much worse than being honest.

Honesty and integrity can be dreary subjects at the best of times, so the scenario is deliberately light-hearted. It is also realistic; medical students will not be grappling with moral dilemmas over falsifying patient notes or covering up life-ending mistakes, but will often be faced with small, seemingly harmless lies to their superiors concerning work they've forgotten to complete or places they'd rather be than an outpatient clinic last thing on a Monday afternoon.

Savvy students will work out the format very quickly and will be keen to avoid making any dishonest decisions, even fictional ones, in front of a member of teaching staff. Therefore the facilitator's most important role in this part of the session is to be hands-off and allow the students to go through the scenario on their own. Allow them to stray from the format as it is written, or review earlier decisions: "What would have happened if I'd picked the other choice?" is exactly the question they should be asking each other.

Introduction (2 minutes)

Read aloud:

> You are a medical student in placement on a Care of the Elderly block. Last weekend you went on a hiking trip several hours' drive away, and on your way back home your car broke down! You ended up having to be towed all the way home, and arrived back late Sunday night, absolutely exhausted. The end result is that, through no fault of your own, the work you planned for Sunday afternoon has gone undone, and you will have to get the bus in to placement on Monday morning.
>
> Now split into pairs. One of you will be the narrator and describe the student's day. The other will be the unfortunate medical student. As you go through your day, you will be presented with problems, and given choices to deal with them. But beware, as not all choices are certain to work in your favour. The narrator will flip a coin after each decision, with heads resulting in a positive outcome, and tails a negative.

Choose Your Own Adventure Scenario (10 minutes)

Full details of this scenario can be found in the Narrator's resource book, but the five parts are summarised here:

1. Choosing whether to arrive late to placement and sign the register yourself, or to have your friend sign you in as on time
2. Choosing whether to admit to not having prepared a Case-Based Discussion, or to make one up about a fictional patient
3. Choosing whether to admit to not having read about how to place a cannula, or to attempt to place one in a patient
4. Choosing whether to ask to go early as you want to get home, or to pretend that you have a teaching session you have to go to
5. Choosing whether to admit that you don't think a career in Care of the Elderly is for you, or tell a white lie to an enthusiastic lecturer

Give the students plenty of time to work through the scenario, and to discuss their choices afterwards. Try not to get too hands-on unless asked, and definitely don't question the students' choices until this section is finished.

If you have an odd number of students, it would be preferable to have a group of three, with one narrator and two medical students deciding on what choices to make, than for you to pair up with a lone student.

Medical students are a traditionally disorganised breed, so there may be a pair or two who have no coins on them, and would be grateful for a small loan.

Discussion: Scenario (4 minutes)

Bring the room back together and ask what they thought of the scenario. These are the key discussion points to cover:

> 1. How realistic is the scenario? Are these all situations that students might commonly encounter on placement? Has anyone encountered anything similar themself?

Students may be hesitant to share stories of dishonesty for obvious reasons, but do encourage them and assure them that nothing they share here will get them in any trouble.

> 2. What are the likely long-term consequences for the students caught being dishonest?

The cases of the fraudulent register, made-up CBD, cannula and lie about teaching are all examples of lack of probity, which could result in disciplinary action including Fitness to Practice procedures. Punishments vary by school and outcome, but typically include formal warnings, mandatory remediation or even suspension or removal from study.

> 3. What's the reasoning behind these rules on honesty and integrity? What benefit do they bring?

For the scenario cases, there are clues in the emails at the end:
- In the case of the register, dishonesty means a health and safety hazard as the student is recorded as on hospital grounds when they may not be.
- In the case of the CBD, dishonesty means the student has not learnt anything from the exercise, and the consultant's time is wasted.
- In the case of the cannula, dishonesty means harm to a patient, and loss of the patient's trust, both in the student and the other health professionals on the ward.
- In the case of the invented teaching session, dishonesty is disrespectful to the consultant, and causes confusion to the other staff.
- In the case of the enthusiastic lecturer, even a small white lie can have unintended consequences which the student may not appreciate.

Discussion: GMC Guidance (4 minutes)

As the session draws to a close, now is the time to draw attention to the GMC's official guidance on honesty and integrity. This guidance is available for the students at the end of the Narrator's Resource document, with a spare set which can be torn off and given to the student who played the Medical Student role.

72. Doctors hold a trusted position in society and must make sure their conduct – both professionally and personally – justifies their patients' trust in them and the public's trust in the profession.
73. As a student aiming to join a trusted profession, you have to meet a higher standard of behaviour than other students, who are on courses that don't directly lead to joining a profession.

General Medical Council. 2016. *Achieving good medical practice: guidance for medical students* [Online]. Manchester: GMC. Available at: http://www.gmc-uk.org/education/undergraduate/achieving_good_medical_practice.asp [Accessed 20 September 2017].

Points to discuss:

1. How does this guidance relate back to the scenario the students went through? In particular, how was the cannula patient's trust in the profession affected?

2. How might the fictional Medical Student need to change their behaviour to fit this guidance once they've qualified as a doctor?

Take home points:

1. Everyone makes mistakes, or gets into unfortunate situations beyond their control. When in these situations, the consequences for being caught lying to get out of them are almost always worse than the consequences for being honest about the problem in the first place.
2. Medical students must be honest when on placement, for the benefit of their education, respect to senior colleagues and the safety of themselves and patients.
3. Patients place a great deal of trust in doctors, and this requires total honesty in return. Even small lies can have unintended consequences which damage the patient-doctor working relationship.