

Conscientious Refusal:  
A 3 Part Workshop to Promote  
Reflective and Active Learning of  
Ethics, Communication Skills and Professionalism

Facilitator's Background

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## RESOURCE DESCRIPTION

This 3 part exercise provides an introduction to the core ethical issue of conscientious refusal and the limits of conscientious refusal in providing quality health care; the opportunity to discuss the challenges posed to professionalism in the clinical situation of conscientious refusal; a values clarification exercise; and finally role-play to practice the handling of ethical conflict with patients seeking objectionable medical interventions.

**Part One:** Live acted skits or video triggers followed by small or intermediate sized group discussion

**Part Two:** Privately written values clarification that may or may not be followed by small or intermediate sized group discussion

**Part Three:** Helping trios role play to practice communication skills under moral challenge

Part 1 can be conducted as a stand-alone exercise. Parts 2 and 3 can also be conducted as a stand-alone duo.

## PURPOSES, GOAL AND OBJECTIVES

At the end of this exercise, learners should be able to:

**Part One:** Discuss the four limits to conscientious refusal as defined by the American College of Obstetricians and Gynecologists, and name strategies at the institutional, systems and individual practitioner levels to reduce the impact of individual provider conscientious refusal on patient care,

**Part Two:** Review questions helpful in identifying personal emotions and values in situations of patient-provider moral conflict,

**Parts One & Three** Identify communications challenges to professionalism in situations of patient-provider conflict, especially delivery of the news of pregnancy and pregnancy options counseling

One potential and common clinical situation that the majority of practicing physicians will face is delivery of the news of pregnancy followed by at least initiation of pregnancy options counseling. While the competency of non-directive options counseling for women facing unintended pregnancy has been rated for 3rd year medical students at the highest level, “Does” by the Association of Professors of Gynecology and Obstetrics, no previously published tools exist to teach the complex interplay of ethical reasoning and communications challenges posed to students opposed to differing options(1). Not only might students and practitioners oppose abortion in the case of unplanned pregnancy; pregnancy continuation, adoption or infertility services for patients considered unfit parents also morally challenge physicians. Support personnel, especially anesthesiologists, radiologists and nurses may refuse to participate in services that a primary physician plans to provide. Some practitioners likewise are morally opposed to providing specific contraceptive options and sterilization. Differing indications for patients’ requests for pre-implantation genetic diagnosis and

other advanced reproductive technologies also invoke a range of moral reaction from potential providers.

The issue of conscientious refusal extends well outside of reproductive health, emerging in end of life care as doctors may refuse on moral grounds to provide what they perceive as futile care, participate in physician assisted suicide where it is legal, and/or discontinue interventions that prolong life.(2)

Competency in the professional handling of these clinical situations involves at least 3 arenas of instruction and/or deliberation. First, students must have familiarity with conscientious refusal as an ethical issue in medical practice and its limits. Second, they must have self-awareness of their own emotional responses to these situations and clarify when and how their values conflict with those of their patients . Thirdly, they must use this understanding and awareness to engage in the self-regulation necessary to maintain professionalism in providing care in these situations.

The Ethics Committee of the American College of Obstetricians and Gynecologists has provided the first published opinion elegantly outlining a framework applicable to all such situations, rather than focusing on specific interventions. (3) Beginning with the statement that a provider’s personal conscience has an integral and usually very positive place in medical care and should therefore be respected and supported, the committee continues by outlining four limits to the exercise of that conscience, and finishes by discussing the role of institutions and individual practitioners in minimizing the opportunities for conflict in the clinical setting. These points all constitute the ethics portion of the first portion of this exercise.

In the second portion of the exercise, students choose a brief clinical scenario from a list that would create moral conflict for them, and individually record answers to 6 questions regarding their beliefs, attitudes, and feelings about the patient and their own values.

In the third and final portion, students engage in a helping trios communication skills exercise, using the same scenarios on which they reflected during the second portion of the exercise, and then participate in facilitated discussion of their performance and the challenges posed.

This exercise was run with over 300 students during 3 academic years at the University of Miami Miller School of Medicine. Strongly positive results of 140 students’ evaluation of the exercise are separately published. (4) In the Kirkpatrick model (5) of educational evaluation, for the level 1 (evaluation of reaction) outcome, 95% rated the exercise as educationally valuable. For the level 2 (evaluation of learning) 47% reported change in their comfort level with options counseling and 60% affirmed that the exercised changed their understanding of the role of the physician. For the level 3 (evaluation of behavior or intended behavior change), 84% agreed that they would “approach things differently” as a result of participation. As our greatest interest is in level 4 (evaluation of impact), we conducted a trial randomizing students to participation either before or after the workshop in an OSCE of options counseling including communication and ethical challenges. Preliminary data submitted by the primary author for publication elsewhere demonstrate a statistically significant impact of the exercise on certain elements of competency and communication skills, although not overall competency. We did not design a direct test of ethics knowledge, although this could be easily done. On a broader level, it is hoped that this exercise, by providing opportunities to discuss ethics and communications challenges, and for self-reflection, empathic imagination, and communications



skills practice, learners will have a structured approach to maximize their professional handling of clinical situations they will undoubtedly encounter in their careers and guide their life-long learning with each encounter.

## **INTENDED AUDIENCE & PRE-REQUISITES**

The intended and only audience with which this workshop has been used is third year medical students on the obstetrics and gynecology clerkship. Students should have familiarity and ideally competence with basic communication skills, including the timing and importance of open-ended questioning, active listening, and non-verbal communication. Students should also be open to role-play as a form of learning to conduct Part 3 in helping trios format.

## **INSTRUCTOR QUALIFICATIONS**

**Parts One and Two:** The instructor for the first two parts should have full familiarity with the ACOG position statement, and ideally the ability to speak transparently and genuinely about how s/he has seen the importance of a professional approach to conscientious refusal play out in both their own practice of medicine and in the practice of others. Many third year students have not yet had opportunity to witness or participate in clinical care where the issue arises. The instructor should be fully familiar with the two videotaped skits. The instructor also must have small and/or intermediate sized group facilitation skills.

**Part Three: If this is conducted in the “helping trios” format,** the instructor(s) for the third portions of the exercise should have familiarity with this mode of communication skills teaching, and the ability to foster engagement in role play if students are inconsistently open to this form of learning. At least one faculty preceptor for every 2-3 helping trio groups is necessary for the third portion.

## **MATERIALS**

**Parts One:** Two individuals to act the skits OR AV capability for video play

**Part Two:** One sheet per student of “Reflective Exercise”

**Part Three:** Background for patient part and physician part of the encounters

**All Parts:** Workshop Evaluation Questionnaire

## **IMPLEMENTATION** **(see attached Workshop Guide)**



## ASSESSMENT & EVALUATION

A workshop evaluation tool is included for obtaining individual student feedback. Also included are a “pre-workshop” and “post-workshop” If this exercise is used toward building competency in non-directive options counseling and the delivery of news of pregnancy, the authors have developed two standardized patients for evaluating these competencies which have been accepted as of this writing for publication in MedEd Portal under the title “Objective Structured Clinical Examination – Non-Directive Pregnancy Options Counseling with Communication and Ethical Challenges.”

This workshop was used successfully used with each entire block of third year students on the core obstetrics and gynecology clerkship for over 2 years at the University of Miami. Blocks number from 18-24 students. **The entire exercise typically runs 1 ½ - 2 hours, varying with the size of the group and the degree of engagement in the helping trio role play.** Student evaluation of the exercise has been published. 1

Strengths of the exercise include its well tested use over 3 years and over 300 students at a US medical school with a traditional pre-clinical/clinical curricular structure, and strong student ratings and perceptions of value to their education. Other strengths are the use of a well developed ethical construct derived from a major professional organization, the “balanced” approach of demonstrating how conscience can create conflict in both pregnancy termination and pregnancy continuation, the use of video triggers depicting relatively common scenarios, and adaptability to both small and intermediate sized group instruction. Weakness of the exercise are the need for at least one faculty member per 3 helping trio groups to foster engagement in the role play, the reluctance of especially male students to play the role of female patients, and the emotional complexity of the scenario patients. For these reasons, if sufficient faculty are not available or the student group is not receptive to role play, the OPTION in the workshop guide of foregoing PART 3, and augmenting PART 2 with a demonstration using a faculty member who can believably play one of the challenging scenario patients is recommended.

### References:

- [1] The Association of Professors of Gynecology and Obstetrics. APGO medical student education objectives. 9th ed. 2010. Available at: <http://www.apgo.org>. Accessed September 18, 2010.
- [2] Butler K. What broke my father's heart. The New York Times Magazine, June 18, 2010. Available at: <http://www.nytimes.com/2010/06/20/magazine/20pacemaker-t.html>. Accessed September 18, 2010.
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- [5] Kirkpatrick DL. (1994) *Evaluating Training Programs: the Four Levels*. Berrett-Koehler Publishers, Inc., San Francisco, California.

