

Collaborating
Across Borders



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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

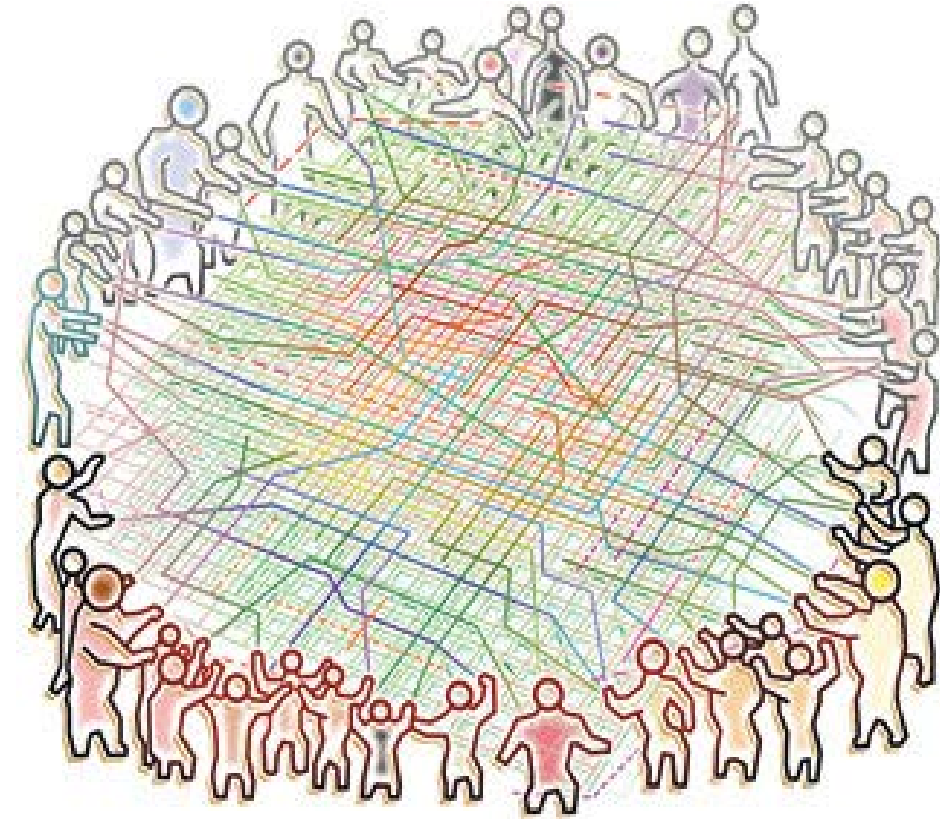
Ethics: An “Ideal” Focus for IP Education!

- 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”



<http://www.economist.com/node/11848182>

Illustration by Jac Depczyk

Lack of a “Moral Commons” for IP Ethics

Five Dimensional Model of IP Ethics

4 elements of Moral Commons + Moral Agency/Dialogue

- Creating the “Moral Commons”

- 4 elements

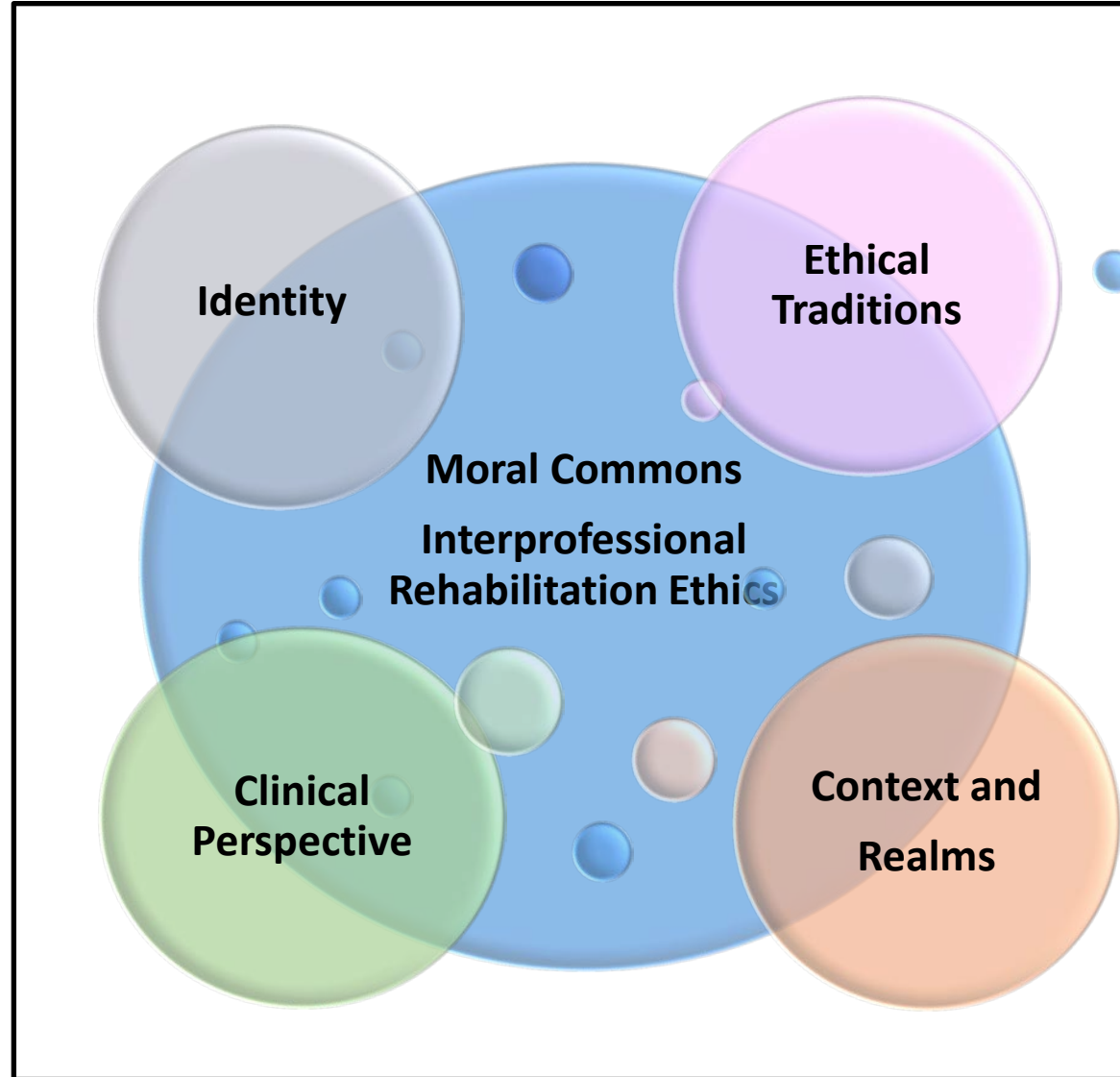
- Professional Identity
 - Ethical Traditions
 - Clinical Perspective
 - Context and Realms

- Moral Agency

- Individual
 - Team

- Dialogic process

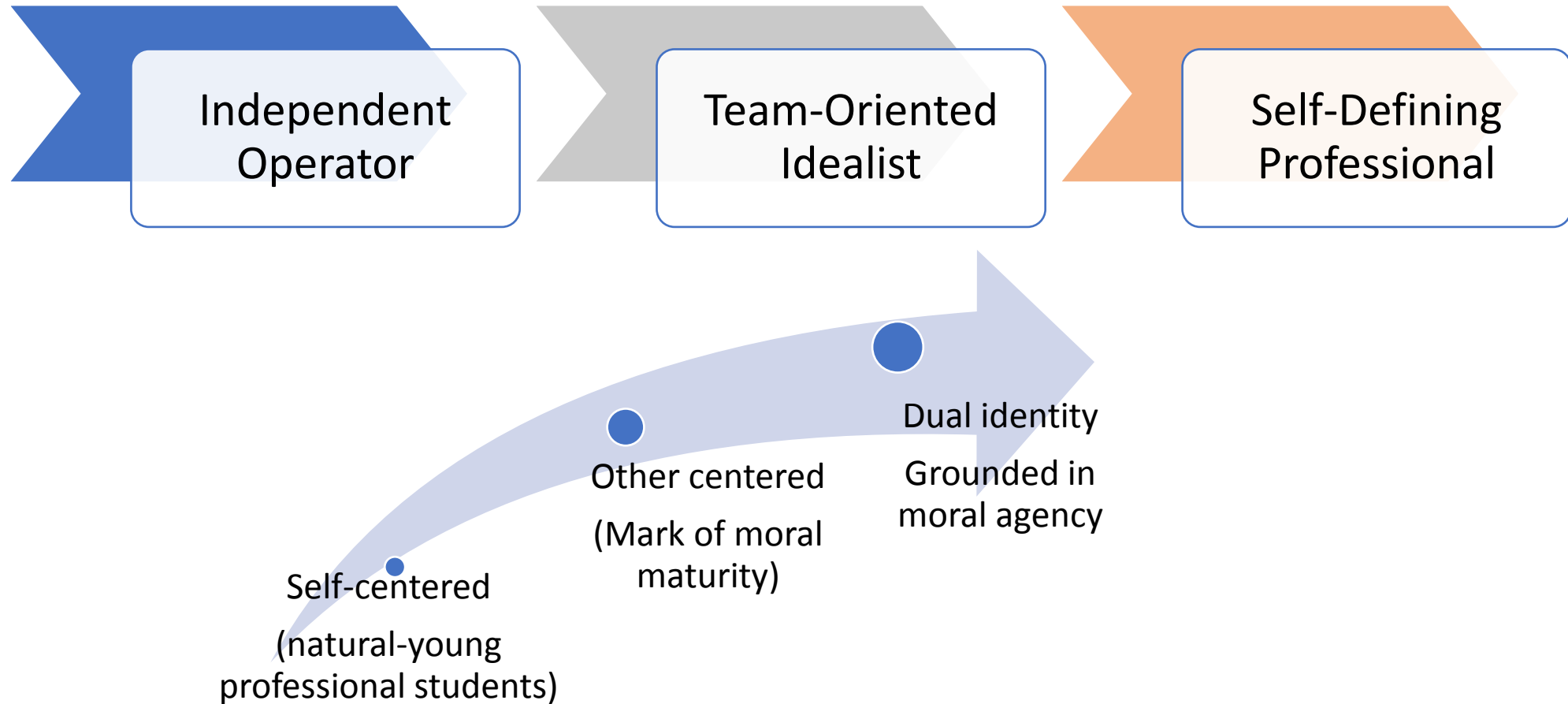
4 Elements of the Moral Commons



Moral Agency: An Interprofessional Developmental Process

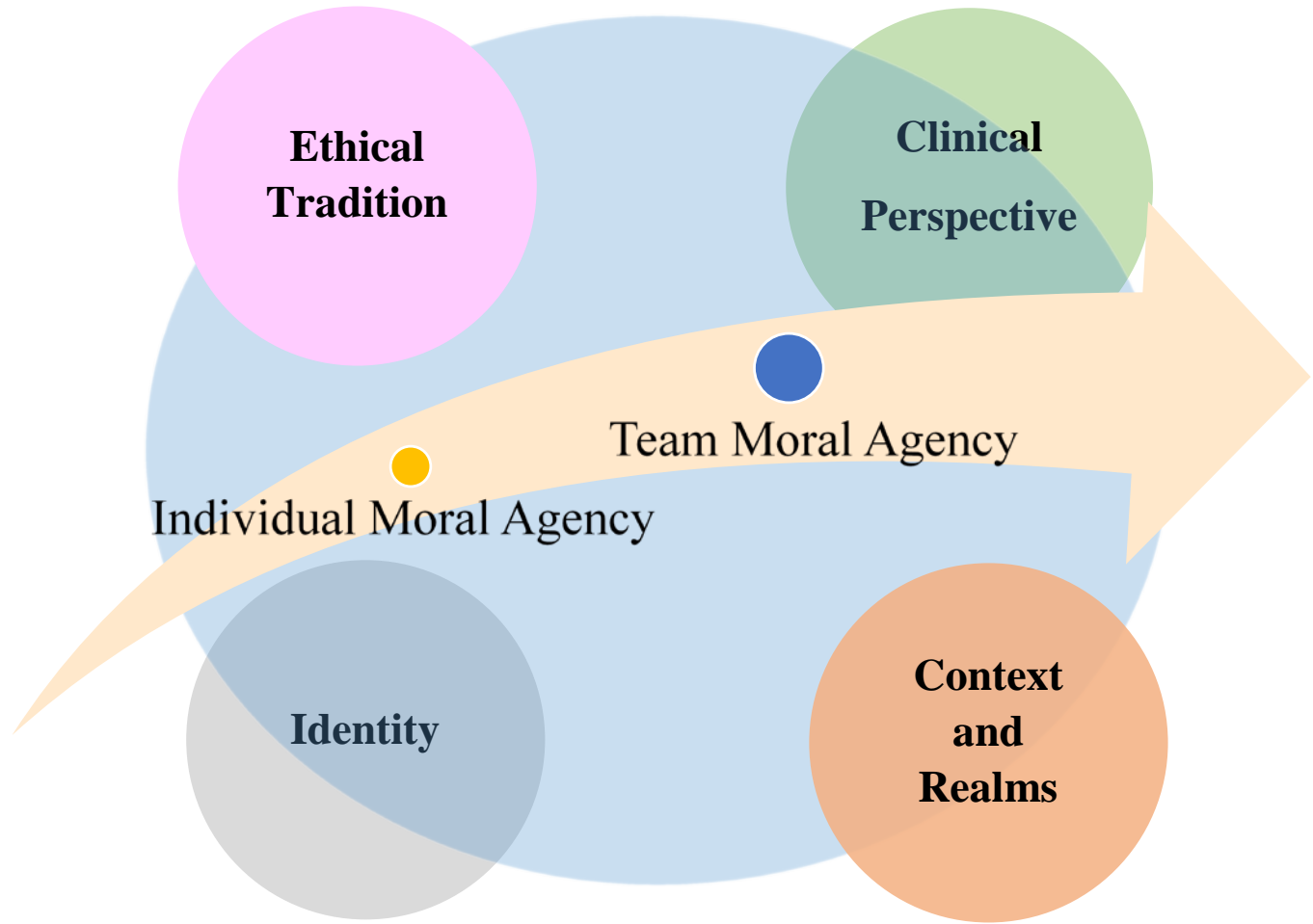
- “Moral agency is the capacity to habitually act in an ethical manner. It entails a certain set of competencies in matters ethical as well as moral character and motivation.” (Fry, Veatch, and Taylor, 2006)
- Requires recognition, response, reasoning, discernment, accountability, character, motivation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



Based on Bebeau and Lewis (2003) and Bebeau and Monson (2012) - adaptation of Kegan (1982); Kegan R. *The Evolving Self*. Cambridge, MA: Harvard University Press 1982; Bebeau MJ, Monson VE. Professional identity formation and transformation across the life span. *Learning trajectories, innovation and identity for professional development*: Springer 2012:135-62.; Bebeau M, Lewis P. *Manual for Assessing and Promoting Identity Formation*. Minneapolis, MN: Center for the Study of Ethical Development 2003.

Five
Dimensional
Model



Ethical Traditions

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)

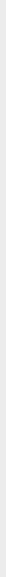
**Virtues
Values-based
Core Values
Professional Identity
Moral Agency**

Narrative-Based Tradition (Gilligan)

**Narrative and Voice
Phenomenology
Life Experience
Feminist ethics
Critical Theory and Human Rights**

“Fit” between situation and Ethical Tradition

Ethical Situation concerns....	Most useful ethical tradition may be...
Duties clearly delineated in law, ethics, code	Rule-based
Public policy or common good or competing interests	Ends-based
Personal qualities, moral courage, demonstrating core values	Virtue-based
Relationships, personal experience, rights	Narrative-based

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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.”

Young, J., et al. (2017). "Shared care requires a shared vision: communities of clinical practice in a primary care setting." J Clin Nurs **26**(17-18): 2689-2702.

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
- Improving outcomes through IP interaction

- **Facilitators**
 - Communication
 - Learning
 - IP Role 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:

- Banks, Sarah. (2010). Interprofessional Ethics: A Developing Field? Notes from the Ethics & Social Welfare Conference, Sheffield, UK, May 2010. *Ethics and Social Welfare*, 4(3), 280-294. doi:10.1080/17496535.2010.516116
- Bebeau MJ, Monson VE. Professional identity formation and transformation across the life span. *Learning trajectories, innovation and identity for professional development*: Springer 2012:135-62.
- Bebeau M, Lewis P. Manual for Assessing and Promoting Identity Formation. Minneapolis, MN: Center for the Study of Ethical Development 2003.
- Benner P, Sutphen M, Leonard C, Day L. *Educating Nurses: A Call for Radical Transformation*. San Francisco, CA. Jossey-Bass, 2010.
- Colby A, Sullivan W. Formation of Professionalism and purpose: Perspectives from the Preparation for the Professions Program. *University of St. Thomas Law Journal*. Vol 5:404-427, 2008.
- Cooke M, Irby D, O'Brien B. *Educating Physicians: A Call for Reform of Medical School and Residency*. San Francisco, CA. Jossey-Bass, 2010.
- Glaser J. Three realms of ethics: an integrating map of ethics for the future. Purtilo R, Jensen GM, Royeen C. (eds). *Educating for Moral Action: A Sourcebook in Health and Rehabilitation Ethics Philadelphia, PA: FA Davis Co* 2005: 169-84.
- Glaser J. Three realms of ethics: an integrating map of ethics for the future. *Educating for Moral Action: A Sourcebook in Health and Rehabilitation Ethics Philadelphia, PA: FA Davis Co* 2005: 169-84.
- Kegan R. *The Evolving Self*. Cambridge, MA: Harvard University Press 1982.
- Loftus S. (2012). Rethinking clinical reasoning: time for a dialogical turn. *Medical Education*. 46: 1174-1178
- Mitchell D, Ream R. (eds). *Professional Responsibility: The Fundamental Issue in Education and Health Care Reform*. Springer, 2015
- Purtilo R. What interprofessional teamwork taught me about an ethic of care. *Physical Therapy Reviews*. 2012;17: 197-201.
- Purtilo R, Jensen GM, Royeen C. (eds). *Educating for Moral Action: A Sourcebook in Health and Rehabilitation Ethics*. FA Davis, 2005
- Royeen C, Jensen G, Chapman T, Ciccone A. Is interprofessionalilty a threshold concept for education and health care practice. *J Allied Hlth*. 2010; 39: 252-253
- Swisher LL, Royeen C. (eds) *Rehabilitation Ethics for Interprofessional Practice*. Jones and Bartlett. Forthcoming book.