

## EDUCATION

# Ethical issues identified by obstetrics and gynecology learners through a novel ethics curriculum

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**OBJECTIVE:** Obstetrics and gynecology (ob/gyn) is fraught with bioethical issues, the professional significance of which may vary based on clinical experience. Our objective was to utilize our novel ethics curriculum to identify ethics and professionalism issues highlighted by ob/gyn learners and to compare responses between learner levels to further inform curricular development.

**STUDY DESIGN:** We introduced an integrated and dynamic ob/gyn ethics and professionalism curriculum and mixed methods analysis of 181 resulting written reflections (case observation and assessments) from third-year medical students and from first- to fourth-year ob/gyn residents. Content was compared by learner level using basic thematic analysis and summary statistics.

**RESULTS:** Within the 7 major ethics and professionalism domains, learners wrote most frequently about miscellaneous ob/gyn issues such as periviability and abortion (22% of students, 20% of residents) and problematic treatment decisions (20% of students, 19% of residents) rather than professional duty, communication, justice, student-/resident-specific issues, or quality of care. The most commonly discussed ob/gyn area by both learner groups was obstetrics rather than gynecology, gynecologic oncology, or

reproductive endocrinology and infertility, although residents were more likely to discuss obstetrics-related concerns than students (65% vs 48%;  $P = .04$ ) and students wrote about gynecologic oncology-related concerns more frequently than residents (25% vs 6%;  $P = .002$ ). In their reflections, sources of ethical value (eg, the 4 classic ethics principles, professional guidelines, and consequentialism) were cited more frequently and in greater number by students than by residents (82% of students cited at least 1 source of ethical value vs 65% of residents;  $P = .01$ ). Residents disagreed more frequently with the ethical propriety of clinical management than did students (67% vs 43%;  $P = .005$ ).

**CONCLUSION:** Our study introduces an innovative and dynamic approach to an ob/gyn ethics and professionalism curriculum that highlights important learner-identified ethics and professionalism issues both specific to ob/gyn and common to clinical medicine. Findings will help ob/gyn educators best utilize and refine this flexible curriculum such that it is appropriately focused on topics relevant to each learner level.

**Key words:** bioethics, gynecology, medical education, obstetrics, professional competence

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Excellent medical education requires more than just training in the biomedical model of disease. Instruction in ethics and professionalism has been identified as vital to medical learners, and is required by the Liaison Committee on Medical Education (LCME),

which accredits medical schools, and by the Accreditation Council for Graduate Medical Education (ACGME), which oversees resident training programs in the United States. Ethics and professionalism curricula currently in existence vary widely across institutions;

however, residents, clinical medical students, and preclinical medical students express different views on the value and preferred method of ethics education and evaluation.<sup>1</sup>

Medical ethics teaching is often begun in the preclinical years and typically involves group lecture and variably sized discussion sessions that provide a foundation for the understanding of ethical principles.<sup>2-4</sup> At the University of Iowa Carver College of Medicine (UICCOM) during the time of this study, ethics education was formalized in the preclinical second-year curriculum as the health care ethics, law, and policy course. This course consisted of 16 hours of lecture on topics including clinical ethical reasoning, ethical issues in clinical education,

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informed consent, privacy and confidentiality, ethical issues in reproductive medicine, ethical issues in pediatrics, end-of-life decision making, conflicts of interest, the profession's contract with society, conscientious practice, and the disclosure of medical errors. Complementing these lectures was 9 hours of small group discussions focused on real patient cases.

While such a curriculum may use practical clinical examples of ethical dilemmas, the learner cannot fully analyze the situation or apply, test, and reinforce their learning without immersion in the realities of the clinical environment. The preclinical foundation should then theoretically be augmented and integrated vertically through a continuing ethics curriculum in the clinical years of medical school and residency.

Obstetrics and gynecology (ob/gyn) is a field of medicine in which instruction in ethics and professionalism is particularly vital. Learners and practitioners in this specialty frequently face moral dilemmas such as those related to beginning of life, the maternal-fetal relationship, and a woman's privacy, that are best identified and resolved with an understanding of clinical ethical reasoning using ethics principles (the 4 classic ethics principles of autonomy, beneficence, nonmaleficence, and justice) and other sources of ethical value (eg, professional guidelines, case-based reasoning, and consequentialism). For this reason, several institutions have specifically implemented ethics curricula into clinical clerkships in ob/gyn.<sup>5-7</sup> One format for these curricula has been the use of learner-identified issues to serve as the catalyst for small group discussion. This format has been well received and identified as useful by students.<sup>5,6</sup> Additionally, using this format customizes the ethics content to the learner.<sup>8</sup>

The need for ethics education during the clinical years is no less important in residency than in medical school. Resident learners recognize an abundance of ethical conflicts in medical practice and acknowledge the importance of an ethics curriculum in medical training.<sup>1</sup> A positive correlation has been demonstrated between the amount of time dedicated to ethical issues in residency training and

the perceived influence of residency training on ethical views.<sup>9</sup> Residents also express a belief that ethics training in their residency programs should be increased.<sup>9</sup> A recent survey-based study of ob/gyn residency program directors demonstrated that the majority of program directors would like to not only have more ethics education (73% of respondents) but that it should also be required (85% of respondents).<sup>10</sup> This suggests a need to further evaluate how an ethics curriculum can best provide for clinical practice in medical school, residency, and beyond.

The purpose of this report is to describe our novel ethics curriculum that includes a written case observation and assessment (COA) and to compare content of these COA reflections to present and refine a flexible and valuable ethics curriculum for ob/gyn learners.

## MATERIALS AND METHODS

### Curriculum

This study took place at the UICCOM and affiliated University of Iowa Hospitals and Clinics (UIHC). These are public, secular institutions with an academic focus. UICCOM employs >1000 faculty members teaching 608 medical students and >5000 undergraduate basic science students. UICCOM faculty practice at UIHC, the state's only comprehensive academic medical center and a regional referral hospital. UICCOM has a structured program in bioethics and humanities (<http://www.medicine.uiowa.edu/bioethics/>) led by 3 core faculty and 12 affiliate faculty. The program achieves its mission to help health care professionals understand increasingly complex ethical questions through education, research, and service within UICCOM, UIHC, University of Iowa, and the wider Iowa community. UIHC offers ethics guidance on policy and practice through its ethics subcommittee of the hospital advisory committee and through its full-time ethics consult service (<http://www.medicine.uiowa.edu/bioethics/ecs/>).

At UICCOM, the clerkship for third-year medical students consists of 3 weeks of clinical experience in obstetrics and 3 weeks of clinical experience in gynecology. The majority of students

undertake these clerkships onsite at the UIHC; a small minority spends their time in a community hospital-based ob/gyn practice. In academic year 2010 through 2011, a mandatory ob/gyn ethics and professionalism curriculum was added to the medical student ob/gyn clerkship requirements. This curriculum had been previously developed and utilized successfully in the required inpatient internal medicine and pediatrics clerkships in an effort to extend ethics education into the clinical years and to help assess the impact of preclinical ethics education on the views of clinical students. The curriculum requires the learner to write a reflection (a COA) based on issues encountered during their clerkship, and to participate in a group discussion based on 3 or 4 students' anonymized COA (Figure 1 presents verbatim instructions to the students).<sup>11</sup> Medical students rotating in ob/gyn are informed of this required ethics and professionalism curriculum at the start of their rotation and are reminded of the COA submission requirement in the fourth week of their 6-week rotation, shortly before the ethics and professionalism seminar takes place.

The University of Iowa ob/gyn residency is an academic training program in which the 20 residents are supervised and mentored by board-certified faculty in all available subspecialty areas. The ob/gyn residents participate in month-long rotations that switch between general and subspecialty areas of ob/gyn. Rotations vary for individual residents depending

### FIGURE 1 Case observation and assessment instructions

Please describe and assess a clinical experience you observed during this clerkship [recent past] that involves a patient and raises an ethical or professional issue of some kind. Then describe how you think you would approach a similar situation in the future, once you are a resident [an attending physician]. Your COA should be typed, double-spaced, and probably about 2 pages in length (long enough to describe and assess the issue you are addressing). This assignment is pass/fail. Some of the COAs will be chosen by the clerkship director [Seminar Facilitator] for group discussion during the fifth week of the rotation [on the chosen seminar date], keeping the identity of the authors anonymous unless the author of a selected COA voluntarily chooses to disclose his or her identity during the discussion. In the future, the facilitators may use COAs from this Seminar for research, educational or quality improvement purposes, ensuring that any personally identifying information (of students, other healthcare professionals, patients or institutions) is removed prior to any reporting.

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