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Northeastern University
Bouvé College of Health Sciences
Physical Therapy

Stuck in the Middle: The Ethics of Fieldwork Education

JESSICA MARENGO, PT, DPT, SM

Disclosures:

- Received financial compensation from APTA National and APTA of Massachusetts for ethics-related continuing education content development

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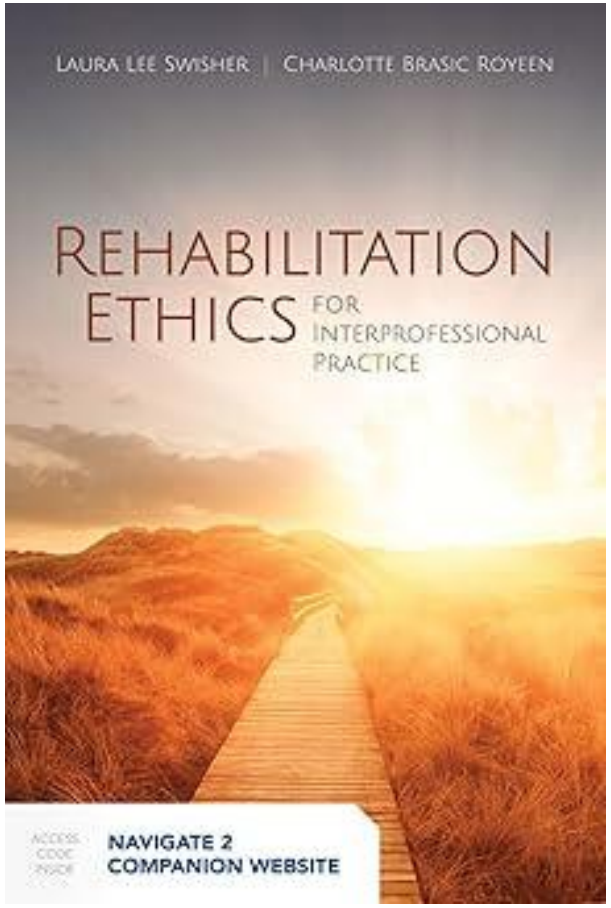
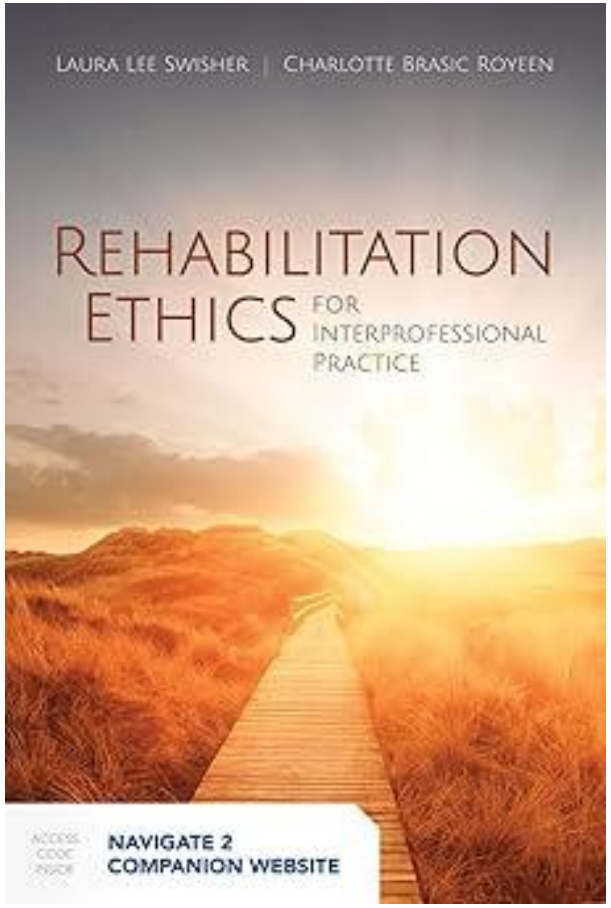
Objectives:

- Describe the uniquely-situated position of the fieldwork educator
- Identify personal, professional, and institutional barriers and facilitators to ethical practices in fieldwork education
- Apply key bioethical principles and concepts to real-world fieldwork education scenarios

***Disclaimer about the literature**



Current Ethical Issues in Rehabilitation
Reimbursement issues
Goal setting conflicts
Decision-making capacity
Informed Consent
Confidentiality
End of Life
Discharge Planning
Quality of Life
Patient autonomy limits
Veracity
Personal/professional boundaries



Future Ethical Issues in Rehabilitation
Scope of practice/turf wars
Social media
Economic disparities
Impact of technology
Healthcare policy
Telehealth
Big data
***Artificial intelligence**

American Occupational Therapy Association

AOTA Occupational Therapy Code of Ethics Core Values and Principles

An aspirational foundation and goal for ethical decisions

Core Values & Guiding Ethical Principles: Foundation of the AOTA Code of Ethics

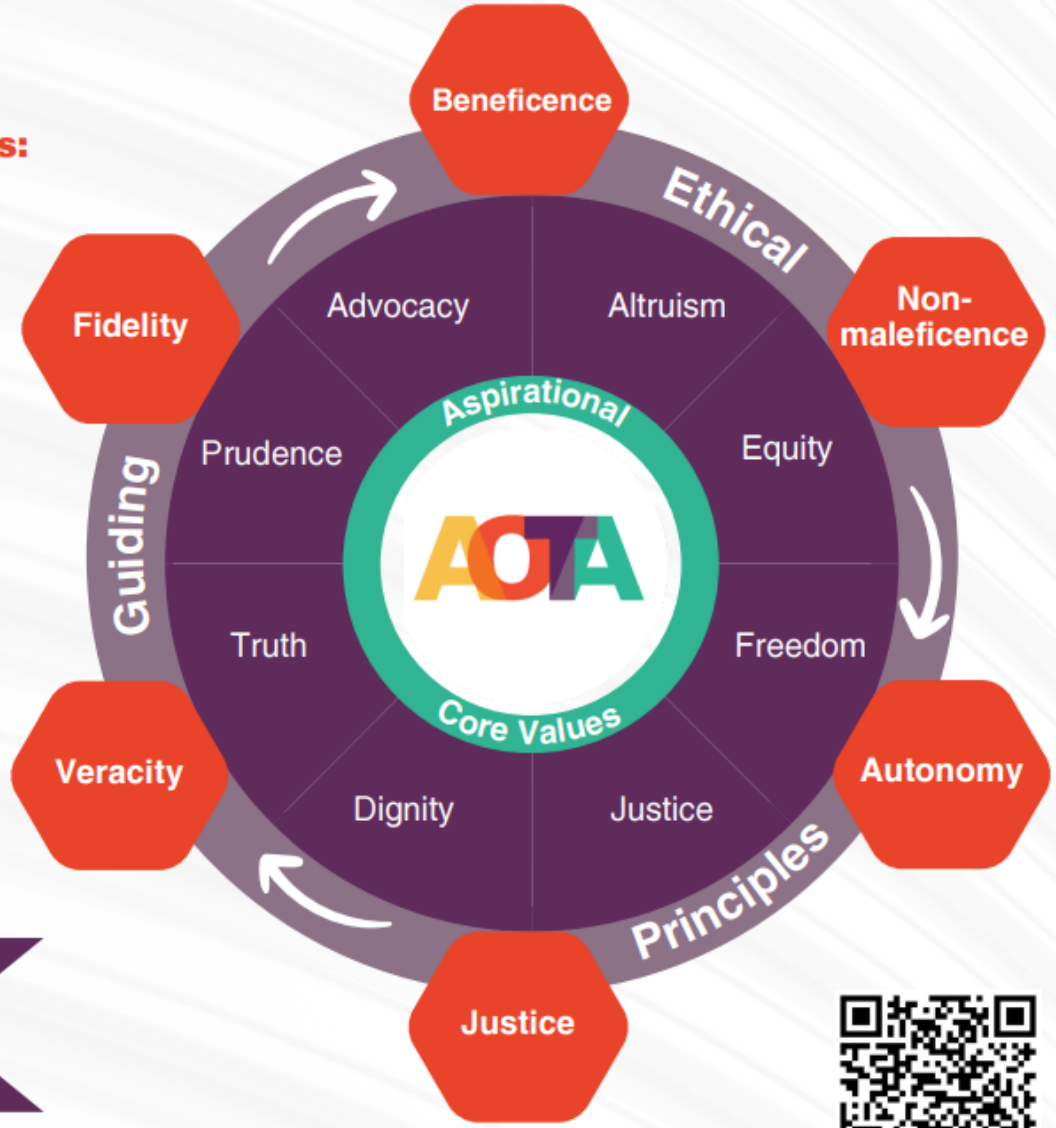
The core values and principles provide the foundation for the AOTA Occupational Therapy (OT) Code of Ethics ("Code"). **Core values** are **aspirational targets** and the **guiding principles** aid in **ethical decision-making**. Their purpose is to guide occupational therapy practitioners toward ethical and professional behavior that upholds the integrity of the profession.

Standards of Conduct

Sanctionable offenses and violations of ethical standards are addressed separately under the Code's **Standards of Conduct**, which outline specific and enforceable behaviors.

The Ethics Commission enforces the Standards of Conduct under the Enforcement Procedures for the Code. The Standards are objective measures that assist with meeting the guiding principles.

Core values and principles are *aspirational goals* to help *guide* professional behavior and promote integrity, compassion, and respect for all individuals.



Explore more ethics resources

Ethical tensions in occupational therapy practice: Conflicts and competing allegiances

Tensions ethiques dans la pratique de l'ergothérapie : Conflits et allégeances concurrentes

Evelyne Durocher, PhD, OT Reg. (Ont.) and Elizabeth Anne Kinsella, PhD, OT Reg. (Ont.)

Table 1
Tensions Between Competing Allegiances

	Allegiance	versus	Allegiance
1	Respect for client autonomy	vs	Protecting client safety
2	The client	vs	Therapist's values
3	Colleagues	vs	Clients or the regulatory college
4	Therapist's values	vs	Employer directives
5	The client	vs	Regulatory college mandates

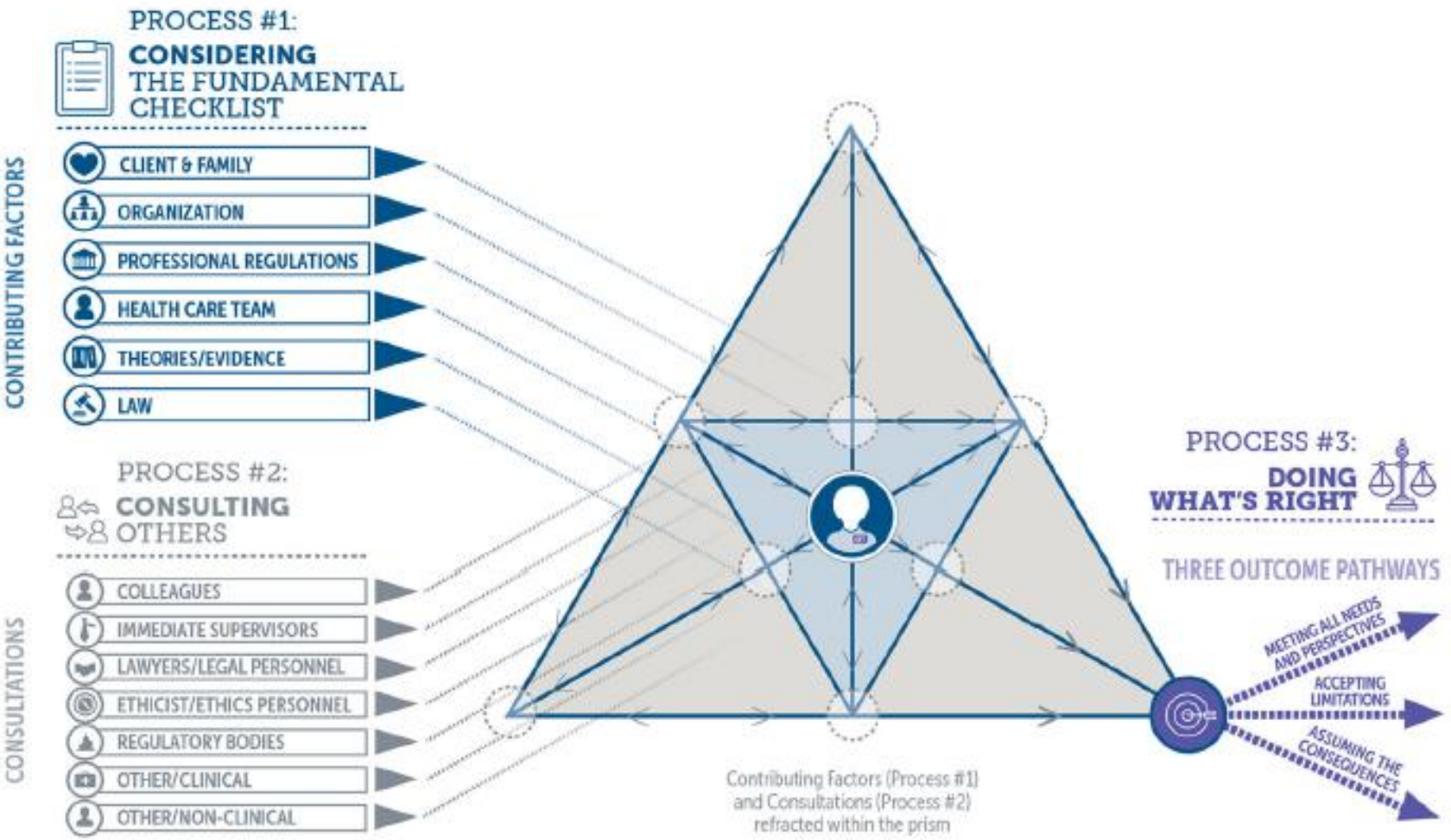
Doing what's right: A grounded theory of ethical decision-making in occupational therapy

Sandra VanderKaay, Lori Letts, Bonny Jung and Sandra E. Moll

6 main contributing factors:

- Client and family considerations
- Organizational considerations
- Theories and evidence
- Professional regulations
- Healthcare teams
- Law

THE PRISM MODEL OF ETHICAL DECISION-MAKING



But what makes fieldwork education unique?

RESEARCH PAPER

Facilitators and Barriers to Providing Clinical Education Experiences Through the Lens of Clinical Stakeholders

Tawna Wilkinson, PT, DPT, PhD, Katherine Myers, PT, DPT, Jamie Bayliss, PT, MPT, DHSc, Peggy Gleeson, PT, PhD, Janet Konecne, PT, DPT, PhD, CSCS, Michele Lewis, PT, DPT, Jodi Thomas, PT, DPT, DHSc, Colette Pientok, PT, DPT, and Thuha Hoang, PT, PhD

Table 2. Clinical Instructors' Self-Report: Reasons to Serve as a CI Ranked From Highest to Lowest[a]

Ranking (1 = Top Ranked	1	2	3	4	5	6	7	8	9	10
	N (%)	*N* (%)	*N* (%)	*N* (%)	*N* (%)	*N* (%)	*N* (%)	*N* (%)	*N* (%)	*N* (%)
Enjoyment of teaching	274 (49.4)	96 (18.4)	67 (13.3)	39 (8.5)	15	3	6	3	1	3
Professional responsibility	147 (26.5)	125 (24.0)	93 (18.4)	64 (13.9)	47 (11.3)	19 (5.8)	13	11	4	3

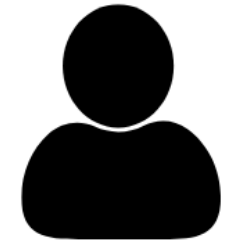
Med J Islam Repub Iran. 2022 (28 Mar);36.27. https://doi.org/10.47176/mjiri.36.27

Strategies to Promote the Quality of Occupational Therapy Fieldwork Education: A Qualitative Study

Marzieh Pashmdarfard[1], Afsoon Hassani Mehraban[2]*, Narges Shafaroodi[2], Kamran Soltani Arabshahi[3], Soroor Parvizy[4]

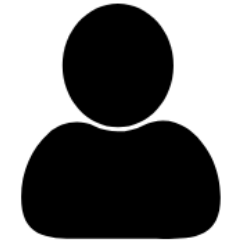
"The majority of interviewees considered educators as the most influential factor in the quality of fieldwork education."

School



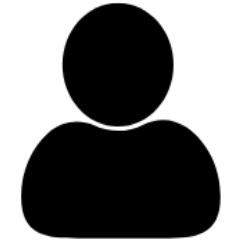
Student

Patient



Student

Company



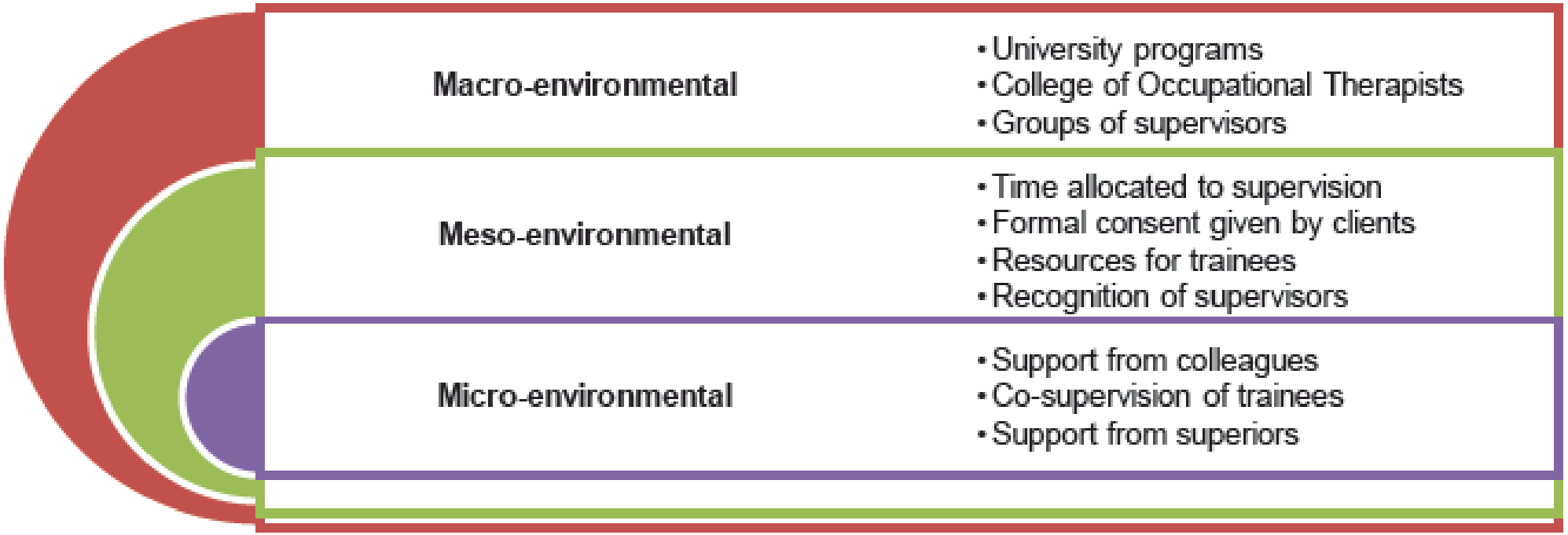
Student

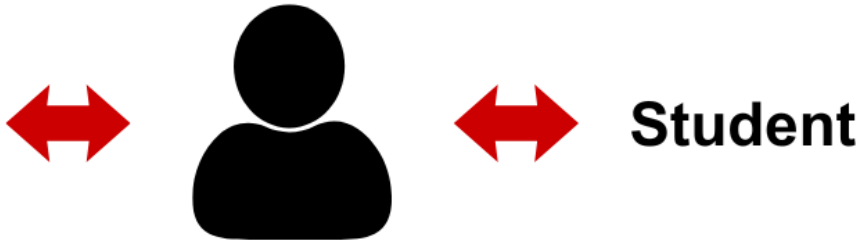
Canadian Journal of Bioethics
Revue canadienne de bioéthique

Addressing the Ethical Issues Associated with Fieldwork Education in Occupational Therapy: Results of an Empirical Study Conducted in Quebec

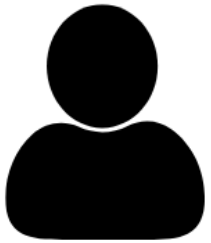
Marie-Josée Drolet, Nancy Baril, Anick Sauvageau and Sandrine Renaud

Figure 2: Environmental supporting measures for clinical traineeship supervision in occupational therapy

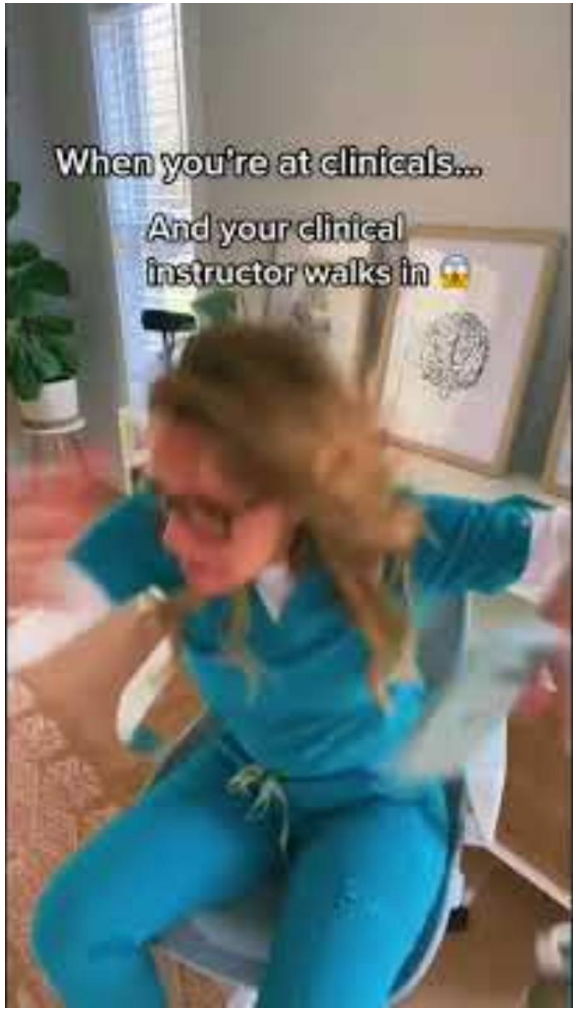


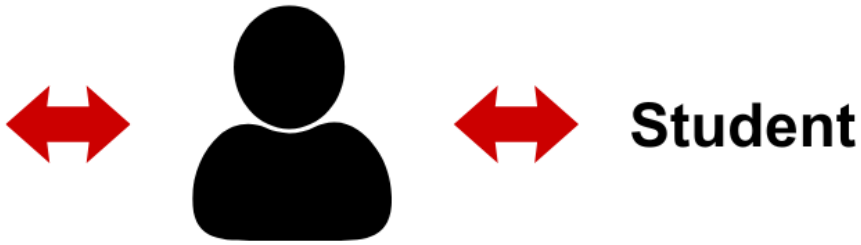
School  Student

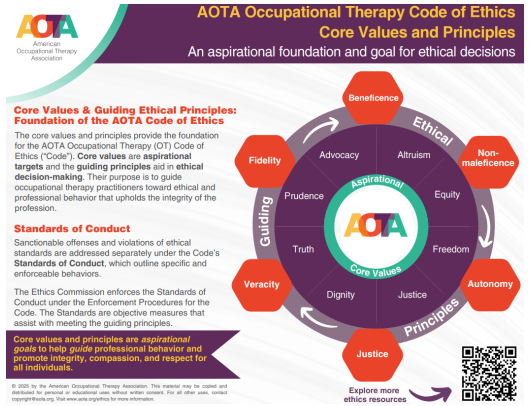
- Establishing trusting relationships with students
  - But the potential need to ‘violate’ trust by communicating with the school’s academic fieldwork coordinators
  - Best practice is early communication with school
  - **Confidentiality, veracity, fidelity**

School ⟷  ⟷ Student

- Concerns related to underperformance
  - Including professional behaviors concerns
  - Stigma, privacy, impact on student's professional identity formation(Castanelli)
  - Also need to allow students to not be us
  - **Confidentiality, prudence, dignity, freedom**



School  Student

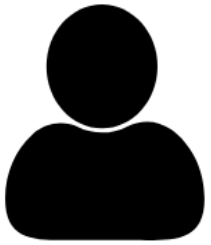


- Oftentimes we feel pressure to do the best we can to support the needs of the student, promote student success, monitor their well-being, etc.
- Tension between our needs and the needs of the student
- **Fidelity, care, beneficence, non-maleficence, prudence**

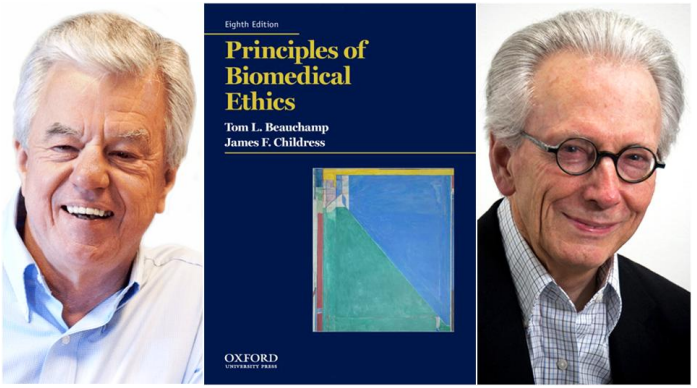
- You are a fieldwork educator in a school environment. Your student has been doing well in their placement, but when they came to work this morning, it was clear they had been crying.

- They disclose to you that they are experiencing concerns related to housing instability but assure you that they will ‘figure it out,’ and that it won’t impact their performance.

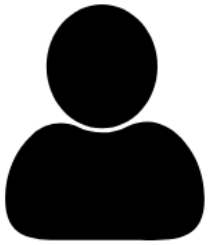
- **They ask you to please *not* inform their school. How do you handle it?**

Patient ⟷  ⟷ Student

- Balance opportunity for students with potential risks to patients
- **Non-maleficence, beneficence, advocacy**
- How do we gain confidence in student performance to relinquish responsibilities?



Beneficence: Obligation to do good	**Non-maleficence:** Obligation to not harm
Autonomy: Self-governance	**Justice:** Equals must be treated equally

Patient ⟷  ⟷ Student

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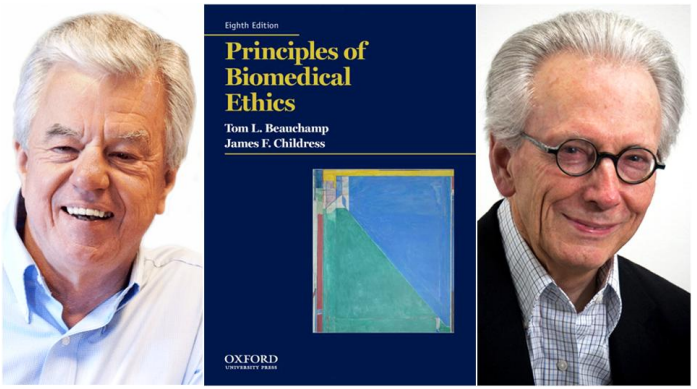
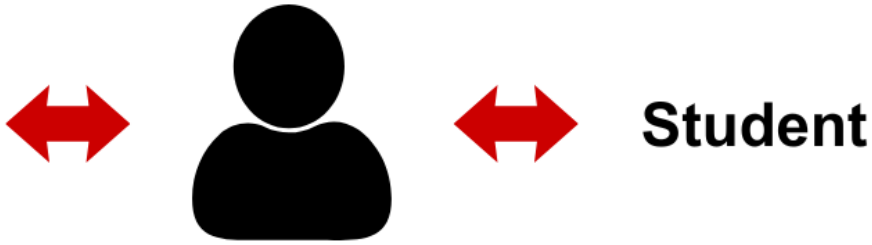


Patient  Student

How do we gain confidence in student performance to relinquish responsibilities?

How clinical supervisors develop trust in their trainees: a qualitative study

Karen E Hauer,[1] Sandra K Oza,[2] Jennifer R Kogan,[2] Corrie A Stankiewicz,[2] Terese Stenfors-Hayes,[3] Olle ten Cate,[4] Joanne Batt[1] & Patricia S O'Sullivan[1]

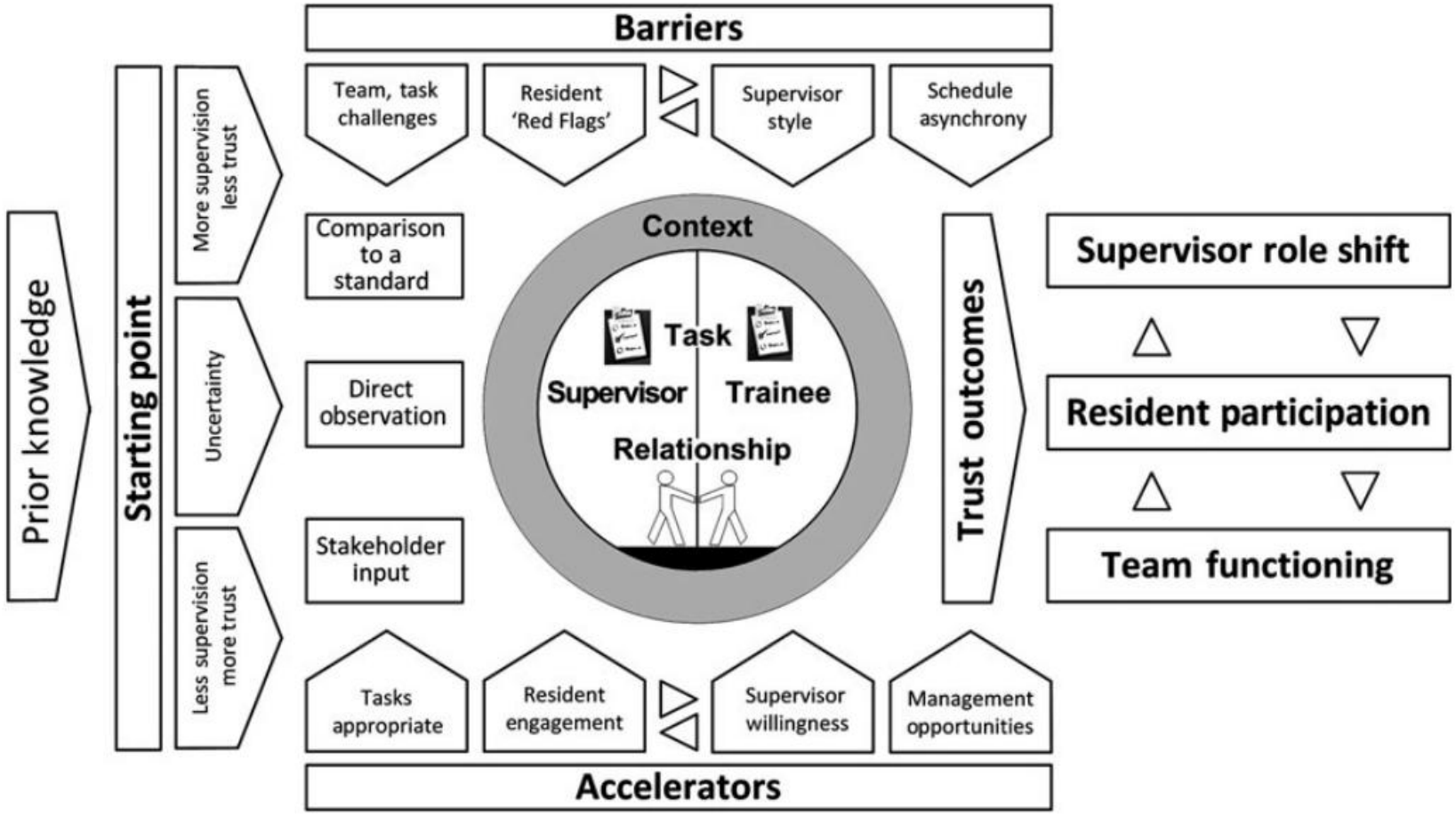
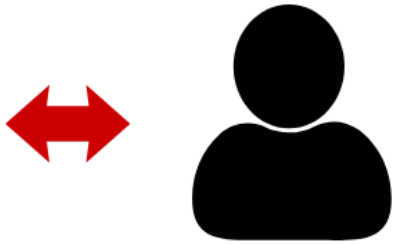


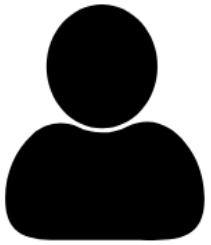
Figure 1 Model of trust formation

Patient  Student

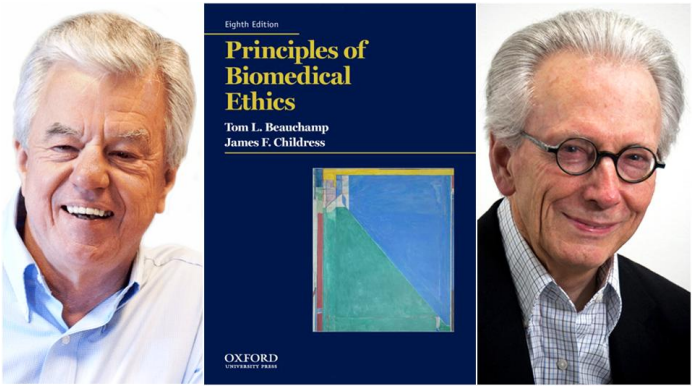
How do we gain confidence in student performance to relinquish responsibilities?

How do we gain confidence in student performance to relinquish responsibilities?

- Give low-stakes learning opportunities (FWE as a patient, empty hospital room, etc.)
- Repeated task performance to observe improved efficacy
- Initially line of sight with decreasing supervision as appropriate
- Preparation and debriefing activities to ensure didactic knowledge and self-reflection

Patient ⟷  ⟷ Student

- Concerns surrounding misrepresentation of role: “I’m *with* OT.” versus “I’m an OT student.”
- An essential component of informed consent for treatment
- Foundation of the principle of respect for **autonomy**
- Other manifestations of clinical dishonesty?



The correlation between medical students' clinical dishonesty, psychological distress, and moral intelligence

Hamid Reihani[1], Foroogh Zare[2], Mahsa Moosavi[2] and Mitra Amini[2*]

Table 2 The level of clinical dishonesty, psychological distress, and moral intelligence among 317 medical students was included in the study

Variables		*N* (%)	Mean ± SD
Clinical dishonesty	Low	187 (59%)	5.57 ± 1.96
	Medium	106 (33.4%)	11.62 ± 2.1
	High	24 (7.6%)	19.62 ± 2.39
	Total	317 (100%)	8.66 ± 4.67
Psychological distress	Low	47 (14.8%)	3 ± 1.96
	Medium	140 (44.2%)	9.5 ± 2.28
	High	130 (41%)	17.46 ± 2.65
	Total	317 (100%)	11.8 ± 5.72
Moral Intelligence	Low	9 (2.8%)	39.66 ± 10.11
	Medium	122 (38.5%)	65.07 ± 5.67
	High	186 (58.7%)	78.76 ± 6.48
	Total	317 (100%)	72.3 ± 10.52

The correlation between medical students' clinical dishonesty, psychological distress, and moral intelligence

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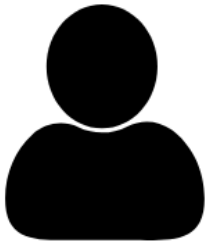
- Discussing patients in public places or with non-medical personnel
- Incorrect checking of vital signs and physical examinations
- Not reporting incidents or errors of others involving patients
- Using uncertain data or fabricating patient information for patient's histories
- Recording patient responses to treatment in progress notes that aren't assessed
- **And more!**

Patient ⟷  ⟷ Student

How do we facilitate student transparency to patients and FWEs in a clinical context?

How do we facilitate student transparency to patients and FWEs in a clinical context?

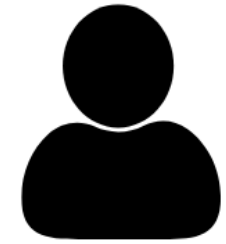
- Build rapport
- Model behavior
- Advocate for student with patient as appropriate
- Provide low-stakes learning opportunities

- You are a fieldwork educator in an acute care hospital. Recently your student was trying to perform a toilet transfer with a patient in the bathroom when the patient experienced valsalva.

- They became diaphoretic, pale, and increasingly slow to respond to commands from the student. The student did not respond to the patient's change in status and required your intervention to get the patient to a safe position.

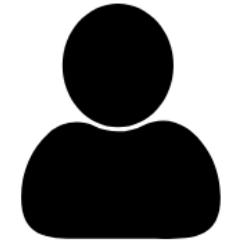
- **How would you address this situation prior to future patient encounters? How do you minimize risks to patients while maximizing opportunities for the student?**

School



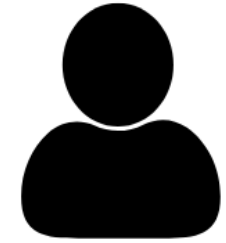
Student

Patient



Student

Company



Student

Ethical tensions in occupational therapy practice: Conflicts and competing allegiances

Tensions ethiques dans la pratique de l'ergothérapie : Conflits et allégeances concurrentes

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Evelyne Durocher, PhD, OT Reg. (Ont.) and Elizabeth Anne Kinsella, PhD, OT Reg. (Ont.)

- Particularly when employer was asking for something that was not in the client's best interests *(? student)*

- **What happens when clinicians must navigate these tensions?**
  - Contributes to moral distress
  - Low sense of accomplishment
  - Decreased sense of professional satisfaction
  - Increased risk of burnout and attrition

Clinician Productivity With and Without Students

Margo L. Paterson

The findings indicated that 87% of clinicians (n=23) had no significant difference in their direct and indirect patient care time with and without students (n=71).

Supervision of Occupational Therapy Level II Fieldwork Students: Impact on and Predictors of Clinician Productivity

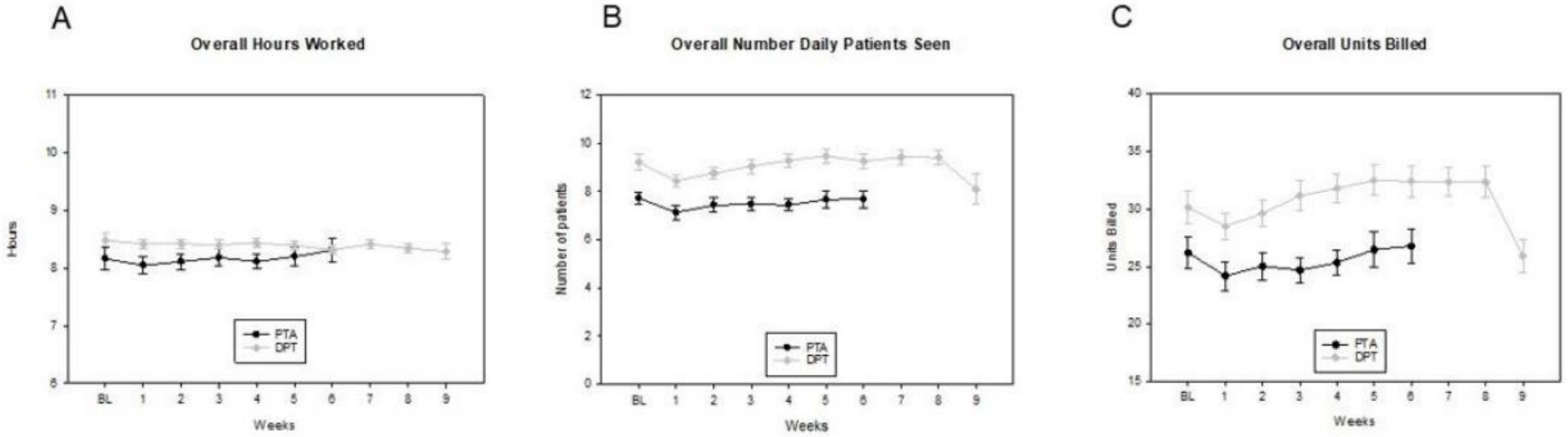
Rebecca Ozelie, Janet Janow, Corinne Kreutz, Mary Kate Mulry, Ashley Penkala

Results indicated no difference in clinician productivity with or without a student. Clinician years of experience, practice area, and productivity without a student were significant predictors of clinician productivity while supervising a student.

Clinician Productivity During Student Full Time Clinical Experiences

Jamie Dehan
Michele Avery
Trevor Elmer
Yvonne Colgrove

- While productivity may initially decline, it rebounds and matches or increases beyond the average baseline clinician productivity levels when not hosting a clinical student

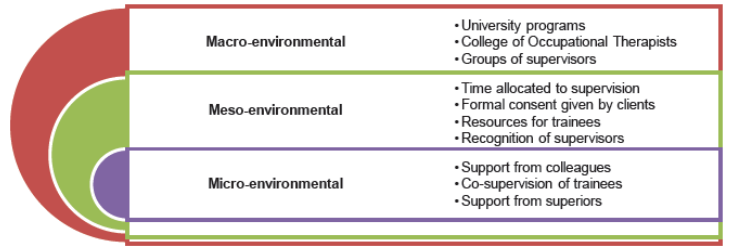


RESEARCH PAPER

Facilitators and Barriers to Providing Clinical Education Experiences Through the Lens of Clinical Stakeholders

Tawna Wilkinson, PT, DPT, PhD, Katherine Myers, PT, DPT, Jamie Bayliss, PT, MPT, DHSc, Peggy Gleeson, PT, PhD, Janet Konecne, PT, DPT, PhD, CSCS, Michele Lewis, PT, DPT, Jodi Thomas, PT, DPT, DHSc, Colette Pientok, PT, DPT, and Thuha Hoang, PT, PhD

Figure 2: Environmental supporting measures for clinical traineeship supervision in occupational therapy



- "Productivity standard doesn't change. CI either makes up the difference or peers increase caseload to offload CI…"
- "CI productivity actually IMPROVES with students during later clinical experiences as the student is able to take on a caseload separate from their CIs."
- "Sometimes we see a small gain in the end."

RESEARCH PAPER

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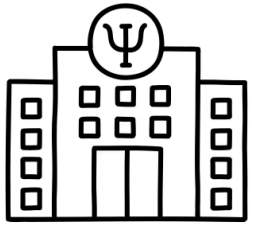
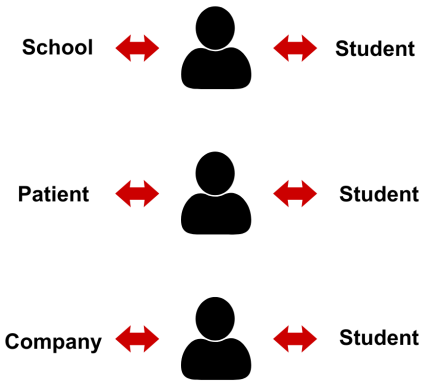
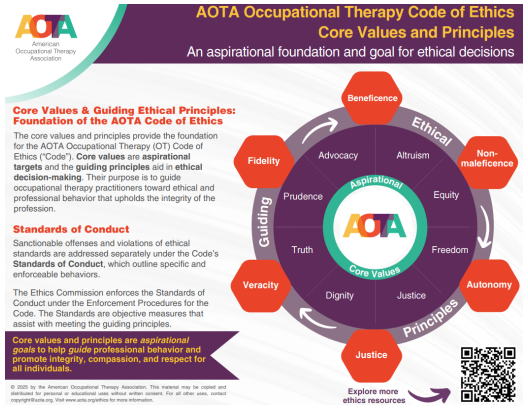
Company  Student



- You are a fieldwork educator working in an inpatient psychiatric hospital.
- Your student is in their 4th week of their second Level II placement. They have been a bit slow to progress, but they are making improvements and are invested in their learning.
- Your manager pulls you aside to remind you that your productivity requirements have not changed, despite having a student.
- **How would you address this situation?**

Key Takeaways:





- While you may be ‘stuck in the middle,’ you are not stuck in the middle alone
  - **The academic institution is a resource (among others)!**
- When in doubt, look to your Code of Ethics. Work to name the principles/core values that you feel are being compromised.
  - **The language we use can help yield results!**
- Remember your why!

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Beth Israel Deaconess Medical Center

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Stuck in the Middle: The Ethics of Fieldwork Education

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