

Young Physicians' Recall about Pediatric Training in Ethics and Professionalism and Its Practical Utility

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Objective To assess the adequacy of ethics and professionalism education in residency by examining the recollections of young pediatricians in practice.

Study design We surveyed a random sample of members of the American Academy of Pediatrics Section on Young Physicians between February and June 2012.

Results The majority of young pediatricians reported that ethics and professionalism were taught ad hoc in their training programs. Compared with physicians in practice for >5 years, those in practice for ≤5 years were significantly more likely to report having had an organized curriculum (72 of 181 [40%] vs 27 of 113 [24%]; $P < .01$) and that the ethics and professionalism training in their program was adequate (124 of 180 [69%] vs 62 of 113 [55%]). Of the topics encountered in practice by at least two-thirds of pediatricians, more than two-thirds of the respondents stated that residency training adequately prepared them to address issues of consent, privacy, truth-telling, and child abuse/neglect, but less than one-third felt adequately prepared to address conduct on social media and requests for prescriptions by family, friends, and colleagues outside of clinical encounters.

Conclusion The majority of recent graduates from pediatric training programs described themselves as competent to address the ethical and professionalism issues faced in practice, but nonetheless reported gaps in their education. As pediatric residency programs adopt more structured curricula for ethics and professionalism education, issues commonly faced by practitioners should be incorporated. (*J Pediatr* 2013;163:1196-201).

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Requirements for ethics and professionalism training in pediatric residency programs have evolved over time. Beginning in 1974, the American Board of Pediatrics defined the desired qualities of candidates for certification to include both clinical knowledge and judgment, as well as interpersonal skills and attitudes.¹ In 1987, the American Board of Pediatrics declared that it would specifically examine the interpersonal skills and ethical decision making of candidates beyond the attestation of program directors, and published recommendations for programs teaching and assessing these skills.² By 1997, the Residency Review Committee of the Accreditation Council for Graduate Medical Education (ACGME) required a structured curriculum in medical ethics for all pediatric residency programs, and in 2007, the ACGME asked for documentation of the training and evaluation of all residents in ethics and professionalism.³ In February 2012, the ACGME Board of Directors unanimously adopted a resolution to review these requirements and to propose “modifications of these standards and their enforcement required to assure that these expectations are met.”⁴

A fundamental goal of any residency program is to train physicians who are competent in all aspects of practice. Despite the requirements for ethics and professionalism training in pediatric residency programs, it is unknown whether pediatricians are prepared for the professional and ethical issues they will face after this training. Previous research in this area is limited, although it has been shown that overall, pediatric residents and recent graduates consider their ethics training inadequate, fair, or even poor.^{5,6} In one study, pediatricians surveyed within 1 year of graduation from residency reported limited confidence in addressing a variety of challenging ethical situations.⁶ We aimed to survey young pediatricians about their recollections of their experiences with ethics and professionalism education in their residency programs, and how their training in these areas translates to their current practice.

AAP	American Academy of Pediatrics
ACGME	Accreditation Council for Graduate Medical Education
CME	Continuing medical education
SOYP	Section on Young Physicians

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Methods

We surveyed a random sample of the American Academy of Pediatrics (AAP) Section on Young Physicians (SOYP), a group designed for pediatricians within their first 5 years of practice or aged <40 years. The SOYP has a total membership of approximately 1200. Members must request to join and pay a small membership fee. Names were selected at random from the AAP's online membership directory. We excluded any members who did not have an e-mail address and those who lived outside the US.

Survey respondents were queried about their recollections of ethics and professionalism curricula during their pediatric training as well as their encounters with various ethics and professionalism issues after training. Respondents were asked about the structure and content of the curricula, including whether it was organized or ad hoc, hours per year dedicated to ethics and professionalism, specific topics covered, and type and usefulness of any evaluation or feedback provided. Definitions for structured and ad hoc curricula were not provided. Respondents were asked about the number of hours per year dedicated to these topics. We classified the responses into 3 categories: <3 hours/year, 4-12 hours/year, and 13+ hours/year.

Respondents also were asked whether they had encountered certain issues in practice after training, as well as their opinion about general statements regarding the inclusion of ethics and professionalism in pediatric training and in continuing medical education (CME). Demographic data collected included sex, ethnicity/race, year started residency, location of childhood, medical school, and residency (US vs outside the US), and details of medical training (pediatrics vs medicine/pediatrics; fellowship vs general practice).

The University of Chicago's Institutional Review Board approved the study and waived written consent. A cover letter explained that the survey was voluntary. Each potential respondent was contacted a maximum of 4 times. The first 3 attempts were via SurveyMonkey (www.surveymonkey.com), and the final attempt was through the US Postal Service. Each respondent was given the opportunity to enter a raffle for an iPod Nano (Apple, Cupertino, California) by completing the survey and providing his or her e-mail address (which was deleted after the raffle winner was selected). As such, all data were deidentified before data analysis.

Quantitative data were analyzed using Stata SE version 12.1 (StataCorp, College Station, Texas). To determine percentages, we classified data as missing or unusable when responses were left blank because of respondent omission or when respondents replied "not sure" or "don't know." For statistical analysis, we excluded responses that were left blank because of respondent omission. For questions rating the level of agreement with statements, we collapsed responses into "agree" versus "disagree" for ease of analysis and data reporting. We classified a topic as commonly encountered when at least two-thirds of respondents reported

facing it in practice. Similarly, we classified a topic as adequately addressed in residency when at least two-thirds of respondents reported it as such. Results were analyzed for statistical significance using the χ^2 test, with $P < .05$ considered to indicate significance.

Results

The survey was initially e-mailed to 718 potential respondents. Seven respondents asked to be excluded from the survey, and an additional 15 had previously opted out of all surveys administered via SurveyMonkey. Eight surveys were undeliverable because of an invalid e-mail address. Of the 688 remaining eligible respondents, 295 (43%) returned partial or complete surveys.

Demographic data for the respondents are compiled in [Table I](#). Almost three-quarters of the respondents were female, and two-thirds self-identified as Caucasian. Twelve percent of respondents attended medical school outside the US, but all except 1 respondent had completed residency training in the US. The vast majority (93%) had completed a categorical pediatrics residency program, and 31% pursued additional fellowship training. The respondents had been in practice for an average of 4.3 years (range, 0-13 years), which is consistent with the membership guidelines for the SOYP.

The majority of respondents (169 of 295 [57%]) reported that ethics and professionalism was taught ad hoc without an organized curriculum in their pediatric training ([Table II](#)). Slightly more than one-third (34%; 99 of 295) reported

Table I. Characteristics of the study respondents*

Characteristic	Value
Sex (n = 293), n (%)	
Female	215 (73)
Male	78 (27)
Ethnicity/race (n = 289), n (%)	
Caucasian/European	192 (66)
Asian	44 (15)
African-American	12 (4)
Indigenous American	11 (4)
Latina/Latino (Hispanic)	9 (3)
Other	21 (7)
Medical school location (n = 295), n (%)	
In the US	261 (89)
Outside the US	34 (12)
Residence (n = 295), n (%)	
In the US	294 (100)
Outside the US	1 (<1)
Type of residency training (n = 295), n (%)	
Pediatrics	275 (93)
Medical/pediatrics	19 (6)
Other	1 (<1)
Fellowship training (n = 294), n (%)	
Yes	91 (31)
No	203 (69)
Years in practice, mean \pm SD (n = 294)	4.3 \pm 3.7

*n varies throughout owing to nonresponse. Percentages do not always sum to 100% owing to rounding.

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