



Engaging Tomorrow's and Current UK Healthcare Practitioners in Clinical Ethics Education

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Clinical Ethics: The UK Context

- Champions
 - Nuffield Council on Bioethics ‘rapid access and advice’ (2007); UK CEN ‘Moral body, decisions, and duty of care’ (2014); Royal College of Physicians ‘need for ethics support wherever healthcare is provided’ (2005); Care Quality Commission
- Education
 - Current, senior healthcare professionals have not received such in depth ethical training as today’s medical students (Demir & Büken, 2016)
 - Lack of ethical and legal training available once doctors qualify (Guillemin et al., 2009)
 - *‘the hard reality is that much education in clinical ethics occurs without significant institutional support or resources’* (Agich, 2013; UKCEN, 2014)
- Support
 - Reported decrease in clinical ethics committees registered with UK CEN (Austin, 2018)
 - Not legal requirement for NHS hospitals to have clinical ethics support available (Magelssen et al., 2016)
 - Grassroots, voluntary system, goodwill of enthusiasts (UKCEN, 2014)

Why Teach Clinical Ethics?

- Combines theory with practice
 - *‘theoretical ethics, though important, needs to be augmented by the honing practical skills in handling the unique ethical problems arising in specific patient care settings’* (Agich, 2013)
- Complements wider learning
 - *‘medical ethics and law teaching is a required element of the medical undergraduate curriculum, there is a need to ensure that theoretical knowledge is translated into relevant decision-making skills.’* (Johnston et al., 2012)
- Supports the application of learning
 - *‘medical students struggle to apply such knowledge of ethics to particular clinical cases’* (Myser et al., 1995)
- Positive student experience
 - Simulated clinical ethics committees (Johnston et al., 2012; Rostain & Parrott, 1986)

Why Teach Clinical Ethics?

- Challenges ‘ethical erosion’
 - Medical students’ capabilities to identify and manage ethical dilemmas as they progress throughout training (Johnston et al., 2012)
 - Lack of time for reflection and a focus on scientific medical knowledge (Johnston et al., 2012)
- Support professional development
 - Clinical ethics education to develop awareness, skills, and attitudes for medical students and qualified doctors is essential and urgent (Royal College of Physicians Report, 2005)
 - Given the present social and political conditions, healthcare workers are in danger of losing their capacity for moral sensitivity (Vetlesen, 1994)
 - Students can confuse technical facts, personal opinions, personal or professional values, or clinical consensus with reasoned argument and justifiable clinical ethical decision-making’ (Myser et al., 1995)
 - Students establish the foundational behaviours of professional practice (Ediger, 2015)
- Sustainability of clinical ethics support
 - Encourage future doctors to join a clinical ethics committee
 - Establish clinical ethics support services

Panel Presentation: Overview

- Various stages of designing and delivering clinical ethics educational activities within our UK schools
- Outline our reasons, aspirations and justifications for introducing clinical ethics education into our UK ethics, law and professionalism curriculums
- Share our experiences and/or draw on student feedback
- Consider the benefits to students, qualified healthcare professionals, patients, and healthcare organisations arising from clinical ethics education in the UK
- Raise concerns for, and identify needs from healthcare organisations as a result of introducing clinical ethics education within our UK schools

Laura Machin, Curriculum Lead for Professional Practice Values and Ethics, Lancaster Medical School

USING CASES AND FRAMEWORKS TO TEACH CLINICAL ETHICS

Lancaster Medical School Clinical Ethics Strand

- Year 1
 - Decision Making Workshops
 - Introduced to clinical ethics (brief history, current state in UK, what it is, purpose, UK CEN, Committees)
 - Introduce ethical frameworks (Four Principles and Four Quadrants), provided with scenarios (from UK CEN), worked through in pairs, with clinical and academic facilitators
 - Maps on to wider learning (Four Principles and Four Quadrant as PBL learning objectives and recommended resources, and lectures)

Lancaster Medical School Clinical Ethics Strand

- Year 3
 - Case Analysis Coursework
 - Identify and describe scenario witnessed during clinical practice
 - Choose and explain a framework (Four Principles plus Scope, Four Quadrants, Core Values Compass/Grid, Seedhouse Grid)
 - Apply one framework to own scenario
 - Decide course of action based on application of framework to scenario
 - Reflect on action proposed
 - Safe guarding, whistleblowing, professional and legal guidance
 - Supported through two workshops, handbook, previous students' scenarios, recommended resources, discussion forum
 - Maps on to wider learning (Seedhouse Grid in PBL learning objectives and recommended resources)

Lancaster Medical School Clinical Ethics Strand

- Year 5
 - Clinical Ethics Forums
 - Medicine, (Masters) Social work, and (Doctoral) Clinical Psychology students
 - Share cases witnessed during placements
 - Choose a case and choose a framework (Four Principles and Four Quadrants, Seedhouse Grid, and C.A.R.E)
 - Discuss the case/s using the framework
 - Offer guidance to student presenting the case
 - Reflect on the case, using the frameworks, participating in MDT discussion around ethical cases
 - Supported by practitioner and academic facilitators

Ethical Cases

- Why use students' cases?
 - Unresolved ethical dilemmas encountered by students may erode their ethical principles and 'ethical self-identities' (Johnston et al., 2012)
 - Bring ethics concepts to life as students struggle to understand the moral implications of what they are experiencing (Musick, 2000)
 - May give the students greater confidence and skill in being alert to, understanding, and sensitively acting upon what they experience in their medical training and later in practice (Musick, 2000)
 - Students will gain practice in moving from the particular situation to general principles and applying what they know about ethics to guide them in their professional and personal lives (Musick, 2000)
 - 'Experiential' curriculum and creating a sense of comfort with everyday ward ethical issues (Silverman et al., 2013)

Ethical Frameworks

- Why use ethical frameworks?
 - Serve as an action-guide for ethical decision making in clinical practice (Myser et al., 1995)
 - Offers a strategy for clinical ethical reasoning that can be readily taught and grasped by students and medical practitioners (Myser et al., 1995)
 - Enable students to systematically analyse and manage the clinical ethical aspects of their clinical practice (Myser et al., 1995)
 - Systematic fashion within a structured format, and build ethical reasoning skills (Silverman et al., 2013)
- Choosing ethical frameworks
 - Chose frameworks that allow both clinical and classroom educators to be involved in the teaching of ethics (Ediger, 2015)
 - Encourage the translation of ethics knowledge onto the ward (Mills & Bryden, 2010)
 - Progression (e.g. Seedhouse Grid, C.A.R.E), relevance (e.g. Core Values Grid), real life application (Four Topics)

Using Cases and Frameworks to Teach Clinical Ethics

- Practical component
- Real life application
- Applying the tool to own scenario
- Learn, understand, and retain
- Generates current and future engagement with clinical ethics
- Critique

Teaching Clinical Ethics to Equip Tomorrow's Doctors for Practice

- A 'tool kit' for clinical decision making
- Promoting decision making around ethical challenges
- Developing decision making skills and abilities around ethical challenges
- Appreciate the difficulty in decision making
- Examining own and others' decision making

Teaching Clinical Ethics to Develop ‘Ethical’ Practitioners

- Ethical awareness

- “Being able to explore a situation you were in in such depth and for me realising there was a lot more depth to the scenario than first thought” (16/17)
- “I enjoyed applying the ethical tools the most as it made me think in a way I normally wouldn’t” (14/15)
- “I enjoyed applying the tool to my scenario and seeing different things which I wouldn’t have normally seen” (13/14)
- “greater awareness of ethical dilemmas/scenarios within the clinical setting” (13/14)
- “I found it challenging to think of a scenario. I felt like I hadn’t seen many ethical situations in clinical practice” (15/16)
- “finding a scenario that was a genuine ethical dilemma. Rarely does something morally questionable happen” (13/14)
- “It has made me more aware of ethical scenarios that I face in hospital” (14/15)

Teaching Clinical Ethics to Develop ‘Ethical’ Practitioners

- Ethical sensitivity
 - “helpful in terms of thinking about ethical scenarios that I have encountered in hospital etc. Often don’t necessarily take the time to think about them and about how they could be resolved in the future” (15/16)
 - “helps in terms of placements as it opens your mind up a bit more” (15/16)
 - “The coursework made me think about the ethical consequences of my actions on placement” (12/13)
 - “I will try to reflect more on my observations in hospital, community e.g. was a consultant’s clinical decision/behaviour appropriate in a certain situation” (12/13)
 - “opens your eyes to all ethical dilemmas that you may not have seen before” (15/16)
 - “made me realise how open ethical situation is to being interpreted differently” (13/14)

Teaching Clinical Ethics to Develop ‘Ethical’ Practitioners

- Ethical practices
 - “I hope it will assist me in making ethical decisions in the future” (15/16)
 - “Helps to consider my personal ethical perspective and how I aim to be once I begin practise” (15/16)
 - “I think looking at ethical situations that are commonplace in clinical settings can go a long way to informing my practice and ethical decision making further down my career” (14/15)
 - “Feels mainly applicable to clinical work. Stimulates thought-processes whilst on placements and helps students to question proceedings” (14/15)

The Realities of Clinical Ethics in the Organisation?

- The Importance of the ‘Everyday Ethics’?
 - “very applicable, we encounter similar issues on the wards and in clinics. The dilemmas are not always big but they are important for those involved with the care and the patient” (12/13)
 - “has given me more of an appreciation of how ethics comes into all clinical decision making and all those aspects need to be considered in all environments” (13/14)
 - “thinking more about the ethics of everyday scenarios” (12/13)
 - “finding a scenario since it took a while. I think it depended on which rotations you had seen so far” (15/16)
 - “I found finding a scenario very stressful and difficult given the rotations I had done” (15/16)

The Realities of Clinical Ethics in the Organisation?

- Prepared for practice?
 - “It was good to have the opportunity to use an ethical tool in practice and on a scenario that I witnessed. We will have to do this all the time as doctors, so it was a good start” (12/13)
 - “applying the ethical tool to the scenario, don’t often get to do that so it is interesting” (14/15)
 - “I do not think that people analyse scenarios in this nature, it is more guideline orientated in practice, either you can do something or you can’t” (15/16)
 - “I enjoyed critically appraising a scenario that I saw with a proper ethical tool as opposed to the quick value judgement you give it in the clinical setting” (14/15)

A Need for Partnership in Teaching Clinical Ethics

- Role modelling significant influence (Paice et al., 2002; Cordingley et al., 2007)
 - “it makes me consider the ethics of everyday things a lot more and wonder if some of the situations you see on the wards were analysed using an ethical tool would the outcome be the same as the ones that are taken clinically” (12/13)
- Clinical Ethics at the Bedside (Pellegrino, 1988; Sokol, 2010; Mills & Bryden, 2010)
 - “I think that it would be useful to do 10 minute presentations instead...*I feel that ethics is better spoken about and discussed...a 10 minute presentations in front of a panel would have still taught me what I needed to know* without spending hours on trying to write about them” (15/16)
- Honesty & lifelong learning opportunity (Heard et al., 2001; Paice et al., 2002)
 - A willingness and open mind to learn from tomorrow’s doctors
 - In the UK, they are securing the future of clinical ethics in the UK
 - Inform practices and influence the culture within the NHS (Mills & Bryden, 2010)



Lorraine Corfield, Healthcare Law and Ethics Lead, Keele Medical School

USING AN ON-LINE CASE DISCUSSION TO TEACH CLINICAL ETHICS

Who is involved in the online ethics learning?

- 400 to 500 students on undergraduate healthcare degrees at Keele University, UK
- Schools of Medicine, Pharmacy, Nursing (and Midwifery) and Physiotherapy
- 1 to 2 facilitators/supervisors from each school (6 in total)
- IT support
- Contact with the developer of the software used (David Seedhouse)

How does it work?

- Software used is commercially available ('The Values Exchange')
- Adapted for our needs to some extent
- Students divided into IPL groups 10-12 per group
- Each group has a supervisor from the teaching faculty

- 3 parts
 - Case with a specific ethical question: students work through **individually** and answer ‘yes or no’ giving details of their reasoning
 - Discussion board for each group: students discuss the case and can upload relevant material
 - Written work: as a **group** answer 3 to 4 questions about the case

Case example: working as a multidisciplinary team

- 14 year old with cystic fibrosis had a distressing death on the ward from respiratory failure while her parents were at a funeral
- They have asked to meet the team specifically to discuss whether her death was peaceful
- The student IPL group must work as an MDT to decide what to tell her parents

Reasons

It's proposed that a baby box should be made available in each major city in our nation



Reactions



BASICS

SUBMIT



BABY BOXES: Rejection or Protection? (PRACTICE CASE)

Boxes where parents can leave an unwanted baby, common in medieval Europe, have been making a comeback over the last 10 years. Supporters say a heated box, monitored by nurses, is better for babies than abandonment on the street - but..more

It's proposed that: a baby box should be made available in each major city in our nation

Do you agree with the proposal?

- I Agree
- I Agree Strongly
- I Disagree
- I Disagree Strongly

Who matters most?

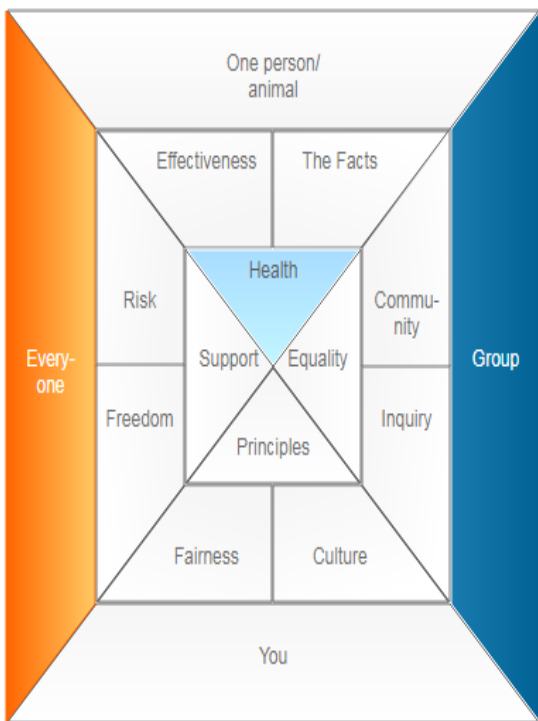
- You
- No-One In Particular
- Everyone
- Your Institution
- A Group Of People Or Animals
- One Individual (Born Or Unborn)

Who?

Baby

CHAT

REASONS

SUBMIT

Click on your selected tile to answer questions

Clear all

Clear tile

Everyone

How should things improve for everyone?

- Better quality of life
- Better safety
- More knowledge
- Better health
- Reconciliation
- More wealth
- Something else

General Ideas and Comments

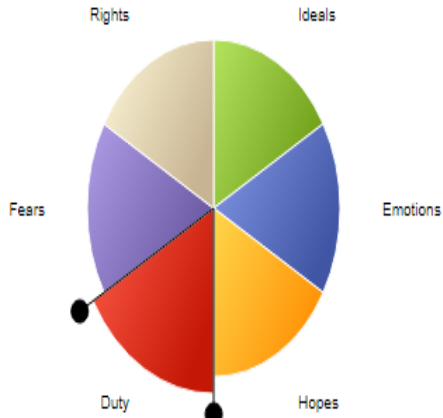
What's on your mind?

CHAT



REACTIONS

SUBMIT



Add & Remove Ideas

Click on your selected wedges to answer questions

Ideals	Emotions	Hopes
Duty	Fears	Rights

1. What is the main duty in this case?

- Obeying the law
- Protecting people
- Protecting animals
- Keeping promises
- Being truthful
- Giving what is deserved
- Helping people who need it
- Other duty (write it)

2. How confident are you that this duty is achieved by the case proposal?

- Extremely
- A lot
- A little
- Not at all

Duty

Duty of care to baby



Discussion Board

- Case closes and board opens
- Discuss case
- Can access data from entire 400+ cohort if wish
- Refer to professional guidance from Royal Colleges
- News articles/journal articles
- Monitored by supervisor but contributes only if a student makes a clearly incorrect posting (usually legal point)

Written answers

- What was decision of the MDT?
- How was this reached?
- What did you use to support your decision?
- Were there individuals with differing opinions-how was that approached in the group?
- Feedback on written answers provided by group supervisor

Student Feedback: 3 years (581 students 2016-2018)

Statement	% Response with positive agreement ('Agree' or 'Strongly Agree')
The online learning resource adds an additional dimension to developing ethical reasoning skills	72%
Completing the case helped me to explore the ethical issues in depth	71%
The discussion board allowed me to explore the ethical issues in depth	65%
The online tool is a suitable format to learn alongside students from other disciplines	64%
Completing the online IPE process has raised my awareness of the views of other professionals	69%

Positive Feedback

- *“...helps you appreciate the importance of multidisciplinary team working when caring for patients”*
- *“...challenging and explores views of other healthcare professionals. It also improves your negotiation and communication skills”*
- *“...allowed me to see things from other professionals’ point of view”*
- *“Excellent for reflecting on the opinions of others and exploring new ideas. It also addressed topics that may be encountered in future practice”*
- *“Encourages debate in a safe environment where you can think about what you want to say”*

Negative Comments

- Some students did not like online discussion- stated would have preferred face to face
- Concerns when the entire group did not participate

From a faculty perspective...

- Excellent opportunity to work with colleagues from other schools
- Shared ethics teaching between faculties
- Significant financial outlay
- Significant time needed from faculty

- Difficult to find a mutually convenient time period for all student disciplines
- Difficult to agree on process for non-contributing students

In summary

- Good way of delivering ethics IPL to a huge number of students
- Student feedback generally positive and improving with time
- Allows the quieter student to have a voice
- WHO 1988: IPL engenders better clinical team working-we hope we foster this with relevant cases in an MDT setting
- Caveat: such an MDT approach to ethical conundrums is not always readily available in UK practice, but perhaps if the students have done this as an exercise they will actively set up such a meeting as needed

With thanks to

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- Maria Allinson (School of Pharmacy)
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- Carole Watkins (School of Physiotherapy)
- Pete Lonsdale (IT support)



Angela Smith, Healthcare Law and Ethics lecturer, College of Human and Health Sciences, Swansea University

THE WAY FORWARD IN SWANSEA

Proposal to teach Clinical ethics

- Established link with Laura Machin at 2018 ICCEC conference in Oxford
- Currently involved in Clinical Ethics Committee - involvement of Swansea Bay University Health Board and Swansea University. Made up of Medics working within SBUHB and Academics working in SU
- Advise on Clinical ethics issues
- Ethics teaching embedded within some healthcare programmes at SU but generic and linked to basic elements of Ethics. Small group work takes place, again for some programmes but not on an interdisciplinary basis
- No teaching at present to Medics/Other healthcare professions at SU to develop future clinical ethics decision making

Swansea University

- School of Medicine:
- Graduate Entry Medicine, 4 year course, leading to MBBCH, 70 new entrants pa
- Physician Associate, 2 year course, leading to MSc/PGDip, 20 new entrants pa
- College of Human and Health Sciences:
- Nursing (Adult, Mental health, children), variety of Full time, part time, UG and PG courses based at 2 sites (30 miles apart), approx. 400 new entrants pa
- Midwifery, 3 year course, approx. 40 new entrants pa
- Osteopathy, 4 year Master programme, approx. 40 new entrants pa
- Social Work, 2 or 3 year course (UG/PG), approx. 70 new entrants pa
- Paramedic Science, currently 2 year leading to HEDip, approx. 70 new entrants pa
- Variety of other UG/PG courses for HCP's e.g. Community nursing qualification, Certificate in Maternity Healthcare

SU specific

- Important to consider at the outset, and we are currently only in the planning stage:
- The characteristics of the students i.e.
- What courses? What level? What is needed? How long is the course?
- Characteristics of staff i.e.
- Willingness to engage? Willingness to give up space within their programme? Their knowledge of their students? Their knowledge of the curriculum requirements?
- Characteristics of the organisation and its processes and procedures i.e
- Is there scope within the agreed curriculum to develop this learning? Is there willingness by Heads of Departments to allow facilitation of this learning? Are resources available?

How will it work – key points determining SU implementation

- Currently there is limited contact between Medical School and CHHS – so initially focus on CHHS with a view to develop in time
- No new money or staff being provided – need goodwill of staff therefore to provide time
- Large numbers of students on a variety of programmes – who to focus on – again, start small so rule out nursing students immediately and focus on small cohorts where established working relationships already exist
- Programmes – need to keep simple at start for administration purposes so focus on cohorts where degree level and at least 3 year programme

How will it work

- Myself and a colleague are keen to make this work so are willing to set it up
- Backed by our Head of Dept
- Decided that will look at face to face contact as this will require less setting up/financial implications and we have control but will also implement some elements through online learning (initial reading for preparation purposes)

How will it work?

- Paramedic science –currently 2 year programme, w.e.f 2020 this will become a 3 year degree programme
- Aim to recruit approx. 70 students pa;
- Social work, currently 2 year Masters PG course and 3 year Undergraduate course, will focus on UG programme
- 40 students approx. p.a.;
- Osteopathy – 4 year Masters programme, most teaching years 1-3
- Approx 40 students pa

How?

- Broad aim at moment is to teach 4 principles in year 1 and then to have small groups bringing their own dilemma's for discussion in small groups;
- Year 2 – To include online materials illustrating the 4 principles as a recap and introducing Quadrants, Seedhouse grid, C.A.R.E and Core values (not yet finalised as to what exactly will be used here) and then Small groups asking to again bring own ethical dilemma's for discussion using these materials
- Year 3 – CEF's incorporating Small groups from Paramedic science, Social Work, Osteopathy

Why?

- Slide 2 – Referred to existing HCP's not trained ethically in the same way that new HCP's are being educated in ethics – e.g. of this:
- GP in practice for 40+ years said not his job to inform somebody they are dying

Why?

- Slide 2 – That once HCP's qualify they do not use or receive additional training in ethics – e.g of this:
- Student nurse came up to a colleague last week who gave a lecture on the 4 principles and she said how much she enjoyed it but had already been told in practice not to bother with all that

Why?

- Slide 2 – Most ethics taught without support or resources from institutions - e.g. of this:
- This will need the goodwill and support of myself and my colleagues to implement

Why?

- Without ongoing training in ethics, focus is on treatment of patient, lack of ongoing awareness and importance of this and that treatment also requires ethical consideration for all staff working within healthcare - e.g's of this:
- Medical student (now qualified) anecdotal report "S... hated all that stuff in uni, she never used to go";
- So many students have said to me "That's not my job, somebody else should do that" when referring to telling somebody bad news

Why?

- In truth, it's all HCP's jobs to work together to communicate with patients and their families and to work as a multi – disciplinary team
- As a HCP educator, feel it is also my job to contribute to that
- From small acorns grow large trees



Engaging tomorrow's and current UK healthcare practitioners in clinical ethics education

PANEL AND AUDIENCE DISCUSSION