### Additional file 3: Included 46 articles

<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Methods</th>
<th>Witnessed/admitted unprofessional behaviours of medical students</th>
<th>Quality</th>
</tr>
</thead>
</table>
| Aderounmu et al., 2011[^50]  | Cross sectional survey  | Questionnaires to students of four medical colleges in Nigeria, 382 students responded, no response rate given                            | Parent seeks exam materials  
Let someone else sit for your University qualifying Exams  
Writing a full exam for another person  
Copying another student’s work/ assignment  
Allowing others to copy your work  
Copying answers in a university exam before sitting for it  
Copying others laboratory results without performing any test  
Writing clinical exam “normal” when you didn’t perform  
Smuggling materials to cheat into an exam hall | 3       |
| Ainsworth & Szauter, 2006[^15] | Case study using qualitative analysis of student records | Unprofessional behaviours of 90 students described in 103 “Early Concern Notes” at one US medical school were compared with behaviours of 516 disciplined physicians | Failure to fulfill responsibilities reliably  
Misrepresents or falsifies actions/information  
Inadequate personal commitment to patients  
Resistant or defensive in accepting criticism  
Inadequate rapport with patients/families  
Does not function /interact appropriately within groups  
Fails to accept responsibility for actions  
Unaware of limits  
Insensitive to needs, feelings of others  
Fails to respect patient confidentiality  
Accepts/seeks minimally acceptable level of performance  
Uses disrespectful language  
Abuses student privileges  
Impairment  
Arrogant or abusive during stress  
Fails to maintain professional appearance and attire | 5       |
| Anderson & Obershain, 1994[^47] | Cross sectional survey | Questionnaires to 341 faculty and 291 students at one US medical school, response rate 60%                                           | Copying from another student during an end-of-block examination  
Permitting another student to copy from you during an end-of-block examination  
Observing a student copying from another during an examination and doing nothing with the information  
Copying from a ‘crib sheet” or another student during a closed book examination  
Reporting a lab test or X-ray as “normal” during rounds when in actual ordered or knew it had not been  
Reporting a pelvic examination as “normal” when it had been inadvertently omitted)from the physical examination  
Taking an examination for another student  "Previewing” a stolen copy of Part1 National Boards the night before the exam  
Writing up a laboratory exercise in biochemistry without having done the | 5       |
<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Methodology</th>
<th>Act</th>
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</thead>
</table>
| Babu et al., 2011            | Cross sectional survey  | Questionnaire to 1268 undergraduate students from four private medical schools in India. 166 responses were analysed. Respons rate 13% | Giving proxy for attendance  
Copying blindly from somebody’s record  
Copying during exams  
Copying from unauthorised study material during their exams  
Trying to get an exam question paper before the commencement of the exam  
Influencing the teacher to get more marks  
Getting technical help during practical exam  
Getting help in knowing the findings of an exam case  
Mentioning a system as “within normal limits” without examining  
Forging teachers’ signature in their record or log books |
| Baldwin & And, 1996          | Cross sectional survey  | Questionnaire to 3975 second year medical students at 31 US schools, 2459 responses were analyzed, respons rate 62% | Copying answers on a test  
Getting a copy of a test prior to an exam  
Getting information about a test from others prior to an exam  
Exchanging answers during an exam  
Turning in an written assignment prepared by someone else and calling it his or her own  
Moving labels or altering slides during an exam  
Using a “cheat sheet” during an exam  
Taking an exam for someone else  
Altering his or her grades in the official record |
| Barlow, 2015                 | Cross sectional survey  | Online survey to all medical students in 20 Australian medical schools. Of 16 993 eligible students, 880 completed the survey | Online posting of patient identifying material  
Discussing a clinical site in a negative light  
Discussing university in a negative light  
Discussing another health care worker in a negative light |
| Bazoukis & Dimoliatis, 2011  | Cross sectional survey  | Triangulation of four cross sectional surveys using questionnaires about self-reported cheating of students in 7 medical schools in Greece | Cheating in exams  
Passing an exam by using help from acquaintances |
<table>
<thead>
<tr>
<th>Cite</th>
<th>Study Type</th>
<th>Methods</th>
<th>Description</th>
<th>Results</th>
</tr>
</thead>
</table>
| Ben-Yakov, 2015<sup>66</sup> | Cross sectional survey | 530 responses of senior medical students of a Canadian medical school
Respons rate 49.1% | Use Facebook to research patients
Use Google to research patients |
| Blic-Zulle et al., 2005<sup>29</sup> | Comparative case series | Essays of 198 medical students, based on complex/less complex sources and electronic/printed sources, were examined using plagiarism software in one medical school in Croatia. | Plagiarism |
| Burack et al., 1999<sup>9</sup> | Multi method study, including qualitative analysis of action-based observations | Multi-method study (observation, thinking aloud task, interviews, patient chart review) of 4 ward teams existing of 1 attending physician, 1 senior resident, 2 interns and max 3 students, in one university affiliated hospital in the US. | Showing outright hostility, malice or rudeness
Reluctance in pursuing clinically appropriate diagnostic and therapeutic steps, including avoiding admission, pressing for premature discharge, or otherwise cutting corners
Referring to patients in disparaging or a derogatory ways, or otherwise showing disrespect |
| Chretien et al., 2009<sup>62</sup> | Cross sectional survey | Survey under deans of student affairs in 130 US medical colleges, 78 completed questionnaires were analysed | On line posting sexual-relational content, i.e. posting sexually suggestive/explicit content or posting sexually provocative photographs of students, requesting inappropriate friendships with patients on Facebook, sexually suggestive comments.
On line posting negative content related to experiences in medical school, i.e. using profanity or other disparaging or discriminatory language in reference to specific faculty, courses or rotations, classmates, or medical school.
On line posting content like comments, photos and videos suggesting intoxication or illicit substance use.
On line posting content which posed threats to patient confidentiality, i.e. detailed references to patients putting patient privacy at risk |
| Coverdale & Hanning, 2000<sup>51</sup> | Cross sectional survey | 137 medical students completed a questionnaire addressing their own cheating behaviours. Overall response rate 54%. | Altering or manipulating data
Falsifying references or a biography
Reporting an aspect of a physical examination as ‘normal’ when it was inadvertently omitted from the examination
Copying a report for a preclinical or clinical paper from a friend’s paper from a prior year
Copying from a neighbour during an examination without the person realizing
Permitting another student to copy from another student during an examination
Removing an assigned reference from a shelf in the library and thereby preventing others from gaining access to the information in it
Reporting a lab test or X-ray as ‘normal’ during ward rounds when in actual fact there had been no attempt to obtain the information
Taking unauthorised material into an examination
A student taking an examination for someone else or having someone else taking an examination |
<table>
<thead>
<tr>
<th>Study</th>
<th>Type</th>
<th>Methodology</th>
<th>Findings</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dans, 1996</td>
<td>Comparative cross sectional survey</td>
<td>Questionnaires to 358 students of one US medical school, at school entry and in fourth year of medical school</td>
<td>Copying from someone else’s paper Using crib notes Falsifying lab data Reuse old examinations Cheating in clinical examinations Recording tasks that were not performed Reporting findings that were elicited by others Lying about having ordered tests</td>
<td>4</td>
</tr>
<tr>
<td>Dyrbye, 2010</td>
<td>Cross sectional survey</td>
<td>Questionnaire sent to all medical students attending 7 US medical schools. Overall response rate 61%. Outcome: self-reported cheating/dishonest behaviours.</td>
<td>Copying from a “crib-sheet” or another student during a “closed-book” examination Took credit for another person’s work Permitted another student to copy from you during a closed book examination Said you ordered a test when you actually had not Reported a laboratory test or x-ray as pending when not sure it was ordered or knew it had not been Reported result as normal when you knew it had been inadvertently omitted from the physical examination Signed an attendance sheet for a student who was not present Endorsed more than one unprofessional behaviours Acceptance of gifts</td>
<td>5</td>
</tr>
<tr>
<td>Friedman et al, 1978</td>
<td>Qualitative study based on student observations</td>
<td>Observation of 6 sex education seminars in which 70 students participated</td>
<td>Negative responses in a sex education seminar Whispering animatedly about material that was obviously not of general educational value Subgroup formation Belligerence Withdrawal Sleeping in class Verbally expressed hostility, eg. posing provocative questions in a challenging manner Outright angry disruptive opposition to learning materials</td>
<td>2</td>
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<tr>
<td>Garner &amp; O'Sullivan, 2010</td>
<td>Cross sectional survey</td>
<td>Questionnaires to students from year 1-3 in one medical school in the UK. 56 completed questionnaires, response rate 31%</td>
<td>Unprofessional behaviours on Facebook: - excessive drinking, - various stages of undress and - the discussion of clinical experiences with patients</td>
<td>4</td>
</tr>
<tr>
<td>Hafeez et al., 2013</td>
<td>Cross sectional survey</td>
<td>Students from three medical colleges in Pakistan. 274 completed questionnaires, overall response rate 33%</td>
<td>Cheating during exams Using mobile phone to exchange answers during an exam Trying to find out about test questions in advance Marking answers on the question paper during the OSCE/OSPE Asking the teacher for answers during OSCE Telling friends the questions which were asked in first shift in the OSCE Copying assignments/presentations from seniors/class mates</td>
<td>5</td>
</tr>
<tr>
<td>Source</td>
<td>Study Design</td>
<td>Participants</td>
<td>Methods</td>
<td>Findings</td>
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<td>Hauer et al., 2007</td>
<td>Qualitative study using interviews (grounded theory)</td>
<td>Interviews with individuals responsible for remediation from different public and private schools in the US. Data from 33 interviews were analysed until saturation of data was obtained.</td>
<td>Detachment: Emotional distance Poor verbal communication Poor nonverbal communication Fail to elicit the patient’s perspective Fail to determine the impact of psychosocial factors on the patient Treat simulation patients as symptoms and diagnoses rather than as people with feelings and concerns Poor insight Lack of empathy Resistance to the examination process Dressing too casually during examination, Speaking too casually in examination Arriving late for exam Chewing gum during exam Denying own performance Blaming external factors rather than skill deficiencies for bad exam results</td>
<td>5</td>
</tr>
<tr>
<td>Heiman et al., 2014</td>
<td>Cross sectional survey</td>
<td>Third year student of one US medical school. 123 completed questionnaires, respons rate 75%</td>
<td>Copying and pasting elements of another provider’s notes in the electronic health record documentation (EHRD) Copying elements of my own previous notes Copying elements of residents’ notes Copying elements of attendings’ notes copying elements of other students’ notes using auto-inserted data for vital signs using auto-inserted data for lab results using templates for the entire note using templates for the physical or mental status exam using auto-inserted data for the problem list Documenting while signed in under an attending’s name Documenting while signed in under a resident’s name</td>
<td>5</td>
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<tr>
<td>Hejri et al., 2013</td>
<td>Cross sectional survey</td>
<td>Questionnaires to clerks and interns of one medical school in Iran,. 124 were analysed, response rate 86%</td>
<td>Cheating in examinations Helping others to cheat in examinations Gaining illegal access to examination questions Impersonating an absent person in a class Escaping teamwork</td>
<td>5</td>
</tr>
<tr>
<td>Study</td>
<td>Design</td>
<td>Methodology</td>
<td>Findings</td>
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<tr>
<td>Hendelman &amp; Byszewski 2014&lt;sup&gt;38&lt;/sup&gt;</td>
<td>Cross sectional survey</td>
<td>Questionnaires to students of one medical school in Canada. 255 questionnaires were analyzed. 45% response rate</td>
<td>Legitimising absences by falsified testimony, Legitimising absences by using bribes, Data fabrication, Data falsification, Plagiarism, Forging signatures, Writing thesis on behalf of others, Fabricating the whole or part of a patient’s history, Reporting abnormal physical examination findings as normal, Using other people’s medical stamps, Buying hospital shifts, Selling hospital shifts</td>
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<tr>
<td>Howe et al., 2010&lt;sup&gt;41&lt;/sup&gt;</td>
<td>Mixed methods study including qualitative analysis of student records</td>
<td>Mixed methods utilising exam board and administrative data of one UK medical school for statistical and descriptive analysis of unprofessional behaviour of 118 students</td>
<td>Arrogance, Impairment, Cultural and religious insensitivity, Breach of confidentiality, Lack of conscientiousness, Bias and sexual harassment, Misrepresentation, Collaboration with industry, Acceptance of gifts, Compromising ethical principles</td>
<td></td>
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<tr>
<td>Hrabak et al., 2004&lt;sup&gt;45&lt;/sup&gt;</td>
<td>Cross sectional survey</td>
<td>Questionnaire to year 2-6 medical students of a medical school in Croatia. 827 were analysed, response rate 70%</td>
<td>Submitting another student’s work under one’s name, Paying an examiner to pass an examination, Using private connections to arrange passing an examination, Forging a teacher’s signature in a matriculation book, Finding out about test questions in advance, Using a crib sheet during an examination, Using a mobile phone to exchange answers during an examination, Copying answer from a colleague during examination, Arranging with administrative personnel to be assigned to a lenient examiner, Altering a class attendance list, Asking a colleague to sign you in on a class attendance list, Signing in an absent colleague</td>
<td></td>
</tr>
</tbody>
</table>
| Hunt et al., 1989<sup>28</sup> | Cross sectional survey | Questionnaires to residents and teachers of several medical disciplines of one medical school in the US about observed behaviour of medical students in their clinical rotations. 466 responses were analyzed, respns rate 79%. | Bright with poor interpersonal skills  
Excessively shy, non-assertive  
Poor integration skills  
Cannot be trusted  
Over-eager  
Hostile  
Cannot focus on what is important  
Disorganised  
Rude  
Disinterested  
Too informal  
Avoids work  
Avoids patient contact  
Does not show up  
Challenges everything  
‘All thumbs’ (clumsy)  
‘Con artist’ (manipulative behaviour)  
A poor fund of knowledge  
Does not measure up intellectually | 5 |
| Kapoor, 2016<sup>28</sup> | Cross sectional survey | Questionnaires to 400 students at 1 medical school in India | Bullying  
Physical  
Verbal  
Victimization | 4 |
<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Methodology</th>
<th>Findings</th>
</tr>
</thead>
</table>
| Kulac et al., 2013           | Cross sectional survey      | Survey of 215 year 3 and 4 students of one Turkish medical school. 215 responses were analysed, response rate 68%. | Making fun of patients, peers, or physicians  
Being introduced as “doctor” to patients  
Reporting an impaired colleague to faculty before approaching the individual  
Poor condition of white coats  
Taking food meant for patients  
Discussing patients in public spaces  
Making derogatory comments about patients  
Discussing patients information beyond your level of knowledge  
Late to rounds  
Absent from mandatory lectures  
Wearing white coats/scrubs in a nonclinical environment (e.g., the cafeteria)  
Wearing white coats/scrubs out of the hospital (e.g., the hospital courtyard)  
Untidy dress  
Not correcting someone who mistakes you for a physician  
Being introduced as “student doctor” to patients  
Eating or drinking in patient corridors  
Taking food from lectures you are not attending  
Having personal conversations in patient corridors |
| Monrouxe, 2012               | Qualitative study with narrative interviewing of individuals or groups | Qualitative analysis of 200 narratives of a convenience sample of 833 students from 2 UK and 1 Australian medical school. | No consent for clinical examination of a patient  
Placing own learning above patient safety  
Judgmentally talking about patients  
Misrepresentation  
Acting beyond their own levels of competence  
Poor hand-washing practice |
| Mukhtar et al., 2010         | Cross sectional survey      | Survey of first and fourth year students of one medical school in India. 106 completed questionnaires, overall response rate 53%. Students report about abuse of peer students. | Physical abuse  
Written abuse  
Ignoring and excluding a peer student  
Behavioural abuse  
Verbal abuse |
| Papadakis et al., 1999       | Case study using qualitative analysis of student records | 29 reports of 24 students presented to the dean's office were analysed | Lack of initiative  
Unmet professional responsibility  
Poor relationship with team  
Poor rapport with patients and families  
Arrogant  
Falsifies information  
Resistant to change  
Unaware of inadequacies  
Resistant to criticism  
Avoided patients  
Disruptive with team  
Lack of interest |
Inappropriate dress
Lack of timeliness
Argumentative
Lack of effort towards self-improvement
English language difficulties

Immature
Resistant to accepting feedback
Needs continuous reminders to fulfill ward responsibilities
Unnecessary interruption in class
Inappropriate behaviour in small groups with peers and with faculty
Cannot work with peers

Irresponsibility
Diminished capacity for self-improvement
Immaturity
Poor initiative
Impaired relationships with students, residents or faculty
Impaired relations with nurses
Impaired relationships with patients and families
Unprofessional behaviour associated with anxiety, insecurity or nervousness

Unsatisfactory responsibility/reliability
Unsatisfactory participation
Unsatisfactory respect
Unsatisfactory relating to others
Unsatisfactory self-appraisal
Unsatisfactory honesty/integrity
Unsatisfactory compassion
Unsatisfactory doctor/patient relationship
Discrimination

Inappropriate behaviour in lecture,
Negative attitude,
Seems to feel put upon when asked to do authority,
Students do not want to work with him,
Manipulative, aggressive, and badgering of faculty,
Doesn’t respond to written requests to discuss low grades,
Non-participating, seems withdrawn.

Arriving late to rounds
Absent from mandatory lectures
Women’s dress
Men’s dress
Making fun of patients, peers or physicians
Not correcting someone who mistakes you for a physician
Being introduced as doctor or student-doctor to patients
<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Methodology</th>
<th>Professionalism Dilemmas</th>
</tr>
</thead>
</table>
| Rees, 2013<sup>55</sup> | Cross sectional survey | Quantitative thematic and discourse analysis of 680 narratives about professionalism dilemmas written by students who responded to an online questionnaires (n=2327) sent to all students of 29 UK medical schools. Respons rate not given. | Reporting an impaired colleague to faculty before approaching the individual  
Poor condition of white coats  
Taking food from lectures you are not attending  
Discussing patients in public spaces  
Making derogatory comments about patients  
Inebriation at school events  
Discuss with patients information beyond your level of knowledge  
Consent a patient for minor procedures without supervision  
Perform procedures beyond your level of skill on patient  
No feedback to residents or faculty regarding their unprofessional behaviour  
Unclear expectations or insufficient feedback by faculty or residents |
| Shukr & Roff, 2014<sup>46</sup> | Cross sectional survey | Student survey in two Pakistani medical colleges. 480 completed questionnaires with self-reported unprofessional behaviour of medical students. Respons rate 92%. | Communication violation to patients  
Communication violation about patients  
Breaching patients' confidentiality  
Putting own learning needs ahead of patient care, and thereby causing the patient discomfort  
Acting beyond level of competence  
Participating in examinations or procedures with no or invalid patient consent  
Take the work or idea from a fellow student and passing it off as one's own without acknowledging it or purchasing work from a supplier  
Getting or giving help for coursework, against a teachers rule (e.g. lending work to another student to look at)  
Claiming collaborative work as one's individual effort  
Paying a fellow student, or being paid by a fellow student, for completion of coursework  
Resubmitting work previously submitted for a separate assignment or earlier work  
Intentionally paraphrasing text in an assignment, or copying text directly, without acknowledging the source  
Failing to correctly acknowledge a source (e.g., copying the text directly but only including the source in reference list)  
Citing sources that have not in fact been read in full  
Altering or manipulating data (e.g., adjusting the data to obtain a significant result)  
Removing an assigned reference from the shelf in the library in order to prevent other students from gaining access to the information in it  
Deliberately damaging another students’ work  
Attempting to use personal relationships, bribes, or threats to gain academic advantage  
Copying answers from a neighbor or enabling a neighbor to copy your answers during an exam |
<table>
<thead>
<tr>
<th>Study</th>
<th>Design Type</th>
<th>Methodology</th>
<th>Sample Description</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sierles &amp; And, 1980</td>
<td>Cross sectional survey</td>
<td>Student survey at two US medical schools. 482 completed questionnaires, response rate 95%</td>
<td>Cheating in exams, falsifying information about a patient from a laboratory examination, history or physical examination, reporting a finding on a patient as normal without obtaining the information</td>
<td>5</td>
</tr>
<tr>
<td>Silva-Villarreal et al., 2013</td>
<td>Cross sectional survey</td>
<td>Student survey with questionnaires in one medical school in Panama. 472 participants, response rate not given</td>
<td>Bullying: stealing or breaking things, threatening others, spreading rumours, profanity, exclusion, insulting</td>
<td>5</td>
</tr>
<tr>
<td>Simpson, 1977</td>
<td>Qualitative study using interviews</td>
<td>Interviews with doctors, medical students and staff attorneys at four US teaching hospitals, by a law-scholar</td>
<td>Misrepresentation</td>
<td>3</td>
</tr>
<tr>
<td>Author et al.,</td>
<td>Research Design</td>
<td>Description</td>
<td>Methodology</td>
<td>Code</td>
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<tr>
<td>Subba et al., 2013(^{30})</td>
<td>Cross sectional survey</td>
<td>Student survey about mobile phone usage at one medical school in India, 336 completed questionnaires, response rate not given</td>
<td>Use of phones in restricted areas</td>
<td>4</td>
</tr>
<tr>
<td>Taradi &amp; Taradi, 2012(^{48})</td>
<td>Cross sectional survey</td>
<td>Student survey among students of four Croatian medical schools, 662 completed questionnaires, response rate 62%</td>
<td>Turning in work done by someone else, Getting exam questions from someone who already has taken the test, Helping someone else cheat on a test, Copying from another student during a test or exam without his/her knowledge, Copying from another student during a test or exam with his/her knowledge, Copying text without appropriate attribution, Using unpermitted crib notes during a test, Taking a test or a part of a test for someone else, Allowed someone else to copy from your test, Using false excuse to obtain extension on due date</td>
<td>5</td>
</tr>
<tr>
<td>Teherani et al., 2005(^{38})</td>
<td>Case study using qualitative analysis of student records</td>
<td>Retrospective qualitative analysis of 68 student cases (disciplined) and 196 matched cases (nondisciplined).</td>
<td>Poor reliability and responsibility, Lack of self-improvement and adaptability, Poor initiative and motivation, Immaturity, Poor relationships with students, faculty, staff, Poor relationships with patients and patient families, Does not uphold medical school honor code, Apple polisher, show-off, needs to be center of attention, Anxious, insecure</td>
<td>5</td>
</tr>
<tr>
<td>Teherani et al., 2009(^{31})</td>
<td>Qualitative study using interviews</td>
<td>Interviews with 33 faculty from 33 different US medical schools, responsible for remediation were analyzed by using a validated framework.</td>
<td>Inability to accept and incorporate feedback, Negative attitude, Arrogant, Overconfident, Poor character, Brusque, hostile or argumentative, Falsifies, Undesirable as a physician, Fails to establish rapport, Displays inappropriate interpersonal skills, Not respectful,Insensitive to patient needs, Late or absent for assigned activities, Unreliable, Lacks motivation, Oversensitive</td>
<td>5</td>
</tr>
<tr>
<td>Vengoechea et al., 2008(^{40})</td>
<td>Cross sectional survey</td>
<td>Survey in one medical school in Colombia to find perceptions and actual unprofessional behaviours. Questionnaires of 433 medical</td>
<td>Copying from another in an exam, Copying literally from published books or articles, Lending work to another so he/she may copy</td>
<td>4</td>
</tr>
</tbody>
</table>
| Yates, 2014 | Case study using qualitative analysis of student records | Case study of students records of one UK medical school, 189 forms of 143 students were analyzed | Inappropriate comments made to a patient in front of others  
Inappropriate advice to a patient  
Giving other students inappropriate advice about clinical care  
Illegible writing  
Failing to listen to patients' opinion  
Failing to contribute to patient care  
Absence from teaching with notice or prior permission  
Failure to follow the timetable and/or get assignments signed off  
General lack of commitment to teaching & learning activities and/or tutor meetings  
Failure to engage with research project, poor note-keeping and general disorganisation  
Ignoring emails or other contacts from teaching or administrative staff  
Disruptive behaviour in group teaching sessions  
Dismissive or arrogant behaviour to other individuals during teaching  
Rudeness to colleague in presence of simulated patient  
Making a patient feel uncomfortable during examination  
Inconveniencing patients by not attending and not appreciating the problems caused  
Not respecting professional boundaries (deciding to visit a patient at home)  
Abrupt and non-empathetic manner with patients  
Rude or aggressive to fellow students or to staff, with confrontational, intimidating or arrogant behaviour  
Making fun of others inappropriately  
Using offensive language during teaching sessions  
Lack of engagement with clinical teams, disrespect, lack of insight into behaviour  
Poor body language, inattention, disinterest and casual behaviour  
Plagiarism or fabrication in written work  
Failing to obey rules & regulations, particularly in Halls of Residence  
Giving false identification when challenged  
Drunk & disorderly behaviour in Halls, noise disturbance  
Asking another student to sign them in for teaching, or signing another in place | 4 |
| Ziring, 2015<sup>29</sup> | Cross sectional survey | Mixed method analysis of 93 telephone or email interviews with key administrators of 153 eligible US and Canadian medical schools | Lapses in responsibility: Missed deadlines Unexcused absences Tardiness Lapses in relationships Disrespectful communication by e-mail or in person Inappropriate use of social media Poor availability Lapses related to diminished capacity for self-improvement Lack of self-awareness Lack of awareness of one's limitations Lack of initiative Being defensive to feedback Cheating in exams Committing a felony Falsifying patient information Falsifying resident application information Forging prescriptions | 5 |