Healthcare environment has been developed. The manual was developed from course materials designed to ensure an integrated approach throughout a four year pharmacy program as teaching professionalism, as well as professional ethics, has become increasingly important and a focus of significant research in the health professions. The manual strengthens the ethics component taught as part of the pharmacy program. The aim is to instil a culture of ethical reasoning and decision making in students that will then become part of their professional practice. Key ethical principles are introduced at the commencement of the manual, applied initially to student issues and then extended to a variety of relevant situations such as DNA technology and research and professional practice, culminating in a series of case studies investigating a range of ethical dilemmas necessitating sound ethical reasoning. Changes in consumer expectations and generally more ready access to health related information make it critical for health professionals to have a sound grounding in ethical reasoning skills. Educators need to change their approach to developing learning materials to reflect these consumer changes and to enable ongoing support for practitioners.

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REPORT OF BEST PRACTICE: DEVELOPMENT OF ETHICS MANUAL AS AN INTEGRAL COMPONENT OF UNDERGRADUATE CURRICULUM AND APPLICATION FOR GRADUATES AND PRACTITIONERS.

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REPORT OF BEST PRACTICE: DEVELOPMENT OF AN ETHICS MANUAL AS AN INTEGRAL COMPONENT OF UNDERGRADUATE CURRICULUM AND WITH APPLICATION FOR GRADUATES AND PRACTITIONERS.

Abstract

An ethics manual to support undergraduate lectures or practitioners in a healthcare environment has been developed. The manual and course materials were designed to ensure an integrated approach throughout the four year program as teaching professionalism as well as professional ethics has become increasingly important and a focus of significant research in the health professions. The aim is to instil a culture of ethical reasoning and decision making in students which will then become part of their professional practice. Key ethical principles are introduced at the commencement of the program, applied initially to student issues and then extended to a variety of relevant situations: DNA technology, research and professional practice, culminating in a series of case studies investigating a range of ethical dilemmas necessitating sound ethical reasoning. Changes in consumer expectations and generally more ready access to health related information make it critical for health professionals to have a sound grounding in ethical reasoning skills. Educators need to change their approach to developing learning materials to reflect these consumer changes and to enable ongoing support for practitioners.

Keywords

Curriculum development; ethics; ethical reasoning; student responsibilities; professional application; professionalism; continuing professional development

Introduction

Ethical decisions and practice are entwined in the daily life of an individual, a student and a professional. It is often difficult to separate personal ethics from the ethics relevant to any particular profession but in today’s increasingly litigious world (Shaul et al 2005) it is crucial that ethical decisions are based on reflection and sound ethical reasoning and acted upon.

The general community is increasingly better educated and has access to information as never before. Therefore individuals have potential to be more assertive and prepared to pursue matters when they perceive any inadequacies or that their personal and cultural expectations and or preferences have not been acknowledged or respected. However health professionals have a profound responsibility to the general public to be consistent, fair and equitable in the manner in which they practise their profession as it is possible to discriminate positively as well as in the more usual negative sense of the word, and at the same time to abide by the legal requirements impacting on their professional practice.
International discussion of the impact of student plagiarism at tertiary institutions has prompted calls for educators to rethink curricular to address such issues of cheating and academic cheating (Austin et al 2005). Davis (1992) believes that ethics discussions begin with the ‘hard’ cases and commonly without the basic principles presented prior to such discussion. For the last decade, students in the School of Biomedical Sciences have the study of ethics, with the principles, form part of their discourse and orientation from the very beginning of their programs through to graduation. This has been developed in part as a tool to address the plagiarism issue by providing education regarding understanding plagiarism, the ethical issues which arise, and how to avoid plagiarism by appropriately attributing another’s intellectual property, rather than take the punitive approach. The belief is that by better understanding the issues involved there may be increased advocacy for more ethical behaviour from entry into the tertiary environment.

The materials provided to students are designed to enhance the students’ awareness of ethics, provide the language required for meaningful ethical discussion through contextualisation and then application as they move through their course to discuss student responsibilities, genetics as they apply to areas such as genetic testing, research and of course professional ethical matters. The level of challenge and complexity increases throughout the program.

The continued challenges for healthcare professionals with, for example, technology change, require that health professions review their ability to recognise and their responses to ethical dilemmas. Health professionals need reference to the framework of ethical principles to inform their decisions and actions and to ensure the continued integrity of their professions to also retain trust within their communities (Kass 2001)

Recognising the need to provide ongoing support for the pharmacy profession through continuing education gave rise to the initiative to develop an ethics manual. This was intended for use by our undergraduate students as well as new graduates and the experienced practitioners. It consolidates the ethics content within the undergraduate curriculum and materials are structured in a similar fashion as presented above and in table one. A brief historical overview of the development of ethical reasoning with particular reference to health is included as a starting point. The four key ethical principles are then introduced to provide the language and common understanding for discussion and reflection. The application of these principles follows, ranging from student responsibilities and ethical behaviour related to appropriate academic conduct, to research and professional ethics especially related to pharmacy. A series of case studies considering the issues present in a series of ethical dilemmas are presented. This final section is anticipated to be dynamic as changing laws, technology and individual experiences will continue to add further dimensions to this work. This recognises the need for ongoing education and support required by health professional as they face new challenges.
Although this module is intended to support the pharmacy students, graduates, and practising pharmacists and it is entirely relevant to the broader health professions. This demonstrates the approach taken by using the four ethics principles as the basis for the manual. These principles are considered ‘generic’ ethics principles and lend themselves to broader application, hence the potential applicability of this manual beyond the pharmacy profession.

This paper reviews the pedagogy behind student learning and using pharmacy students as an example explores the approach to engaging students as advocates for ethical behaviour which extends to professional behaviour. It presents a best practice case for the innovation of this integrated approach to ethics and the development of an ethics manual with broad application beyond its use in a tertiary environment.

**Pedagogy**

**Background to pharmacy education**

It is generally accepted that each of us learns most effectively within meaningful contexts (Wills 2003). Undergraduate pharmacy students are socialised into the norms and mores of the profession to provide a context for learning, and offered learning opportunities to acquire those skills and abilities necessary to practice as pharmacists.

Since pharmacy course offerings are accredited by the New Zealand and Australian Pharmacy Schools Course Accreditation Committee (NAPSAC) all utilise some combination of lectures, practical sessions and clinical placement (Whitehead 2004). In the clinical placement, students are supervised by a registered pharmacist who mentors them in the ways of the profession and assists them to complete their assessment tasks related to the experience (Whitehead 2004). This tradition of mentoring, and previously apprenticeship, is very strong and even continuing professional development for currently registered pharmacists is offered in face-to-face mode with ‘an expert’ presenter.

Presently in Australia, all pharmacy teaching is delivered on campus, and since the profession of pharmacy is one of the most computerised of the healthcare professions, students are exposed to a variety of computer programs and self-paced learning packages. Computer familiarity and the use of a variety of resources is important to students in their future in the profession, as pharmacists who utilise a variety of resources have been established to be more prone to spot developing trends and more innovative (Naismith 2004). This has implications for profitability, sustainability and ability to meet consumer demands. Currently IT savvy pharmacists have available a wider armamentarium of resources to allow them to perform their supply role more efficiently (e.g. overnight updates via internet) and also their patient education and chronic disease management roles (Naismith 2004).
Requirements for pharmacy practitioners

Pharmacy practitioners must be competent in providing pharmaceutical care. This requires developing expertise broadly across the practice areas in each and every student and graduate as outlined in the National Competencies for Pharmacists 2003 (http://www.psa.org.au/ecms.cfm?id=325). Unlike many other graduates, pharmacy graduates do not become pharmacists at graduation but only after meeting the requirements of their pre-registration training year. These include 2000 hours of supervised practice, successful completion of the PGTC training course, possession of a Senior First Aid certificate, successful completion of the management module or equivalent plus successful completion of the Pharmacy Board of New South Wales written and oral reviews (Please refer to http://www.psansw.org.au/pgtc2.php3 and http://www.phbnsw.org.au/). Registration is necessary to allow a pharmacist to practice independently i.e. unsupervised.

The question is why do we need or want knowledge in a profession such as pharmacy? In the paradigm of the professions, one critical factor is that a profession must have a body of systematic knowledge (DeAngelis 2004). Further this body of knowledge must be tended and extended by researchers and educators and passed on to the next generation, to sustain the profession.

Since knowledge is required in this profession, then what sorts of knowledge are relevant to pharmacists and pharmacy? In everyday practice, the sort of knowledge that is needed is termed clinical expertise or clinical reasoning and this refers not merely to the possession of “facts” but rather the application of those facts to the care of a patient (Rothstein 2004). This argues for a combination of theoretical knowledge and practical knowledge (Poikela 2004). In teaching pharmacy, theoretical constructs such as self care and illness behaviour are incorporated with more practical knowledge such as childhood diseases. In addition, students are provided with opportunities to synthesise those aspects of knowledge into learning. For example, students are required to work with practising pharmacists in their clinical placements and observe and reflect on the pharmacists practice and then formulate as students their own protocol for dispensing and counselling. This integrates theoretical knowledge with practical knowledge and experiential knowledge. It is asserted that producing experiential knowledge ought to be the aim of education (Poikela 2004), a position with which the authors concur.

Except for their uniformly high grades in high school, pharmacy students are a diverse lot – there are students from metropolitan, rural and remote areas from almost every state and territory in Australia (Burton 1998). In addition, these students are comprised of approximately twenty percent who are of non-traditional age, and may therefore have family responsibilities (Simpson 2002). Any of these students, whether of traditional or non-traditional age, may be from as wide variety of cultural backgrounds and religious practices as are current pharmacists (Simpson 1996; Henderson 2000; Hassell 2000).
In a recent survey of all cohorts of graduates by the author, the following were established:

- gender distribution of our sample was approximately 70:30 (female: male)
- practice location was influenced by gender with the vast majority of males choosing to practice in community pharmacy
- 84.5% of females and 50% of males identified their background as non-metropolitan
- currently 59.4% of females and 57.1% of males practise in non-metropolitan sites
- CSU graduates identified that they were well prepared for practice with 76.1% expressing either ‘quite well’ or ‘as well as any other university’

Several elements need to be considered when developing a curriculum for teaching young adults in a healthcare profession, such as pharmacy. Firstly, it’s necessary to consider the desired outcome by reviewing the range of practice activities undertaken by members of the profession, and the national competencies for pharmacists which are intended to guide the teaching, training and registration of pharmacists. This is crucial to implementing teaching practices which close the theory-practice gap which has been described as the difference between “know-that” and “know-how” (Chapman 2003).

Secondly, it is critical to consider the potential range of individual differences among learners (Angus 1985; Dix 2004). This has at least two significant implications: firstly the need to discover commonly accepted differences attributable to the learner’s background and life experiences, and secondly to consider differences in the way that learners learn since differing abilities in the ways that learners process different forms of information leads to different learning outcomes (Angus 1985). A variety of learning styles are recognised and a comprehensive but concise typology is presented by Bolan (2003), which owes its theoretical roots to David Kolb’s work (Kolb 1984). Four styles are identified: divergers; assimilators; convergers and accommodators and the differences between them are most marked in the learner’s preference for observation, reflection, conceptualisation, and experimentation in the learning process (Bolan 2003).

The next key element is a consideration of teaching and learning theories and the translation of those into the learning experiences offered within each subject. Although there are a number of models or theories of learning generally, within the healthcare professions, the learning experiences of young adults are understood to be most favourable when individuals develop the capability for self-directed learning, utilise their life experiences to assist their learning, and when study material is relevant to or at least approaches ‘real life’ (Hewitt-Taylor 2002). This model of learning
incorporates many principles that are congruent with the Information Processing Theory (IPT) of learning, which will be discussed further.

Key tenets of this theory include considerations of engagement, attention span, short term memory, long term memory and cognitive processing of information as they relate to learning and the learning cycle. The sorts of activities which this theory asserts will encourage students to research and retain information, and to structure it so as to aid learning, include lectures, readings and written assignments, case study discussions, student presentations and examinations (Joyce 1987).

Further, Information Processing Theory offers a number of clues for teaching students which include:

- Gain the learner’s attention
- Present information in a clear, logically organised structure
- Wherever possible tailor the information to each cohort of learners
- Assist learners to recognise and identify key information
- Support learners as they attempt to make links between new information and information they already know
- Structure repetition and review of material into the teaching-learning cycle
- Use mnemonic aids and context to assist memory retrieval
- Focus on meaning or application (long term memory) rather than memorisation for assessment (short term memory)

The Information Processing Theory (IPT) offers guidance to educators when developing their learning plan and learning materials (Bolan 2003). When developing and communicating learning objectives for teaching, IPT suggests that the objectives be clearly stated, and the articulation between theory and practice be clearly identified. Further, key concepts should be made apparent, and restated and developed in light of learners experiences in the subject or subject content. IPT also guides the choice of activities, assessment, communication between learner and lecturer, and required and supplementary or remedial textbooks (Bolan 2003). In the development of the professional practice suite of subjects, IPT provided insights into the structuring of the practical components - to engage learners immediately, a demonstration was provided by the subject coordinator, the learners attempted to emulate that and the lectures later that week outlined the theoretical underpinnings to a group who were already engaged and aware of the relevance of the content and its practical application.
IPT also guided the development of the introductory lecture such that learners are aware of academic credentials – an insight from a consideration of IPT is that the person teaching has to be viewed as having something to offer (Dickerson 2003), and so the authors’ ‘details’ were then shared with learners. We have found that learners with experience in a healthcare environment are now more likely to share their own relevant experiences with the class cohort since this approach has been adopted. Clearly curriculum development is often guided and influenced by academic resources. The fact that one of the authors is Chair of the University’s Ethics in Human Research Committee and therefore is an advocate for raising awareness of ethics in all its dimensions to students, and the other is an experienced pharmacy practitioner, has certainly informed and facilitated this integrated approach to ethics in courses from this academic unit.

How then does ethics education fit in to such theoretical requirements for pharmacy students? When one considers the profession and the place within our communities, either hospital or community pharmacies, our graduates will fill that the importance of ethics becomes clear and cannot be seen as an add on, rather as integral to the program itself. Part of the complexity of this profession is that students need to be proficient in research and pharmaceutical care which requires empathetic communication skills, as well as with a business sense. The development of a professional ethos needs to take these different dimensions into account. Often socialisation of students in the educational setting is considered to be outside of the formal classroom experience and as a result does often not have the desired outcomes (Goodman-Snikoff 2003).

Individuals will have their own understanding of ethics/ethical behaviour which reflects their personal background/upbringing, experience and training, and one of the constants of ethical discussion is the lack of a simple “black and white” answer in most circumstances. Principles of ethical reasoning need to be applied to each situation, unless that situation is commonly encountered. It is necessary for students and professionals to be provided with a framework of bioethics to help the recognition of ethical and moral dilemmas. There are numerous principles and moral rules used for this purpose. This module presents the four ethical principles as presented by Beauchamp and Childress (1983). For our purposes these principles, once understood, can be applied across a range of contexts with increasing confidence as a framework for ethical discussion. They provide some common language and raise awareness of the reasoning behind ethical reasoning and debate. This allows us to more fully engage in ethical reasoning, making decisions for our behaviour and responses based on principles and facts not merely on personal beliefs and emotion. This provides a more objective grounding to our approach and ensures ongoing trust with the public (Kass 2001).
Development and implementation of ethical training program

As with the process of mentoring for pharmacy preceptors (Simpson et al. 2006), there is little in the literature related to how ethics is best taught to pharmacy students and then ongoing support provided to experienced pharmacists.

For the last decade, there has been an ethics theme running through individual subjects but these were subject specific and lacked the coherence of a consolidated approach. For a quarter of a century or so, the pharmacy profession in Australia and overseas has undergone a paradigm shift from a supply focus to a patient centred focus wherein the pharmacist forms a therapeutic alliance with the patient to achieve optimal medication outcomes (Latif, 2004).

The authors sought input from their colleagues within the School and then considered the following aspects in the development of the module framework:

- content (generic, reflective of student development, and discipline specific)
- educational strategy (learning styles and needs, depth of information required, intended outcomes and assessment)
- delivery strategy (capability, time available, isolation from support).

An extensive literature review was conducted by the authors to determine the domain of factors and issues relevant to delivering a comprehensive and integrated component of ethics education in the Bachelor of Pharmacy program. These included key tenets of ethics, parameters of personal and professional ethics and application of ethical reasoning to research and a variety of ethical dilemmas. The key objective in the development of the module was standardisation of the ethics material in the program and make it applicable to delivery in a workshop/seminar mode to meet professionals’ education needs. The topic areas within the ethics module are structured to reflect the need for the key tenets to introduce the framework for ethical reasoning which are then applied to relevant subject areas as the student progresses through the course. The applications presented increased in complexity as the students proceed from the foundation to practice readiness. Although we have attempted to utilise ‘real life’ examples in the workbook and in teaching, we are mindful that graduates may still face situations not covered in the coursework (Kelley, 2002), however a strength of the approach chosen is that students are encouraged to apply the key tenets to their ethical reasoning in unfamiliar situations. Ethical reasoning is concerned not so much with whether the decision made is ‘right’ or ‘wrong’ but rather on the process by which the decision is made (Latif 2004). Manual includes an overview of one process of ethical decision making (Chaar 2006).

The module deliberately incorporates repeated references to the four key ethical principles (Beauchamp and Childress 1983) so that spaced repetition (Simpson 2004) and increasing personal awareness in the ability to apply these principles to increasingly complex ethical situations enhances their confidence in less certain circumstances. The module uses the ethical dilemma to focus students’ awareness on the differences that may result depending on whether personal or
professional ethical standards are used. There is recognition that often it may be impossible to separate the personal from the professional by providing students with a common framework, it increases the potential for a more balanced awareness and a fairer outcomes (Sporrong et al 2006). The workbook is not intended to be used in isolation especially with undergraduate students (aged 18- ) as it is well recognised that moral distress may result (Sporrong et al 2006) when students are unable to effectively reconcile the tension between conflicting values within the individual or even within a group. The preface outlines the responsibilities of the presenter so that there is mindfulness of the separation of personal ethical and moral values from academic outcomes. If the facilitator intends to adopt the role of provocateur, it would be wise to advise the group openly of their intended stance. The role of educators is to ensure that the case studies or ethical dilemmas are discussed in an environment of trust, confidentiality to encourage the open flow of discussion respectful of differences in values.

In a tertiary environment we evaluate students’ progress through the module by dedicated assessment embedded in specific subjects. The type of assessment are structured so as not to grade their opinions per se but rather to assess their growing maturity in using the key tenets in justifying their ethical reasoning. This encourages a broader consideration of issues identified by students and allows them to demonstrate a growing awareness and competence to articulate and communicate their understanding of balancing issues raised by the four ethical principles applied to professional situations

Table 1 outlines the key topic areas addressed in the module.

**Discussion**

Model of best practice to address issues of cheating and plagiarism (Hardigan & Ranelli 2006, Austin 2005)).

Ethics is about dialogue: not about telling students or practitioners how to think but rather to provide tools and facilitate dialogue and deliberation, to bring balance driven by objectivity rather than subjectivity (Jennings 2000)

Not one size fits all

Starts with awareness; provides history to provide context (Callahan and Jennings 2002, Kaas 2001, Turrens 2005))

Overlap of principles – different priorities of principles in situations

Ethical and legal tension

Not ad hoc, not reliant purely on socialisation to norms and mores of profession

Cohesive fashion to develop a student culture of ethical awareness and behaviour
Recognises the stages of Moral development as outlined by workers such as Kohlberg

Recognises stages or research readiness in guiding thinking of appropriate research (Angel 2005)

Increases written and verbal communication skills – generic

Deep learning, lifelong learning (repetition) – CPD Hull & Rutter 2003

Contrary to Latif (2004) who speculates that pharmacy students lack exposure to complex social and moral issues, our module addresses this.

Being aware that education needs to be evaluated (Akabayashi et al 2004, Ginsburg et al 2003), this program will be evaluated by educational designers, learners and professional colleagues.

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