Using the Five Dimensional Model for Interprofessional Ethics

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Session Overview/Panel Objectives

1. Determine a “preferred” ethical tradition within the Five Dimensional Dialogic Model.

2. Apply the Five Dimensional Dialogic Model of moral deliberation to an interprofessional ethics case.

3. Reach consensus as a small group regarding individual and team moral agency in response to an interprofessional ethics case.
Workshop Outline

• Introductions
• Introduction to Five Dimensional Dialogic Model of moral deliberation
• Individual Exercise: Determine preferred ethical tradition
• Applying the Five Dimensional Dialogic Model: Introduction to Interprofessional Ethics Case
• Facilitated Small Group Discussion: Four Ethical Traditions
• Facilitated Small Group Discussion: Individual and Team Moral Agency
• Summary of Discussion, How to Implement FDDM in participant settings
Ethics: An “Ideal” Focus for IP Education!

• Or is it?

• Yes – we all make and share ethical decision-making BUT....

• Limitations to “Traditional Ethics” for Interprofessional Teams
  • Multiple ethical theories
  • Different ethical terminology
  • Decision-making approaches across various professions
  • Different Languages
  • How to accommodate multiple viewpoints and perspectives
  • Individual approach to ethical decision-making versus team collaboration
Challenges for IP Ethics

• **Finding “common ground” – the “moral commons”**
  • Differing language or frameworks for ethics (principles, narrative, virtue, consequences)
  • Differing clinical frameworks

• **“Realms”* of ethics (individual-interpersonal, organizational, societal)** (Glaser J. 2005)
  • Focus of ethics is often on interpersonal realm
  • Interprofessional practice occurs within organizations
  • What about the team??
• There is no common language, theory, or approach to use in interprofessional ethics education and practice.
• The lack of a “moral commons” for ethical discussion is a significant challenge for interprofessional ethics.
• Moral Agency enacted on “commons”

Lack of a “Moral Commons” for IP Ethics

http://www.economist.com/node/11848182
Illustration by Jac Depczyk
Five Dimensional Model of IP Ethics
4 elements of Moral Commons + Moral Agency/Discourse

- Creating the “Moral Commons”
  - 4 elements
    - Professional Identity
    - Ethical Traditions
    - Clinical Perspective
    - Context and Realms

- Moral Agency
  - Individual
  - Team

- Dialogic process
4 Elements of the Moral Commons

Identity
Moral Commons
Interprofessional Rehabilitation Ethics
Clinical Perspective
Context and Realms
Ethical Traditions
Moral Agency: An Interprofessional Developmental Process

• “Moral agency is the capacity to habitually act in an ethical manner. It entails a certain set of competencies in matters ethical as well as moral character and motivation.” (Fry, Veatch, and Taylor, 2006)

• Requires recognition, response, reasoning, discernment, accountability, character, motivation leadership (Fry, Veatch, and Taylor, 2006)

• Moral agent = one who has the authority and responsibility to call the shots (Purtilo, p 7 in Educating for Moral Action)

• Moral Agency = Individual or Collective
  • Individual professional
  • Health care institutions
  • Teams
Professional/Interprofessional Development

Five Dimensional Model

- Identity
- Clinical Perspective
- Ethical Tradition
- Context and Realms
- Team Moral Agency
- Individual Moral Agency
<table>
<thead>
<tr>
<th>Ethical Traditions</th>
<th>Rule-Based Tradition (Kant)</th>
<th>Ends-Based Tradition (Mill and Bentham)</th>
<th>Virtue-Based Tradition (Aristotle)</th>
<th>Narrative-Based Tradition (Gilligan)</th>
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<tbody>
<tr>
<td>Laws</td>
<td></td>
<td>Utilitarianism</td>
<td>Virtues</td>
<td>Narrative and Voice</td>
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<tr>
<td>Ethical Principles</td>
<td></td>
<td>(greatest good for the greatest number)</td>
<td>Values-based</td>
<td>Phenomenology</td>
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<td>Duties</td>
<td></td>
<td>Ends-based (Teleology)</td>
<td>Core Values</td>
<td>Life Experience</td>
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<tr>
<td>Code of Ethics</td>
<td></td>
<td>Consequences and Intentions</td>
<td>Professional Identity</td>
<td>Feminist ethics</td>
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<td>Outcomes</td>
<td>Moral Agency</td>
<td>Critical Theory and Human Rights</td>
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<td>Communitarianism</td>
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- **Rule-Based Tradition** (Kant): Laws, Ethical Principles, Duties, Code of Ethics
- **Ends-Based Tradition** (Mill and Bentham): Utilitarianism (greatest good for the greatest number), Ends-based (Teleology), Consequences and Intentions, Outcomes, Communitarianism
- **Virtue-Based Tradition** (Aristotle): Virtues, Values-based, Core Values, Professional Identity, Moral Agency
- **Narrative-Based Tradition** (Gilligan): Narrative and Voice, Phenomenology, Life Experience, Feminist ethics, Critical Theory and Human Rights
<table>
<thead>
<tr>
<th>Ethical Situation concerns....</th>
<th>Most useful ethical tradition may be...</th>
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</thead>
<tbody>
<tr>
<td>Duties clearly delineated in law, ethics, code</td>
<td>Rule-based</td>
</tr>
<tr>
<td>Public policy or common good or competing interests</td>
<td>Ends-based</td>
</tr>
<tr>
<td>Personal qualities, moral courage, demonstrating core values</td>
<td>Virtue-based</td>
</tr>
<tr>
<td>Relationships, personal experience, rights</td>
<td>Narrative-based</td>
</tr>
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Case Application: Five Dimensional Model
Ethical Tradition

• What is your “preferred” ethical tradition? Why?
• Do you use other ethical traditions?
• What is the “preferred” ethical tradition in your profession?

Case Application
• What does analyzing from each ethical tradition add to the case?
• What “should be done” from the perspective of each tradition?
• Is there a “best fit” between the case and the ethical situation portrayed in the case?
Cases (See handout)
Core team competencies in IPCP: Priority order

• 1-Team leadership (behavior)
• 2-Mutual respect (attitude)
• 3-Mutual trust (attitude)
• 4-Team decision making (cognition)
• 5-Information sharing (behavior)
• 6-Conflict management (behavior)
Core team competencies in IPCP: Priority order

- 7 – **Team orientation** *(attitude)*
- 8 – Adaptability *(behavior)*
- 9 – Mutual support *(behavior)*
- 10 – Shared mental models *(cognition)*
- 11 – Situation monitoring *(behavior)*
Team Moral Agency as “Shared Vision of Care”

“Primary care professionals’ insight into a patient’s vision of care evolves through a deep knowing of the patient over time; this is shared between ‘Community of Clinical Practice’ members, frequently through informal communication and realised through respectful dialogue. These common values – respect, authenticity, autonomy, compassion, trust, care ethics, holism – underpin the development of a shared vision of care.”

Team Moral Agency as “Dance of IP Roles”

• IP Roles in Decision-making
• Balancing Moral Uncertainty
  • Barriers
    • Attitudes and perceptions
    • Patient and family conflicts
    • Human nature
  • Facilitators
    • Communication
    • Learning
    • IP Role Interaction
• Improving outcomes through IP interaction

Discussion

• Does ethical tradition translate to moral agency? If so, in what ways?
• What is moral agency for the health care provider and for the team in the cases?
• Potential barriers and limitations?
• Young et al. describe IP practice as a “shared vision of care” that is realized through dialogue among community members. How do teams bring this about?
• In the two cases, would “shared vision of care” be helpful to the team in determining moral agency?
Selected additional references:


- Loftus S. (2012). Rethinking clinical reasoning: time for a dialogical turn. Medical Education. 46: 1174-1178


