

Short Communication

Assessments of Student Fitness to Practice among Nursing Students

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INTRODUCTION

Although education of professionalism recently has become a hot topic in medical universities, there is still debate about what professionalism is¹⁾. Bligh reported that professionalism lay at the heart of clinical practice and that the manner in which physicians behaved, thought and interpreted problems underpinned their professional practice¹⁾. The UK General Medical Council (GMC) has published the principles of good medical practice, documenting the standards of competence, care and conduct expected of all physicians²⁾. Therefore, physicians graduated from universities always face the problem of professionalism, because they have no experience or formal training on how to ensure that they maintain a professional practice. Nowadays, however, the medical universities seek ways to educate medical students on professionalism. The goal of an evaluation of students should be to reward the best professional behavior and to enhance professionalism in all students³⁾. In 1997, the GMC published its first guide for medical students⁴⁾. Afterward, a revised ver-

sion of the guide on professional values and appropriate behaviors of students for medical students was published in 2009⁵⁾. Aldridge et al. reported that 12 among 31 medical schools had a fitness to practice committee not only for medical students but also other students such as dentistry, veterinary medicine, nursing, midwifery, and so on⁶⁾. There is a school of nursing and midwifery delivering a wide range of programs to determine the impact of reforms to fitness to practice procedures⁷⁾.

Therefore, this study uses nursing students with the aim of examining the assessment of students' fitness to practice as preliminary study before designing an original scale to measure and evaluate the students' fitness to practice medicine.

METHODS

The design of the study was cross-sectional with self-reporting questionnaires. The subjects were 101 female (mean age ; 21.0 ± 3.4 years) and 6 male (mean age ; 22.2 ± 2.6 years) of the third-year students of the School of Nursing in Dokkyo Medical University.

Two of the questionnaires were not returned, and one of them had been checked with all the same scores indicating low reliability. Therefore, these three were excluded from this study in order to avoid bias. The final number of students used for this study was 99 female students and 5 male students.

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The questionnaire used in this study is derived from revised guidelines with respect to professional values and fitness to practice, as per GMC⁵⁾. This questionnaire was mainly translated by one of the authors of this study who specializes in English. The 34 items were evaluated by third-year students of Nursing, who rated unpermitted behaviors on a scale of 1–6. Higher scores indicated more serious unpermitted behavior. In addition, the same 34 items were evaluated as the suitability for guidance of fitness to practice. Similarly, these were rated on a scale of 1–6 for suitability. Higher scores indicated more suitability in these items.

RESULTS

The mean score and rank of each item are shown in Table 1. The items under unpermitted behavior, which obtained high scores were “Sexual assault” “Financial fraud in general such as budget account fraud,” “Child abuse or domestic violence,” “Misrepresentation of qualification,” and “Theft.” The items that obtained low scores were “Poor communication skill,” “Failure to accept and follow educational advice,” “Non-attendance without reason,” “Uncommitted to work or study,” and “Neglect of administrative tasks.” The items under fitness to practice, which obtained high scores were “Breach of confidentiality,” “Misrepresentation of qualification,” “Fraudulent curriculum vitae (CVs) or other documents,” “Financial fraud in research expense,” and “Possession of illegal substances” However, the items that obtained lower scores were “Poor skill of communication,” “Neglect of administrative tasks,” “Uncommitted to work or study,” “Non-attendance without reason,” and “Failure to accept and follow educational advice.”

DISCUSSION

“Breach of confidentiality” obtained the highest score under the fitness to practice assessment. As the Japanese government regulated the personal information protection law in 2004, Japanese students in the medical field are well educated on the confidentiality laws. According to the law, medical and nursing students are required to undertake the same duties of confidentiality. Students recognize breaches as ethically unacceptable behavior but have difficulty in apply-

ing this knowledge to clinical settings⁸⁾. Students are educated not to discuss matters pertaining to patients in communal areas such as hospital elevators. As the new technologies of electronic medical records have high possibility of breaching confidentiality, students have been accustomed to keeping and managing the medical records of all patients with care.

Unexpectedly, the poor communication skills are underestimated and are not included as fitness of practice for nursing students. According to Symon et al., effective communication skills and professionalism were critical for physicians in order to provide optimum care and to achieve better health outcomes⁹⁾. In a Turkish School of Nursing, the goal of the problem-based learning (PBL) model was reported to provide nursing students with the communication skills needed in the helping process¹⁰⁾. In Dokkyo Medical University, the first and second-year medical students have a curriculum of early exposure, training in psychiatric hospitals or welfare institutes for handicapped people or nursing homes for the elderly. The first- and second-year nursing students had a similar curriculum to communicate with the old or handicapped people in the community. The training to develop communication skills seems to be helpful for both medical and nursing students, and should be included in fitness to practice.

“Failure to accept and follow educational advice” was ranked as the second lowest under unpermitted behavior. It is very important to accept and follow the educational advice to acquire well-developed biological and medical technology for nursing students. However, it is an immense concern that some students do not follow the educational advices. One way to solve this problem is the introduction of problem-based learning¹¹⁾. Furthermore, making students responsible for facilitating their own small group learning is a good idea. Steele et al. reported that no differences were detected in student performance on the objective evaluation based on whether the facilitator was a faculty member or peer group member¹²⁾.

The present study has several limitations. First, the design of this study was cross-sectional and examined a single point in time based on a self-report questionnaire. Second, the sample size was not enough large to analyze the gender differences, because the number of

Table 1 Most frequent area of concern relating to student fitness to practice by General Medical Council (5) and their ranking

	Unpermitted		Fitness to practice	
	mean	rank	mean	rank
Sexual assault	5.94	1	5.28	14
Financial fraud in general such as budget account fraud	5.90	2	5.17	17
Child abuse or domestic violence	5.90	2	5.44	8
Misrepresentation of qualification	5.90	2	5.65	2
Theft	5.86	5	5.06	21
Possession of illegal substances	5.85	6	5.50	4
Dealing in possessing drugs illegally	5.84	7	5.39	12
Breach of confidentiality	5.82	8	5.80	1
Fraudulent CVs or other documents	5.81	9	5.51	3
Child pornography	5.79	10	4.79	23
Behaviors with discrimination and prejudice	5.79	10	5.45	7
Sexual harassment	5.77	12	5.34	13
Inappropriate examinations on patients	5.75	13	5.44	9
Financial fraud in research expense	5.74	14	5.50	4
Drunken driving	5.73	15	5.47	6
Failure to obtain proper consent from a patient	5.70	16	5.40	11
Bullying	5.63	17	4.69	25
Falsifying research	5.62	18	5.43	10
Persistent rudeness to patients or colleagues	5.59	19	5.07	19
Forging a supervisor's name on assessments	5.55	20	5.27	15
Misleading patients about care	5.54	21	5.06	20
Excessive alcohol consumption with immorality	5.40	22	4.93	22
Cheating in examination	5.37	23	5.24	16
Passing off other's work as one's own	5.30	24	5.13	18
Failure to seek medical treatment or other support	5.22	25	4.43	28
Refusal to follow medical advice or care plans	5.12	26	4.74	24
Failure to recognize limits and abilities or lack of insight into health concerns	5.07	27	4.68	26
Physical violence	5.01	28	4.59	27
Poor time management	4.70	29	4.30	29
Neglect of administrative tasks	4.67	30	3.97	33
Uncommitted to work or study	4.50	31	4.03	32
Non-attendance without reason	4.49	32	4.10	31
Failure to accept and follow educational advice	4.23	33	4.20	30
Poor communication skill	3.68	34	3.30	34

male students was very small. Despite some limitations such as inadequate sample size and biased subjects, this study is only a preliminary for the establishment of an original scale for the fitness to practice for Dokkyo Medical University. Considering the result of this study, we are planning to continue this study targeting not only nursing students but also medical students.

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