

Ethics in the neonatal-perinatal medicine residency program at the University of Ottawa: Implementation of a competency-based residency education program

| | |
|---------------------|---|
| Authors: | T. Daboval, P. Muirhead, G. Morre, E. Ferretti |
| Institution: | University of Ottawa |
| Keywords: | neonatal perinatal medicine, ethics education, competencies |

To help residents in neonatal-perinatal medicine (NPM) demonstrate competencies in their roles as communicators and professionals, the current ethics program was revised and a new two-year program was developed. The objective of this project was to implement a competency-based residency program. The intent of this communication is to describe the program—including its competencies, knowledge, and learning activities—and to report our preliminary observations.

After a review of the existing educational program in Ottawa and programs elsewhere in Canada, different project phases were planned:

- (1) assessment of the current curriculum;
- (2) elaboration and development of the ethics in the NPM program; and
- (3) evaluation of the implemented program.

We defined a principal competency and related key competencies (see Textbox 1); content, procedural and situational knowledge were identified. Then, to improve competency-based learning, some teaching activities were modified and others were introduced.

Textbox 1: Ethical competency in NPM

Principal competency

Work in partnership with the parents of a sick newborn to plan the newborn's care.

Key competencies

Effectively facilitate the physician-patient relationship and the dynamic exchanges with parents that occur before, during, and after the birth of their newborn to plan the care of their newborn while respecting the ethical principles and values of each participant involved in making the decisions (parents, physician and other health professionals) Appropriately recognize and manage the ethical conflicts of interest that arise during a consultation for planning the care of a sick newborn. Generate self-reflection on the interaction with the parents and other professionals to improve efficiency in communication and collaboration.

Implementation of these phases began in April 2008. The evaluative phase demonstrated that the previous NPM program focused on knowledge learning. The elaboration phase included identification of the competencies and their associated knowledge requirements. The pedagogic development phase is in progress. A portfolio, mainly to guide self reflection, is the principal innovation.

The evaluation phase will include structured formative and summative evaluation and evaluation of the program itself by both instructors and learners. Currently, four residents have written pre-test evaluations and participated in four workshops. Some portfolios have been completed. A formative evaluation was planned between March and June 2009 for each resident.

Contact: Dr. Thierry Daboval; University of Ottawa; tel: 613-737-7600 ext 2415; email: tdaboval@cheo.on.ca

Source: 2009 International Conference on Residency Education – What Works Track; abstract 179
©2009 Royal College of Physicians and Surgeons of Canada

CanMEDS Best Practice Abstract

In summary, we implemented a competency-based residency curriculum in ethics in which the principal competency is to partner with the parents of a sick newborn to plan the newborn's care. Structured teaching activities to learn content, procedural and situational knowledge are still in development. The principal innovation, the portfolio, has been introduced. Both formative and summative evaluation will be conducted, and a curriculum evaluation by participants will further improve the program in the future.

References:

- (1) Davis DJ, Doucet H. A curriculum for teaching clinical ethics in neonatal-perinatal medicine. *Ann R Coll Physicians Surg Can* 1996; 29 (1): 45-8.
- (2) Daboval T. Survey of Medical Ethics Teaching for Neonatology Residents in Canada. Submitted to CHEO Research Institute. In progress. 2008.