

Kamangar Awards help create ethics training for residents

by *Stuart D. Yoak, PhD*

Surgeons grapple with some of the toughest ethical issues in medicine each day, such as, “Will this surgery truly benefit my patient who is facing a terminal illness?” or, “How much should I tell the patient’s loved ones when the surgery did not go well?” and, “What is the best way to resolve disagreements among the health care team?”

These—and many similar questions—challenge surgeons across the country as they require developed skills in ethical decision making. The Kamangar Surgery Residents Training Program in Medical Ethics, launched in 2008 in collaboration with the College, is designed to help residency programs create ethics training initiatives that give residents experience in addressing real ethical issues in medicine, and to enable them to gain mastery



Left to right: Dr. Klingensmith, Mr. Kamangar, and Dr. Kodner.

in this challenging professional area.

On Thursday, December 2, the 2009 Kamangar Award winners met for the Second Annual Directors’ Meetings

and Ethics Workshop at Washington University in St. Louis, MO. The 25 attendees represented 17 surgical residency training programs that were awarded Kamangar grants for the purpose of starting new ethics training programs or expanding existing programs at their institutions.

The Kamangar Surgery Residents Training Program in Medical Ethics is led by Ira J. Kodner, MD, FACS, the Solon and Bettie Gershman Professor of Colon and Rectal Surgery, Washington University School of Medicine, St. Louis, MO, and director of the Center for the Study of Ethics and Human Values at Washington University, St. Louis, MO; and Mary

**Did
you**

know... THAT NEARLY 250 hospitals are improving their quality of care by participating in the American College of Surgeons National

Quality Improvement Program (ACS NSQIP)? ACS NSQIP employs a prospective, peer-controlled, validated database of clinical data—not claims data—to quantify 30-day risk-adjusted surgical outcomes, which allows valid comparison of outcomes among all hospitals in the program. For more information, visit <https://acsnsqip.org/login/default.aspx>.

Klingensmith, MD, FACS, professor of surgery, program director in surgery, and director of the Surgical Skills Laboratory at Washington University School of Medicine. Dr. Kodner welcomed the award winners and congratulated them on their commitment to developing an ethics training program at their institutions. He also introduced Mr. Parviz Kamangar, who shared his personal story as a grateful patient and his vision for this national ethics training program.

The first half of the Kamangar Surgery Residents Training Program in Medical Ethics Directors' Meeting focused on the model for medical ethics training developed and led by Dr. Klingensmith. She discussed a vision of creating a series of multidisciplinary meetings with residents, senior physicians, ethicists, administrators, chaplains, legal

counsel, and many other health care professionals, where these individuals would explore key topics and challenge one another on critical ethical issues. Each session is devoted to topics and cases that present real ethical dilemmas for surgeons and the entire medical community. For the past eight years, Dr. Klingensmith and Dr. Kodner have organized these monthly, one-hour meetings, which are open to all. (The sessions include pizza and sodas, and have become known as the monthly "Surgery Ethics Pizza Rounds.")

Dr. Klingensmith and three other presenters also gave their unique perspectives on the medical ethics training series developed at Washington University. Nicholas Hamilton, MD, a surgery resident and clinical research fellow, discussed how residents were encouraged to bring real cases



Mr. Kamangar

they encountered to the monthly meetings, and also how residents were given support to speak openly about their uncertainties in confronting ethical issues. Joseph F. Kras, MD, DDS, associate professor and director of education in the department of anesthesiology,



2009 Kamangar Award winners and workshop presenters.

shared his belief that inviting physicians and residents from other programs made the Surgery Ethics Pizza Rounds a dynamic exchange of views on complex ethical problems. Finally, the author, executive director and lecturer in pro-

fessional ethics at Washington University, argued that one of the great strengths of the program was the effort given to clarify the ethics bottom line—a format developed in the ACS textbook, *Ethical Issues in Clinical Surgery*, edited by

Mary H. McGrath, MD, MPH, FACS.

The afternoon workshop portion of the directors' meeting was devoted to sharing strategies for medical ethics training. Each of the award winners were asked to describe the process they intended to develop for their institution for training residents in ethical decision making. This interactive exchange helped participants learn from one another and further refine the plans they were developing.

The directors' meeting culminated with everyone attending a special session of the Washington University Surgery Ethics Pizza Rounds. In this combined session with residents and Kamangar Award winners, Jason Keune, MD, surgery resident and ACS Emerson Scholar in Residence, led the group in a discussion on the topic of elective surgical patients as living organ donors, and on the ethical aspects of clinical innovation.

Comments from the participants at the 2009 gathering uniformly demonstrate the important contribution of the program in helping launch ethics training. "I would like to convey my appreciation for the recent Kamangar directors' meeting in St. Louis, and to reiterate how excellent I felt the program was. I came back with many great ideas, and we are now in the final planning stages in order to effectively initiate our program," said Kamela Scott, MD, University of Florida College of Medicine, Jacksonville, FL. "I would just like to convey my thanks to you and your associ-

Kamangar Ethics Award winners 2009

Brigham & Women's Hospital

Harvard Medical School, *Boston, MA*
Stanley Ashley, MD, FACS,
Program Director

Cedars-Sinai Medical Center

Los Angeles, CA
Farin Amersi, MD, FACS,
Program Director

Georgetown University Hospital

Washington, DC
Richard Holt, MD, FACS,
Program Director

Lehigh Valley Health Network

Allentown, PA
Michael Badellino, MD, FACS,
Program Director

Long Island Jewish Medical Center

New Hyde Park, NY
William Doscher, MD, FACS,
Program Director

Maine Medical Center

Portland, ME
James Whiting, MD, FACS,
Program Director

Naval Medical Center

Portsmouth, VA
Beth Jaklic, MD, FACS,
Program Director

New Hanover Regional Medical Center

Wilmington, NC
Thomas Clancy, MD, FACS,
Program Director

North Shore University Hospital

Manhasset, NY
Andrew Menzin, MD, FACS,
Program Director

Oregon Health and Science University

Portland, OR
Karen Deveney, MD, FACS,
Program Director

Pennsylvania State University

Hershey, PA
Peter Dillon, MD, FACS,
Program Director

Rush University Medical Center

Chicago, IL
Edie Chan, MD, FACS,
Program Director

St. John Hospital and Medical Center

Detroit, MI
Cheryl Wesen, MD, FACS,
Program Director

Texas Tech University

Health Sciences Center School of
Medicine, *Lubbock, TX*
Ari Halldorsson, MD, FACS,
Program Director

University of Florida College of Medicine

Jacksonville, FL
Michael Nussbaum, MD, FACS,
Program Director

University of Maryland

Baltimore, MD
Patricia Turner, MD, FACS,
Program Director

University of Wisconsin

Madison, WI
Eugene Foley, MD, FACS,
Program Director

ates on an extremely valuable session which really worked for Nitin and myself,” said William Doscher, MD, Long Island Jewish Medical Center, New Hyde Park, NY. “Awesome program. Came back very energized. Many thanks,” said Andrew Menzin, MD, North Shore University Hospital, Manhasset, NY. “Thank you for hosting the Kamangar Medical Ethics Directors’ Meeting and Workshop on December 3, 2009, and for your support. The sessions were informative and energizing. Our chief resident, Africa Wallace, MD, and I will begin tomorrow by discussing some of what

we learned with our residents during this week’s academic day,” said Richard W. Holt, MD, Georgetown University.

In 2008, the Kamangar Surgery Residents Training Program in Medical Ethics awarded grants to 15 surgical residency programs from 10 different states. In 2009, the Kamangar program awarded grants to 17 surgical residency programs from 15 different states (see box, page 30). In just its first two years, the Kamangar ethics program has trained more than 1,280 residents nationally. This ongoing collaboration with the College is focused on building

a successful national model for ethics training.

Plans for the 2010 Kamangar Surgery Residents Training Program in Medical Ethics are now under way. Announcements and a call for applications will go out later in the spring, with a due date for applications in July. For further information, please contact Dr. Kodner at IJKodner@aol.com, or 314-454-8567.

Dr. Yoak is executive director and lecturer in professional ethics, Center for the Study of Ethics and Human Values, Washington University, St. Louis, MO.

Emergency rooms treated 3.5 million MVAs in 2006

Approximately 3.5 million motor vehicle accident (MVA) victims were treated in emergency departments in 2006 for injuries ranging from scrapes and bruises to life-threatening trauma, according to the January 2010 *News and Numbers*, a statistical brief from the Health and Human Services’ Agency for Healthcare Research and Quality (<http://www.hcup-us.ahrq.gov/reports/statbriefs/sb84.pdf>).

Nearly 44,000 people died in 2006 as a result of motor vehicle traffic accidents, and approximately 8,000 of the victims died in the emergency department. Roughly 85 percent, or 3 million, of the crash

victims were treated and released. Some 321,000 were admitted or transferred to another acute care hospital for inpatient care. Also included in the federal agency’s analysis:

- MVA-related emergency department visits resulted in admission to the hospital for care about half as often as nonMVA-related emergency visits. More than half (58 percent) were covered by private payors, compared with 34 percent of nonMVA-related visits.

- Sprains accounted for 44 percent of the injuries treated; superficial injuries, such as scrapes, accounted for 35 percent; open wounds, 10 percent; and head injuries accounted for

5 percent of the motor vehicle injuries. More serious injuries, such as internal injury of the thorax, abdomen, and pelvis, were considerably less common (2.6 percent).

The report uses statistics from the 2007 Nationwide Inpatient Sample, a database of hospital inpatient stays that is representative of inpatient stays in all short-term, non-federal hospitals. The data are drawn from hospitals, which process 90 percent of all discharges in the U.S., and include all patients, regardless of insurance type or whether the patient was uninsured.