

# Ethics Skills Laboratory Experience for Surgery Interns

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**INTRODUCTION AND PURPOSE:** Ethics curricula are nearly universal in residency training programs, but the content and delivery methods are not well described, and there is still a relative paucity of literature evaluating the effect of ethics curricula. Several commentators have called for more ethics curriculum development at the postgraduate level, and specifically in surgery training. We detail our development and implementation of a clinical ethics curriculum for surgery interns.

**METHODS:** We developed curricula and simulated patient cases for 2 core clinical ethics skills—breaking bad news and obtaining informed consent. Educational sessions for each topic included (1) framework development (discussion of interns' current experience, development of a consensus framework for ethical practice, and comparison with established frameworks) and (2) practice with simulated patient followed by peer and faculty feedback. At the beginning and end of each session, we administered a test of confidence and knowledge about the topics to assess the effect of the sessions.

**RESULTS:** A total of 98 surgical interns participated in the ethics skills laboratory from Spring 2008 to Spring 2011. We identified significant improvement in confidence regarding the appropriate content of informed consent ( $<0.001$ ) and capacity to break bad news ( $<0.001$ ). We also identified significant improvement in overall knowledge regarding informed consent ( $<0.01$ ), capacity assessment ( $<0.05$ ), and breaking bad news (0.001). Regarding specific components of informed consent, capacity assessment, and breaking bad news, significant improvement was shown in some areas, while we failed to improve knowledge in others.

**CONCLUSIONS:** Through faculty-facilitated small group discussion, surgery interns were able to develop frameworks for ethical practice that paralleled established frameworks. Skills-based training in clinical ethics resulted in an increase in knowledge scores and self-reported confidence. Evaluation of 4 annual cohorts of surgery interns demonstrates significant successes and some areas for improvement in this educational intervention. (J Surg 71:829-838. © 2014 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

**KEY WORDS:** graduate medical education, clinical ethics, informed consent, breaking bad news

**COMPETENCIES:** Professionalism, Patient Care, Interpersonal and Communication Skills

## INTRODUCTION

The ethics issues confronted in everyday surgical care are as complex and challenging as in any area of clinical ethics. Several commentators have called for more ethics curriculum development at the postgraduate level,<sup>1-3</sup> and specifically in surgery training.<sup>4-6</sup> Residents in surgery training programs will inevitably develop strategies and methods to respond to ethical issues. They will leave training with a personal practice of ethics that emerges from a complex blend of formal and informal training, personal and professional values, and the profound experience of patient care. The goal of an ethics curriculum is to develop residents' ethical sensitivity and reasoning and ensure that their personal practice is grounded in appropriate knowledge and skills.

The curriculum for ethics within any training program includes (1) the formal, structured, curriculum, (2) an informal curriculum made up of unstructured, usually ad hoc, interpersonal experiences with attending physicians

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and other role models, and (3) the institutional influences and organizational ethical structure that create what has been described as the “hidden curriculum” for ethics.<sup>7</sup>

The hidden curriculum and informal experiences with role models are highly influential factors in developing a personal practice of ethics but are difficult to monitor and measure. A structured curriculum in ethics benefits the residents and the training program by making the implicit explicit, countering some of the negative influences that may exist within the hidden curriculum,<sup>8,9</sup> and offering an opportunity to practice skills and assess knowledge.<sup>10</sup> A formal ethics curriculum during residency can increase surgical residents’ knowledge of clinical ethics,<sup>11</sup> ultimately having a positive effect on patient care.<sup>12</sup>

In the last decade, there has been a substantial increase in the number of surgical training programs that report formal ethics training in the curriculum.<sup>4,13</sup> However, methods and extent of training vary widely. Surgery program directors cite curricular limitations related to lack of faculty expertise, lack of interest on the part of faculty and residents, demands of the scientific and technical aspects of surgery, and the restricted work hours for residents.<sup>4,13</sup> Currently, most programs report some type of ethics education. Roughly half of the programs include ethics education as part of the core curriculum and the other half report “case by case” discussions, grand rounds presentations, or training focused within the critical care rotations as the extent of ethics education.<sup>4</sup> Although the literature is relatively sparse, surgery programs appear to be much more likely than internal medicine or pediatrics training programs to report use of lectures over case-based or integrated lecture and case-based instruction as the teaching modality for ethics.<sup>4,10</sup> Reflecting on the paucity of literature on methods for ethics education in surgery, Grossman et al.<sup>4</sup> call for more literature describing curricula for ethics in surgery so that optimal methods and outcomes can be identified.

This article describes the development, implementation, and evaluation of a curriculum involving 2 core clinical ethics skills for surgery interns at the Johns Hopkins Hospital.

## METHODS

### Session Development

In 2006, faculty in the Program on Ethics in Clinical Practice at the Johns Hopkins Berman Institute of Bioethics (J.C., M.H., and M.M.) initiated development of a curriculum for clinical ethics education for general surgery interns. After completing a targeted needs assessment of surgery trainees that identified key topic areas and established that formal small group sessions were the preferred learning mode for ethics, we worked closely with the Department of Surgery’s residency program director (P.L.) to develop a program for ethics education that would fit within the current surgical curriculum. We used the

established structure of the intern technical skills laboratories and developed a small group, interactive, case-based curriculum focused on development of skills in informed consent and breaking bad news. These 2 topic areas were identified both by the program director (P.L.) and our needs assessment survey as areas of specific need for surgical interns.

Beginning in Spring 2008, the Department of Surgery devoted a block of its regularly scheduled surgery intern skills training laboratory sessions to mandatory ethics skills development. Since then, all surgery interns have participated in the ethics laboratory. This has been accomplished by conducting four 3-hour sessions each academic year (with 4-8 interns participating per session). Each intern participates in 1 session. The laboratory session is an interactive, learner-centered, small group laboratory experience utilizing multiple pedagogical strategies. Through facilitated discussion, interns use their own experience to generate consensus descriptions of appropriate practice with respect to breaking bad news and obtaining meaningful informed consent. The facilitated discussion is used to engage learners by focusing first on their own experiences and problems and their capacity, as a group, to develop a reasonable model of appropriate practice. Faculty members then present established frameworks for the ethics skills and facilitate a discussion comparing the standard with the residents’ consensus descriptions. Residents are given a summary sheet including an evaluation instrument emphasizing the standard framework for each skill. The laboratory then focuses on application of the skills via interaction with a simulated patient; residents use the evaluation instruments to interpret their own and their colleagues’ performance with the simulated patient. Residents, faculty, and the simulated patient offer constructive feedback on the interns’ performance. Pretests and posttests were administered with each laboratory session. The project was approved by a Johns Hopkins Medicine Institutional Review Board.

### Description of Session Content

#### Breaking Bad News

This ethics laboratory session opened with interns discussing their own experiences with breaking bad news, whether as surgical interns, medical students, or patients. Their knowledge and attitudes, as well as positive and negative experiences, were explored during an open discussion. The interns were encouraged to talk about the role of faculty and senior residents in modeling the skills involved in breaking bad news in a professional and ethical manner. After the interns shared their own experiences with breaking bad news, faculty-facilitated discussion within the small group to generate a consensus framework for a professionally and ethically optimal practice of breaking bad news. Faculty used the SPIKES model<sup>14,15</sup> as a reference framework to organize and guide discussion and then presented the model

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