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Applying the Scholarship of Teaching and Learning to Ethics Education in Occupational and Physical Therapy

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Abstract

The purpose of this chapter is to suggest possible ways to apply the scholarship of teaching and learning (SoTL) to critical inquiry about ethics education in the health sciences. A general overview of SoTL is provided. The impetus for and design of a specific SoTL project in the context of a pharmacy ethics course is discussed. The SoTL project in pharmacy ethics is but one example of the kind of inquiry into ethics education that could be applicable to other health science disciplines. Ideas for further inquiry in occupational therapy and physical therapy ethics education are proposed using three key questions concerning what works in ethics education, what is possible and what is really happening when students learn.

Consider the following fictionalized vignettes of instruction in occupational and physical therapy and what they tell us about student learning and understanding in the area of ethics.

Vignette One

A physical therapy student meets with the instructor of record for the ethics course in the PT program. The student has been struggling the whole semester with the written requirements of the course, which includes case analysis. The student has had special difficulty in applying ethical principles to problems. As the instructor and student go over the steps of a normative decision making model as applied to a case, the student remarks, "Well, I know what the ethical problem is since the case is in the chapter that deals with patient autonomy."

The instructor replied, "That's a good place to start, of course, but what other principles might apply to the case?"

"Other principles?" the student responded. "You mean all of these principles could apply to this case?"

Vignette Two

It is late in the semester and time seems to be running out in the occupational therapy ethics course. The instructor of record does a quick calculation and finds that she will not get through the textbook if they keep going at this pace even though the students are reading a chapter a week. She decides to eliminate the content on ethical theories and a debate on Medicaid policy. She knows that she will have to push to cover the remaining content in lecture.

Vignette Three

During a clinical rotation, an occupational therapy student encountered a situation in which a patient's confidentiality was breached by an occupational therapy technician. The student could have intervened to prevent the violation, but stood by and did nothing. When the clinical instructor found out about the violation of confidentiality and the student's unwillingness to stop it, he asked the student, "Didn't you learn about this in your ethics course? Didn't you know what the tech was doing was wrong?"

The student replied, "We did learn about confidentiality and I could probably still give you a definition but so much of what we learned in ethics was so abstract. It didn't seem to have much to do with clinical practice."

Vignette Four

The term "active learning" really describes what occurs in an ethics course in a physical therapy program. Students are involved in role-playing exercises, case study analysis, term papers, and discussion boards on the Internet. Each week, the students scanned the lay press for articles that dealt with ethical issues and wrote commentaries. The final assignment, a group paper and presentation, addressed the most pressing ethical issues in physical therapy and proposed actions to resolve them.[1]

Before we criticize the teacher in the second vignette for rushing to cover content or relying too much on lecture as a teaching mode and before we praise the instructor in the fourth vignette for using a variety of active learning strategies, let us look more deeply at what each vignette tells about teaching and learning. Most faculty members, like the instructor in the first vignette, have experienced the feeling that there is too much content and not enough time in a course to cover it. What drives the instructor's decision to cut certain content and to push to cover other topics in a course? What do students really learn and retain through this "forced march" approach that many faculty adopt near the end of a course? The second vignette is one that many faculty members can identify with regardless of the subject matter being taught. An initial reaction to the student's statement about the applicability of ethical principles to clinical problems might be, "Where has this student been all semester?" Why has this student missed one of the most basic approaches to ethics? The student's misunderstanding of this basic concept raises bigger questions about what this student and other students in the class really understand about the process of ethical decision making. The third vignette focuses on the application of knowledge beyond the classroom and into clinical practice. The student could still recall a definition for a concept learned in ethics, but did not recognize the principle at work in practice. Could it be that the student did not have enough opportunities to apply these abstract concepts to real-world situations? Finally, vignette four presents the preferred teaching approach of the hour, an activity orientation, in which students participate in a wide variety of experiences related to ethics. Yet, the variety of activities does not guarantee that the students are learning what is most important about the discipline of ethics. What are the ends of all of this activity? What are the big ideas in ethics and the skills necessary to act on these ideas in professional practice? How would we know if our students understood the ideas we deem most important and whether or not they possess the skills to act?

The scholarship of teaching and learning (SoTL) is one approach to help unravel the problems that these vignettes suggest. Furthermore, SoTL provides a way to answer the larger

question: What is (are) the most appropriate way(s) to teach ethics in physical and occupational therapy?

✧ THE SCHOLARSHIP OF TEACHING AND LEARNING

The jury of higher education is still out as far as reaching an agreement on a singular definition of the scholarship of teaching and learning. However, there appears to be growing consensus on what the scholarship of teaching and learning should entail. Shulman provides a comprehensive definition: "A scholarship of teaching will entail a public account of some or all of the full act of teaching—vision, design, enactment, outcomes, and analysis—in a manner susceptible to critical review by the teacher's professional peers and amenable to productive employment in future work by members of that same community."[2]

McKinney contrasts the more traditional roles of being a good teacher as well as a scholarly one with the SoTL. "SoTL goes beyond being a good teacher (facilitating significant student learning) and beyond being a scholarly teacher (reading the pedagogical literature, attending teaching development activities, etc.). It involves systematic reflection on teaching and/or learning and the public sharing of such work."[3]

Not all faculty members will pursue this type of scholarly inquiry into their work as educators. Some will continue with their disciplinary research with occasional forays into the area of SoTL; others will opt for SoTL as their primary work.

The purpose of this chapter is to suggest possible ways to apply SoTL to ethics education in the health sciences. The guiding principle for the chapter is that there is no single best method or approach for conducting the SoTL.[4] A general overview of a specific SoTL project in the context of a pharmacy ethics course is provided. The SoTL project in pharmacy ethics is but one example of the kind of inquiry into ethics education that could be applicable to other health science disciplines. Ideas for further inquiry in occupational therapy and physical therapy ethics education are proposed using three key questions developed by Bass.[5]

Case in Point

Even though ethics is regarded as an essential component of pharmacy education, methods to teach ethics and evaluate the abilities of students are not well developed. In question are the abilities to:

1. Recognize ethical issues in a clinical context
2. Propose resolutions to identified problems
3. Use the tools of ethics such as principles and theories
4. Justify proposed resolutions
5. Anticipate arguments to proposed resolutions
6. Cope with the uncertainty and emotional nature of ethical issues commonly encountered in clinical practice

Numerous teaching and evaluation methods have been used in pharmacy ethics education such as true/false and multiple-choice examinations, essay examinations, role-playing, group discussion, case study analysis, and instruments that measure moral reasoning.[6,7]

Most instruction in ethics has been geared toward ethical analysis of case studies, i.e., the student is asked to read a case, identify the ethical issues verbally or in writing, propose different resolutions supported by principles and theory, and select the best course of action. It is safe to say that these teaching strategies are employed in most health science ethics courses and perhaps other nonhealth professions, such as law and engineering.

Cases can be used to teach philosophical ethics. As Veatch notes, "The first step is to recognize an ethical problem when it is encountered. It also involves understanding major alternative theories. Students should know the difference between a virtue theory and an action theory, between utilitarianism and deontological ethics, between value theory (axiology) and a theory of right action, between *prima facie* duty and duty proper, and between rule-based and situation-based theory."[8]

Yet, case analysis will only take us so far. Written case analysis is an unlikely route to developing skills in coping with the uncertainty and emotional nature of ethical issues commonly encountered in health care. There is clearly a difference between reading a text about ethical issues and interacting with a real patient, peer, or another health professional.

When a student reads a case and writes a response to the ethical problem(s) encountered therein, he or she is involved in "third-person ethics." Even though the student might identify with the people in the case or feel sympathy for the situation the principals find themselves in, the student is not really involved in the case. Students can view ethics from a distant, more objective position. In reality, ethics is up close and personal. "The clinical encounter is an encounter of agents who discern and act in the first person."[9] So, a teaching and learning method that gets closer to "first-person" ethics is desirable.

An additional question regarding methods of teaching ethics is: How much of what a student learns in an ethics course translates to actual clinical practice? In other words, once the student has completed the ethics course and embarks on the final year of clerkships (that is the traditional model in pharmacy education) how much, if anything, of what the student learned in ethics will be used in clinical practice? In occupational therapy and physical therapy, faculty may wonder how and if the students use what they learn in ethics during clinical rotations that occur earlier in the professional program than in pharmacy. These questions steer us in the direction of a teaching method and course design that gets as close to real-life practice as possible—clinical simulations.

The primary research question for this project was: What impact do clinical simulations involving standardized patients (SPs) have on student learning regarding resolving ethical problems in a pharmacy ethics course? Specifically, what impact do clinical simulations have on third-year students in a Doctor of Pharmacy program in a required, three-semester-hour ethics course?

Secondary questions were also developed:

- Is there a relationship between critical thinking and the ability to analyze ethical problems?
- Is there a relationship between moral development and ability to resolve ethical problems in SP interactions?
- Could SP interactions improve cognitive moral development scores?
- Do interactions with SPs have an effect on ethical sensitivity?
- Does critical self-reflection about interactions with SPs have an effect on ethical decision making?
- Do interactions with SPs have an effect on self-efficacy in identifying and resolving ethical problems in clinical practice?
- Do interactions with SPs have an effect on the quality of written work (ethical analysis) as demonstrated on exams, critical self-reflection, and other writing assignments?

For the purposes of this chapter, preliminary findings to these research questions will not be presented. Rather the focus of the chapter is on how these questions (and others) were developed using a SoTL approach to finding answers.

Since it is not possible to predict when students will encounter an ethical issue in clinical practice, clinical simulations can be used to approximate what they will likely encounter in actual practice and gets us closer to "first-person" ethics. It should be emphasized that SP encounters or clinical simulations are not a substitute for direct patient contact in clinical settings.[10] Standardized patient methods, one type of clinical simulation, have been used to give students practice for many clinical skills, most often physical assessment, in a realistic and safe environment. SP encounters are designed to supplement student experience and allow practice of clinical skills, such as recognizing and resolving ethical problems. The lion's share of the work with SPs has been in medical education with a focus on patient assessment and the psychomotor skills it involves.[11] However, SPs have been used for other types of learning in pharmacy and other health science programs to help students improve communication skills and patient education.[12–15] There are even a

select few examples in the literature of the use of standardized patients and ethics in medical education.[16]

SPs are laypeople who are given a detailed case history and trained to portray an individual in a health situation. SPs are not given a script but background information regarding the important clinical, or ethical, components of a case as well as several prompts to move the interaction forward. SPs not only portray patients, but peers and other health professionals as well. SPs are often used for evaluation purposes; that is, as part of a single interaction coupled with a writing assignment or drug calculation (called a couplet) or multiple "stations" with numerous SPs and case histories (called an OSCE).[17] SPs were used in this SoTL project in pharmacy ethics education as a teaching, assessment, and professional development tool rather than a "high stakes" examination or evaluation tool.

The context of the SoTL project in pharmacy ethics is a required, three-credit-hour course in ethics at a private midwestern school of pharmacy. We know from specialists in education and interpersonal dynamics that students need repeated experiences to practice these new and complicated ways of working with others that are a part of resolving ethical problems in clinical settings.[18] Thus, the students in the pharmacy ethics course have four opportunities during the semester to interact with SPs in four different clinical simulations that focus on commonly encountered ethical issues in pharmacy practice. The clinical simulations are but one component of a complicated course design that includes opportunities for the students to develop in the six facets of understanding proposed by Wiggins and McTighe.[1] Students have opportunities to: explain, build and test their own theories through self-reflection writing assignments; develop their own interpretations and appreciate other interpretations of the same event; apply principles to realistic situations including planning, troubleshooting and reflection; appreciate multiple views of the same issue; confront experiences to develop empathy and develop self-knowledge through structured reflection. As Bass notes, not only does SoTL require looking at teaching and learning differently, but the means by which we determine or assess learning should reflect this change in focus as well:

> *It takes a deliberate act to look at teaching from the perspective of learning. Actually, it takes a set of acts—individually motivated and communally validated—to focus on questions and problems, gather data, interpret and share results The range of questions can take many forms. The nature of the data may be quantitative or qualitative; it may be based on interviews, formative assessment instruments, test performances, student evaluations or peer review, or any combination by which the "multiples of evidence" may be obtained.*[19]

Preliminary findings regarding the primary research question include: clinical simulations have a multifaceted impact on student learning particularly in the areas of developing confidence, recognizing ethical problems in realistic clinical situations, demonstration of understandings of ethics and insight into their own professional development.

✧ FURTHER INQUIRIES IN SoTL IN ETHICS EDUCATION

The questions and problems about what is the best way to teach ethics to students in occupational therapy and physical therapy or how to facilitate their development as moral health professionals are really scholarly research questions, not merely matters of technique and classroom strategies. Randy Bass, a Carnegie Scholar, recently presented three basic but complex questions that described the path he has traveled in trying to understand how his students learn. The three questions Bass poses provide a helpful way to organize further inquiry into the teaching and learning of ethics in physical and occupational therapy.[5]

What Works?

Most faculty members begin with the "What works?" type of questions in their quest to figure out what is going on in their classrooms and their students' minds and hearts. Questions like, "Do my students learn better this way?" fall into this category.

Participants at the Fall 2003 Leadership in Ethics Education Conference were invited to brainstorm regarding the kinds of questions they might ask in this category. Here is a sampling of the types of questions the participants proposed, all of which could be developed into a SoTL project: Does problem-based learning (PBL) enhance student learning in ethics? How do we prepare students to engage more effectively in self-regulation re: whistle-blowing? Do student generated case studies work differently than instructor generated cases?

What is Possible?

Design questions fall into the "What is possible?" category. The participants at the Leadership in Ethics Education Conference offered the following questions: What is the best course/curriculum design to facilitate students' synthesis of past learning? Is it possible to develop learning activities that facilitate student moral roles outside of patient relationships? What is the best placement of the ethics course in the curriculum? What learning activities encourage development of moral courage?

What Is?

This final category of questions deals with what is actually going on when our students are trying to learn. What are the component activities or skills of ethical decision making in clinical practice? What do the students need to do well to be successful at recognizing and resolving ethical problems? Here are examples of questions from participants at the Leadership in Ethics Education Conference that fall into the "What is?" category: What is the nature of face-to-face interaction between clinical instructors and students? What is the "ah-ha" moment when students "get it"?

Through critical inquiry with students, collaborative and interdisciplinary work, and the critical eye of SoTL, we can identify these component parts of working through ethical problems and what it means to help shape the development of students into ethical health professionals.

References

1. Wiggins G, and McTighe J: Understanding by Design. Association for Supervision and Curriculum Development, Alexandria, VA, 1998.
2. Shulman L: Introduction. In Hutchings P (ed): The Course Portfolio: How Faculty Can Examine Their Teaching to Advance Practice and Improve Student Learning. American Association of Higher Education, Washington, DC, 1998.
3. McKinney K: Applying the scholarship of teaching and learning: Can we do better? Teaching Professor 17(7):1, 2003.
4. Hutchings P: Approaching the Scholarship of Teaching and Learning. In Hutchings P (ed): Opening Lines—Approaches to the Scholarship of Teaching and Learning. The Carnegie Foundation for the Advancement of Teaching, Menlo Park, CA, 2000.
5. Bass R: Personal communication with Randy Bass, Ph.D., regarding presentation on evidence of his journey in search of his scholarship of teaching. Paper presented at: 2001–2002 Carnegie Scholars Summer Meeting, 2002, The Carnegie Foundation for the Advancement of Teaching, Menlo Park, CA.
6. Haddad AM, et al: Report of the ethics course content committee: Curricular guidelines in pharmacy education. Am J Pharm Educ 57(Winter Suppl):34S–43S, 1993.
7. Rest JR, and Narvaez D: Defining Issues Test 2. Center for Research in Ethical Development, Minneapolis, MN, 1998.
8. Veatch R: Case analysis in ethics instruction. In Haddad A (ed): Teaching and Learning Strategies in Pharmacy Ethics. ed 2. The Pharmaceutical Products Press, New York, 1997.
9. Bishop JP: Creating narratives in the clinical encounter. Med Humanities Rev 14(1):10–24, 2000.
10. Ainsworth MA, et al: Standardized patient encounters: A method for teaching and evaluation. JAMA 266(10):1390–1396, 1991.
11. Barrows HS: An overview of the uses of standardized patients for teaching and evaluating clinical skills. Acad Med 68(6):443–451, 1993.
12. Monaghan M, et al: Student attitudes toward the use of standardized patients in a communication course. Am J Pharm Educ 61(Summer):131–136, 1997.
13. Yoo MS, and Yoo IY: The effectiveness of standardized patients as a teaching method for nursing fundamentals. J Nurs Educ 42(10):444–448, 2003.
14. Teutsch C: Patient-doctor communication. Med Clin North Am 87(5):1115–1145, 2003.
15. Logan HL, et al: Using standardized patients to assess presentation of a dental treatment plan. J Dent Educ 63(10):729–737, 1999.
16. Singer PA, et al: Performance-based assessment of clinical ethics using an objective structured clinical examination. Acad Med 71(5):495–498, 1996.
17. McGuire C: Perspectives in assessment. Acad Med 68(2):S3–S8, 1993.
18. Mentkowski M, et al: Student and Alumna Learning in College and Beyond: Perspectives from Longitudinal Interviews. Alverno College Institute, Milwaukee, WI, 1998.
19. Bass R: The scholarship of teaching and learning: What is the problem? Inventio 1(1):7, 1998.

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