

Medical Students' Cheating and Its Implication on Their Professionalism

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Abstract

Medical students are more prone to be in vulnerable situation for cheating. Their cheating has graver implications than that of laypersons. Their cheating ends up with deterioration of their integrity, failure to exercise their autonomy, incurrence of less-qualified physicians, and undesirable relationship among future coworkers. In this sense, it is direly needed to take a close look at the contexts and reasons of their cheating to improve the situation. Complex matters are involved in medical students' cheating, such as students' false rationalization and the psychology of students that makes them blind to their obligation. Therefore, improving external factors would not be sufficient. Rather, approaching to cheating issues in terms of professionalism education will bring about significant effect on medical students. Faculty members should utilize the exam as learning opportunity where students can experience professional virtues. Additional advantages are also

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expected, such as reaching the consensus in professional virtues and finding the proper teaching materials for pre-clinical period.

Keywords

Medical professionalism, Cheating, Medical students, Medical education, Professionalism education

I. Introduction

In last decades, efforts to establish and teach professionalism have been increased in Korea.¹ However, deciding what and how to teach professionalism is still a difficult issue. It is partially because there are a range of different conceptions of professionalism which stem from different understandings of medical work.² Then what should we select to teach among various items considered as building blocks of professionalism? What kind of learning opportunities should we use? And how can we teach professionalism? One possible way to teach would be to start from the very fundamental concept that can be shared by all, and from the most commonplace setting, that is, honesty in examination.

A number of studies showed that cheating on an exam is rampant among college students in Korea (up to 88%)³, and even in the dental schools (up to 74.7%) in North America.⁴ However, well-organized studies of the rate of cheating on an exam, especially in medical schools, have not yet been carried out in Korea. We can only assume that medical school students would be more tempted to cheat on the exam according to the research study by Oh.⁵ Oh showed in her study comparing students in different colleges that in the more stressful academic environment, more frequent students' cheating occurs. This means that medical schools might

be the most vulnerable place for cheating because medical students have to frequently take an exam that is one of the most competitive and stressful events. Moreover, various types of assessment introduced into medical school in recent days, such as OSCE, CPX and computer-utilizing examination, make it even easier for students to cheat on exam and harder for teachers to spot the deed.

If cheating in medical school does exist and is rather common, then institution and faculty members should take an active part in correcting the wrongful act. However, the prevalence of cheating is not the sole reason that makes this problem serious. We should rather concern the influence of cheating on students' professional development. Since professional virtues and values are not mere knowledge, they are achieved through 'learning ecosystem.' This term represents the dynamic process of learning that is influenced not only by formal and informal curricula but also by school environment as a whole.⁶ The use of this term is plausible when we consider that faculty's behavior or attitude toward patients in reality is more influential to students' perception of professionalism than his/her lecture on professionalism. Likewise, the setting of examination and a student's behavior within the setting certainly build a learning ecosystem. Thus, faculty members and institutions have a duty to correct the students' perception of cheating, improve an exam setting, and furthermore, utilize an exam as an opportunity to learn professionalism. To see the impact of cheating on learning ecosystem, and ultimately on medical professionalism, it is necessary to take a close look at the reality.

II. Taking a Close Look at the Contexts and Reasons

Even though various studies have shown that a large number of students

admitted their cheating,^{7,8,9} the context of cheating or the psychology of medical students has not quite been elucidated. What makes students so vulnerable to cheating? What aspect of cheating is considered as the most serious breach of their duty? ; Do students see cheating simply as an unfair act in competition? ; Do they then see it as a lack of integrity? ; Or, do they see it as a failure of autonomy¹⁰ of their peer group? Answers to each of these questions will indicate one of the reasons for cheating. Discovering which one of the above is the most powerful reason for students, and whose aspect, if there is one, has not been illuminated sufficiently will be a valuable research. This is because answers to these questions will shed light on which aspect of cheating faculty members should point out to correct students' perception of cheating. Until now, we could not find any study focusing on those issues, especially ones concerning medical student.¹¹ The frequent reason for cheating might vary according to the contexts of an exam. However, discovering the most dominant reason for students to cheat or not to cheat in a particular setting of an exam certainly goes beyond the scope of this study. Thus, we would like to build our argument based on our experience and our peers' in medical school. The context and the reason we will explain below are not based on statistical figures but on those experiences.

1. The Context

First of all, there is no explicit declaration of cheating by institution in medical schools. Lack of explicit declaration blocks students from realizing the magnitude of cheating especially in terms of their future career and professionalism. Students tend to focus only on the problems they face, such as passing an exam or improving their grades. Without any school policy that is conveyed to students in a proper manner, there is no

opportunity for them to understand the institution's expectations appropriately. So students may suffer from the peril of misunderstanding their role as achieving the goal by whatever means it takes.

Second, there are a large number of exams in medical schools. As Jennings has described, medical students get used to ritualized crisis which occurs so periodically, namely examination.¹² It means that they might get used to cheating and the psychology associated with it, as well. At the first time, moral consideration or regret may accompany cheating both in cheater's and witness' minds. However, if cheating is repeated without any instruction, both of them will finally be insensitive to immorality of cheating and pay attention to the realization of their goals alone.

Third, there are some circumstances that are vulnerable to cheating. In some environment, cheating occurs in so massive degrees that a student has to choose between becoming another cheater and becoming a moral hero and at the same time a victim in an unfair competition. This is unjust and also is a clear evidence of institution's negligence. The situation where collective cheating can occur does exist. OSCE, CPX and computer-based exams are some examples. Students' different perceptions of a new exam setting may have influence on the odds of occurrence. For example, students are well acknowledged about the importance of an exam when it is a traditional written exam. However, in the newly introduced exam setting, students may be confused and they may not set as strict standards as they do in a written exam. So, the lack of organized supervision and other preventive measures in managing these exam environments is always a potential factor that makes students vulnerable to cheating.

2. The Reason - Students' psychology and rationalization of their cheating

First, sound judgments on and the keen understandings of cheating issues

are hampered by students' obsession with competition. Medical students are sometimes confused in 'unjustified wrong' and 'harmless wrong.' It is partially because of their obsession with competition and of a tendency to avoid it out of defiance. Is cheating morally bad only because it harms other honest students and eventually produces unfair situation? Or, is it wrong because it is a behavior that compromises integrity? If students take only the former truth, students may be vulnerable to cheating especially when they are assured 'no one would be harmed.' Certain kinds of rationalization are frequently adopted in the case of group cheating. Of course, in the situation of group cheating, students may perceive that they cannot but collude in group cheating in order not to become a victim of unstoppable situation. However, what we have to focus on is the moral justification or rationalization they make, such as 'Okay, this might be wrong, but no one is harmed by this, and nothing is unfair in terms of competition. So, it is harmless wrong!'

Being unconfident in criticizing other students' cheating is another evidence of a narrow view obsessed with competition. Students recognize their peer's cheating more frequently than the teachers do. However, majority of witnesses are not active in correcting the act. Certainly, it is because they do not want to ruin the relationship with their peers. But this is rather superficial. This is not the only reason they hesitate to be active. Ironically, witness' realization of the fact that other's cheating infringes his/her self-interest may frustrate the will to criticize the cheating.

Cheating is morally condemnable based on moral rules and professional values as well as each innocent student's self-interest. Although both reasons sufficiently constitute the ground for moral blame, students deem it differently. In the Korean society, the claim for one's own right or interest is sometimes considered to come from selfish motives rather than from legitimate moral concern. This means that the claim for

one's interest gets out of the realm of morality. Furthermore, a person who attempts to protect his/her self-interest is often labeled 'the selfish.' As a result, students are not confident that their criticism against other's cheating has relevance to morality and ask themselves, 'Isn't it the loss of my self-interest that makes me feel bad when I observe others' cheating? Or is the bad feeling caused by my moral outrage?' If a student sees the function of test as a mere competition while missing out on its important function to qualify competency, both offender and bystander can be vulnerable to cheating.

Cultural factors that make students reluctant to involve in others' business and raise their voice may have influenced the current state of cheating. In the cultural environment in which people praise a person who is decent and never raise his voice, students are likely to hesitate to express their objection toward cheating in front of their class mates. Even though they feel strong disgust toward other's act of cheating, they rarely publicize the wrongful act. This certainly is the major obstacle to developing students' peer review system. Therefore, this is a place in which institution and faculty should intervene.

3. Improving External Environment: Is it sufficient?

Institutions and their faculty members have responsibility to convey their expectation of their students and to improve examination environment. Announcing cheating policies in advance is necessary. It helps to inform the students that the instructors seriously concern about students' morality as well as their competence. In addition, it also helps regulators to find themselves in a more defensible position when they make their decisions to punish exposed cheating. If the penalty of cheating is informed by pre-existing policies, punishment will be more reasonable for regulators and

more acceptable for students.

Improving exam setting is necessary. Without appropriate supervision in each exam environment, students are always exposed to the peril of becoming a victim of cheating. If students take the same exams in turn, for example, one group takes in the morning and another in the afternoon, an evaluator has to isolate one group from the other. Otherwise, students would be exposed to certain kinds of cheating behavior, such as asking and telling what the examination questions were. So, Institutions and their faculty members should be conscious of their duty to remind student of the importance of honesty. They have to let them know about an institution's expectation regarding cheating issue - especially when the format of exam is new and unsettled - and also manage the exam setting properly.

Proctoring alone is too superficial and ineffective. Both in medical jobs and exams, external surveillance cannot effectively correct all the wrongful acts. So, making medical school students feel as if they were five-year-old boy whose super-ego is not fully developed does not help improving their autonomy and self-esteem. However, this is certainly not to say that the regulation and preventive measures are pointless, but that depending only on these temporary solutions would entail certain risk of making students deaf to their responsibility. Moreover, the morally wrong rationalization and a certain psychology of students that makes them blind to their obligation can be corrected only by appropriate education, through reflecting the implication of cheating in the professional point of view. To clarify what aspects of cheating students are missing out on, it is worthwhile to examine the implication of cheating in medical professionalism.

III. The Implications of Medical Students' Cheating

The fact that cheating is morally wrong is obvious. It is true not only for medical students, but also for all the other students. However, the unique role and position of medical profession that medical students will engage in their future make the issue of cheating even more serious. Medical professionalism is the behavior and value system of medical professions in relation to patients and a society. It determines how to define one's role as a healer, what principles and rules to follow, and what virtues and values to pursue. Although the concept and the contents of professionalism have a room for flexible interpretation and change with time, we can extract several core values in common. For example, autonomy, fidelity to trust, benevolence, competence, and justice are overlapping values described in many literatures, even though the specific expressions and the definitions may vary. Medical students' cheating infringes several values professionalism pursues, such as honesty, justice, competence, autonomy, and integrity. Without being aware of these values, medical students cannot know the full implication of becoming a doctor in the society. Therefore, we have to give serious consideration to the graveness of medical students' cheating.

The value of honesty is impaired in cheating which is included in academic dishonesty. An act of cheating is definitely a lie that has assessors believe that one achieves a higher level of competence than he/she really does, and give grade accordingly. Being honest is a virtue so fundamental that everyone who seeks trustworthy relationship has to act in accordance with this virtue. Moreover, medical professionals are required even more strongly to act with honesty because they can be 'agents of great harm as well as great good', because of the public trust they receive and their knowledge and skill.¹³ Therefore, medical students need to embody the

virtue of honesty in their daily lives.

Another virtue that is necessary to pursue yet easily ignored by students is competence. Competence of doctors has direct influence on patients' life and health. That is why the medical students have to take so many exams and demonstrate their adequacy of progress in attaining requisite competence. If cheating occurs frequently and medical students choose an easier way out rather than the achievement of competence, unqualified physicians will eventually harm patients. All these aspects of cheating, in terms of medical professionalism, should be illuminated and fully understood by medical students.

Moreover, as all the medical students are well aware of, it is unjust to cheat on exam and have an advantage over other honest students. It is the case especially in the current situation of keen competition where the GPA is regarded as the most influential factor for students' future professional lives, such as hospitals and departments in which they will be placed. That is why most students are against cheating, especially when it comes to high-credit courses and when their competition is fierce. However, justice in students' own society is not the only value that is infringed when cheating occurs.

Other values that are infringed in medical students' cheating are integrity and autonomy. Since medical professions' specialized knowledge and skills cannot be fully supervised by the public, unlike those of politicians, medical professions have an obligation of autonomous regulation.¹⁴ However, feasibility and efficacy in controlling the professional activity is not the only reason medical professions stress integrity and autonomous regulation. Integrity and autonomous regulation are the core factors for the identity of a particular profession because certain activities of jobs can be recognized as a profession by the practice of defining and imposing principles and rules autonomously that

are sound even in a broader social context. Since acting as an autonomous agent is the first and the last step for the full realization of morality, integrity and autonomous regulation form professionals' moral authority as well as the public's trust. This is also the case in other professions such as lawyers and scientists.

However, in Korea, where the development of medical profession has not been the same as in Western society, students and even incumbent doctors often misunderstand their unique position and power as something that comes from their erudition. Moreover, the current conflict between the public and doctors urges medical professionals to contemplate on this fundamental misunderstanding. In this sense, losing autonomy and integrity among medical students implies much more significance than in other disciplines' students.

Students' blaming other environmental factors and making excuses for their cheating is also unacceptable. As Pellegrino righteously pointed out, a high pressure environment of medical school cannot be the valid excuse for cheating.¹⁵ Hospital, as the future workplace for medical students, is even more demanding environment because of the importance and the urgency that is inherent in the work of caring and saving lives. Therefore, students need to understand their duties to ensure their integrity as a healer even in the times of hardship.

IV. Result on Medical Students

Considering all these aspects of cheating, its result on students' professional development is disastrous. First, students end up with cynicism, believing that professional virtues and values have nothing to do with their everyday life as students. In this sense, overlooking the cheating

problem may also cause a problem for professionalism education. That is, while learning honesty, integrity, and autonomy of physician in classes, students' academic honesty, integrity, and autonomous regulation in reality may be seriously endangered. Hence, students fail to realize the significance of these values and deem them unattainable ideals. Definitely this is not the goal of professionalism education. We expect students to practice professional virtues in their real life, not just to let them go in one ear and out the other.

Furthermore, cheating may make students lose the opportunity to build a robust relationship with peers who will later be their future coworker. Even though the proportion of those who cheat is not astonishingly high, students will not fully trust each other, and may be endangered to see one another merely as a competitor. Moreover, they consider themselves as passive participants who do not have any sense of self-regulation in terms of autonomy. Failure to perform an appropriate peer review is a potential threat to their future career. It is students themselves who can correct others' wrongful but not fully recognized conducts. If future doctors choose to ignore their colleagues' wrongful acts believing these acts have nothing to do with their responsibility, the true meaning of professional association cannot be realized.

V. Expected Educational Effects

In considering a range of negative effects engendered by a repetitive act of cheating, we should deal with an issue of cheating in terms of professionalism education. Regulation and legitimate penalty would certainly be necessary, but approaching this issue in terms of professional education will also bring about significant effect on medical students.

Faculty members can use the exam environment not only as a means of testing but also as a learning opportunity where students can experience the significance of values and virtues professionalism pursues. Like numerous other events such as white coat ceremony, entrance ceremony, and the first class of anatomy, exam setting also can be a good learning opportunity. Simple ways of intervention can be applied. One easy way is to state school's honor code or policy on the cover sheet for every exam. Another advisable way is to have the students agree to the policy by signing their names.¹⁶ In the same aspect, encouraging students' autonomous regulation and peer review would be one possible strategy. If there has been no explicit announcement on cheating-policy or honor code, making students to participate in the creation and announcement of an honor code will provide another valuable lesson.

There are significant advantages that can be achieved by dealing with cheating issue within a scope of professionalism. That is, cheating issue would be a good teaching material, especially in our difficult situation lacking clear objectives for the education of professionalism. First, the status-quo where there are diverse professional concepts and mismatches among them makes it valuable to mention and teach an issue of cheating as a part of professionalism education. As Castellani and Hafferty have analyzed¹⁷, there are clusters of medical professionalism that medical professors, students, and practicing physicians hold. Therefore, it is plausible that there is an invisible conflict among these concepts of professionalism, and that there is a clash between the concepts held by professors such as deans of medical schools – the ruling power – and those held by students - the younger generation who often care much more about their lives than their job. In this conflict, one possible way to reach a consensus would be to start from the basis that can be shared by every member of the professional group. Cheating issue would be proper

material to deal with in the professionalism education because even the students who are skeptical about high - and therefore neglected - ideals of professionalism would also agree with the basic concepts of honesty, integrity and autonomous regulation within the exam environment. Furthermore, teachers could encourage students to expand this intuitive understanding of professional virtues and values to the scope of society, so that students can consider medical professionalism as a value deeply embedded in the role of medicine within our society. These effects of such education will contribute to our society where misunderstanding and arrogance of medical professionals conflict with public expectation.

Second merit of dealing an issue of cheating in the professionalism education lies in similarities between exam environment and hospital environment. In the reality, 'knowing how to be a good doctor' does not necessarily mean 'being a good doctor.' Since the hospital environment always demands a person to confront and overcome the hardship such as overwork, it is difficult for doctors to do what they think is right in such a stressful environment. So the students in medical schools, the future doctors, have to be taught and practice values in their lives where they have to go through the repetition of stressful situations. In this sense, practicing honesty through exams may be a good preliminary work for practicing virtues in hospital for their future.

Utilizing cheating issue can be one of ways to solve the longstanding problem of lacking an appropriate teaching material for students in pre-clinical period. Majority of students who has barely entered the medical school does not have any clinical experience. So, they encounter clinical cases in their ethics classes with the difficulty to understand their context. Therefore, they cannot easily put themselves in a physician's shoes while studying the clinical cases. As a result, virtues they learn in classes sometimes are not applicable to their own lives. Hence, virtues may

remain for them just as a piece of knowledge to memorize. Even a student in the first year of his/her academic course can learn from the experience of exams taken periodically. In the same way as other clinical cases used in medical ethics classes, cheating-related cases may be effectively presented to students and used for small group discussion. Through discussion, students can learn what virtues are lost when cheating occurs, and contemplate on what kind of strategy can be applied to retain the virtues. Therefore, dealing with cheating issue in classes would be an opportunity to develop ethical sensitivity and certain virtues for their daily lives as well as their lives as a doctor.

VI. Conclusion

Immorality of cheating can be explained also by common morality. Every student has a duty to abide by the rule to forbid cheating. However, medical students' cheating has graver harm, such as deterioration of their integrity as a future doctor, failure to exercise their autonomy, incurrence of less-qualified physicians and undesirable relationship between future coworkers. Definitely cheating harms the professionalism of future doctors, so proper interventions by institutions and their faculty including educational efforts should be placed. To meet this challenge, the contexts of cheating and the rationalization of students need to be investigated. It is true that the lack of explicit announcement of policy, frequent exams, and tough competition make students vulnerable to cheating. But such external factors are just one of causes for cheating. Students' psychology and their false rationalization of cheating also make them deaf to their responsibility and the true meaning of exam, and further insensitive to cheating. Since these complicated matters are mixed in the current situation, not only

external regulations but also educational efforts to correct students' perception of cheating are direly needed.

There are advantages in utilizing issues of cheating for the education of professionalism. Although there is no clear consensus about medical professionalism in our society, dealing with basic issues such as cheating would help to develop professional virtues and values that are shared by doctors. Even a student who does not believe in the high ideals of medical profession will adopt values or virtues such as honesty, competence, justice, integrity, and autonomy drawn from the cheating issue. In addition, utilizing exam setting as a teaching material would be even more helpful for the students in their preclinical period. It will definitely help them understand their duties even in a tough environment, either in a medical school or a hospital, and consider the values or virtues as something that is to be pursued in their daily lives, not just in their future career in hospital.

NOTES

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 9. Sarath Nonis and Cathy Owens Swift. 2001. An Examination of the Relationship between Academic Dishonesty and Workplace Dishonesty; A Multicampus Investigation. *Journal of Education for Business* 77(2): 69-77
 10. The language of autonomy in biomedical ethics tends to lead one toward the meaning of 'patients' autonomy' and proper respect for it. However, here, we use this term for autonomous regulation by medical professionals and the sense of responsibility to self-imposing rules ethics.
 11. Newstead et al. have suggested the frequency of 'reasons' both for cheating and not cheating among one university students. Considering cheating as a continuum, they successfully presented that students' response to his different questionnaire asking 'Do you think this is cheating?' varied depending on the kind of behavior. However, he did not point out what kind of reason for each context was most frequent one to cause cheating /not cheating.
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17. The authors discovered and categorized these different types of professionalism in seven clusters. The most influential one in formal curricula of professionalism is 'nostalgic professionalism', which is held by many professors who are in the high positions of the field of medicine. This cluster mainly concerns autonomy, altruism, personal morality and interpersonal competence while not concentrating on - or neglecting - lifestyle of doctors themselves and commercialism. However, what authors claim is that this is not the only concept of professionalism. For example, there are other clusters of professionalism, such as 'lifestyle professionalism'. The physicians who cling to lifestyle professionalism generally do not want to work too hard, so a lot of them choose a part-time job or a work place with fewer patients. They believe that 'there should be a balance between the needs of their own and those of their patients. Many of the doctors from young generation hold this concept of professionalism.

Brian Castellani and Frederic W. Hafferty. 2010. The Complexities of Medical Professionalism. In *Professionalism in Medicine : Critical Perspective*, ed. Delese Wear and Julie M. Aultman, 3-23. New York: Springer.