

# Development of an Ethics Education Curriculum for Critical Care Trainees



Cambridge Consortium for Bioethics Education  
Paris, 2015

Presented by:

**Dr. Thomas Foreman, DHCE**  
Director, Champlain Centre for Health  
Care Ethics  
Director, Clinical & Organizational Ethics  
The Ottawa Hospital  
Ottawa, Canada

**Joshua T. Landry, M.Sc., Ph.D. (c)**  
Regional Ethicist  
Champlain Centre for Health Care Ethics  
Ottawa, Canada

# Background



- ❧ A specialized approach to understanding the complex bioethical issues in critical care medicine will improve knowledge synthesis.
- ❧ Currently, no standardized curriculum exists in Canada to teach bioethical issues and their application in Post Graduate Medical Education (PGME).
- ❧ A systemic literature review and solicited feedback from senior intensivists indicates that trainee knowledge and skills are not sufficient in this area.

# The Literature – Current State



œ Stevens et al. found [1]

- œ Before an intensive care unit rotation, Residents responded that they had 'none' or 'too little':
  - œ Formal teaching sessions on ethical principles in 78.8% of cases;
  - œ Case-based, patient centered ethics education in 69.3% of cases; and
- œ During their intensive care unit rotations they had formal teaching sessions on ethical principles in 'none' or 'too little':
  - œ Of their training in 70.1% of cases;
  - œ Case-based, patient centered ethics education in 77.4% of cases;

# The Literature – Ethical Issues



œ Ethical issues abound in critical care medicine and may include, but are not limited to:

œ Consent and capacity

œ Substitute decision-making

œ Appropriately managing end-of-life care

œ Withholding or withdrawing LST

œ Questions of futility

# Our Approach: The Curriculum



- Utilizes case-based methods, which have demonstrated effectiveness, along with formal didactic methods. (2-3)
- Ideally modules should be taught by a professional ethicist and a senior Critical Care Physician since it has been recognized that physicians are not:

“Universally well versed in ethical principles, well trained in end-of-life decision-making, or adept at listening, eliciting preferences, and communicating about these issues in current time-pressured clinical environments.” (1)

# Content



☞ A six module program ideally offered over a period of two years.

1. *Ethical reasoning and decision making* – Identifying and working through difficult ethical dilemmas.
2. *Rights, responsibilities and interests* – Understanding the Health Care Consent Act in Critical Care
3. *Developing a Plan of Care - Goals of Care Discussions (GOCD)*
4. *When the plan of care must change* – Navigating ethical decision-making and communication with families.
5. *End-of-Life care and dying in the ICU*
6. *Special Topics* – For example, euthanasia and physician-assisted death and the right to die.

# Module 1



- ❧ *Ethical reasoning and decision making* – Identifying and working through difficult ethical dilemmas.
  - ❧ Ethics 101 – What are ethical issues, how do they arise, and in what way is ethics valuable to critical care?
  - ❧ Understanding and applying relevant ethical principles
  - ❧ Introduction to two decision-making frameworks: IDEA & A4R [4, 5]

# Module 2



- ☞ *Rights, responsibilities and interests (Legislative and regulatory landscape)* – Understanding the Health Care Consent Act in Critical Care
  - ☞ Consent and capacity in the Ontario, Canada context – Utilizing the Health Care Consent Act.
  - ☞ Defining and assessing capacity – exploring the Aid to Capacity Evaluation (ACE) tool. [6]
  - ☞ Substitute decision-making
  - ☞ The informed consent process.

# Module 3



## ❧ *Developing a Plan of Care - Goals of Care Discussions (GOCD)*

❧ Who should participate in care-planning discussions?

❧ Utilizing IDEA clinical decision-making framework

❧ General ethical issues in care planning

# Module 4



- ❧ *When the plan of care must change* – Navigating ethical decision-making and communication with families, patients, and other health professionals.
- ❧ Discuss distinction between withholding and withdrawing treatment.
- ❧ Offering time-trialed therapies and strategies for reviewing goals of care.
- ❧ The concept of futility – is it useful?
- ❧ Incorporating patient preferences – how, when, why...

# Module 5



## ☞ *End-of-Life care and dying in the ICU*

☞ Understanding palliative care and the dying process

☞ Discuss distinction between withholding and withdrawing treatment

☞ Communication

☞ Approaches to difficult conversations with patients and families

☞ Ethical issues in organ donation.

☞ Conflict of interest.

☞ DCD

☞ Brain Death

# Module 6



- ❧ *Special Topics* – For example, euthanasia and physician-assisted death and the right to die.
  - ❧ Clarifying definitions
  - ❧ Common arguments for and against the permissibility of assisted death
  - ❧ Role as physician

# Curriculum Design



- ☞ Intended to meet the Royal College of Physicians and Surgeons of Canada “CanMEDS” framework of essential physician competencies. [7]
- ☞ Covers essential issues not sufficiently addressed elsewhere.
- ☞ Provides a standardized approach to be useful elsewhere with minimal revision – across provinces or specialties.

# Curriculum Design



- Formal didactic method with integrated case-based learning provides optimal learning structure.
- Delivery by ethicist and senior Critical Care Physician ideal.
- Includes evaluative tools: pre- and post-tests, as well as online learning modules.

# Curriculum Design



- ❧ Reviewed by Director of Continuing Professional Development at University of Ottawa with commendation and support.
- ❧ Supported by Department of Clinical and Organizational Ethics, and the Adult Critical Care Medicine Training Program at the Ottawa Hospital, Ottawa, Canada.
- ❧ Awarded *Educational Initiatives in Residence Education Grant* from the University of Ottawa Faculty of Medicine Post Graduate Medical Education Office.



Questions?

# Works Cited



1. Stevens L, Cook D, Guyatt G, Griffith L, Walter S, and McMullin J. Education, ethics, and end-of-life decisions in the intensive care unit. *Critical Care Medicine*. 2002, 30:2. Pg. 290-296.
2. Crausman R, and Armstrong JD. Ethically based medical decision making in the intensive care unit – Residency Teaching Strategies. *Critical Care Clinics*. 1996, 12:1, 71-84.
3. Van Mook W, de Grave WS, Gorter SL et al. Fellows' in intensive care medicine views on professionalism and how they learn it. *Intensive Care Medicine*. 2009, 36, 300.
4. Trillium Health. (2015). Ethics at Trillium Health Partners. 2015. Online Resource. Available from: [<http://trilliumhealthpartners.ca/aboutus/pages/ethics-at-trillium-health-partners.aspx> ]. Accessed: 3<sup>rd</sup> March, 2015.
5. Daniels, N. Accountability for Reasonableness. *BMJ*, 321, 1300-1301.
6. Etchells E. Aid to capacity evaluation Tool. *Joint Centre for Bioethics Online resource*. 2015. Available from: [[http://www.jcb.utoronto.ca/tools/ace\\_download.shtml](http://www.jcb.utoronto.ca/tools/ace_download.shtml)]. Accessed: 3<sup>rd</sup> March, 2015.
7. Royal College of Physicians and Surgeons of Canada. CanMEDS 2005 Framework. *Royal College of Physicians and Surgeons of Canada* online resource. 2005. Retrieved from: [<http://www.royalcollege.ca/portal/page/portal/rc/canmeds/framework>]. Accessed: 14<sup>th</sup> September, 2014.