Transforming Education for Interprofessional Professionalism: The Critical Role of Professional Identity Formation and Moral Agency

Collaborating Across Borders V

The Interprofessional Journey: Advancing Integration and Impact

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Session Overview/Panel Objectives

Framing the situation:

- Discuss the central role of professional identity formation and moral agency in transforming learning for interprofessional professionalism.
- Opportunities for transformative learning:
 - Contrast pedagogy grounded in professional identity formation and moral agency to pedagogy grounded in role-based competencies.

Pedagogies of engagement:

- Discuss teaching strategies that address challenges in developing the dual professional identity formation required for interprofessional practice.
- ► Your turn throughout the panel: Integrated case analysis
 - Discuss the central role of professional identity formation, moral agency and moral agency for interprofessional teams

Overall Learning Goal:

Ethical responsibility for patient centered care should be the focus of team collaboration... how do we move from you this and I do that.... But is the team sharing the decision for the good of the patient....

> Developing moral agency for interprofessional teams

Setting the Stage: Key Concepts

Traditional Approaches to Professionalism

- Professional identity/socialization centered on THE professional
- Codes of ethics/grounded in principles as THE resource for addressing ethical issues
 - Autonomy
 - Beneficence
 - Non-Maleficence
 - Justice
- Codes need to be re-imagined to address the context of interprofessional collaborative practice
- Emerging professions focus on professional identity/role and responsibility for decision making

Sometimes our emerging professions are confused....



Traditional Approaches to Interprofessionalism

- Focus on communication and the team....
- Often focused on TURN practice and role identity
- Challenge to move the deep professional identity to a shared identity
- Move from moral agency to communal agency?

Often our interprofessional collaborative practice is focused on knowing and doing.....



Frameworks for Interprofessional Ethics and Professionalism Competencies

- Values/Ethics as a separate competency domain
 - Core Competencies for Interprofessional Collaborative Practice (United States)
- > Values, Attitudes, Ethics as a part of each competency domain
 - Example: "respect team ethics, including confidentiality, resource allocation, and professionalism" - part of "Team Functioning"
 - A National Interprofessional Competency Framework. (2010). Canadian Interprofessional Health Collaborative.
- Interprofessional Professionalism Collaborative
 - "Consistent demonstration of core values evidenced by professionals working together, aspiring to and wisely applying principles of*, altruism and caring, excellence, ethics, respect, communication, accountability to achieve optimal health and wellness in individuals and communities."

A Look Across Borders...

- Canadian: A National Interprofessional Competency Framework
 - Six competency domains:
 - Interprofessional communication
 - Patient/family/community centered care
 - ► Role clarification
 - ► Team functioning
 - Collaborative leadership
 - Interprofessional conflict resolution

- US:Core Competencies for Interprofessional Collaborative Practice
 - Four domains of IPCP competencies
 - ► Values and ethics
 - Role and responsibilities
 - Interprofessional communication
 - Teams and teamwork

Competency based learning is necessary but not sufficient for IPE: Can we, or should we, translate professional roles and identities into measurable competencies?

This is a 3-phase IPE case application; can be run as a simulation or paper-based encounter

- Kyle is a 22 year old university student, 8 weeks ago he was in a car accident resulting in a complete C-7 spinal cord lesion
- Currently being transferred from the acute care hospital a rehabilitation facility
- Medically stable, demonstrates limited activity tolerance & fluctuating blood pressure
- Limited functional mobility, moderate to maximal assistance with simple activities of daily living, and requires full assistance with bowel and bladder management

- Kyle is studying eco-tourism in Halifax, Nova Scotia
- He plays hockey & was physically very active prior to the accident
- Kyle is feeling hopeless, angry & depressed about his future in athletics & eco-tourism



http://mapoftheworldmapnew.blogspot.com/2015/09/map-of-north-america.html

- Kyle's mother has flown in from Saskatoon to support Kyle during rehab she strongly states that she wants Kyle to return home
- Kyle states a strong desire to remain in Halifax & return to university
- His roommate Rick has found an accessible apartment and is willing to provide support
- The IP team must meet to discuss and agree upon the most appropriate discharge plan for Kyle
 - Medicine, nursing, PT, OT, case mgt., counselling services, recreation therapy



Questions:

- What questions arise from this case?
- What are the ethical considerations?
- What are the potential conflicts?

Possible Student Responses:

Disagreement of the most appropriate discharge plan physician and case manager believe it is in Kyle's best interest to return home where there are ample supports in place. Other team members disagree and/or have limited input.

Identity Formation and Moral Agency: Opportunities for Transformative Learning



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.

Identity Formation - Life-long Developmental Process (Bebeau, 2008)

Challenge in Professional education



Aspirational

Dual identity Grounded in moral agency

Moral Agency

- 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)
- 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
 - ► Teams
 - Health care institutions

Challenges for Creating IP Ethics Dialogue

- What is the developmental process for professional and Interprofessional identity?
 - Professional and Interprofessional Identity Formation
 - Dual Identity Professional and Interprofessional individual integration
 - Educational implications: Readiness for IP ethics potential conflicts between individual, professional, and interprofessional development
- 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)
 - Focus of ethics is often on interpersonal
 - What about the team?

Pivotal Role of Moral Agency in negotiating the "Moral Commons" (Blends Fry, Veatch, and Taylor with Four Component Model of Rest et al and Swisher and Royeen)



Moral Agency for the Team A "Bridge" Concept for the "Moral Commons"

Bridges

- Individual, Professional and Interprofessional
- Individual and team
- Personal, organizational and societal
- Values, behaviors, competencies
- Uniprofessional and Interprofessional
- ► What would team moral agency involve?



Respect: Center of the moral compass

"Respect as it allows health professionals to more fully understand their role as contributors to the well-being of society and self-respect required for sustaining their contributions."



The 3 apprenticeships in Professional Education (Carnegie Foundation for the Advancement of Teaching/Preparation for the Professions; Colby,

Sullivan, 2008)

COGNITIVE, INTELLECTUAL

- Habits of mind, "ways of knowing"
- ► PRACTICAL, SKILL
 - Habits of hand, "ways of doing"
- ► ETHICAL, MORAL
 - Habits of heart, "ways of being"



Unequal attention across professions in these apprenticeships

Carnegie Studies/Preparation for Professions Program (Colby, Sullivan, 2008)

- Third apprenticeship ethical professional identity WEAKEST (cannot be separated from the other two)
- Life long competence and commitment
 - Deep engagement with profession's public purpose
 - Strong professional identity (argue need for a dual identity)
 - Habits of interpretation or salience to understand complex situations in MORAL terms
 - Habitual patterns of behavior to all that aligned with profession's standards and ideals not self-interest
 - Sense of MORAL agency MORAL imagination and MORAL courage in response to institutional practices/structures

- In this phase, each team member receives additional profession specific information about the case - information that was gathered during their profession specific evaluations and treatment sessions.
- Kyle has disclosed to <u>one</u> of the interprofessional team members that he is gay and that Rick is his partner, not just a college roommate
- Kyle requests that this information <u>not</u> be shared with the healthcare team or his family
- The IP team must meet to discuss assessment results and the most appropriate treatment and discharge plans for Kyle

Questions:

- What are the ethical considerations?
- How should this particular team member respond?
- What would moral agency look like for the individual and the team at this point?

Possible Student Responses:

- Disagreement concerning discharge plan continues
- The team member shares this confidential information without Kyle's consent;
- The team member argues strongly for Kyle to stay in Halifax, but without revealing the confidential information

Questions:

- How might these situations impact collaborative decision making?
- As a professional/instructor/IPE facilitator, how would you handle this situation?
- What questions might you pose to assist the team's ability to act morally together?

Pedagogies of Engagement: Tools for Transformative Interprofessional Learning

Threshold Concept: Interprofessionality?

A portal or window that will alter one's world view....



Health sciences education must be transformative - allowing students to experience A transformative, irreversible educational experience - a threshold concept...and Their learning will be irreversible....they will never go back once they understand (Royeen, Jensen, Chapman, Ciccone, 2010)

- In this phase Kyle has given consent to tell the IPE team that he is gay, but does not want to tell his mother
- Kyle's mother continues to express strong beliefs that Kyle return home
- Kyle's mother has asked the team to speak to Rick to request that he discontinue his involvement in Kyle's care, as she does not think it is appropriate or necessary
- The IP team must meet to discuss the situation and to agree upon an overarching treatment/discharge plan.

Questions:

- What are the ethical considerations?
- What are the potential conflicts?



Possible student/team responses:

- A few team members believe that they should subtly tell Kyle's mom that he is gay
- A few team members continue to believe that Kyle should return home with his mother
- General discomfort amongst the group related to keeping this information from Kyle's mother
- One team member states that he/she will have to refer Kyle to another health professional because he/she cannot work with someone who is LGBTQ.

Questions:

- What would moral agency look like for the team at this point?
- What questions would you pose to the team to assist with the development of moral agency?
- How would you help the team handle situation with the team member who refused to work with Kyle?
- Once Kyle has been discharged from the unit, the situation has created some discomfort and "moral residue" - what does the team need to do to repair moral agency and team dynamics?

Pedagogies of Engagement: Tools for Interprofessional Learning

- Narratives
- Role playing
- Problem based
- Cases
- Clinical reasoning/judgment for the team

- Promotes reflexivity and reflection
- Promotes ethical engagement and role sensitivity
 - Moves learners from self to other centered
- Develops contextual awareness and situational influences on attitudes and behaviors (learn that social systems are dynamic and interact dynamically, sometimes unpredictable)
- Develops process of shared clinical decision-making

Faculty Development Workshop Emory example

- Teaching faculty members across 4 health professions (medicine, nursing, physician assistant and physical therapy)
- Worked to developed a collaborative project focused on Humanism with an IPE focus
- Adapted curriculum from humanism in medicine
- Faculty teaching/learning sessions across 9 month period
- Narrative writing role play team work
- Curriculum- build on synergies between reflective learning/mastery of skills and topics
- Reflective learning self-disclosing, intimate and thoughtful

Interprofessional Educational Faculty Development Curriculum (A workshop example)

- Appreciative Inquiry Narrative Reflective Exercise
- > Through the Patient's Eyes: An exercise in empathy
- ► Giving Bad News, A Teaching Exercise
- Highly Functioning Teams
- Session on Error Disclosure and Team Formation
- After the Error: Learning, Growth and Disclosure
- Well-Being and Renewal
- Mindfulness
- Inter-professional Education
- Final Session: Appreciative Inquiry #2.
- Discussion, future plans, evaluation and feedback

Questions for charting our future

- What makes teaching interprofessional ethics unique and what are the pedagogical implications?
- How could you incorporate a "moral commons" or focus on moral agency for the team as a foundational element?
- How do the current competency domains across borders help or hinder creating moral agency for the team?

Selected references:

- 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.
- Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.
- Mitchell D, Ream R. (eds). Professional Responsibility: The Fundamental Issue in Education and Health Care Reform. Springer, 2015
- A National Interprofessional Competency Framework. (2010). Canadian Interprofessional Health Collaborative. Available at <u>www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf</u> Accessed 9/18/15.
- > 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
- Stern DT. *Measuring Medical Professionalism*. Oxford University Press. New York, NY;2006:19.
- Swisher LL, Royeen C. *Rehabilitation Ethics for Interprofessional Practice*. Jones and Bartlett. Book in development.