

Session 16. Training Issues for Residents and Students, Part I: Ethical and Professional Conflicts in the Context of Valued Learning Opportunities

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Overview

As outlined by the American Board of Pediatrics,¹ the American Academy of Pediatrics,² and others,³ medical professionalism invokes the principles of honesty and integrity, reliability and responsibility, commitment to lifelong learning, self-awareness, and knowledge of limits.

Professional development in the course of postgraduate medical and surgical training has been provided in the context of progressive independence. Expansion of trainees' knowledge and skills requires this independence, which, when supervised appropriately, is believed to foster the greatest degree of gains in clinical skills and knowledge. In recent years, supervisory requirements and duty hours restrictions evolved from efforts to ensure that the primacy of patient welfare, principally patient safety, was not sacrificed in the course of valued learning opportunities for trainees afforded by this progressive independence.

In this teaching module, we will focus on tensions that arise from ethical and professional conflicts imbedded in valued experiential learning opportunities that approach the limits of the trainee's competence or other boundaries of permissible work.

Instructor's Guide

- Case Summary
- Alternative Cases
- Learning Objectives
- Suggested Reading for Instructor
- Case Discussion
- Conclusions and Suggestions

Case Summary

A 7-year-old with hydrocephalus and a ventriculoperitoneal (VP) shunt presents to the emergency department with headache, vomiting, and a flurry of generalized tonic-clonic seizures. After lorazepam is given, the seizures stop, but the child becomes hypoxic. As a junior trainee, you suspect VP shunt malfunction; your attending physician agrees. The computed tomography (CT) technicians want the patient there now. You would like to

accompany the child in the event that emergency resuscitation is required, because you will be the senior resident on the inpatient service in a few months and could use the experience.

- Should a trainee in this situation ask permission to accompany the patient to CT scan?
- Should you be allowed to participate in a procedure with this level of risk, which may be beyond your level of experience?
- Given the risk of respiratory depression, should you be allowed to go alone with the patient?
- Does it make a difference that you will be the resident on the floor in a few months and could benefit from the experience?

Alternate Cases

1. As a junior trainee, you examine a 5-year-old who fell and suffered a laceration on the face. The laceration needs to be sutured, and your attending physician allows you to do it. You have sutured lacerations before, but never on a child's face. When you tell the child's parent that the cut will need sutures, the parent asks who is going to do it and expresses the desire that the child not "be used as a guinea pig."
 - What do you tell the parent?
 - Do you need to let the parent know that this is your first time doing this particular repair?
 - Do the wishes of the parent override a trainee's need to learn in a teaching hospital setting?
 - If you had not been asked, would it have been your responsibility to inform the parent of your lack of experience?
 - Is supervision by another senior resident acceptable if the attending physician is busy in an emergency?
 - Even if it is your first repair, when asked if you can do it, would you consider saying "yes" to impress an attending physician from whom you might later want a letter of recommendation for fellowship?
 - Would you approach this in a different manner if the child's parent were a relative of your colleague?

2. A 14-year-old with acute lymphocytic leukemia in relapse is transferred to the pediatric intensive care unit with septic shock. During the child's month-long hospitalization, you develop a strong bond with the child and the family. The child is likely dying. You would like to stay after your shift has ended to learn from the attending physician, whose compassionate patient care you admire, ways to be present with the family and things to say during this tragic, distressing time.
 - Should you be involved in this meeting, which will require a significant time commitment, after the end of a shift?
 - If so, should you ask permission first?
 - If participating violates duty-hour rules, should you face consequences?
 - If the attending physician were to suggest that you stay for the purposes of learning and providing support to the family, does this change anything?
 - Would the considerations differ if a trainee wanted to stay after duty hours to take

advantage of a rare opportunity to participate in an unusual and exciting technical procedure highly pertinent to the trainee's future career plans?

Learning Objectives

1. Reconcile potential harm that can come to patients by having less-experienced trainees perform needed procedures with the future good that comes to others from having well-trained professionals and the benefits to trainees provided by challenging experiential learning.
2. Negotiate the potential conflict that arises between a trainee's obligation to be truthful to a patient and the patient's caregivers about the limits of the trainee's experience with the harm and loss of confidence that can result by full disclosure and the loss of opportunity for learning.
3. Discuss whether questions of fairness might lead to additional obligations to families who come from backgrounds that make it difficult for them to understand the competence of trainees or to challenge the involvement of a trainee in their care.
4. Explore the basis for mandated duty-hour limits and reconcile the professional obligation to adhere to these limits with:
 - a. Obligations to patients and their families.
 - b. Obligations to take advantage of experiential learning opportunities that are unusual or unique and highly valued but are not readily available to learners by other means, such as reading or simulated exercises.
 - c. Obligations for self-care that may be met or hindered by participation in learning opportunities after shift hours.
 - d. Risks associated with taking part in experiential learning in a state of significant fatigue.

Suggested Reading for Instructor

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Case Discussion

Case 1

Should a trainee in this situation ask permission to accompany the patient to CT scan?

Yes. In determining a trainee's preparedness to attempt any procedure, the trainee and attending supervisor share the responsibility to review the trainee's background knowledge and experience and assess the condition of the patient and associated risks. The means by which attending physicians and other supervisors take these considerations into account occur in the context of a variety of supervisory styles and involvement in the care provided. These, in turn, are typically based on direct observation of the trainee, the supervisor's underlying degree of comfort permitting independent learning, and other factors.^{8,9,11,14}

Should you be allowed to participate in a procedure that may be beyond your level of competence?

Trainees should not plan to conduct a procedure beyond their level of competence in the absence of direct supervision. In assessing your preparedness to accompany the patient to CT scan, the attending physician should review potential complications and emergency developments with you, in the interest of best care for the patient and as continuing assessment of your readiness. These demands are difficult to meet in all situations when simultaneous emergencies or calls to urgent clinical situations strain staffing availability.

Because there is risk of life-threatening respiratory depression, should you be allowed to go alone with the patient?

If you are assessed by the appropriate supervisor to be adequately prepared to begin emergency interventions and help is available quickly, it may be appropriate for you to go to CT scan alone with the patient.

Does it make a difference that you will be the resident on the floor in a few months and could benefit from the experience?

Anticipating future responsibilities should motivate trainees to put extra effort into mastering areas of learning and clinical skills out of professional obligation to pursue clinical excellence. This trainee's personal goals for learning should not influence the trainee's self-assessment of preparedness and suitability to accompany this patient alone to CT scan, because the patient's safety and welfare are of prime importance. At the core of professionalism is the obligation to place the patient's well being ahead of needs and interests of the health care provider.³

Case 2

What do you tell the parent?

Honesty about proposed treatments is mandatory. Professionals need to be aware that many individuals from populations that have traditionally been underserved by the health care system or experienced oppression by society in general, are likely to feel apprehensive when approached with important treatment proposals or suspicious that they are not receiving quality care.

Trainees are not obligated to volunteer explicit information about their lack of experience but must answer truthfully, if asked. Medical students ought to introduce themselves as student members of the team.

Do the parents or patient have a role in this decision?

Parents have a limited role in deciding how their child's care is delivered in that they can expect that their requests and preferences will be heard, if not fully honored, and they should be encouraged to advocate for the care they feel is appropriate. They are owed a sensitive explanation of the system by which care is rendered, including by trainees in supervision, and, out of respect for their authority, should be offered reasonable alternatives to that system of care.

What is the best compromise concerning training needs and the rights of parents or other family caregivers to expect that their children will receive optimal care?

You should assure the parent that the procedure will be performed under the guidance of an experienced physician and follow through with the promised plan. When parents demand a procedure be performed by the most expert person, the resident trainee could respond: "I will have my attending supervisor here with me for the procedure" or "I understand your concerns and I will bring my attending physician to discuss this personally with you." Your mastery of new skills advances medical knowledge as you become able to teach others in the future but holds no special benefit for the child being treated or the child's family. Likewise, this child and family have no interest in enabling you to perform procedures more skillfully or independently in the future by providing a learning experience. Trainees should be aware of the limitations of their own knowledge and technical skills. If the trainee and supervising attending would not render treatment in the same way for the child of a colleague, the suitability of the trainee performing the procedure on this patient is called into question.

Is supervision by another senior resident acceptable if the attending physician is busy in an emergency?

Even if the senior resident has the competency and willingness to teach the skill, the approval of the attending physician is required.

Even if it is your first repair, when asked if you can do it, would you consider saying "yes" to impress an attending physician from whom you might later want a letter of recommendation for fellowship?

Some trainees may not recognize their lack of expertise and may attempt to undertake procedures beyond their scope of competence. In this case, it would demonstrate a lapse in judgment, limited self-knowledge, and disregard for the welfare of the patient to proceed enthusiastically against a base of no prior experience.

In some instances, displaying to supervisors what could be construed as a lack of self-confidence or, in some instances, even asking for help, could be the basis for less favorable summative evaluation despite the reality these behaviors might represent the most reflective, respectful and beneficent stance by the trainee. The impression that an enthusiastic posture might make initially if you in fact lack the appropriate experience to

perform the procedure could quickly turn negative once the attending learns more about your preparedness.

Case 3

Should you be involved in this meeting, which will require a significant time commitment, after the end of a shift?

Although you might be in a position to advance your learning to a significant extent and provide special support that has meaning for the child, family, and you, fulfilling these duties could also violate the professional requirement to uphold standards of predetermined work limitations. Duty-hour restrictions are intended to enhance patient safety and promote wellness and self-care for trainees. In certain situations, it is possible that the weight given to these relative virtues would favor making an exception to working hour limits because of the importance of the benefits that may result.

Should you ask permission first?

Absolutely. The Accreditation Council on Graduate Medical Education common program requirements recognize that residents may wish to remain beyond the scheduled shift in order to participate in unusual learning opportunities or out of “humanistic attention to the needs of a patient or family.”¹⁵ In these instances, the resident is expected to hand over all other patient care responsibilities, document the reasons for staying beyond duty hours, and submit that documentation to the program director.

If participating violates duty hours, should you face consequences?

If there are consequences established in the training program for violating working hours, a trainee is responsible for knowing them and should be apprised or reminded of them. Trainees are responsible for the actions they take facing difficult decisions to stay after duty hours, regardless of how they value different considerations inherent in the choice.

If the attending physician suggests that you stay for the purposes of learning and providing support to the family, does this change anything?

If the attending physician suggests you stay, the suggestion provides support for pursuing this unusual opportunity to learn highly valued material and meet obligations to accompany the patient and family at this difficult time. At the same time, such a request has the potential to exert pressure on trainees to not appear to be shirking responsibilities or displaying disinterest in the attending physician’s teaching agenda. Attending physicians who violate rules by requesting a trainee to stay past duty hours compromise their status as positive role models.

Would the considerations differ if a trainee wanted to stay after duty hours to take advantage of a rare opportunity to participate in an exciting technical procedure highly pertinent to the trainee's future career plans?

In the previous instance, there was little risk that the trainee’s fatigue would lead to critical errors because the trainee was remaining with the child and family to provide emotional support, learn about the nature of the dying process, and watch a potential role model provide unusual and valued care. If a trainee stayed past duty hours merely to observe, but not participate actively in, an uncommon operation or other technical

procedure, no benefit or harm would come to the patient and family, but potential good could come to future patients for whom the trainee cares. It could place the training program at risk, however, if the violation of duty- hour limitations were discovered. One of the primary rationales for duty-hour restrictions is to prevent medical errors, as strong evidence exists that the judgment and performance of fatigued trainees are impaired. An elevated risk of harm exists from trainees' active participation in procedures after hours, undermining our commitment to nonmaleficence.

Conclusions and Suggestions

Training opportunities in medicine commonly place learners in situations they have rarely or never experienced before. These opportunities arise ideally in well-supervised settings in which the provision of progressive independence is individualized to each trainee's needs and abilities. Professionals have a lifelong obligation to pursue learning and master skills to improve the care they provide. Special opportunities may encroach on the limits of the learner's competency or permitted scope of work. When trainees take advantage of such opportunities without clear permission and close supervision, the primacy of patient welfare may be threatened.

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