

Canadian postgraduate emergency medicine training: A pilot module in legal education for residents

Key mesh words: curriculum, emergency medicine, law, education

Abstract:

In Canada and the US, accrediting colleges are directing residency training programs to make changes in their curriculum. CanMEDS 2000, is a distinct Canadian national educational directive that highlights future non-clinical areas of resident education that are required to develop well rounded consultants in EM. One of the domains described in this new initiative pertains to expertise in medical-legal issues. EM physicians must be able to provide expert opinion to the Courts in criminal and civil litigation cases. Interactions with patients, families and third parties such as law enforcement agencies have to be based on sound legal knowledge of patients' rights as well as on solid understanding of the EM physicians' legal obligations. Issues of informed consent and confidentiality are one of the cornerstones of patient-EM physician interactions. Review of the literature shows that in Canada and the US this area of medical education has not been approached in a systematic and consistent fashion. This article reviews the creation of a new, pilot legal education program on behalf of 2 EM training programs affiliated with a Canadian medical teaching system. The general direction of medical education in Canada as outlined in CanMEDS 2000 and the specific steps taken to develop this pilot educational module could provide Israeli EM leaders and medical educators with another perspective to consider in their efforts to build national guidelines and to implement training requirements for EM education in Israel.

Introduction:

Canada has two separate and distinct paths leading to emergency medicine (EM) certification. The Royal College of Physicians and Surgeons (RCPS) tract provides specialists in the discipline. The objectives and guidelines of EM residencies in the specialty tract are similar to those of the American Medical Association (1,2). In general, EM specialists tend to concentrate practice in the major urban teaching centers. The College of Family Physicians (CFPC) has an additional year of training for family physicians and this leads to a certificate of special competence in EM. The CFPC objectives for the one additional year of training is to train family physicians with special competence in EM (3). The EM certified family physicians are found in urban, regional and rural centers. These two training paths appear to serve the geographical needs of our large country well. However, due to lack of sufficient training positions there is and will be ongoing and substantial shortages of trained and certified emergency physicians in the years to come (4). There are 27 EM training programs in Canada, and the 11 RCPS and 16 CFPC residencies' annual output is up to 20 and 81 graduates respectively (5).

In the area of resident education, both colleges have stressed over the years the need for developing clinically competent physicians. More recently, other non-clinical areas of competence have been described under the acronym of CanMEDS 2000. The implementation of CanMEDS 2000 initiatives into all training programs will be subject to review during the periodic national accreditation process conducted by the two colleges. Can MEDS 2000 stipulates that in order to serve societal needs, physicians

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need to develop varied key competencies (Table 1) (6). One core competency area identified pertains to the domain of legal expertise. In the daily discharge of their duties, EM physicians must possess the knowledge and skills necessary in order to deal with all aspects of criminal and civil law that are relevant to their practice. In Canada, the legal system that is applied is based on the concepts of the British Common Law. All the provinces and territories use this except for the province of Quebec where in civil matters the Quebec Civil Code applies. This Code has historical roots in the French Napoleonic Civil Code. At the University of Alberta there are EM programs in both the specialist and family physician tracts. The authors have developed and pilot-tested a new legal course for both residency programs. The purpose of the new curriculum is to provide both programs with the basic competencies in legal matters required for practice in the province of Alberta.

Course - development, content, implementation, evaluation:

Development:

Course review and new resources:

MEDLINE, ERIC and bibliographical searches were carried out in 1999 and repeated in 2001 and examined the literature in the domain of legal education in postgraduate training programs. The results of the searches show that the requirement to provide legal education is clearly enunciated in both Canadian and US accreditation guidelines (1,2,6,7). Deficiencies in systematic training in legal education by programs have been identified and described (8,9). To date, only 3 programs have described any type of education in this domain and all of these courses are very limited in their scope (10-12). The literature failed to reveal information on any comprehensive legal curriculum that would meet the requirements of EM postgraduate education.

The next step in the process was to undertake an analysis of the educational module being used by the two EM residency programs at the University of Alberta. This was done in 1999-2000 and several deficiencies were noted. The content of the curriculum was incomplete, outdated and was not standardized for the needs of EM physicians. The course contained information exclusively on consent and confidentiality issues and was not based on any clear, attainable educational objectives. The EM teaching faculty members were making diverse comments on legal matters at various academic half days. The impression was that of a general lack of knowledge and understanding in this area by the EM educators themselves. This was perceived as another weakness of the educational module. Furthermore, the actual teaching faculty consisted of itinerant legal experts with little understanding of the specific needs of EM physicians. Lastly, a formal evaluation of the educational outcome was nonexistent.

Table 1: CanMEDS 2000. Essential roles and competencies for physicians

Roles	Key competencies must be demonstrated in
Medical expert	Diagnosis and therapeutic skills for ethical, effective patient care. Access and application of relevant information to patient care. Effective consultant skills in patient care, education, legal opinion.
Communicator	Establish therapeutic relationship with patient/families. Obtain history from patient/families/communities. Listen effectively. Effective health care team communications.
Collaborator	Consult effectively with other physicians and health professionals. Contribute to interdisciplinary team activities.
Manager	Balance needs for patient care, learning needs, outside activities. Allocate finite health resources wisely. Work efficiently in health care organizations.
Health advocate	Identify determinants of health affecting patients. Contribute to improved health of patients/communities. Recognize and respond to issues where advocacy is appropriate.
Scholar	Develop, implement, monitor personal CME strategy. Critically appraise source of medical information. Facilitate learning of patients, health professionals. Contribute to the developments of new knowledge.
Professional	Deliver quality care with integrity, honesty, compassion. Exhibit appropriate personal and professional behavior. Practice medicine ethically.

In addition to reviewing the legal education in the EM programs, an inventory of resources within the Faculty of Medicine was completed and it failed to identify any appropriate long-term teaching resources.

In conclusion, the major deficiencies identified were the lack of a standardized course, the absence of a dedicated, expert teaching faculty and a lack of EM physician control in this area of education.

In order to deal with some of these deficiencies the first step was to look for long-term committed expert resources in the community. Networking was started and mutually beneficial working partnerships were developed with the Ministry of Justice of Alberta, through the Crown Prosecutors' Office, as well as with an affiliate of the Faculty of Law - the Health Law Institute. The joint venture developed with these agencies was and is intended to be the cornerstone for securing long-term expert resources on behalf of the EM programs. The structure of the partnerships is such that EM physician leadership and control over content and process are maintained. An EM educator is in charge of the overall direction of the entire process and the other associates provide the expertise and the teaching faculty resources.

The benefit of securing such long-term resources to the EM programs is self-evident.

The gains for the participating partners are several. On an individual level they will receive adjunct academic appointments in the Faculty of Medicine and will have the opportunity to participate in relevant faculty development initiatives. On the larger scale, participating agencies have a vested interest in improving the medical collaboration between EM practitioners of the future and the legal system. The Crown Prosecutors' Office will secure better trained and more credible EM physician witnesses in the Courts. Also, this partnership will allow the Crown to fulfill a portion of the Ministry of Justice's mandate for public education in criminal law related matters. The benefits to the other partner, the Health Law Institute, lie in the ability to demonstrate to the administration of the University that there is on-campus cooperation in the areas of education and joint scholarly activity. Furthermore, the Faculty of Medicine may be able to provide the Faculty of Law with "expert medical witnesses" in the form of EM residents for the purpose of educating law students in direct and cross-examination.

Course Goals and Objectives:

The partnership reviewed all the current Canadian federal and provincial laws governing health and identified 7 global subject areas that covered the needs of EM physicians. These areas became the terminal educational objectives of the curriculum (**Table 2**).

Table 2: EM training programs: legal education - terminal objectives for residents.

- Have a working knowledge of proper charting, preparing legal letters and testifying in the Criminal Court.
- Have an understanding of critical chart review, writing of expert opinion and testifying in Civil Court.
- Have an understanding of the difference between the criminal and civil litigation process and have a working knowledge of the steps in preparing for discovery and trial in malpractice litigation.
- Have expertise in matters of patient confidentiality and release of information issues.
- Have expertise in issues of informed consent.
- Know how to interact appropriately with law enforcement agencies.
- Be able to identify and access legal resources in the community.

Course Content:

The course was built around these objectives and it consisted of an introduction of the objectives and a very brief review of the Criminal and Civil court systems and litigation process. The main educational points were formatted and presented as case based scenarios. The session provided an extended question and answer period and concluded with a summary of the main teaching points.

The course presentation required resident interaction and active participation. In order to encourage this behavior, each resident was assigned a short case for review and discussion.

This overall approach to content and mode of delivery is consistent with accepted principles of adult education.

Implementation:

The course was presented over two consecutive academic half days (3 hours each) in April-May 2001 and was planned for a total of 7 hours. The teaching faculty included a judge from the criminal court system and four lawyers including two Crown prosecutors and an EM teaching faculty member. A "moot criminal court" included the judge, a prosecutor, a defense lawyer and the EM teaching faculty member in the role of the "expert EM witness". The 7 residents participating in this pilot educational module were all the residents graduating in 2001 from both EM programs at the University of Alberta. As previously indicated, the residents provided the cadre of "medical experts" for the civil litigation cases. Each resident had been given a fictitious case to prepare. Some were asked to act as "expert witnesses" on behalf of the plaintiff or the defendant whereas others were asked to prepare the case pretending to be a defendant physician involved in malpractice litigation.

The setting of the course was in the audio-visual department of the Faculty of Medicine. This venue was chosen in order to tape the entire pilot project for critical review.

Evaluation:

This pilot course did not undergo a formal, methodologically rigorous educational evaluation. Feedback on the course was sought from residents through self-evaluation questionnaires that were administered before and after the course. Resident assessments made on the standard academic half-day rounds evaluation forms were also examined. Faculty perceptions of appropriateness of content and mode presentation were also included in the review process. Participation of residents in the survey was voluntary. The data was collected anonymously, and the responses to it and the rounds evaluations are included for information purposes only (Table 3,4). As this course iteratively changes, and experience is gained with the process, larger scale evaluation will

Table 3: Legal education module: 7 Residents' self-evaluations before and after the course

Question categories	* (MS) Pre	Post
General knowledge of health law	2.4	4.3
Expertise in testifying in criminal court	1.7	3.6
Expertise in testifying in civil cases	2.1	3.8
Skills in dealing with law enforcement officials	2.9	3.9
Patient confidentiality issues	3.9	4.3
Knowledge of the rights of the patient	3.9	4.5
Knowledge of the rights of the physician	3.6	4.3
Knowledge of law related community resources	2.9	4.2
Ability to teach health law and supervise learners	1.6	3.5
Global score (MS)	2.8	4.0

* Scoring scale: 1 to 5 (1 = strongly disagree; 2 = disagree; 3 = not sure; 4 = agree; 5 = strongly agree).

Table 4: Legal education module: Residents' evaluation of the educational module

Content	Scores* (MS)	Presentation	Scores* (MS)
Relevance to EM	4.9	Speech clarity	4.7
Will alter my practice	4.3	Appropriate audio-visual aids	4.6
New information	4.6	Audience involvement	4.7
Appropriateness of examples	4.8	Time efficiency	4.1
Objectives for course clear	4.7	Answers all the questions	4.7
Objective met	4.7		
Global score (MS)	4.7	Global score (MS)	4.6

* Scoring scale: 1 to 5 (1 = unacceptable; 2 = poor; 3 = average/good; 4 = excellent; 5 = superior).

be undertaken. The impression gathered from the survey, the round assessment forms as well as the faculty members' perception were important for the future directions and developments of the course. For example, with respect to the content of the course, all felt that it generally addressed the educational needs of the learners. The format and mode of presentation were also widely accepted.

Future Directions:

Based on the preliminary feedback, the course is currently undergoing some modification and adjustment in the case scenarios. In addition, advice regarding the presentation format has also resulted in some review. While in-person course delivery remains the current delivery method, another goal is to have the entire course available for learners in a web-based format for self-directed learning. With this new approach, teaching faculty and resident interaction will occur through chat rooms and/or through group discussions. This would make the educational module accessible to learners on an ongoing basis. The ability to decrease classroom time would also assist in improving time efficiency for both learners and faculty.

The administration of the Faculty of Medicine is currently evaluating this pilot program and possibilities for its expansion into all postgraduate programs and the undergraduate curriculum are being considered.

Application in Israel:

The EM educational leaders in Israel who are setting national goals and objectives for training programs may wish to examine the Can MEDS 2000 initiative and consider incorporating some of the identified roles into their new educational guidelines. Moreover, directors of Israeli EM residency training programs may also find merit in using the networking and partnership concepts, as well as the course development approach that were used for our pilot program. A collaborative link between Israel and Canada on this type of project would be welcomed and encouraged by the University of Alberta.

Summary:

In Canada, Can MEDS 2000 has identified postgraduate medical educational areas of non-clinical competence that are required for medical practice in the 21st century. The challenge for medical educators and educational administrators lies not only in the need to provide traditional clinical education in the setting of limited resources, but also to find long-term, reliable, expert resources in these new areas of education. The approach undertaken by 2 EM programs at a Canadian Faculty of Medicine in the area of legal education is described here. It resulted in the development of system wide networking and mutually beneficial partnerships with existing on and off campus agencies. The course content is comprehensive and the method of delivery is innovative and current. The mode of presentation allows for ownership and responsibility of the educational process to be shared between the adult learner and educators. The course is compact enough to meet the educational needs of the EM residents and to be time efficient. The current success of the pilot program suggests that this non-traditional multidisciplinary approach to medical education is feasible and it could be the blue print for the future development of education in other CanMEDS 2000 identified areas of non-clinical knowledge, skills and behaviors.

Group authorship and acknowledgement page:

Authorship:

1. Steiner IP - principal author of the educational module; developed the core areas of need; objectives; participated as an educator in the module; collected the survey and wrote the manuscript.
2. Tchir LC - developed the educational content for the criminal litigation and expert testimony; participated as an educator in the module and in the manuscript preparation.
3. Windwick BF - developed the educational component for the civil litigation and expert testimony; participated as an educator in the module and in the manuscript preparation.
4. Rowe BH - developed survey questionnaire and review; participated in the manuscript preparation.

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References:

1. Royal College of Physicians and Surgeons of Canada. General standards of accreditation. Ottawa: The Association; Sept 1999;2-13
2. American Medical Association Accreditation Council for Graduate Medical Education (ACGME). ACGME requirements for certification of emergency residency programs. Graduate medical education directory 1998-99. Chicago: The Association: 1999:57-62
3. College of Family Physicians of Canada. Standards for accreditation of residency training programs. Toronto: The Association; March 2000;31-4
4. Steiner IP, Yoon PW, Holroyd BH: Manpower crisis in emergency medicine: Can residency programs make an impact? CJEM 2000;2:103-7
5. Steiner IP, Yoon PW, Goldsand G, Rowe BH: Resource contribution by Canadian faculties of medicine to the discipline of emergency medicine. CJEM 2001;3:13-18
6. Skill for the new millennium: report of the societal needs working group. Can MEDS 2000 Project. Royal College of Physicians and Surgeons of Canada. September 1996. Ottawa: The Association: 1-21
7. Accreditation Council for Graduate Medical Education. Graduate Medical Education Directory 1997-98. Chicago, IL; American Medical Association. 1997;28-31

8. Kollas CD. Chief residents' medicolegal knowledge. Acad. Med. 1996;71:417-8
9. Saltstone SP, Saltstone R, Rowe BH. Knowledge of medical-legal issues. Survey of Ontario family medicine residents. Can Fam Phys. 1997;43:669-73
10. Kollas CD. Medicolegal program for resident physicians. Pa. Med 1997;100:28-9
11. Balezak TJ, Lynch P, Jackson S, Richter J, Jaffe CC, Cadman EC. A web-based risk management and medical-legal curriculum for graduate medical education. J Biocommun. 1998;25:2-5
12. Harrison DJ, Hughes MJ, Teitelbaum H, Clark MR, Omondi P, Palmer CA, Sutton R. Method of preparing emergency medicine residents for giving legal depositions. J Am Osteopath Assoc 1999;99:28-33

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