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前期日程

小論文

（医学部医学科）

注　意　事　項

1. 試験開始の合図があるまで，この問題冊子を開いてはいけません。
2. 問題冊子は１冊（**9** 頁），解答用紙は３枚，下書用紙は２枚です。落丁，乱丁，印刷不鮮明の箇所等があった場合には申し出てください。
3. 氏名と受験番号は解答用紙の所定の欄に記入してください。
4. 解答は指定の解答用紙に記入してください。
   （１）文字はわかりやすく，横書きで，はっきり記入してください。
   （２）解答の字数に制限がある場合には，それを守ってください。
   （３）訂正，挿入の語句は余白に記入してください。
   （４）ローマ字，数字を使用するときは，マス目にとらわれなくてもかまいません。
5. 解答用紙は持ち帰ってはいけません。
6. 問題冊子と下書用紙は持ち帰ってください。

次の文章を読んで、問1～12に答えなさい。文末の訳注一覧に、*のついた単語の訳注があります。

Promoting the professional development of medical students is an important goal of medical education because unprofessional behavior in medical school is associated with unprofessional behavior in medical practice. Most students are able to develop a physician's professional identity without meeting significant difficulties, but a limited number of students encounter problems in this process. Because such problems are often reflected in behaviors, medical educators should be able to identify these behaviors to recognize which students could benefit from extra guidance. <u>(1) As behavioral change takes time, it is crucial to detect students with problems early in the course of their medical school career, to start adequate remediation* activities in time.</u>

According to a previous study, unprofessional behaviors are seen in up to 20% of medical students. <u>(2) However, other studies report that formal unsatisfactory professional behavior evaluations only report 3% to 5% of all students,</u> reflecting the difficulty educators experience in identifying medical students with lapses* in professionalism, despite the availability of guidelines for the evaluation of students' professional behavior provided by several physician organizations. These guidelines often describe behaviors categorically, using descriptions of isolated behaviors, but behaviors could also be described dimensionally, using combinations of behaviors ― that is, behavioral patterns.

<u>(3) Preliminary evidence of studies</u> performed among residents* suggests that educators show more consistency in defining problematic professional performance in residents when using narrative* descriptions of behavioral patterns than when using traditional ways of evaluation based on descriptions of isolated behaviors. Like in residency training, descriptions based on behavioral patterns could also benefit educators in undergraduate education. However, to our knowledge it has not yet been investigated whether distinct unprofessional behaviors of medical students cluster into patterns.

The aim of this study was to identify patterns in behaviors of medical students who received an unsatisfactory professional behavior evaluation in medical school. Individual,

interpersonal, and social/institutional factors are vital for the professional development of students, but the latter two are unfortunately difficult for individual teachers to influence. The present study focused on students' individual behaviors to determine which students are expected to benefit from early remediation interventions and additional guidance from their teachers to improve their professional behavior.

The study was conducted at VUmc School of Medical Sciences, Amsterdam, the Netherlands. This school has a bachelor-master curriculum consisting of three years of preclinical undergraduate education (bachelor), followed by three years of clinical undergraduate education (master). The curriculum consists of three educational domains: medical knowledge, practical skills, and professional development. (4) Within the longitudinal domain of (ア) development, professional behavior is taught explicitly. Professionalism is defined as follows: "Having (イ) knowledge and skills, acquired through (ウ) study, training and experience, being able to apply this within the rules that have been drafted by the profession itself, the organization and the government, in which one can be held accountable for actions by all parties involved. This needs to be placed within the cultural context and time frame in which the term is used." Professional behavior is defined as "the (エ) aspects of practicing professionalism." This definition of professional behavior has been translated into a set of observable practical skills, described in the Dutch national guideline on professionalism as a tool for evaluating professionalism. In this guideline, professional behavior is defined as "Having the skills to deal with tasks, deal with others and deal with oneself."

At VUmc School of Medical Sciences, students' professional behavior is evaluated using in-training evaluation reports based on directly observed behaviors. These evaluations take place in formative* (not included in the formal grade) and summative* (included in the final grade) evaluations in bachelor study groups and in bachelor and master clerkships*. Teachers provide all students with evaluation forms that contain a pass/fail decision for professional behavior in terms of satisfactory and unsatisfactory grades and include a narrative description of the observed (un)professional behavior. Besides these formal evaluations, (5) faculty can report critical incidents of unprofessional behavior. Teachers are trained intensively and guided in teaching and evaluating professional behavior. After an unsatisfactory

professional behavior evaluation, students are referred to the progress committee on professional behavior to define remediation options.

We analyzed professional behavior evaluation forms describing an unsatisfactory outcome, and critical incident reports from the preclinical and the clinical phase of undergraduate medical education, from September 2012 to September 2014. These evaluation forms and reports had been collected as part of the standard students' individual progress administration. A research assistant anonymized* all forms for analysis and collected information about study phase and number of unsatisfactory evaluations for each student.

Using the list derived from the literature review as an initial template, two independent researchers coded the anonymized evaluation forms and critical incident reports for "unprofessional behaviors." They documented the behaviors per student, sometimes coming from more than one evaluation form, as binary response data (present/absent). In an iterative* manner, they added behaviors to the initial template and ultimately scored all forms using the final template. Finally, we independently categorized the behaviors to obtain a meaningful set of behavioral themes for further statistical analysis. These behavioral themes were finalized through discussion and consensus among the full research team.

The derived sample consisted of 232 evaluation forms from students with unsatisfactory professional behavior (120 forms of 89 preclinical undergraduate students and 112 forms of 105 clinical undergraduate students), representing 7.9% of 2,460 students (3.9% per year). Twenty-seven students (1.1% of total student population) received multiple unsatisfactory professional behavior evaluations. We did not find all behaviors from the template in the evaluation forms. Ultimately, 37 behavioral themes were identified and formed the basis for the analysis. The initial and final template and the behavioral themes are displayed in Table 1.

The main purpose of this study was to identify patterns in the behaviors of medical students who received an unsatisfactory professional behavior evaluation or critical incident report in medical school and to define a variable that could be used for the categorization of these patterns. Our findings suggest that students might be distributed among three classes of distinctive behavioral patterns: "Poor reliability" (profile 1), "Poor reliability and poor insight"

(profile 2), and "Poor reliability, poor insight, and poor adaptability" (profile 3). The variable for categorization of unprofessional behaviors into these three student profiles appeared to be "Capacity for self-reflection and adaptability." Students with profile 3 ("Poor reliability, poor insight, and poor adaptability") displayed distinctive behaviors, such as not showing respect, not showing insight in the emotions of others, not maintaining adequate relationships, or showing too much self-driven behavior. Furthermore, students with this profile more often received multiple unsatisfactory professional behavior evaluations than students with the other profiles, perhaps indicating that they had not benefited from remediation trajectories*. (6) The findings of this study could imply that profile 3 behaviors predict the future professionalism of the students more accurately than the common, nondistinctive behaviors most supervisors seem to note and report.

Because not all unprofessional behaviors reported in the literature occurred in our study, it is unknown whether these behaviors would also result in the pattern that we found. Replication of this research could determine whether the same profiles are found in other settings and whether the profiles might be useful to determine the intensity, duration, and likelihood of success of remediation activities.

We hypothesize that students with profile 1 ("Poor reliability") are likely to improve with help from their teachers in the regular course of the curriculum and that students with profile 2 ("Poor reliability and poor insight") are likely to need extra individual guidance by specialized supervisors within the medical school. Out of all students in this study, students with profile 3 ("Poor reliability, poor insight, and poor adaptability") seem least likely to improve, in spite of remediation activities. Hypothetically, profile 3 behaviors could be "symptoms" of underlying personal problems, which — besides remediation in medical school — require psychological treatment outside medical school. Future research focused on our hypotheses could not only lead to specific remediation methods for students from each profile but also reveal the possibility of screening students during selection for medical school. Because professional behavior tends to be precipitated in pressure situations, the development of selection methods that make the behavioral pattern visible could be valuable — for example, having one station during multiple mini interviews where students are subjected to pressure.

Table 1 : Initial and final template, and behavioral themes reported in evaluation forms, from a study of patterns in the unprofessional behavior of medical students, VUmc School of Medical Sciences, Amsterdam, the Netherlands, 2012-2014.

Behavioral themes described in evaluation forms	Behaviors from the literature
（ カ ）	drug abuse, alcohol abuse, physical health problems, mental health problems
Insecurity and inability to work independently	insecurity, cannot work independently
Work too detailed and working pace too low	working pace too low, work is too detailed
Inadequate relationships	inadequate relationships with patients, peers, faculty, other HPs
Poor collaboration	poor collaboration with patients, peers, faculty, other HPs
No self-improvement	no self-improvement
Lack of commitment	lack of commitment, lack of motivation
Late or absent for assigned activities	late or absent for assigned activities
Unprepared for activities	unprepared for activities
No accountability	no accountability to patients, peers, faculty, other HPs
Not meeting deadlines	not keeping their word, not meeting deadlines
Not following up on activities related to patient care	not following up on activities related to patient care
Poor initiative	poor initiative
Avoiding feedback	avoiding feedback
（ キ ）	casual behavior, sloppy dress, sloppy work
General disorganization	general disorganization, poor planning, illegible writing
Poor academic skills	poor academic skills, poor note keeping
（ ク ）	lying
Plagiarism*	plagiarism, self-plagiarism
Does not obey rules and regulations	does not obey rules and regulations, no compliance to values
（ ケ ）	writing a piece of work for another student, lending work to other students to copy, buying or selling hospital shifts, forging signatures, fraud in attendance list, cheating in an examination, helping others to cheat in examinations, gaining (illegal) access to examination questions, copying from another in an exam, witnessed copying without reporting it, influencing the teacher to get (*continued to the next page*)

	better marks, data fabrication*/falsification* in research, data fabrication/falsification in clinical context, misrepresentation, other unlicensed activities
Brusque*-hostile or argumentative communication	brusque-hostile or argumentative communication to patients, peers, faculty, other HPs
Unprofessional nonverbal communication	unprofessional nonverbal communication
Not listening	not listening
Ignoring e-mails or other contacts from teaching or administrative staff	ignoring e-mails or other contacts from teaching or administrative staff
(A) Inadequate communication	inadequate communication with patients, peers, faculty, other HPs
Inadequate mastery of Dutch language	inadequate mastery of Dutch language
(ㅁ)	poor e-mail writing, inappropriate use of social media
(B) Does not accept feedback	not acknowledging mistakes, inability to accept feedback
Does not incorporate feedback	does not incorporate feedback
Does not share emotional experiences and does not ask for help	does not share emotional experiences, does not ask for help
No insight into own behaviors	no insight into own behaviors, other lack of insight into behavior
No insight into emotions of others	no insight into emotions of others, no insight into provoked emotions in others
Does not show sensitivity to patients' needs	no empathy, does not show sensitivity to patients' needs
Does not show respect	does not show respect for patients, peers, faculty, other HPs
Self-driven behavior	self-driven behavior, offensive display of superiority self-importance
Not respecting professional boundaries	not respecting professional boundaries, privacy and confidentiality violations, conducting patient care beyond own skill level
Behaviors not found in the evaluation forms	immaturity, inappropriate or unnecessary pain or harm to patients, failing to contribute to patient care, writing rude/inappropriate comments on exam script, failing to establish rapport*, not reporting unprofessional behavior of colleagues, reporting an impaired colleague to faculty before approaching the individual, not aware of doctors' privileges, sexual misconduct, discrimination, no positive interest in cultural differences, does not balance multiple perspectives, does not balance ethical dilemmas

HP: health personnel.

（Mak-van der Vossen MC, et al. Distinguishing three unprofessional behavior profiles of medical students using latent class analysis. Acad Med. 2016; 91:1276-1283. より引用，一部削除、改変． Reprinted from "Distinguishing Three Unprofessional Behavior Profiles of Medical Students Using Latent Class Analysis" by Marianne C. Mak-van der Vossen, Walther N.K.A. van Mook, Joyce M. Kors, et al, Academic Medicine. Copyright © 2016 Wolters Kluwer Health, Inc.）

訳注

remediation 矯正

lapse 逸脱

resident 研修医

narrative 物語形式の

formative 形成的な

summative 統括的な

clerkship 臨床実習

anonymize 匿名化する

iterative 反復の

trajectory 軌道、道筋

plagiarism 盗用

fabrication ねつ造

falsification 改ざん

brusque ぶっきらぼうな

rapport (調和のとれた)関係

問１　下線部(1)を日本語に訳せ。

問２　下線部(2)について、そのような結果になっている理由を本文に即して説明せよ。

問３　下線部(3)はどのようなことと考えられるか。80 字以内で説明せよ。

問４　筆者らの研究の目的を 120 字以内で説明せよ。

問５　この研究が実施された医科大学の教育カリキュラムを本文に即して説明せよ。

問 6　下線部(4)の空欄(ア)～(エ)に当てはまる単語として最も適切な組み合わせを、以下の A～F から１つ選び、記号で答えよ。

	ア	イ	ウ	エ
A：	professional	observable	specialized	extensive
B：	specialized	extensive	professional	observable
C：	professional	specialized	extensive	observable
D：	specialized	professional	observable	extensive
E：	extensive	professional	observable	specialized
F：	observable	extensive	specialized	professional

問 7　下線部(5)のこの文脈における意味と同様な意味で用いられている単語を本文中から1つ選べ。

問８　筆者らの研究で用いられたデータにおいて、professional behavior に問題があると評価された医学生は何名いたか。

問９　下線部(6)について、著者はなぜそのように考えたのか説明せよ。

問 10　Table 1 の空欄(カ)〜(コ)に当てはまる見出しとして最も適切なものを、以下の A〜H から 1 つずつ選び、記号で答えよ。

A: Cheating and fraud

B: Does not act in a truthful and trustworthy manner

C: Failure to engage

D: Inadequate written communication

E: Lack of knowledge

F: Research misconduct

G: Student mentioned personal circumstances to teacher

H: Wrong letters

問 11　Table 1 の 下線部(A) および 下線部(B) とは、医学生において具体的にどのような行動と考えられるか、箇条書きで列挙せよ。

問 12　Unprofessional behavior を示す学生を入学試験においてふるい分けるために、どのような対処法が考えられると本文で述べられているか答えよ。

（以下、余白）