MEDICAL EDUCATION AND CLINICAL TRAINING INVOLVING PATIENTS

-how can we make it professional and ethical?

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MEDICAL EDUCATION AND CLINICAL TRAINING INVOLVING PATIENTS

• Important for society that doctors are competent before they are qualified and registered as doctors and specialists.

• Trainees need learning and practice of critical, intimate examinations and invasive procedures on patients to achieve competence.

• Patients are at potential risk of harm from procedures done by Trainees.
  – Risk from inexperience
The Current Practice

• Non-disclosure or even deception as to experience and status of Trainee.
  • J Gen Intern Med 23(5):607–10
• No explicit consent from patients.
• Ghost surgery
  – allowing residents to perform procedures without specific consent of the patient.
• Intimate examination under GA
• CPR and ACLS drills on dying or dead patients
• Education by Opportunistic Teaching Moments
  – Education by stolen moments. Ambushing patients
    • BMJ 2003;326:97–101
The Ethical Dilemma

• On One hand we Teach medical ethics of Respect for patients’ welfare and Patient’s autonomy to students and residents.

• On the Other hand in the Medical education and clinical training process, the very ethical principles are consistently violated.
  • Acad Med 1996; 71: 227-37
The Ethical Questions

• How does the Profession **uphold the Principles of Professional ethics** and duties in Clinical training involving patients?

• How does the Profession **balance the greater good to society** and future patients with that of the maximising benefits and minimising the risk to **patients participating in Clinical training**?

• How do we make Medical education and Clinical training on Patients Safe, Effective, Beneficial, Equitable and **Ethical**?
The Three Levels of Action

• The MACRO
  – National and Societal Level

• The MESO
  – Healthcare system, Academic Centre and Hospital

• The MICRO
  – At the Bedside or Point of Teaching
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• **The Macro – National and Societal**

  • **Political Leadership and Will**
    – Bringing patients, public and the healthcare community together on Medical education as part of national health goals.
    – Social cohesion for Health at the National or State level
      • *Include Medical Education as part of the national goals*
  
  • **Medical Leadership**
    – A joint coordinated effort of by the leadership of the medical schools and the professional bodies.

• **Forming alliances**
  – Engage leaders and members of the community and Industry through patient advocacy organisation
  – Good precedence of community involvement in medical research
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• **The MESO Level -Healthcare system, Academic Centre and Hospital**

• **Leadership**
  – Commitment to Medical education as part of the Mission and Vision
  – Allocate resources
    • Faculty development. Infrastructure. **Walk the Talk.**
  – Good Clinical and Professional Governance
    • Safe, Effective, Timely, Efficient, Equitable Patient centred care
    • Communication with patients and families
    • Protocols and Pathways

• **Good Education programs can thrive only when there is Good Clinical care for all patients**
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• **The MESO Level -Healthcare system, Academic Centre and Hospital**

• **Educational (Academic) Governance.**
  – Patient safety protocols in Education
    • Appropriate selection of patients
  – Professional Guidelines
  – Appropriate communication to Patients on Admission
    • Involve patient advocates in governance
  – Ethics consult for ethical dilemmas
  – Dispute resolution programs
  – 360 surveys and feedback from patients
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• The MESO Level - Healthcare system, Academic Centre and Hospital

• Faculty development
  – Skills training in Education, Professionalism & Ethics
  – Communications and relationship building skills
    • Negotiation and Enabling skills
  – Support from a Learning community

• Trainees Professional development Program
  – Professional Guidelines on Clinical Training
  – Mentoring, Coaching and Counselling programs
  – Simulation program
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• **The MESO Level - Healthcare system, Academic Centre and Hospital**

• **Dealing with the Fair selection of Patients**
  
  – Greater proportion of poor, indigent, socio-economically disadvantaged patients participate in medical education and clinical training.

  – Not empowered to refuse. Sense of obligation.

  – Appropriate programs to recognise, reward and remunerate patients participating in clinical training
Ethical dilemmas in Medical Education & Clinical Training
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• The Micro Level or the Bedside or Point of Teaching level

• Informed consent
  – When informed by both faculty and trainees., most patients would agree to trainee participation in their care
    • Medical Education 2005; 39: 365–369

• Privacy and Confidentiality
  – Respect of Persons
    • Space. Educational Materials.
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• **The Micro Level or the Bedside or Point of Teaching level**

• **Appropriate Supervision of Trainees**
  – Assisting, Direct observation, Distant supervision.
  – Awareness of competence of the Trainee.

• **Appropriate Preparedness of Trainees**
  – Enables incorporation of education with clinical care.
    • Seamless and ethical
  – Read, Watch video, Observe, Simulation, Assist
  – Simulation practices reassure patients

• **Good relationship with Patients**
  – Good clinical care for Patients
MEDICAL EDUCATION AND CLINICAL TRAINING INVOLVING PATIENTS

we can make it professional and ethical

• Ideas and Methods are available
• The Profession and Faculty must be Proactive.
• Medical Leadership needs the Will to Commit and the Courage to Act
  – Develop Governance and Culture to support

• MEDICAL EDUCATION AND CLINICAL TRAINING INVOLVING PATIENTS CAN BE MADE PROFESSIONAL AND ETHICAL
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THANK YOU