Executive Summary of the Committee on Ethics and Professionalism

April 12, 2013

Members of the Committee included: Kelly Edwards, co-chair, Raye Maestas, co-chair, Sheida Aalami, Rick Arnold, Jeffrey Cory, Denise Dudzinski, Gino Gianola, Shelley Golard, Molly Jackson, Tanya Leinicke (AK), Kate Mulligan, Mike Mulligan, Daniel Oh, Peggy Schlesinger, Jared Strote, Diane Timberlake, Ben Wilfond

The Ethics and Professionalism Committee met 5 times between January 25, 2013 and April 9, 2013.

The Ethics and Professionalism Committee was asked to develop recommendations related to curricular approaches to medical ethics for patient care and medical science and approaches to fostering desirable professional attributes among medical students using an integrated approach throughout the School of Medicine curriculum. The committee was asked to consider the following responsibilities:

• Critically assess UW School of Medicine’s curricular programs that currently work well in education related to ethics and professionalism and those programs that either need improvement or should be terminated, including justification for any such recommendations.
• Recommend new programs and/or approaches that will advance and improve education in ethics and professionalism, including justification for any such recommendations, while acknowledging the needs and demands of the additional areas identified as priorities within the School of Medicine curriculum renewal. This is to include assessment of the financial needs of programs and/or approaches and justification
• Work collaboratively with the other curriculum renewal committees and the Steering Committee to ensure that education related to ethics and professionalism is an integral, integrated and vital part of the UW School of Medicine curriculum.

The committee divided into 3 subgroups to efficiently gather and review the necessary information to respond to this charge. The subgroups focused on:
1) Existing Curriculum and Student Input,
2) National Guidelines and Competencies, and
3) Review of other Schools,

The subgroups reported back to the full committee for more in-depth discussion and two interim reports were made to the steering Committee on March 1st and March 22, 2013.

Rationale for Goals and Recommendations:

Students must be welcomed as members of the medical profession and its culture from the beginning and we must continue to explore how to do it meaningfully. For example, we
must eliminate the college undergraduate climate that exists in the first two years and
engage students in early meaningful clinical experiences as they develop their professional
identity. We must nurture the ‘innate’ morality or values students have at matriculation
that are in harmony with the values of the profession and provide them the ‘anthropologic’
tools to explore and thrive in the culture of medicine. We must challenge ourselves to rise
to our best professional selves modeling humility, honesty, integrity, respect,
responsibility, altruism, flexibility, and caring and compassion as we strive for excellence.

The committee concluded, after reviewing the data that came forward from the three
subcommittees, that our current educational system is undermining ethics and
professionalism education. We have a system and a trajectory for students that creates
cynicism and undermines the limited formal curriculum that exists. The power of the
negative informal (hidden) curriculum is often more powerful than the positive explicit and
implicit curriculum. In fact, the students do not have a collective understanding of what
professionalism looks like. It was agreed that we need more coherence and transparency
in content and approach to effect the cultural change that is necessary to inculcate in
students and faculty alike the desired values and behaviors of the medical profession.

Executive Summary:
The following report summarizes the major goals and the recommendations put forward
by the committee to meet these goals.

The goals of an ethics and professionalism curriculum:

• Cultivate the capacity and skills essential for professional formation at each stage of
development, primarily focused on the practice of how to think deeply about ethical
and professional issues. The tools required include reflection and deliberation.

  Recommendations:
  Introduce foundational ethical and ‘culture of medicine’ frameworks
  and approaches including language, school policies, and fixed rules, e.g.
  HIPPA, PHI, access to patient information, confidentiality, from the very
  beginning in immersion experiences, in the longitudinal clinical
  experience, and in all integrated courses.

  Familiarize the student with the types of organizational resources, such
  as ethics consultants and ethics committees, professional guidelines,
institutional policies, and federal regulations that clinicians can turn to
when facing challenges over the course of their career.

  Provide students with a toolbox for approaching difficult decisions with
a range of approaches depending on what the situation requires (legal
frameworks, risk/benefit analysis, virtues, case- based reasoning).
Build opportunities for students to recognize and reason through case-based scenarios (ideally derived from real clinical experiences encountered in the longitudinal foundations experience) and encourage the learners to explore dimensions of uncertainty, complexity, conflicts, consequences of action and inaction, responsibility and action. Challenge students to utilize these approaches in a variety of settings, classroom, ambulatory clinic, small group discussion, etc.

- Provide a well mapped and transparent curricula so that faculty and students know where topics and skills will be taught.

Recommendation: Identify an overseer of ethics and professionalism who has the expertise, time and resources to monitor the curriculum and collaborate with other faculty to develop and integrate learning opportunities across the entire 4-year curriculum.

- Emphasize that the patient is always at the center beginning with the first day of medical school and ethics and professionalism issues are always present in patient care. Incorporate humanities into the curriculum as both a tool to shape capacities as well as an inherent value in the work of caring for patients and in becoming a clinician. Recognize and reinforce that humanism is life giving to patients AND providers.

Recommendations: Create opportunities to remind students and faculty of the important values and skills that we have to bring to the individual patient encounter.

Develop case-based teaching where complex and nuanced features of providing care to people in the context of their lives come alive for students, residents and for faculty and where humanism (including care giving, empathy, recognizing the human moment before you) is an important central touchstone in the delivery of care.

- Develop faculty skills and resources so that teachers can provide authentic, high quality educational experiences with energy, enthusiasm, and commitment. Teachers may include faculty, residents, and students.

Recommendations: Provide faculty time and tools to connect, converse and collaborate on case development and approaches to teaching in an integrated fashion.
Faculty development can occur through case development and discussion within collaborating units who will be teaching together. Engaging faculty in cases is the way to engage them in the passion and the importance (curiosity, interest). This could be done on a course/clinical rotation basis – developing the courses together makes the learning happen.

- Construct the curricular phases to utilize and optimize near-peer teaching at all phases. Mixing novice learner with learners at higher developmental levels allows for contextual and constructionist learning within the discipline of medicine. This type of learning also adds authenticity and validity to the junior students’ learning.

**Recommendations:**

- Provide elective credit to senior student as teachers, at intersessions or other times. Recognize that students learn and advance their own professional development by teaching and this justifies elective credit earned.

Consider a structured activity where junior students and senior students engage in an iterative process of reflection writing and sharing within which progressive deepening of ‘discourse’ takes place. Give elective credit to students at both levels, or elective credit for senior students if junior students are participating as part of a required course.

- Promote a culture of inter-professional collaboration and teamwork where every member of the health care team is respected and valued for their unique role and contributions.

**Recommendation:**

Create curricular opportunities where medical students and students of other health disciplines come together in simulation settings or clinical settings to work as members of a health care team, to learn together, to learn from each other and to explore ethical and professional dimensions of health care delivery and teamwork.

- Promote a culture of professionalism and capitalize on the richness of clerkship experiences for overt professional development by recognizing the power of the hidden curriculum, making the hidden curriculum visible and helping students navigate and utilize this experience for their development.

**Recommendations:**

- Institute weekly debriefings about hidden curriculum on the wards—what did you see this week? This promotes culture change through conversations with faculty, residents and students in attendance. The
stated faculty goal would be to development capacity in listening and learning and not jumping into defensive and/or dismissive modes.

Institute reflections on the importance of team based care and that each member is essential – humility and recognition is essential. Everyone is taking care of the patient. Teammates are resources.

Institute reflection exercises, e.g. Student rotating in ER could be asked to write a 500-word essay about an experience they had in the emergency department that brought up an ethical or social issue.

Build in time to promote resiliency in all learners. Even in days of crisis patient care, time taken to acknowledge challenging or difficult experiences can make a profound difference in how the learners interpret and grow from that experience.