Session 1. Ethics Education and Available Resources

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Overview

Ethics is relevant to every practicing clinician. Whether it is in the form of a doctor’s duty to his or her patient to maximize benefit and minimize harm or incorporating a patient’s or family’s values into clinical decision-making, medical practice includes a moral component. Ethics education has, therefore, been made a priority in medical training programs. In fact, the Accreditation Council for Graduate Medical Education (ACGME) requires that pediatric residency and fellowship programs address the core competency of professionalism—the demonstration of a commitment to carrying out professional responsibilities and an adherence to ethical principles. As a result, faculty are often called on to teach ethics and professionalism to trainees. Common questions about ethics education include: how should ethics education be approached? What are the goals of ethics education? What ethics resources are available to attending pediatricians to help facilitate and promote ethics education among residents and fellows?

This module highlights the importance of ethics education in pediatric training and identifies the resources needed to become involved in ethics education. It reviews the goals of ethics education and discusses research on the use and impact of ethics curricula. Participants will learn general approaches to ethics curricula for pediatric residents and fellows and describe the current state and current debates in the teaching of ethics to medical trainees.

Instructor’s Guide

- Case Summary
- Alternative Cases
- Learning Objectives
- Suggested Reading for Instructor
- Further Reading
- Case Discussion
- Conclusions and Suggestions

Case Summary

You are the primary preceptor for several residents in a busy outpatient primary care clinic. Over the course of several years, despite what you perceive as an increased prevalence of ethical
issues in the clinic setting, you feel that the residents are less attuned to them. Instead, you have noticed that the residents’ focus has shifted to cases about death and dying and other tragic scenarios in the inpatient setting. You decide that you would like to develop an outpatient ethics curriculum for your residents that would explore ethical issues in everyday clinic encounters.

- Is this time well spent? Don’t residents get more than enough ethics education?
- What ethics educational resources are available to help develop a curriculum?
- Are there models for effective ethics curricula?
- What should the general goals be for ethics education?
- Will this make a difference? What outcomes have been improved as a consequence of ethics education?

Alternative Cases

1. The chief pediatric resident asks you to join her in leading a session with a number of residents who have been involved in the care of an 18-year-old girl with anorexia. The residents are frustrated with how to handle this patient’s continued refusal of recommended treatment. You have been the emergency department attending the last few times this patient has come in, and the chief resident would like you to provide a synopsis of the ethical dimensions of this case to start off the discussion. The meeting is tomorrow and you are on the night shift tonight. Furthermore, you don’t feel very qualified to give an ethics talk. How and where do you begin?

2. You are the coordinator for the pediatric resident noon conference lecture series. The residency director e-mails you in a panic asking for your help in meeting the ACGME core competency for professionalism. The ACGME site visit at the institution is next month. You agree to help, but despite your interest in resident education, you have no experience developing a formal ethics curriculum.

Learning Objectives

1. Describe the goals and outcomes of ethics education.
2. Describe the current state of ethics education in pediatric residency training.
3. Identify resources for teaching and assessing ethics and professionalism.
4. Describe two aspects of ethics education that are presently being debated.

Suggested Reading for Instructor


Howard F, McKneally MF, Levin AV. Integrating bioethics into postgraduate medical education: The University of Toronto model. *Acad Med.* 2010;85:1035-1040

**Further Reading**


Case Discussion

What is the current state of pediatric resident and fellowship education in ethics?

A few investigators have recently conducted surveys to assess the current state of ethics education in pediatric residency programs. In 2008, Lang and colleagues found that 35% of surveyed pediatric program directors reported that they had no professionalism curriculum, although this fell to 5% in a 2012 follow-up survey. In these and other surveys, most programs report that they teach ethics and professionalism without a structured curriculum. Cook et al found that 48% of programs with a clinical ethics curriculum use an ad hoc process for choosing topics, 25% repeat topics annually, and 27% organize topics in a multiyear cycle to parallel training. Most programs (56%) report that they spend 4 to 11 hours per year on ethics teaching, while 34% spend ≥12 hours per year. There are little data on ethics education in pediatric subspecialty fellowship programs, although some formal ethics curricula have been published and there is a general increased recognition of its importance.

Why is ethics education considered important?

Every physician-patient encounter has a moral dimension. For instance, clinical decision-making involves the consideration of patient and family values. Recognizing these values and incorporating them into decision-making requires knowledge and skill in ethics. Other examples of the intrinsic nature of ethics in medicine include the physician’s ethical and professional duties. Physicians take an oath to “do no harm.” In doing so, they are obligated in every clinical situation to provide care that benefits the patient and minimizes harm. This too requires ethical sensitivity.

It would be important to first understand what the goals of an ethics curriculum should be. Besides meeting the ACGME core competency requirement in professionalism, what other goals should one consider?

One important goal of ethics education is to increase awareness of ethical issues encountered in medicine and pediatrics. Another goal is to acquire methods or tools for conducting ethical analysis. These and other goals have been incorporated into publications describing the objectives for medical ethics education, the most recent being the Romanell Report. In this report, the authors propose that the objective for medical ethics education should
be the following: “Upon completion of medical school or a residency training program, learners will, with an appropriate level of proficiency: 1) demonstrate an understanding of the concept of the physician as fiduciary and the historical development of medicine as a profession; 2) recognize ethical issues that may arise in the course of patient care; 3) utilize relevant ethics statements from professional associations to guide clinical ethical judgment and decision-making; 4) think critically and systematically through ethical problems using bioethical principles and other tools of ethical analysis; 5) provide a reasoned account of professionally responsible management of ethical problems and act in accordance with those judgments; and 6) articulate ethical reasoning to others coherently and respectfully.”

If I’m looking to develop an ethics curriculum, it would be nice to have a starting point. What ethics curriculum models are available? There are only a few published curriculum models for pediatric resident ethics education. The first published curriculum was from the pediatric training program at the University of Washington School of Medicine. A more recent published example is the postgraduate medical education ethics curricula from the University of Toronto. The American Board of Pediatrics and the Association of Pediatric Program Directors have published a workbook that provides suggested methods for teaching and assessing professionalism among pediatric trainees.

What are some other available ethics resources to help develop the content of a curriculum? A recent survey found that few pediatric program directors were aware of available ethics and professionalism resources. In addition to this curriculum produced by the American Academy of Pediatrics (AAP) Section on Bioethics, the AAP Committee on Bioethics routinely publishes policy statements on various ethics topics that are published in Pediatrics. There are also articles on core ethics topics published in Pediatrics in Review. The American Board of Pediatrics offers an annotated bibliography of bioethics references that is regularly updated and intended to promote familiarity with bioethics topics and problem solving. This bibliography is available for download (https://www.abp.org/sites/abp/files/pdf/bioethics.pdf). Lastly, there are numerous other Web-based bioethics resources. Recommended links include the following:

- AAP Section on Bioethics (www.aap.org/sections/bioethics/default.cfm)
- Bioethics Research Library at Georgetown University (http://bioethics.georgetown.edu)
- The American Journal of Bioethics (http://bioethics.net)
- Pediatric Ethics Consortium (http://www.bioethics.net/resources/pediatric-ethics-consortium/)
- Hastings Center Bioethics Forum (http://www.thehastingscenter.org/publications-resources/forum/)
- MedEd Portal (https://www.mededportal.org/)

Other useful resources have been compiled elsewhere (eg, Treuman Katz Center for Pediatric Bioethics, Seattle Children’s Hospital (http://www.seattlechildrens.org/research/initiatives/bioethics/education/)).
Does ethics education actually make a difference? What positive outcomes have been associated with ethics education?

Education interventions in ethics have proven to be successful in improving several measurable outcomes. For instance, investigators performed a randomized trial comparing the effects of 3 ethics education interventions (control versus ethics lecture series versus ethics lecture series plus case discussions with an ethicist in attendance) involving 85 internal medicine residents and found that residents who received the ethics lecture series plus case discussions with an ethicist were more confident addressing ethical issues and procedures with ethics dimensions. In other studies, investigators have documented an improvement in learner awareness, attitudes, knowledge, decision-making, and moral reasoning with ethics educational interventions.

What are some current debates about how to teach ethics?

There is active debate regarding where to position an ethics and professionalism curriculum within a pediatric residency or fellowship training program. Should it be integrated within the overall pediatric curriculum or kept as a separate curriculum? There are advantages and disadvantages to both. An integrated curriculum emphasizes the importance of ethics and professionalism to all of medical practice, but a downside is that it can become so integrated that it is invisible. A separate curriculum may be more visible but be less feasible because of curriculum crowding.

Another actively debated issue is how to assess a learner’s fulfillment of the professionalism core competency. There is a need for validated assessment tools, and Kesselheim and colleagues have attempted to address this need. However, some argue that it may simply be too difficult to assess certain aspects of professionalism. Consequently, there has been renewed focus on creating objectives that are specific, measurable, action oriented, reasonable, and time bound.

Conclusions and Suggestions

Ethics education is an important part of pediatric residency and fellowship training. There are numerous resources and curricula available to help in the development and augmentation of education in ethics and professionalism.

References

