

Student's Behavior Raises Questions

Last year I supervised a fourth-year student during an externship at our facility. As is my custom, we reviewed past and current histories of the patient the student was about to examine. It was noted that the staff doctor who had seen the patient last had noted a nevus with "drusen-like" deposits in one of the eyes.

After the exam, the student returned to me to review the findings. The student made note of the nevus and stated that it contained "drusenoid" bodies. I asked the student to be more explicit in the description and diagnosis. The student offered no further information. When I asked the student to provide differential diagnoses, the student was unable to think of any. At this point we set out for the exam room so I could evaluate the patient.

Upon examination of the appropriate eye and location, I found no nevus or

any other lesion. Thinking that the student might have described the wrong eye or location, I finished examining both eyes and found no lesions at all. Had I missed something? I asked the student to find the nevus so that I might evaluate it. The student could find nothing. It became clear at that moment that the student reported the lesion simply because it had been noted in the past, even though that notation had been erroneous.

After dismissing the patient, I reviewed what had happened with the student. First, I said I was quite disappointed on a personal basis because the student had lied to me. Second, I explained that clinical findings should always be based on what is actually observed; if the student had not seen the lesion, that should have been stated. Finally, I explained that if the student repeated this activity in practice, and it was dis-

covered on audit, the student might be liable for perpetrating fraud and be subject to sanction, fine, prosecution and/or licensure consequences. Throughout this discourse, with an entirely blank face, the student said nothing.

Knowing this was not the first bad encounter our staff had had with this student, I felt it was proper to report the incident to my superior. Nothing more was said and no action was taken. The student finished the externship, graduated from school, received a license and was accepted into a residency program. I have been told the student has been overheard on numerous occasions telling other students what a terrible externship we have to offer. Apparently, this episode and perhaps others have had no positive effect on this individual.

Optometric Educators Respond

Jeanette M. Sewell, OD
*Instructor of Record for
Clinical Programs*
Assistant Director of Residencies

New England College of Optometry

As noted in the description of the student's actions, falsifying records is fraud and carries significant sanctions for the licensed provider. Though the same sanctions are not applicable to a "student doctor," there should certainly be significant consequences. Colleges have clear policies regarding cheating on didactic exams and should have equally clear policies regarding cheating on clinical exams.

It is important for the school to know of any occurrence of unprofessional behavior because students rotate through multiple sites and only the academic institution would be able to identify repetitive behavior across different sites.

Students may not be able to correctly locate or identify every lesion, diagnose or manage every case, but they are capable of choosing honesty over dishonesty. That said, as clinical educators, have we given students the skills they need to be honest when choosing honesty means potentially admitting they are wrong? Have we introduced them to acceptable options when faced with clinical uncertainty or disparate exam findings? Have we taught them that the best clinicians are able to say "I don't know," "I need more information" or "I need another opinion"?

As clinical educators, we may not be comfortable dealing with what appears to be fraudulent behavior on the part of a student. It is unpleasant and (hopefully) unfamiliar to most of us. It also gives us the opportunity to teach alternative behaviors and approaches that will serve the student throughout his/her clinical career. However, this "teachable moment" does not mitigate the importance of having clear expectations, policies and consequences for such behavior, both in the individual clinical setting and in the academic institutions sponsoring the student doctors.

M.H. Esther Han, OD
Assistant Clinical Professor
SUNY College of Optometry

This case represents an ethical dilemma in optometric education that also exists in any health professional training program. So how and when do we begin to limit the number of individuals who exhibit unethical behaviors? Typically, organizations and policies change only in response to a very negative situation. In this case, it could be a highly publicized malpractice suit. How severe should the penalties be if one gets caught? Should there be a dismissal from a professional program? Should fines be imposed? Should one's clinical privileges or licensure be revoked or suspended? Who then enforces these policies and ensures that all schools of optometry are on the same page?

This issue can be addressed at many stages in the professional program. For instance, the professional admissions process can be more selective for candidates with high ethical standards. Early in the professional program, students can be presented with mock clinical situations in order to present them with the ideal ethical responses. The scenario described here occurred during the training process, which is the stage where there is not much accountability and where the interns are least likely to get "caught" by their supervisors. Those who are caught also do not experience any negative consequences for their actions as was seen here. This individual was able to continue to receive further clinical training in a residency program.

Often, practitioners begin to know each other or hear through word of

mouth and get a sense of the ethical behaviors of their colleagues. In a self-selective process, optometry is a small profession and the names of these unethical practitioners will get around. But the question arises, should more be done before something serious happens that requires a change to the policies governing the ethical behaviors of our future optometric colleagues?

Send Us Your Comments

Do you have any thoughts or insights related to teaching ethics that you can share with the readers of Optometric Education? What is your evaluation of the situation described here? Was it handled properly? What are the challenges involved? What are the ethical responsibilities of the parties involved? How do you define ethics?

Send your responses to Dr. Aurora Denial at deniala@neco.edu, and we will print them in the next edition of the journal.