



Navigating Fieldwork's Ethical Challenges

Relevant Issues & Appropriate Resolution Techniques

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(Code and Ethics Standards)² provides guidance for students as they navigate ethical challenges during fieldwork placements.

Empirical literature about ethical issues encountered by students in fieldwork is sparse. However, two studies have explored this area from the perspectives of occupational therapy³ and physical therapy⁴ students. Findings of these studies indicate that students frequently encounter ethical issues during their fieldwork experiences and that these issues affect their learning. Ethical issues particularly relevant to fieldwork students include conflicting values, systemic constraints, conflict between didactic education and clinical practice, witnessing unethical behavior, failing to speak up, and disclosing student disability.

EXAMINING RELEVANT ISSUES

Conflicting values. Fieldwork students may observe and/or experience instances of conflicting values. Conflict can occur between students/practitioners and recipients of service; team members from different disciplines; and students and supervisors.^{3,4} Tension around discharge issues is particularly noteworthy in differences of opinion among team members or between clinicians and recipients. In particular, opinions often differ as to the most appropriate discharge destination.³ Students also need to be aware of their own values, especially when their values conflict with clients' values. For example, a student's value system may prioritize personal independence over interdependence valued by his or her client. Students need to recognize their ethical responsibility to operate from a client-centered perspective and respect clients' values and wishes.³⁻⁵ Indeed, the Code and Ethics Standards' Principle 4F (Social Justice)

Fieldwork is an important, challenging component of occupational therapy education. Intended to provide students an opportunity to apply theoretical knowledge in authentic practice settings; develop advocacy, leadership, and managerial skills; and develop a professional identity,¹ fieldwork requires dynamic interaction between three stakeholders: the academic institution, the clinical

facility/supervisor, and the student. Adherence to high ethical standards during all phases of the fieldwork experience is expected of these stakeholders. However, occupational therapy and occupational therapy assistant fieldwork students negotiate unique ethical issues, have particular ethical responsibilities, and need to effectively deal with ethical tensions. *The Occupational Therapy Code of Ethics and Ethics Standards (2010)*



**Self-reflection;
seeking assistance
from trusted,
more experienced
professionals;
and accessing
AOTA ethics resources
will assist students
in developing skills
that promote
ethical practice**

guides occupational therapy personnel to provide services that reflect an understanding of how services can be affected by a variety of factors that contribute to the uniqueness of clients, including, but not limited to, age, ethnicity, race, culture, sexual orientation, gender, or gender identity.

Systemic constraints. Academic fieldwork coordinators and fieldwork educators acknowledge that changes in health care delivery practices and reimbursement, along with cost-containment strategies, have resulted in challenges to maintaining quality client care. These challenges are often linked to the pressure to do more with less. Practitioners are experiencing increasingly high productivity expectations and increased time spent in documentation and administrative duties.^{6,7} Students may also be affected by these changes in the form of resource and systemic constraints (e.g., lack of time for intervention or team communication, staff shortages, large caseloads, dual accountability to client and agency).^{3,4} Of particular concern may be a lack of resources (e.g., appropriate assessment tools, access to research to inform evidence-based practice), creating a barrier to

implementing best practice techniques learned in school.³

Conflict between didactic coursework and clinical practice. This raises another potential source of ethical tension for students—when fieldwork site practice conflicts with theory or practice techniques taught in the academic portion of the student’s education. Accreditation Council for Occupational Therapy Education Standards for all three levels of education—doctoral degree-level for the occupational therapist, master’s degree-level for the occupational therapist, and educational program for the occupational therapy assistant—mandate that students be assigned to fieldwork sites that are consistent with academic program curriculum design.^{8–10} The reality may be that due to the shortage of fieldwork sites,^{6,11} students may be placed at facilities that have a less-than-ideal match with academic curriculum design.

Witnessing unethical behavior. Students may also experience ethical tension upon observing behaviors by other health care providers that are contrary to ethical standards learned in school.³ These behaviors could include showing disrespectful attitudes toward clients; using inappropriate language when

talking about or to recipients of service (e.g., discussing clients in negative ways, stereotyping clients, referring to clients by diagnosis); failing to communicate (e.g., withholding prognostic information from clients); and breaching confidentiality (e.g., talking about clients in public). Multiple principles in the Code and Ethics Standards serve as guides to student responses in these situations. In particular, Principle 1M (Beneficence) directs occupational therapy personnel (including students) to “Report to appropriate authorities any acts in practice, education, and research that appear unethical or illegal” (p. 153). Strictly adhering to the Code and Ethics Standards, however, presents unique challenges for students. Students may hesitate to report apparent unethical behavior of permanent staff due to their student status and the power differential that accompanies this status.

Failure to speak up. Students may feel conflicted between speaking up and staying silent in situations requiring that they advocate for clients (e.g., confronting observances of unethical behavior by others) or when they disagree with their supervisors.³ Contributing to this conflict could be the inherent power imbalance between student and supervisor or between student and other health care provider team members. The power imbalance may lead to fieldwork students feeling vulnerable or lacking confidence due to their relative inexperience. Although advocating for clients is an ethical responsibility,⁴ students may experience discomfort due to the conflict that client advocacy can produce within team relationships.³ Students may fail to speak up when their opinions differ from those of their supervisors because the students feel subordinate.³ Further complicating the relationship is the fact that supervisors grade, and ultimately pass or fail, students. Ethical tensions may arise when students are asked to perform an intervention technique that they do not feel confident performing, that they were taught is outside of the usual scope of occupational therapy practice, or that is emerging and thus lacking in recognized standards. Students may hesitate to speak up in these situations due to a perceived fear that

doing so could jeopardize their passing status. However, doing so in each of these circumstances protects the well-being of the recipient and is consistent with the Code and Ethics Standards.

Disclose disability. A final issue that could create ethical tension for a student is his or her decision to disclose a nonevident disability. Statutory laws such as the Americans with Disabilities Act of 1990 (ADA),¹² the Americans with Disabilities Amendments of 2008,¹³ the Health Information Portability and Accountability Act of 1996,¹⁴ and the Family Education Right to Privacy Act of 1974¹⁵ have confidentiality requirements prohibiting academic programs from divulging a student's disability status to a fieldwork site without the student's permission.^{16–18} A student with a qualified (but nonevident) disability must therefore decide whether or not to divulge this information. Despite federal statutes that protect the student against discrimination related to disability status, a student may hesitate to share information about a disability due to fear of fieldwork supervisor bias.¹⁷ A student who chooses not to divulge this information must understand that he or she cannot be given accommodations for which he or she is otherwise eligible under the ADA. Furthermore, a student with a disability who chooses not to disclose it has an ethical duty to ensure that he or she can provide safe and effective client intervention without accommodations.

PROFESSIONAL BEHAVIOR

Students have an ethical responsibility to uphold high standards of professional behavior. Several principles of the Code and Ethics Standards are noteworthy here. According to Principle 1N (Beneficence), students should promote and practice occupational therapy “on the basis of current knowledge and research” (p. 153). Students can accomplish this by bringing to the facility current information from the academic portion of their education, perhaps in the form of in-service presentations. This is a noteworthy benefit of fieldwork sites having fieldwork students.

Another particularly pertinent issue is related to maintaining confidentiality

and privacy. Principles 3G and 3H (Autonomy and Confidentiality) direct occupational therapy personnel to ensure that client confidentiality and the right to privacy are respected unless the client is in danger of imminent harm or exhibits behavior that personnel are mandated by law or other regulations to report without consent. Confidentiality requirements apply to all communication, including “verbal, written, electronic, augmentative, and nonverbal” (p. 155). Principle 7B (Fidelity) upholds these same privacy and confidentiality requirements with information about colleagues, including fieldwork supervisors and other health care provider team members. Students should be particularly careful to maintain confidentiality when reporting information as required

by their academic program (e.g., during debriefing sessions, written assignments, or online blogging).

In addition to adhering to privacy and confidentiality requirements, Principle 6B (Veracity) directs occupational therapy personnel to “Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims” (p. 158). Students should respect this principle when communicating about service recipients, their fieldwork supervisor, other occupational therapy personnel, other health care provider team members, and other facility employees. One area where students should be especially cognizant of the need to adhere to confidentiality and other professional boundary require-

FOR MORE INFORMATION

Reference Guide to the Occupational Therapy Code of Ethics and Ethics Standards, 2010 Edition

By D. Y. Slater, 2010. Bethesda, MD: AOTA Press. (\$39 for members, \$55 for nonmembers. To order, call toll free 877-404-AOTA or shop online at <http://store.aota.org/view/?SKU=1139F>. Order #1139F. Promo code MI)

AOTA CEonCD™: Ethics Topic—Moral Distress: Surviving Clinical Chaos

Presented by L. C. Brandt, 2009. Bethesda, MD: American Occupational Therapy Association. (Earn .1 AOTA CEU [1 NBCOT PDU, 1 contact hour]. \$45 for members, \$65 for nonmembers. To order, call toll free 877-404-AOTA or shop online at <http://store.aota.org/view/?SKU=4840>. Order #4840. Promo Code MI)

AOTA CEonCD™: Ethics Topic—Organizational Ethics: Occupational Therapy Practice in a Complex Health Environment

Presented by L. C. Brandt, 2009. Bethesda, MD: American Occupational Therapy Association. (Earn .1 AOTA CEU [1 NBCOT PDU, 1 contact hour]. \$45 for members, \$65 for nonmembers. To order, call toll free 877-404-AOTA or shop online at <http://store.aota.org/view/?SKU=4841>. Order #4841. Promo Code MI)

Legal First Aid: A Guide for Health Care Professionals

By A. L. DeWitt, 2010. Sudbury, MA: Jones & Bartlett. (\$32.95 for members, \$46.75 for nonmembers. To order, call toll free 877-404-AOTA or shop online at <http://store.aota.org/view/?SKU=1441>. Order #1441. Promo code MI)

Occupational Therapy Fieldwork Survival Guide: A Student Planner, 2nd Edition

By B. Napier, 2011. Bethesda, MD: AOTA Press. (\$34 for members, \$49 for nonmembers. To order, call toll free 877-404-AOTA or shop online at <http://store.aota.org/view/?SKU=1253>. Order #1253. Promo code MI)

Clinical Supervision in Occupational Therapy: A Guide for Fieldwork and Practice

By D. Costa, 2007. Bethesda, MD: AOTA Press. (\$49 for members, \$69 for nonmembers. To order, call toll free 877-404-AOTA or shop online at <http://store.aota.org/view/?SKU=1238>. Order #1238. Promo code MI)

Fieldwork Performance Evaluation for the Occupational Therapy Student

By American Occupational Therapy Association, 2002. Bethesda, MD: AOTA Press. (\$1.50 for members, \$1.90 for nonmembers. To order, call toll free 877-404-AOTA or shop online at <http://store.aota.org/view/?SKU=1170B>. Order #1170B. Promo code MI)

Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student

By American Occupational Therapy Association, 2002. Bethesda, MD: AOTA Press. (\$1.50 for members, \$1.90 for nonmembers. To order, call toll free 877-404-AOTA or shop online at <http://store.aota.org/view/?SKU=1160B>. Order #1160B. Promo code MI)

Online Course: Using the Fieldwork Performance Evaluation Forms: An Interactive Approach

By K. Adler & R. Wimmer, 2003. Bethesda, MD: American Occupational Therapy Association. (Earn .6 AOTA CEU [6 NBCOT PDUs, 6 contact hours]. \$135 for members, \$195 for nonmembers. To order, call toll free 877-404-AOTA or shop online at <http://store.aota.org/view/?SKU=OL23>. Order #OL23. Promo code MI)

CONNECTIONS

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ments is participating in social networking sites. Postings that students perceive as “normal” within their social group may be deemed unprofessional, unethical, or illegal¹⁹ by fieldwork facilities or potential employers. In fact, health care students have been expelled from programs due to inappropriate postings related to patient care on social networking sites.²⁰

RESOLUTION TECHNIQUES

Fieldwork students face and must effectively negotiate a number of ethical tensions. Indeed, according to Principles 5D and 7C (respectively), students have an ethical responsibility to “Be familiar with established policies and procedures for handling concerns about the Code and Ethics Standards” (p. 157) and to “Take adequate measures to discourage prevent, expose, and correct any breaches of the Code and Ethics Standards” (p. 158). Applying a systematic method to resolve ethical issues can lead to effective and satisfactory solutions. Often, one is faced with an ethical dilemma that cannot be resolved to the absolute satisfaction of all stakeholders. The goal with these and other ethical issues is to reach consensus. Consensus occurs when all parties agree to a resolution that they can live with (i.e., that does not compromise their integrity).²¹

Morris has developed a model that promotes systematic and critical reflection on an ethical issue or problem so that one can have a firm foundation on which to make a decision or come to a consensus.²¹ This model is especially helpful in dissecting complex ethical issues and breaking them down into manageable parts in order to more easily come to a resolution. Working through the steps of the model may seem time consuming and not helpful for situations that require on-the-spot decisions. However, in those instances, one can reflect through the steps of the model after having made a more immediate decision. The reflection can then be applied to future situations calling for immediate ethical action.

An adaptation of Morris’ model²¹ is as follows.

1. Define the dilemma: Identify all of the key stakeholders (i.e., people or organizations involved in or

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Postings that students perceive as “normal” within their social group may be deemed unprofessional, unethical, or illegal by fieldwork facilities or potential employers.



impacted by the situation), state the known facts of the situation, determine what additional information is needed, and define the specific issue or problem to be resolved.

2. Identify two to three potential solutions.
3. Analyze each potential solution: Identify the scope of consequences or impact for each. One should consider the ethical (i.e., adherence to or violation of the Code and Ethics Standards), legal, social, and personal ramifications for each potential solution.
4. Select a course of action. Determine which course of action you can best do, defend, and live with based on its potential ramifications or consequences.
5. Implement the chosen course of action.
6. Reflect on the process and outcome after implementation. Ask yourself such questions as, “Do I believe I made the right decision?” and “Would I do the same thing given a similar situation in the future?” If reflecting on the process and outcome leads you to believe that you could have taken a more appropriate or effective action, it is important that you learn from the situation and apply this learning toward positive self-development.

CONCLUSIONS

Occupational therapy fieldwork students face many challenges as they navigate the process of transitioning from student to practitioner. One challenge is to effectively negotiate ethical situations, some of which are unique to the role of fieldwork student. Strong academic preparation provides students with the tools to deal with and resolve ethical issues they will face. However, knowing the process of ethical resolution and applying it in real-life situations are two different things. Similarly, identifying the ethical course of action and taking this action are two different things. It takes a strong sense of personal integrity and commitment to being an ethical person to effectively analyze and take action in these challenging situations. Self-reflection; seeking assistance from trusted, more experienced professionals; and accessing AOTA ethics resources will assist students in developing skills that promote ethical practice. ■

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Using Evidence in Practice

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a more experienced mentor who is as passionate about research as she is. Discussions with the whole team also give her the opportunity to learn about evidence from others and to share the research findings she has discovered.

Maglio and Wyrick report that it is crucial to have a toolkit of resources available to overcome the most frequently reported barriers to using evidence: lack of time and the lack of knowledge of available resources. Both mentioned using online resources such as PubMed (www.ncbi.nlm.nih.gov/pubmed); Google Scholar (<http://scholar.google.com>); AOTA Evidence-Based Practice Resources (www.aota.org/ebp), including the EBP Resource Directory; and OTseeker (www.otseeker.com) as first steps when looking for evidence. They also noted the importance of turning to more knowledgeable and experienced clinicians as valuable guides for finding evidence, and said that *Evidence-Based Rehabilitation: A Guide to Practice*¹ is a great book for finding resources for EBP.

As evidence becomes increasingly available for occupational therapy, practitioners appreciate hearing about examples of others who are committed to incorporating the findings from research into practice. Wyrick and Maglio show that with some time, effort, practice, and help from peers, it is possible to provide evidence-based, client-centered, and up-to-date care for consumers. ■

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