

Maintaining Clinical Integrity in Resource-Limited Settings: Reflections from a Medical Elective in Zambia.

AUTHOR:

Jack E Mallender

ORCID ID: 0009-0004-8174-0437

Fourth Year Student Doctor, University of Sheffield, UK.

Keywords

Medical Elective | Ethical | Legal | Zambia |

Abbreviations

CXR – Chest X-ray

GMC – General Medical Council

All author(s) made substantive intellectual contributions to this study by making substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; drafting the article or revising it critically for important intellectual content; and giving final approval of the version to be published.

Accepted for publication: 22nd September 2026

Address correspondence to: Jack Mallender, School of Medicine and Population Health, The Medical School, University of Sheffield, Beech Hill Road, S10 2RX

E-mail: jmallender1@sheffield.ac.uk

Editors: Dr Neil Chapman, School of Medicine and Population Health, The Medical School, University of Sheffield, Beech Hill Road, S10 2RX.

AJPP@kent.ac.uk

<https://journals.kent.ac.uk/index.php/ajpp/index>

ISSN Number: Online 2059-3198. Copyright © 2015 by the University of Kent, UK.

FINANCIAL DISCLOSURE: The author has indicated that they have no financial relationships relevant to this article to disclose.



© The Author(s). 2026 **Open Access** This article is distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made.

Abstract:

This article reflects on an overseas elective placement undertaken by a fourth-year medical student. It uses an anonymised case study to explore how local clinical culture affects professional identity and clinical thoroughness. The article aims to highlight the value of overseas electives for personal and professional development.

Reflection on my Elective

The Elective

My eight-week elective was based in a rural hospital in Zambia. It serves a population of approximately one million patients from across the Eastern District. I attended ward rounds, clinics and theatre. I clerked and examined patients with fellow local students as translators.

Elective Objectives

The main objectives for my elective were:

- Develop my confidence in identifying clinical signs.
- To critically analyse the differences in clinical decision-making between the United Kingdom and Zambia, particularly regarding the

- socioeconomic factors in play.
- Explore ethical and legal issues in resource-limited situations.

Reflection

My case study involves a patient with a two-week history of productive cough whom I clerked alongside a local student. After history-taking, the student skipped examining the patient and documented no abnormal findings. I performed a systems examination and identified fine crackles at both lung bases. I advocated for a chest X-ray (CXR), which confirmed pneumonia, necessitating antibiotic therapy.

Initially, I felt nervous about speaking up in an unfamiliar environment and lacked confidence in my findings. Radiological confirmation brought relief and pride in my examination skills. However, I remained unsettled by the discrepancy between clinical practice and documentation.

Preventing a missed diagnosis improved my clinical confidence, yet highlighted a concerning disconnect between ideal and actualised practice. The ease with which the student fabricated the documentation raised troubling questions about whether this was an isolated occurrence or normalised behaviour.

This experience illustrates the impact of the hidden curriculum in medicine, where professional identity is shaped by internalising local norms (Hafferty and Franks, 1994). This is compounded by groupthink (Janis, 1971): in high-volume, resource-poor wards, the

collective desire to conform to the existing ward habits overrides individual clinical evaluation. By bypassing examinations to prioritise administrative speed, the student cohort creates a social pressure that discourages independent vigilance. When the peer group implicitly labels thorough examination as unnecessary, students conform to this shared mental model to maintain group harmony, compromising patient safety.

Despite senior doctors performing thorough examinations and documenting accurately, the students did not emulate this, highlighting that it is no longer sufficient to teach professionalism solely through role models (Cruess and Cruess, 2012). Consequently, senior clinicians introduced student-led teaching rounds. Each student clerked a patient independently, after which a senior clinician verified their findings and gave feedback on any discrepancies, directly reinforcing clinical accountability and technical competence.

While I recognise the challenges of this environment, the normalisation of inaccurate documentation undermines the fiduciary trust inherent in medicine. Accurate medical documentation enhances clinical judgement and promotes patient beneficence (Chow, 2025); therefore, patient care is directly harmed by these omissions. As a student doctor, I am bound by the GMC's Good Medical Practice to act with integrity and ensure all documentation is 'clear, accurate and legible' (General Medical Council, 2024,

Domain 3, para. 69).

Conclusion

I now realise professional integrity must be a personal standard independent of local clinical culture. I met my original objectives, but this elective highlighted a need for independent vigilance. My clinical skills and confidence have improved greatly, and I have gained valuable insight into how professional identity is shaped.

References:

Chow, P.C.-L. (2025) "Keeping good documentation: the ethical and legal issues in medical records", *Singapore Medical Journal*, 66(9), pp. 517–521.

Available at:

<https://doi.org/10.4103/singaporemedj.SMJ-2025-042>.

Cruess, S.R. and Cruess, R.L. (2012) "Teaching professionalism – why, what and how", *Facts, Views & Vision in ObGyn*, 4(4), pp. 259–265.

General Medical Council (2024) *Good medical practice*. Available at:

<https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice> (Accessed: 1 September 2026).

Hafferty, F.W. and Franks, R. (1994) "The hidden curriculum, ethics teaching, and the structure of medical education", *Academic Medicine*, 69(11), pp. 861–871. Available at: <https://doi.org/10.1097/00001888-199411000-00001>.

Janis, I.L. (1971) "Groupthink", *Psychology Today*, November.

Available at:

<https://agcommtheory.pbworks.com/f/GroupThink.pdf> (Accessed: 1 September 2026).