

## **Training the Specialists and Subspecialists, Responsive and Respect for Patients' Family Dignity**

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**Received:** November 15, 2019; **Published:** December 09, 2019

### **Abstract**

**Background:** Training about responsibility and respect for patients' family dignity is often neglected in clinical medical education. Some studies have been devoted in this issue but we didn't find a study that addresses these training to residents.

**Objective:** For Improving the ability and performance of residents to responding and respect to the patient's families' dignity, we needed to know whether these educations must be theoretical or practical, which is more effective, and whether it influences their future career behavior.

**Methods:** In a 1000 bed tertiary hospital with 44 critical care bed, every day, residents accompany the professor in patient's families meeting when he described the patient's condition, course of actions and future plan for families. The effects of these educations on residents assessed through a questionnaire and analyzed them as a cross sectional descriptive study.

**Results:** Among 31 residents, 70% did not receive similar training before passing ICU course; 92% received practical training in the field. They believed that practical training is more effective than theoretical training.

**Conclusion:** Practical education by professors to residents is a recommended method to training the specialists and subspecialists, responsive and respect for patients' family dignity.

**Keywords:** *Medical Education; Intensive Care Units; Responsible; Dignity*

### **Introduction**

Medical education should include all aspects of education, including ethical and legal aspects, and the training of good physicians who promote the health of the population, taking into account respect for dignity, independence and safeguarding their rights, are some the main goals of medical students' education [1,2].

Usually, residency education programs in intensive care units include: theoretical training classes, practical training on patient's bedside and practical training of different procedures; so in this context, but training about responsibility and respect for patients' family dignity is often neglected. Residents should understand that managing the patient's family is an important part of patient management and that the family status can directly and indirectly influence the progress of the patient's diagnostic and therapeutic procedures and facilitate or disrupt it.

Based on a common misconception and common practice among doctors such as residents, the physician should make every effort to treat the patient through the best possible way and they don't responsible for the patient's family thoughts.

Correcting this concept requires training of residents. The first step in this field is to educate the need to be responsive to the patient's family. Subsequently, residents should learn how to respond to the family and respect their dignity. The result of these trainings should be a change in the behavior of the residents that is visible and evaluated in the educational environment. Residents trained and graduated in this environment will use this communication and responsibility approach in their future career.

A lot of studies have been devoted to explaining the foundations, dimensions, and methods of respect to the patients and their families' dignity, and some studies have been providing ethics training to residents.

McKinney Taylor and Growitz argue that, contrary to the traditional view, medicine is not merely an applied science that applies general rules to a part of human material, but in medical treatment, Human is an integral part, and this is the basis for the observance of human dignity in medicine [3]. The respect for patients' family, providing through share information, empathy, care, dignity, kindness, listening and respect for what they say and respect for their wishes and decisions and attention to needs as mentioned in some studies [4-7]. NikKhah Farakhani, *et al.* mentioned that we need virtue-based ethics including respect to dignity, emotional empathy, informational support and chivalry [8]. The concept of giving service to the public is based on a national code of conduct; it is the promotion and preservation of people's dignity in the administrative system of our country [9].

The barriers to observing these rights from the viewpoint of physicians include: low popular culture, crowded patients, lack of hospital equipment and facilities and limited time according to two studies done by Mousaei and colleagues [10] and Zagari Tafreshi and colleagues [11]. Khaghanizadeh, *et al.* mentioned that, medical professors failed to play a key role in the ethical development of students, and suggested that, while conducting ethical training courses and active teaching methods for all professors, they should use the behavioral patterns, provide a background for the emergence of ethical and professional qualifications and skills in students [12]. In other study reviewing the viewpoints of faculty members, Allami and colleagues found that formal education programs for medical students are not sufficient to train professional commitment principles, and they proposed the use of indirect methods such as the behavioral pattern of professors in this way [13].

We didn't find a study that addresses training about responsiveness and respect to patients' family dignity to residents. It is important to carry out these trainings and evaluate the outcome. None of these studies, focused on training residents about responsibility and respect to the patients and their families' dignity.

We designed and conducted this project with these specific goals for the first time:

- Improving the quality of residency education about responsibility and respect to the patients and their families' dignity; Improving the ability and performance of residents to respond to the patient's family and to respect to the patient's families' dignity; Improving the satisfaction of the residents from interacting with the patient's family and choosing the responsibility and respecting patient's family as a career behavior in future by residents.
- We needed to know whether these educations must be theoretical or practical, which is more effective, and whether it influences their future career behavior.

## Methods

Anesthesiology residents should pass six months education in the field of critical care, and sub-specialty residents of critical care medicine spent the most of two-year course in critical care unit. During this period, with the continuous presence in the intensive care unit, they are closely familiar with the principles of care for these patients and increase their knowledge and experience case by case.

This issue was addressed at the department meeting and stressed the necessity of these educations. This cross sectional descriptive study was proposed by the Department of Anesthesiology and intensive care medicine, and was implemented after approval by education development center (EDC) of University. The ethics committee of the Vice-Chancellor for Research of Ahvaz Jundishapur University of Medical Sciences approved the proposal of the project and informed consent obtained from all participants.

Firstly, we explain the necessity of being responsible and respect to the patients and their families' dignity for residents during daily rounds. We also teach them how to interact with the patient's family and share information with them.

Then, every day after visiting the patients in intensive care unit, the professor and his/her residents met the patient's families, while listening to their concerns; they describe the patient's condition, course of actions and future plans and answered their questions, carefully and patiently. Sometimes, the residents talked with the families in later meetings. This process runs daily even on holidays, and all residents enrolled and engaged in this process.

This process has been implemented in two semesters of education from august 2017 to September 2018 and continues; then the effects of this process assessed on various dimensions, through a questionnaire with 13 question. Content and face validity of questionnaire was accepted by some experts in intensive care and medical education after required revisions. Repeatability of questionnaire was tested and approved (Kronbach alpha coefficient was 0.98).

Opinions of Iranian intensivists assessed through a cyberspace survey.

### Results

Based on evaluations carried out, the implementation of this process has so far achieved the following results.

At the level of intensivists of whole country, according to a cyber space survey, the need to focus on responsibility, respect for patients' family dignity and teaching it to residents, as well as the need for research in this field, was emphasized and reminded that, it can be a spark for future educational and research activities.

At the level of residents: Among 45 residents, 31 residents complete the questionnaire; 30 specialty residents (Figure 1) and one sub-specialty resident.

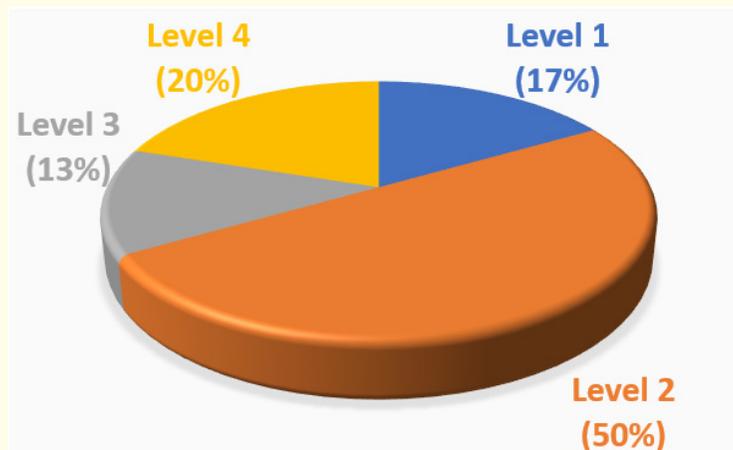


Figure 1: Residency stage of participants.

26 residents passed ICU course in Golestan Hospital and therefore, the opinions of these residents were considered for the evaluation of the process.

21 residents (70%) did not receive training about responsibility and respect for patients' family dignity before passing ICU course and 22 residents (92%) received training in the field during ICU course. Two residents (8%) had received theoretical training, and 22 residents (92%) had received practical training in the field. All the residents (100%) stated that after passing this course, their satisfaction increased from this professional behavior.

Professors assessed the knowledge and skills of the residents about responsibility and respect to the patients' family dignity, their average score is 17 of 20.

We assessed the effectiveness of theoretical and practical training according to residents' point of view (Figure 2).

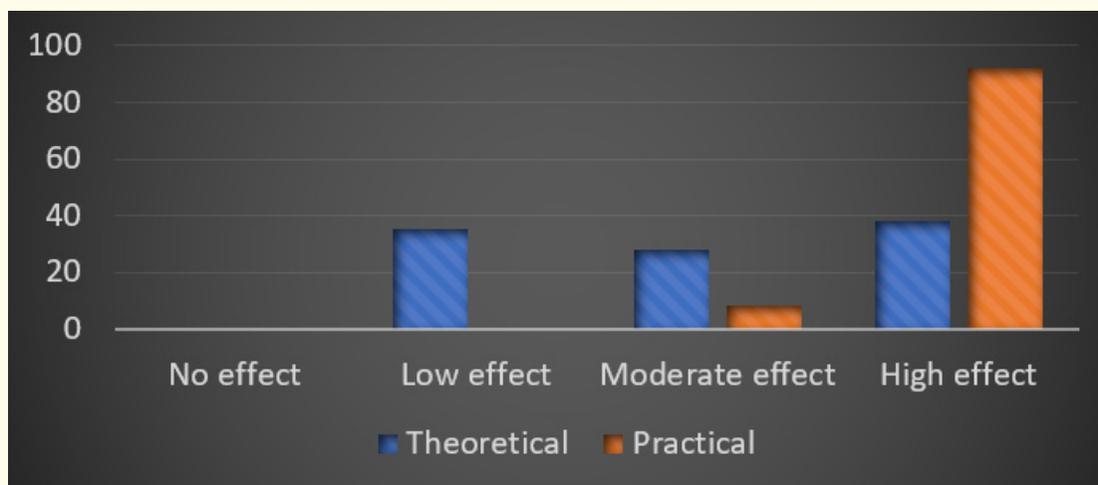


Figure 1: Residency stage of participants.

They said that, after passing this course, their ability to respond to the patients' family increased (92%) and their practical approach to respect for patients' family dignity improved (96%). All residents (100%) stated that they were determined to continue this approach in their future career.

### Discussion

According to this study's results, all experts accept the need for responsibility, respect for patients' family dignity and teaching it to residents, as well as the need for research in this field. Most of residents, did not receive these training prior to this study. Practical training is most effective than theoretical training. It satisfied the residents and they choose this approach in their future career. These results show that the process addresses its goals.

Our study clearly indicates the importance of observance of human dignity in medicine as mentioned by McKinney Taylor and Growitz [3]. It was in line with a national code of conduct [9]. We provided the respect for patients' family, as mentioned in other studies [4-7].

### Limitation and Recommendation

The limitations of our study were lack of proper space for doctors and families interview, limited time of physicians to address this issue because of crowded patients (average 44 critically care bed), similar to some studies [10,11]; we tried to encounter these problems with patience of professors and students.

Other limitation was the implementation of the project in one educational department (anesthesiology and intensive care medicine department), it is better to do this by all departments doctors for more coordination and more effectiveness.

Obviously, this process, like other innovative educational processes, requires continuous improvement based on the engagement with stakeholders, and we have a long way to reach the desired situation, which we can achieve with earnestness and effort.

We recommended the enrollment of all departments' doctors in these educations and do larger studies about its effectiveness.

### Conclusion

Practical education of responsibility and respect for patient's family dignity by professors to residents is a recommended method to training the specialists and subspecialists, Responsive and respect for patients' family dignity.

### Acknowledgments

The authors wish to thank all participants for sharing their thoughts and experiences.

### Prior Presentation

The abstract of this study presented as poster in 12<sup>th</sup> educational festival (2019) of Ahvaz Jundishapur University of Medical Sciences and gained the 2<sup>nd</sup> rank in the field of education and learning, with honor.

### Conflict of Interest

The authors report no conflict of interests. The authors alone are responsible for the content and writing of this article.

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**Volume 4 Issue 1 January 2020**

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