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Implementation of Ethics Grand Rounds in an Otolaryngology Department

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Objectives/Hypothesis: To create a case-based curriculum designed to teach and discuss the tenets of clinical medical ethics within an otolaryngology department.

Study Design: Survey-based study in a single-institution, academic otolaryngology department.

Methods: Case-based departmental ethics grand rounds were implemented on a quarterly basis within an academic department of otolaryngology. One-hour sessions were designed to use challenging cases volunteered by clinicians within the department to create a forum for discussion and education about clinical medical ethics. A four-question satisfaction survey was administered to participating clinicians to measure the impact of the program.

Results: Five grand rounds were held over 16 months from 2009 to 2011, with four to six cases presented per session. Sessions were well attended and received, with broad coverage of topics and lively discussions. The mean survey score was 18 (median, 19; standard deviation, 2) out of a maximum possible score of 20. When asked if the sessions helped to advance their skills and comfort within the field of medical ethics, 100% of respondents agreed or strongly agreed. A total of 86% of respondents agreed or strongly agreed that the sessions would change how they practiced medicine in a way that would benefit their patients.

Conclusions: It is feasible to successfully implement case-based ethics grand rounds within an otolaryngology department. Participants demonstrated a gratifying level of approval, and a stated desire to implement the principles learned within their clinical practice.

Key Words: Medical ethics, education, case-based learning, otolaryngology.

Level of Evidence: 2c.

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INTRODUCTION

In the words of John Conley, "ethics in surgery of the head and neck have developed a special poignancy because of the astounding advances in medical science and technology with their application to this exposed area of the body that is so intimately related to esthetics and physiologic function."[1] Years later, his comments still remain accurate and relevant. As a result, education about and reflection upon challenging ethical quandaries is both highly relevant and important to otolaryngologists.

Clinical medical ethics is a necessary component of the educational curriculum for medical trainees and practitioners, and an evolving field with which otolaryngologists must become familiar.[2] Otolaryngology as a discipline, given its breadth and depth, bears a number of unique ethical challenges.[3] Thus, it is crucial for otolaryngologists to become familiar with the principles of contemporary medical ethics, and to create a framework designed to allow clinicians to translate theory into practice.

As with all educational endeavors, medical ethics is decidedly more interesting and useful to study when it is appropriately tailored to the targeted audience. In a survey of medical students and resident physicians, all respondents reported the need for and shortage of formal training in medical ethics, despite the fact that specific topics of interest varied across disciplines and levels of training.[4] The authors concluded that ethical training, although critical, should be targeted to the specific needs of the participants.

A pilot program of structured ethics education in a pediatric residency included resident-generated teaching cases and instructor-generated didactics to provide a comprehensive curriculum while also focusing on the interests of the trainees.[5] Another initiative created a program for residents focused on end-of-life issues, both to educate and debrief after difficult cases.[6] Goold and Stern demonstrated that medical trainees (students, residents, and fellows) prioritize similar ethical themes as does the rest of the healthcare team, namely informed consent, interprofessional relationships, patient-family interactions, communication skills, and end-of-life issues.[7] Thus, they posit that opportunities exist for

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shared curricula to address the needs and interests of a diverse group of healthcare providers and trainees within the same medical field. Evidence also suggests that surgeons desire education in ethics, and that programs have succeeded in achieving their intended outcomes.[8]

Given the importance of clinical medical ethics within the field of otolaryngology–head and neck surgery, coupled with the dearth of a formal curriculum or forum for dialogue among caregivers within our department, an opportunity for improvement was evident. Thus, we sought to institute departmental ethics grand rounds involving a case-based approach, and to subsequently measure the impact of these sessions.

MATERIALS AND METHODS

The University of Michigan Medical School institutional review board (IRB) evaluated this research protocol and survey, and deemed that the study did not require formal IRB review.

Formulation of Ethics Grand Rounds

The University of Michigan Department of Otolaryngology–Head and Neck Surgery hosts regularly scheduled, hourly grand rounds each week, attended by faculty, residents, students, and ancillary staff. Ethics grand rounds are incorporated within this scheduled time and location on a quarterly (every 3 months) basis. CME credits are offered to eligible clinicians who meet the commensurate criteria.

Sessions were organized by two clinicians within the department (A.G.S. and C.F.K.), one of whom also served on the hospital's Adult Ethics Committee. Both have familiarity and experience with the field of medical ethics. The chair of the Adult Ethics Committee (A.R.B.), who is not an otolaryngologist, consulted and assisted with case discussions and presentations when necessary. Department members were queried by electronic mail for interesting and/or challenging ethical cases from their own practice prior to each session, and cases were chosen, assembled, and reviewed by the organizers.

A Microsoft PowerPoint (Microsoft Corp., Redmond, WA) presentation was constructed for each session with relevant clinical case details, ethical discussion questions, and teaching points. Each case commenced with a formal clinical presentation, followed by informal group dialogue of the case and related issues among the attendees, framed by the discussion questions. The design was loosely based on a traditional morbidity and mortality conference format. Formal didactics regarding relevant ethical tenets of the cases were then presented, incorporating an overview of legal framework and institutional policies when applicable. Case discussions averaged between 10 and 20 minutes depending on the extent of discussion and complexity of issues involved, and thus a total of approximately four to six cases were discussed per hourly session.

Case Example

To best illustrate the concept and design of the ethics grand rounds, a prototypical case from a prior session will be reviewed.

A woman with widely recurrent, metastatic oral tongue carcinoma was admitted with respiratory distress and a fungating neck wound around her tracheotomy. Her providers concluded that there were no further viable treatment options, and recommended comfort care. The patient insisted that she receive all possible interventions and retain full code status.

After the case presentation, the following questions were posed for discussion: How can the care team and family adequately honor the patient's wishes despite the futile nature of her condition and their desire to ensure that her suffering is limited? How does the doctrine of double effect apply to this case? Is it ethical to resuscitate a patient who wants to be full code when the medical consensus is such that the resuscitation effort itself is futile?

Spirited discussion ensued during which providers (including those personally involved with the case) shared their overall impressions, prior experiences, and perspectives on the discussion questions and care of this patient. Thereafter, the didactic component of the case proceeded. The concept of medical futility was discussed, stressing that there is no obligation to initiate or continue treatments that are not reasonably likely to improve the patient's condition, and/or will cause unnecessary pain, suffering, or discomfort. The doctrine of double effect was also applied to the case, which posits that it is ethically permissible to cause harm (i.e., hastening death) as a foreseen side effect of an intervention that would be impermissible if not for its intended worthy outcome (i.e., treating pain). Finally, the role and philosophy of palliative care in head and neck cancer was reviewed.

Survey Administration

A four-question satisfaction survey was designed based on the American Academy of Otolaryngology–Head and Neck Surgery's Home Study Course evaluation form. Questions were graded on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree) and summed, for a total possible score of 20. The survey was administered anonymously to attendees of the ethics grand rounds sessions; all departmental employees and trainees who had attended at least two prior sessions were recruited for participation. Descriptive statistics were calculated, and the mean and standard deviation (SD) were presented for the survey results.

RESULTS

Five grand rounds were held over 16 months from 2009 to 2011. Sessions were well attended and received, with broad coverage of topics and lively discussions. Attendees included clinical and research faculty members, surgical residents, medical students, and ancillary providers (e.g., physician assistants, nurse practitioners, nurses, audiologists).

There was a broad distribution of presented cases across subspecialties. Of the total number of cases, 42% involved head and neck oncology, 21% involved pediatric otolaryngology, 21% involved general otolaryngology, 11% involved otology and skull base surgery, and 5% involved plastic and reconstructive surgery. Likewise, the topics of discussion varied widely (Table I).

The mean survey score was 18 (median, 19; SD, 2) out of a maximum possible score of 20. When asked if the sessions helped to advance their skills and comfort within the field of medical ethics, 100% of respondents agreed or strongly agreed. A total of 86% of respondents agreed or strongly agreed that the sessions would change how they practiced medicine in a way that would benefit their patients. Mean scores were between 4 (agree) and 5 (strongly agree) for each of the four questions. The survey results are presented in Table II.

TABLE I.
Ethics Grand Rounds Topics.

Advanced directives
Aggressive surgery for patients of advanced age
Code status in the operating room
Communication
Competence/capacity
Conflict among clinicians
Conflict between clinicians and patients
Dealing with impaired healthcare providers
Disagreement among family members
Discussing goals of care
Elective surgery in HIV-positive patients
End-of-life care
Informed consent
Managing the difficult patient
Medical futility
Reporting suspected child abuse
Surrogate decision making

HIV = human immunodeficiency virus.

DISCUSSION

Ethics Education in Otolaryngology

The benefits of this program include education as an endpoint itself, and the opportunity to debrief after emotionally difficult experiences. Similar to morbidity and mortality conferences, there is also a goal of achieving quality improvement through education, changes in approach, and changes in policy, all as part of a nonpunitive, nonjudgmental system of internal review. From the standpoint of a surgical resident trainee, these sessions also satisfy the at-times nebulous Accreditation Council for Graduate Medical Education requirements to address specific core competencies. Additionally, thanks to the setting within established departmental grand rounds, the diversity of attendees provided an opportunity to share opinions among individuals with widely diverse backgrounds, perspectives, and levels of experience.

There is a notable absence of literature addressing ethics education within the field of otolaryngology. A survey of general surgical training program directors reported that 85% support having an ethics curriculum, despite the fact that 28% offered no formal ethics education, and only 24% conducted two or more relevant educational activities annually.[9] Angelos and colleagues pioneered a formal ethics curriculum for surgical residents, and reported that participants welcomed such education in ethical issues pertinent to surgical practice, namely withdrawing and withholding treatment, advance directives, do-not-resuscitate orders, informed consent, and communicating bad news.[10] These learning objectives dovetail quite nicely with the ethics grand rounds topics that were covered in our program.

A successful program in general surgery at the University of Washington has also served as a model for surgical ethics education.[11] This program involves monthly case-based didactics in medical ethics designed for surgical residents, attended by a multidisciplinary team of interested clinicians and educators. These efforts, combined with our experience, can hopefully lead to more widespread adoption of ethical training within otolaryngology.

Creation of a Program

As with any new educational objective, logistical organization is necessary to develop an ethics curriculum within an academic institutional department. We believe the following steps facilitated the successful creation of our program, and offer them for others interested in utilizing a similar model: 1) identify an interested leader/organizer within department, 2) recruit an individual (internal or external) with medical ethics expertise, 3) solicit cases from members of the department, 4) schedule sessions at a convenient time, and 5) target intended attendees.

Use of these steps ensured buy-in from attendees, facilitated the necessary expertise from medical ethics consultants, and confirmed that logistical barriers would not obstruct the process. As a result, these ethics grand rounds sessions remain popular, interactive, and well attended. The Department plans to continue them indefinitely in their current format.

Ethical issues are ubiquitous to the practice of medicine, and of broad interest to many clinicians. Challenging case studies provide a medium that facilitates participation among clinicians who can then hone these skills in an interactive format that is relevant to their practice. Departmental sessions provide an ideal setting whereby colleagues can discuss cases that relate directly to their own experience, while vetting opinions,

TABLE II.
Ethics Grand Rounds Survey Responses (N = 21)*.

Question	Mean	Median	Standard Deviation
These sessions helped me to advance my skills and comfort within the field of medical ethics	4.76	5	0.426
These sessions helped me to gain knowledge	4.76	5	0.426
These sessions will change the way I practice medicine in a way that will benefit my patients	4.38	5	0.722
I found the references and resources in these presentations useful and continue to use them	4.33	5	0.777
Overall Score	18.24	19	2.00

*Scoring was based on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree).

management options, and perspectives from their coworkers, all within a nonjudgmental forum designed to educate and improve future care.

CONCLUSION

It is feasible to successfully implement case-based ethics grand rounds within an otolaryngology department. Participants demonstrated a gratifying level of approval, and a stated desire to implement the principles learned within their clinical practice. We plan to continue regularly scheduled sessions for the foreseeable future.

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