Pattern Designing for Medical Ethic Curriculum with Islamic Approach

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ABSTRACT

Medical ethic as a science and an interdisciplinary subject is a part of medical students' curriculum. One of important gaps in the country's medical science universities curriculum is that it fails to offer a distinct pattern which would address the nation's native features for teaching medical ethic.

This study is based on three qualitative methods (Qualitative content analysis, systematic review and literature review) and by mixing the gathered information from the experiences of professionals in medical ethic, international experiences, and Islamic recourses a theoretical pattern for medical ethic curriculum with the Islamic approach was designed.

The designed pattern in this study includes several levels: in which the most important and first level is the essentials of medical ethics curriculum with Islamic approach, and in higher level there are the deduced principles of these essentials. These essentials and principles give direction to the aims of this pattern. These aims not only cover the formal medical ethics curriculum but also pay attention to the hidden curriculum itself.

The features of different dimensions of this pattern are compatible with the results of similar ongoing researches, and in this pattern medical ethics curriculum is not only as a course but also constitutes a super-schedule in students' whole curriculum.

Keywords: curriculum, medical ethics, Islamic approach, teaching of medical ethics.

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INTRODUCTION

The topic of Medical Ethics was raised to the inception of medical science itself, although from the 1960's it has appeared as an interdisciplinary field on its own right and is now regarded as one of the major courses in the general practitioner program [Kushe, 2009: Murray, 2003].

nowadays in the Iranian medical universities more attention is paid to the improvement of the quality of medical education, however, in the field of Medical Ethics it has not yet achieved any significant reform ,since it is being offered as a mere two-credit course which is indeed far below its true status. In this regard, the medical ethics authorities have

come to believe that the course could not help to increase medical students' moral skills and there still questions are remained on the essence, goals and results of medical ethics curriculum with the main question as how to organize the related courses in medical ethics in response to the needs in the modern and developed health care system. It is, therefore, necessary to reform the Medical Ethics Curriculum [De Casterlé, et al, 2004; woods, 2005]. Borhani and colleagues in their report (2009) concluded that currently a serious flaw is observed in the curriculum itself and attention to ethic competencies is occasionally neglected [Borhanni, et al, 2009, p: 27-38].

Although the status of teaching medical ethics in the Iranian medical universities has many strong points, it seems it still falls short of the country's basic moral and religious norms. Sachedina (2008), while admitting the shortcomings exist in medical ethics taught in the country's universities, believes the majority of Persian books published on the subject are imitation of Western medical ethics which are inherently different in nature from the Iranian values and philosophical infrastructure [Sachedina, 1387, p: 384]. Bearing in mind that medical ethics curriculum at most of the country's medical universities does not follow any particular pattern — in fact the missing link of medical ethics curriculum is that it has no particular pattern and framework and is not accountable for the cultural and native necessities. It is necessary, therefore, that an appropriate and comprehensive pattern is designed for medical ethics curriculum by benefiting from medical ethics experts and international experiences based on principles of Islamic value and ethics system.

Research method

This study is a qualitative research, and several qualitative methods have been applied for developing and giving diversity to the sources of data and covering different dimensions of a favorite pattern. Speziale and Carpenter (2007) believe that choosing a research method depends on its aims and its questions and maybe in a qualitative research it is necessary for the researcher to use several qualitative methods for examining the considered phenomenon [Speziale, 2007]. The qualitative methods that were adopted in this research are: qualitative content analysis, systematic review, and literature review.

In order to gather experts' opinion on the subject, the method of qualitative content analysis in the field of medical ethics teaching was adopted. Data were achieved through semi-structured interviews with 14 medical ethics experts. After extracting 871 codes from the interview proceedings, they were categorized on the basis of similarities. The primary categories were compared several times and some were integrated after further analysis. At the end, a research theme was established around a common ground (abstract context). The final result was consisted of 7 themes which expressed the features, needs, gaps and problems of the country's ethics curriculum and were used as a design pattern outlined in Table1.

Table1: Theme and categories in teaching medical ethics

Themes	Categories
1. Lack of a comprehensive goal	Ambiguity in goals, generality of teaching goals, goals being one-dimensional.
2.Inappropriate contents	Contents not being appropriate with value and cultural bases of society, disequilibrium in content, disjointed content, and discordance of content with goals, mixing of moral issues with legal and religious issues.
3. nappropriate organization	Moral issues being detached from other specialized courses, absence of interdisciplinary consideration to medical ethics, lack of continuation in teaching of medical ethics in clinic, allocation of just two credits to medical ethics teaching
4. Undesirable teaching method	Weakness in using modern and interactive teaching methods, weakness in clinical teaching, weakness in employing scientific methods, teaching methods being incompatible to educational goals.
5. Absence of a comprehensive evaluation system	Weakness in evaluation of moral performance in clinic, use of impractical evaluation methods, one-dimensional evaluation method, lack of appropriate evaluation procedure.
6.Hidden curriculum	Negative viewpoint of some students towards the subject of medical ethics, contradiction between behavior of some instructors and moral values, lack of moral pattern among some instructors, absence of appropriate conditions for teaching medical ethics.

Systematic review was applied to form medical ethics structure in international experiences and published reports and articles in relation to medical ethics were gathered and studied based on a search protocol.. As the first step, websites such as ISI web of science, Medline, CINAHL, ERIC, and Pub Med were searched for such articles published in the period between 2000 and 2010 using the keywords in separate and combinational form: moral, ethics, curriculum, education, medical, professionalism, teaching the criteria for choosing such articles were empirical and review studies with emphasis on the subject of Medical Ethics Curriculum, excluding those which were of unknown origin, dated, unscientific or written in a language other than English. 140 articles were selected which in further four revisions they were reduced to 18 articles which totally satisfied the original criteria using thematic analysis. The articles were further studied several times thereafter and data were coded, organized, and categorized in regard to reserach questions and finally they were categorized into three themes which represent features of Medical Ethics Curriculum based on international experiences [Table 2].

Table 2: Themes and categories of Medical Ethics Curriculum based on international experiences

Themes	Categories
1.Instructors as models	Formalizer of professional ethics , conveyor of social and cultural values , facilitator of learning ethics
2.Curriculum with integrative approach	Comprehensiveness of goals , integration of theoretical and practical teachings , sufficiency and consistency of content, integrated organization, strategy to integrated teaching , comprehensive evaluation
3.Hidden curriculum	Behavior and performance of medical and educational personnel, teaching system atmosphere, students' attitude, instructors' behavior and attitude.

In order to take a native view in designing the pattern of Medical Ethics Curriculum using literature review, all the exiting documents in authentic Islamic texts were gathered and analyzed. For that purpose, all relevant information and materials were gathered by indexing some of the Quran verses and valid religious texts which were then organized and categorized using thinking and reasoning methods and formed the Medical Ethics Curriculums components with an Islamic approach. These components were formed into 4 principles namely: relation with God, relation with self, relation with other people, and relation with the environment [Table 3].

Axes	Components
Relationship with God	Thralldom ,mention, thank
Relationship with own	Virtue ,munificence ,self-scrutiny
relationship with others	justice, brotherhood ,cooperation
Relationship with nature	nature as the god's singe, usage of the nature

By integrating information yielded from features of medical ethics based on international experiences and strength and weakness points in existing medical ethics curriculum in the country and considering the extracted principles and bases from Islamic resources, a comprehensive and coherent pattern with Islamic approach was designed and formed for medical ethics course.

Results

The designed pattern in this study is resulted from the combination of the requirements of medical ethics education, international medical ethic experiences and the principles of Islamic ethic. In this pattern, the features of formal medical ethic curriculum are noticed in ten features. In figure 1, the features and relationships of these elements are shown. The most important feature of this pattern is presentation of a integrating approach toward the elements of the medical ethic curriculum so that the ethic can be noticed in all the relations of trainee (own, creator, others and environment).

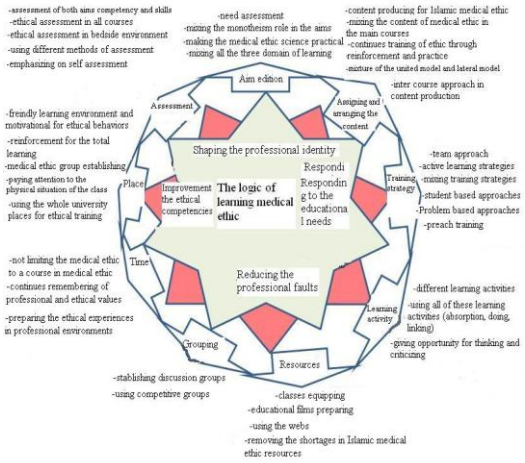


Figure 1: The elements of formal medical ethic educational program in the suggested pattern

One of the most important themes which were extracted both from the medical ethic masters' and international experiences was the hidden curriculum.

The results show that the structure and performance of the whole university educational system and implicit and intangible performance of instructors and the employees of Health Care Services have a noteworthy impact on shaping the ethical behaviors of the students. Therefore, in this pattern it was pointed to the four main elements (figure 2) in the university educational systems which play a role in shaping the hidden curriculum (the structure of educational system, instructors, students and employees) which by management of them the behaviors and ethical skills of the students can be impacted to some extent. So, some practical suggestions are proposed in this pattern.

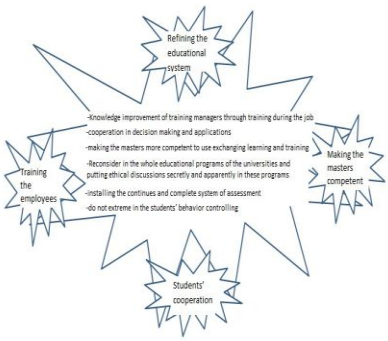


Figure 2: The management of the factors in hidden educational program

In figure 3 the dimensions and different levels of designed pattern are shown, and as it can be seen the first level is Islamic bases and in upper level there are the extracted principles from them. These bases and principles direct the aims of this pattern and prevent the entrance of Anti-Islamic values elements into the medical ethic curriculum like a filter. The aims of this pattern cover not only the formal medical ethic curriculum but also pay attention to hidden training program. In this pattern it was pointed to the elements of educational system which have a role in shaping the hidden educational program and these elements include the structure of educational system, instructors, students and employees. Ten elements of educational program (learning logic, aims, content, learning and teaching strategies, learning activities, assessment, resources, time and the place) were paid attention in designing the formal medical ethic program and the relationship of these elements is presented circular to identify continuity and relation of these elements and the educational program dynamism. In this pattern for learning the medical ethic competencies and skills it was emphasized to reduce the distance of hidden educational program and formal educational program.

In summary, this pattern states this truth that in light of bases and principles of medical ethic program with Islamic approach and considering the components of formal educational system and hidden educational system according to the aims of this pattern the ethical education and learning the skills and medical ethic abilities are reachable.

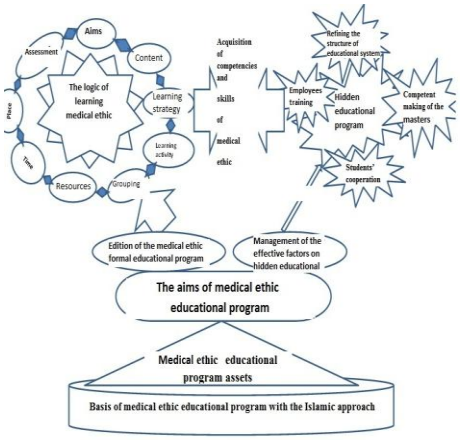


Figure 3: The pattern of medical ethic educational program with the Islamic approach

Discussion

This pattern was designed aiming to improve quality of medical ethic education and it can offer necessary changes for the whole educational programs of different medical science courses, especially educational program of medical ethic according to native and Islamic conditions. According to the bases of this pattern the focus of medical ethic educational program is nature training for God's vassalage.

Most of the Islamic scholars state thralldom as the end of education. The results of the researches in this realm confirmed this. For this purpose, Ayatollahi (1388) assigned the direction of medical ethic to the divine esteem in his designed Islamic medical ethic structure and in the mentioned model the orientation of any ethical action by the health and care observants was assigned as God's satisfaction. In another study by Jaffari and Kalbassi (1388) to analyze the view point of ethic-based educational program with the emphasis on education of the ethical nature, the similar results were reported on the basis of this point that educational program is an effective tool in ethical nature education of the trainees and establishment of the ethical personality of the trainees is the main aim in the ethic-

Another result of this study is emphasis on the integrating approach in the model of medical ethic educational program. This integration does not only mean arranging the content but also it is establishment of thralldom and monotheism in all elements of the medical ethic educational program and attention to the ethic in all educational program of universities. To confirm this feature it was documented to Imam Khomeini's guidance (1371) who said when schools and universities go one step forward for science they should also go one step forward for the ethical education and if they unwanted train a scientist who is not courteous his disadvantage is more than his advantage[Khomeinee, 1371]. For this reason this pattern has an integrating approach to medical ethic educational program in the way that all the knowledge and the skills which the students learn in the realm of medical profession lead to the establishment of thralldom. The results of this study for the integrating approach to medical ethic educational program are compatible with those of the Roff, Preece (2004). They proposed a medical ethic educational model for Dundee Medical University. In this model as the students improve their medical and clinical experiences they are helped to improve their ethical understanding and the training of ethic

and the medical low is established in all of the main courses and steps and it is entered as an integrated part in the educational system. Assessment of this model in five years of course holding shows students' satisfaction and their thanks of the model [Roff; Preece, 2004]. In this regard, Eckles and his colleges (2005) by analyzing the research collections in the realm of the methods of medical ethic teaching concluded that medical ethic training should be integrated into the medical students' educational program medical ethic training should be seen as a continues process [Eckeles, et al, 2005, p:1143-52]. One of the other features of this pattern is emphasis on expanding mental abilities and capabilities of trainees so that students can apply Islamic principles and bases in solving ethical issues using rational and satisfactory methods and make appropriate decision and reaction. In fact, only in this situation the basic changes in the students' insight, theory ethical skills would be expected.

One of the other results of this study is emphasis on the modeling role of universities instructors and they should not confine only on practical training but also they should pay attention to their ethical education in interaction to the students and they should be an ethical model for them. Marzoghi (1380) in regard to the role of teacher in Islamic culture wrote: in science-growing Islamic culture the teacher has a noticeable role generally in the society and especially in the educational system [Marzooghee, 1380, p: 94]. The results of this study in regard to the modeling role of the instructors is compatible with those of Artbur's research in which he assessed the medical ethic educational program in the medical college of Wisconsin University and he stated that in conclusion the success of the medical ethic educational course is due to the faculty members who are the teachers of these courses and they are the facilitators of acquisition and they generously spend time for training future doctors and they are appropriate models for the students[Drese, 2006, p: 16-20].

Also in this pattern there is an emphasis on the quality of the relationship between the trainer and the student. In this regard, Lipscomb (2007) in a researching report by the title of "coherence of relationship and ethic education" states that the coordination of relationship in the relation between the trainer and trainee is necessary for ethic education improvement and any process which prevents this relation freely and honestly will damage the ethical training[lipscomb, 2007, p: 16-25].

Another point which is emphasized in this pattern is the usage of the problem solving and student-based method. Because these methods will lead to cognitive learning and the establishment of medical ethic science and help to acquire ethical decision making skills and provide intrinsic motivation to learn ethical discussion for the students. In this regard, Thulesius and his colleges (2007) in a qualitative study by using Grounded Theory method surveyed the shaping of the medical students' ethical identity and concluded that the shaping of professional ethic typically is acquired in interactional discussion done in groups. Performance of these groups is similar to a support network in which the students are permitted to improve their professional role through discussion and test in a condition in which there are ethical value and problems[Thulesius, et, 2007, p: 27].

Another feature of this pattern is paying attention to the assessment of all the ethical reactions and aspects of students in learning

situations. In this pattern ethical assessment is a complete and continuous process and it has an irrefragable relationship with different dimensions of medical ethic educational program aims and the students' learning experience and because of this, it suggests using of different methods of evaluating. The Roger's (2005) study results also confirm these points. By analyzing the competency-based assessment methods he concluded that nowadays medical science is assessed by using standardized written examinations but other competencies such as professionalism need alternative assessment methods to evaluate the students' professional abilities [Rogers, 2005, p: 1110-7].

Conclusion

According to the results of this study, the definition of medical ethic educational program is a series of continuous educational and educative activities which by the guidance of the trainer and trainee himself lead to internalization of ethical values and beliefs and achievement of the science and the skill of ethical logic in the students. It is opposite of current medical ethic educational program which is an arid and soulless and static program and is limited to a collection of medical ethic concepts, theories and principles and only decodes the ethical propositions and conceptions. In the suggested pattern the medical ethic educational program is comprehensive and extensive and pays attention to all natural dimension of trainee and also considers the theoretical and practical dimensions of medical ethic education.

In this pattern, the both formal educational program and hidden educational program are considered and in edition of the elements of medical ethic educational program it was emphasized on integration of educational program. In other word it insists on integration of practical and theoretical education and the ethic science is reflected in the form of ethic action. In this pattern self controlling processes and the management of the hidden educational program were noticed. Hence, in the aiming of medical ethic educational program the attention flexibility is directed from the benefits of the actions to the end of them.

In summary, in this pattern it was tried to pay attention to the whole factors which are effective on formal and hidden educational program. According to this pattern the educational system can design different kinds of learning experiences in medical ethic educational program and integrate the concept of medical ethic educational program into all the students' educational programs not as only a course but also as a process.

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