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Derleme/Review

How can ethics be taught in health sciences?[a]

Sağlık bilimlerinde etik eğitimi nasıl olmalı?

Cambridge Consortium of Bioethics Education Turkey Working Group[b]

Abstract: *The Cambridge Consortium of Bioethics Education was established by the Cambridge University Press in 2011 to encourage people and institutions to work together on developing bioethics education in their countries. To that aim, Consortium initiated country-based working groups including Turkey by setting up working groups to share information and develop mutual projects with each other. Turkey Working Group specified its aims and strategies to raise awareness in ethics education and moral decision making and share ideas on professionalism curricula in order to further model how bioethics is taught in universities, hospitals, and for the general public by a series of workshops. The Turkey Working Group realized its third workshop on the theme "How can ethics be taught in health sciences?" to discuss developing an approach towards the current challenges of methodology of ethics education in the context of healthcare professionals' moral development. By answering this question, the Workshop aimed to emancipate educators, professionals from clichés by encouraging them to seek ways for innovative educational methods, by giving emphasis on the importance of collaboration and interaction. We think the systematical review of the themes referred by the Group in this workshop, would be a useful initial structural ground for further discussions and implementations. The learning environment of medical education has both negative and positive influences on students' acquisition of ethics-related skills, as well as professional skills, knowledge and attitudes. Considering the recent trend in medical education towards more student-centered and professional values-oriented curricula, one should expect that today graduates are more humanistic and virtuous. On the other hand, students are generally idealistic and compassionate when they start the journey to become doctors. However, despite students' good intentions and medical schools' struggle for improving teaching of ethics, related skills and attitudes, cynicism emerges eventually in most of the students while they are becoming healthcare professionals. The Cambridge Bioethics Education Turkey Group proposes that a student-centered and professional values-oriented curriculum can help to raise more humanistic and virtuous students. Despite the barriers in the current structure of modern medicine and medical education, there are effective student-centered teaching methods and various strategies to overcome negative influences of the hidden curricula, which in the end help us produce better equipped healthcare professionals in terms ethical competency, moral awareness and reflective skills.*

Keywords: *Medical education, professional values, professionalism, team working, workshop*

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Özet: *Cambridge Biyoetik Eğitimi Konsorsiyumu, kişiler ve kurumları birlikte çalışarak ülkelerinde biyoetik eğitimini geliştirmeye teşvik etmek üzere 2011'de kuruldu. Bu amaçla, ülkelerin birbirleriyle*

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[a] This article has been developed from the Report of the *3rd Workshop of the Cambridge Consortium of Bioethics Education Turkey Working Group* held in Ankara on May 23rd, 2014. Outcomes of the Workshop have been drafted into an article by Mustafa Volkan Kavas, Kevser Vatansever, Yesim Isil Ulman, upon the unanimous decision of the Turkey Working Group at its 5th Workshop on December 5, 2014. The participants of the Workshop have thankfully and rightly been cited in the Annex of this article.

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karşılıklı projeler geliştirecekleri ve bilgi paylaşacakları Türkiye dahil ülke temelli çalışma grupları kurulmasına öncülük etti. Türkiye çalışma grubu, amaçlarını ve stratejilerini etik eğitimi ve ahlaki akıl yürütme hakkındaki farkındalığını artırmak ve bir dizi çalıştayla genel toplum için ve üniversitelerde ve hastanelerde etiğin nasıl öğretildiğini modellemek üzere profesyonellik müfredatlarıyla ilgili fikirleri paylaşmak olarak belirledi. Türkiye Çalışma Grubu, üçüncü çalıştayını sağlık çalışanlarının ahlaki gelişimi bağlamında etik eğitimi metodolojisiyle ilgili var olan zorluklarla ilgili bir yaklaşım geliştirmeyi tartışmak için, "Sağlık bilimlerinde etik nasıl öğretilebilir?" teması üzerinde gerçekleştirdi. Çalıştay, bu soruyu yanıtlayarak, işbirliği ve etkileşimi önemine vurgu yapıp eğitimcileri ve profesyonelleri klişelerden özgürleştirerek yenilikçi eğitim yöntemleri için yollar aramaya cesaretlendirmeyi amaçlamıştır. Bu çalıştayda Grup tarafından atıfta bulunulan temaların sistematik olarak gözden geçirilmesinin, ileri tartışma ve uygulamalar için başlangıç oluşturacak yapısal bir temel olacağını düşünüyoruz. Tıp eğitiminin öğrenme ortamının, öğrencinin mesleki beceriler, bilgi ve tutumları olduğu kadar etikle-ilişkili becerileri de edinmesi üzerinde hem olumlu hem de olumsuz etkileri vardır. Tıp eğitiminde daha öğrenci-merkezli ve mesleki değerler- yönelimli müfredatlara son yıllarda artan eğilim dikkate alındığında, bugün mezunların daha insancıl ve erdemli olması beklenebilir. Diğer yandan, öğrenciler doktor olma yolculuğuna başladıkları sırada genel olarak idealist ve merhametlidirler. Ancak, öğrencilerin iyi niyetlerine ve tıp fakültelerinin etik ve ilişkili beceri ve tutumları öğretme çabalarına rağmen, sağlık çalışanı olmaya doğru ilerleyen çoğu öğrencide er ya da geç kinisizm baş gösterir. Cambridge Biyoetik Eğitimi Konsorsiyumu Türkiye Çalışma Grubu, öğrenci merkezli ve mesleki değerler-yönelimli bir müfredatı, daha insancıl ve erdemli öğrenciler yetiştirme konusunda çözüm olarak önermektedir. Modern tıbbın ve tıp eğitiminin günümüzdeki yapısında bulunan engellere rağmen, etkili öğrenci-merkezli eğitim yöntemleri ve gizli müfredatın olumsuz etkileriyle başetmede ve sonuçta etik yeterlik, ahlaki farkındalık ve düşünümsel beceriler anlamında daha iyi donanmış sağlık çalışanları yetiştirmede yardımcı olacak çeşitli stratejiler mevcuttur.

Anahtar kelimeler: *Tıp eğitimi, mesleki değerler, profesyonellik, ekip çalışması, çalıştay*

Introduction

Cambridge Consortium of Bioethics Education was established by the Cambridge University Press in 2011 under the leadership of Prof. Dr. Thomasine Kushner to encourage people and institutions to work together on developing bioethics education in their countries by setting up working groups that aim to share information and develop mutual projects with each other, to further model how bioethics is taught in universities, hospitals, and for the general public. Consortium initiated country-based working groups including Turkey in June 2013. By a series of workshops, the Turkey Working Group[c] specified its aims and strategies to raise awareness in ethics education and moral decision making and share ideas on professionalism curricula; to work multi-professionally with other healthcare professionals; to enhance advocacy of contemporary ethics teaching at universities; to follow humanities perspective; to choose topics for discussion on the issues of ethics and society; to structure multi-based research among countries (1). The Group realized its third workshop on the theme "How can ethics be taught?" to discuss developing an approach towards the current challenges of methodology of ethics education in the context of healthcare professionals' moral development in Turkey (2).

[c] The Cambridge Bioethics Education Turkey Working Group is composed of academic and professional members, namely: Murat Aksu, Fatih Artvinli, Nadi Bakirci, Tuna Cakar, Muhtar Cokar, Figen Demir, M. Volkan Kavas, Gulsum Onal, Isil Pakis, Melike Sahiner, Pinar Topsever, Yesim Isil Ulman (Chair), Inci User, Kevser Vatansever, Vedat Yildirim.

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By answering the question "how ethics can be taught in health sciences" and further related ones, this Workshop aimed to emancipate educators, professionals from *clichés* and stereotyped thoughts and practices by encouraging them to seek ways to search for and implement innovative educational methods, and it intended to emphasize the importance of collaboration and interaction.

Discussing the feasibility of teaching ethics, noticing the positive and negative effects of learning environment over ethical values adoption and ethical decision-making development will help ethics scholars and teachers be aware, understand, and solve problems in teaching processes (3). As very well known today, medical education is not only a process of gaining knowledge and skills; but also it is about the acquisition of a new identity in life as a physician, with all the rights and responsibilities that it necessitates (4). During medical education, the dynamics at macro level are to determine particularly the development of ethical attitudes and behaviors of medical students, young physicians and healthcare professionals (5). This determining factor in question can have either positive or negative effects (6) by which, as a result, the student adopts particular values and notions through professional education (7).

Below are the systematical review of the themes referred by the Group in this workshop, which, we think, would be a useful initial structural ground for further discussions and implementations.

1. How can ethics be taught?

One of the two basic questions tackled within the workshop concerned factors that have a profound impact on the process of teaching ethics. Three main components (students, educators and the structure) of learning environment were predominantly touched upon during discussions. For a thorough analysis we questioned the sub-components of the topic.

a. Does the learning environment in health sciences have any effect over the development of ethical values and ethical decision-making?

Positive Effects:

1. Becoming aware of the excessive asymmetrical position of the physician in the physician-patient relationship, and observing the undesired results such as loss of patients' trust on physicians and treatment, students might perceive the need for establishing an equitable rapport, and search for the ways of constructing their own attitude through reflection. If this need of students' can be met by appropriate educational mechanism such as constructive and efficient consultancy, transformative communication, and etc., then they can have the opportunity for self-development. However, this awareness may erode in time unless it is not guided professionally, and eventually turn out to be a habit of coming to the terms with the usual running of the things in healthcare setting which may easily involve many unethical aspects. On the contrary, a patient-centered clinical environment can help them perceive the importance of patient participation in the diagnostic and therapeutic procedures in an egalitarian way, communicate with the patient continually and professionally throughout the illness process, and admit the involvement of patients and their relatives in healthcare decisions.
2. The clinical learning environment can support and inspire medical students to provide healthcare by respecting patients' personal values and convictions. For instance, there are plenty of opportunities to interact with seniors as inspiring role models and observe their approaches to patients. In addition, adequate time devoted for patient care; the emphasis put on establishing a

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professional relationship among members of the healthcare team, existence of functioning peer review and feedback mechanisms as well as constructive and supportive assessment processes, can constitute the desired medium what we call suitable learning environment (8).

3. Clinical practice is where many people, who have different personal backgrounds, have to get in touch with each other for one simple goal, the well-being of the sick. This "cosmopolitan" environment might be a suitable learning venue for students where they can develop the talent of regarding others, especially patients, without any prejudiced identification. With supportive mentoring and professional guidance of seniors, this environment may induce students to recognize the existence of the other values different than theirs and respect for them.
4. Knowledge and skills are inseparable components of medical professionalism (3). A thorough knowledge base and high order thinking skills such as reflection, decision-making and problem solving are crucial for being capable and life-long learner physician, who is aware of his/her limits. One of the most important aspects of medical education is the fact that it takes place where students, via performing skills as such, can learn taking the responsibility of their own decisions and coping with consequences and relevant outcomes of them.

Negative Effects

1. The modern medical education is structured in the way that too much emphasis is put on technical skills acquisition (9) while attitudinal learning cannot be integrated adequately across curricula (10).
2. Inappropriate conditions of the healthcare setting may lead faculty members, especially the clinical staff, to neglect their professional limits, abuse the power they have over juniors and patients, violate professional values and ethical principles due to heavy workload, excessive numbers of patients to care, and too many students to teach in clinical years (3). The existence of such faculty members who set negative role models for students seems to be one of the most important factors shaping students moral formation in an undesired way (11).
3. Learning environment may lead to cynicism on the part of students as they are exposed to some healthcare professionals' continuous unethical attitudes and behaviors (12), strictly hieratical power relations in clinical years leaving no space for personal initiative, high circulation of production of healthcare services, quantity and profit oriented healthcare administration, and a widely adopted medical ideology that ignores the societal and humanistic aspects of medical profession during medical education. This manifests itself as the gradual erosion of students' moral repertoire and their transformation from idealistic freshmen to pragmatic professionals through the course of medical education (13), (14).
4. Healthcare provision may cause loss of sensitivity towards ethical values and principles, e.g. respect for patient autonomy, confidentiality and privacy; since keeping ethical values and adherence to principles deserve labor, time and usually a remarkable amount of courage and pain mostly because of the harsh market-oriented structure of the healthcare system (15).
5. Pay-for-performance regulation may direct healthcare professionals to compete with each other individually for receiving a bigger share from the common budget and prefer to perform as many medical interventions as possible -at the cost of the quality of each particular treatment- in order to collect performance points which would eventually be reimbursed to them as extra income.

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This mechanism is claimed to be harmful to the professional solidarity and cooperation among healthcare professionals (16), which are a must for a peaceful working environment (17), which is, in our case, also the learning environment.

6. The process of consumerism and commercialization of healthcare services (18) and the institutional policies for prioritizing maximum profit and quantity in healthcare provision may lead to regarding patient as a source of income and client to charge. Thus, the healthcare system happens to provoke alienation to ethical behaviors and insensitivity in healthcare professionals as well as medical students (11), (19).
7. Inappropriate demands and pressures from patients and their relatives towards the healthcare professionals cause the medical team feel insecure. Institutional and formal measures are not adequate to prevent violence at the clinical setting. This highly stressing factor obstructs healthcare professional to acquire, keep and adhere to ethical values, since they are primarily in pursuit of meeting their more basic needs such as life safety. This fact directly reflects on behaviors of medical students causing them to seek ways to guarantee their own personal well-being, thus, they turn out to be more pragmatic rather than principled, and more selfish than altruistic.

b. What are the situations facilitating to teach ethics in learning environment?

Situations / Features particular to students

1. It is generally shown in the literature that choice of medical career is influenced by students' naïve idealism.(20) Students who choose to become health professionals are expected to have a basic ethical sensitivity, to be open to adopting ethical values, to be altruistic.
2. Students who intellectually deserve to study medicine are expected to have talents and merits of conducting rational deliberation and ethical decision-making.

Situations / Features particular to educational environment of the medical school

1. A medical school's preference of humanistic, patients' rights-friendly and learner-centered medical curriculum may yield better educational tools such as simulated systems, manikins, models, peer learning, standardized patients, small group works, which provide various learning opportunities fostering students' problem solving skills. This institutional vision may also create an environment where students can get into constructive interaction with their educators and peers; have first-hand information based on experience which they can compare with their own observations in the process of conducting a well-informed ethical reflection.
2. The use of small group methods both in preclinical and clinical years has become more prevalent recently. In this way, students are supported and led to cooperate interactively with peers in teams rather than competing individually with them, which reinforces efficient learning.

Situations / Features particular to educators

1. Educators with good command of ethical values and behaviors may pose proper role-models for students and have an impact on them to develop themselves likewise.

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c. What are the situations that complicate learning ethics during medical education?

Situations / Features particular to students

1. The conflict and contrast between their own convictions and the common ethical values in medicine

Situations / Features particular to the education environment, physical conditions of the institution

2. Excessive numbers of students admitted to the professional education, inadequacy of faculty's infrastructure, lack of using contemporary methods such as small group work, sessions of interactive debate, usage of role-play techniques, and etc.
3. Lack of standardized curricular content in ethics education among different universities

Situations / Features particular to educators

1. The presence of multitude numbers of inadequately equipped educators with respect to ethical issues
2. Qualitative and quantitative insufficiency of educators
3. Unethical behaviors and attitudes of especially clinical teachers who pose negative role-models for students

2. Which strategies should be used for teaching ethics?

The discussion about choosing the right strategies for overcoming the problems in ethics education and enhancing the coherence of existing programs with the educational objectives, was carried out on three stages of health professionals education; 1) preclinical education, 2) clinical education, 3) postgraduate education (21).

Recommendations were listed under the following questions.

a. Who are primarily responsible from teaching ethics?

Educational programs have to be structured and executed in a multidisciplinary approach. Having ethicists and medical educationalists as the pioneers, structural changes in ethics teaching programs should be studied on. First of all, both re-structuring and implementation should be worked multidisciplinary. Besides basic and clinical science disciplines, theoretical contributions from and participation of other disciplines (i.e. law, philosophy, sociology, art, literature), which may share their own experiences, will be valuable. Also, especially in clinical teaching, all health professionals in the clinical settings should bear various roles as teachers and assessors.

b. What should the educational objectives be for basic sciences years?

Content of the education should be vertically and horizontally integrated. Experiences and observations show that ethics teaching is not integral to professional education. Programs are constructed as isolated, eccentric and external packages, and students either perceive these programs as useless or boring. Additionally, programs do not constitute a holistic structure, they are rather scattered. Despite the existence of remarkable works in some schools, it is obvious that ethics programs in Turkey are not

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integrated to professional education and not systematically followed up.

Content should be updated. Contents of the educational programs should be kept up to date, meaning that actual issues should be made subject to ethical discussions and also contemporary themes, approaches and theories should be added to the curriculum. For example;

1. "Awareness education" might be organized in order to have students to comprehend their potentials as active agents, and their resources, duties and responsibilities related to positions as "moral subjects".
2. Actual issues (hunger strikes, termination of pregnancy, health policies, workers' health, etc.) might be addressed in curricula.
3. Domains of disciplines involved in medical humanities can be covered in curricula.

c. What educational objectives can be defined for clinical years?

Definitions given for preclinical years are also valid for this period. On the other hand, clinical years consist the period that students, based on their previous learning, gain higher order thinking skills such as clinical decision making, problem solving and reflective thinking. Learning higher order thinking skills can be defined as the process of making a new interpretation of the meaning of an experience. Reflection is the central higher-order mental process and integral to deciding how best to perform. In order for students to critically assess their assumptions, beliefs and premises, transformative learning, which involves the steps of reassessing the presuppositions, learning new frames of references (i.e. ethical principles), transforming the perspective and changing mental habits, should be applied (22). Considering the nature of real clinical environment, techniques and methods can differ. Despite the risk of repetition, recommendations can be listed as following:

1. **Educational programs have to be structured and executed in a multidisciplinary approach.** Particularly collaboration of different medical or surgical departments should be the foremost priority.
2. **Content of the education should be vertically and horizontally integrated.**
3. **Existing problems in clinical years of professional education should be determined.** Clinics are the main environments that hidden curriculum operates in. Students internalize the genres of relationship; behaviors and attitudes of role models; and the institutional mechanisms that shape these relations; and over time all are blended into their professional identities. Thus, ethical issues behind clinical environment should be uncovered through studies using participatory observations etc., ethical misconducts should be made visible and mechanisms such as ethical consultations should be considered.
4. **Content should be updated.**
    i. Hidden curriculum should be uncovered and brought up to the agenda, and must be reshaped towards educational objectives.
    ii. "Professionalism" should be an integral part of clinical teaching and assessment.

d. Considering the educational objectives which instructional methods are most effective?

<u>Preclinical period:</u> It is obvious that conventional methods are ineffective when the aim of teaching

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reflective judgment skills is considered. These methods help to transmit the knowledge to some extent but do not lead to skills acquisition and attitudinal change.(23) Current methods are particularly very unsatisfactory in producing/nurturing physicians that are able to make inquisitive and critical reasoning on the acts of themselves, their colleagues, their institutions, and policy-makers. In order to improve ethics education, active and creative teaching and assessment methods are needed. Some examples are given below:

1. Student-centered teaching strategies (Problem Based Learning [PBL] sessions about ethical issues, etc.)
2. Narrative teaching
3. Case analysis
4. Encounters with simulated patients
5. Teaching with movies

<u>Clinical clerkships:</u> Supporting medical students' moral development does not mean only asking students to reflect on ethical dilemmas; but rather, they need to be involved in decision making. Narrative methods can be especially helpful to improve the current understanding of complex situations such as medical students' learning of moral values of the profession besides the esoteric theory and practice of medicine, and resolving ethical dilemmas. In this way, lived experiences of "informal" or "hidden" curricula, which are a powerful influence on students' professional development23 can be questionably debated and comprehended (24). When students are asked to judge the most important aspect of the narrated experience, the frames they draw of references for decision making and ethical reasoning can be observed and assessed (23) (3).

Here again, active and creative teaching and assessment methods should be used (25).

1. Ethics rounds (26), (27), (28)
2. Ethics consultations
3. Ethics mentorship for students
4. Community-based education programs (organizing activities appropriate with to the aim of making students comprehend the social determinants of health and the position of individuals surrounded by these determinants)

<u>Postgraduate education:</u> Professional education is a continuum that does not end with graduation. Health professionals might need guidance or counseling, when they confront unfamiliar situations that involve ethical dilemmas during their practice. Some methods to meet these needs can be listed as following:

1. Guidelines can be prepared on most common ethical problems and solutions.
2. Ethical consultancy can be provided.
3. Legal consultancy can be provided.
4. Courses on different ethical issues can be organized to help health professionals to refresh and keep themselves up-to-date.

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e. What is the place of bioethics domain within assessment system?

Methods commonly used for assessing ethical stance and skills are not satisfactory (29). Rather, diagnostic and formative assessment methods, which help to follow up students' development and provide feedback to them, should be preferred, such as:

1. Administering diagnostic inventories and in-depth interviews (for understanding students' needs and progress)
2. 360 degree assessment methods
3. Log-books and portfolios

f. Which qualifications and characteristics should teachers have?

Particularly considering that clinical teachers are the main role-models for students, it will be a positive attempt to organize activities to help faculty staff to assess their ethical awareness in daily routine, and to question strategies they generally use for solving ethical dilemmas. In this framework, the points below should be primarily taken into consideration:

1. Activities to improve the awareness of responsibilities related to role-modeling
2. Faculty development programs organized on the basis of educational approaches that are most influential in helping students to gain attitude, develop reflective practice and improve ethical reasoning skills

Conclusion

The learning environment of medical education has both negative and positive influences on students' acquisition of ethics-related skills, as well as professional skills, knowledge and attitudes. Considering the recent trend in medical education towards more student-centered and professional values-oriented curricula, one should expect that today graduates are more humanistic and virtuous. On the other hand, students are generally idealistic and compassionate when they start the journey to become doctors. However, despite students' good intentions and medical schools' struggle for improving teaching of ethics, related skills and attitudes, cynicism emerges eventually in most of the students while they are becoming healthcare professionals.

Medicine has evolved into an expensive technological setting, in which commercialism provided the ground for the conflict between the interests of doctors and their patients. Despite the barriers in the current structure of modern medicine and medical education, there are effective student-centered teaching methods and various strategies to overcome negative influences of the hidden curricula and to avoid the harsh impact of this paradox, which in the end help us produce better equipped healthcare professionals in terms ethical competency, moral awareness and reflective skills.

ANNEX - The participants of the Workshop:

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References

1. Ulman YI et al. Cambridge Consortium of Bioethics Education Turkey Working Group, Turkish Journal of Bioethics, 2014;1(4):184-7.
2. Cambridge Consortium of Bioethics Education Turkey Working Group, 3rd Workshop Report, “How can ethics be taught in Health Sciences?”, Ankara, 23 May 2014. Available at: http://www.acibadem.edu.tr/en-en/akademik/fakulte/tip/bolumler/temeltip/cbewgw/Documents/Report_Cambridge_TR_III.Workshop.pdf. (Accessed November 13, 2014).
3. Coulehan J, Williams PC. Conflicting professional values in medical education. Cambridge Quarterly of Healthcare Ethics 2003;12(01):7–20.
4. Wagner P, Hendrich J, Moseley G, Hudson V. Defining medical professionalism: a qualitative study. Medical Education 2007; 41(3):288–94.
5. Vatansever K. Tıpta etik ve entelektüel gelişme ve biyoetik eğitimi (Medical ethics, intellectual development and bioethics education). In YI Ulman, F Artvinli (Eds.), Ethics in a Changing World (pp. 431–512). Istanbul: Turkish Bioethics Association, 2012.
6. Bakirci N.. Biyoetik ve Tip Egitimi Cerceve Sunum (“An Outline: Bioethics and Medical Education”). (p.50) In: Bioethics in a Changing World. Ulman YI, Artvinli F eds.. Istanbul, TR: Turkish Bioethics Association Publications, 2012.
7. Patenaude J, Niyonsenga T, Fafard D. Changes in students' moral development during medical school: a cohort study. Canadian Medical Association Journal 2003;168(7):840–4.

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8. Goldie J, Dowie A, Cotton P, Morrison J. Teaching professionalism in the early years of a medical curriculum: a qualitative study. Medical Education 2007;41(6):610–7.
9. Coulehan J. Viewpoint: Today's professionalism: Engaging the mind but not the heart. Academic Medicine 2005;80(10):892–8.
10. Stephenson AE, Adshead LE, Higgs RH. The teaching of professional attitudes within UK medical schools: reported difficulties and good practice. Medical Education 2006;40(11):1072–80.
11. Lesser CS, Lucey CR, Egener B, Braddock CH 3rd, Linas SL, Levinson W. A behavioral and systems view of professionalism. JAMA 2010;304(24):2732–7.
12. Kay J. Traumatic deidealization and the future of medicine. JAMA 1990;263(4)572–573.
13. Newton BW, Barber L, Clardy J, Cleveland E, O'Sullivan P. Is there hardening of the heart during medical school? Academic Medicine 2008;83(3):244–9.
14. Kavas MV, Demirören M, Koşan AM, Karahan ST, Yalim NY. Turkish students' perceptions of professionalism at the beginning and at the end of medical education: a cross-sectional qualitative study, Medical Education Online 2015;20:26614. Available at: http://dx.doi.org/10.3402/meo.v20.26614. (Accessed May 3, 2015).
15. Hafferty FW. Beyond curriculum reform: confronting medicine's hidden curriculum. Academic Medicine 1998;73(4):403–7.
16. TTB-UDEK Etik Calisma Grubu, "Saglik Sisteminde Performans Uygulamalarının Mesleki Degerlere Etkileri ve Etik Sorunlar Calistayi Sonuc Bildirgesi" (Turkish Medical Association's Platform of Medical Specialty Societies, Ethics Working Group, "The Impact of performance-based healthcare provision over professional values and arising ethical issues"), In XVII. Tipta Uzmanlik Egitimi Kurultayi Kitabı (XVII. Medical Education Assembly, Book of Proceedings, Workshop Report) (pp. 75–9). Ankara, Turkey, 25-27 November 2011. Available at: http://www.ttb.org.tr/images/stories/file/XVIITUEK.pdf. Accessed May 8, 2015.
17. Miller G, Babiarz KS. Pay-for-performance incentives in low-and middle-income country health programs. Cambridge: National Bureau of Economic Research; 2013. Available at: http://web.stanford.edu/~ngmiller/w18932.pdf. (Accessed May 8, 2015).
18. Kuczewski M. Developing competency in professionalism: the potentials and the pitfalls. ACGME Bulletin 2001;3–6.
19. Civaner M, Ulman YI, Balcıoğlu H, Vatansever K. Medical students' opinions about commodification of healthcare services and the alteration during medical education, In Book of Abstracts. EACME Annual Meeting, Venice, Italy, 10-11 September 2009.
20. Gillies R, Warren PR, Messias E, Salazar WH, Wagner PJ, Huff TA. Why a medical career and what makes a good doctor? Beliefs of incoming United States medical students. Education for Health 2009;22(3):331.
21. Ludmerer KM. Instilling professionalism in medical education. JAMA 1999;282(9):881–2.
22. Mezirow J. How critical reflection triggers transformative learning. In J Mezirow, et al. (Eds.), Fostering Critical Reflection in Adulthood: A Guide to Transformative and Emancipatory Learning

(pp. 1–20). San Fransico: Jossey-Bass Publishers, 1990.

23.Branch WT. Supporting the moral development of medical students. Journal of General Internal Medicine 2000;15(7):503–8.

24.Karnieli-Miller O, Vu TR, Frankel RM, Holtman MC, Clyman SG, Hui SL, et al., Which experiences in the hidden curriculum teach students about professionalism? Academic Medicine 2011;86(3):369–77.

25.McCullough LB, Ashton CM. A methodology for teaching ethics in the clinical setting: a clinical handbook for medical ethics. Theoretical Medicine and Ethics 1994;15(1):39–52.

26.Parker L, Watts L, Scicluna H. Clinical ethical ward rounds: building on the core curriculum. Journal of Medical Ethics 2012;38:501–5.

27.Fryer-Edwards K, Wilkins D, Baernstein A, Braddock CH 3rd. Bringing ethics education to the clinical years: ward ethics sessions at the University of Washington. Academic Medicine 2006;81(7):626–31.

28.Svantesson M, Löfmark R, Thornsén H, Kallenberg K, Ahlström G, Learning a way through ethical problems: Swedish nurses' and doctors' experiences from one model of ethics rounds. Journal of Medical Ethics 2008;34:399–406.

29.Mann KV. Learning and teaching in professional character development. In N Kenny, W Shelton, (Eds.), Advances in Ethics (pp. 145–83). Oxford: Elsevier, 2006.

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