

## Introduction

A structured teaching program run monthly for Foundation doctors as a discussion and debate forum for complex decision making.

### AIMS

- Improving confidence in complex decision making regarding clinical ethical dilemmas
- Providing education in medical ethics and law.
- Act as an ethics resource and support for junior doctors in the hospital to discuss cases they have been involved in.

### TEACHING

Teaching sessions are based around a theme such as "death and dying". Junior doctors are encouraged to submit cases that they have been involved in. Two cases are selected for discussion each session. A pre-brief with the doctor involved is offered in order to draw out salient learning points.

The ethical and legal principles are briefly outlined to frame the case but the main focus of the session is on debate and discussion. Role play, thought experiments, voting apps and word cloud generators are used throughout the session to illustrate ideas and promote discussion.

The sessions are facilitated by a senior consultant, clinical teaching fellow and innovation fellow as a joint venture between the postgraduate and undergraduate academy.

## Methods

An initial questionnaire was sent out to all F1 and F2 doctors at The Great Western Hospital Swindon and UHB Trust Birmingham to assess previous ethics teaching and how supported they felt at making clinical complex decisions.

Participants filled out a pre and post-course survey online rating improved confidence and knowledge in different domains on a 4 point modified Likert scale. We modified our approach to each subsequent session. An interim questionnaire was circulated after 3 sessions to assess how the sessions could be adapted to meet requirements and improve.

## Baseline Survey

### IN GWH SWINDON :

On surveying junior doctors in our trust, **35% of them did not feel supported** tackling ethical dilemmas while over 70% stated they would benefit from regular ethics teaching.

### IN UHB

**40% of junior doctors** did not feel supported while **100% of them** stated they would benefit from a regular ethics forum

## Results

After our first session there was no significant increase in confidence at discussing death and dying with families or managing complex ethical decisions on the wards. However there was a significant increase in people knowing where to find help: **GW SWINDON**

I feel confident at having discussions with patients/families about withdrawal of care

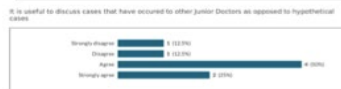
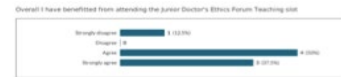
Option	Your survey (11 responses)		Comparison (11 responses)		Total
	Raw	%	Raw	%	
Strongly disagree	3	27.27%	1	9.09%	4
Disagree	5	45.45%	6	54.55%	11
Agree	3	27.27%	3	27.27%	6
Strongly agree	0	0.00%	1	9.09%	1

I know where to find help in making complex decisions?

Option	Your survey (11 responses)		Comparison (11 responses)	
	Raw	%	Raw	%
Strongly disagree	0	0.00%	1	9.09%
Disagree	8	72.73%	1	9.09%
Agree	3	27.27%	9	81.82%
Strongly agree	0	0.00%	0	0.00%

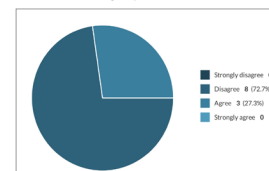
In UHB

75% of doctors reported that sessions were beneficial to their training and gained valuable learning from peer experiences.

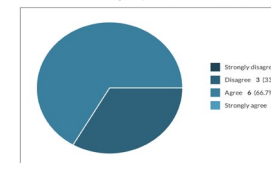


Following this we modified our teaching programme to make it more structured with some formal teaching preceding a discussion. Participant response showed an **increase in confidence at discussing ethical issues**

I feel confident at making complex and/or ethical decisions in a clinical environment

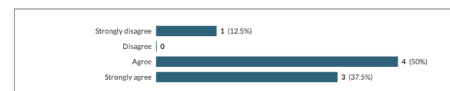


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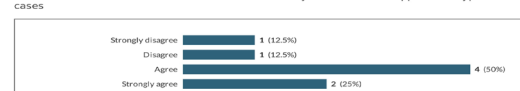


### Results of interim questionnaire – GWH SWINDON/UHB TRUST

Overall I have benefitted from attending the Junior Doctor's Ethics Forum Teaching slot



It is useful to discuss cases that have occurred to other Junior Doctors as opposed to hypothetical cases



I prefer sessions that are:



## Discussion

From our project it is clear that there was a need to provide some ethics discussion to the junior doctor cohort in the hospital who are often part of teams that will make complex and difficult decisions. However our results show that they are often unsure how to contribute to these discussions or where to look for help. They are also subject to moral injury if unsupported. <sup>1</sup> There have been increases in reporting of mental health conditions amongst junior doctors due to emotional stressors at work. <sup>2</sup> A lack of senior support in complex decision making and debriefing may contribute to this. When asking participants about confidence in particular domains such as confidence at talking to families about resuscitation, we noticed an increase post session along with knowing where to look for help. It is clear from the interim questionnaire that the participants felt they benefitted from the sessions and preferred sessions that were based on discussion and debriefing rather than formal didactic teaching or practical sessions.

## Conclusion

- Junior doctors at GWH AND UHB require support in complex decision making
- This forum increased participants knowledge of where to look for help.
- A session based on debriefing and discussion of real events submitted by doctors is the preferred session format.
- Collaborative and multidisciplinary teaching sessions are well received by junior doctors.

**REFERENCES:** 1. McDougall R. The junior doctor as ethically unique. *Journal of Medical Ethics* 2008;34:268-270 2. Tyssen R, Vaglum P, Gronvold NT, Ekeberg O. The impact of job stress and working conditions on mental health problems among junior house officers.. *Med Educ*.