

Probity, resilience,
and
conscientiousness in
medical career



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Research suggests that the attitudes and behaviours that medical students show, or develop at Medical school, are reasonable predictors of behaviour later in their professional careers.

Bearing this in mind, explain the following concepts and outline what relevance they have to you as a medical student and as a future doctor: Probity, Resilience, and Conscientiousness.

The population often have a set of traits in mind when it comes to defining the ideal doctor. [1] The GMC have also defined what is expected of doctors in their publication “ Good medical practice”. [2] In this essay I will explain the concepts of Probity, Resilience and Conscientiousness to allow me to launch into how they are relevant to me as a medical student and a future doctor.

Probity is defined by the GMC as being “ honest, trustworthy and acting with integrity”. [3] The importance of Probity is echoed internationally as the National University of Singapore conducted a study, the results of which showed that doctors regarded being honest and trustworthy as the two most important characteristics of medical practitioners. [4] Medical students must demonstrate probity in a variety of ways but I believe a medical student’s probity will most likely be shown by producing original academic work, not plagiarising and flagging up any concerns regarding their clinical work [3] since these, in my opinion, are some of the pits where some students will most likely fall. I personally believe I demonstrated probity during my community based medicine placement when a patient, in a one on one interview, asked me to give him medical advice, which I was in no position to

do and so I told him to speak to his doctor about it along with letting him know that I'm not a doctor, but a medical student. A lack of probity in this case will have resulted in the patient receiving advice that might have harmed them regardless of any good intention behind it. Moreover, plagiarism was flagged up by an article where the BMJ suggest that research might show that students don't have a complete understanding about referencing properly. [5] While this lack of understanding might not mean that the student is dishonest, the aforementioned article highlighted that 56% of students had already or would consider copying text and only listing it as a reference which is clearly plagiarism and so a show of dishonesty. This is relevant to me because research has shown that doctors who have been sanctioned by governmental bodies were three times more likely to have been unprofessional as a medical student than control students. [6] A show of probity is, as such, important from day one in medical school. An example of a situation where a doctor's lack of probity caused preventable consequences to a member of the public in addition to likely tarnishing the profession's reputation in the public eye is the striking case of Doctor Derek Keilloh who maintained a dishonest account of his treatment of an inmate. [7] Another case was that of Dr Holloway who claimed pay for sick leave while pursuing a career in sports commentary. [8] In my opinion, the latter case ties in with and verifies the GMC's earlier guidance on how students must be honest when working with allocated funds. [2] These two cases demonstrate to me how important it is to show and develop probity as a medical student and maintain it throughout my career or the consequences on patients and staff at the work place can be dire.

Conscientiousness is defined as “wishing to do one’s work or duty well and thoroughly” [9]. Patient interviews highlighted that being “thorough and persistent” [1] was a trait the ideal doctor possessed. This was echoed by Sister Donna Keenan, Northern Ireland’s nurse of the year 2010. [10] Not performing one’s duty thoroughly is not a new issue amongst the medical profession: A newspaper article from 1952 summarised the case of a surgeon who had left forceps inside a patient causing unnecessary suffering. [14] Looking more recently, the notorious case of the Mid-Staffordshire scandal [11] can be used, in my opinion, to demonstrate a lack of conscientiousness on the part of the guilty staff involved. I think the rise in mortality rates was likely preventable if the staff involved had demonstrated thorough care to their patients. It could also be argued that the lack of whistleblowing in this case was yet another show of medical staff not performing their duty persistently and thoroughly since whistleblowing is part of a doctor’s duty, even as a medical student. [3, 11] I believe even the smallest show of conscientiousness can improve a patient’s experience such as when I relayed a patient’s complaint regarding his bed-side television malfunctioning to my supervisor during voluntary work: The following week, the patient said that my “persistence” had allowed him to occupy himself and hence take his mind off his illness to relieve himself. The importance of this trait was highlighted in my mind even further upon reviewing the case of Jessica Santillan who received organs of the wrong blood type, resulting in her death. [12] This case also shows me that such careless practice can impact others as well the patient involved: In Jessica’s case, the organs could have saved another life but they went to waste. Reflecting on all three cases, it is clear that it’s critical for medical students to develop a sense of

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conscientiousness if they are to become effective doctors or if they are to, in fact, even pass their examinations in medical school. However, it is worth taking note that research suggests conscientiousness (as measured by the conscientiousness index-CI) did not differ significantly between the first and second years of medical school and so showing it is a trait unaffected by “teaching and clinical exposure”. [13] This is relevant to me as a student because I believe it highlights that simply going through the first year of medical school will not be sufficient to develop a sense of conscientiousness; while some students might already have a strong sense of conscientiousness, those who don’t will need to seek/be offered support as it is an important characteristic. [13]

Resilience is defined as “the capacity to recover quickly from difficulties; toughness”. [15] A report commissioned for the GMC highlighted that a significant proportion of medical students continue to suffer from mental health issues: it was described as endemic. [16] This is backed up by Swedish research showing that depressive symptoms were much more prevalent amongst medical students than the general population, at 12.9%. [17] A more shocking statistic is that, in the same study, 2.7% of students had attempted suicide. [17] The fact that this study was conducted in Sweden demonstrates that stress and depression associated with medical school is widespread around the globe and it would be wise to devise ways to deal with it. Another issue regarding the stress we face, as medical students, is that we often dismiss our deteriorating health as a normal part of life as a medical student. [18] To complicate things further, the stress we face can stem from a variety of reasons from performing mediocly in an

exam when we have always been at the top of our peer group to traumatic experiences related to clinical attachments such as patient death. [18, 22] I believe this variety makes the stress much more difficult to deal with. In the light of said stress, it is clear that being resilient will allow students to deal much better with their day to day life as a medical student and future doctor. [19] Not only is this important for the student/doctor themselves, it is also critical as it affects the quality of treatment the patient receives. [20] Students can burnout and this can be modelled conceptually where the “ coping reserve” is positively and negatively affected by several factors which will either lead to burnout or a more resilient individual. [21] As a result, it is clear that devising mechanisms and ways of raising one’s morale and knowing when to seek support is very important in developing the resilience needed. Personally, I’ve found that speaking to my colleagues and being able to relate to them very stress relieving alongside with phoning my close family to seek advice and generally vent out my concerns. However, I think the main component of my resilience is my active involvement in the sport of boxing which keeps me physically healthy, allows me to de-stress regularly and induces a sense of achievement within me to allow me to focus on my medical life so I can deal with the copious demands of studying Medicine. [23]

In conclusion, Probity, Conscientiousness and Resilience are essential qualities medical students and doctors must develop. Probity allows patients to place their trust in the doctors and ensure it’s not abused while allowing the practitioners themselves to feel satisfied with their honest work. Being persistent and thorough with one’s practice will ensure any set

tasks/treatment plans are done to an adequate standard. Finally, resilience will ensure that the individual can cope with the demands and challenges posed while still being able to give their best to the tasks at hand and their patients. Consequently, it is vital all three qualities amongst other qualities not covered in this essay are developed throughout one's professional life.

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