David Soffer, MD

Dr. David Soffer serves as a neonatologist at Omaha Children’s Hospital and the University of Nebraska Medical Center. He completed neonatology and bioethics fellowships at Harvard Neonatal-Perinatal Fellowship Program and at Harvard’s Center of Bioethics. He received his MD from Semmelweis University of Budapest, Hungary. Dr. Soffer completed his pediatric residency training at the Zucker School of Medicine at Hofstra/Northwell Health Children’s Hospital. His Academic interests focus on bioethics. Specifically on instilling and assessing ethical principles, interpersonal competence, and knowledge in medical trainees who counsel parents of critically ill newborns.
The Development of The Pediatric Ethics & Professionalism Assessment Tool (Pedi-EPAT)

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Disclosure Statement

• I have no conflicts of interest or disclosures
Introduction

• As per the ACGME training program requirements:
  
  - Bioethics must be addressed in the formal curriculum of pediatric training programs
  
  - Pediatric residency/fellowship programs are required to evaluate trainees for “high standards of ethical behavior” — *ACGME Milestone Project*
Objectives

Develop and validate a pediatric ethics and professionalism assessment tool (Pedi-EPAT) that:

- Incorporates ACGME milestones, various ethical frameworks & professionalism
- Could be used in simulated and real, observed settings in pediatrics
- Could facilitate pediatric resident/fellow evaluation and competency tracking
Pediatric Ethics & Professionalism Assessment Tool (Pedi-EPAT)
How well does the learner do the following?

PREPARATION for INTERACTION
- YES
- NO
- N/A

- Compares team bundle prior to family meeting to promote team collaboration
- Knows child’s name and sex/gender (if applicable)
- Ensures appropriate participants are invited & present for family meeting (e.g. family support, consultants, chaplains, social workers) whenever possible so that family has access to essential & accurate information in a supportive environment
- Sits down (conference/bedside) when feasible

OPENING OF DISCUSSION
- YES
- NO
- N/A

- Gives proper introduction/identification to family
- Demonstrates knowledge about child’s medical & social history to guide & inform the discussion
- Establishes family understanding at the start of the meeting
- Elicits/negotiates shared goals for the conversation with family

GATHERING of INFORMATION
- YES
- NO
- N/A

- Encourages family to express hopes, wishes, concerns & questions
- Attempts to elicit family preferences/perspectives

BUILDING of RELATIONSHIP with the FAMILY
- YES
- NO
- N/A

- Actively listens (e.g. no interruptions, no pagers/phones, no multi-tasking etc.)
- Demonstrates respect for patient and family
- Displays transparency with the family
- Responds appropriately to emotional & non-verbal cues
- Acknowledges conflict if present; deescalates conflict as needed & appropriate
- Demonstrates empathy, compassion
- Puts family at ease to the extent possible
- Demonstrates sensitivity to diversity among families (race, ethnicity, faith)

SHARING of INFORMATION
- YES
- NO
- N/A

- Avoids medical jargon, uses terms preferred by family
- Recognizes the need for available resources (2nd opinion, clergy, ethics consult or legal counsel)

APPLICATION of SHARED DECISION-MAKING with the FAMILY
- YES
- NO
- N/A

- Discusses & explains a patient’s role in involvement in decision-making
- Addresses family’s concerns & answers questions clearly
- Acknowledges uncertainty &/or unknowns
- Attempts to reach mutual understanding with family
- Fosters shared decision making that serves the family’s goals & values consistent with ethical norms regarding the child’s best interests & protection from clear harm

MEETING SUMMARY AND CLOSURE
- YES
- NO
- N/A

- Provides summary of meeting
- Outlines next steps/objectives for next meeting
- Debrieves with relevant care team after family meeting, solicits feedback

LEARNER SUPERVISION ASSESSMENT

33. In supervising this trainee, how much did you (the evaluator) participate in the task? (Not relevant to the task)

- Requires full supervision ("I did it")
- Requires constant supervision ("I talked them through it")
- Requires intermittent direction ("I directed them from time to time")
- Requires supervision ("I was available just in case")

34. If you were to supervise this trainee again in a similar situation, which of the following statements aligns with how you would assign the conversation?

- Allowed to observe ("Watch me do that")
- Full supervision with supervisor in room to stay in as needed ("I’ll watch you")

Comments:
Methods- Development: Modified Delphi Process

Experts asked to rate (1-5) each new/revised item of the Pedi-EPAT

Discussion followed; item fate determined by pre-determined exclusion criteria

- **Moderately Relevant** (Median rating<4, IQR<2)
  - Item was reformatted

- **Highly Relevant** (Median rating>4, IQR <2)
  - Item was included

- **Irrelevant** (Median rating ≤2, IQR >2)
  - Item was excluded
Inter-rater Reliability

- 6 raters
- ‘Frame of Reference’ training for tool raters
- 3 Simulated scenarios of different pediatric sub-specialties
  - Neurology, Neonatology and Pediatric Intensive Care
- Kendall's coefficient of concordance for inter-rater reliability analysis among raters.

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Frame of Reference Training

Frame of Reference Training Period

Introduction of final version of Pedi-EPAT

Case 1 rating by raters

Review of case #1 and discussion

Case 2 rating by raters

Review of case 2 and discussion

Post Frame of Reference Training

Case 3 rating by raters
## Results - Delphi Participants Characteristics

<table>
<thead>
<tr>
<th>Participant Gender (n=11)</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>4 (36%)</td>
</tr>
<tr>
<td>Male</td>
<td>7 (64%)</td>
</tr>
</tbody>
</table>

### Expertise (%)

- **Clinical Ethics**: 5 (45%)
- **Medical Education**: 3 (27%)
- **General Pediatrics**: 1 (9%)
- **Law**: 1 (9%)
- **Neonatology**: 3 (27%)
- **Nursing**: 1 (9%)
- **Pediatric Emergency Medicine**: 1 (9%)
- **Pediatric Hematology/Oncology**: 1 (9%)
- **Pediatric Intensive Care**: 1 (9%)
- **Pediatric Neurology**: 1 (9%)
- **Pediatric Radiology**: 1 (9%)
- **Social Work**: 1 (9%)

* Several of the participants are experts in multiple disciplines
Modified Delphi Process

Round I
Total Items reviewed: 34

10 items accepted
12 items accepted with minor edits
1 item excluded
1 item added for review
2 items combined and accepted

Round II
Total items reviewed: 7

5 items accepted with minor edits
2 items accepted without revision

Full Consensus on 34 items
## Results – Inter-rater reliability

<table>
<thead>
<tr>
<th>Video Simulation Case</th>
<th>Kandell’s Coefficient of Concordance (W)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>During Frame of Reference Training</td>
<td>1</td>
<td>0.35</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0.33</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>0.34</td>
</tr>
<tr>
<td>After Frame of Reference Training</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

W >0.3- Moderate agreement  
>0.6- Strong agreement
Frame of Reference Training: Differences Between Participants and Experts’ Scores

<table>
<thead>
<tr>
<th>Scoring point discrepancy between raters and experts</th>
<th>Pre-FOR training n (%)</th>
<th>Post-FOR training n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>37 (34.26%)</td>
<td>45 (41.67%)</td>
</tr>
<tr>
<td>1</td>
<td>48 (44.44%)</td>
<td>41 (37.96%)</td>
</tr>
<tr>
<td>2</td>
<td>18 (16.67%)</td>
<td>19 (17.59%)</td>
</tr>
<tr>
<td>3</td>
<td>5 (4.63%)</td>
<td>3 (2.78%)</td>
</tr>
</tbody>
</table>

n = number of ratings made by 6 raters out of 108 items. (p>0.05, Fisher’s exact test). FOR= Frame-of-Reference.
Discussion

• The Pedi-EPAT is a novel, validated formative competency-based tool that may provide constructive feedback to trainees throughout their medical training that correlates with ACGME milestones

• It distinguishes itself from other assessment tools in medicine:
  - It uses several methodologies and medical ethics frameworks to assess moral reasoning
  - Includes items that map to ethics domains that are often excluded from other existing professionalism assessment instruments
  - The Pedi-EPAT was developed specifically for pediatrics.
Limitations

• Despite intentionally inviting potential participants of diverse backgrounds and gender for this study, most were white males.

• Increased level of agreement between the Pedi-EPAT developers and the raters using FOR training, the differences in discrepancies were statistically insignificant.

• Low-moderate inter-rater reliability among the participating raters.

• The Pedi-EPAT will need to be studied in practice, both in simulated and clinical settings, to assess tool use, feasibility and applications.
Future Directions

• Quality improvement initiative to implement the Pedi-EPAT in pediatrics/pediatric sub-specialties to improve trainee participation/leadership in meetings, as well as frequency and quality of feedback.

• Electronic platform for the Pedi-EPAT

• Continuing Medical Education (CME) opportunity for providers to use the Pedi-EPAT
Acknowledgments

Delphi Participants & Pedi-EPAT Raters:

- Stephen Brown MD
- Brian Carter MD
- Heather French MD, MEd
- Charlotte Harrison RN, JD, PhD
- John Lantos MD
- Jennifer Kesselheim MD, MEd, MBE
- Mark Mercurio MD, MA
- David Urion MD
- Daniel Schumacher MD, PhD
- Sheleagh Somers LICSW
- Robert Truog MD

Collaborators:

- Andy Lamberto, BA

Funding Resources
Thank You For Your Attention..

For questions, please reach out:

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Likert Scores Per Video Simulation Case

- 5 = Expert
- 4 = Proficient
- 3 = Competent
- 2 = Developing Competence
- 1 = Novice

Scenario

1

2

3
Range of Likert Scores Given by 6 Raters

- 5=Expert
- 4=proficient
- 3=Competent
- 2=Developing Competence
- 1=Novice

Rater

UNMC UNIVERSITY OF NEBRASKA MEDICAL CENTER

Boston Children's Hospital
Until every child is well