ETHICAL TRAINING IN ALLIED HEALTH PROFESSIONAL EDUCATION:
CURRENT PEDAGOGICAL APPROACHES TO ETHICAL TRAINING

A Research Project by

Hina Ali Baig
Bachelor of Science in Biology, University of Missouri-Kansas City, 2003

And

Huma Ali Baig
Bachelor of Science in Biology, University of Missouri-Kansas City, 2004

Submitted to the Department of
Physician Assistant of Wichita State University
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requirements for the degree
of Master of Physician Assistant

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Wichita State University

College of Health Professions

Department of Physician Assistant

We hereby recommend that the research project prepared under our supervision by Hina Ali Baig and Huma Ali Baig entitled Ethical Training in Allied Health Professional Education: Current Pedagogical Approaches to Ethical Training be accepted as partial fulfillment for the degree of Master of Physician Assistant.

Approved:

Richard D. Minna, PhD, MPH, PA-C, Chair and Associate Professor
Department of Physician Assistant

Charles Fox, (O.D., PhD., Associate Dean for Academic Affairs & Research and Associate Professor
Department of Physician Assistant

5-9-07
Date
ABSTRACT

Introduction: Ethics education has been a concern of medical, nursing and allied health professions education for decades. There is growing evidence that the current informal curriculum of ethics and the moral environment of the professional practice are not enough for the healthcare students’ professional and moral development.

Objectives: The aim of this study was to survey allied health schools and colleges about their present and planned approaches to providing healthcare ethics training.

Methodology: A web-based survey using mrInterview was made available to 106 Institutional members of Association of Schools of Allied Health Professions. The survey was a cross-sectional, evaluative study developed and administered during the period of January 2006 and September 2006 through the Associate Dean’s office of the College of Health Professions at Wichita State University.

Results: The response rate was 41%. Most institutions include ethics education as part of Health Professions education. Only 2 reported no ethics education at all. However, 46% of respondents replied that they didn’t know if the training offered was effective yet only 16 % report they are considering changes while most are not considering any change.

Conclusion: This survey provided a sampling catalog of current curricular and assessment approaches used in a subset of Allied Health Professions schools. The project concurs with other literature and reveals a need for ethics education in health care education.
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CHAPTER 1
INTRODUCTION

Ethical education is a critical but not well-implemented part of healthcare education. Ethics education has been a concern of medical, nursing and allied health professions education for decades. However, during the last decade there has been increasing concern about the ethical preparation of health care practitioners. While much discussion has occurred worldwide, there is no consensus about how health care ethics should be taught nor what should be included in this training. The area is further confounded by the fact that an established model curriculum does not exist nor are there clear guidelines from professional licensing or professional accreditation bodies.\textsuperscript{1,2} Ethical education plays an important role in preparing individuals as well-rounded and successful providers in contemporary healthcare. For example, results show a strong correlation between lower levels of ethical thinking and higher levels of malpractice proceeding.\textsuperscript{3}

Many authors have expressed a need to evaluate how students’ ethical reasoning is affected by their Healthcare education. This issue has been addressed in Psychology, Dentistry, and Medicine; however, few studies have examined ethical training in Allied Health education.\textsuperscript{4,5,6,7} Given the growing concern about ethics in health care practice, it is important to explore the relation between ethical thinking and the training required to bring it about. Accordingly, this study aimed 1) to determine what, if any, measurements of ethical training effectiveness are used in Allied Health Professions (AHP) education and 2) to find out about the current pedagogical approaches to ethical training in AHP education. This study surveyed allied health schools and colleges about their present and planned approaches to providing healthcare ethics training.
A review of the literature was undertaken utilizing the Medline database from 1970 to the present date. The search was conducted utilizing the primary key words: ethics, health care ethics, bioethics, ethics training, ethics curriculum, clinical assessment, and allied health education. All the articles used in this study as references were peer-reviewed.

Much of the literature has focused on theories such as best pedagogies, formal or ‘hidden’ curriculum, the nature of medical or nursing ethics, best ethical models, relation of ethics curriculums to the broader cultural milieu, broader expectations of professionalism, and effects of ethics training on ethical decision making. However, much of the literature is still subjective.8,9,10

Studies suggest that there are few formal ethical courses offered and most healthcare students only receive limited exposure to the ethical issues as part of other classes.1,2,11,12 Healthcare students are often expected to learn healthcare ethics on their own during their clinical internships and residency; occasionally, preceptors will provide casual instruction in dealing with ethical challenges. Some of the literature has focused on the need for medical and clinical educators to act as positive role models and make explicit ethical behavior towards patients because the moral environment of the professional practice is where the actual medical and ethical education takes place.1,2 This traditional approach appears to be inadequate. For example, practicing nurses were found to have a basic understanding of the principles of informed consent but were unable to apply them.13 Even if this traditional approach were effective, the increasingly diminishing time for doctor-patient contact and communication correspondingly decreases opportunities to teach ethical behavior during clinical training.
A 2003 study conducted at Idaho State University by Christie et. al states that in order to meet the demand of today’s changing world we need to provide our student with ethics education.⁴ Notzer et. al (2005) suggests that even though most medical schools recognize the need of ethical education as critical part of the development of professional behavior, almost no efficient teaching is included.⁵ Even so, studies attempting to evaluate ethical development of medical students through group discussions¹¹ or specifically developed instruments such as “The Moral Judgment Interview (MJI)” developed by Colby and Kohlberg⁶ and other research over the past decade suggests students’ ethical skills are in fact developed during medical education, yet little is known about the mechanisms involved. In fact, some suggest that the increase in ethical sensitivity found during medical training is simply a generalized result of increasing age and education level.³

These studies raise important questions regarding the importance of ethical education, what should be done to achieve it, and how it should be assessed.

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¹ Lawrence Kohlberg is a well-established researcher on moral development serving on the faculty of first University of Chicago (1962-1968) and then Harvard University until his death in 1987. http://gseweb.harvard.edu/news/features/larry10012000_page1.html (accessed 4/30/07)
CHAPTER 3

METHODOLOGY

Design

This descriptive, cross-sectional, evaluative study was approved by the Institutional Review Board at Wichita State University. The survey was vetted for ‘face validity’ by the WSU Social Science Research Lab and was piloted with 10 members of the Allied Health Professions associate deans group – and informal organization. The survey was conducted during the period of May 2006 and July 2007 through the Associate Dean’s office of the College of Health Professions at Wichita State University. On May 2006, an e-mail request for participation was sent, it was requested that only 1 most appropriate person such as dean, associate dean, or program director respond to the survey per institution. A second request was sent on May 30, 2006 for participation. The survey was closed on July 1, 2006.

The web-based survey was developed and administered using ‘mrInterview’, a survey instrument designed to gather data through web-based survey and downloads directly to data management software.

The proposed areas of investigation included:

a) What ethical training is currently offered?

b) How is it incorporated in the curriculum?

c) What are the strengths and weaknesses of this approach?

d) What could be done in principle to improve the current training?

\[^{b} \text{mrInterview is a software tool for building questionnaires that can be used via the web. The data can then be downloaded and used with SPSS or Excel.}\]
A survey was developed and administered to gather data about effectiveness of formal and informal training currently being offered to allied healthcare students. In addition, items were developed to explore satisfaction with current training as well as any future training being considered or developed. If formal courses in Health Care Ethics or Bioethics existed, the syllabus was requested. Institutions without any formal courses in Health Care Ethics but which had a formal statement on ethics were requested to email the statement. Participants were e-mailed a unique identification number and a URL to the survey. The 22-item survey took approximately 15-20 minutes to answer (See Appendix A).

The respondents who had healthcare ethics as part of the curriculum responded to additional items in the following areas:

- Is current ethical training effective?
- By what criteria do you judge effectiveness?
- How is effectiveness assessed? What kinds of instruments are being used?
- What are the strengths and weaknesses?
- What could be done in principle to improve the current training assessment?

Participants

The web-based survey was made available to the all 106 member schools of the Association of Schools of Allied Health Professions (ASAHP) through 215 e-mail addresses. Excluded from the complete list were 28 commercial or retired individuals.

It was requested that senior administration would complete the survey or designate someone to complete it. Each institution was assigned a unique identification number to code each respondent and all data generated by the respondent. The master list associating institutions with IDs is kept under lock and key in Dr. Fox’s office. Each institutional respondent was c Two syllabi were received and 1 ethics statement was received. No analysis was conducted.
presented by email an informed consent document. It informed them that use of the password to enter the survey website constituted agreement with the informed consent document (See Appendix B). It also provided contact information for Dr. Fox in case of questions. It should be acknowledged that this is a self-selected subgroup and may not be fully representative.

Data Analysis

The survey was developed using “mrInterview”, a software instrument designed to gather data through a web-based survey and download directly to data management software. Preliminary data analysis focused on descriptive statistics and any correlations that may be evident.
CHAPTER 4

RESULTS

The purpose of this study was to determine the current pedagogical approaches to ethical training in allied health professions education. This survey provided a sampling catalog of current curricular assessment approaches used in a subset of allied health professions schools. In addition, it provided some description of topics, pedagogy and general thoughts about the topic. The findings of this study may have positive impact on the future of Allied Health Professional education.

A limitation to this study includes using only allied health professions schools that are members of the Association of Schools of Allied Health Professions (ASAHP). All allied health professions schools in the United States and abroad are not members of the ASAHP, hence, this sample may not be fully representative.

The survey was completed by 43 institutions for a response rate of 41%. Respondents were mostly public institutions responded, however, some private institutions also responded (figure 1).

Figure 1: Institutional Respondents
As shown in figure 2, mostly institutional level officers such as deans, assistant or associate deans, and program directors responded to the survey.

![Figure 2: Individual Respondents](image)

Most institutions include ethics education as part of allied health profession educations. Only two institutions reported no ethics education at all (figure 3).

![Figure 3: Ethical Training in Curriculum.](image)
While most institutions offer a formal course in health care ethics or bioethics, 26% (11 of 42) do not (figure 4).

The median number of clock hours of formal ethical training that students receive during their professional education is sixteen (figure 5).
Figure 6: Who Teaches Ethics?

Figure 6 above shows that 46% of ethics courses are primarily taught by health care faculty with informal training.

Figure 7: Ethics as Part of Other Classes.

39 institutions (95%) reported they offer ethics as part of other classes. Of the eleven institutions, which do not offer formal ethics courses, five reported that ethics education was
primarily offered as part of courses with no clinical components and four reported that other courses & clinical education offered ethics education (figure 7).

![Figure 8: Ethics via Clinical Training.](image)

70% of institutions offer ethics training via clinical rotation, however, 30% do not. One institution reported that ethics training was only offered through clinical rotations.

![Figure 9: Total Clock Hours.](image)
The median number of Total clock hours of both formal and informal training that are devoted to health care ethics training during a student’s program is 15 hours (figure 9).

![Figure 10: Goals of Training.](image)

The goals of ethical training the institutions offered are to both equip the student with ethics reasoning skills and to produce ethical practitioners (figure 10).

![Figure 11: Adequate Training?](image)
Though most institutions believe their students receive adequate training, twenty-three percent (10 out of 43) said the training was not adequate and five percent (2 out of 43) chose not to answer as shown in figure 11 above.

![Figure 12: Adequate Practice?](image)

Though most institutions believe their students receive adequate practice in applying ethical knowledge in real life situations, sixteen percent (7 out of 43) said the practice wasn’t adequate and nine percent (4 out of 43) chose not to answer (figure 12).

![Figure 13: Training Effective?](image)
Fifty-four percent report ethics training is effective at their institutions. However forty-six percent said they do not know if ethics training is effective at their institutions (figure 13).

![Bar chart showing the percentage of students who believe ethics training is effective.](image)

**Figure 14: Student Surveys Regarding Ethics.**

Although most institutions believe their training is effective they are not surveying students to get their opinions (figure 14). Most institutions use behavioral observation, course evaluations, case studies, standardized patients, student assessment of training, and surveys as the criteria to judge effectiveness of their ethical education. However, to assess effectiveness, most institutions rely on classroom exams and clinical preceptors evaluations. The response regarding students’ perceptions of their institutional ethics training program varied widely from “greatly appreciated” to “probably irrelevant to my practice.”
Only 16% of institutions reported considering changes in the current curriculum related to health care ethics. Here it should be remembered that 46% of respondents replied that they did not know if the training offered was effective (figure 15).

Figure 16: Faculty Development in Ethics.
Most of the institutions (63%) do not provide faculty development opportunities in ethical education and those who do provide resources provide general faculty development rather than targeted ethical training (figure 16).

The survey also asked the institutions to speculate on designing an ethical training program and suggest five topics to be included. Most institutions reported autonomy, principles of ethics and applications, ethical reasoning, professionalism, and cultural competence as their choices. To improve current ethical training in Allied Health education, it was suggested to develop standardized case studies, faculty development workshops, curriculum embedding, and formalized testing. However, to improve the current ethical education assessment it was recommended to work more on faculty development, standardized curriculum/cases, formal assessment, and national workshops.

Most institutions reported that they consider principles of ethics, critical thinking, and cases studies as the three most important components of ethical training. The institutions think that these components are basic fundamentals for health professionals and, as one respondent stated, “ethical decision making should be theoretically based; it is not a matter of personal opinion.”
CHAPTER 5

DISCUSSION

This study was intended to improve understanding of current pedagogical approaches to ethical training in allied health professions education. There appeared to be an increasing need for formal ethical curriculum and training in all Allied Health Professions. Even though the necessity for such an education has been recognized, no current standards or procedures to implement an ethical curriculum exist. This study began cataloging current efforts in this area by surveying allied health schools and colleges about their present and planned approaches to providing healthcare ethics training.
CHAPTER 6

CONCLUSION

Both the previous literature and this project document a need for ethics education in health care education. A critical aspect of such an educational paradigm is highly developed procedures to evaluate the acquisition of skills required for moral reasoning. Further studies are necessary to determine the effectiveness of ethical training in Allied Health Professional Education as well as what tools are best used to accomplish this.
REFERENCES


APPENDIX A

ETHICS EDUCATION SURVEY

1. Is health care ethics (or bioethics) training currently part of your curriculum?
   Yes____ No____ (cf - if no, go to #12)

2. Does your institution currently offer a specific, formal class in health care ethics (or bioethics)?
   Yes____ No____

3. Does your institution currently offer ethics training as part of other classes?
   Yes____ No____

4. Does your institution currently offer ethics training as part of clinical training?
   Yes____ No____

5. Is your current ethical training effective?
   Yes____ No____

6. What are the criteria you use to judge effectiveness?
   ___________________________________________________________________________
   ___________________________________________________________________________
   ____________________________

7. What instruments do you use to assess effectiveness?
   ___________________________________________________________________________
   ___________________________________________________________________________
   ____________________________

8. Approximately how many clock hours of formal ethical training do your students receive during their professional education?

9. Is the purpose of the ethical training offered to:
   a. _____ Create health care providers with good practicing ethics.
   b. _____ Providing health care providers with skills to analyze and resolve ethical dilemmas.
   c. _____ both a & b.

10. Approximately how many clock hours are devoted to health care ethics training during a students program? _______ hours

11. Who teaches health care ethics for your programs?
a. ____ member of a Philosophy faculty
b. ____ member of Health Professions faculty with formal, specialized training
c. ____ member of Health Professions faculty with informal or faculty development training
d. ____ team taught by Philosophy & Health Care faculty

12. Are you considering any changes in the current curriculum related to health care ethics?
   Yes____  No____

13. Do you believe students in your institution receive adequate training in health care ethics?
   Yes____  No____

14. Do you believe students in your institution receive adequate opportunity to apply their ethical knowledge in real life situations?
   Yes____  No____

15. Have you conducted surveys on any aspect of ethical decision making or ethical development among your students?
   Yes____  No____

16. What are your students’ perceptions of the institutional ethics training program?
   ______________________________________________________
   ______________________________________________________

17. Do you provide faculty development in ethical education?
   Yes____  No____ (cf-if yes, ask what resources are provided)

18. What could be done to improve current ethical training in Allied Health education?
   ______________________________________________________
   ______________________________________________________

19. What could be done to improve the current ethical education assessment Allied Health education?
   ______________________________________________________
   ______________________________________________________

20. What do you consider the 3 most important components of ethical training?
   ______________________________________________________
   ______________________________________________________
21. Why do you consider these components important?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

22. If you were designing an ethical training program, what 5 topics would you include?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

If you offer a formal course in Health Care Ethics or Bioethics, please email the syllabus to: charles.fox@wichita.edu - and put “Ethics Syllabi” in the subject line.

If you do not offer a formal course but have a formal statement on ethics education please email the statement to charles.fox@wichita.edu - and put “Ethics Ed Statement” in the subject line.
APPENDIX B

Wichita State University
College of Health Professions
Office of the Associate Dean

Innovation and Excellence in Education to Promote a Healthy Society

You are invited to participate in a study of health care education in Allied Health Professions. We hope to learn about the current status of such educational programs. You were selected as a possible participant in this study because of your institutional membership in the Association of Schools of Allied Health Professions (ASAHP). This survey is being offered to all institutional members.

If you decide to participate, you will go to the indicated web page and enter with the unique identification number provided. You will then be presented with a series of 20 multiple choice or short answer survey questions to answer. The entire process will take 10-15 minutes. There are no known risks, discomforts or inconveniences other than those normally associate with using a computer.

Final cumulative results will be available to all participants; individual results will not be public. We hope they will be beneficial for curriculum review and development. Any information obtained in this study will be coded to the unique identification number and only the PI has access to the institutional identity information. All identify information will remain confidential and will be disclosed only with your permission.

Participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your future relations with Wichita State University or any other involved party. If you agree to participate in this study, you are free to withdraw from the study at any time without penalty.

If you have any questions about this research, you can contact me at:
Charles R. Fox, O.D., Ph.D., F.A.A.O.
Associate Dean, Academic Affairs & Research
College of Health Professions
1845 Fairmount, Box 43
Wichita State University
Wichita, Kansas 67260-0043, USA
charles.fox@wichita.edu
direct: 316-978-6636

If you have questions pertaining to your rights as a research subject, or about research-related injury, you can contact the Office of Research Administration at Wichita State University, Wichita, KS 67260-0007, telephone (316) 978-3285.

You are under no obligation to participate in this study. Your entering the on-line survey using your unique identification number will be taken as evidence of your willingness to participate and your consent to have the information used for the purposes of the study. You may keep this cover letter and explanation about the nature of your participation in this study and the handling of the information you supply.

Sincerely,
Name: Hina Ali Baig

Date of Birth: October 29, 1979

Place of Birth: Karachi, Pakistan

Education:

2005-2007 Master – Physician Assistant (M.P.A) 
Wichita State University, Wichita, Kansas

2001-2003 Bachelor of Science in Biology 
University of Missouri-Kansas City, Kansas City, Missouri

1998-2001 Associates of Arts in Liberal Arts 
Johnson County Community College, Overland Park, Kansas

Awards/Honors:

2007 Research Presentation at the WSU 3rd Annual Graduate Research and Scholarly Projects Symposium

2006 WSU Graduate Research Fellowship

2006 WSU Student Government Fellowship

2006 WSU Physician Assistant Studies Grant

2006 Tim & Kim Scanlan Scholarship

2006 Research Presentation at the National Conference of Association of Schools of Allied Health Professions in Chicago, IL

2005 John & Barbara McCune Scholarship

2001-2003 Chancellor’s Transfer Award

2001-Present Phi Theta Kappa International Honor Society

2000-2001 Johnson County Community College Dean's List
VITA

Name: Huma Ali Baig

Date of Birth: December 26, 1980

Place of Birth: Karachi, Pakistan

Education:

2005-2007 Master – Physician Assistant (M.P.A)
Wichita State University, Wichita, Kansas

2002-2004 Bachelor of Science in Biology
University of Missouri-Kansas City, Kansas City, Missouri

2000-2002 Associates of Arts in Liberal Arts
Johnson County Community College, Overland Park, Kansas

Awards/Honors:

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2006 Research Presentation at the National Conference of Association of Schools of Allied Health Professions in Chicago, IL

2002-2004 University of Missouri-Kansas City Dean’s List

2002-2004 Chancellor’s Transfer Award

2003-Present Phi Beta Delta International Honor Society

2002-Present Phi Theta Kappa International Honor Society

2000-2002 Johnson County Community College Dean's List

2002 JCCC Outstanding Student Award