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Surgical Ethics Online Needs Assessment and Pilot Curriculum

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Surgical Ethics Online

Needs Assessment and Pilot Curriculum

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Outline

- Background/Need for Innovation
- Purpose/Goals
- Predicted Project Flow
- Needs Assessments
- Early Results
- Project Updates
- Future Directions
- Conclusions

Background

AAMC Core Competencies for Entering Medical Students

The 15 Core Competencies for Entering Medical Students (defined below) have been endorsed by the AAMC Group on Student Affairs (GSA) Committee on Admissions (COA). The competencies fall into four categories: Interpersonal, Intrapersonal, Thinking and Reasoning, and Science.

Interpersonal Competencies

Service Orientation: Demonstrates a desire to help others and sensitivity to others' needs and feelings; demonstrates a desire to alleviate others' distress; recognizes and acts on his/her responsibilities to society; locally, nationally, and globally.

Social Skills: Demonstrates an awareness of others' needs, goals, feelings, and the ways that social and behavioral cues affect peoples' interactions and behaviors; adjusts behaviors appropriately in response to these cues; treats others with respect.

Cultural Competence: Demonstrates knowledge of socio-cultural factors that affect interactions and behaviors; shows an appreciation and respect for multiple dimensions of diversity; recognizes and acts on the obligation to inform one's own judgment; engages diverse and competing perspectives as a resource for learning, citizenship, and work; recognizes and appropriately addresses bias in themselves and others; interacts effectively with people from diverse backgrounds.

Teamwork: Works collaboratively with others to achieve shared goals; shares information and knowledge with others and provides feedback; puts team goals ahead of individual goals.

Oral Communication: Effectively conveys information to others using spoken words and sentences; listens effectively; recognizes potential communication barriers and adjusts approach or clarifies information as needed.

- The American Association of Medical Colleges
 - “knowledge of the theories and principles that govern ethical decision making, and of the major ethical dilemmas in medicine” (AAMC, 2013)
- National undergraduate medical ethics curriculums
 - limited dedicated ethical educational programs (DuBois and Burkemper, 2002)
 - majority are presented in a traditional face to face manner
- Limited instructors and arrangement in the undergraduate medical curriculum at large (Lehmann et. al., 2004).

Need for Innovation

An 'ethics gap' in writing about bioethics: a quantitative comparison of the medical and the surgical literature

Frederick Paola and Sharon S Barten Nassau County Medical Center, East Meadow, New York

Abstract

In order to determine whether there is a significant difference between the medical literature and the surgical literature in terms of their bioethics content, we conducted a computerized search of the MEDLINE database. The journals searched were selected from the 'Medicine' and 'Surgery' sections of the 'Brandon-Hill List', and the search was limited to 1992 issues of these journals. Three hundred and seven bioethics bibliographic records (out of a total of 11,239 articles indexed) were retrieved from the 15 medical journals searched, while 17 bioethics bibliographic records (out of a total of 2,645 articles indexed) were retrieved from the 12 surgical journals searched. We conclude that there is a statistically significant ($p < 0.001$) difference between the medical literature and the surgical literature with respect to their quantitative bioethics content.

Introduction

We have observed that surgeons are substantially less likely than physicians – or internists as they are known in the US, to attend educational programmes sponsored by our institutional bioethics committee and less likely to avail themselves of the clinical ethics consultation service available at our institution. Thus, out of a total of 32 clinical ethics consultations done at the Nassau County Medical Center between November 1991 and November 1992, 26 (81 per cent) were done on medical patients, while only three (9 per cent) involved patients on surgical services (1). Discussions with members of other area bioethics committees suggest that this is not merely an institutional phenomenon.

Likewise, Simpson (2), drawing upon data collected over a two-year period as an ethics consultant at a Chicago community hospital, reported that 53 out of 59 (90 per cent) of requests for ethics consultations came from internists, and only five (9 per cent) from surgeons.

Key words

Table 1
Surgical journals searched

1.	American Journal of Surgery
2.	Annals of Surgery
3.	Annals of Thoracic Surgery
4.	Archives of Surgery
5.	British Journal of Surgery
6.	Journal of Thoracic and Cardiovascular Surgery
7.	Journal of Trauma
8.	Journal of Vascular Surgery
9.	Plastic & Reconstructive Surgery
10.	Surgery
11.	Surgery, Gynecology and Obstetrics
12.	Surgical Clinics of North America

In order to determine whether the medical literature and the surgical literature reflect this 'ethics gap', we compared the number of bioethics articles published in 1992 in the medical and surgical literature.

Methods

Since the field of medical librarianship uses the 'Brandon-Hill List' (3) as one of its core acquisitions and collection development tools, the journals searched were selected from the 'Medicine' and 'Surgery' sections of this title. Two separate searches were run on a CD ROM version of the MEDLINE database, one for the number of articles dealing with bioethics in the medical journal titles, and one for the number in the surgical journals. The searches were limited to articles in the 1992 issues of all journals.

Twelve journal titles in surgery (Table 1) and 15 journal titles in medicine (Table 2) were searched. Both searches were run against ETHICS and BIOETHICS MeSH (Medical Subject Headings), the controlled indexing vocabulary of the National Library of Medicine. These subject headings were 'exploded', a function that includes not only the terms searched for but all other headings indexed

- Paola and Barten in 1995 examined leading journals in medicine and surgery with key word search for "ethics" and "bioethics."
- Total of three hundred and thirty-four articles
- Five percent were from the surgical literature
- Fewer "bioethical" issues in surgical practice?
- "Surgical personality" equates to paternalism with less likely motives to express alternative diverse points of view.
- This potential bias against surgeons and their involvement in ethical issues and subsequent medical curriculums

Need for Innovation

- Surgical ethics distinct field of study (Angelos, 2013).
- unique practice type and dynamic
- informed consent for surgical/invasive procedures
- ultimate responsibility
- surge of device and procedural innovation

REVIEW

International Journal of Surgery (2013) 11(S1), S2-S5

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journal homepage: www.journal-surgery.net

REVIEW

Ethics and surgical innovation: challenges to the professionalism of surgeons

Peter Angelos

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ARTICLE INFO

Keywords:
Surgical innovation
Surgical ethics
Professionalism

ABSTRACT

The future of surgical progress depends on surgeons finding innovative solutions to their patients' problems. Surgical innovation is critical to advances in surgery. However, surgical innovation also raises a series of ethical issues that challenge the professionalism of surgeons. The very criteria for defining surgical progress have changed as patients may value more than simply reductions in morbidity and mortality. The requirement for informed consent prior to surgery is difficult when an innovative surgical procedure is planned since the risks of the novel operation may not be known. In addition, even if the risks are known in the hands of the innovator, the actual risks to patients when surgeons are learning the new technique are unknown. New techniques often depend on new technology which may be significantly more expensive than traditional techniques. There are no clear criteria to decide which new innovative techniques are going to turn out to be truly beneficial to patients. Many surgical innovations depend on new products which may have been developed as collaborative efforts between surgical device companies and surgeons. Although many currently accepted therapies were developed in this fashion, the collaboration of surgeons and device companies raises the potential for significant harmful conflicts of interest. In the decades to come, careful attention to these and other ethical issues will help to define the future professional standing of surgeons.

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1. Introduction

Much has been written about the contributions that Professor Renzo Dionigi has made to the practice of surgery. He is esteemed as a skilled surgical investigator, a gifted practitioner of surgery, and a thoughtful surgical educator. He has contributed over 800 peer-reviewed articles to the medical and surgical literature in areas including surgical infections, surgical nutrition, and surgical oncology. There is uniform

2. Professionalism and surgery

In recent years, many authors have addressed the importance of professionalism in medicine and surgery. Since 2005, the following books on professionalism have been published:
Measuring Medical Professionalism by David Thomas Stern, 2005
Professionalism in Medicine: Critical Perspectives by Delese Wear and Julie M. Aultman, 2006
Living Professionalism: Reflections on the Practice of Medicine by Erin A.

Purpose

We propose a Surgical Ethics Online (SEO) course.

SEO will be an online collaborative educational program centered around clearly defined objectives that focus on the principles of clinical ethics as it applies to surgical practice.

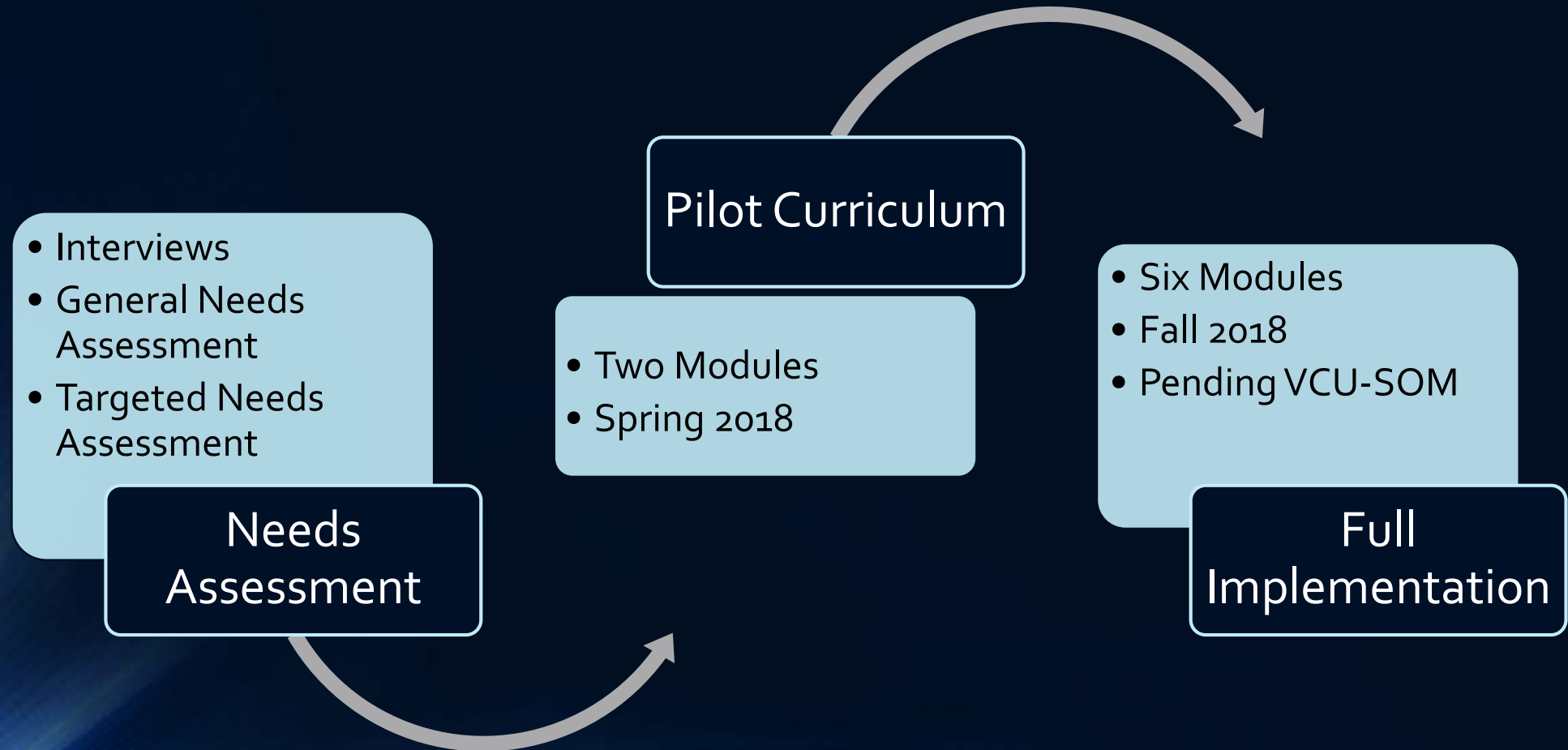
SEO will be undertaken during third year medical school surgical clerkships at Virginia Commonwealth University School of Medicine (VCU-SOM).

The goals of SEO are ...

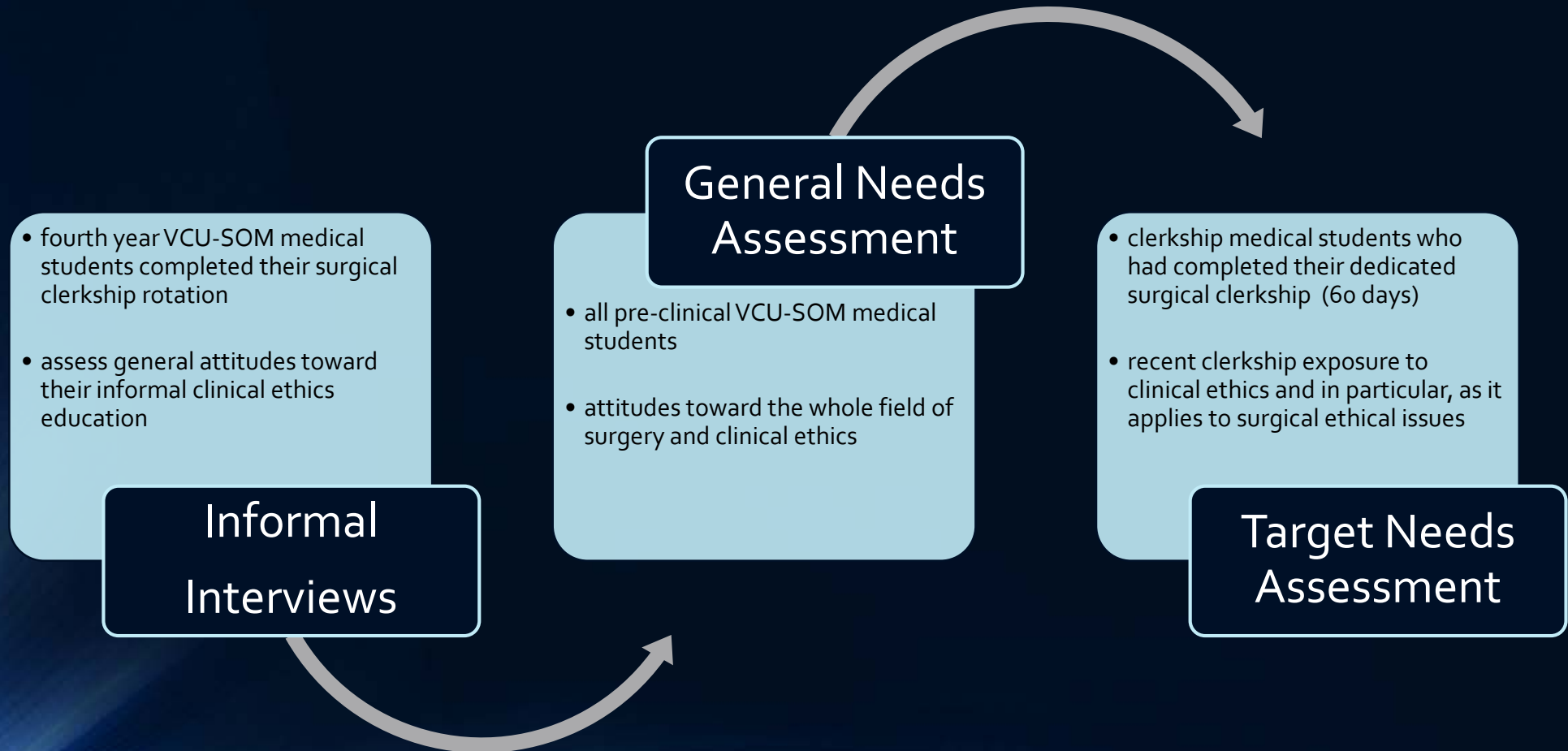
... to increase VCU-SOM undergraduate medical students' exposure to clinical ethics as it applies to surgical practice.

... to inform, enlighten and encourage undergraduate medical students about potential career paths in surgery and surgical subspecialties.

Predicted Project Flow



Needs Assessments

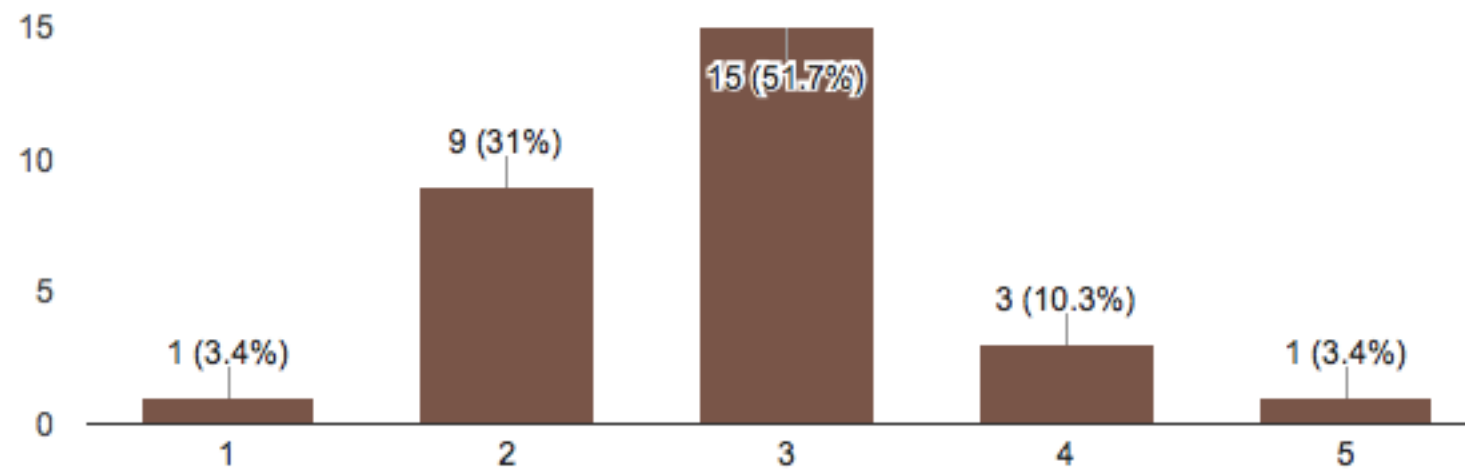


Informal Interviews

- Initial Online Survey
- 4th year medical students (n=29)
- Elective in Surgery
- Part of a lecture on the Ethics of Surgical Practice
- Voluntary Responses

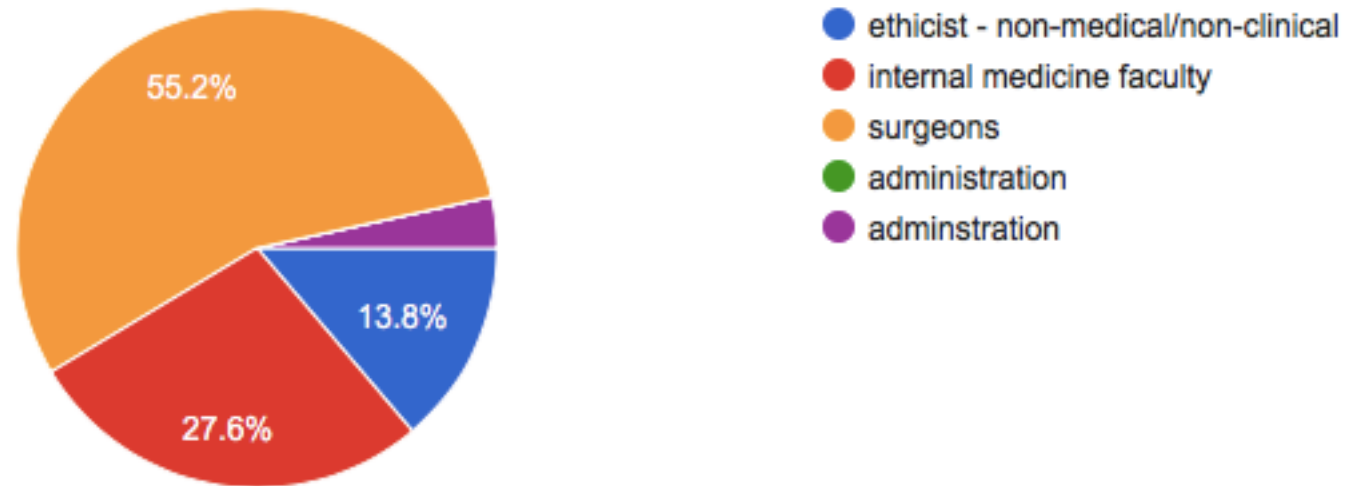
Results

What is your previous exposure to clinical ethics? (29 responses)



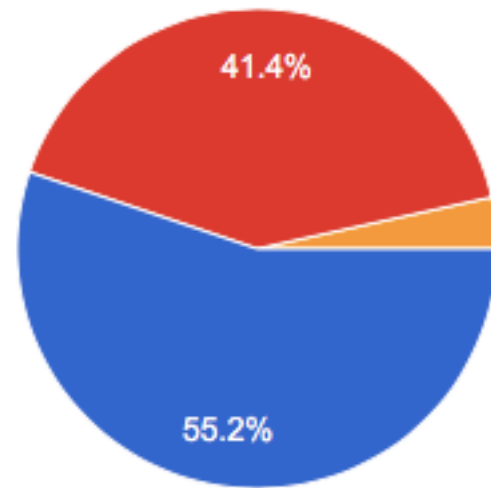
Results

Who do you think should teach clinical ethics? (29 responses)



Results

Do you think you need more training in clinical ethics? (29 responses)

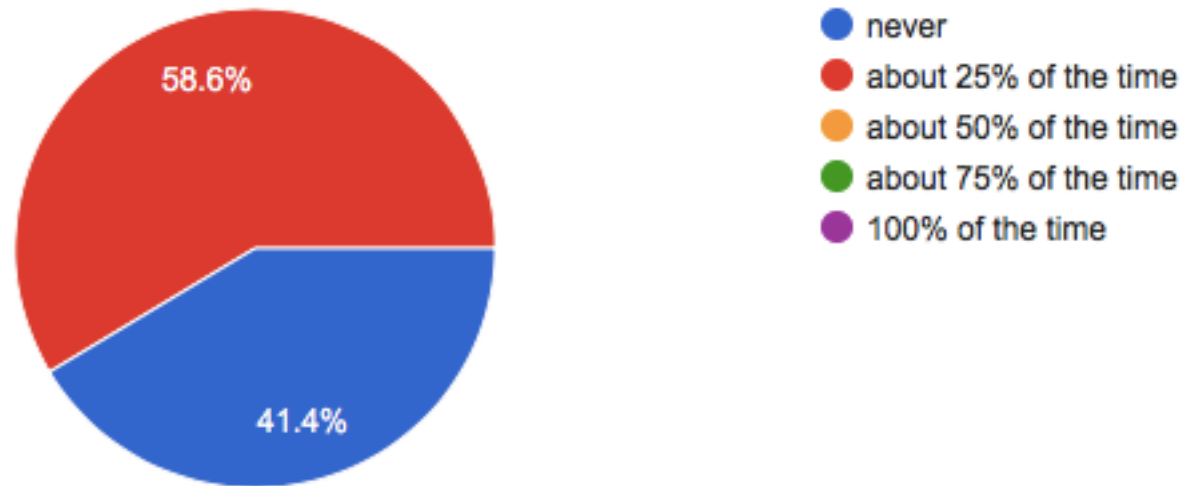


- yes, that is why I am here
- some additional training
- I am good, no more please
- too much is being done

Results

During my third year of medical student the percentage of the time that I observed unethical behavior in my fellow students was:

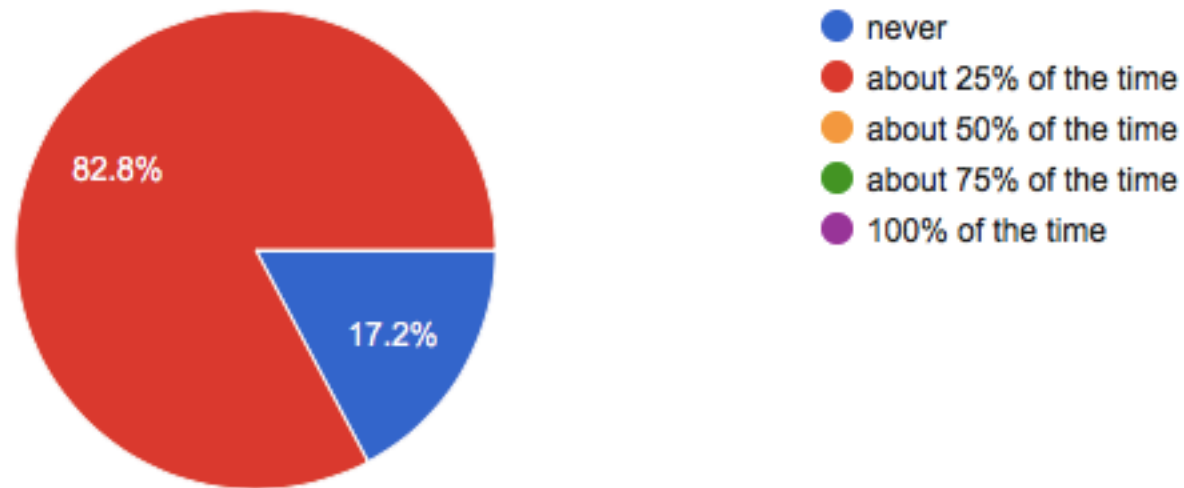
(29 responses)



Results

During my third year of medical student the percentage of the time that I observed unethical behavior in the residents that I worked with was:

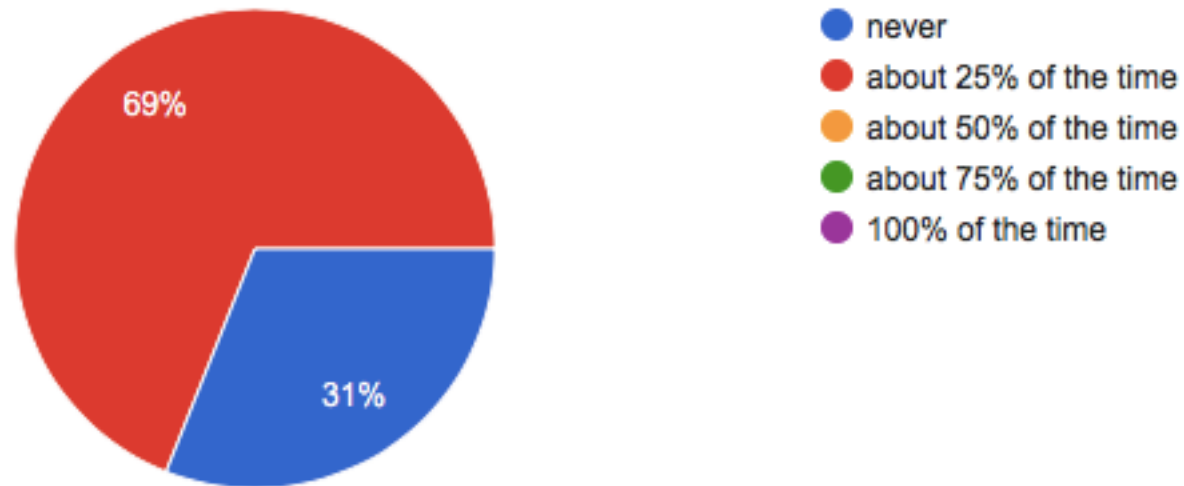
(29 responses)



Results

During my third year of medical student the percentage of the time that I observed unethical behavior in the fellows that I worked with was:

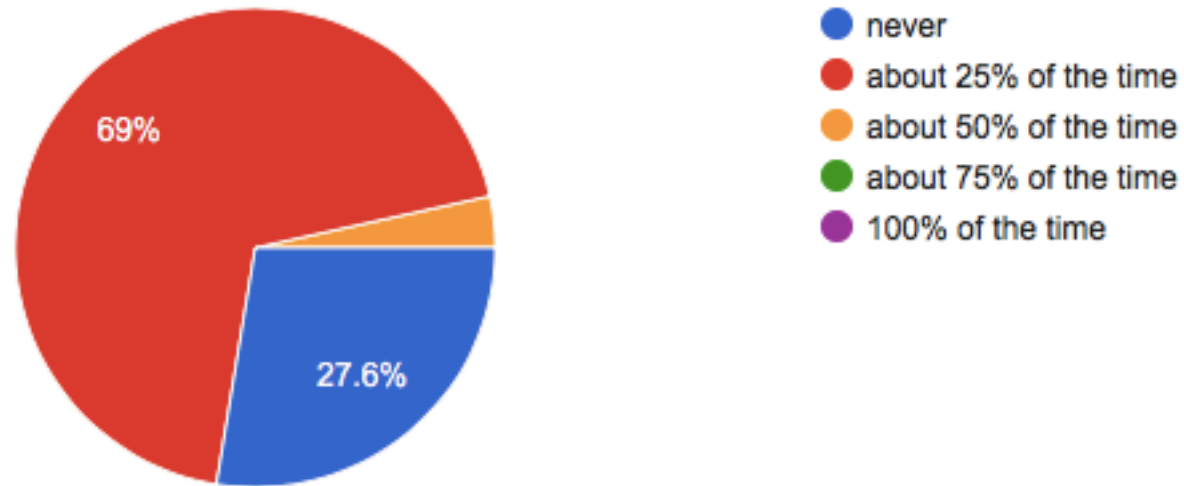
(29 responses)



Results

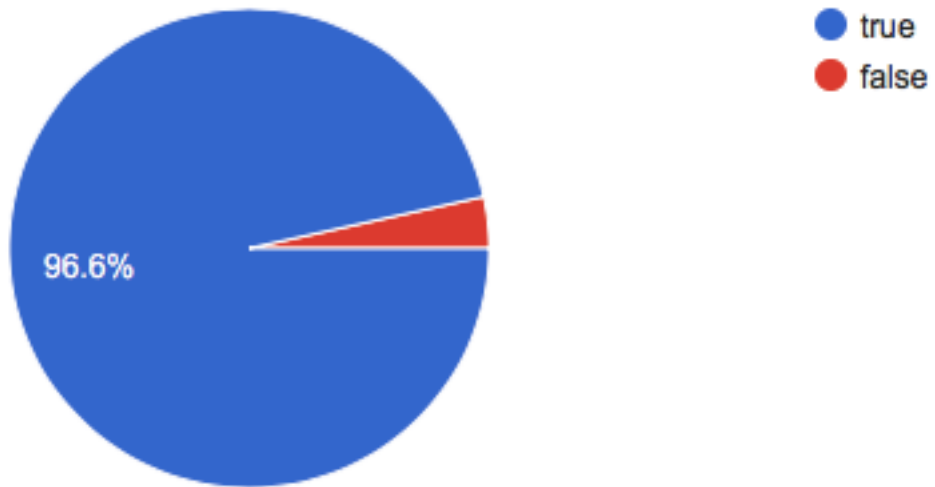
During my third year of medical student the percentage of the time that I observed unethical behavior in the nurses that I worked with was:

(29 responses)



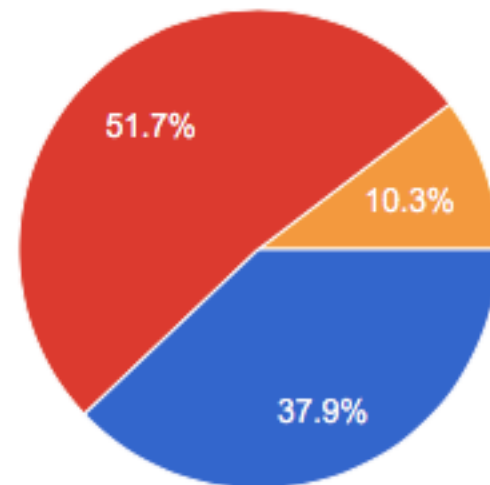
Results

I think surgeons should teach ethics (29 responses)



Results

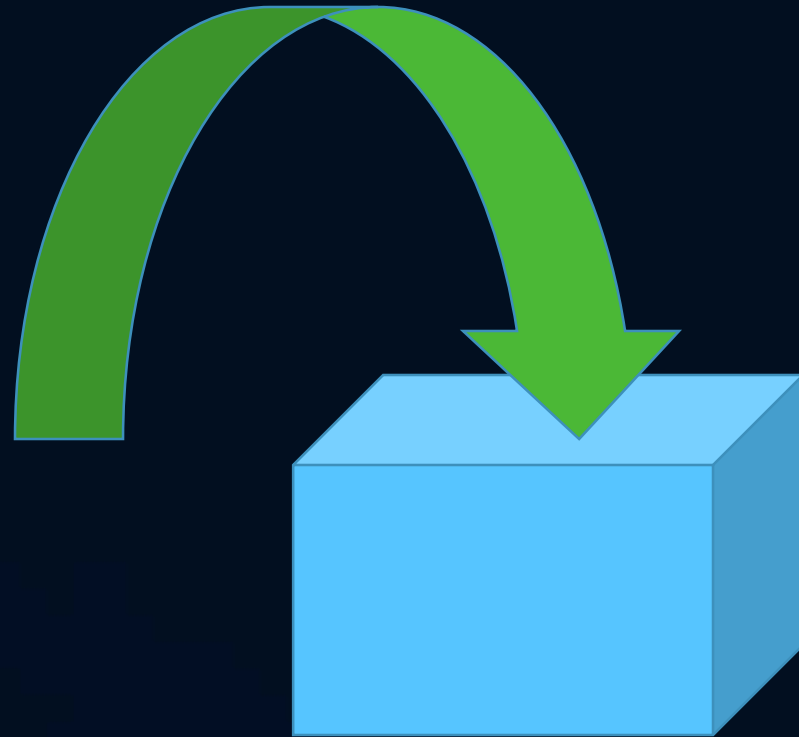
As a student I feel ... (29 responses)



- ... powerless to speak up when I see unethical behavior
- ... some ability to speak up when I see unethical behavior
- ... moderate ability to speak up when I see unethical behavior
- ... very able to speak up when I see unethical behavior

Project Updates

- VCU IRB
- JHU IRB
- Needs Assessment Development
- Pilot Curriculum Development



Future Directions



- Export curriculum to other medical colleges
- Online surgical ethical collaborative
- Program based outcomes of graduates
- Expanded program to 4th year of medical school

Conclusions

- Current efforts at undergraduate medical education is lacking in addressing clinical ethics
- There is a distinct need to conduct curriculum that is focused on clinical ethics as it applies to surgical practice
- SEO program has the potential to be an innovative method to deliver clinical ethics content that focuses on surgical practice to third year medical students at VCU-SOM.
- Potential to increase awareness of surgical practice among undergraduate medical students.

References

Angelos P. (2013). Ethics and surgical innovation: challenges to the professionalism of surgeons. *International Journal of Surgery*. 11(S1) S2–S5.

Association of American Medical Colleges – AAMC. (2013). Core Competencies for Entering Medical Colleges. www.aamc.org. Accessed 18 January 2016. Washington, DC: Association of American Medical Colleges.

DuBois J, Burkemper J. (2002). Ethics Education in U.S. Medical Schools: A Study of Syllabi. *Academic Medicine*. 77(5) 432 – 7.

Eckles R, Meslin E, Gaffney M, Helft P. (2005). Medical Ethics Education: Where are We? Where Should We Be Going? A Review. *Academic Medicine*. 80(12) 1143-52.

Kern DE, Thomas PA, Hughes MT, eds. (2009) *Curriculum Development for Medical Education: A Six-Step Approach*. 2nd ed. Baltimore (MD): Johns Hopkins University Press.

Lehmann L, Kasoff W, Koch P, Federman D. (2004). A Survey of Medical Ethics Education at U.S. and Canadian Medical Schools. *Academic Medicine*. 79(7): 682-9.

Paola F, Barten S. (1995) An 'Ethics Gap' in writing about bioethics: a quantitative comparison of the medical and surgical literature. *Journal of Medical Ethics*. 21: 84-88.

Woleben C. personal communication, January 15, 2016.

THANK YOU FOR YOUR TIME

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