Ethical Issues in Residency Education Related to the COVID-19 Pandemic: A Narrative Inquiry Study

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Background

Ethical issues that arise during public health emergencies understandably impact healthcare providers and others who have responsibilities to the public. The COVID-19 pandemic is an example of a public health emergency that brought along with it complex ethical issues and a tension between the personal limits of healthcare providers and the maintenance of public service responsibilities to the public healthcare system. The pandemic introduced new challenges in the provision of healthcare and education of junior doctors (resident physicians). We sought to understand positive and negative experiences of first-year resident physicians and describe potential ethical issues from their stories during the first wave of the COVID-19 pandemic.

Method

This qualitative research study used narrative inquiry (NI) to conduct in-depth semi-structured interviews with resident physicians during the first wave of the COVID-19 pandemic. Narrative inquiry can be situated within a constructivist stance alongside interpretivism. [1] Narrative inquiry is defined as the study of experiences through an understanding of people's stories. [2] It is a way of conceptualizing and examining these experiences through story telling while following an iterative, reflexive method. [3] We used the narrative inquiry approach by Clandinin and Connelly [2] to make explicit three aspects within the resident physicians' stories related to: personal and social (Interaction); past, present, future (Time); space and place (Situation). Figure 1 shows the three aspects of narrative inquiry and Figure 2 shows how these aspects were operationalized in our study. From a narrative inquiry perspective, the researcher first interviewed the participants, then analyzed the participant stories for threads and themes. Threads differ from themes because they "….attend to experience across lives. [3] Furthermore, threads move across the themes. Member checking was conducted throughout the analysis.

Figure 1. The three aspects made explicit in Clandinin and Connelly's approach to narrative inquiry.

Figure 2. Narrative inquiry aspects in this study.

Personal and social interaction:

- Resident and researcher interaction.
- Residents are both learners and healthcare providers.

Time:

- Before the COVID-19 pandemic.
- During the first wave of the COVID-19 pandemic.
- Potential future impact of the COVID-19 pandemic.

Space and place:

- Latter part of the first wave of the COVID-19 pandemic.
- Social distancing measures in place.

Results

The age of participants ranged from 25 years to 30 years. Of the residents, n=5 identified as women and n=6 identified as men. Residents were recruited from Internal Medicine (n=2), Family Medicine (n=2), Ophthalmology (n=1), General Surgery (n=1), Pediatrics (n=1), Diagnostic Radiology (n=1), Public Health and Preventative Medicine (n=1), Psychiatry (n=1) and Emergency Medicine (n=1). Three themes emerged from the resident stories. Figure 3 shows the three main themes. Three key narrative threads also resulted from resident stories overall, which highlighted their journey during the first wave of the COVID-19 pandemic. A composite story of all eleven interviews within which the threads tie both the negative (challenges) in which ethical issues arose together with the positive aspects of the pandemic. An excerpt of this composite story entitled "Junior's journal entry" can be found in Figure 4.

Figure 3. Three main themes that emerged from the stories.

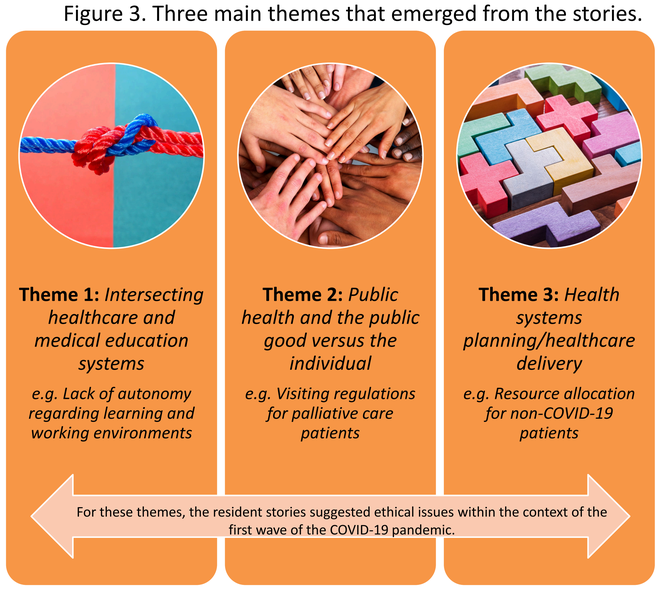

Figure 4. Excerpt from the composite story "Junior's journal entry."

Engage us…

"As a first-year resident, I just felt you were more vulnerable and, at least in our program only the first-year residents were being sent to other rotations. After being re-deployed, having to do all that call that block brings on all over again and no consideration for the notion that this person has already met the learning objectives of this rotation. It's just that no one really recognizes you weren't really supposed to be there in the first place and it's just kind of like the status quo attitude. I guess it would have been nice to feel appreciated or feel like you're making a difference through being there, instead of just being treated like a resident they had to fit somewhere with no discussion as to what your goals are without any choices."

Because we see the need for the duty to treat…..

"There were so many of us that came to help, obviously there's no doubt that this cause strengthened the residency program and residents themselves but, you know, the residents who were re-deployed to ICU, I know my own classmates, who despite being in second year were happy to come back to do junior call because no one was available. It felt nice to be there for people who were very scared, because most of the families who were admitted were absolutely terrified to be in a hospital, because they were so scared of getting COVID while they were admitted. Some were isolated at home, and had limited human contact, so families were much chattier. It was really nice to be there for people in that way. Obviously, a lot of elective procedures were delayed, and it will take some time to get caught up on those but certainly to meet the acute needs of the pandemic, I think the system responded quite well in that regard."

And we are all in this together.

"I feel people have been caring a lot more for each other in these times which has been really positive and definitely a bit of a shift. I think that overall, there's a much bigger sense of community in the medical population… brought together by this pandemic than we've seen in, you know, previous weeks and years. People were covering each other's shifts when people were calling in sick. There was that stigma associated with calling in sick because previously it was if you are glued to the toilet, uncontrollably vomiting, you come into work, no matter what. I think acknowledging that that's not a healthy culture and if we are sick, we really should be staying home – having that be more accepted, and wholly supported by the whole program, was good to see."

Discussion

These narratives provide a window into junior residents' experiences of the first wave of the COVID-19 pandemic. Their stories were emotional and reflective. Ethical issues may serve as a foundation on which ethics teaching and future pandemic planning can take place. Principles of clinical ethics may warrant further investigation in residency education to examine their limitations when applied to public health emergencies such as a pandemic. Junior resident physicians and patients may have compromised autonomy because they may lack agency due to their lower status in social power and the hierarchy of medicine.

Conclusion

Efforts to understand how resident physicians can navigate public health emergencies along with the ethical issues that arise could benefit both residency education and healthcare systems.

References

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This study was supported by funding from the Office of Postgraduate Medical Education, Cumming School of Medicine, University of Calgary.

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