Medical University of South Carolina

College of Medicine

Procedure for Addressing Student Concerns regarding the Ethical and Safe Care of Patients

Student Concerns regarding the Ethical Care of Patients

As part of the healthcare team, students may have questions or concerns regarding the ethical care of a patient and/or a patient’s family members. In addition to discussing the issues with the health care team, students are encouraged to utilize the resources provided by the medical center for ethics consultation and review, namely the Ethics Consultation Service and the Hospital Ethics Committee.

The Ethics Consultation Service (ECS) is the service branch of the Hospital Ethics Committee. The ECS is a multi-professional group composed of nurses, physicians, chaplains, community representatives, an attorney, and other clinicians. The different options for treatment can sometimes make decision-making difficult for patients, families, and the healthcare team. The ECS can help work through uncertainty or conflict regarding value-laden issues in health care.

Members of the Ethics Consultation Service are available for consultation in decisions regarding:

- End of life decision making
- Do not resuscitate orders
- Withholding/Withdrawing life-sustaining treatment
- Confidentiality
- Refusal of treatment
- Any ethical issue in clinical care

An ethics consultation may be helpful to:

- Facilitate discussion of differences in opinion among caregivers and/or family members about treatment
- Facilitate discussion about end of life decision-making
- Address questions about surrogate decision-makers and/or patient advance directives
- Address question about policies, such as resuscitation or withholding/withdrawing life-sustaining treatment

Ethics Consultation Process

The MUSC Medical Center has a policy of open consultation in that anyone associated with the patient’s care, including patient, family members or healthcare providers, can request an ethics consult.
Often, the Ethics Consultation Service will arrange and facilitate a meeting with the patient and/or family, doctors, nurses, and others clinicians involved in the patient’s care. The purpose of this meeting is to identify the ethical issues, identify the ethically appropriate treatment options, provide problem-solving and informational expertise, and promote efforts to work out the conflict among the participants, if necessary. The ECS documents this discussion and ethically appropriate recommendations in the medical record. Decision-making rests with the participants and the ECS serves in an advisory capacity only.

Consultations may be initiated by patients, family members, staff, or students. Ethics consultants are available 24 hours a day, seven days a week through the paging operator at Ext. 2-2123.

Hospital Ethics Committee

The MUSC Medical Center Ethics Committee’s primary roles include faculty, staff and student education, policy development and review, and consultation. The Ethics Committee members include health care clinicians, community representatives, chaplains, bioethicists, attorneys, philosophers and students.

http://mcintranet.musc.edu/ceeps/ethics/index.htm

http://mcintranet.musc.edu/ethics-old/committee/index.htm

Student Concerns regarding Safety and Quality of Care

As part of the healthcare team, students are encouraged to report safety and quality issues using the same procedures outlined for medical staff. Students can access the Risk Management MD Connection online reporting tool or the online UHC Patient Safety Net, which both allow a student to submit anonymous reports that will be investigated by the Medical Center Risk Management. Students may also contact risk management directly by phone.

Risk Management MD Connection is a tool intended to facilitate reporting by physicians of any unusual event or occurrence involving a patient. In addition to actual occurrences and events, all near misses, safety concerns, and hazardous conditions must be reported. Physicians, house staff and students may report such occurrences via the link: https://www.musc.edu/medcenter/riskmgt/

In addition, when and where it is feasible, the medical center risk management will include students who choose to participate in root cause analysis meetings to provide the opportunity for students share their input and participate in the improvement process.

Signature: _______________________________________________________
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Medical University Hospital Authority Policy on Occurrence Reporting, Risk Management MUHA Clinical Policies\A-10.Occurrences (provided for information only)

Definitions:

Occurrence: Any unexpected event, not limited to the following: an accident or injury to a patient or visitor such as a fall, medication error (omission, wrong dose, adverse drug reaction including blood products, etc.), IV infiltrate, procedure complication, decubitus ulcer, failure of a medical device (see Safe Medical Device Act Policy), etc.

Error: The failure of a planned action to be completed as intended, or the use of a wrong plan to achieve an aim. An error can be an omission or commission with potentially negative consequences for the patient that would have been judged wrong by skilled and knowledgeable peers at the time it occurred, independent of whether there were any negative consequences. Errors do not necessarily constitute improper, negligent, or unethical behavior.

Hazardous Condition: Any set of circumstances (except for the disease or condition for which the patient is being treated) which significantly increases the likelihood of a serious adverse event.

Good Catch or Near Miss: Any process variation which did not affect the outcome, but for which a recurrence carries a significant chance of serious adverse event. An event or situation directly associated with care or services provided within the organization that could have resulted in an accident, injury or illness, but did not, either by chance or through timely interventions. Good Catches or near misses do not affect the patient’s plan of care but a recurrence could carry a significant chance of impacting another patient’s plan of care.

Policy:

Each occurrence involving a patient/visitor that takes place at the MUSC Medical Center, including off-site patient care locations, must be reported to Medical Center Risk Management (via the online occurrence report specific to the type of occurrence, e.g. medication cycle, medical device failure, or general occurrence such as a fall or lost belonging). In addition to actual occurrences and errors, all hazardous conditions, near misses and safety concerns will be reported to Medical Center Risk Management. Occurrence reporting can include phone notification from a physician, patient or family member. If the occurrence is verbally reported to Risk Management, the Department of Risk Management will request that the staff member most closely involved in the occurrence document the details of the reported occurrence in the online occurrence reporting system.

Occurrence Reporting Procedure:

A. An occurrence report is completed via the online occurrence reporting system by the staff member who is made aware of, or is involved in the occurrence, at the time of, or immediately after discovery of the occurrence.
B. Medical Center Risk Management is to be initially notified by telephone 792-8830 of grave or serious injury/outcome (online occurrence report should follow). Initial notification is to be made during the work shift of the occurrence. If a serious event occurs after hours, the Administrator on-call and Risk Manager on-call should be notified by phone or pager (See C-49 Event Investigation and Analysis Policy).

C. The Manager/Department Head or Service Line Administrator of the area in which the event occurred should investigate and review the occurrence within two (2) working days. This review will be documented in the manager review portion of the online occurrence reporting system.

D. Occurrences are investigated at the direction of the Director of Legal Affairs. An occurrence, any associated reports, and any information collected or created during the course of an investigation are privileged and confidential and are to be discussed only with the authorized Administrator, Manager, or Department Head and Medical Center Risk Management unless permission is given by the Risk Manager, Insurance Reserve Fund Representative or MUSC Medical Center Director of Legal Affairs.

E. It is strictly prohibited to photocopy an occurrence report. An occurrence report should never be placed in the medical record. Documentation in the medical record should not mention an occurrence report or refer to any discussions with the Department of Risk Management. Medical Center Risk Management is responsible for submitting official notification reports to the appropriate agencies to maintain compliance (excluding Pharmacy reporting to FDA and DHEC). See also C-49 Event Investigation and Analysis Policy.

Related Policies: