Articles

Description of an Ethics Curriculum for a Medicine Residency Program

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This paper examines the attempts to develop and implement an ethics curriculum for the Internal Medicine Residency Program at the University of Maryland Medical Center. The objectives of the curriculum were to enhance moral reasoning skills and to promote humanistic attitudes and behavior among the residents. The diverse methodologies used to achieve these objectives included case discussions, literature reading, role playing, writing, and videos. These activities occurred predominantly within the forum of morning report sessions and ethics ward rounds. The author also describes efforts to overcome the initial constraints associated with the implementation of this curriculum and concludes by exploring future directions for the curriculum.

(Silverman HJ. Description of an ethics curriculum for a medicine residency program. West J Med 1999; 170:228–231)

The incorporation of medical ethics into the education of physicians has gained widespread acceptance during the last decade. By 1994, medical ethics was part of the required curriculum in every medical school in the United States.[1] Furthermore, the American Board of Internal Medicine makes the teaching of medical ethics a requirement in its published residency curriculum guidelines, and its Internal Medicine Residency Review Committee stresses the importance of medical ethics in the training of compassionate, effective, humane physicians.[2] Teaching medical ethics in postgraduate programs is important for several reasons. First, patient encounters during the residency years provide opportunities to demonstrate the practical contributions of ethics to medical practice.[3] Second, as residency training occurs at a time when individuals are still constructing their attitudes, beliefs, and behaviors, efforts in ethics education may have a profound and lasting impact on residents. Finally, expanding clinical responsibilities during residency training provide residents with numerous opportunities with which to operationalize their knowledge of medicine and attitudes regarding the practice of medicine. Subsequently, these experiences contribute greatly to residents' ultimate practice styles.

The teaching of medical ethics in residency programs may, however, be problematic due to contingencies of structure and constraints on time, funds, and faculty availability. For example, the structure of a residency program may preclude the teaching of a coherent syllabus that builds upon previous presentations, as residents may find it difficult to attend successive sessions. Additionally, the existence of an overcommitted 3-year training period that struggles to accommodate the essential elements in the broad specialty of internal medicine may prevent an appropriate allotment of time to the teaching of medical ethics. The busy time schedules of the housestaff physicians may also preclude meaningful reflection on and exploration of many complex or emotionally charged subjects. Finally, faculty availability may be an issue due to either the lack of funds or the unavailability of individuals with the proper expertise to teach medical ethics (eg, physicians with formal training in ethics or philosophers with clinical exposure).

Another important issue involves adopting goals for an ethics curriculum, which in turn will determine course content and pedagogical methods. For example, curricula embracing goals centered on enhancing knowledge and moral reasoning skills will consist predominately of large-group presentations and small-group case discussions on traditional topics (eg, ethical theories, moral principles, codes of medical ethics, confidentiality, and euthanasia). Alternatively, curricula may move beyond this traditional model with the aim of promoting humanistic qualities and behavior. Such curricula have incorporated literature, art, film, and writing to stimulate discussions and enhance reflection, as well as the use of role-playing sessions to strengthen interactional skills.[3–5] Recently, commentators have explored the different

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goals and methodology being embraced by medical ethics curricula.[1,6] To add to the continuing discussion on teaching medical ethics in postgraduate education, I describe herein the ongoing process of instituting an ethics curriculum in the Internal Medicine Residency Program at the University of Maryland Medical Center.

Description of Curriculum

Curriculum Goals

The enhancement of moral reasoning skills as well as the promotion of humanistic attitudes and behavior were the broad objectives that motivated the development of a medical ethics curriculum for the residency teaching program. The specific goals were:

1) Introduce to residents *basic concepts* in ethics, such as autonomy, determination of competence, the ethics of surrogate decision making, forgoing of life-sustaining treatments, and futility.

2) Enhance the ability of residents to *recognize and appreciate* the ethical dimensions of clinical practice.

3) Increase the ability of residents to *analyze and formulate* well-reasoned positions (ie, to place more emphasis on the process of moral deliberation rather than its conclusions).

4) Promote the *interaction skills* necessary for carrying out ethically sound medicine.

5) Enhance humanism among the residents by conveying to residents the *attitudes, values, and behaviors* needed to deliver care in a compassionate and caring manner.

Faculty

Funding (10% salary support) was made available to the author, an internal medicine faculty member with an MA in bioethics, to develop an ethics curriculum in the Internal Medicine Residency Program.

Curriculum Structure

Several constraints of the residency program were considered in developing the ethics curriculum. First, the structure of the residency program precluded the availability of block time to offer a core curriculum to which every resident in the training program would be exposed. Second, a separate time period was not available to introduce yet another lecture or conference into the residents' busy schedule. To overcome these constraints, the Internal Medicine Residency Program director and the chief residents sanctioned the availability of a monthly morning report conference to the ethics curriculum. Implementation of monthly ethics ward rounds on each of the medical wards was also approved. Finally, a 2- or 4-week ethics elective was made available to the residents. Within the structure of morning report, ethics rounds, and the ethics elective, different pedagogical methods were used to achieve the goals of the ethics curriculum.

Morning Report Conference

On a monthly basis, the author engaged the residents (approximately 15–20) in a 1-hour discussion on medical ethics issues, using one of the following teaching methods:

Case method. Predetermined cases that highlighted specific ethical issues (eg, cases from ethics committee files or publicized court cases such as *in re Conroy,* 98 NJ 321 486 A 2d 1209 [1985] and *Cruzan v Director, Missouri Department of Health,* 110 S Ct 2841 [1990]) were used to stimulate discussions. Cases were selected ahead of time, and active discussion was encouraged. Topics discussed at these sessions have included concepts, policy, and practical issues related to advance directives, surrogate decision making for incompetent patients, competency assessment, brain death, assisted suicide, and forgoing of life-sustaining treatments.

Journal Club. Articles from medical journals were also used as triggers for discussions. The journal club discussions were frequently led by residents taking the ethics elective. The distribution of medical ethics articles obtained from prestigious medical journals (eg, the *New England Journal of Medicine*) may promote the perception that discussion of ethical issues is important. Topics and associated articles reviewed have included the costs of administering "futile" treatments,[7] disability determination,[8] the notion of noncompliance,[9] and rationing.[10]

Videos. Discussions on managed care were triggered by viewing segments from the video *Your Money and Your Life.*[11] Other videos being considered include *WHOSE Death Is It, Anyway?*[12] and segments from popular television shows (eg, *Chicago Hope*).

Literature. Short literary pieces were selected that could be read by the group at the beginning of the session. Literary methods are considered useful in medical ethics education.[6,13,14] Reading literature can enhance the realization that patients have "narrative" lives, and that every patient encounter represents a singular event situated within a more complex contextual structure (encompassing plot, motives, and characterization). One hopes that consequently, physicians may listen more fully to a patient's narrative of illness. Reading literature, especially when performed within a group of people, also may enhance flexibility of perspective by increasing awareness of the many different interpretations that can be attached to the same text. Literary pieces that have been interpreted at the morning report sessions include *The Use of Force* by William Carlos Williams,[15] *An Infected Heart* by John Stone,[16] and *What the Doctor Said* by Raymond Carver.[17]

Writing exercises. At morning report, residents have been asked to write on one of the following topics: *1*) my most memorable 3 AM wake-up call, *2*) a patient who had an influence on me, or *3*) my most repulsive patient. When physicians write about their patients, they begin to feel what their patients feel, which fosters empathy.[18] Furthermore, writing allows physicians to gain access to

TABLE 1.—*Ethical Issues Raised Most Frequently on Ethics Ward Rounds**

Withdrawal and withholding of life-sustaining treatments
Administration of resources considered futile, especially CPR
Competency of patients who are refusing therapy
Patients/families demanding treatments that physicians do not advise
Dealing with abusive patients
Dealing with patients who are noncompliant with the medical regimen (eg, patients who continue to smoke or leave the hospital to obtain illegal drugs)
The obligation of the medical profession to care for patients with "unhealthy" lifestyles (ie, the ethics of patient responsibility)
Surrogate decision making

*Issues are listed in order of decreasing frequency.
CPR = cardiopulmonary resuscitation

inarticulated feelings, presenting an opportunity for them to create some sense of connection between their "professional" and "personal" selves.[19] When residents share their writings and compare their experiences and feelings with one another, benefits similar to those realized within a support-group setting are achieved.

Monthly Ethics Ward Rounds

Every month the author visited each of the medical services (general medical wards, coronary care unit, and medical intensive care unit) to conduct ethics ward rounds with the residents, interns, and medical students. The senior resident on the service selected a patient from the ward whose situation was thought to contain an ethical dilemma. This teaching format lends itself to two types of pedagogical methods:

Case discussions. After a patient was presented, a discussion occurred concerning the ethical dimensions of the case. Issues that have been raised most often (70%) are shown in Table 1 and are listed in order of decreasing frequency. Other issues brought forth from the selected cases, but on a less frequent basis, are shown in Table 2.

Discussing ongoing dilemmas probably stimulated residents' interest more than the predetermined cases used at the morning report sessions. The active selection of cases by the residents seems to have enhanced their ability to recognize and appreciate the ethical dimensions of medical practice. Initially, when residents were asked to select cases for discussions, they expressed doubt as to whether there were patients whose situations contained an ethical issue. After a year of experiencing ethics ward rounds, however, they no longer expressed such skepticism, and usually presented several cases.

Role playing. Discussions of cases offered role-playing opportunities on such topics as speaking about code status and giving "bad" news. Such role-playing exercises can help to improve interaction skills.[1,4]

Ethics Elective

Residents had the option of taking this elective for either 2 or 4 weeks. They pursued the following activities: *1*) focused readings on selected issues and subsequent discussions with the course mentor and other residents taking the elective, *2*) participation in the

TABLE 2.—*Ethical Issues Raised Less Frequently on Ethics Ward Rounds*

Confidentiality issues (eg, a patient with AIDS who is a hospital employee)
Informed consent (eg, the ethics of obtaining CD4 counts without patient consent)
Informed consent in research trials (eg, the ethics of obtaining consent when the physician and the investigator are the same person)
Family requests that patients not be told of their diagnosis
The subjectivity of selection criteria for organ transplantation
Criteria for disability and the obligation of housestaff physicians to make this determination
Conflicts between housestaff and attending physicians on management issues
The inconsistency with patients desiring CPR and refusing other diagnostic tests and procedures
Patients going to the emergency room with the intent of obtaining a central line to inject illicit drugs
Spouse is not coping with wife's illness and hence making it difficult for the staff to care for the wife and other patients on the ward
Managed care issues (eg, the ethics of transfers to satisfy previous economic arrangements)
The extent of physician bias and prejudices in treatment of patients
Family coercion involved with a patient's decision to go to a nursing home
The scope of physician advocacy for patients

AIDS = acquired immunodeficiency syndrome

ethics ward rounds, *3*) attendance at the main meeting of the hospital ethics committee, *4*) attendance at ethics seminars occurring at the medical center, and *5*) participation in ethics consults. Concerning the latter, residents would be involved in any consult performed by the hospital's Ethics Consultative Service, thus having the opportunity to witness how ongoing ethical dilemmas are analyzed within an ethical framework in an attempt to achieve consensus among all participants.

Discussion

This paper has described an attempt to weave an ethics curriculum into the confining structure of a residency program. The described curriculum, consisting of case discussions, literary readings, videos, role playing, and writing exercises, differs from other reported curricula in that a specific block of time was not available whereby residents could be exposed to a core curriculum provided by didactic lectures.[3,20] The essentialness of didactic lectures remains unclear. Several studies have demonstrated the effectiveness of formal ethics courses in enhancing knowledge and attitudes.[21,22] A study comparing an ethics education program consisting of a lecture series with a program consisting of lectures and case conferences, however, observed no difference between the two groups in the amount of knowledge gained or attitudes developed about selected ethics issues.[20]

Future directions of the described curriculum include more focus on issues that affect residents on a more personal level. These are probably similar to those described for medical students[23] and include *1*) conflicts engendered by a desire to be a team player, *2*) questioning the authority of attending physicians without fear of retribution, *3*) how to deal with the witnessing of unethical behaviors, *4*) how to challenge medical routine, and *5*) how to balance one's professional and personal lives. Another area of focus would be the exploration of issues relevant to the ambulatory setting (eg, the role of physicians as gatekeepers and informed consent for screening tests).

The implementation of ethics education in a residency training program is expected to affect the knowledge, attitudes, and behavior of residents. The experience gained in the program described in this paper may assist other residency programs in their attempts to introduce medical ethics education into their curricula.

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