

IME Institute Medical Ethics



Proposing a Minimum Medical Ethics and Law Curriculum for Foundation Doctors

Dr Laura Machin, Dr Clare Lavelle, Dr Natalie Latcham, Dr Richard Williams, & Ms Lorraine Corfield





- Share findings from an online survey with Foundation Doctors (FDs) conducted between Feb and March 2018
- Research governance requirements were met
- Provide insight into the medical ethics and law (MEL) challenges that FDs face
 - What they would like to receive training on during their
 Foundation training to help support them in their current role
- Propose a minimum MEL curriculum for FDs
 - Outline some of the key topics for FDs to receive training on during their two years after graduating from medical school
 - Discuss some of the practical considerations and pedagogical challenges
- Concluding remarks for further discussion



A Need to Focus on Foundation Doctors

- Research highlights the multiple roles that FDs play predisposes them to a unique set of MEL issues (Chamsi-Pasha et al., 2016)
 - transitioning from student to professional (Kirkham & Baker, 2012), both clinician and learner (McDougall & Sokol, 2008)
 - FDs experience MEL issues differently to that of medical students and more experienced junior doctors due to position in organisation and medical hierarchy (McDougall, 2008), and the transient nature of the Foundation Programme (Christakie & Feudtner, 1997; Mumford, 1970).
- Dearth of MEL resources available dedicated to meeting FDs' needs
 - Tended to address medical profession as a whole or combine FDs with that of medical students (Chamsi-Pasha et al., 2016; McDougall, 2008)



A Need for Medical Ethics and Law Training Beyond Medical School

- PGs educators report stark variability in MEL knowledge among FDs (Sokol et al., 2010)
- Junior doctors reported by senior clinicians as slightly underprepared to face medico-legal and ethical issues (Matheson & Matheson, 2009)
- Foundation Doctors (FDs) have trouble dealing with medical ethics and law (MEL) issues they encounter in practice (Illing et al., 2008; Matheson & Matheson, 2009; O'Neill et al., 2003; Shibu et al., 2008; Vivekananda-Schmidt & Vernon, 2013).
- FDs have difficulties speaking up and taking concerns to senior colleagues, they can lack support from senior colleagues (Goldacre et al., 2003; Paice et al., 2002), and can experience conflicting values when faced with working on the frontline (Benson, 2014).

Contemplating Medical Ethics and Law Training for Foundation Doctors

 One of the four sections within the current Syllabus (2016) for FDs focuses predominately upon professionalism related learning, with ethical and legal issues interwoven

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- Some areas feel more prepared to tackle than others (Benson, 2014)
- Some areas deemed particularly troubling than others
 - end of life care/DNAR orders (Vivekananda-Schmidt & Vernon, 2013)
 - telling the truth to patients about diagnoses and prognoses, and around maintaining confidentiality (Clark, 2001; Green et al., 1996; Koh, 2001; Rosenbaun et al., 2004)
 - informed consent, futile treatment (Chamsi-Pasha et al., 2016)
- Infrequently considered, tended to focus on transition from medical student to FD, and how prepared for practice they are, retrospective approach is applied, with implications for UG

Phase 1: Online Survey



- Content of the survey is informed through multiple sources:
 - BMA Medical Ethics Today Handbook
 - IME proposed upcoming core curriculum
 - GMC Generic Professional Capabilities
 - Issues identified in previous studies on Foundation doctors' MEL needs
 - Key stakeholders: BMA (Julian Sheather), GMC (Sharon Burton, Susan Redward, Colin Melville), HEE (John Spicer, Paul Baker), UK FPO (Foundation Directors), IME (financial support, website presence, larger PG education project)
- Survey consisted of:
 - Medical school, Deanery, gender, stage of training, age, Masters in MEL
 - MEL training as a medical student and Foundation Doctor
 - MEL training would like to receive as Foundation Doctor
 - Three ethical scenarios to examine ethical sensitivity and confidence

Data Collection

- Data collected over 6 week
 period, Feb –
 March 2018
- 479 anonymous responses

 (approx. 3% of all UK
 Foundation
 Doctors)

Variables	Values	Percentages
Gender	Female	64%
	Male	33%
_	Prefer not to say	3%
Career Stage	F1	46%
	F2	53%
	Prefer not to say	1%
Medical School	Non-UK	8%
	Wales	5%
	Scotland	20%
	Ireland	<1%
	England	67%
Deanery	Wales	6%
	Scotland	24%
	England	69%
	Prefer not to say 7	<1%



Results: Topics

- Relevant topics not covered at medical school
 - Some areas relevant to FDs may not be covered at medical school
 - Appear important
 - When and how should these be delivered?

Caveat: Foundation Doctors might not have recognised their own learning under the set categories in survey

	Received training as medical student	Would like training as Foundation Doctor
Sedation	22%	70%
Self-discharge against medical advice	37%	71%
Decision making in emergency medicine	37%	67%



Results: Topics

- Well covered at medical school: less 'wanted' at FD level
 - Some areas appear to be included widely across UG curriculums and Foundation Doctors feel prepared in these areas
 - May be reasonable to omit from FD training

	Received training at medical school	Would like training as a Foundation Doctor
Dignity and patient- centred care	87%	24%
Being honest and accountability	83%	33%

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Results: Topics

- Well covered at medical school but more needed by FDs
 - If a topic is taught at medical school may not be sufficient for Foundation Doctors' needs
 - Maybe about timing of receiving training and applicability for Foundation Doctors
 - Further training is needed in order to build on medical school teaching

	Received training at medical school	Would like training as a Foundation Doctor
Consent	90%	50%
Mental Health	86%	55%
Withholding/wit hdrawing treatment	62%	66%

Medical Ethics and Law Challenges and Training for Foundation Doctors



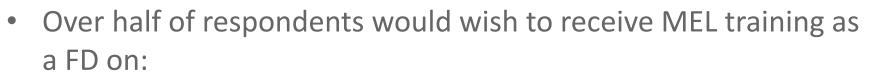
- Over two thirds of respondents would wish to receive MEL training as a FD on:
 - self-discharge against medical advice
 - "Dealing with patients who are discharging against medical advice and the legalities of this" (Female, FY2).
 - Because...
 - "Assessing capacity to self discharge and being doubtful. Being exposed to this with knowledge of only the theory of dealing with this situation, but no practical experience was very difficult" (Female, FY2).
 - "Attempting to assess capacity in fraught situations and not feeling I have the skills to do so in this setting" (Female, FY1)
 - "Whilst we are not allowed to discharge patients we are allow to witness signing of a self-discharge, but it can be challenging assessing capacity" (Male, FY1)

Medical Ethics and Law Challenges and Training for Foundation Doctors



- Over two thirds of respondents would wish to receive MEL training as a FD on:
 - Sedating patients
- Because...
 - "Most of all I wish I was better prepared for the patient kicking off in the middle of the night when there are no seniors around. Do I sedate? How do I sedate? Do I call security? Do I stop them leaving? How do I practically and legally do that?" (Male, FY1).

Medical Ethics and Law Challenges and Training for Foundation Doctors



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- DNACPR orders
 - "Who can fill out a DNACPR for it be valid?" (Female, FY1)
- Because...
 - "End of life conversations DNACPR decisions (although these are always reviewed by somebody senior - it's the initial conversation which is often my role as an FY)" (Male, FY2)
 - "DNACPR decisions when family/patient do not wish to have DNACPR" (Female, FY2).
 - "Feeling that I would like a DNACPR to be put into place for a patient but not knowing how to do that or having senior around to facilitate it being put in place" (Female, FY1).

Proposing a Minimum Medical Ethics and Law Curriculum for Foundation Doctors



MEL Topic	Would like training on topics as a FD	Would like training on topic as a medical student	Received training topic as a medical student
Self- discharge against medical advice	70.73%	17.54%	36.69%
Sedation	70.02%	8.42%	22.37%
DNACPR	63.47%	12.28%	82.33%

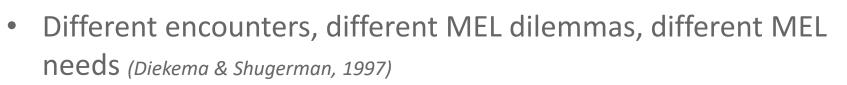
'gathering the perspectives of learners cannot and should not be the sole guide to curricular content, nevertheless it is clear that for teaching to be effective, it must be meaningful – relevant, salient, useful and connected to the ecological experiences of learners' (Roberts et al, 2005)

Proposing a Minimum Medical Ethics and Law Curriculum for Foundation Doctors



- Why is a minimum curriculum needed?
 - Signifies the importance of MEL issues in practicing medicine generally.
 - Highlights and acknowledges the unique position and needs of FDs specifically.
 - Aligns the importance of training FDs on MEL issues with that of teaching medical students

Challenges and Considerations for a Minimum Medical Ethics and Law Curriculum



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- Baseline of MEL knowledge as FDs move from their undergraduate home to Foundation School sites
- National picture, 'local' needs
- Financial, resource, and time constraints

Concluding Remarks



- Managing expectations
 - Undergraduate MEL curricula cannot fully prepare our medical students for all the MEL challenges they will go on to face as a FD and beyond.
 - Medical school provides the building blocks and foundation for FDs, and this learning is developed.
- Revise our perspective of learning MEL
 - Not a one-off event, but needs to be revisited and built upon; training should be timely, appropriate and fitting.
- Working in partnership
 - Undergraduate and Postgraduate MEL training need to be viewed in partnership, with Postgraduate MEL training an extension of the learning the FD acquired during medical school.

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- <u>Coming soon:</u>
 - Proposing a minimum medical ethics and law curriculum for Foundation Doctors
- Out now:
 - An updated medical ethics and law curriculum for medical students, aligned with the GMC Outcomes for Graduates
 - <u>https://www.instituteofmedicalethics.org/website/images/IME_r</u>
 <u>evised ethics and law curriculum Learning outcomes 2019.p</u>
 <u>df</u>