

BRIEF REPORT

Ethics and Communication

Does Students' Comfort Addressing Ethical Issues Vary by Specialty Team?

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Ethics education aims to train physicians to identify and resolve ethical issues. To address ethical concerns, physicians may need to confront each other. We surveyed medical students to determine if their comfort challenging members of their ward teams about ethical issues varies by specialty and what attributes of students and their teams contributed to that comfort. Compared to other specialties, students felt significantly less comfortable challenging team members about ethical issues on surgery and obstetrics/gynecology. We suggest that ethics education must address the atmosphere on ward teams and give students skills to help them speak out despite their discomfort.

KEY WORDS: medical ethics; ethics education; medical education; medical; undergraduate communication.

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Foremost among the goals of medical ethics education should be the goal of producing physicians who can recognize, analyze, and resolve ethical issues. To accomplish this, ethics curricula have used case-based teaching of ethical principles during the preclinical years.^{1,2}

Yet simply knowing the principles of medical ethics does not ensure ethical behavior. This realization has led to the development of a social and behavioral framework for ethics education, rooted in studies that document how medical education socializes students into their roles as physicians.³⁻⁵ This process of socialization has been called a "hidden curriculum," in which students acquire attitudes and habits from the example of their peers and superiors in a training environment that can be tense, burdensome, and even abusive.⁶

Lessons learned from the hidden curriculum may affect whether or not students speak up when they witness ethical conflicts. They may learn from the response of team members that it is more expedient to keep quiet than to challenge team members regarding ethical issues. Failing to speak up, however, is disturbing from the perspective of their ethical development as physicians: "habits of reflection, character, and intervention need to be developed and exercised if they are to be ready-at-hand in the future."⁷

To nurture these habits, those who design ethics curricula need to know under what circumstances and why students have difficulty challenging ethical issues and provide them with appropriate communication skills.⁸ One study has suggested the nature of dilemmas that students encounter in their clinical years: performing procedures; being a team player; challenging the medical routine; knowing the patient as a person; and witnessing unethical behavior.⁹ Another study has shown that students perceive ethical conflicts throughout their preclinical and clinical years.¹⁰ To our knowledge, however, no study has examined whether students' comfort challenging what they perceive to be unethical behavior varies on different specialty rotations, or why students may have difficulties bringing up ethical issues.

As a guide in our own curriculum development, we sought to determine on which services medical students find particular ease or discomfort in raising ethical issues with team members, and what aspects of the team contribute to that difficulty. We hypothesized that students' level of comfort challenging their team members about ethical issues might vary by the specialty on which they were rotating. We also postulated that certain features unique to the student's role and the specialty determine students' comfort in bringing up ethical issues.

METHODS

In May 1999 we surveyed 103 University of Washington third- and fourth-year medical students who attended an evening seminar on applying for residencies. The University of Washington Institutional Review Board approved the research protocol. At the beginning of the seminar students received an information packet that included an anonymous, uncoded survey titled "Ethics in a Short White Coat" (available at www.blackwellscience.com/jgi). No

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faculty representatives were present before or during the time the students were in possession of the survey. At the end of the seminar we collected completed surveys. One week later, we sent a reminder e-mail to all participants requesting that questionnaires be returned.

The questionnaire was adapted from one used to evaluate the frequency and type of ethical concerns facing third-year medical students.¹¹ It asked students whether they had encountered certain types of ethical situations, using vignettes as examples; the vignettes represented the range of issues that students have found troubling in the past.⁹ For example:

I was on call with a resident who was swamped with admissions. She asked me to see a patient and start his IV. After two unsuccessful attempts, the increasingly irritated patient snapped, "Do you know what you are doing?" I wanted to stop, but I was worried that my resident would think less of me for not succeeding, so I tried again.

Approximately how many times, if at all, have you done anything you thought improper for fear of a poor evaluation?

We chose to use vignettes because no unambiguous labels exist to describe the kinds of problems that the vignettes depict. The vignettes therefore served to help students remember specific situations they may have had and to focus their recollection on the phenomenon of interest. A separate section asked them to rate how comfortable they were challenging members of their team regarding ethical issues on different specialties (family medicine, medicine, obstetrics/gynecology, pediatrics, and surgery) on a Likert scale ranging from Very Uncomfortable (1) to Very Comfortable (5). The questionnaire then asked the students to select as many reasons as were applicable for their difficulties challenging team members (too low on the team hierarchy; too much work for team to do; too large a team to raise questions; too many ethical problems for team to deal with efficiently; difficult personalities on team; and too few chances to speak with attending) and rate how important each reason was on a 3-point scale from "Very Important" to "Not Important." Finally, the questionnaire asked students their age, gender, and the different settings of ethics education they had had (medical school, undergraduate, other graduate, self-study).

We calculated proportions to examine participant characteristics (gender, age, number of settings of ethics education), and the frequency with which they witnessed or committed unethical acts. We calculated "comfort scores" for each specialty by calculating a mean based on the level of comfort indicated by each student for each specialty. To control for multiple comparisons, we used a Bonferroni corrected *P* value ($.05/30 = .002$). We used the paired *t* test to compare mean level of comfort raising ethical issues, using the psychiatry clerkship (because it had the highest mean comfort score) as the reference. All analyses

were performed using STATA, version 6.0 for Macintosh (Stata Corp., College Station, Tex).

RESULTS

Response and Demographics

Of the 103 surveys distributed, 76 were returned (74%). All were suitable for analysis. Of the respondents, 51% were women and 81.1% were 30 years old or younger. These demographics were virtually identical to those of the students graduating in May 2000 at the University of Washington, to whom this group of students would have corresponded. The majority of students had had some ethics education (93%); the median number of experiences with ethics education was 2.

Ethical Environment

A majority (51%) of students reported witnessing what they considered to be unethical acts during their clinical years of training; 96% reported hearing derogatory comments directed towards patients. Sixty-four percent reported having done something themselves that they felt was unethical.

Students' comfort scores are shown in Figure 1. Mean comfort scores for surgery and obstetrics/gynecology were significantly lower than those for the other specialties (mean values 2.62 and 3.12, $P < .0001$ for both when compared to psychiatry).

The most common reasons students cited for their discomfort in challenging ethical issues (rating them Very Important) were "difficult personalities on the team" (44%); "too low on the team hierarchy" (39%); "team was too busy" (18%); and "too little time with attending" (15%).

DISCUSSION

Our data provide important information regarding the degree to which students at the University of Washington feel comfortable challenging ethical issues on the wards and some insight as to why this occurs. As hypothesized, on certain rotations they feel significantly less comfortable than they do on others. They attribute their discomfort to the presence of persons with difficult personalities on the team and to being low on the team hierarchy.

Some aspects of our study bear consideration. Its strengths include the size of the sample, the number of surveys returned, and the uniqueness of the data it contains. There may have been respondent bias, but its directionality is uncertain: while it is possible that only students who had "ethical complaints" returned the survey, it is also possible that students who had particularly bad experiences on the wards chose not to respond to avoid thinking about those experiences. Our data cannot detect whether students spoke up in spite or because of their level of comfort. A degree of bias may have been introduced by students' perceptions of the "reputation" of

each specialty and by faulty recollection or recall bias. Even taking these potential sources of bias into account, that students perceive less comfort challenging ethical issues on those services indicates a need to address that discomfort and the atmosphere on the wards.

Knowing the specialty rotations on which students report feeling uncomfortable has enabled us to talk with representatives of those departments and start to change the structure of those rotations so that students may be more comfortable. We have started debriefing sessions after clerkships when ethical issues can be discussed safely¹² and are considering adding conflict resolution training to the ethics curriculum. Furthermore, we are engaged in

collaborative efforts across specialties to find means by which students can voice concerns without fear of recrimination, and to encourage ward teams to be receptive to students' concerns.

We conclude that medical students often face ethical issues and sometimes feel uncomfortable challenging members of their ward teams about them. This has implications for medical ethics education, because students who feel uncomfortable may be less likely to speak up about their ethical concerns. Ethics education needs to give physicians-in-training skills to communicate in the face of discomfort. Ethics educators need to investigate the ethical atmosphere on the teams, and through educating medical

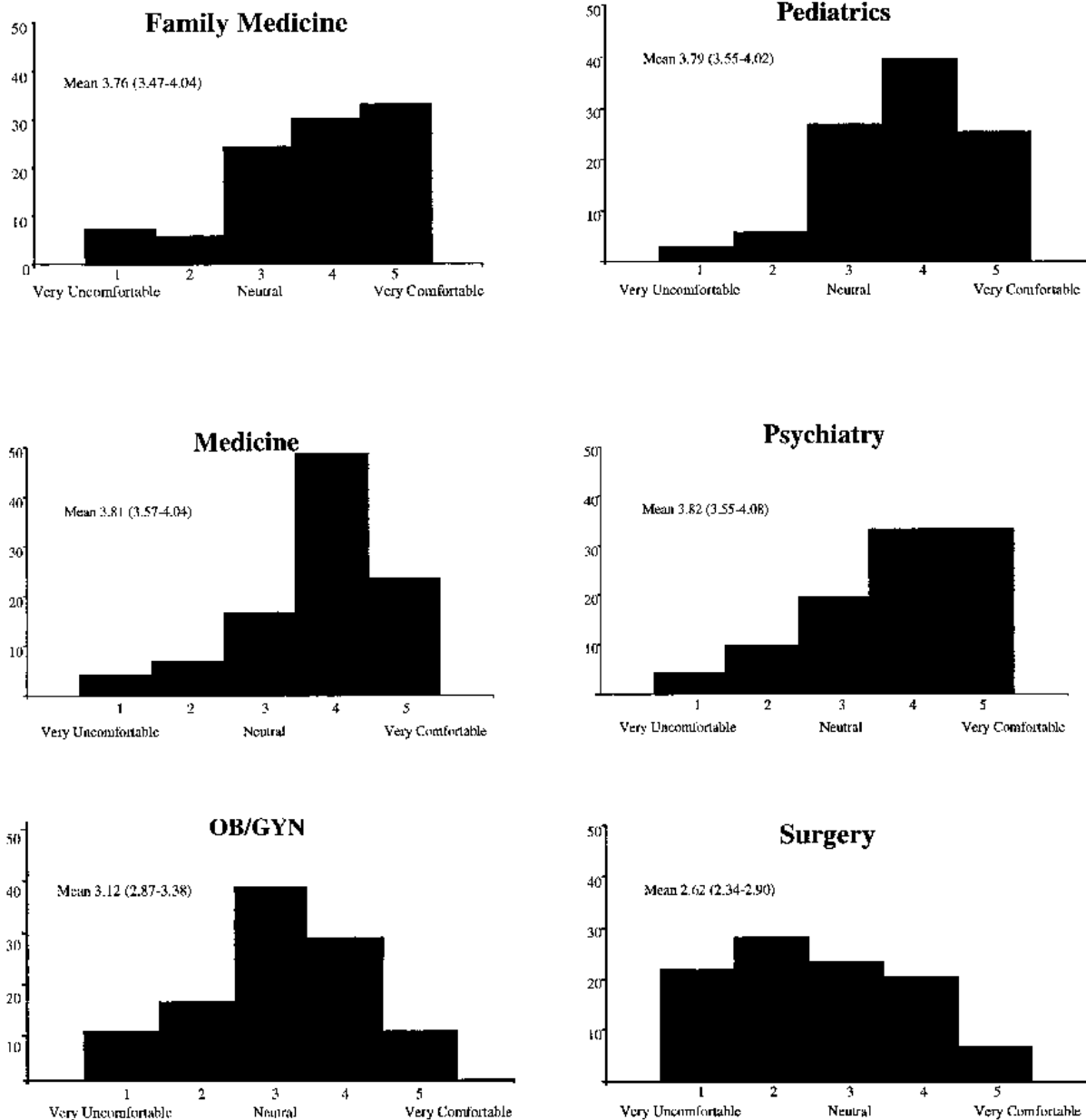


FIGURE 1. Student comfort challenging ethical issues by specialty. Bars indicate percent. Numbers in graph fields are means, with 95% CIs in parentheses.

students, residents and faculty, develop social environments in their institutions that will promote discussion about difficult issues, so that students may develop into effective and ethical advocates for their patients.

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APPENDIX

Ethics In A Short White Coat

A survey of student issues experienced during clerkship years

Below are some vignettes depicting experiences medical students have had. Please read each one and then answer the questions that follow it. Providing examples is very helpful, but optional.

I was on call with a resident who was swamped with admissions. She asked me to see a patient and start his IV. After two unsuccessful attempts, the increasingly irritated patient snapped, "Do you know what you are doing?" I wanted to stop, but I was worried that my resident would think less of me for not succeeding, so I tried again.

1. Approximately how many times, if at all, have you done anything you thought improper for fear of a poor evaluation?

0 1 2 3 4 ≥5

Please give an example:

Following morning "lightning" rounds (during which we had seen 20 patients in half an hour), my resident asked me to write SOAP notes in five charts. I felt uneasy because I had not actually examined these patients and wasn't sure if anybody had done a routine morning physical exam. But the whole team was doing it and I wanted to fit in, so I complied.

2. Approximately how many times, if at all, have you done something you thought was wrong or unethical to "fit in" with the team?

0 1 2 3 4 ≥5

Please give an example:

I was assisting my resident with a lumbar puncture on a known HIV positive patient. He gloved and draped sterily, and after subcutaneously injecting the lidocaine, he decided that the anesthesia was inadequate. He asked me to hold the bottle of lidocaine out for him so he could draw up some more without breaking sterility. As I watched him use the same needle that had been used with the patient, I was very nervous, fearful that he might miss the bottle and stick my fingers instead. I wanted to say something about it, but at the time I just froze up.

3. Have you ever felt pressured to do something that puts you at personal risk?

Never Once Occasionally Often Constantly

4. Have you ever succumbed to that pressure against your better judgment?

Never Once Occasionally Often Constantly

Please give an example:

I had interviewed and examined Mr. S. when he first was admitted to the hospital for his intractable cough, and I had gotten to know him very well. We respected each other, though other members of my team referred to him as a "dirt ball." When I learned that the biopsy of a lung nodule showed an undifferentiated cancer, I was very upset. My resident told me that we were not to tell Mr. S. his diagnosis. Instead, the oncologists would tell him, since they knew more about the disease and had more experience telling patients bad news. For the next two days, Mr. S. was very anxious and he repeatedly asked me if I knew the results of his test. With many misgivings I told him "no." When he finally learned, he was very angry that I had kept the truth from him — and I couldn't blame him.

5. Do you feel you know your patients as people better than other members of your team?

Much More More Same Less Much Less

6. Have you ever heard patients referred to in a derogatory manner by physicians?

Never Once Occasionally Often Constantly

7. How often do you find such references appropriate?

Never Once Occasionally Often Constantly

8. Have you ever been expected to withhold information from your patients or lie to them?

Never Once Occasionally Often Constantly

9. Have you ever done so?

Never Once Occasionally Often Constantly

I started my medicine rotation with a classmate whom I knew but had never talked with at great length. Midway through the first month, her performance really started to drop off. She was often late in the morning, seemed distracted during the day, and several times failed to fulfill her responsibilities. One morning, when she was late for rounds, my resident said that she was really "losing it" and was "not pulling her weight" on the team. I really felt something was bothering her but did not feel it was my place to do anything about it.

10. Have you ever sensed that a colleague was having a difficult time personally or professionally?

Yes No

11. Have you received any formal guidance in medical school in how to intervene on such occasions?

Yes No

Ms. J was a middle-aged woman that I saw in the Gynecology clinic. On routine pelvic exam, my intern found a small pigmented lesion on her vulva; the resident suspected chondyloma but wanted to rule out melanoma. The patient was pleasant and cooperative until the resident informed her that she was going to do a biopsy, at which point Ms. J became quite agitated and insisted that it not be done stating, "I don't want any needles down there." The patient was crying as the resident informed her how important it was to have this done. "I said I didn't want it. Are you going to do it anyway?" the patient, still in stirrups, implored. Then, as I held her hand and tried to comfort her, the resident did the biopsy while all along the patient insisted that she stop. Finally, biopsy in hand, the resident, obviously shaken herself, walked out.

12. How many times have you witnessed behavior by a member of your medical team that you thought was unethical?

0 1 2 3 4 ≥5

13. Have you ever felt like an accomplice on any of these occasions?

Yes No

Please give an example:

14. On your clinical rotations, how comfortable were you challenging members of your team about ethical issues?

| Clerkship* | Very Uncomfortable | Uncomfortable | Neutral | Comfortable | Very Comfortable |
|------------------|--------------------|---------------|---------|-------------|------------------|
| Family Medicine | 1 | 2 | 3 | 4 | 5 |
| Medicine | 1 | 2 | 3 | 4 | 5 |
| Ob/Gyn | 1 | 2 | 3 | 4 | 5 |
| Pediatrics | 1 | 2 | 3 | 4 | 5 |
| Psychiatry | 1 | 2 | 3 | 4 | 5 |
| Rehab Medicine | 1 | 2 | 3 | 4 | 5 |
| Surgery | 1 | 2 | 3 | 4 | 5 |
| Trauma/Emergency | 1 | 2 | 3 | 4 | 5 |

* Optional: Please indicate the site by region where you completed your clerkship rotation (e.g., Seattle, Puget Sound, or WAMI site)

15. Why in the past have you had difficulties challenging team members about ethical problems? Please rate the following six possible reasons, or add your own:

| Your Rank Order | Reason | Very Important | Important | Not Important |
|-----------------|---|----------------|-----------|---------------|
| | Too much work for team to do | | | |
| | Too large a team to raise questions | | | |
| | Too many ethical problems for team to deal with efficiently | | | |
| | Difficult personalities on team | | | |
| | Too few chances to speak with attending | | | |
| | I was too low on the team hierarchy | | | |
| | OTHER REASON: | | | |

↑
16. Now please go back to question #15 and rank these items in order of their importance in the left hand column.

17. How do you deal with situations that you feel have ethical implications and are not managed as you deem appropriate? (check all that apply)

- I keep my feelings to myself
- I speak with the individual(s) directly involved
- I speak with senior member(s) of the team
- I speak with other medical students
- I speak with family or friends
- Other _____

18. Have you raised issues with a team despite feeling uncomfortable? yes no

19. What is or would be most helpful to you in these situations? (check all that apply)

- Having the team discuss these issues together
- Having the skills or knowledge to address the situation myself
- Having an opportunity to talk with fellow students about these issues
- Having attendings address these issues
- Having time to reflect
- Other _____

Brief demographics

20. Age: ____

21. Gender: Male Female

22. How would you best describe the formal ethics education have you had? (check all that apply)

- required lectures (medical school)
- undergraduate courses
- other graduate school courses
- electives (medical school)
- self-study