2012 SAEM ETHICS CURRICULUM
Module 6: Professional Challenges in the Education Setting

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ACGME EM Milestones:

- *PROF1: (Professional values – putting patient first)*
- *PROF2: (Accountability)*
- *PBLI1: (Teaching)*

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6.1 Student supervision and autonomy
6.2 Procedures on the newly dead
6.3 Mentoring ethics

6.1. Student Supervision and Autonomy

Objectives:

1. Describe the role of residents and faculty as educators.
2. Describe appropriate interactions with students.
3. Describe supervision and autonomy in education.

Case Study 6.1.1: Student Supervision

A fourth year medical student, interested in emergency medicine, is working alongside a third-year resident in August. On a busy shift, there are simultaneously patients requiring suturing, casting, and chest tube placement. A stable and well-appearing young male also is being brought in on a backboard and in C-collar after a low-speed MVA. The resident asks the medical student to "get things started" for the new patient s/p MVA.

Case Study 6.1.1: Questions

1. In the case presented above, what role by the student would optimize both patient care and learning?
2. What procedures/level of patient care are appropriate?

Case Study 6.1.2: Student Supervision

When the resident comes back to see the new patient, he finds that the student has removed the cervical collar, sutured a small facial laceration, and ordered an x-ray of the wrist. The resident re-examines the patient, finds the student's care was appropriate, and the patient is treated and discharged prior to attending evaluation.

Case Study 6.1.2: Questions

1. What are students' limits to practice in your institution?

2. Should consent be obtained from the patient/family if a medical student is involved in care? If so, in what form should this consent be obtained?

3. Should an attending physician evaluate every patient who comes to the emergency department?

Background Information:

Emergency medicine is increasingly a part of undergraduate medical education, and residents as well as faculty find themselves placed in the role of professor, often unexpectedly. The educational benefits of an emergency medicine rotation include diverse patient and disease presentations, high volume of exposure and subsequently increased learning opportunities, observation and practice of varied procedural skills, and appreciation of presenting symptoms. In order to provide competent healthcare, optimize learning, and promote the specialty, emergency physicians must be prepared to provide appropriate instruction. The goal of an emergency physician as educator is to impart knowledge while maintaining quality of patient care.

Medical students routinely perceive positive and negative aspects of emergency medicine. The procedures, the multi-disciplinary approach, the stabilizing of critically ill patients, the broad spectrum of problems, and the diversity of the patient population in EM are all points of interest to students. Students are concerned about the lack of follow-up, pressure/time constraints, managing multiple patients, lack of prior knowledge of the patients, and management of difficult patients in EM. Therefore, residents and faculty should encourage participation in or observation of interesting cases, procedures, or learning points. Simple procedures or diseases, which may seem mundane to an ED physician, may be fascinating to a student. Inviting a student to observe or perform a procedure encourages the student and reinforces the teacher-learner relationship. However, medical students are not qualified to care for patients independently, and procedural competency should be observed. One study demonstrated that only half of procedures performed by students were observed by supervising physicians, with few of

the unobserved receiving instruction. Initial observation and instruction can reduce the potential risk of performing procedures and increase the educational value. Subsequent independence with support further reinforces learning and confidence.

As part of the Hippocratic Oath physicians promise to help impart knowledge on future generations of physicians, and respect for the student aids successful education. While teaching styles are as varied as the physicians who use them, a standard of professional and respectful behavior should be enforced. Demeaning students in order to educate is counterproductive. In addition, while it can be argued that faculty members accept teaching responsibilities as inherent to their employment, residents may have no experience with or interest in teaching. Residencies must address deficit, as the Liaison Committee on Medical Education (the accrediting body for U.S. medical schools) requires "residents who supervise or teach medical students … must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and assessment." Educational seminars on teaching style and appropriate supervision at the institutional or program level may be useful in preparing the resident to function as teacher.

As in all educational relationships, supervision and autonomy must be balanced, and must be shaped by the competence of the student involved. Optimal care and education rely on taking the time to interact with students, gauge their competency, and then give limited autonomy with reinforcement if necessary.

6.2 Procedures on the newly dead

Objectives:

1. Discuss what procedures can and cannot be done in patients who have just been pronounced dead or who are about to be pronounced "dead."
2. Review the ACEP policy and other protocols that may affect the performance of procedures in the ED.

Case Study 6.2.1: Procedures on the Newly Dead

A patient comes in to the ED in PEA cardiac arrest, progressing to asystole. The resident directing the resuscitation is about to call the code when the junior resident asks to float a pacer, "so I can get credentialed."

Case Study 6.2.1: Questions

1. What are your beliefs about trainees doing procedures on the newly deceased?
2. Does it make a difference if there is moderate, minimal, or zero chance that the procedure will benefit the patient?
3. Should consent be obtained from the patient's family? If so, in what form should consent be obtained?
4. What is your hospital's policy on performing procedures on the newly dead?

Background Information:

The primary role of a physician is that of patient advocate and healer. Maintaining optimal patient care in an educational atmosphere is a perennial concern. Admission to a teaching hospital may include consent by patients to be seen by student physicians. In an emergent situation, however, consent is often not obtainable. Debates continue regarding teaching procedures on patients, animals, and the newly deceased, with one recent study reporting that over 50% of surveyed individuals believed that practicing or teaching lifesaving skills on a newly dead body is acceptable, with appropriate consent. The social benefit of educating future physicians competes with concerns for individual patients and emphasis must be placed on supervision and patient safety.

6.3. Professionalism – Mentoring

Objectives:

1. Describe the significance of mentorship in academic emergency medicine.
2. Identify tasks appropriately undertaken by effective mentors.

Case Study 6.3.a: Mentoring

A third year medical student was contemplating the selection of a specialty. As he rotated through several specialties, he was drawn to the specialty of emergency medicine, in part due to the clinical environment and patient mix, but was also heavily influenced by the friendly environment, and effective teachers and mentors in emergency medicine.

Case Study 6.3.a: Questions

1. Should faculty mentors be held to a higher standard of professionalism than students or residents?
2. How much time and effort should mentors devote to their students?
3. Who should initiate mentor relationships: the mentor, the student, the institution, or a professional organization?
4. How can skills such as interpersonal communications and professionalism be effectively taught by mentors?

Background Information

Effective mentorship in academic emergency medicine is crucial to the advancement of emergency medicine as a specialty, as well as to the individuals involved in each mentoring relationship. Most academic emergency physicians aspire to be mentors for a variety of adult learners, including emergency medicine residents, other specialty residents, medical students, and others.

During undergraduate and graduate medical training, clinical skills are taught utilizing a variety of approaches. For example, if a weakness is identified in the management of respiratory failure, the faculty may utilize additional didactic sessions on respiratory failure and its emergency management, make special efforts to teach at the bedside of patients with respiratory failure, provide role models of how to manage respiratory failure, evaluate residents on their knowledge of respiratory failure, and individually counsel residents who are found to be deficient in their knowledge of respiratory failure. The same multifaceted approach should be utilized for other professional skills in medicine, including communication, compassion, honesty, integrity,

altruism, service, commitment, suspension of self-interest, commitment to excellence, authority, and accountability. Residency programs should include didactic teaching, bedside teaching, evaluation of residents, role models, and individualized mentorship as important approaches to teaching these skills. The observation of appropriate skills such as honesty, compassion, and communication, practiced effectively by role models, is crucial to the effective development of those skills by residents.

Students with good mentors are more successful and satisfied with their medical careers, and many academic faculty identify lack of mentoring as an important factor hindering career progress. The current status of mentorship in emergency medicine varies greatly by institution and individuals involved. Some institutions have formal advisor programs, where faculty are paired with students or residents. At other institutions, mentors seek out learners to work with, or learners seek out mentors. Relationships may be structured and documented, or in many cases, relationships are flexible to accommodate individual needs and interests. Mentors may assist learners with such tasks as career guidance, problem solving, interpersonal skill development, residency selection, research interests, academic productivity, or life issues. Many individuals seek out multiple mentors, each with a different mentoring focus.

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