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Abstract: This paper takes an inter professional view of the types of scenarios allied health students, including those in speech pathology, may encounter on placement. The paper highlights that students are ethically aware and in some cases may experience ethical distress as a result of what they experience on placement. Sometimes the cause of this distress is the behaviour of the clinical educator, who cannot therefore be a support to the student in managing their ethical concerns. We suggest a structured approach t …

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Ethical awareness in allied health students on clinical placements

Case examples and strategies for student support

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This paper takes an interprofessional view of the types of scenarios allied health students, including those in speech pathology, may encounter on placement. The paper highlights that students are ethically aware and in some cases may experience ethical distress as a result of what they experience on placement. Sometimes the cause of this distress is the behaviour of the clinical educator, who cannot therefore be a support to the student in managing their ethical concerns. We suggest a structured approach to pre-placement preparation, support during placement, and post-placement for students, which provides a range of resources, personnel and educational strategies to assist them to develop their ethical reasoning and manage ethical concerns.

The goal of clinical education is to develop not just students’ technical skills but also their professional attributes such as ethical practice in order to prepare them for entry into their chosen health profession (Physiotherapy Board of Australia, 2010; Speech Pathology Australia, 2010). To be good ethical practitioners, clinicians need to be ethically aware and proactive (McAllister, 2006). Practising clinicians continue to experience ethical dilemmas related to themes such as client management, professional relationships, service delivery and personal/ professional identity (Kenny, Lincoln, Grono & Balandin, 2009). Therefore, it is important that all graduates are equipped with the ability to identify and manage ethical tensions (Kinsella, Park, Appiagyei, Chang & Chow, 2008) before they become dilemmas. Clinicians may experience different types of ethical tensions throughout their professional career, including ethical uncertainty, ethical distress or ethical dilemmas. Ethical uncertainty occurs “when an individual is uncertain about which moral principles apply or whether a situation is indeed a moral problem” (Kinsella et al., 2006, p. 177). Ethical distress occurs when an individual is aware of the right course of action but feels compelled to do otherwise by an institution. Ethical dilemmas occur when an individual “faces two or more equally unpleasant alternatives that are mutually exclusive” (Kinsella et al., 2008, p. 177).

As with any other area of competency, students’ growth into ethical practitioners needs to be facilitated by both university staff and clinical educators in the workplace. The speech-language pathology competency assessment tool (COMPASS®; McAllister, Lincoln, Ferguson & McAllister, 2006) describes this growth on a developmental continuum similar to other areas of competence. It suggests novice students can participate in discussions around ethical principles and values and also follow workplace procedures such as maintaining confidentiality (McAllister et al., 2006). Intermediate students are developing awareness of how to put these principles and values into practice, but need “monitoring and feedback” from the clinical educator (CE) to manage all aspects of situations effectively (McAllister et al., 2006). At entry level, it is still appropriate for students to require support in applying ethical principles and values in more complex situations (McAllister et al., 2006). Hence, regardless of their level of experience, clinical placements have a vital role in helping students work through ethical tensions.

In speech pathology, no published research has explored students’ level of awareness of ethical matters and the nature of the tensions they perceive. However, from other disciplines it is clear that health care students have some level of ethical awareness and identify ethical tensions across a range of clinical practice areas. Erdil and Korkmaz (2009) surveyed 153 third- and fourth-year nursing students regarding ethical problems encountered during clinical placement and the approaches taken by nurses in solving these dilemmas. They found that all the nursing students observed ethical tensions while on clinical placement. Similarly, Geddes, Wessel and Williams (2004) found ethical issues were mentioned by 53 of the 56 students when reviewing physiotherapy students’ reflective journals. Major themes related to respect, professionalism and professional collegiality. Minor themes were allocation of resources, advocacy and informed consent (Geddes, Wessel & Williams, 2004). Kinsella et al. (2008) conducted a study of 25 occupational therapy students who were asked to describe ethical tensions either experienced or observed while on clinical placement. These students must have successfully completed 22.5 hours of ethics education to take part in the study. Among themes identified were “systemic constraints” (p. 179) including staffing limitations, resulting in sub-optimal client care. Due to some similarity in clinical contexts it is likely that this is a universal issue for health care students.
Speech pathology graduates have been reported to experience significant “ethical distress” in response to systemic constraints (McAllister, Penn, Smith, Van Dort & Wilson, 2010, p. 49). Penn (2009) discusses ethical distress in the context of a student witnessing ethically questionable behaviour in a colleague but feeling uncertain, powerless and fearful about reporting it. Kinsella et al. (2008) also identified ethical distress in situations where occupational therapy students experienced an ethical concern and had to decide whether to verbalise this to their supervisor and/or patient. While this causes worry and anxiety, students often feel unable to express these concerns within the clinical placement setting due to their low status, limited knowledge and perceived consequences for their clinical assessment (Kinsella et al., 2008; Erdi & Korkmaz, 2009). Clinical educators have a key role in helping students develop ethical awareness as well as the language and confidence to attend to feelings of ethical concern and distress and express them appropriately.

This paper draws on our experiences as clinical educators of allied health students. To illustrate the common ethics concerns of students, we present vignettes drawn from speech-language pathology, occupational therapy, physiotherapy and diagnostic radiography. These vignettes are drawn from ethical concerns which students have raised with us in formal contexts such as lectures and assignments, and regularly in other activities such as emails, conversations, and debriefs after placements. We discuss the vignettes briefly in relation to principles and duties enshrined in codes of ethics, codes of conduct and mandatory reporting requirements. We offer suggestions for ways in which clinical educators can assist students to manage their ethical concerns and distress.

Vignettes

1. Observing bullying and intimidating interactions between professionals

Thuy is a third-year physiotherapy student on her first clinical placement on an acute medical ward. Her educator is a senior physiotherapist who is also responsible for the supervision of the new graduate, Clare, on rotation in the same ward. During the first week of her placement, Thuy observes a conversation between her educator and Clare. The educator is questioning an intervention that Clare performed on a patient; the educator is using a raised voice and accusing tone. She does not allow Clare to explain her rationale for the intervention she chose. The interaction takes place at the nurses’ station in front of several of their colleagues. Clare appears to be upset by the educator’s behaviour but continues with her morning caseload. Later that week Thuy hears another conversation between the educator and Clare with the educator accusing Clare of being lazy and incompetent when she arrives a few minutes late to the ward that morning. Thuy later finds Clare visibly upset in the staff toilets. Thuy feels uncomfortable, feeling sorry for Clare but is unsure of what she should say to her.

2. Asking students to undertake tasks from their previous profession

Hamish is a registered nurse who is in his final year of a two-year postgraduate course in diagnostic radiography. He is allocated to a major regional trauma hospital radiology department for his first clinical placement. Hamish tells the radiographers that he is working with that he is a registered nurse. On his second week, Hamish is rostered with Boris, a senior radiographer, to work in fluoroscopy. An oncology patient is booked to have a peripherally inserted central catheter (PICC) inserted for his chemotherapy, but the radiology nurse has called in sick. Boris insists that Hamish scrub and perform the radiology nurse’s role assisting the radiologist to insert the PICC.

3. Respecting autonomy and dignity of patients

Ibrahim is a second-year diagnostic radiography undergraduate student on placement in a major metropolitan hospital radiology department. He is rostered to work with Horatio, the senior radiographer in the emergency department. Horatio is very experienced, but his clinical reasoning skills are subservient to his insistence on strictly following imaging protocols. An elderly patient, Agnes, arrives in the department in a wheelchair. She is known to have mild dementia, but can communicate quite coherently. Agnes has fallen on her shoulder, and the emergency medical team, suspecting a fractured neck of humerus, has requested a shoulder x-ray series. The imaging protocol manual dictates that the humerus should be internally and externally rotated for two projections in the series, and Horatio instructs Ibrahim to do just this. When Ibrahim attempts to move Agnes’ arm, she screams in pain, and says “leave me alone”. Ibrahim stops immediately, but Horatio instructs him to continue. When Ibrahim refuses, Horatio is very angry, and forces the patient to continue with the examination, despite her protests. With a dismissive tone he says to Ibrahim, “She is demented, so just ignore what she says. We have to obtain the images.”

4. Explaining procedures to patients from non-English speaking backgrounds (and getting family members to interpret)

Madeleine is a fourth-year occupational therapy undergraduate student completing her final clinical placement block. Along with a senior occupational therapist, Madeleine is assisting in the home visit to Amira, a 35-year-old Iraqi woman with advanced breast cancer, who does not speak or understand English. An interpreter has been booked for the visit. Madeleine and the senior occupational therapist arrive at Amira’s home. Amira’s husband meets them outside as they arrive. He speaks reasonably fluent English. At the last minute, the interpreter calls to inform the therapist she is unable to attend as she has been called away to assist with a more urgent patient. Amira’s husband insists that they would like to go ahead with the appointment and that he would be able to interpret for his wife, as he has done this numerous times before at her previous medical appointments. The senior occupational therapist agrees to this request and explains her reasoning to Madeleine. As they are about to enter the house, Madeleine overhears Amira’s husband state during a phone call that he will not be telling Amira anything about her diagnosis as he does not want her knowing that she has cancer, believing that she will lose the will to live if told.

5. Caseload management and patient prioritisation systems in workplaces

Kate is completing her last clinical placement of her four-year undergraduate speech-language pathology degree at her local tertiary referral hospital. Due to staffing shortages, there are not enough speech pathology work hours to cover the patients who could benefit from the service. Clinicians are guided by their well-established...
patient prioritisation system which identifies assessing new patients as the top priority, closely followed by reviews of those with acute dysphagia. At the lowest level of priority are patients who require communication therapy. On Monday of her second week Kate conducts an initial swallowing and communication assessment with a 68-year-old previously independent woman who presents with a stroke. The woman is found to have mild-moderate receptive and expressive aphasia and mild swallowing difficulties. She is placed on a modified diet and instructed in safe swallowing strategies. On Tuesday Kate briefly sees the patient at lunchtime and observes no swallowing difficulties. Kate's clinical educator speaks with the nurses caring for the woman and no concerns are reported about her swallowing. The patient's daughter and husband catch Kate as she is searching for the medical file and ask what will happen with the lady's speech. Kate has already been told by her clinical educator that they may not be able to see this patient again this week.

6. Seeing non-evidence based practice occurring/being delivered by one's clinical educator

Emma is a third-year undergraduate speech-language pathology student who really enjoyed her child speech lectures. She is excited to start a placement in a community clinic where they have a number of clients with speech disorders. One of Emma's allocated clients is a 4 years 7-month-old boy who is stopping all fricatives, reducing consonant clusters and fronting velars. Emma's clinical educator has already seen this boy for two sessions but Emma will see him for the remaining six sessions of his last therapy block with the service. Emma's clinical educator has been working on stimulating k and g sounds and suggests that Emma continues working on these targets in nonsense words before moving on to word and phrase level. She mentions that by the end of the block Emma will need to prepare a comprehensive home program so the boy's mother can continue working on his speech before he goes to school. At home that night Emma begins working on the plan for her first session. As she thinks more about this boy she wonders why her clinical educator has chosen these targets and treatment approach, particularly when there are so few therapy sessions. She also struggles to find literature to complete her rationale for the therapy goals she has been given.

Discussion

The six vignettes presented above portray a range of ethical issues experienced by allied health students. Not all are drawn from speech pathology practice, but the issues are generalisable. Further, as allied health students and clinicians work increasingly in teams, being alert to ethical issues in other disciplines and having some strategies to support student peers and colleagues to manage ethical issues are essential.

Vignettes 1 and 2 are concerned with respect for colleagues including students. Students are both witnesses to and recipients of bullying in the workplace. As recipients, they have a clear course of action they can take in seeking support from their university clinical coordinator. The course of action is less clear when the perpetrator is another member of staff, especially when the perpetrator is one's educator. Fear of reprisal and being marked down in assessment of clinical performance will no doubt be in Thuy's mind should she choose to speak to her clinical educator. Concern for the invasion of Clare's privacy might also be on Thuy's mind as she weighs up options for action. Vignette 2 illustrates an increasingly common concern expressed by students. Many allied health students are undertaking study to change careers from being teachers, nurses, allied health assistants and so on. They bring with them knowledge and skills which will enhance their new roles but it is outside the scope of practice of their “new” profession to apply procedural skills from their old profession. They are not credentialled to do this and insurance will not cover them. For clinical educators to request them to undertake such procedures shows a lack of respect for the students as well as a lack of awareness of insurance arrangements in place in the clinical educators’ practice settings. It can be very difficult for students to resist such requests because of the power imbalance and fear of reprisal (through poor assessment).

Vignettes 3 and 4 illustrate failures of respect for the autonomy and dignity of patients. The ageing population with concomitant problems such as dementia and an increasingly multicultural society mean that situations like these will be familiar to many practitioners. The issue of informed consent is present in both these vignettes. We know that the decision to continue the procedure without an attempt to modify it in some way to reduce pain or to explain to Agnes why pain is necessary shows not only a violation of the patient's autonomy and dignity but also demonstrates malfeasance. It suggests “elder abuse”. Vignette 3 illustrates a patient being denied the truth by her next of kin, who is also intentionally drawing staff and students into the deception. The patient's autonomy to make a range of decisions is compromised, and the cultural differences as well as the collusion involved create ethical distress for the student. Vignette 5 illustrates an increasingly common situation in speech pathology practice (Atherton & McAllister, 2009), where micro-economics collide with beneficence. Prioritisation systems are often a response to restrictions in resource allocation. The ethical principles of justice and beneficence are not served in this vignette. It is likely that this woman will be discharged once she has been determined to have a safe swallow. Togher (2009) and Cruice (2009) discuss the safety issues in discharging patients with no effective communication system. Situations like this will cause ethical distress to clinicians and students as they witness patients’ bewilderment and distress. The principle of “need” and a different approach to service rationing must be considered in situations like this one.

Vignette 6 is typical of situations frequently raised by university staff by students who witness non-evidence based practice on placements. Students tell us that when they try to question such practice they receive a range of responses from their clinical educators who may see their behaviour as impertinent, may be defensive, not understand evidence-based practice or see it as not relevant to the real world of practice. The power imbalance often prevents students raising the issue and if they do, they may compromise a positive relationship and learning environment.

It is clear in the vignettes presented above that students are ethically aware. They may also experience ethical distress. If it is not behaviours or attitudes of the clinical educator that are the cause of a student's ethical concerns, a student can discuss their concerns with the educator and consider options for appropriate action. However, particularly if experienced, clinicians might have developed
tensions.

Preparation at university
The process of informing and advancing a student’s ethical awareness should begin at university (Cooper, Orrell & Bowden, 2010). Interactive classes held before students initially enter the clinical environment and throughout the duration of their program are an essential tool in the development of students who possess the capacity to ethically reason, make appropriate judgements and responses when faced with an ethical dilemma, and possess coping mechanisms and strategies to minimise the possibility of ethical distress occurring (Clark & Taxis, 2003). Ideally, some of these classes will be interprofessional, so that students begin to understand that different disciplines may bring different lenses to examining ethical issues (Olcozan, Davis & Bagley Burnett, 1999).

These classes can be confronting to students on a number of levels as they are being asked to examine and reassess their values and views on a range of ethical issues. Students’ ethical growth occurs along a novice to entry level continuum (and beyond), and students often express difficulty in identifying and managing ethical issues due to a lack of experience (especially in the earlier years of the program). Ethics education must include a reflective component which educates students on how to reflect on a situation in order to improve their ethical reasoning (Lemonidou, Papathanassoglou, Giarmakopoulou, Patraki, & Papadatou, 2004). In novice level students, this beginning process of ethical awareness can be facilitated by asking them to draw on real-life experiences unrelated to clinical placement where they have experienced a dilemma. Students can be asked to look at all of the factors in the dilemma, thus encouraging them to see things not just in black and white, but in “gray” as well. Before commencing placement, students can be briefed on their profession’s code of ethics, in addition to the code of ethics/conduct of relevant health authorities.

Structured ethics learning opportunities on placement
Structured discussion times should be built into a placement schedule to allow students the opportunity to discuss ethical issues and ask any questions regarding issues of concern to minimise the potential for ethical distress. Suitable times should be organised by the clinical educator before the commencement of the placement and discussed with the student during the orientation session. Discussions may occur on a one-to-one basis or in a group setting, thereby maximising opportunities for learning. Appropriate strategies for the structure and effective facilitation of ethics-focused conversations with students may need to be provided to clinical educators by university staff. This is a challenging area and it should not be assumed that clinical educators possess these skills or knowledge. Workshops conducted by universities and/or information sheets they distribute are examples of ways in which this knowledge can be disseminated.

The completion of an ethics case study while on placement is a powerful tool in developing students’ ethical awareness. For example, students could be asked to apply their knowledge of ethical principles to a workplace situation and provide a detailed discussion of an ethical dilemma which they experienced. Students should be encouraged to reflect on how the situation was handled and provide examples of how they would handle this situation if faced with it in future. Reflective journals and reports can assist students’ learning in this regard.

Learning support during placement
We suggest the development of an online discussion board to further support the development of ethical awareness in students. This strategy allows students to connect with their peers and university staff to share experiences, give and receive advice, promote ethical reasoning and devise effective coping mechanisms and strategies to manage an ethical problem. Lemonidou et al. (2004) suggest that continuous support from peers is essential in fostering and refining students’ perceptions of ethical and moral situations. As students can be placed in numerous clinical sites across the country (including rural and remote settings), an online discussion board hosted on a university learning management system would allow for this development to occur. The discussion board would allow for postings of students’ questions or topics, with peers and/or university staff participating to facilitate the exchange of ideas. The site must be facilitated by a university educator regularly, with posts being sent by students to the staff to be scanned for appropriate content before being posted. Students must be briefed about this process before placement begins, with rules for the content and display of information explicitly articulated on the discussion board. While this may be onerous on educators, it should be considered as an important component of a students’ ethical awareness development.

Students can also be encouraged to use their peers as resources to manage ethical concerns, with confidentiality and privacy concerns being appropriately addressed. To use peers well, students will need prior preparation at university in both dialogic and activity-based peer learning strategies (Baldry Currens, 2010). Students need input on how to actively engage in peer learning opportunities as well as on the sorts of communication skills needed to learn with peers. Being able to ask questions that provoke deep learning, providing feedback and offering comments that are respectful and inoffensive, focusing on the task not the person are examples of dialogic peer learning skills.

Debriefing
Debriefing sessions conducted at the university after placements allow students the opportunity to explore and discuss in depth any ethical tensions and dilemmas experienced. Classes should assist students in further developing strategies for effectively managing ethical dilemmas through the exchange of ideas with peers and university staff. A trusting, supportive environment is essential for the effective facilitation of this process, where no fear of retribution exists. Confidentiality should be maintained at all times, with students being made aware of
this at the beginning of each class in order to encourage honesty. Individual meetings with the university clinical coordinator may be indicated to discuss further issues or provide additional support for students who are continuing to experience ethical distress. It must be noted that although this is a confidential process, educators have an obligation to report any suspected cases of abuse to their employer or relevant authority.

Conclusion

It is clear that students are ethically aware and require guidance and facilitation to become ethical practitioners. At entry level, it is still appropriate for graduates to require assistance with ethical dilemmas. Both university and clinical educators play a vital role in students’ ethical development, which can be facilitated in the following ways.

Clinicians must be ethically aware and cognisant that students may find a situation ethically challenging. Offering opportunities for structured debriefing sessions will allow students the opportunity to discuss ethical issues witnessed and augment their knowledge base. It is vital for clinicians to provide students with a welcoming environment where they are made to feel comfortable and encouraged to discuss any ethical dilemmas. University educators and clinicians must inform the student of appropriate people at the placement site with whom they can discuss ethical tensions or dilemmas. This is an essential component in ensuring that any ethical issues experienced by students are addressed early, before ethical dilemmas or distress occur.

University educators must fully brief students before they commence clinical placement to the possibility of ethical tensions arising, how to identify them and effective strategies for dealing with these. Students must also be provided with the skills required to reflect on these ethical issues and opportunities to share and learn from their reflections, thereby reinforcing their knowledge and understanding in this area.

The implementation of appropriate strategies such as interactive classes (e.g., role play in a case-based learning environment; structured discussion times and learning opportunities during clinical placement; completion of an ethics case study while on placement; use of online discussion boards; structured peer learning opportunities and debriefing sessions) can assist students in developing their awareness while minimising the potential for ethical distress occurring.

References


Baldry Currens, J. (2010). Preparing for learning together: An ethics case study while on placement; use of online discussion boards; structured peer learning opportunities and debriefing sessions can assist students in developing their awareness while minimising the potential for ethical distress occurring.


