

Teaching ethics and professionalism in rehabilitation: an empirical research on active learning with university rehabilitation students

L. Caenazzo¹, P. Tozzo¹, A. Borovečki²

¹Department of Molecular Medicine, University of Padova, Padova, Italy; ²Andrija Štampar, School of Public Health, School of Medicine, University of Zagreb, Zagreb, Croatia

Abstract

Background. Teaching ethics in university courses may benefit from different didactic approaches; nonetheless, it still seems unclear whether ethics teaching can be best offered in stand-alone courses or integrated into other courses, or perhaps both.

Objective. We describe the experience derived from a structured teaching activity in the field of medical ethics, conducted during a lesson for the students of a rehabilitation university second-cycle degree course.

Methods. The participating students were healthcare professionals with different graduate training in rehabilitation. The aim of the lesson was to discuss the essentials of the relationship between patients and rehabilitation healthcare providers, from an inter-professional viewpoint, focused on the principles of trust, mutual respect, power and personal closeness, which are essential components of the therapeutic relationship between patients and physical therapists.

Results. Shared moral norms guiding the professional conduct of healthcare professionals are a fundamental characteristic of these professions, promoting the public trust in these professions, tearing down barriers to inter-professional collaboration and communication.

Conclusion. The results are remarkable, and there has been very positive feedback from the students concerning the production of the oath and its contents, as well as about the proposed teaching method, resulting in great interest in clinical ethics. *Clin Ter 2020; 171 (5):e444-448. doi: 10.7417/CT.2020.2255*

Key words: ethics education, professional oath, rehabilitation students, active learning

Introduction

Ethics education in many countries and in professional healthcare fields have resulted in a vast body of literature that is growing with wide variety and heterogeneity, with didactic approaches that range from plenary lectures, small-group discussions, case analysis, writing exercises, movie-triggered debates and role-playing. Literature in ethics education has been present in the ethics course curriculum and strategies used in teaching ethics, and suggests that

experiential and active learning seem to be helpful in improving understanding of material and influential in developing decision-making attitudes and skills (Cattorini, 2017; Ten Have, 2016).

However, it is not clear whether ethics teaching can be best offered in stand-alone courses or integrated in other courses, or perhaps both.

There is also controversy over how to evaluate ethics teaching. There is general agreement that educational programs need to be carefully assessed; otherwise, it is not possible to demonstrate what students have actually learned and, consequently, how programs can be improved (Ten Have, 2016).

As a result, university teachers may be ill-equipped to teach the next generation of healthcare professionals, bent on finding new ways to maximize students' learning and development (Buxton, Phillippi, and Collins, 2015; Cottrell et al, 2012).

The healthcare professionals should have one common moral basis containing the core principles, which are binding for them. Shared moral norms guiding the professional conduct of healthcare professionals are a fundamental characteristic of these professions, and constitute a basis for their integrity, promoting the public trust in these professions, tearing down barriers to inter-professional collaboration and communication.

Furthermore, in analogy to what was proposed by Kitchener (1986), the four goals of an ethics education curriculum should be: to increase ethical sensitivity, to improve ethical reasoning, to develop ethical responsibility and to tolerate ambiguity. We can affirm that the ethics education curriculum should prepare healthcare professional students to be aware of possible ethical dilemmas and teach them to analyze complex ethical concerns and take responsibility in their future relationships with patients.

In Italy, as well as in other countries, oaths like the "Hippocratic Oath" have a historic and symbolic value. Swearing a modified form of the oath remains a rite of passage only for medical graduates and not for other healthcare professionals. Oaths require health professionals to uphold specific ethical standards, being a guide for ethical

behavior for professionals practicing (Pellegrino, 1990; Jotterand, 2005). Ethics education has as its objectives to improve the ability of students to identify the problems of the case, to improve the communication skills of the healthcare professionals involved and the integration of different moral perspectives, helping the parties involved to define a path that respects the needs and values of the subjects within the limits of ethical, deontological and juridical norms.

The importance of a reflection in the context of professional conduct derives from two bases: firstly, the ethical-clinical analysis approach based on the classical principles of bioethics can find application in all the scenarios that can be proposed in a clinical ethics course for students, with different balances according to the contexts considered. Secondly, since these are relatively innovative areas for ethical-clinical reflection, in which clinical and, necessarily, technical-scientific competence is required, the use of a systematic and well-coded analysis methodology can be functional to the solution of conflicts that could emerge in the areas covered.

Attention has recently increased towards the creation of a standardized system aimed at ensuring adequate skills, abilities and experiences for professionals who may face ethical professional dilemmas, also because of the possible significant impact of the ethical dilemma itself on the health of the person (Quattrocchi et al, 2019; Tozzo et al, 2018; Napoletano and Del Rio, 2018; Di Pietro et al, 2018). Ethical-deontological reflection in clinical practice, although it cannot be understood as an intrinsically “clinical” activity, supports the decisions of healthcare professionals regarding the care of assisted people by virtue of an approach that should be both analytical (i.e. aimed at identifying and analyzing the nature of uncertainties and moral conflicts at the basis of consultancy) and deliberative (i.e. oriented to facilitate the resolution of conflicts in a climate of respect, being mindful of the interests, rights and responsibilities of all those involved).

Oaths are the earliest expression of ethical standards in the healthcare setting, establishing several ethical principles which remain of paramount significance even today. Starting with some of the principles cited in the Declaration of Geneva (World Medical Association, 2006), the following fundamental principles were discussed: confidentiality, honouring colleagues and the profession, respect for human life and for human rights, avoidance of discrimination, humanity and conscientiousness. These principles were complemented by an appropriate standard of personal behavior, beneficence, and non-maleficence, which were drawn from the Hippocratic Oath, as well as justice and respect for patient autonomy, which are two of the principles of biomedical ethics by Beauchamp and Childress. The dignity of the patient, equality and truthfulness can be added to a physician’s oath (Pearlman, 1990).

Ethical reflection can be applied in daily rehabilitation practice, facilitating the resolution of conflicts in a climate of respect and paying heed to the interests, rights and responsibilities of all those involved, with a view to protecting relations between the parties and emphasizing the importance of mediation. An analysis methodology characterized by a coherent practical approach can help give persuasive

solutions to concrete cases in support of the daily activity itself, and this can also be achieved through the development of principles of shared professional conduct. The creation of an inter-professional health-care professional oath could serve as a valuable exercise in aiding the development of values for competency in collaboration.

The tradition of taking an oath that pronounces principles of behavior in medical practice is of utmost importance: the mere study of an oath or the ability to recall specific principles from an oath is less important than the ability to reason carefully, to debate and to apply ethical principles in clinical care. As Perlman writes in his old article, but still up to date in its content: the major objectives of studying oaths and codes are fourfold. First, studying oaths and codes pertaining to medical conduct and standards enables students to learn about historical changes and cultural influences. Second, choosing an oath or developing one for recitation at graduation enables students to engage in conceptual and moral reasoning. Third, the deliberations and discussions involving students enable them to practice interactional communication skills about highly charged issues. Fourth, the identified limitations of oaths and codes enable students to appreciate the value of the broader principles that support medical ethics (Rheinsberg, Parsa-Parsi, Kloiber, and Urban, 2018).

The aim of this study was to develop an oath specifically intended for use by rehabilitation professions. The analysis of this theme is based on some assumptions:

- the definition and sharing of a clear and univocal work methodology, inspired by the most up-to-date scientific knowledge on the subject, of which students are informed in the explanation of the most deserving reflections;
- updating and improving of the skills of individual professionals in the bioethical-clinical field, to be pursued through continuous and interdisciplinary training and systematic comparisons both on individual concrete cases and on general issues;
- the definition of common behavioral modalities, which support the management of services, with a functional flexibility to operational needs and at the same time with a series of shared rules for planning activities, carrying out clinical ethical education activities and monitoring them.

The choice of involving students in “creating” an oath was due to two aims: firstly, this teaching instrument is a more suitable activity in seminar lessons because of its feasibility and simplicity. Secondly, the ability to recall specific principles from an oath is important in debating and applying ethical principles in clinical care, enabling students to engage in conceptual and moral reasoning, to practice interactional communication skills about highly-charged issues, and to appreciate the value of the broader principles that support clinical ethics (Pearlman, 1990). Under our perspectives, in this didactic hypothesis, the formulation of an oath promotes skills improvement through the relationship between different professional knowledge and the contexts of daily practice, through reflection on actions, as a bridge between theory and practice. Through the promotion of active learning, the student is led to consider the problem as a “real-life gym”; this approach to learning goes “beyond the classroom” and becomes effective and useful.

The student should be helped to develop the ability to focus on ethical problems, ask questions about them and explore them in depth through an ethical case-analysis approach. In our experience, the exercise had the goal of promoting an active exchange between students who were seeking to transform a group of people, including themselves, into a community of learners to reflect on problems generated by common practices and to then reach shared solutions, with the following objectives:

- To promote the construction and not just the basic reproduction of knowledge;
- To enhance previous ethical analysis skills possessed by the student;
- To improve understanding of materials and to develop decision-making attitudes;
- To promote collaborative group learning.

Materials and Methods

Considering such a background, the present study describes the experience derived from a structured teaching activity in the field of medical ethics conducted during a lesson to the students of the Master's program in Rehabilitation Sciences of the University of Padova (Italy). According to Italian law, access to this course is allowed for the following healthcare rehabilitation professionals: podiatric physicians, physical therapists, speech therapists, orthoptists, neuro- and psychomotricity-evolutionary age therapists, ergotherapists, professional educators, and psychiatric rehabilitation specialists. Master's degree graduates carry out interventions with the community with high skills in the care, managerial, training and research processes in the rehabilitation field. These skills are also developed thanks to the learning of the ability to manage work groups and apply appropriate strategies to encourage multi-professional and organizational integration processes; they take care of interpersonal relationships in the workplace, communicating clearly on organizational and health issues with their collaborators and users; they manage relationships with students, teachers and institutions in the training and educational processes.

The participating students were 25 healthcare professionals involved in rehabilitation, 15 female and 10 male, with different graduate training, such as physiotherapists (12 students), speech therapists (five students), health education professionals (four students) and orthoptists (four students), with a mean age of 25 years old. All of the students had been working in their specific fields for at least six months. All the team members have acquired competences in the fields of qualitative and empirical research as part of their academic education. The selection of the sampling was carried out verbally and by giving information on the study's methodology and aim through a face-to-face approach by the Italian teacher. Questions were developed with an active and critical comparison by the research team on the basis of responsibility etymology and of their knowledge of the rehabilitation process. Every participant received oral information about the methods and aims of the study before it started. During the laboratory experience, participants were given further information

and the chance to express their doubts. Participants were also reminded that they could withdraw their consent to participate at any moment.

The experience here described is related to the last lesson of the course in bioethics and rehabilitation, in which the students were able to study the principles of clinical ethics and professional ethics in the health sector. Within a university "Erasmus" exchange program of teaching (Italy-Croatia), we organized a five-hour-long seminar, held by a Croatian university professor, in the presence of the Italian professor, for the students of the Master's degree course in rehabilitation sciences for healthcare professionals of the University of Padova (Italy). The topic of the seminar was "The relationship between patients and healthcare providers". Participants were required to freely offer their perceptions on the theme of the questions that were used to start the discussion and the two professors ensured and promoted dialog among all participants. Erasmus+ is the new EU programme for education, training, youth and sport, that brings together seven previous EU programmes in the fields of education, training and youth.

The aim of the lesson was to discuss the essentials of the relationship between patients and rehabilitation healthcare providers, from an inter-professional standpoint, focused on the principles of trust, mutual respect, power and personal closeness, which are essential components of the therapeutic relationship between patients and physical therapists. Special emphasis was placed on establishing a therapeutic relationship and managing its boundaries. Ethical issues that might arise were discussed through the analysis of case studies.

After this interactive lesson in which both the teachers (one from Italy and the other from Croatia) and the students conversed in English and Italian; teachers proposed that the students formulate an oath focused on the field of rehabilitation, as a sort of consensus document encompassing the skills and duties of the different healthcare professionals involved in rehabilitation. Group discussion on the meaning of having a common professional oath was followed by a 20-minute written reflection.

The interactive group discussion was chosen as the data collection tool to produce an overview of participants' perceptions. This technique typically has five characteristics: (1) it is carried out with a small group of people (2), with certain common characteristics (3), producing qualitative data (4), in a few topic-oriented discussions (5), to gain new insight on a topic and to invite new ideas. In a heterogeneous healthcare professional field, it is suitable to generate dynamic discussions. This tool was particularly suitable for our study because it allows, by eliciting many points of view in a short period of time, for the emergence out of participants' thoughts. A continuous adaptation and arrangement process was performed. Researchers discovered new insights by reading and re-conceptualizing the meanings. The evaluation team (Italian and Croatian professors) read the draft of the oath and then met to discuss themes. A set of themes was developed using the constant comparative method, arriving at consensus on themes through discussion. The constant comparison analysis allowed for forward-backward movement within both the narrative report and the same laboratory findings text.

Results

At the beginning of the group discussion, the students were quite skeptical regarding their own ability to realize an oath, as requested. However, by the end, they were able to create a nine-point oath, which was considered to be of high quality by the teachers, as well as being a useful exercise on the interpretation of the duties of the healthcare professionals. The students seemed very attentive to details and represented many aspects related to the profession, even those that might seem less relevant from the ethical-deontological point of view. The proposal of the oath started with a holistic understanding of the reported experience of the participants in their group discussion. It allowed for the achieving of insight into the main themes with a continuous forward-backward movement within the text of the oath. Then a methodical synthesis of the concepts, in the form of a narrative report, was performed with the stimulation of the researchers' intuition and creativity. A continuous adaptation and arrangement process was performed. Professors discovered new insights by reading and re-conceptualizing the meanings of the first draft of the oath. The constant comparison analysis allowed for forward-backward movement within both the narrative report and the same oath text. Students created correct transversal correlations between concepts, in guiding the reasoning and in formulating the indications contained in the oath. Furthermore, the students appeared self-confident. Moreover, an excellent level of motivation and mutual comparison was observed by teachers.

The nine points of the oath produced by the students are structured as follows:

- 1) I swear to always give priority to the good of the patient, regardless of his religious, cultural, sexual and political identity.
- 2) I swear to respect the fundamental rights of the patient and his autonomy and individuality.
- 3) I swear to promote a trust-based therapeutic alliance based on a lack of prejudice against a patient and on respectful mutual information and sharing of the "rehabilitative *ars*".
- 4) I swear to keep professional confidentiality.
- 5) I swear to commit myself to continuing my training on the basis of the guidelines and of scientific evidence.
- 6) I swear to respect colleagues, even in case of disagreements.
- 7) I swear to respect each professional role.
- 8) I swear I will not pursue personal interests.
- 9) I swear to ensure the quality, safety and suitability of care.

The main themes emerging from the cross-reading of the formulated oath can be interpreted as follows: 1. "To have the ability to accept challenges", 2. "To become aware of ethical-deontological problems", 3. "To consider various aspects of clinical ethics", 4. "To relate significant information".

Discussion

Today, as in the past, healthcare professionals should have shared moral principles which guide daily practice, because the plurality of world views and the diversity of

cultural backgrounds - of different healthcare professionals - make it necessary to develop shared ethical responsibility for patients. Shared moral norms guiding the professional conduct of healthcare professionals are a fundamental characteristic of these professions as a whole, and constitute a basis for their integrity, promoting the public trust in these professions (9). The concept of a specialty-specific code of ethics is not novel in medicine: codes have been established in orthopedics, surgery, psychiatry, emergency medicine, and others: in 2014, the Eye Physicians and Surgeons of Ontario (EPSO) recognized an opportunity to develop an ophthalmology code of ethics (McAlister et al, 2015). In addition, it should be noted that some authors have described a qualitative study that sought to identify values shared among health-care professionals through the development of an inter-professional health-care provider oath (Brown et al, 2014). A recent study of Malaysian medical students has underlined that many points of the MAHSA student oath underline the moral principles of the Hippocratic oath and the oath of the Geneva Convention and the MAHSA oath is therefore a student oath committed to a promise of learning and also an acknowledgement of gratitude to those who have made sacrifices to enable the student to tread on this hallowed path (Jegasothy and Sen, 2019).

This teaching experience, consisting of the creation of an oath for the rehabilitation setting, exceeded our expectations: the students' response in the production of the oath was overwhelmingly positive, and they were particularly surprised at having been able to produce an oath by themselves. As previously reported by Drolet and Hudon, a combination of different approaches, namely providing useful ethical knowledge and an inductive-particularist approach, could be useful in strengthening the teaching of ethics in rehabilitation (Drolet and Hudon, 2015). Overall, the results are remarkable, and there has been very positive feedback from the students about the production of the oath and its contents, as well as about the proposed teaching method, which has enabled them to foster an interest in clinical ethics. Both group discussion and written reflection have been powerful learning tools for students that were also engaged in rich discussion on the paramount importance of trust in the relationship between patients and healthcare professionals, which constitutes a crucial value in defining the profession. Trust, in our students' opinions, allows the professional to provide competent care, based on ethical principles, regardless of religious, cultural, sexual and political identity.

The students consolidated these assertions by affirming that patients entrust their wellbeing to healthcare professionals, who consequentially have an obligation to be worthy of that trust. This includes appropriate communication with the patient, as well as the obligation to support the right of self-determination in healthcare.

Another aspect regards respect towards colleagues, regardless of their background or achievements. This includes accepting the validity of different opinions and the commitment to growing through active listening and consensus building.

The main outcomes of our experience are that students demonstrated a positive attitude toward involvement in ethical reasoning and professionalism: this represents a

good picture of the knowledge and of the attitudes within this group of university students.

The activity proposed to the students, which consisted of the creation of an oath for the rehabilitation setting, demonstrates that teaching ethics in different modalities may contribute to an improvement in students' moral reasoning skills and ethical sensitivity.

Our outcomes also demonstrate the value of proposing exercises grounded in ethics education principles. This kind of activity could be easily adapted for use by health-care education programs to assist students in synthesizing their knowledge and developing competency, skills and behaviors in a safe setting that promotes confidence and allows for the exploration of ethical behavior and encouraging ethical conduct in practice.

Declaration of interest statement: The authors report no conflict of interest

References

- Brown SS, Garber JS, Lash J, Schnurman-Crook A. A proposed interprofessional oath. *J Interprof Care* 2014; 28: 471-472
- Buxton M, Phillippi JC, Collins MR. Simulation: a new approach to teaching ethics. *Journal of Midwifery and Womens Health* 2015; 60:70-74
- Cattorini P. Stories of values. Value of stories. An alliance of ethics, literature and medical humanities. *Medicina Historica* 2017; 1:116-125
- Cottrell S, Gill A, Crow S, et al. A teaching oath: a commitment to medical students' learning and development. *Teaching and Learning in Medicine* 2012; 24:165-167
- Di Pietro ML, Teleman AA, Gonzalez-Melado FJ, et al. Implementing carrier screening for cystic fibrosis outside the clinic: ethical analysis in the light of the personalist view. *Clin Ter* 2018; 169: e71-e76
- Drolet MJ, Hudon A. Theoretical frameworks used to discuss ethical issues in private physiotherapy practice and proposal of a new ethical tool. *Med Health Care Philos* 2015; 18: 51-62
- Jegasothy R, Sen M. The MAHSA University, Malaysia's medical student oath and a comparison of various oaths. *Natl Med J India* 2019; 32:161-166
- Jotterand F. The Hippocratic oath and contemporary medicine: dialectic between past ideals and present reality? *Journal of Medicine and Philosophy* 2005; 30:107-128
- Kitchener KS. Teaching applied ethics in counselor education: An integration of psychological processes and philosophical analysis. *Journal of Counseling & Development* 1986; 64:306-310
- McAlister C, Braga-Mele R, El-Defrawy S, et al. An ophthalmology code of ethics in Canada: enhancing our practice patterns. *Can J Ophthalmol* 2015; 50:253-254
- Napoletano S, Del Rio A. Reproductive medicine between advancement and ethics. *Clin Ter* 2018; 169: e108-e109
- Pearlman RA. The value of an oath of professional conduct: process, content, or both? *Journal of Clinical Ethics* 1990; 1:292-293
- Pellegrino ED. The Hippocratic Oath and clinical ethics. *Journal of Clinical Ethics* 1990; 1:290-291
- Quattrocchi A, Del Fante Z, Di Fazio N, et al. Personalized medicine in psychiatric disorders: prevention and bioethical questions. *Clin Ter* 2019; 170:e421-e424
- Rheinsberg Z, Parsa-Parsi R, Kloiber O, et al. Medical oath: use and relevance of the Declaration of Geneva. A survey of member organizations of the World Medical Association (WMA). *Medicine Health Care and Philosophy* 2018; 21: 189-196
- Ten Have H. Ethics education: global, inspiring and challenging. *International Journal of Ethics Education* 2016; 1:1-6
- The World Medical Association. 2006 Declaration of Geneva. <https://www.wma.net/wp-content/uploads/2018/07/Decl-of-Geneva-v2006-1.pdf>
- Tozzo P, Picozzi M, Caenazzo L. Munchausen Syndrome by Proxy: balancing ethical and clinical challenges for healthcare professionals Ethical consideration in factitious disorders. *Clin Ter* 2018; 169:e129-e134