Patient Safety
Ethical Rule of Medical Education

دکتر لیلا افشار
MD, PhD of Medical Ethics
ار گروه اخلاق پزشکی دانشگاه
علوم پزشکی شهید پزشکی

Introduction

- Medical education and the training of future physicians is an integral part of healthcare systems around the world.
- Teaching hospitals must fulfill and balance two, at times competing, objectives:
  - producing competent independent physicians after the period of training is over
  - delivering safe care to patients
- The former requires that trainees be provided greater op
independent and autonomous decision making, while the l
greater supervision and oversight by faculty.

Question ?

- If the clinical training is an inevitable part of medical education, how can we manage it in a more ethical manner?

- How can we consider the best interest of the patient, namely patient's Safety, in align with our educational goals?

Patient safety and Medical Ethics

- Both fields seek to operationalize fundamental values in health care.
- There are two common sites of overlap.

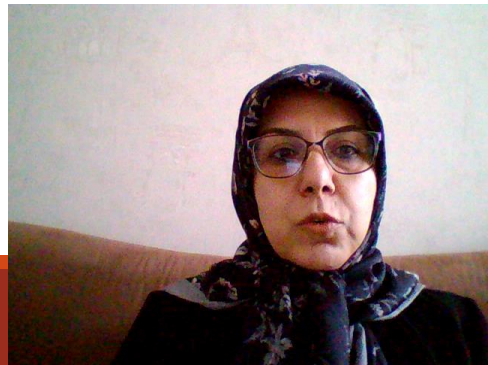
1. to ensure safety practices in areas where clinical ethical concerns and conflicts arise frequently, that have a strong component of clinical ethics and are high risk areas for errors and compromise of patient safety.
2. professional ethics and the commitment to patient safety.

- Given that patient safety is grounded in ethical principles and commitment to patient safety is a professional ethics responsibility.

Principles of Medical Ethics and Patient Safety

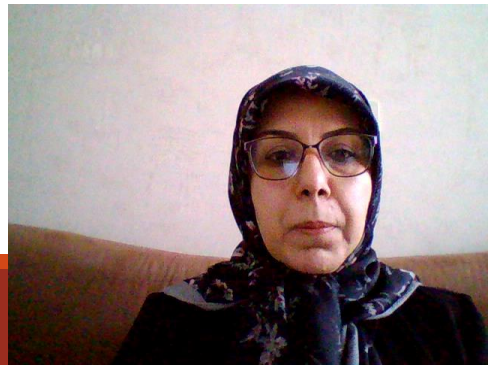
Principle	Ethical Value	Patient safety concerns
Autonomy	Respect for a person physically as well as emotionally Respect for a person's values	Injury caused by providing care that a patient didn't want Injury caused by failing to provide desired care
Beneficence	The intent to provide benefit	Failing to ensure practices that promote benefit A safety promotion plan in fact causes harm Causing injury by improperly implementing a beneficial plan
Non-maleficence	The duty to prevent harm	Inadequate safeguards to prevent foreseeable harm Failure of safeguards to prevent harm (existing safeguards are inadequate or are improperly implemented) Harm from the intended safeguard itself

WHAT IS THE ROLE OF MEDICAL EDUCATION?



Patient safety, Ethics & Education

1. Patient safety in clinical education
2. Error disclosure
3. The culture of safety
4. Medical students as second victims of error

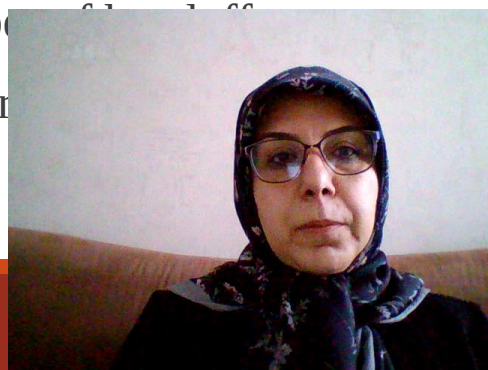


1.Patient Safety in Clinical Education

- The Case of Libby Zion
- The grand jury investigation highlighted risks to patient safety caused by resident fatigue and inadequate clinical supervision.

Outcome:

- Duty hour restriction,
  - Pros and cons
- Unfavorable outcome: Discontinuity of care and increase numbe
during shift change—both of which have serious implications for



Clinical Supervision & Transitions of Care

- Clinical supervision has been defined as “the provision of guidance and feedback on matters of personal, professional, and educational development in the context of a trainee’s experience of providing safe and appropriate patient care”

- Two major influencing component:

1. the nature of the attending–resident supervision relationship
2. The identification of factors which encourage or discourage residents from seeking attending physician advise

Barriers and facilitators to seeking supervision

- Barriers to seeking attending Advice
  1. Conflict with decision-making autonomy
  2. Fund of knowledge expectations
  3. Existence of defined hierarchy
  4. Fear of repercussion

- Facilitators to seeking attending advice
  1. Need for escalation of care
  2. Options in decision-making
  3. Clinical experience

Propose plan

Strategies for attending physicians:

- **S**et expectations for when to be notified,
- **U**ncertainty is a time to contact,
- **P**lanned communication,
- **E**asily available,
- **R**eassure fears,
- **B**alance supervision and autonomy.

Strategies for residents to solicit faculty supervision:

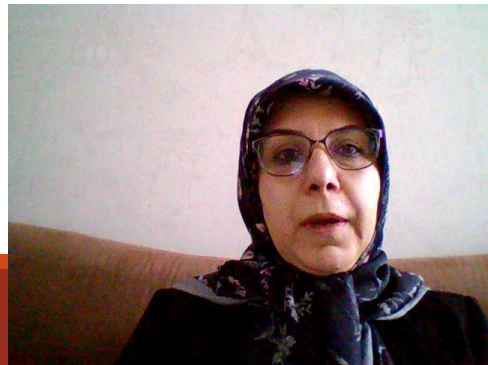
- **S**eek attending physician input early,
- **A**ctive clinical decisions,
- **F**eeling uncertain about clinical decisions,
- **E**nd-of-life care or family/legal issues,
- **T**ransitions of care, and
- **Y**ou need help with the system/hierarchy.

2. Error disclosure

- Ethical mandate to disclose error
  - Concern, Commitment, Compassion,

  and
  - Effective communication

- The potential of error disclosure as a learning tool
  - Participating medical students in disclosure process
  - Documenting errors and their disclosure process for further review



3. The culture of safety

❖The product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of an organization's health and safety management.

1. Prevention: a reliable person or system
2. Mitigation: good teamwork and communication
3. Recovery: learning from the event

Ask yourself:

1. Does staff hold patient safety as an inviolable principle?
2. Does the organization commit the resources need to address safety concerns?
3. Do the leaders encourage transparency?
4. When faced with a problem, does everyone within and between departments step forward to help regardless of the roles and hierarchy?
5. Is everyone free to speak to alert the team about threats to patient safety?
6. Is your team willing to report errors without fear of reprisals?
7. When an error occurs, does the team come together to u
   what happened and how this can be prevented in the fut
8. Can the organization adapt to the changes needed when
   patient safety is uncovered?

4. Second victims

- The second victim phenomenon, described as an emotional aftershock or stress reaction, may take an immense professional and personal toll on involved healthcare providers.
- Student as second victims of error and the responsibility of health care institutions toward them:

Conclusion

- To promote patient safety, medical education should be guided by the principles of respect for individuals autonomy, beneficence, and non-maleficence.
- Systematic procedures are necessary to apply these principles to the practice of clinical education.
- Educational organizations should give detailed guidelines, and teaching institutions must develop effective mechanisms to ensure the ethical practice of medical education.

Final words

- Promoting and participating in patient safety measures is an **ethical obligation**.
- Failure to adhere to known safety practices is a failure to meet **the professional standards of ethics.**
- Therefore, developing a culture of patient safety and the significance of **patient safety as an ethical rule** is a necessity condition for educational system.
- **Ethical reflection** could be an approach for improving the quality of education and patient safety in multiple facets.

leilaafshar@sbmu.ac.ir