

## Title Page

Title: Building Reflective Spaces for Junior Doctors to Promote Ethical, Legal and Professional Learning Relating to Clinical Practice

Authors: Dr Laura L Machin\* & Professor Paul Baker

\*Corresponding author

Dr Laura L. Machin, Senior Lecturer in Medical Ethics, Lancaster Medical School, Health Innovation One, Sir John Fisher Drive, Lancaster University, Lancaster, LA1 4AT

[l.machin@lancaster.ac.uk](mailto:l.machin@lancaster.ac.uk)

## Abstract

Background: Concerns have been raised surrounding the training of Foundation Doctors on the ethical, legal and professional aspects (ELP) of clinical practice, leading to some to claim a degree of educational neglect. Foundation Doctors are junior doctors in the UK within the first two years of their medical career since graduating from medical school.

Approach: Lancaster University and Health Education England North West (HEE NW) introduced a series of training materials specially created to meet the ELP training needs of **Foundation Doctors**, which were piloted by Foundation Schools.

Evaluation: The training was delivered to **Foundation Doctors** in first and second year of their training either online or in person. The facilitators were clinical senior doctors, and did not have an academic qualification in ELP. **Some large Foundation Schools used two training packs to provide an optional ELP day for their Foundation Doctors, whilst individual hospitals within a Foundation School used the training packs to provide training as part of their mandatory weekly training for Foundation Doctors.** Feedback was gathered from **Foundation Doctors** and training facilitators when a training pack was piloted.

Implications: Foundation Doctors were able to make links between the messages delivered in the training to their own clinical practice. Foundation Schools have incorporated the training packs into the two-year Foundation Programme, which creates the possibility for ELP training to become standardised across Foundation Schools.

## Manuscript

### Background

Continuing ethics, law and professionalism (ELP) learning beyond medical school has long been a pressing concern<sup>1</sup>. There have been calls to ensure that the formal teaching within the UK foundation training programme includes sufficient content on ELP topics<sup>2</sup> for Foundation Doctors (FDs), who are within the first two years of their medical career since graduating medical school. Research shows that FDs have trouble grappling with ELP issues in clinical practice<sup>3</sup> as they transition from medical student to healthcare professional<sup>4</sup>, and yet still operate as both learner and clinician<sup>5</sup> as they rotate around wards and specialities as part of their training. However, it is acknowledged that support and reflective opportunities for FDs when facing ELP issues in practice is limited, due to a lack of senior role models to serve as moral and practical guides<sup>5</sup>, and the limited training and educational spaces. Consequently, doctors and ethicists alike have raised concerns over a degree of educational neglect<sup>6</sup> given the dearth of dedicated educational resources tailored for FDs and their continued learning around ELP<sup>7,8</sup>. In 2021, the UK Foundation Programme Office (UKFPO) released an updated curriculum for all UK Foundation Schools to follow, which

includes ethics and law as one of the three higher order learning objectives central to the curriculum.

In response to this, Lancaster University and Health Education England North West (HEE NW) introduced *Building Reflective Spaces for Foundation Doctors: Thinking Ethically, Legally and Professionally*; a series of training materials specially created to meet the ELP training needs of FDs. The ambition underpinning the training series was to promote and encourage ELP sensitive, aware, and reflective FDs, whereby they are attuned to the ELP aspects of their everyday clinical practice, which informs reasoned and transparent decision making and actions; such capabilities in doctors have been deemed beneficial for healthcare organisations<sup>9</sup>. The aims for each training pack within the series varied according to the ELP theme (see Table 1).

### Approach

When designing the *Building Reflective Spaces* series, we took into account the perspectives and needs of both the FDs and those tasked with delivering the Foundation Programme within hospitals, trusts, and schools. The indepth focus of the UKFPO curriculum on ELP

alongside the range of ELP topics that FDs stated they wished to receive training on as a FD<sup>10</sup>, meant that multiple training packs were required to form a series to provide a reflective space for FDs to consider the ELP aspects of their everyday clinical encounters areas (see Table 2). The training packs intentionally built upon the ELP learning the FDs gained during medical school, and therefore aimed to advance their knowledge, understanding and learning in these areas, accepting that there is extensive and ongoing debate over whether knowledge of ELP influences and informs practice<sup>9,11</sup>. Large scale and longitudinal studies are needed with healthcare professionals in order to fully explore the impact of ELP training on practice.

The training packs were designed to be delivered by clinical colleagues who may or may not have formal qualifications on ELP, or by non-clinical colleagues, such as academics at local medical schools. The content of the training packs were mapped against the new UKFPO (2021) foundation professional capabilities e.g. continuity of care; upholding the values; ethics and law; as well as the General Medical Council Generic Professional Capabilities, thereby illustrating the need for the training to the FDs. The content of each training pack was drawn from research studies (see Table 2), and included a range of media to support

learning including blogs, podcasts, and television programmes. The training packs provided discrete training opportunities for FDs around a specific ELP theme and therefore it was not necessary for all five training packs in the series to be used by a hospital trust, or the packs to be used in a particular order as the packs did not require prior learning on the topic. That said, the ELP content in each pack were purposively different and included a wide range of concepts, theories, and frameworks so that the ELP learning of FDs developed and expanded with each training pack. Each pack included a slide pack and a facilitator's guide on how to build the training session. The facilitator would deliver the training, which could entail lecturing, and facilitating small group work and large group discussions, depending on which activities they choose to include.

### Evaluation

The training materials were used for FDs in their first and second year of training, and were adapted to the mode of delivery e.g. in person, or remote, and length of session i.e. between 50 minutes (lecture style with little group interaction) and up to 2 hours in length (workshop style with high group interaction). Twenty-eight foundation trusts and schools across England, Wales, and Northern Ireland have expressed interest in piloting the training

packs, across 13 regions in the UK, (also known as Deaneries), and were enrolled through the UK Foundation Programme Office and HEE NW between February 2021 and June 2022. Each interested trust was initially sent one training pack to pilot of their choice, and was asked to find a facilitator to build and deliver the training session at a time of their choosing. Presently a total of 10 foundation trusts have reported using the training packs sent, provided feedback, and five of these trusts have delivered between one and four further training packs.

An evaluation of the training packs took place with both facilitators and FDs (see Box 1). An evaluation sheet was included in the training packs to capture qualitative feedback from facilitators on what they found useful in the packs, and how the materials could be improved for future use. Facilitators were asked to share any anonymised feedback collected from the FDs participating in the training session, again to capture what the FDs appreciated about the content of the training packs, and any suggestions on how the training materials could be improved. Limitations of the evaluation emerged as the feedback highlighted that the aims of the training sessions varied across trusts according to the content included in the training. Incorporating feedback from both learners and trainers

promoted a holistic view on the training materials, although it was not obligatory to complete the evaluation or share the FDs' feedback in order to participate in the pilot. NHS governance requirements deemed the reporting of the pilot as a service evaluation. Institutional approval was gathered from Lancaster University Faculty of Health and Medicine Research Ethics Committee. Governance approval was also granted by Health Education England.

The training tended to be delivered by clinical colleagues, rather than non-clinical/academic colleagues, and were more likely to be senior doctors, or Foundation Programme Directors.

This proved beneficial as having senior figures in the trust implicitly endorsed the value and worth of ELP training and learning to the FDs similar to the benefits that are reported around role modeling as an education strategy<sup>12,13</sup>. Equally, one site involved second year FDs to deliver the training to first year FDs and therefore provided a near-peer learning experience that was mutually beneficial to the facilitators and the learners<sup>14</sup>. The majority of the facilitators did not have a qualification in ELP, nor had they provided teaching on the topic previously.



Occasionally, the training packs were used at a department level whereby all colleagues attended. Those with a small number of FDs tended to deliver the training within a specific hospital. Attendance at these sessions tended to be mandatory. In contrast, those with large numbers of FDs i.e. 250+ requested a second training pack to create an ELP training day, open to a limited number of FDs within the region. The sessions tended to be optional for FDs to attend, with a limit on numbers attending.

### Implications

There have been a number of successes, surprises and impacts resulting from the piloting of the training materials (see Table 3). Success 'highlights' were the FDs appreciated the range of resources used in the training e.g. podcasts, qualitative extracts from research studies, as well as the combination of legal cases with ethical frameworks:

*"The article on which the session was based shared some surprising insights in to the perception and practice of sedation." Foundation Doctor*

*"I have always found examples of case law useful to help illustrate where clinicians went wrong (or right)...showing where the law has found in favour or against people's actions has helped me to remember certain ethical principles" Foundation*

*Doctor*

They also made links between the messages delivered in the training to shifts in their practice and influencing their approach to patient management, which contributes to debates as to whether ethics knowledge translates into practice<sup>9</sup>:

*“...makes you think more proactively about how you manage self-discharge”*

*Foundation Doctor*

*“makes you consider people’s reasoning, especially in A&E [Accident and Emergency dept] when people aren’t expecting to come in” Foundation Doctor*

*“It has encouraged me to be more empathetic towards these patients” Foundation Doctor*

We have continued to design training packs in order to build a programme that can meet the ELP training needs for FDs. **Consequently**, the packs could form the basis of a minimum curriculum as recommended elsewhere for the two-year foundation programme<sup>10</sup>. **Furthermore**, the Foundation Schools’ continued engagement with the training materials means that a potential impact of the programme is to standardised the ELP training across the Schools. **It is apparent therefore that this programme is going some way to support the ELP awareness, sensitivity and reflective practice of FDs.**

Looking ahead, the pilot has highlighted the possibility of the training packs to be used to generate interprofessional learning opportunities around ELP with students and practitioners within and beyond medicine, such as nursing, clinical psychology as discussed elsewhere<sup>15</sup> in order to foster team-based care. This educational opportunity was identified when facilitators decided to use the training packs with all colleagues within a hospital department, instead of solely FDs, as a response to addressing points raised by a regulator during a trust visit.

### *Next Steps*

The piloting of the training packs is ongoing to allow for newly designed training packs to also be tested and evaluated. Additional training packs will be designed based on topics identified by FDs and facilitators. Learning modes, such as video clips and simulation experiences are being considered to provide diversity within new training packs. Open access options to make the training packs easily accessible by foundation schools once the pilot has completed are being explored. In recognition of the value of experiencing learning to share learning, we will be holding continuing professional development events, which

will involve the materials in the training packs being used by senior doctors so they experience ELP training, as well as reflecting on how they may use the packs for training FDs in their trusts.

### *Barriers and Facilitators*

There were various elements that worked well that suggest principles when designing a similar training programme in the future i.e. flexibility, needs analysis, and user engagement (see Table 4). However, some facilitators reported that building a session took longer than they anticipated, perhaps as a result of not being ethically or legally qualified, or exploring a topic they had not taught previously. On reflection, facilitators could be provided with an indicative timeframe e.g. 3-4 hours to build a session in order to promote allocating sufficient preparation time.

### Conclusion

The continuing interest from both FDs and foundation schools in Building Reflective Spaces programme supports the calls for ELP training to continue beyond medical school<sup>1</sup>. Furthermore, it reinforces the idea of FDs holding a unique position within medical

training<sup>3,4,5</sup> and therefore a targeted training programme on ELP is both warranted and much desired.

## References

1. Guillemin M, McDougall R, Gillam L. Developing 'ethical mindfulness' in continuing professional development in healthcare: Use of a personal narrative approach. *Cambridge Quarterly in Healthcare Ethics* 2009;18:197-208.
2. Levy J, Coward B. Ethical dilemmas: a focus of discussion for junior doctors. *Postgrad Med J* 2010;86(1021):631-631.
3. Vivekananda-Schmidt P, Vernon B. FY1 doctors' ethicolegal challenges in their first year of clinical practice: an interview study. *Journal of Med Ethics* 2014;40:277-281.
4. Kirkham D, Baker P. Twelve tips for running teaching programmes for newly qualified doctors. *Medical Teacher* 2012;34:625-630.
5. McDougall R, Sokol DK. The ethical junior: a typology of ethical problems faced by house officers. *Journal of the R Society of Medicine* 2008;101(2):67-70.
6. Linklater GT. Educational needs of foundation doctors caring for dying patients. *Journal of R Coll Physicians Edinb* 2010;40(1):13-18.
7. McDougall R. The junior doctor as ethically unique. *Journal of Med Ethics* 2008;34:268-270.

8. Chamsi-Pasha H, Chamsi-Pasha M, Albar MA. Pragmatic message to junior doctors. *Postgrad Med Journal* 2016;92:418-420.

9. Machin LL, Proctor RD. Engaging tomorrow's doctors in clinical ethics: implications for healthcare organisations. *Health Care Analysis* 2020;Sept(7):1-24.

10. Machin LL, Latcham N, Lavelle C, Williams RA, Corfield L. Exploring the perceived medical ethics and law training needs of UK foundation doctors. *Medical Teacher* 2020;42(1):92-100.

11. Campbell AV, Chin J, Voo TC. How can we know that ethics education produces ethical doctors? *Medical Teacher* 2007;29: 431-436.

12. Cordingley L, Hyde C, Peters S, Vernon B, Bundy C. Undergraduate medical students' exposure to clinical ethics: a challenge to the development of professional behaviours? *Medical Education* 2007;41:1202 – 1209.

13. Paice E, Heard S, Moss F. How important are role models in making good doctors? *British Medical Journal* 2002;325:707 – 710.

14. Hall S, Harrison CH, Stephens J, Andrade MG, Seaby EG, Parton W, McElligott S, Myers MA, Elmansouri A, Ahn M, Parrott R. The benefits of being a near-peer teacher. *The Clinical Teacher* 2018;15(5):403-7.

15. Machin LL, Bellis K, Dixon C, Morgan H, Pye J, Spencer P, Williams RA. Interprofessional education and practice guide: designing ethics-orientated interprofessional education for health and social care students. *Journal of Interprofessional Care* 2018; 33(6):608-618.



**Table 1: Examples of the Suggested Aims and Content Available for a Selection of the ELP Training Packs**

ELP Theme	Example Training Aims	Example Training Pack Content
Do Not Attempt Cardio-Pulmonary Resuscitation	<p>To provide space to discuss and share FDs experiences and observations around DNACPR</p> <p>To support FDs understanding of current clinical practices surrounding DNACPR</p> <p>To build on and advance FDs knowledge of the legal, ethical and professional considerations surrounding DNACPR</p>	<p>Why do the ethics of DNACPR matter? to foundation doctors? According to whom?</p> <p>Explore the key legal cases surrounding DNACPR that inform our practices today</p> <p>Apply and critique the ethical concepts and principles in relation to DNACPR</p> <p>Discuss and reflect upon current professional</p>

		<p>guidance in relation to FDs</p> <p>own experiences</p>
Raising concerns	<p>To provide space to discuss and share FDs experiences of, and reflections on, raising concerns</p> <p>To consider FDs professional, ethical and moral obligations surrounding raising concerns</p>	<p>Why does raising concerns matter? to foundation doctors? According to whom?</p> <p>Explore the typical concerns raised, and the challenges and obstacles with raising concerns for foundation doctors</p> <p>Consider the hidden curriculum and its impact upon the profession, FDs ethical and moral codes</p> <p>Critically discuss and reflect upon recent research and</p>

		current professional guidance on raising concerns
Suicidal patients	<p>To provide space to discuss and share FDs experiences of engaging with suicidal patients</p> <p>To build on and advance FDs understanding of the ethical aspects surrounding suicidal patients</p> <p>To develop a critical insight into the legal aspects relating to patient suicide</p>	<p>Why we need to focus on the ethics of suicidal patients for junior doctors</p> <p>What we do and don't know about the ethics of suicidal patients</p> <p>Doctors' experiences of engaging with suicidal patients</p> <p>Debating the key ethical issues around suicidal patients</p> <p>Ethical case analysis and discussion</p>

		Legal aspects and cases relating to suicidal patients and their relatives
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Table 2: Brief Overview of the Ethical, Legal and Professionalism Content of Each Training Pack

	Training Pack Topic	Do Not Attempt Cardio-Pulmonary Resuscitation	Self-discharge against medical advice	Chemically restraining patients	Raising concerns	Suicidal patients
Ethics including: Ethical frameworks, concepts, and	Ethical Concepts	Medical futility; Beauchamp & Childress Four Principle	Duty of care; Four Quadrants (medical indications, patient preferences	Patient autonomy; informed consent; best interests; doctrine of double	Hidden curriculum; Medical morality; Ethical erosion;	C.A.R.E. framework; Four principles

<p>principles to structure reasoning and support clinical decision-making.</p>		<p>s (respect for autonomy, justice, beneficence, and non-maleficence)</p>	<p>es, quality of life, contextual features); CoRE-Values Framework k</p>	<p>effect; principle of proportionality</p>	<p>Moral compass; Moral courage</p>	
<p>Law including: High-profile legal cases to</p>	<p>Legal Cases</p>	<p>Janet Tracey; Carl Winspear</p>			<p>Simon Bramhall; Bawa-Gaba</p>	<p>Savage v South Essex Partnership NHS Foundation</p>

illustrate and highlight healthcare professionals' legal responsibilities within clinical practice.						Trust 2008; Rabone v Pennine Care NHS Foundation Trust; Reynolds v United Kingdom
Professionalism including: Professional	Professional Guidance	Decision Making Relating to CPR' Guidance	Trust guidelines, policies and processes	Trust guidelines, policies and processes relating to	GMC Good Medical Practice; GMC	Trust guidelines, policies and processes

<p><b>guidance and policies from significant bodies and organisations to raise awareness of healthcare professionals' obligation</b></p>		<p>e from BMA, Resus Council &amp; RCN (3<sup>rd</sup> ed)(1<sup>st</sup> Revision) ; Trust guideline s, policies and processe s relating to DNACPR</p>	<p>relating to discharge against medical advice; Medical Protection Society guidance</p>	<p>chemically restraining patients</p>	<p>Raising and Acting on Concerns about Patient Safety</p>	<p>relating to suicidal patients</p>
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<p>s and duties within clinical practice that underpin clinical decision making.</p>						
<p><b>Selected reference s used to inform content.</b></p>		<p>Fritz &amp; Fuld, 2010; Holm &amp; Jorgense n, 2001; Slowther</p>	<p>Machin, Goodwin &amp; Warriner, 2018; Sullivan, 2000;</p>	<p>Aveyard &amp; Wooliams, 2006; Molassiotis &amp; Newell, 1996; Di Fabio, 1981; Faden</p>	<p>Gafson et al., 2019; McDougal &amp; Sokol, 2008; Williams et al.,</p>	<p>Coverdale et al., 2007; Brown, 1987; Barrett, 1997;</p>

		, 2006; Etheridge & Gatland, 2015; Sokol, 2009; Kite & Wilkinso n, 2002; Berry & Heath, 2017	Downie, 1986; Gillon, 1986; Ruderman et al., 2006; Warriner, 2011	and Beauchamp, 1986: O'Neill, 2003: Chan, 2002: Kennedy and Grubb, 2000: Savulescu, 1997; DeGrazia, 1995: Jencks and Clauser, 1991: Salvatore, 1993	1997; Samuel et al., 2012; Martinez et al., 2017; Holt, 2015; Rimmer, 2018; Rogers, Creed, and Searle, 2014; Markwell & Wainer,	Høifødt & Talseth, 2006; Coverdale & Roberts, 2007; Khan & Mian, 2010; Jobes, 2008; Saigle & Racine, 2018; Roberts & Dyer, 2004; Pilkington & Etkin,
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					2009; Forde & Aasland, 2008; Vivekanan da- Schmidt & Venon, 2014; Dwyer, 1994; Talash et al., 2020	2003; Joiner, 2011; MacDonald , 2007; Appel, 2012; Shein, 1976; Gitlin, 1999; Gorlin & Zucker, 1983
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Table 3: Successes, Surprises, Impacts and Reflections of Ethics, Law and Professionalism

Training Pilot

Successes	Surprises	Impacts	Reflections
<p>Foundation Schools appreciated readily available training materials that were flexible in terms of time available, delivery mode etc. particularly during a pandemic when face to face teaching was restricted.</p>	<p>Requests from trusts to develop additional training packs on topics suggested by facilitators and/or the FDs.</p>	<p>In some trusts, the training packs are now a fixed feature of their upcoming Foundation training programmes.</p>	<p>Some facilitators, when agreeing to pilot the training materials, requested the opportunity to ask questions to the design team when using the materials to build their training session. However, an aim of designing the training packs was to empower trusts by providing the</p>

			resources online in the future. In response, these facilitators were guided to the facilitator’s guide provided in each training pack, and at that stage to return to the design team with any questions.
Foundation Schools valued having training packs that could be adapted each year according to facilitators available, and if the same facilitator – what worked well, and what could be changed in	By trusts piloting the training materials, unforeseen possibilities of the training packs to be used to generate an interprofessional learning opportunity.	Trusts have asked for more training packs to incorporate into their Foundation training programme.	Whilst most FDs reported enjoying the reflective tone of the training sessions, some FDs craved the inclusion of “practical tips” and “reference to clinical practice”. In future training packs, facilitators

<p>light of FDs' feedback.</p>			<p>will be encouraged to promote explicit discussion with FDs over how the key messages in the training session can inform their future clinical practice i.e. what will you do differently as a result of this training session?</p>
<p>FDs appreciated having dedicated time and space to reflect on their own and others clinical practices, as well as having the opportunity to share their</p>	<p>The training packs were also used as a way of responding to points raised in reports from regulators, such as the Care Quality Commission</p>		

<p>experiences, and engage with their peers at this stage of their training.</p>	<p>inspections.</p>		
<p>FDs appreciated ethics, law and professionalism training on topics that were identified by their peers as worthwhile. FDs also valued receiving training that was tailored to meet their unique needs given their position in the medical hierarchy.</p>			

Table 4: Successful Facilitation Factors for Similar Training Initiatives

Design Principle	Measure
Flexibility	Foundation Schools appreciated having training materials that are readily available, and can be adapted according to time available, and delivery mode etc.
User Engagement and Co-Construction	The design collaboration for the training programme included FDs as they were able to provide authentic case studies for discussion and also ensure the materials were pitched as Foundation-level experience.
Needs Analysis	FDs appreciated ELP training on topics that were identified by their peers as worthwhile <sup>5</sup> , and was tailored to meet their unique needs given their position within the medical hierarchy <sup>2</sup> .



## Box 1: Brief Visual Overview of Evaluating the Building Reflective Spaces Training

### Programme for Foundation Doctors

