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## Teaching and assessing ethics in the newborn ICU

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### ARTICLE INFO

#### Keywords:

Ethics  
Professionalism  
Communication  
Graduate medical education  
Training  
Neonatology  
Assessment  
Milestones  
Competency  
Entrustable professional activity

### ABSTRACT

Ethics and professionalism education has become increasingly recognized as important and incorporated into graduate medical education. However, such education has remained largely unstructured and understudied in neonatology. Neonatal–perinatal fellowship training programs have generally grappled with how best to teach and assess ethics and professionalism knowledge, skills, and behavior in clinical practice, particularly in light of accreditation requirements, milestones, and competencies. This article reviews currently available teaching methods, pedagogy, and resources in medical ethics, professionalism, and communication, as well as assessment strategies and tools, to help medical educators and practicing clinicians ensure trainees achieve and maintain competency. The need for consensus and future research in these domains is also highlighted.

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### Introduction

Ethics and professionalism education has become increasingly recognized as important for the development of a physician capable of moral introspection and effective navigation of ethical dilemmas and challenging situations in clinical practice. Teaching focused on ethics and professionalism has been incorporated into both medical school and graduate medical education.<sup>1–7</sup> Such education, however, has remained largely unstructured and understudied in neonatology.<sup>8–12</sup> Neonatal–perinatal fellowship training programs have generally grappled with how best to teach and assess ethics and professionalism knowledge, skills and behavior in clinical practice, particularly in light of accreditation requirements, milestones, and competencies set forth by the Accreditation Council for Graduate Medical Education (ACGME)<sup>13</sup> and the American Board of Pediatrics (ABP) via the Milestones Project.<sup>14–17</sup> A recent national study by our group showed that participating neonatal–perinatal fellows and recent graduates were dissatisfied with their training in ethics education, and significantly less likely to rate the ethics education

provided during fellowship as “excellent/very good” than program directors (37% vs. 63%,  $p = 0.004$ ).<sup>18</sup> Although over 97% of respondents agreed that ethics training is “important/very important,” and 96% of program directors reported the inclusion of ethics education for fellows, only 70% of fellows and recent graduates reported such teaching ( $p < 0.001$ ), signaling a continued need for curricular improvement in this area.<sup>18</sup>

This article reviews currently available teaching methods, pedagogy, and resources in medical ethics, professionalism, and communication, as well as assessment strategies and tools, to help medical educators and practicing clinicians ensure trainees achieve and maintain competency in neonatology. Finally, the need for consensus and future research in these domains is also highlighted.

### Ethics and professionalism goals and objectives

Studies have shown that most students arrive at medical school with well-established ethical and moral perspectives.<sup>2</sup>

The author is grateful for support from the Division of Newborn Medicine at Boston Children's Hospital, Boston, MA. This work is supported in part by a grant from the Arnold P. Gold Foundation (grant ID no. FI-15-005), United States.

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<http://dx.doi.org/10.1053/j.semperi.2015.12.016>

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By the time trainees arrive at neonatology fellowship, many will have taken some form of ethics class or course. The goal of medical ethics education in neonatology is, thus, to further augment and refine existing ethics knowledge, and skills, while also introducing novel concepts and frameworks specific to the field of neonatology, in order to develop virtuous neonatologists with the necessary skills to effectively and compassionately recognize, analyze and resolve ethical dilemmas in the neonatal intensive care unit (NICU).<sup>2</sup> The goal is to teach trainees in neonatal–perinatal medicine to move beyond a simplistic mastery of ethics principles, to develop adaptive expertise such that they are able to creatively and flexibly extend existing knowledge and skills to novel or unexpected ethical situations in practice. Many of these skills and behaviors are deemed to be essential by accreditation organizations, such as the ACGME and the ABP, for graduation from neonatal–perinatal fellowship training programs.<sup>13–17,19,20</sup>

### **Competencies, milestones, and entrustable professional activities (EPAs)**

Every pediatric subspecialty trainee, including neonatal–perinatal medicine fellows, must demonstrate (1) competency along 6 broad domains (patient care = PC, medical knowledge = MK, practice-based learning and improvement = PBLI, interpersonal and communication skills = IPCS, personal and professional development = PPD, and systems-based practice = SBP), (2) adequate progression along meaningful milestones within each domain relevant to clinical practice, and (3) the ability to perform designated entrustable professional activities (EPAs) effectively and without supervision.<sup>14–17</sup> Competencies may be viewed as knowledge or skill, while EPAs are essential tasks in clinical practice that can be observed in a discreet time frame.<sup>17</sup> To successfully perform an EPA, a learner must not only have mastered single competencies, but must have the ability to autonomously integrate them together.<sup>17</sup>

Many neonatal–perinatal training programs and their associated Clinical Competency Committees (CCC) have largely struggled with how best to link competencies, milestones, and EPAs, particularly those related to ethics and professionalism, which overlap and may be more difficult to define and assess.<sup>17,19,20</sup> Table 1 modified from the work of ten Cate and Scheele,<sup>17</sup> Council of Pediatric Subspecialties (CoPS),<sup>19</sup> and Organization of Neonatal Training Program Directors (ONTPD),<sup>20</sup> summarizes EPAs, selected milestones and competencies relevant to ethics and professionalism in neonatology.<sup>13–16</sup>

## **Teaching ethics and professionalism**

### **Pedagogy and teaching methods**

Adult learning theory states that learners learn best when education is self-directed, goal oriented and practical, built on life experiences (experiential learning), and existing frameworks.<sup>21,22</sup> Knowledge results from a continuous cycle of grasping and transforming these experiences, through

concrete experience, abstract conceptualization, reflective observation, and active experimentation.<sup>22</sup> Further, adult learners learn best when given their preferred learning method, which complements their learning style. A summary of 4 learning styles, described by Kolb, is outlined in Table 2, along with associated characteristics and preferred learning methods.<sup>21,22</sup> Note, however, that an individual learner is likely to be a combination of styles; preferred learning methods may vary. Thus, a variety of teaching methods, woven into a hybrid curriculum, is more likely to effectively teach knowledge and skills to a group of adult learners.

A variety of teaching methods may be used to teach ethics and professionalism in neonatology (Table 4). Neonatal–perinatal fellows and recent graduates reported in our study several learning methods to be more effective than others, specifically discussions with supervising attendings, hospital ethicists and peers, involvement in family meetings and ethics consultations, teaching conferences, assigned reading in medical journals, and simulation.<sup>18</sup> While perceived effectiveness may not always correlate with actual learning, these results suggested that those methods in ethics education were well received. We also found that in addition to formal training in ethics education, increased trainee leadership in ethics discussions and consults with supervising attendings and clinical ethicists was desired by fellows and may be extremely valuable.<sup>18</sup> Such facilitated observation and feedback in clinical practice can be particularly effective in teaching ethics and professionalism. Physician–educators and clinical faculty should serve as role models to continue to inspire subsequent generations of neonatologists to be virtuous, compassionate clinicians adept at navigating modern ethical challenges in the NICU.

Several studies have found that small group discussions of ethics to be significantly more effective than lecture courses in developing moral reasoning skills.<sup>2</sup> Numerous studies have also shown that thoughtful and strategic use of video in medical education can be a powerful and effective teaching and learning tool.<sup>23–25</sup> Videos can quickly relay key concepts, particularly those that are more abstract such as ethics and professionalism, while reaching learners with various preferred learning and communication styles.<sup>23</sup> When skillfully integrated into a lecture class or group discussion, the use of video can:

- (1) “Present more information in a given amount of space and time.
- (2) Simplify complex concepts.
- (3) Clarify pieces of abstract language-based concepts
- (4) Demonstrate concepts/subjects that are in motion and/or relate to one another.
- (5) Be more efficient and effective at getting audience attention.”<sup>23</sup>

When incorporating video clips into sessions, one must be cognizant of copyright considerations. The fair use statute allows for appropriate use of copyrighted material (including video) without permission, provided that the use is socially useful, such as scholarship or research, and meets other

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