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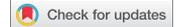


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SHORT REPORT



Ethics and interprofessional education: An exploration across health professions education programs

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ABSTRACT

Classroom-based ethics education, in health professions education programs at a university in the United States, was explored in a pilot study to determine a basis for creating an interprofessional experience for ethics education. Course faculty were interviewed using a semi-structured guide, and data were qualitatively analyzed. There was some overlap, but more variation, across the programs with regard to content covered, learning objectives, and pedagogy. An opportunity exists for greater comprehensiveness and consistency across the programs. Drawing on the results of our study, we propose an approach to interprofessional education for ethics. This approach includes interprofessional small group discussions focused on management strategies for ethical dilemmas relevant to all represented healthcare professions. Ethics is an ideal starting point for interprofessional education, because it is central to all health professions' education and practice.

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Ethics; interprofessional education; health professions education; ethics curriculum

Introduction

There is an emphasis in health professions education to support and advance interprofessional education (IPE). The rationale is to prepare students for interdisciplinary, collaborative practice with a view to optimizing patient and population health outcomes (Reeves et al., 2016). Consistent with this direction, one of the strategic goals for strengthening health systems internationally is to increase IPE and in turn interprofessional practice. The aim of this study was to explore the nature and extent of classroom-based ethics education in the medical, nursing, physical therapy, biomedical sciences and physician assistant programs at a United States university, as a basis for creating an IPE program for ethics.

Background

Ethics is widely understood to be a foundational component of all health professions (Barlow, Hargreaves, & Gillibrand, 2018; Strawbridge, Barrett, & Barlow, 2014) and has convergent objectives with IPE (Machin et al., 2018). Ethical dilemmas are on the rise due to factors such as increasing diversity and advances in science, technology and healthcare practices (Leuter et al., 2017). In addition, varying professional perspectives on what is in the patient's best interest may lead to conflict, which in turn may induce stress and burnout, especially in a fast-paced healthcare system. Working collaboratively and communicating effectively, however, has the potential to create more supportive and resilient communities of health providers, in addition to improving patient care.

These reasons compelled us to focus on ethics to advance IPE at our institution. The ultimate goal is to optimally prepare

health professionals to recognize and collaboratively address and resolve ethical dilemmas.

Methods

This was a descriptive pilot study, using purposive sampling and a semi-structured interview for data collection.

Participants and recruitment

Study participants were course faculty responsible for classroom-based ethics education in the represented programs. An e-mail was used to describe the study and request participation. A total of seven faculty members were interviewed – three representing medicine, and one representing each of the other four programs.

Data collection

An interview guide was created, consisting primarily of open-ended questions focusing on the structure, content, assessment and pedagogy used for ethics education. A digital voice recorder was used to record the interviews. A total of five face-to-face interviews were conducted using the interview guide to facilitate the conversations. Permission was granted to make audio recordings of the interviews for accuracy. Each interview was then transcribed and imported into NVivo 11 software (QSR International, Melbourne, Australia), which was used to group related data under descriptive codes for thematic analysis. Themes, trends and insights were recorded in memos, which were linked to the relevant text during the analysis process.

Ethical considerations

Participants were fully informed about the nature of the research and requirements of their participation. The study was considered exempt by our health system's Institutional Review Board.

Results

Ethics is a required part of the curriculum for all the programs; however, there were no stand-alone ethics courses. Intentional, classroom-based ethics education was included in either professionalism or foundational clinical courses and was taught exclusively to students in each program. Interviewees emphasized that this intentional ethics education formed the basis for discussion of ethical issues and dilemmas that arise in other clinical and classroom-based courses.

Time

The time allotted for classroom-based ethics education ranged from two to ten hours, with an average of 6.4 hours per degree program.

Pedagogy

Classroom-based ethics was taught using both didactic and interactive pedagogies. All programs included the large group format to teach and discuss ethics content, except for the physical therapy program, which used team-based learning (TBL) and hence individual learning and the small group format. The nursing program limited its teaching and discussions to the large group setting because of limited classroom time, while all the other programs used small groups, especially for discussion of case studies.

Ethics content

The professional accrediting bodies for programs represented in this study require instruction on ethics but are not prescriptive with regard to ethics curricular content. As can be seen in Figure 1, all the programs included core ethical principles, as familiarity with these principles was a common learning objective. The physician assistant program was unique in including recognition of ethical issues as an explicit learning objective.

Only the medical and nursing programs provided opportunities for students to identify their personal values and explore the implications for patient care. Two programs, nursing and physical therapy, required their students to gain familiarity with their respective professional codes of ethics, as this knowledge provides insight into values that should guide professional attitudes and behaviors.

The nursing, physical therapy, and physician assistant programs also required their students to be familiar with legal and institutional resources, such as the Patient Self-Determination Act and the Clinical Ethics Consultation Committee. With the exception of the medical program, all programs included an approach or framework to guide ethical decision making in clinical practice,

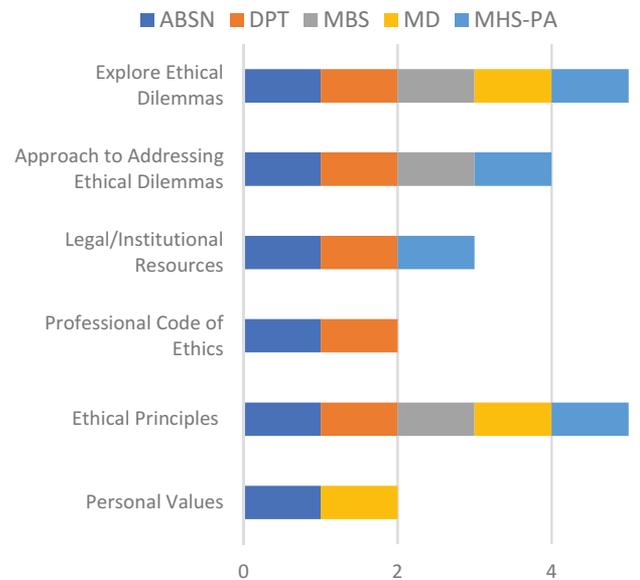


Figure 1. Content covered in the ethics curricula of the five programs in the study.

which includes identifying resources and evaluating alternative courses of action in the course of addressing ethical dilemmas.

All programs explored ethical dilemmas using case studies to varying degrees. In the medical program, the learning objectives and course content focused on issue-specific topics related to ethics, including conflict of interest, reporting violence, abuse or neglect, obtaining informed consent, and disclosure related to care of minors. This program made the most extensive use of case studies to illustrate the complexity and variety of ethical issues.

Assessment

Interviewees provided a variety of responses for how ethics was assessed. While the nursing and physician assistant programs had summative end-of-course examinations that included questions on ethics, the physical therapy program assessed knowledge of ethics in the course of their TBL activities. Medical students were asked to rank a list of virtues, with regard to the practice of medicine, at the beginning of their first year and again at the end of their clerkship year. The program tracked whether the virtues of the class changed as a result of their ethics education and medical experiences. Finally, the biomedical sciences program did not directly assess ethics but instead monitored references to ethics in students' writings and discussions.

Discussion

While there is overlap in terms of pedagogy and content covered, there is also a significant opportunity for a more comprehensive ethics curriculum across the programs. Creating opportunities for health professions students to explore their own personal values and the values of others, and how healthcare decisions might be influenced by these values, would be an important addition. Similarly, understanding the codes of ethics governing

their respective professions would give students an awareness of the values that should guide their attitudes and behaviors, and understanding how to use a framework for making ethical decisions would facilitate the development of reasoning and analytical skills. Finally, if students are given the opportunity to explore ethical issues as part of an interprofessional team, it would improve understanding of the roles, priorities, and perspectives of the other professions, resulting in more effective collaborations and better patient outcomes.

Ethics is an ideal starting point for IPE because it is central to all health professions education and practice, and creating professional relationships is critical to resolving ethical dilemmas (Barlow et al., 2018). We propose an approach to interprofessional ethics education that begins with students exploring their personal values, learning about ethical principles and concepts, understanding their profession-specific code of ethics and frameworks for making ethical decisions, and becoming aware of related institutional resources. Students from the different programs would then come together in small groups to explore case-based and issue-specific ethical dilemmas relevant to all healthcare professions. These interprofessional groups would focus on management and ethical priorities from the perspective of each profession in the process of reaching a resolution to the ethical dilemma. The framework provided by Clark, Cott, and Drinka (2007), which includes principles, structures and processes for effective team work, including negotiating disagreements, would be invoked to guide the interprofessional group discussions. According to Strawbridge et al. (2014), interprofessional debates for ethics and professionalism foster students' critical thinking and create awareness of conflicting views regarding decisions that are possible. Finally, individual and group debriefing and feedback would allow students to discuss their experiences, including what they learned, and how it might influence their future healthcare decisions, as well as how they were affected by the discussion (Machin et al., 2018). This process would facilitate the development of professional identities while learning about the roles and priorities of other healthcare professionals. In addition, it would create an appreciation of the value of consultation with other healthcare professionals in making decisions that result in the best outcomes for patients. One way to implement this approach to ethics education would be through Team-based Learning (TBL). Program specific learning might occur and be evaluated through the readiness assurance tests, and the application phase of TBL would occur in the interprofessional educational setting.

Conclusion

Ethics education is foundational for IPE initiatives. The proposed approach would allow students to be more fully prepared to make difficult ethical decisions as opposed to merely

being familiar with ethical concepts and dilemmas viewed only from the perspective of their own professions. This study will inform the creation of an ethics IPE program in the context of curriculum revision to educate health professionals of the future.

Declaration of Interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

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